

















# SANF#RD° HEALTH

















Dear Community Members,

Sanford Medical Center Bagley 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, access to services, and 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 Bagley 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,

Rob Belanger Administrator

Sanford Medical Center Bagley

# **Table of Contents**

	Page
Executive Summary	4
Community Health Needs Assessment	9
• Purpose	10
Our Guiding Principles	10
Regulatory Requirements	10
Study Design and Methodology	11
Limitations of the Study	12
Acknowledgements	12
Description of Medical Center	15
Description of Community Served	16
Key Findings	17
Demographic Information for Key Stakeholder Participants	23
Demographic Information for Community Resident Participants	32
Secondary Research Findings	34
Health Needs and Community Resources Identified	35
Prioritization	36
How Sanford Bagley is Addressing the Needs	38
Implementation Strategies	43
o Implementation Strategies - 2019-2021	
<ul> <li>Implementation Strategy Action Plan – 2019-2021</li> </ul>	
<ul> <li>Demonstrating Impact – 2016 Strategies</li> </ul>	
<ul> <li>Implementation Strategy Action Plan – 2017-2019</li> </ul>	
Community Feedback from the 2016 Community Health Needs Assessment	
Appendix	52
Primary Research	
o Asset Map	
<ul> <li>Results from Non-Generalizable Online Survey of Community Stakeholders</li> </ul>	
o Resident Survey	
<ul> <li>Prioritization Worksheet</li> </ul>	
Secondary Data	
<ul> <li>North Country Community Health Services 2017 Northwest Region</li> </ul>	
Adult Behavior Survey Summary – Clearwater County	
<ul> <li>Definitions of Key Indicators</li> </ul>	
<ul> <li>County Health Rankings – Clearwater County, Minnesota</li> </ul>	

# Sanford Bagley Medical Center Community Health Needs Assessment

# 2018

# **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 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).

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, financial or other barriers.

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs and a prioritization of 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 IRS Form 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 Beltrami Public Health distributed the survey link via email to stakeholders and key leaders located within the Bemidji community and Beltrami County. Data collection occurred from December 2017 to January 2018. A total of 58 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 Statewide Health Improvement Partnership (SHIP) surveys and those questions were included in the resident survey. Questions specific to American Indian residents were developed by the North Dakota Public Health Association. 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 51 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. North Country Community Health Services 2017 Northwest Region Adult Health Behavior Survey Summary Clearwater County Report was also 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 Bemidji and Beltrami 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.

The Internal Revenue Code 501(r) statute 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 <a href="https://www.sanfordhealth.org/contact-us/form">https://www.sanfordhealth.org/contact-us/form</a>.

# **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 4.16), high concern for homelessness (4.14), and a need for housing that accepts people with chemical dependency, mental health problems, criminal history or victims of domestic abuse (3.07).

People in Clearwater County are struggling with food insecurity - 16% of resident survey participants report that their food did not last until they had money to buy more.

#### **Children and Youth**

Community stakeholders are most concerned about substance abuse by youth (4.28) and teen suicide (4.00).

# **Aging Population**

Community stakeholders are most concerned about the cost of long term care and the availability of memory care (4.02).

# Safety

Community stakeholders are most concerned about abuse of prescription drugs (4.52), child abuse and neglect (4.32), the presence of street drugs (4.29), the presence of drug dealers (4.16), criminal activity (4.11), and domestic violence (4.05).

#### **Health Care Access**

Community stakeholders are most concerned about the availability of mental health providers (4.36), the availability of behavioral health (substance abuse) providers (4.30), and the use of emergency room services for primary health care (4.00).

## **Mental Health and Substance Abuse**

Community stakeholders are most concerned about drug use and abuse (4.59), alcohol use and abuse (4.38), depression (4.09), and suicide (4.07).

33% of resident survey participants report that they have been diagnosed with depression, and 33% report a diagnosis of anxiety/stress.

Resident survey participants are facing the following issues:

- 70% report that they are overweight or obese
- 42% report that they have been diagnosed with high cholesterol
- 31% have a diagnosis of hypertension
- 30% self-report binge drinking at least 1X/month
- 26% have not visited a dentist in more than a year
- 24% self-report that they have drugs in their home they are not using
- 16% report running out of food before having money to buy more
- 14% currently smoke cigarettes

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

Sanford Bagley 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**

According the U.S. Department of Drug Enforcement Administration (DEA), nationally almost 20 percent of students surveyed admit to using marijuana at least once during the last 30 days, and 13 percent of students surveyed admitted driving when they used marijuana within the last 30 days.

Researchers have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. However, many people with risk factors do not abuse substances. The risk factors for substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

Youth may also be more likely to try drugs because of circumstances or events called risk factors. Examples of risk factors include:

- Poor grades in school
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- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse or neglect
- Bullying

# Protective factors include:

- Having high self-esteem
- Attending a school with policies against using alcohol and drugs
- Having an adult role model who doesn't use tobacco or drugs or misuse alcohol
- Participating in athletic, community, or faith-based groups
- Living in a community with youth activities that prohibit drugs and alcohol

Sanford Health Bagley has made children and youth a significant priority and has developed strategies to expand education for healthy lifestyle choices, provide opportunities for local employment and careers, and provide outreach for teen and adolescent behavioral health services.

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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 Bemidji
- Stacy Barstad, Senior Director, Sanford Tracy and Sanford Westbrook
- Rob Belanger, Clinic Director, Sanford Bemidji
- 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 Bemidji
- 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, Operations, Sanford Bemidji
- 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, Beltrami 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
- Marissa Hetland, Clearwater County Nursing Services Director, North Country CHS Administrator
- 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, Beltrami 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 Bagley community stakeholders participated in community discussions and helped to formulate the priorities for our implementation strategies:

- Robert Balanger, Administrator, Sanford Bagley
- Bruce Emmel, CEO, Home at Heart Care
- Bonnie Engen, Member, North Country CHS Board
- Marissa Hetland, Clearwater County Nursing Services Director, North Country CHS Administrator
- Todd Klemmer, Pastor, Grace Free Lutheran Church
- Sue Siltman, Director of Services, Home at Heart Care
- David Stenseng, Chairman, Clearwater County Board
- Kari Swanson, Administrator, Cornerstone Nursing and Rehabilitation Center

# **Description of Sanford Bagley Medical Center**



Sanford Bagley Medical Center is a 25-bed medical facility located in Bagley, Minn. It provides services to people in Clearwater County and the surrounding area. The medical center employs 100 people, including 3 physicians practicing in the areas of family medicine, internal medicine and surgery, and 3 nurse practitioners practicing in family medicine and emergency medicine.

The medical center is served by a part-time advanced life support ambulance service and provides emergency care and medical-surgical services. Other services offered at Sanford Bagley are cardiac rehab, lab, radiology, respiratory therapy, sleep medicine, pharmacy and rehabilitation, including physical and occupational therapy. Outreach services bring visiting specialists in mental health, medical/nutrition therapy, sleep medicine, podiatry and orthopedics.

# **Description of the Community Served**



Bagley is a charming and progressive community located 240 miles northwest of Minneapolis and 28 miles west of Bemidji, Minnesota, with a small town flavor and friendliness. Beautiful Lake Lomond is within city limits and Itasca State Park and the headwaters of the Mississippi River is just a few miles south of Bagley. Hiking trails, snowmobiling, skiing, canoeing, golfing, sailing and fishing are popular activities within the forested areas and lakes surrounding the city.

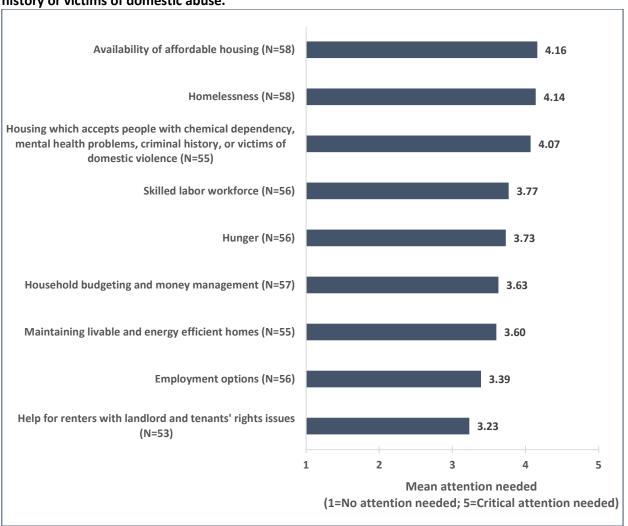
With a population over 1,200, the community serves as a hub for residents of Clearwater County with a combined county population of approximately 8,250. Bagley is an active community with citizens who are fully invested in their education system, health care and volunteer opportunities. It is also home to a variety of businesses, including TEAM electronics and several non-profit agencies.

# **Key Findings**

# **Community Health Concerns**

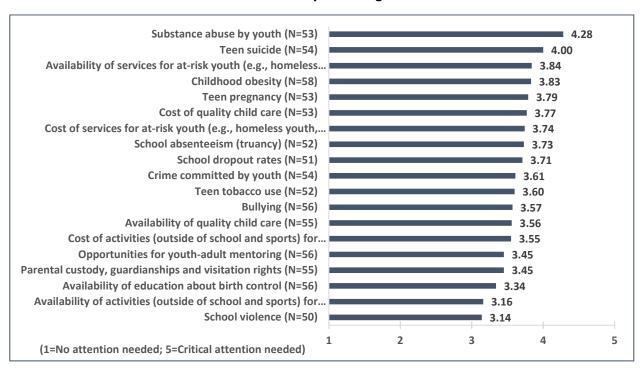
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Economic Well-Being: The concern for the community's economic well-being is focused on the need for affordable housing, homelessness, and housing that accepts people in recovery, mental illness, criminal history or victims of domestic abuse.



Healthy People 2020 has defined the social determinants of health. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." The patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.





According the U.S. Department of Drug Enforcement Administration (DEA), nationally almost 20 percent of students surveyed admit to using marijuana at least once during the last 30 days, and 13 percent of students surveyed admitted driving when they used marijuana within the last 30 days.

Researchers have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. However, many people with risk factors do not abuse substances. The risk factors for substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

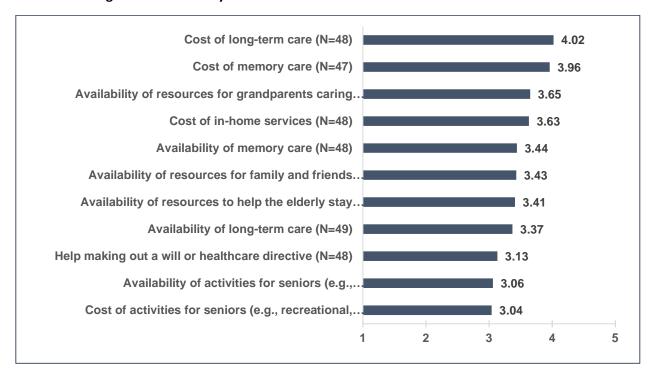
Youth may also be more likely to try drugs because of circumstances or events called risk factors. Examples of risk factors include:

- Poor grades in school
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- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse or neglect
- Bullying

# Protective factors include:

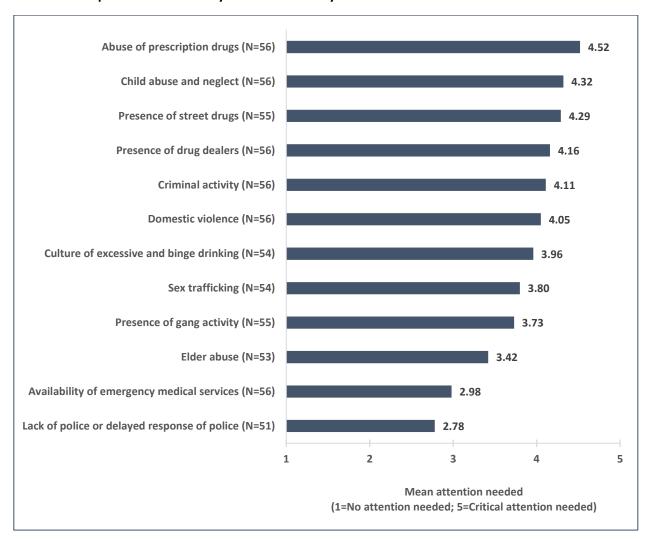
- Having high self-esteem
- Attending a school with policies against using alcohol and drugs
- Having an adult role model who doesn't use tobacco or drugs or misuse alcohol
- Participating in athletic, community, or faith-based groups
- Living in a community with youth activities that prohibit drugs and alcohol

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



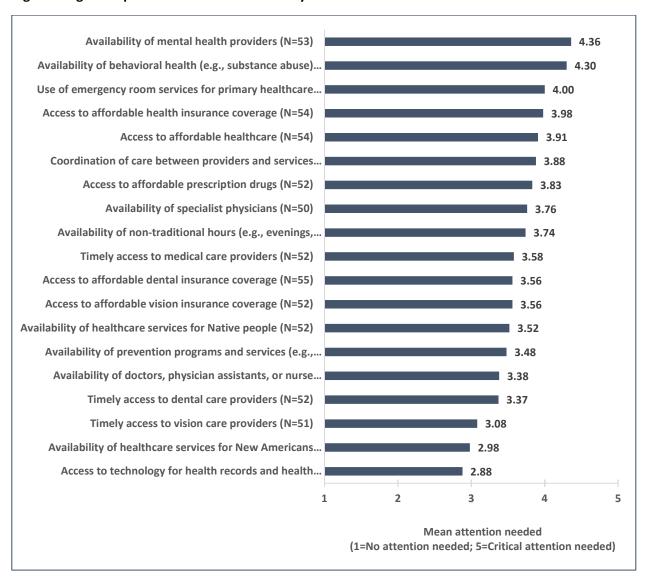
According to the U.S. Health and Human Services Administration on Aging, the cost of long term care depends on the type and duration of care you need, the provider you use, and where you live. Sanford providers work to help seniors live healthy independent lives. Sanford social workers, case managers, 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, child abuse, the presence of street drugs and the presence of drug dealers are top concerns for safety in the community.



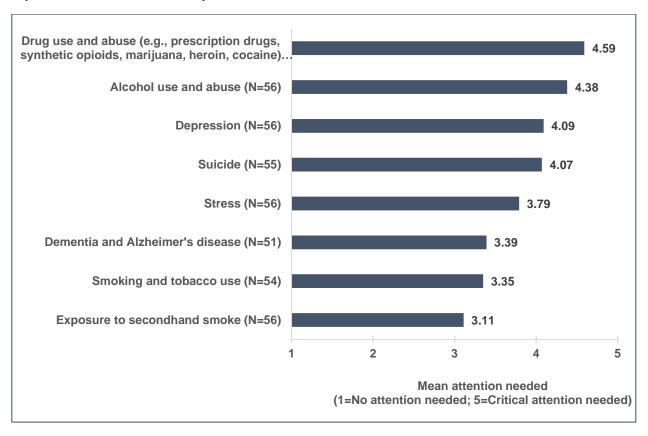
The National Institute on Drug Abuse states that the misuse of prescription drugs means taking a medication in a manner or dose other than what was prescribed; or taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., 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.

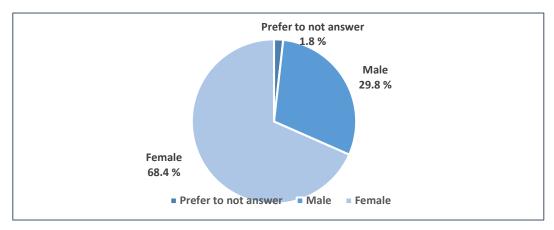
# Mental Health and Substance Abuse: Drug use and abuse, stress, depression and alcohol use and abuse are top concerns for the community.



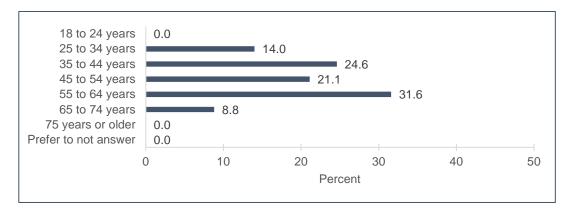
The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults age 18 and older in the United States had a serious mental 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**

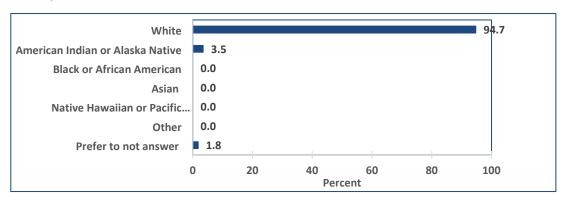
# **Biological Gender**



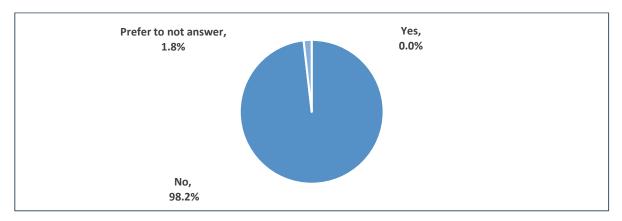
# **Age of Participants**



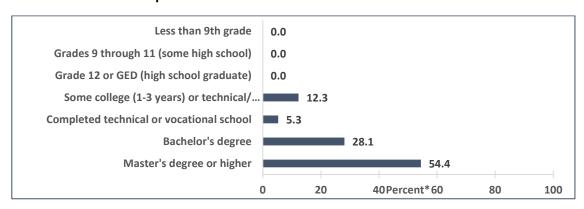
# **Race of Participants**



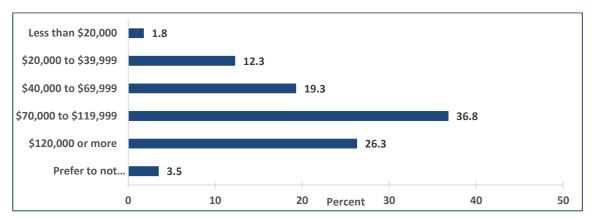
# Whether Respondents are of Hispanic or Latino Origin



# **Highest Level of Education Completed**



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



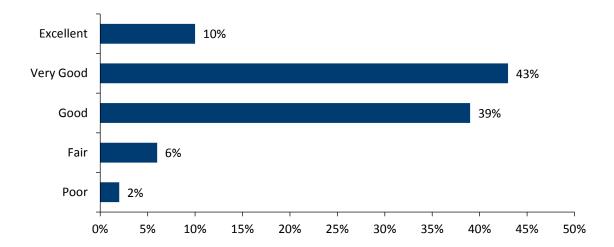
# **Residents' Health Concerns**

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 participants' personal health and health behaviors.

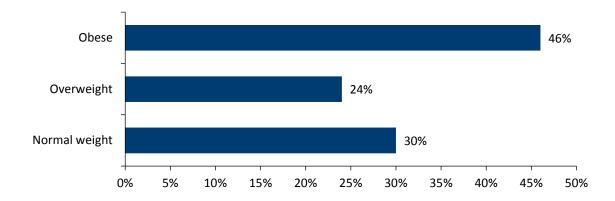
# How would you rate your health?

Ninety-two percent of survey respondents report that his or her health is good or better.



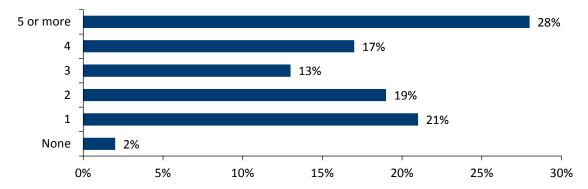
# **Body Mass Index (BMI)**

Seventy percent of survey respondents are overweight or obese.

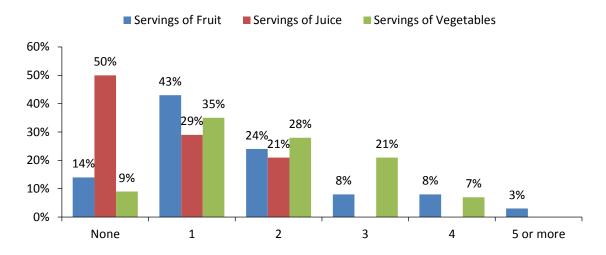


# **Total Servings of Fruits, Vegetables and Juice**

Only 28% or survey respondents are getting the recommended 5 or more servings per day.

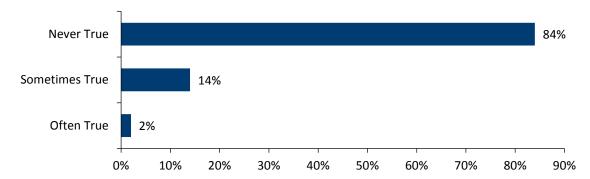


# Servings of Fruit, Vegetables and Juice



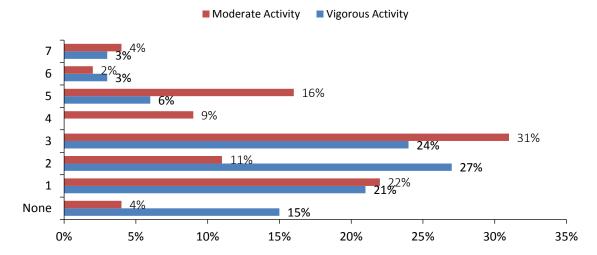
The food that we bought just did not last, and we did not have money to get more.

Sixteen percent of survey respondents report running out of food before having money to buy more.

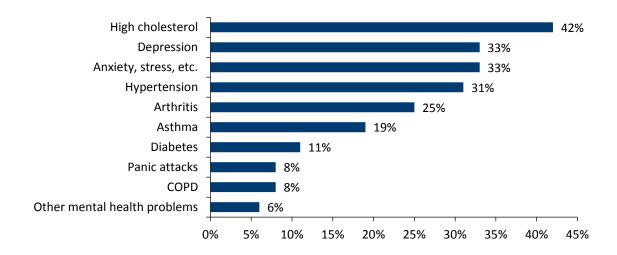


# **Days Per Week of Physical Activity**

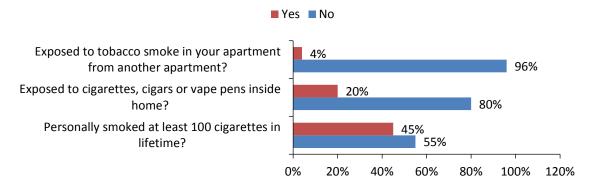
Sixty-two percent of survey respondents are getting moderate physical activity at least 3 days per week.



# **Past Diagnosis**

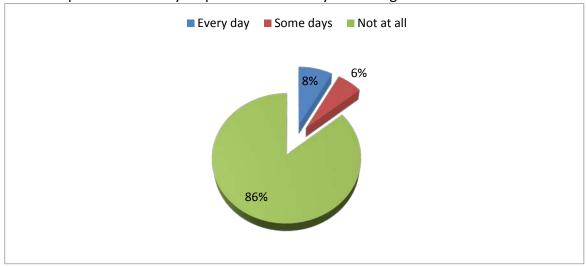


# **Exposure to Tobacco Smoke**



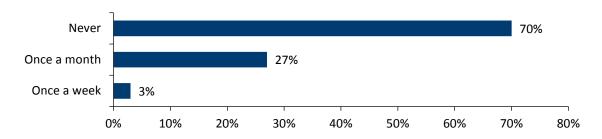
# Do you currently smoke cigarettes?

Fourteen percent of survey respondents currently smoke cigarettes



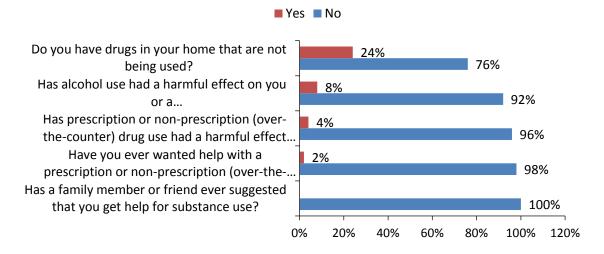
# **Binge Drinking**

Thirty percent of survey respondents binge drink at least once per month

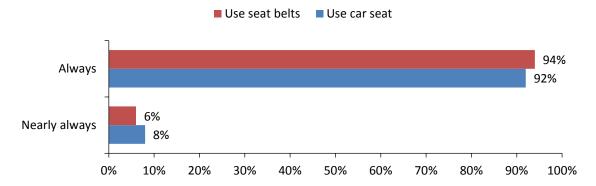


# **Drug and Alcohol Issues**

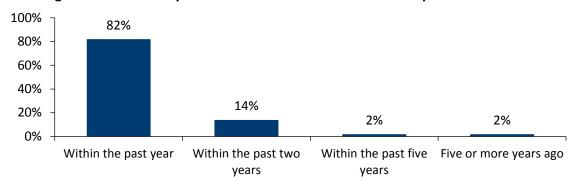
Twenty-four percent have drugs in their home that they are no longer using.



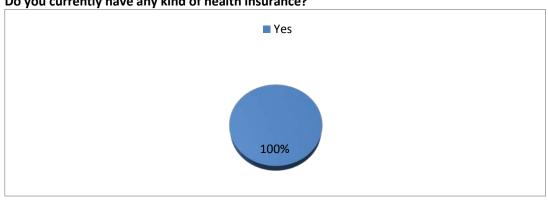
# **Children's Car Safety**



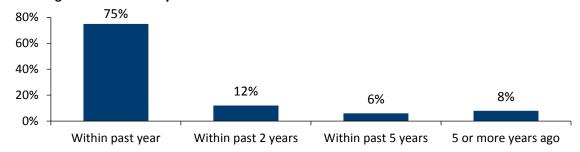
# How long has it been since you last visited a doctor or health care provider for a routine checkup?



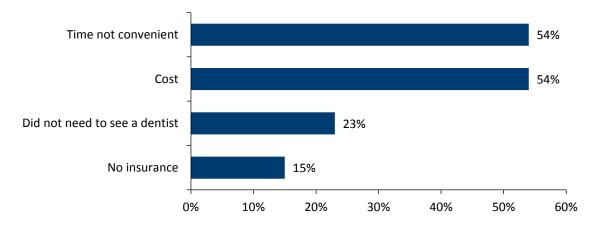
# Do you currently have any kind of health insurance?



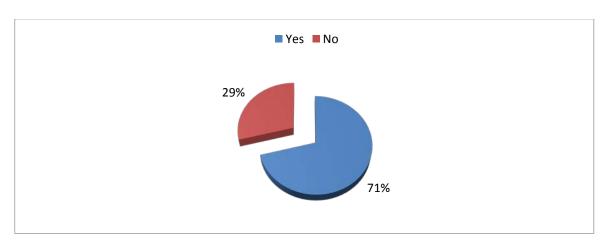
# How long has it been since you last visited a dentist?



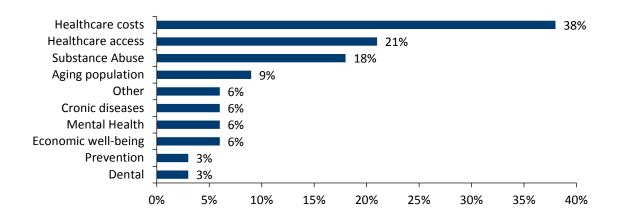
# **Barriers to Visiting the Dentist**



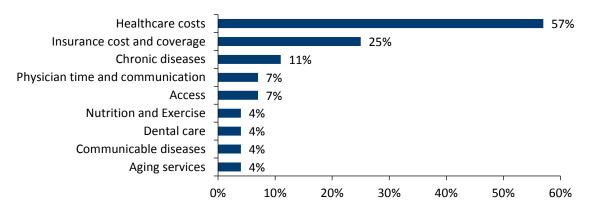
# Do you have any kind of dental care or oral health insurance coverage?



# **Most Important Community Issues**



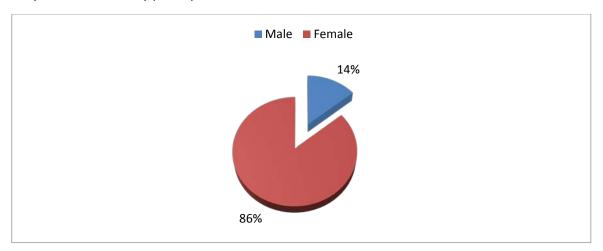
# **Most Important Issue for Family**



# **Demographic Information for Community Resident Participants**

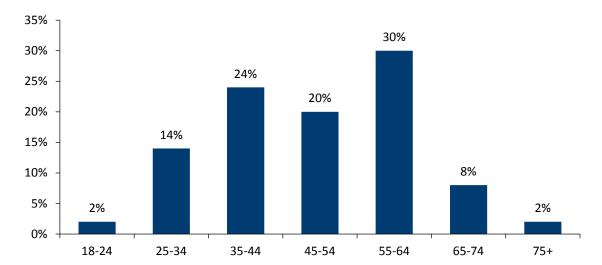
# **Biological Gender**

Only 14% of the survey participants were male.

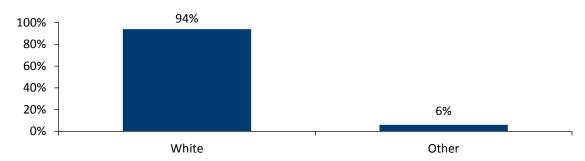


# Age

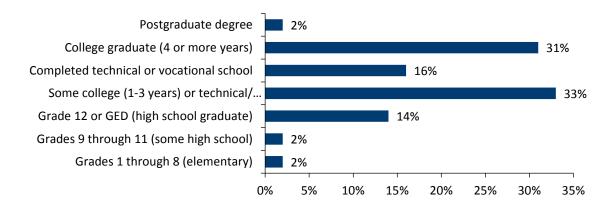
Every age group was represented among the survey participants; however, only 2% fell into the 75+ year age group and in the 18-24 age group.



# **Ethnicity**

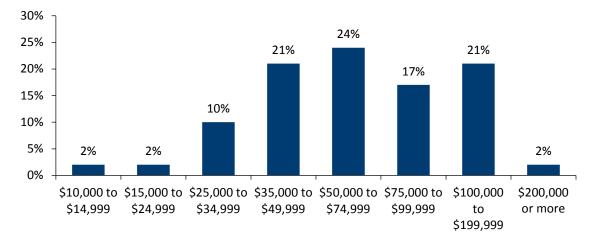


# **Education Level**



# **Total Annual Household Income**

Four percent of survey participants have an annual household income at or below the Federal Poverty Level (FPL) for a family of four.



# **Secondary Research Findings**

# **Census Data**

Population of Clearwater County, Minnesota	8,827
% below 18 years of age	24.9
% 65 and older	20.1
% White – non-Hispanic	84.8
American Indian	9.8
Hispanic	1.8
African American	0.6
Asian	0.3
% Female	49.5
% Rural	100%

# **County Health Rankings**

	Clearwater	State of	U.S. Top Performers
	County	Minnesota	
Adult smoking	17%	15%	14%
Adult obesity	30%	27%	26%
Physical inactivity	23%	20%	20%
Excessive drinking	20%	23%	13%
Alcohol-related driving deaths	50%	30%	13%
Food insecurity	14%	10%	10%
Uninsured adults	9%	6%	7%
Uninsured children	6%	3%	3%
Children in poverty	25%	13%	12%
Children eligible for free or reduced lunch	51%	38%	33%
Diabetes monitoring	79%	88%	91%
Mammography screening	57%	65%	71%
Median household income	\$43,800	\$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.

# **Health Indicator/Concern**

# **Economic Well-Being**

- Availability of affordable housing 4.16
- Homelessness 4.14
- Housing which accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence 4.07
- Skilled labor workforce 3.77
- Hunger 3.73 16% report that they run out of food before they have money to buy more
- Household budgeting and money management 3.63
- Maintaining livable and energy efficient homes 3.60

# **Transportation**

- Availability of public transportation 3.83
- Availability of door-to-door transportation services for those unable to drive 3.82
- Cost of door-to-door transportation services for those unable to drive 3.56

# **Children and Youth**

- Substance abuse by youth 4.28
- Teen suicide 4.00
- Availability of services for at-risk you 3.84
- Childhood obesity 3.83
- Teen pregnancy 3.79
- Cost of quality child care 3.77
- Cost of services for at-risk youth 3.74
- School absenteeism 3.73
- School dropout rates 3.71
- Crime committed by youth 3.61
- Teen tobacco use 3.60
- Bullying 3.57
- Availability of quality childcare 3.56
- Cost of activities (outside of school and sports) for children and youth 3.55

# **Aging Population**

- Cost of long term care 4.02
- Cost of memory care 3.96
- Availability of resources for grandparents caring for grandchildren 3.65
- Cost of in-home services 3.63

# Safety

- Abuse of prescription drugs 4.52
- 24% report that they have drugs in their home that are not being used

### **Health Indicator/Concern**

- Child abuse and neglect 4.32
- Presence of street drugs 4.29
- Presence of drug dealers 4.16
- Criminal activity 4.11
- Domestic violence 4.05
- Culture of excessive and binge drinking 3.96
- Sex trafficking 3.80
- Presence of gang activity 3.73

#### **Health Care Access**

- Availability of mental health providers 4.36
- Availability of behavioral health 4.30
- Use of emergency room services for primary health care 4.00
- Access to affordable health insurance coverage 3.98
- Access to affordable health care 3.91
- Coordination of care between providers and services 3.88
- Access to affordable prescription drugs 3.83
- Availability of specialist physicians 3.76
- Availability of non-traditional working hours 3.74
- Timely access to medical care providers 3.58
- Access to affordable dental insurance coverage 3.56
- Access to affordable vision insurance coverage 3.56
- Availability of health care services for Native people 3.52

#### **Mental Health and Substance Abuse**

- Drug use and abuse 4.59
- Alcohol use and abuse 4.38
- 30% self-report that they binge drink at least 1X/month
- Depression 4.09 33% report a diagnosis of depression
- Suicide 4.07
- Stress 3.79
- 33% report a diagnosis of anxiety/stress
- 14% currently smoke cigarettes

#### Wellness

- 42% report a diagnosis of high cholesterol
- 31% report a diagnosis of hypertension
- 25% report a diagnosis of arthritis
- 18% have not had a routine check-up in more than 1 year
- 42% did not get a flu shot in the past year
- 26% have not seen their dentist in more than 1 year
- 46% report that they are obese
- 24%report that they are overweight
- 72% do not consume the recommended 5 or more fruits/vegetables each day
- 38% do not have moderate exercise 3 or more times each week

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

# **2018 Community Health Needs Assessment**

# **How Sanford Bagley Medical Center is Addressing the Needs**

Identified Concerns	How Sanford Bagley is Addressing the Community Needs
ECONOMIC WELL BEING	
Availability of affordable	Sanford Bagley will collaborate with Clearwater County Health and Human Services
housing	to help with resources for these community needs.
Homelessness	Sanford Bemidji sponsors nursing personnel to be on site in the recently built
	housing complex for the homeless and chronic inebriates.
Housing which accepts people	Sanford Bemidji sponsors nursing personnel to be on site in the recently built
with chemical dependency,	housing complex for the homeless and chronic inebriates.
mental health problems,	
criminal history, or victims of	Sanford is working with a community collaborative to identify housing project
domestic violence	opportunities for low income and hard-to-house individuals and families. We are
	also underwriting the cost of nursing personnel in a recently built 60-unit housing
	complex for the homeless and chronic inebriates.
Skilled labor workforce	Sanford has many programs in place to address workforce development, including
	the Sons and Daughters Scholarship Program, the Heart Of Tomorrow Program,
	internships for college students who are interested in health care careers, and
	health career programs for high school students.
Hunger	Sanford funds the <i>No Hungry Child</i> initiative and will provide support for the next 3
	years to assure all children in the local schools have access to food, 7 days a week,
	365 days of the year.
Run out of money before they	The results of these findings will be presented to local Public Health leaders.
have money to buy more – 16%	σ τη του
Household budgeting & money	The results of these findings will be presented to local Public Health leaders.
management	β ε μ
Maintaining livable & energy	The results of these findings will be presented to local Public Health leaders.
efficient homes	β ε μ
TRANSPORTATION	
Availability of public	Sanford Bagley will collaborate with Clearwater County Health and Human Services
transportation	to help determine resources for these community needs. This will include exploring
	opportunities to utilize ambulance services in other capacities.
Availability of door-to-door	Sanford Bagley will collaborate with Clearwater County Health and Human Services
transportation services for	to help determine resources for these community needs. This will include exploring
those unable to drive	opportunities to utilize ambulance services in other capacities.
Cost of door-to-door	Sanford Bagley will collaborate with Clearwater County Health and Human Services
transportation services for	to help determine resources for these community needs. This will include exploring
those unable to drive	opportunities to utilize ambulance services in other capacities.
CHILDREN AND YOUTH	
Substance abuse by youth	Sanford Bagley will collaborate with Clearwater County Health and Human Services
	to lead determine resources for these community needs. Sanford Bagley will work
	with Sanford Bemidji to in-source child and teen mental health services.
	,
Teen suicide	Sanford supports Face it Together, a behavioral health approach to recovery
	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
<u> </u>	

Identified Concerns	How Sanford Bagley is Addressing the Community Needs
	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.
	<ul> <li>BHTT Key Points:         <ul> <li>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.</li> <li>BHTT works to ensure seamless interface between primary care and specialty and/or community based resources.</li> <li>They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety.</li> </ul> </li> </ul>
Availability of services for at-risk youth	Sanford supports <i>Face it Together</i> , a behavioral health approach to recovery 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.
	<ul> <li>BHTT Key Points:         <ul> <li>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.</li> <li>BHTT works to ensure seamless interface between primary care and specialty and/or community based resources.</li> <li>They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety.</li> </ul> </li> </ul>
Childhood obesity	Providers address the issue of obesity with their patients, emphasizing exercise and diet and referrals to clinical dietitians.
Teen pregnancy	In addition to clinical services provided by Sanford Bagley Medical Center, Clearwater Public Health provides services to children and teen through 21 years of age.

Identified Concerns	How Sanford Bagley is Addressing the Community Needs
Cost and availability of quality	Sanford will share the concerns from the key stakeholder survey with county social
child care	service agencies and community leaders.
Cost of services for at-risk youth	Sanford will share the concerns from the key stakeholder survey with county social
	service agencies and community leaders.
School absenteeism	Sanford will share the concerns from the key stakeholder survey with School district
	leaders, county social service agencies and community leaders.
School dropout rates	Sanford will share the concerns from the key stakeholder survey with school district
	leaders, county social service agencies and community leaders,
Crime committed by youth	Sanford will share the concerns from the key stakeholder survey with county social
	service agencies, law enforcement and community leaders.
Teen tobacco use	Sanford will share the concerns from the key stakeholder survey with public health
	leaders, county social service agencies and community leaders.
Bullying	Sanford will share the concerns from the key stakeholder survey with school
	leaders, county social service agencies and community leaders.
Cost of activities (outside of	Sanford will share the concerns from the key stakeholder survey with county social
school & sports) for children	service agencies and community leaders.
and youth	
AGING POPULATION	
Cost of long term care	Sanford Bagley will collaborate with Clearwater County Health and Human Services
	for these community needs. Sanford Bagley will continue its partnership with long
	term care facilities in the community.
Cost of memory care	Sanford Bagley will collaborate with Clearwater County Health and Human Services
	for these community needs. Sanford Bagley will continue its partnership with long
	term care facilities in the community.
Availability of resources for	Sanford Bagley will collaborate with Clearwater County Health and Human Services
grandparents caring for	for these community needs.
grandchildren	
Cost of in-home services	Sanford Bagley will collaborate with Clearwater County Health and Human Services
	to lead help and resources for these community needs.
SAFETY	
Abuse of prescription drugs	Sanford Bagley will collaborate with Clearwater County Health and Human Services
	for these community needs. Will also work collaboratively with local school districts
	and law enforcement to provide education and additional resources.
Drugs in their home that are not	Drug drop boxes are available in our clinic and medications are labeled to
being used - 24%	recommend disposal.
Child abuse & neglect	Issues of this nature will be referred to county social service agencies.
Presence of street drugs	Issues of this nature will be referred to law enforcement.
Presence of drug dealers	Issues of this nature will be referred to law enforcement.
Criminal activity	Issues of this nature will be referred to law enforcement.
Domestic violence	Issues of this nature will be referred to law enforcement.
Culture of excessive & binge	Sanford assesses all patients by their PCPS and Integrative Health Triage Therapists
drinking	to provide early intervention and referral. Treatment services are also available
	within our Behavioral Health Services.
Sec trafficking	Issues of this nature will be referred to law enforcement.
Presence of gang activity	Issues of this nature will be referred to law enforcement.
HEALTH CARE ACCESS	
Availability of mental health	Sanford Bagley is supporting continuing education of one of its providers to be a
providers	certified mental health provider.
F	

Identified Concerns	How Sanford Bagley is Addressing the Community Needs
Availability of behavioral health	Sanford is affiliated with the area mental health center and has added 15 additional
	mental health providers. We take all patients, regardless of their ability to pay.
Use of emergency room	Sanford Bagley is expanding its hours during the week and discussing having clinic
services for primary health care	services on the weekend.
Access to affordable health	Sanford Bagley will collaborate with Clearwater County Health and Human Services
insurance coverage	to lead help and resources for these community needs.
Access to affordable health care	Sanford Health has programs in place to help those in financial need.
Coordination of care between	Sanford Bagley has an RN Health Coach to help patients navigate appointments
providers & services	with additional providers.
Access to affordable	Sanford Bagley has access for patients to prescription assistance programs.
prescription drugs	
Availability of specialist	Sanford Bagley routinely refers community patients to specialists 25 miles away. It
physicians	also has outreach services in Bagley for several specialties.
Availability of non-traditional	Sanford Bagley is expanding its hours during the week and discussing having clinic
working hours	services on the weekend.
Timely access to medical care	Sanford Bagley has added three additional providers to reduce wait times.
providers	
Access to affordable dental	Sanford Bagley will collaborate with Clearwater County Health and Human Services
insurance coverage	to lead help and resources for these community needs.
Access to affordable vision	Sanford Bagley will collaborate with Clearwater County Health and Human Services
insurance coverage	to lead help and resources for these community needs.
Availability of health care	Sanford Bagley will collaborate with Clearwater County Health and Human Services
services for Native people	to lead help and resources for these community needs.
MENTAL HEALTH & SUBSTANCE	
ABUSE	
Drug use and abuse	Sanford Bagley will collaborate with Clearwater County Health and Human Services
	for these community needs.
Alcohol use and abuse	Sanford Bagley will collaborate with Clearwater County Health and Human Services
	for these community needs.
Binge drink at least 1x/month –	Sanford Bagley will collaborate with Clearwater County Health and Human Services
30%	for these community needs.
Depression	Sanford assesses all patients by their PCPs and Integrative Health Triage Therapists
	to provide early intervention and referral. Treatment services are also available
	within our Behavioral Health Services.
Diagnosis of depression - 33%	
Suicide	Sanford Bagley will collaborate with Clearwater County Health and Human Services
	for these community needs.
Stress	Sanford assesses all patients by their PCPs and Integrative Health Triage Therapists
	to provide early intervention and referral. Treatment services are also available
	within our Behavioral Health Services.
Diagnosis of anxiety/stress –	Sanford assesses all patients by their PCPs and Integrative Health Triage Therapists
33%	to provide early intervention and referral. Treatment services are also available
	within our Behavioral Health Services.
Currently smoke cigarettes –	At Sanford, smoking is assessed by PCPs and programs are offered to stop smoking,
14%	including medication assisted withdrawal management.
WELLNESS	
Diagnosis of high cholesterol –	Sanford Bagley has hired a full-time RN Health Coach to assist providers in providing
42%	education and management of chronic health conditions.
Diagnosis of hypertension –	Sanford Bagley has hired a full-time RN Health Coach to assist providers in providing
31%	education and management of chronic health conditions.

Identified Concerns	How Sanford Bagley is Addressing the Community Needs
Diagnosis of arthritis – 25%	Sanford Bagley has hired a full-time RN Health Coach to assist providers in providing
	education and management of chronic health conditions.
Have not had a routine check-	Sanford Bagley has hired a full-time RN Health Coach to assist providers in providing
up in over a year – 18%	education and maintaining current health checks with patients.
Did not get a flu shot in the past	Sanford Bagley has hired a full-time RN Health Coach to assist providers in providing
year – 42%	education and maintaining current health checks with patients.
Have not seen a dentist in more	Sanford Bagley has hired a full-time RN Health Coach to assist providers in providing
than 1 year – 26%	education and maintaining current health checks with patients.
Obese – 46% Overweight 24%	Sanford dietitians provide medical nutrition therapy for weight management.
Do not consume 5 or more	Sanford will share the results of these findings with Public Health leaders.
fruits/	
vegetables per day – 72%	

**Implementation Strategies** 

## **Sanford Bagley Medical Center**

## **Implementation Strategies 2019-2021**

#### 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**

According the U.S. Department of Drug Enforcement Administration (DEA), nationally almost 20 percent of students surveyed admit to using marijuana at least once during the last 30 days, and 13 percent of students surveyed admitted driving when they used marijuana within the last 30 days.

Researchers have identified *risk factors* that can increase a person's chances for misuse, and *protective factors* that can reduce the risk. However, many people with risk factors do not abuse substances. The risk factors for substance abuse among youth include boredom, stress, curiosity, the desire to feel grown up, or to lessen peer pressure.

Youth may also be more likely to try drugs because of circumstances or events called risk factors. Examples of risk factors include:

- Poor grades in school
- Engaging in alcohol or drug use at a young age
- Friends and peers who engage in alcohol or drug use
- Persistent, progressive, and generalized substance use, misuse, and use disorders by family members
- Conflict between parents or between parents and children, including abuse or neglect
- Bullying

### Protective factors include:

- Having high self-esteem
- Attending a school with policies against using alcohol and drugs
- Having an adult role model who doesn't use tobacco or drugs or misuse alcohol
- Participating in athletic, community, or faith-based groups
- Living in a community with youth activities that prohibit drugs and alcohol

Sanford Bagley has made children and youth a significant priority and has developed strategies to expand education for healthy lifestyle choices, provide opportunities for local employment and careers, and provide outreach for teen and adolescent behavioral health services.

# Implementation Strategy Action Plan 2019 - 2021

### **Priority 1: Mental Health and Substance Abuse**

Projected Impact: Additional resources for mental health will be available in Bagley and additional resources will be added to the Bemidji region.

Goal 1: Support supplemental certification of advanced practice provider in behavioral health.

Actions/Tactics	Measurable Outcomes & timeline	Dedicated Resources/ Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Facilitate clinical rotations for Bagley APP	By August of 2021, a Bagley APP will have attained a psych certification	Sanford Health of Northern MN is funding this additional education	Robert Belanger	NA
Provider will integrate medical and behavioral health care	Upon completion of certification, APP will practice at least two days per week at Sanford Bagley	Other Bagley providers will utilize the APP rather than referring to regional hub	Robert Belanger	NA
Provider will be utilized as a regional resource	Upon completion APP will spend at least one day per week at two other outlying clinics within the region	APP would be budgeted into the other clinic sites as an additional outreach provider. Bagley clinic will staff additional providers to backfill.	Robert Belanger	APP will work closely with Sanford Bemidji Behavioral Health and regional primary care

Goal 2: Align to the CDC standard for opioid prescribing practices.

Actions/Tactics	Measurable Outcomes & timeline	Dedicated Resources/ Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Assess current compliance with accepted standard	By January 1, 2021, assess percentage of current providers working within the CDC and Sanford standards for opioid prescriptions	Working with Sanford pharmacy leadership to extract historical data on Bagley providers	Robert Belanger	NA
Align prescribing methods with all Bagley providers	By January 1, 2021, assess percentage of current providers working within the CDC and Sanford standards for opioid prescriptions	Discuss with providers during Medical Staff Committee meetings to ensure all providers are aligned	Robert Belanger	NA

Actions/Tactics	Measurable Outcomes & timeline	Dedicated Resources/ Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Monitor on an ongoing basis all providers' adherence to the standard	Produce quarterly reports to be reviewed by all providers regarding adherence to the standard	Work with Sanford pharmacy team to obtain data on a quarterly basis	Robert Belanger	NA

Goal 3: Expand behavioral health telemedicine services.

Actions/Tactics	Measurable Outcomes & timeline	Dedicated Resources/ Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Obtain necessary	By first quarter of	Utilize funds from SHIP grant	Robert	NA
telemedicine	2021 have necessary	and budget for the balance of	Belanger	
equipment	equipment in place	the needs		
Explore expanding	By first quarter of	Work with behavioral health	Robert	NA
access to crisis	2021 have necessary	team out of Bemidji. Work	Belanger	
services in the	equipment in place	with credentialing to get		
Emergency Dept.		providers privileges in Bagley.		

## **Priority 2: Children and Youth**

Projected Impact: (IRS mandatory) To provide more youth-specific medical services and increase engagement in the health care system.

Goal 1: Develop volunteer program to provide opportunities for local employment and careers.

Actions/Tactics	Measurable Outcomes & timeline	Dedicated Resources/ Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Partner with local high schools to provide volunteer opportunities	Onboard high school volunteers by Fall 2018	Dedicate time from Sanford Bagley staff to act as volunteer coordinator	Kelly Knapp	Continue collaboration with Bagley school district & explore interactions with Clearbrook school district
Promote career choices for students interested in the medical field or for students who want to seek local employment of any kind	By second quarter of 2021, formulate career paths in collaboration with a local technical college and university	Sanford Health is actively working with Bemidji State University and Northwest Technical College to develop career tracks for area youth	Robert Belanger	Continue to work with Bemidji State University and Northwest Technical College leadership

Goal 2: Seek outreach for teen and adolescence behavioral health services.

Actions/Tactics	Measurable Outcomes & timeline	Dedicated Resources/ Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Sanford Health of Northern Minnesota (SHNM) will broaden the resources available for teen and adolescence behavioral health services	Facilitating APP training in pediatric and adolescent behavioral health to be completed by Q3 of 2021	Supporting this individual by employing as a psych nurse and integrating as part of the behavioral health program for the region	SHNM and Bagley Leadership.	NA
Sanford Health of Northern Minnesota will onboard psychologist at Sanford Bagley	By Q2 of 2021, Sanford Bagley will onboard a psychologist to work out of the clinic	This provider would work in collaboration with SHNM behavioral health team out of Bemidji	Robert Belanger	Potential collaboration with Clearwater County Social Services

Goal 3: Expand education for healthy lifestyle choices.

Actions/Tactics	Measurable Outcomes & timeline	Dedicated Resources/ Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
Continue involvement with Bagley Spring Fling (Formerly Bagley Healthy Kids) with future focus on healthy lifestyle education	Increase participation by 20% in the next year	Work with Bagley Ambassadors and local grade schools to increase awareness and promote participation in the program	Kelly Knapp	Local grade schools
Integrate RN Health Coach with family practice for availability of patient education	Increase visits by adolescence or pediatric patients for mentoring on healthy lifestyle choices	Work with family practice providers for referrals to RN Health Coach for help with dietary and other lifestyle choices	Heather Tverstol	NA

## **Demonstrating Impact – 2016 Strategies**

### **Children and Youth**

Sanford Bagley Medical Center placed a great deal of emphasis on getting resources and materials to children and their parents to help them to become more aware of health goals and wellness options. The Bagley Ambassadors group holds 4-5 events per year that provide interaction and learning opportunities for youth. These include booths at the county fair and high school events, a Teddy Bear Clinic, *Spring Fling*, and Haunted Hallway. The goal of these programs is to engage the youth in the community to make wellness a conversation and to make heath care a familiar, non-threatening part of their lives. The information provided at these events reaches hundreds of individuals. This work is ongoing and will continue to be a priority for the community.

### **Mental Health**

Sanford Bagley Medical Center's goal of adding tobacco cessation services and providing Test4Life bracelets serves as a constant reminder of the importance of seeking mental health services for optimal mental health. These services provide the community with the opportunity to have tobacco cessation services available at the local level. The strategic goals have been met and we will continue to provide services for the community.

## **Community Health Needs Assessment – Implementation Strategy**

## **Sanford Bagley Medical Center**

## **FY 2017-2019 Action Plan**

## **Priority 1: Children and Youth**

Projected Impact: To raise awareness of services available

Goal 1: Services for at-risk youth

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Provide education to Sanford Bagley staff of services available in the community	Ensure appropriate clinic staff is educated	Clinic nurses and providers	Leadership team	
Provide information to our patients in public waiting areas of available services in community	We will track the number of fliers distributed	Sanford Marketing	Leadership team	
Provide Text4Life bracelets at community events (after prom party, local county fair)	Ensure handouts are given to appropriate members of the public	Sanford Ambassadors team members	Leadership team	School district

## **Priority 1: Children and Youth**

Projected Impact: To raise awareness of services available

Goal 2: Improve the availability of resources for children across the community

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Provide Sanford <i>fit</i> program to the local schools	Sanford <i>fit</i> is available to all students and families in the area through <i>fit</i> website	Sanford <i>fit</i> leadership Classroom teachers	Leadership team	Local schools Childcare leaders

## **Priority 2: Mental Health**

Projected Impact: Provide services to patients as appropriate

## Goal 1: Reduce tobacco use, suicide prevention

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Note any community partnerships and collaborations (if applicable)
Adding service line of tobacco cessation	Participants who successfully complete the program	Respiratory therapist	Leadership team	Collaborating with Bemidji tobacco cessation program
Provide Text4Life bracelets at community events (after prom party, local county fair)	Ensure handouts are given to appropriate members of the public	Sanford Ambassadors team members	Leadership team	School district

## **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 Bagley Medical Center's CHNA.

# **Appendix**

**Primary Research** 

# Sanford Bagley Asset Map

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
Economic Well	Availability of	16% report that	23% of children	Housing resources:	
Being	affordable housing	they run out of	live in poverty	Clearwater Co. Housing Authority,	
	4.16	food before they have money to buy	9.6%	516 Main Ave. N., Bagley	
	Homelessness 4.14	more	unemployment	Housing & Redevelopment     Authority of Bagley, 516 Main	
	1101116163311633 4.14	more	rate	Ave. N., Bagley	
	Housing which			<ul> <li>Crist Apts., 218-785-2159</li> </ul>	
	accepts people with			Lillegaard's Apts., 116 S.	
	chemical			Clearwater Ave., Bagley	
	dependency, mental			SummerField Clearbrook	
	health problems,			Cottages, 134 Brook Ave. NE,	
	criminal history, or victims of domestic			Clearbrook	
	violence 4.07			<ul> <li>SummerField Clearbrook 55+, 430</li> <li>– 4<sup>th</sup> Ave. NE, Clearbrook</li> </ul>	
				ReMax Realty, 40093 E. Lone Lane	
	Skilled labor			Rd., Bagley	
	workforce 3.77			<ul> <li>Northern Places Realty, 36389 Co.</li> </ul>	
				Rd. 7, Bagley	
	Hunger 3.73			The Townhomes by Cornerstone,	
	16% report that			Opening appx. November of 2018	
	they run out of food				
	before they have			Low Income Housing Resources:	
	money to buy more			<ul> <li>Clearwater Co. Housing Authority,</li> <li>516 Main Ave. N., Bagley</li> </ul>	
				Housing & Redevelopment	
	Household			Authority of Bagley, 516 Main	
	budgeting and			Ave. N., Bagley	
	money management 3.63			Parkview Apts., 516 Main Ave. N.,	
	management 3.03			Bagley	
	Maintaining livable			<ul> <li>Hillside Manor, 16 Sand Lake Ave.</li> <li>SW, Bagley</li> </ul>	
	and energy efficient homes 3.60			Otterkill Garden Apts., 35 Hallan	
	Hornes 5.00			Ave. NE, Bagley	
				White Earth IV, 13958 Community	
				Loop, Bagley	
				Brookfield Apts., 105 Railroad  Ava. N.E. Clearbrook	
				<ul> <li>Ave. NE, Clearbrook</li> <li>The Townhomes by Cornerstone –</li> </ul>	
				one will be low-income housing,	
				opening appx. November of 2018.	
				Homelessness/Poverty resources:	
				Clearwater Co. Food Shelf, 228 N.	
				Main St., Bagley	
				Income Maintenance Assistance	
				Program, 216 Park Ave. NW, Bagley	
				Inter-County Community Council	
				(serving Clearwater Co.) (energy	
				assistance, food support,	
				weatherization, family support -	
				financial, housing, loans), 207	
				Main St., Oklee	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
Identified concern	· ·	Resident survey	Secondary data	<ul> <li>Clearwater Co. Human Services, 216 Park Ave. NW, Bagley (energy assistance, cash assistance, food support, emergency assistance)</li> <li>Clearwater Co. Nursing Services, 212 Main Ave. N., Bagley</li> <li>Senior Center Thrift Store, 26 Main Ave. N., Bagley</li> <li>Julie's Treasures Thrift Store, 14 Main Ave. S., Bagley</li> <li>Stop-Drop-Shop Thrift Store, 26 Central St. W., Bagley</li> <li>Clear Waters Life Center Thrift Store, 25 Central St. W., Bagley</li> <li>Clear Waters Life Center Thrift Store, 25 Central St. W., Bagley</li> <li>Clear Waters Life Center Thrift Store, 25 Central St. W., Bagley</li> <li>Binter-County Community Council (serves Clearwater Co.) – provides employment/training, 207 Main St., Oklee</li> <li>Major Employers:</li> <li>Bagley Dental, 13 Main Ave. N., Bagley</li> <li>Bagley Hardware Hank, 101 Main Ave. S., Bagley</li> <li>Bagley Hardwood Products, 1004 Central St. W., Bagley</li> <li>Bagley Public Schools, 202 Bagley Ave. NW, Bagley</li> <li>City of Bagley, 18 Main Ave. S., Bagley</li> <li>Clearwater County, 213 Main Ave. N., Bagley</li> <li>Clearwater Polk Electric Co-op, 315 Main Ave. N., Bagley</li> <li>Clearwater Senior Living, 421 6th St. NE, Bagley</li> <li>Clearwater Senior Living, 421 6th St. NE, Bagley</li> <li>Cornerstone Residence, 30 Sunset Ave., Bagley</li> <li>First National Bank, 31 E. Central St., Bagley</li> <li>Galen's Supermarket, 19 Main Ave. S., Bagley</li> <li>Gesell Concrete Products, Hwy 2 West, Bagley</li> <li>Hillside Lumber, 305 Sunset Ave.,</li> </ul>	Gap?
				<ul><li>Bagley</li><li>Kubiak's Family Foods, 46 Spencer</li></ul>	
				Ave. SW, Bagley	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
Identified concern	Key stakeholder survey	Resident survey	Secondary data	<ul> <li>address the need</li> <li>U.S. Post Office, 26 Getchell Ave. NE, Bagley</li> <li>Skilled Labor Workforce resources: <ul> <li>Inter-County Community Council (serves Clearwater Co.) – provides employment/training, 207 Main St., Oklee</li> </ul> </li> <li>Hunger resources: <ul> <li>Clearwater Co. Food Shelf, 228 N. Main St., Bagley</li> <li>Meals on Wheels &amp; Senior Center Meals, 26 Main Ave. N., Bagley</li> <li>Meals on Wheels &amp; Senior Center meals, 105 Main St. S., Clearbrook</li> <li>Nutrition Assistance Program for Seniors, 26 Main Ave. N., Bagley</li> <li>Inter-County Community Council (serves Clearwater Co.), provides food support, 207 Mai St., Oklee</li> <li>Galen's Supermarket, 19 Main Ave. S., Bagley</li> <li>Kubiak's Family Foods, 46 Spencer Ave. SW, Bagley</li> <li>Dandelion General Store, 16576 US 2, Bagley</li> <li>Orton's Food Mart, 20 Central St. NE, Bagley</li> <li>Bakken's Fairway Market, 33 Main St. S., Clearbrook</li> <li>Bagley Farmers Market, Hwy 92, Bagley</li> </ul> </li> </ul>	Gap?
Transportation	Availability of public transportation 3.83		32% have a long commute to	<ul> <li>Farm Chek Farmers Market, 224         Main Ave. N., Bagley</li> <li>Ter-Lee Gardens, 4 mi. south of         Bagley</li> <li>Household Budgeting/Money Mgmt.         resources:         <ul> <li>Clearwater Co. Extension (financial management classes), 213 Main                  Ave. N., Bagley</li> <li>Community Education classes, 202                 Bagley Ave. NW, Bagley</li> <li>Community Education classes, 16770 Clearwater Lake Rd.,                  Clearbrook</li> <li>First National Bank, 31 E. Central</li></ul></li></ul>	
	transportation 3.83		commute to work		

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
	Availability of door- to-door transportation services for those unable to drive 3.82 Cost of door-to- door transportation services for those unable to drive 3.56			<ul> <li>Tri-Valley Heartland Express, 218-694-5090</li> <li>Senior Connection Transportation Service, 218-487-5290</li> <li>Bagley Ambulance, 203 – 4<sup>th</sup> St. NW, Bagley</li> <li>Clear Waters Life Center, 256 – 2<sup>nd</sup> Ave. SW, Clearbrook</li> <li>Clearbrook Senior Citizens, 105 Main St. S., Clearbrook</li> <li>BD Mobility Van, 223 Hwy. 92 SW, Clearbrook</li> </ul>	
Children & Youth	Substance abuse by youth 4.28  Teen suicide 4.00  Availability of services for at-risk youth 3.84  Childhood obesity 3.83  Teen pregnancy 3.79  Cost of quality child care 3.77  Cost of services for at-risk youth 3.74  School absenteeism 3.73  School dropout rates 3.71  Crime committed by youth 3.61  Teen tobacco use 3.60  Bullying 3.57  Availability of quality child care 3.56  Cost of activities (outside of school and sports) for children and youth 3.55		26 teen pregnancies ages 15-19 HS graduation 79%	<ul> <li>Substance Abuse resources:</li> <li>Mustard Seed Homes (1-yr. residential recovery program), 256 – 2nd Ave., Clearbrook</li> <li>The Most Excellent Way Recovery Support Group, 256 – 2nd Ave. SW, Clearbrook</li> <li>Celebrate Recovery Support Group, 256 – 2nd Ave. SW, Clearbrook</li> <li>Lake Region Chemical Dependency, 16734 US 2, Bagley</li> <li>Sanford Bagley Clinic, 1656 Central St. W., Bagley</li> <li>Sanford Clearbrook Clinic, 22 Elm St., Clearbrook</li> <li>Essentia Bagley Clinic, 121 Central St. W., Bagley</li> <li>Clearwater Co. Human Services, 216 Park Ave. NW, Bagley</li> <li>Suicide resources:</li> <li>Headwaters Intervention Center/Family Crisis Center, 107 Main Ave. N., Bagley</li> <li>Youth Mobile Crisis Line 800-422-0045</li> <li>Resources for At-Risk Youth:</li> <li>Clearwater Co. Human Services, 216 Park Ave. NW, Bagley</li> <li>Stelliher Human Services (crisis line 800-422-0045)</li> <li>Headwaters Intervention Center/Family Crisis Center, 107 Main Ave. N., Bagley</li> <li>Clear Waters Life Center, 256 2nd Ave., Clearbrook</li> <li>Youth Mobile Crisis Line 800-422-0045</li> <li>Inter-County Community Council (serves Clearwater Co.) – services for homeless youth, 207 Main St., Oklee</li> </ul>	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				Childhood Obesity resources:  Clearwater Co. Extension (nutrition resources), 213 Main Ave. N., Bagley  Sanford Bagley Clinic, 1656 Central St. W., Bagley  Sanford Clearbrook Clinic, 22 Elm St., Clearbrook  Essentia Bagley Clinic, 121 Central St. W., Bagley  Rice Lake Community Health, 13830 Community Loop, Bagley  North Country Community Health, 212 Main Ave. N., Bagley  Teen Pregnancy resources:  Sanford Bagley Clinic, 1656 Central St. W., Bagley  Sanford Clearbrook Clinic, 22 Elm St., Clearbrook  Essentia Bagley Clinic, 121 Central St. W., Bagley  Rice Lake Community Health, 13830 Community Loop, Bagley  North Country Community Health, 212 Main Ave. N., Bagley  Clearwater Co. Human Services, 216 Park Ave. NW, Bagley	
				<ul> <li>Clearwater Co. Nursing Services,</li> <li>Youth Crime resources:</li> <li>Bagley Police, 21 Getchell Ave. NE, Bagley</li> <li>Clearbrook Police, 200 Elm, Clearbrook</li> <li>Clearwater Co. Sheriff, 213 Main Ave. N., Bagley</li> <li>Bullying resources:</li> <li>Bagley Police, 21 Getchell Ave. NE, Bagley</li> <li>Clearwater Co. Sheriff, 213 Main Ave. N., Bagley</li> <li>Clearwater Co. Sheriff, 213 Main Ave. N., Bagley</li> <li>Clearbrook Police, 200 Elm,</li> </ul>	
				Clearbrook  School Counselors, 202 Bagley Ave. NW, Bagley  School Counselors, 16770 Clearwater Lake Rd., Clearbrook  Child Care resources: Susie Zoo Daycare, 1003 Patricia Lane, Bagley  Wee Care Children's Center, 79 Spencer Ave. SW, Bagley	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				<ul> <li>Doodle Day Care, 202 Spruce Ave. SW, Bagley</li> <li>Bunnies Hut Child Care, 218 – 5th St. NE, Bagley</li> <li>Precious Moments Day Care, 420 Olson Ave., Bagley</li> <li>Teddy Bear Den Day Care, 202 Main Ave., Clearbrook</li> <li>Bagley Head Start, 202 Bagley Ave. NW, Bagley</li> <li>Rice Lake Head Start, 13936 Community Loop, Bagley</li> <li>Head Start thru Inter-County Community Council, 207 Main St., Oklee</li> <li>Clearbrook-Gonvik Head Start, 16770 Clearwater Lk Rd., Gonvik</li> <li>Clear Waters Life Center (after school program), 256 – 2nd Ave. SW, Clearbrook</li> <li>Group or home day cares: <ul> <li>Carrie Binder, Timber Dr., Bagley</li> <li>Susan Duquette, Patricia Lane, Bagley</li> <li>Dianne Horsley, Spruce Ave., SW, Bagley</li> <li>Rhonda LaFerrierre, 201st Ave., Bagley</li> <li>Barbara Martin, 350th St., Bagley</li> <li>Barbara Moen, 221st Ave., Bagley</li> <li>Jerianne Moen, 221st Ave., Bagley</li> <li>Brenda Neeland, 159th Ave., Bagley</li> <li>Brenda Neeland, 159th Ave., Bagley</li> <li>Tamara Graser, Sand Lake Ave, Bagley</li> <li>Dr., Bagley</li> <li>Tamara Graser, Sand Lake Ave, Bagley</li> <li>Tara Paulson, Herbranson St. NW, Bagley</li> <li>DeAnn Drydahl, 3rd Ave. SW, Clearbrook</li> <li>Shannon Matthews, Brook Ave. NE, Clearbrook</li> </ul> </li> <li>Activities for Children &amp; Youth (outside of school &amp; sports): <ul> <li>4-H, C/o Clearbrook Co. Extension Office, 213 Main Ave. N., Bagley</li> <li>Boy Scouts, 218-694-3365</li> <li>Library, 79 Spencer Ave. SW, Bagley</li> <li>Parks activities, 18 Main Ave. S., Bagley</li> </ul> </li> <li>Parks activities, 18 Main Ave. S., Bagley</li> </ul>	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				<ul> <li>Kloster Park, County Hwy. 5,         Clearbrook</li> <li>Clearbrook City Park, Clearbrook</li> <li>Summer Art Class, 18 Main Ave.         S., Bagley</li> <li>Volunteering to work on         Community Planters, 18 Main         Ave., Bagley</li> <li>Clear Waters Life Center, 256 –         2<sup>nd</sup> Ave., Clearbrook</li> </ul>	
Aging Population	Cost of long term care 4.02  Cost of memory care 3.396  Availability of resources for grandparents caring for grandchildren 3.65  Cost of in-home services 3.63			Long Term Care resources:  Cornerstone Nsg. & Rehab Center, 416 - 7th St. NE, Bagley  Assisted Living resources: Cornerstone Residence, 30 Sunset Ave. SW, Bagley Clearwater Senior Living, 421 - 6th St. NE, Bagley Cornerstone Residence Senior Care, 421 - 6th St. SE, Bagley Sunset Home, 33 Red Lake Ave. NW, Bagley Hanson's Country Side, Rt. 3, Box 189, Bagley Golden Acres, Rt. 2, Box 68, Bagley Country Lane Assisted Living, 12866 Lindberg Lk Rd., Clearbrook  Senior Housing: Parkview Apts., 516 Main Ave. N., Bagley Otterkill Gardens, 635 Hallan Ave. NE, Bagley SummerField Clearbrook 55+, 430 - 4th Ave. NE, Clearbrook  Memory Care resources: Cornerstone Nsg. & Rehab Center, 416 - 7th St. NE, Bagley Cornerstone Residence Senior Care, 421 - 6th St. NE, Bagley Resources for grandparents as caregivers for grandchildren: Senior LinkAge Line - 800-333-2433 LSS Kinship Family Support Services - 877-917-4640 MN Kinship Caregivers Assn mkca.org	
				<ul> <li>LawHelpMN.org – free legal help</li> <li>Grandfamilies State Law &amp; Policy Resource Center – grandfamilies. org</li> </ul>	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				<ul> <li>American Grandparents Assn. – grandparents.com</li> <li>Raising Grandchildren Support Group – AARP.org/online-community</li> <li>The Brookdale Foundation – brookdalefoundation.net</li> <li>Generations United – gu.org</li> <li>In-Home Services:</li> <li>Clearwater Co. Nursing Service (home care), 212 Main Ave. N., Bagley</li> <li>Meals on Wheels, 26 Main Ave. N., Bagley</li> <li>Meals on Wheels, 105 Main St. S., Clearbrook</li> <li>Home at Heart Care (personal care), 221 – 3rd Ave., Clearbrook</li> <li>Infusion Services, Thrifty White Drug, 31 Main Ave. N., Bagley</li> <li>Clearwater Hospice, 212 Main Ave. N., Bagley</li> </ul>	
Safety	Abuse of prescription drugs 4.52  24% report that they have drugs in their home that are not being used  Child abuse and neglect 4.32  Presence of street drugs 4.29  Presence of drug dealers 4.16  Criminal activity 4.11  Domestic violence 4.05  Culture of excessive and binge drinking 3.96  Sex trafficking 3.80  Presence of gang	24% report that they have drugs in their home that are not being used	Alcohol related driving deaths – 50%	<ul> <li>Substance Abuse resources:</li> <li>Mustard Seed Homes (1-yr. residential recovery program), 256 – 2nd Ave., Clearbrook</li> <li>The Most Excellent Way Recovery Support Group, 256 – 2nd Ave. SW, Clearbrook</li> <li>Celebrate Recovery Support Group, 256 – 2nd Ave. SW, Clearbrook</li> <li>Lake Region Chemical Dependency, 16734 US 2, Bagley</li> <li>Sanford Bagley Clinic, 1656 Central St. W., Bagley</li> <li>Sanford Clearbrook Clinic, 22 Elm St., Clearbrook</li> <li>Essentia Bagley Clinic, 121 Central St. W., Bagley</li> <li>Clear Waters Life Center, 256 – 2nd Ave. SW, Clearbrook</li> <li>Clearwater Co. Human Services, 216 Park Ave. NW, Bagley</li> <li>Drug Take-Back Programs:</li> <li>Thrifty White Pharmacy, 31 N. Main, Bagley</li> <li>Child Abuse/Neglect resources:</li> <li>Bagley Police, 21 Getchell Ave. NE, Bagley</li> <li>Clearwater Co. Sheriff, 213 Main</li> </ul>	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
	Survey			<ul> <li>Headwaters Intervention Center/Family Crisis Center, 107 Main Ave. N., Bagley</li> <li>Clearwater Co. Human Services (child protection services), 216 Park Ave. NW, Bagley</li> <li>Crime/Street Drugs/Gang Activity resources:</li> <li>Bagley Police, 21 Getchell Ave. NE, Bagley</li> <li>Clearwater Co. Sheriff, 213 Main Ave. N., Bagley</li> <li>Sexual Assault Support Group, 79 Spencer Ave. SW, Bagley</li> <li>Domestic Violence resources:</li> <li>Bagley Police, 21 Getchell Ave. NE, Bagley</li> <li>Clearwater Co. Sheriff, 213 Main Ave. N., Bagley</li> <li>Headwaters Intervention Center/Family Crisis Center, 107 Main Ave. N., Bagley</li> <li>Sanford Bagley Clinic, 1656 Central St. W., Bagley</li> <li>Sanford Clearbrook Clinic, 22 Elm St., Clearbrook</li> <li>Essentia Bagley Clinic, 121 Central St. W., Bagley</li> <li>Sexual Assault Support Group, 79 Spencer Ave. SW, Bagley</li> <li>Inter-County Community Council - serves Clearwater Co. (services for those escaping abuse), 207 Main St., Oklee</li> <li>Sex Trafficking resources:</li> <li>Bagley Police, 21 Getchell Ave. NE, Bagley</li> <li>Clearwater Co. Sheriff, 213 Main Ave. N., Bagley</li> <li>Headwaters Intervention Center/Family Crisis Center, 107 Main Ave. N., Bagley</li> <li>Sexual Assault Support Group, 79 Spencer Ave. SW, Bagley</li> <li>Inter-County Community Council - serves Clearwater Co. (services for those escaping abuse), 207 Main Ave. N., Bagley</li> <li>Inter-County Community Council - serves Clearwater Co. (services for those escaping abuse), 207 Main St., Oklee</li> </ul>	
Health Care Access	Availability of mental health providers 4.36		Primary care physicians 2,200:1	Mental Health/Behavioral Health resources:  Sanford Bagley Clinic, 1656 Central St. W., Bagley	
			Dentists 2,940:1	<ul> <li>Sanford Clearbrook Clinic, 22 Elm St., Clearbrook</li> </ul>	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap
	Availability of		Mental Health	Essentia Bagley Clinic, 121	
	behavioral health		providers 0	Central St. W., Bagley	
	4.30			Clearwater Co. Human Services,	
				216 Park Ave. NW, Bagley	
	Use of emergency			Clear Waters Life Center (for	
	room services for			youth), 256 – 2 <sup>nd</sup> Ave.,	
	primary health care			Clearbrook	
	4.00			Youth Mobile Crisis Line – 800-	
				422-0045	
	Access to affordable			<ul> <li>Inter-County Community Council</li> </ul>	
	health insurance			(serves Clearwater Co.) – mental	
	coverage 3.98			health services, 207 Main St.,	
	Access to affordable			Oklee	
	health care 3.91			Primary Health Care/Affordable	
				Health Care resources:	
	Coordination of care			Sanford Bagley Clinic, 1656	
	between providers			Central St. W., Bagley	
	and services 3.88				
	223			Curriera Great Brook Cirrio, 22 2iiii	
	Access to affordable			St., Clearbrook	
	prescription drugs			Essentia Bagley Clinic, 121     Control St. Mr. Barrier	
	3.83			Central St. W., Bagley	
	3.03			Rice Lake Community Health,	
	Availability of			13830 Community Loop, Bagley	
	specialist physicians			<ul> <li>North Country Community</li> </ul>	
	3.76			Health, 212 Main Ave. N., Bagley	
	5.70				
	Availability of on-			Health Insurance resources:	
				<ul> <li>Farm Bureau, 14 – 1<sup>st</sup> St. NW,</li> </ul>	
	traditional working			Bagley	
	ours 3.74			<ul> <li>Lindfors Agency, 105 Main Ave.</li> </ul>	
				N., Bagley	
	Timely access to			State Farm, 25 Clearwater Ave.	
	medical care			SW, Bagley	
	providers 3.58			Inter-County Community Council	
				(serves Clearwater Co.) – health	
	Access to affordable			ins. services, 207 Main St., Oklee	
	dental insurance			ms. services, 207 Main se., oxice	
	coverage 3.56			Prescription Assistance programs:	
				CancerCare co-payment	
	Access to affordable			assistance, 800-813-4673	
	vision insurance				
	coverage 3.56			Freedrugcard.us	
				Rxfreecard.com	
	Availability of health			Medsavercard.com	
	care services for			Yourrxcard.com	
	Native people 3.52			Medicationdiscountcard.com	
				<ul> <li>Needymeds.org/drugcard</li> </ul>	
				Caprxprogram.org	
				<ul> <li>Gooddaysfromcdf.org</li> </ul>	
				NORD Patient Assistance	
				Program, rarediseases.org	
				Patient Access Network	
				Foundation, panfoundation.org	
				Pfizer RC Pathways, pfizerRX	
				pathways.com	
				RXhope.com	
	ĺ			<ul> <li>Prescriptionassistance.info</li> </ul>	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
	survey			<ul> <li>Minnesota Care — 1-800-657-3761</li> <li>MN Drug Card — mndrugcard.com</li> <li>Partnership for Prescription Assistance — pparx.org/intro.php</li> <li>Benefitscheckup.org</li> <li>RxAssist — rxassist.org</li> <li>RxOutreach — rxoutreach.com</li> <li>Together RX Access Program — togetherrxaccess.com</li> <li>Glaxo Smith Kline — bridgestoaccess.gsk.com</li> <li>Merck — merck.com/merkhelps</li> <li>Novartis — patientassistncenow.com</li> <li>Pfizer — pfizerhlepfulanswers.com</li> <li>AARP Prescription Discount Program — aarppharmacy.com</li> <li>PlanPlus — planplushealthcare.com</li> <li>FamilyWize — familywise.org</li> <li>Dental Insurance providers:</li> <li>Lindfors Agency, 105 Main Ave. N., Bagley</li> <li>State Farm, 27 Clearwater Ave., Bagley</li> <li>South Country Health Alliance provider — Sanford Eye Center, 14 — 2nd St. NE, Bagley</li> <li>Sanford Bagley Clinic, 1656 Central St. W., Bagley</li> <li>Sanford Clearbrook Clinic, 22 Elm St., Clearbrook</li> <li>Essentia Bagley Clinic, 121 Central St. W., Bagley</li> <li>Rice Lake Community Health, 13830 Community Loop, Bagley</li> <li>North Country Community Health, 13830 Community Loop, Bagley</li> <li>North Country Community Health, 212 Main Ave. N., Bagley</li> </ul>	
				Clearwater Hospice, 212 Main Ave. N., Bagley	
Mental Health and Substance Abuse	Drug use and abuse 4.59 Alcohol use and abuse 4.38	30% self-report that they binge drink at least 1 x / month	Excessive drinking – 20%  17% adult smoking	Substance Abuse resources:              Mustard Seed Homes (1-yr. residential recovery program),             256 – 2nd Ave., Clearbrook	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
	30% self-report that they binge drink at least 1 x / month  Depression 4.09  33% report a diagnosis of depression  Suicide 4.07  Stress 3.79  33% report a diagnosis of anxiety/stress  14% currently smoke cigarettes	33% report a diagnosis of depression  33% report a diagnosis of anxiety/stress  14% currently smoke cigarettes		<ul> <li>The Most Excellent Way Recovery Support Group, 256 – 2nd Ave. SW, Clearbrook</li> <li>Celebrate Recovery Support Group, 256 – 2nd Ave. SW, Clearbrook</li> <li>Lake Region Chemical Dependency, 16734 US 2, Bagley</li> <li>Sanford Bagley Clinic, 1656 Central St. W., Bagley</li> <li>Sanford Clearbrook Clinic, 22 Elm St., Clearbrook</li> <li>Clear Waters Life Center, 256 – 2nd Ave. SW, Clearbrook</li> <li>Essentia Bagley Clinic, 121 Central St. W., Bagley</li> <li>Clearwater Co. Human Services, 216 Park Ave. NW, Bagley</li> <li>Mental Health resources:</li> <li>Sanford Bagley Clinic, 1656 Central St. W., Bagley</li> <li>Sanford Clearbrook Clinic, 22 Elm St., Clearbrook</li> <li>Essentia Bagley Clinic, 121 Central St. W., Bagley</li> <li>Clearwater Co. Human Services, 216 Park Ave. NW, Bagley</li> <li>Clearwater Co. Human Services, 216 Park Ave. NW, Bagley</li> <li>Clear Waters Life Center (for youth), 256 – 2nd Ave., Clearbrook</li> <li>Youth Mobile Crisis Line – 800-422-0045</li> <li>Inter-County Community Council (serves Clearwater Co.) – mental health services, 207 Main St., Oklee</li> <li>Tobacco Cessation resources:</li> <li>Sanford Bagley Clinic, 1656 Central St. W., Bagley</li> <li>Sanford Clearbrook Clinic, 22 Elm St., Clearbrook</li> <li>Essentia Bagley Clinic, 121 Central St. W., Bagley</li> <li>Sanford Clearbrook Clinic, 22 Elm St., Clearbrook</li> <li>Essentia Bagley Clinic, 121 Central St. W., Bagley</li> <li>North Country Community Health, 13830 Community Loop, Bagley</li> <li>North Country Community Health, 212 Main Ave. N., Bagley</li> <li>North Country Community Health, 212 Main Ave. N., Bagley</li> </ul>	
Wellness	42% report a diagnosis of high cholesterol		30% adult obesity	Chronic Disease resources: Sanford Better Choices Better Health  Sanford Bagley Clinic, 1656 Central St. W., Bagley	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
	31% report a			Sanford Clearbrook Clinic, 22 Elm	
	diagnosis of			St., Clearbrook	
	hypertension			Essentia Bagley Clinic, 121 Central	
	250/			St. W., Bagley	
	25% report a			Sanford Bagley Rehab, 1656	
	diagnosis of arthritis			Central St. W., Bagley	
	18% have not had a			Rice Lake Community Health,	
	routine check-up in			13830 Community Loop, Bagley	
	more than 1 year			North Country Community Health,	
	more than I year			212 Main Ave. N., Bagley	
	42% did not get a flu			Routine Check-up/Flu Shot resources:	
	shot in the past year			Sanford Bagley Clinic, 1656	
	26% have not seen			<ul><li>Central St. W., Bagley</li><li>Sanford Clearbrook Clinic, 22 Elm</li></ul>	
	their dentist in more			St., Clearbrook	
	than 1 year			Essentia Bagley Clinic, 121 Central	
	400/			St. W., Bagley	
	46% report that they are obese			Rice Lake Community Health,	
	uncy are obese			13830 Community Loop, Bagley	
	24% report that			<ul> <li>North Country Community Health,</li> <li>212 Main Ave. N., Bagley</li> </ul>	
	they are overweight			Thrifty White Pharmacy (gives flu	
				shots), 31 Main Ave. N., Bagley	
	72% do not			Thrifty White Pharmacy (gives flu	
	consume the			shots), 30 Main Ave., Clearbrook	
	recommended 5 or				
	more			Dental resources:	
	fruits/vegetables each day			Bagley Dental, 13 Main Ave. N.,  Bagley  Bagley	
				<ul><li>Bagley</li><li>Clearbrook Dental, 113 Main St.,</li></ul>	
	38% do not have			Clearbrook	
	moderate exercise 3 or more times each				
	week			Obesity resources:	
				Sanford Bagley Clinic dieticians,	
				1656 Central St. W., Bagley	
				Sanford Clearbrook Clinic     districtions 22 Slave St. Clearbrook	
				dieticians, 22 Elm St., Clearbrook	
				Essentia Bagley Clinic dieticians,  131 Central St. W. Bagley	
				<ul><li>121 Central St. W., Bagley</li><li>Rice Lake Community Health,</li></ul>	
				13830 Community Loop, Bagley	
				North Country Community Health,	
				212 Main Ave. N., Bagley	
				<ul> <li>Weight Watchers, 26 Mai Ave. N., Bagley</li> </ul>	
				Gwen's Studio of Exercise &	
				Dance, 16743 US 2, Bagley	
				Slim Gym, 1718 Central St. W.,	
				Bagley	
				<ul> <li>Sanford Bagley fitness center, 203         <ul> <li>4<sup>th</sup> St., Bagley</li> </ul> </li> </ul>	
				<ul> <li>Gain Fitness Center, 275 – 3<sup>rd</sup> Ave.</li> </ul>	
				SW, Clearbrook	
				Open Gym, Clear Waters Life	
				Center, 275 – 3 <sup>rd</sup> Ave. SW,	
				Clearbrook	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				Clearbrook Pool, 201 Center Ave.     E., Clearbrook	
				<ul> <li>Healthy Eating resources:</li> <li>Sanford Bagley Clinic dieticians, 1656 Central St. W., Bagley</li> <li>Sanford Clearbrook Clinic dieticians, 22 Elm St., Clearbrook</li> <li>Essentia Bagley Clinic dieticians, 121 Central St. W., Bagley</li> <li>Rice Lake Community Health, 13830 Community Loop, Bagley</li> <li>North Country Community Health, 212 Main Ave. N., Bagley</li> <li>Clearwater Co. Extension (nutrition resources), 213 Main Ave. N., Bagley</li> <li>Rice Lake Elderly Nutrition Program. 13830 Community Loop, Bagley</li> <li>Bagley Farmers Market, located on Hwy. 92, Bagley</li> <li>Farm Chek Farmers Market, 224 Main Ave. N., Bagley</li> <li>Ter-Lee Gardens, 4 mi. south of Bagley</li> </ul>	
				Physical Activity resources:  Bagley School District sport activities, 202 Bagley Ave. NW, Bagley  Clearbrook School District sports activities, 16770 Clearwater Lk.	
				<ul> <li>Rd., Clearbrook</li> <li>Bagley Parks &amp; Recreation activities, 18 Main Ave. S., Bagley</li> <li>Bagley City Park – located on Lake Lomand (swimming, basketball, tennis, softball, disc golf)</li> </ul>	
				<ul> <li>Kloster Park, Co. Hwy. 5, Clearbrook</li> <li>Clearbrook City Park, Clearbrook</li> <li>Twin Pines Golf Course, 531 – 7<sup>th</sup> St. NE, Bagley</li> </ul>	
				<ul> <li>Gwen's Studio of Exercise &amp; Dance, 16743 US 2, Bagley</li> <li>Slim Gym, 1718 Central St. W., Bagley</li> </ul>	
				<ul> <li>Sanford Bagley fitness center, 203         <ul> <li>4<sup>th</sup> St. NW, Bagley</li> </ul> </li> <li>Gain Fitness Center, 275 – 3<sup>rd</sup> Ave.         <ul> <li>SW, Clearbrook</li> </ul> </li> <li>Open Gum, Clear Waters Life</li> </ul>	
				<ul> <li>Open Gym, Clear Waters Life Center, 275 – 3<sup>rd</sup> Ave. SW, Clearbrook</li> <li>Clearbrook Swimming Pool, 201 Main Ave., Clearbrook</li> </ul>	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				<ul> <li>Biking Trails – Bagley to Cass Lake (49 mi.); Bagley to TRF (82 mi.)</li> <li>Ice Skating &amp; Hockey, BFCG Hockey Arena, 36283 Fairground Rd., Bagley</li> </ul>	

# **Community Stakeholder Survey**

# Sanford Bemidji/Bagley Medical Center

Community Health Needs Assessment
Results from an October 2017 Non-Generalizable
Online Survey of Community Stakeholders

November 2017

SANF#RD

#### 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 Bemidji/Bagley 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 58 respondents participated in the online survey.

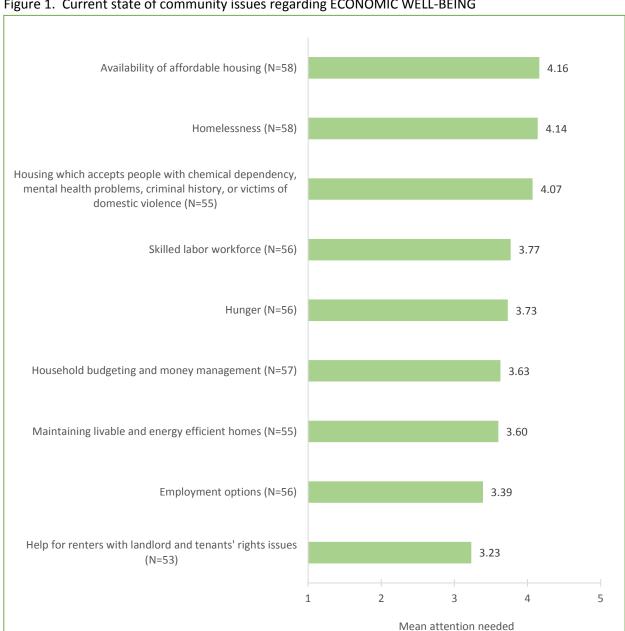
# TABLE OF CONTENTS

SURVEY RESULTS	3
Current State of Health and Wellness Issues Within the Community	3
Figure 1. Current state of community issues regarding ECONOMIC WELL-BEING	3
Figure 2. Current state of community issues regarding TRANSPORTATION	4
Figure 3. Current state of community issues regarding CHILDREN AND YOUTH	5
Figure 4. Current state of community issues regarding the AGING POPULATION	6
Figure 5. Current state of community issues regarding SAFETY	7
Figure 6. Current state of community issues regarding HEALTHCARE AND WELLNESS	8
Figure 7. Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABU	SE 9
Demographic Information	9
Figure 8. Age of respondents	9
Figure 9. Biological sex of respondents	10
Figure 10. Race of respondents	10
Figure 11. Whether respondents are of Hispanic or Latino origin	11
Figure 12. Marital status of respondents	11
Figure 13. Living situation of respondents	12
Figure 14. Highest level of education completed by respondents	12
Figure 15. Employment status of respondents	13
Figure 16. Whether respondents are military veterans	13
Figure 17. Annual household income of respondents, from all sources, before taxes	14
Table 1. Zip code of respondents	14
Table 2. Comments from respondents	15
APPENDIX TABLE	16
Appendix Table 1. Current state of health and wellness issues within the community	16

# **SURVEY RESULTS**

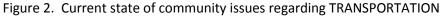
#### **Current State of Health and Wellness Issues within the Community**

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.



(1=No attention needed; 5=Critical attention needed)

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



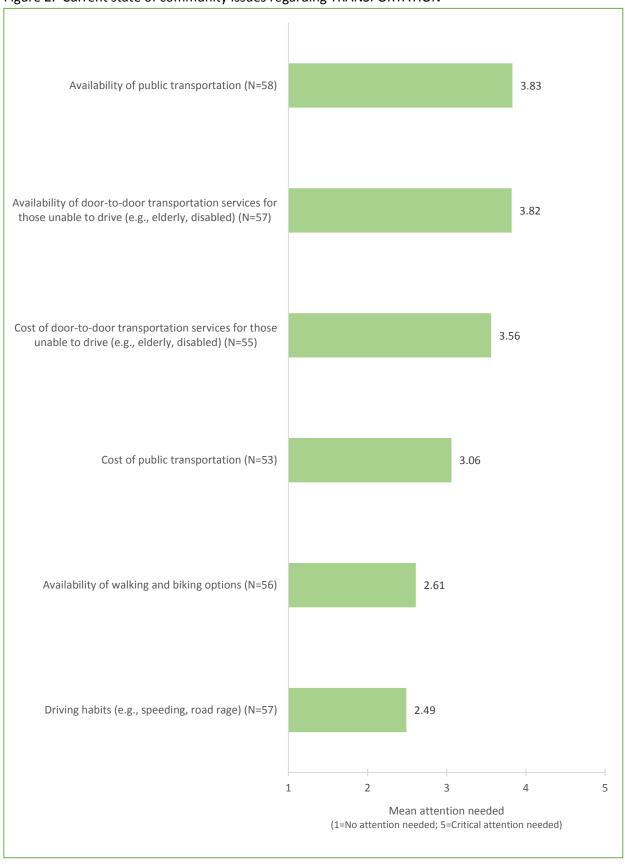


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

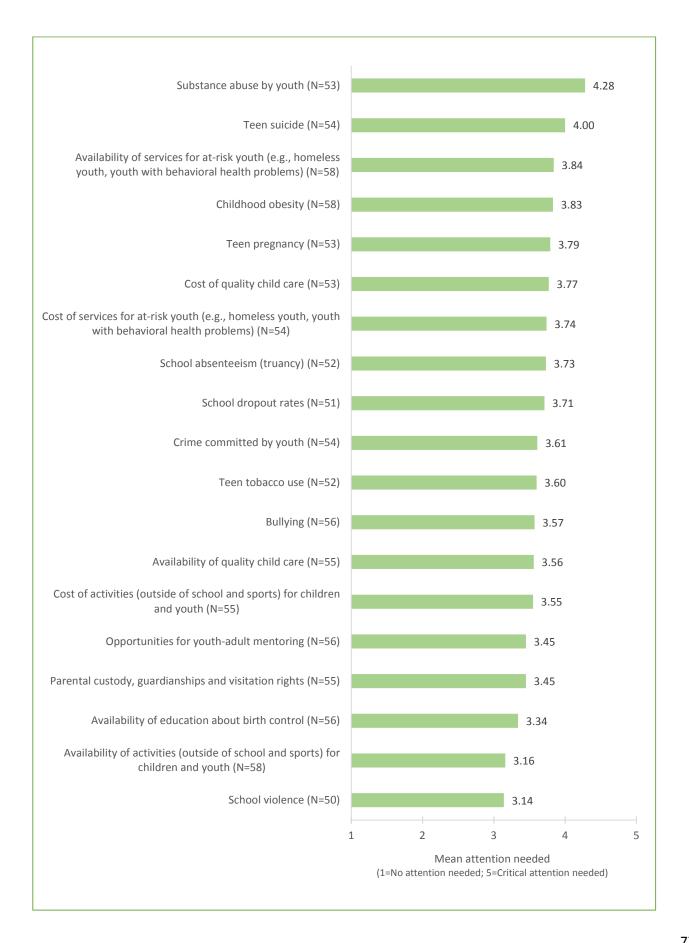


Figure 4. Current state of community issues regarding the AGING POPULATION



Figure 5. Current state of community issues regarding SAFETY

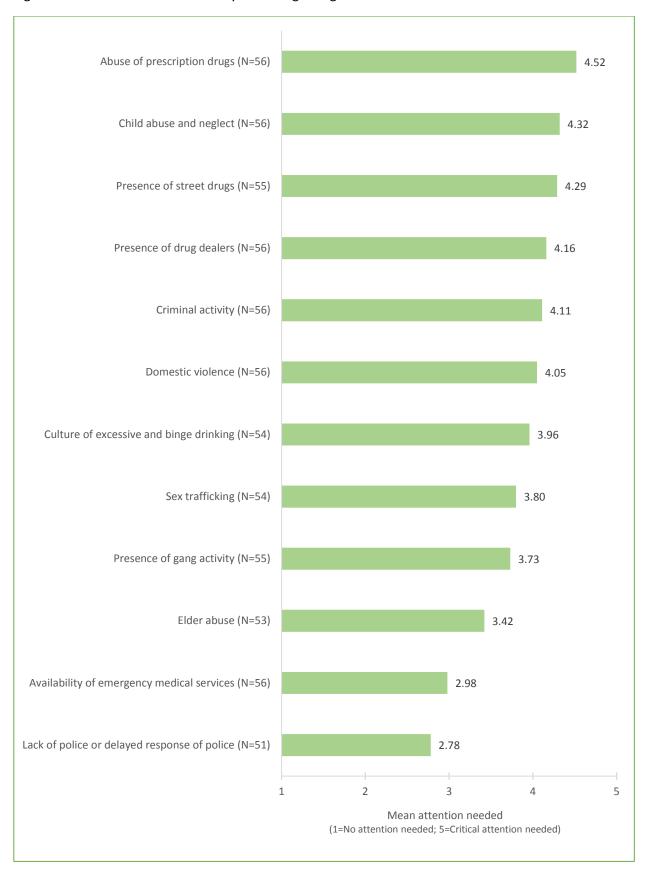
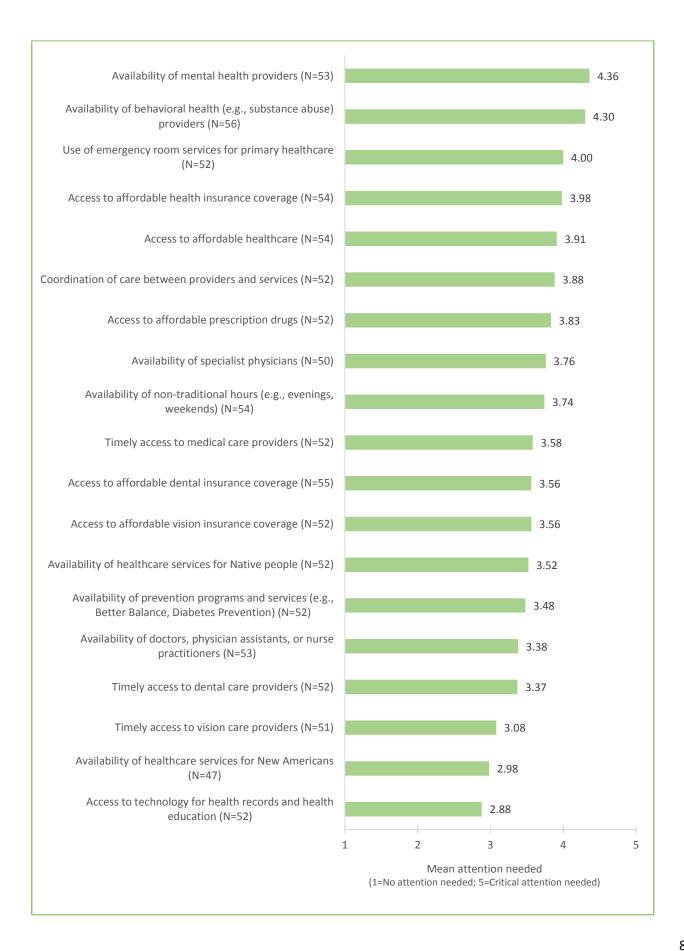
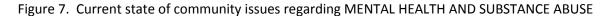
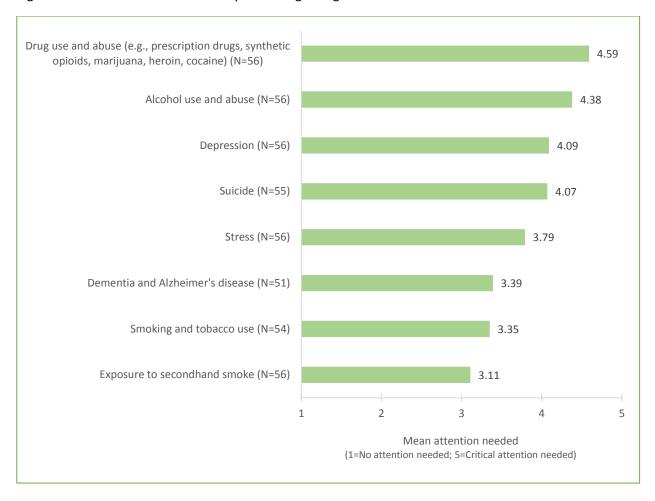


Figure 6. Current state of community issues regarding HEALTH CARE AND WELLNESS

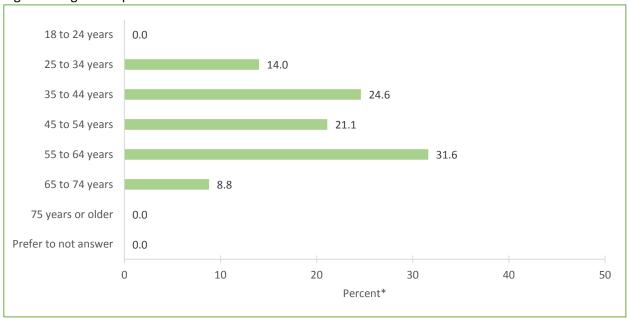






#### **Demographic Information**

Figure 8. Age of respondents



<sup>\*</sup>Percentages do not total 100.0 due to rounding.

Figure 9. Biological sex of respondents

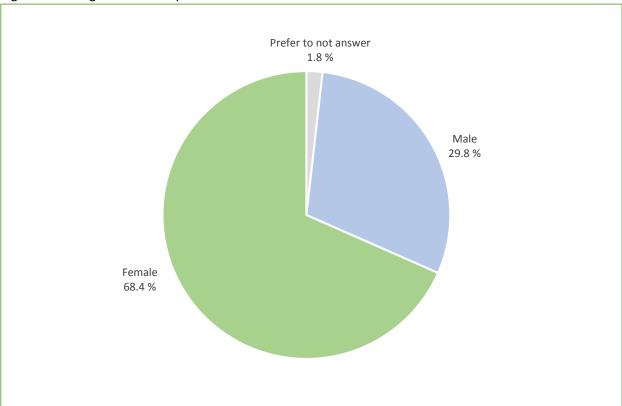


Figure 10. Race of respondents

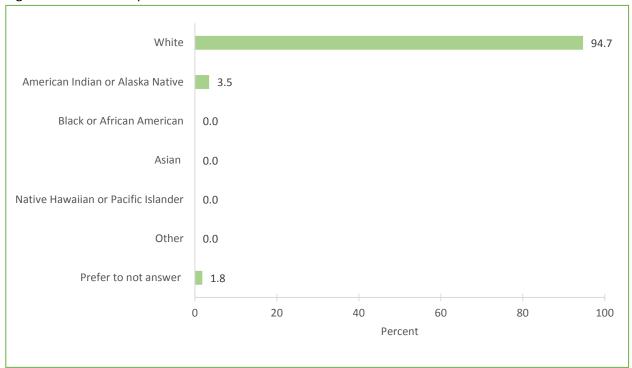


Figure 11. Whether respondents are of Hispanic or Latino origin

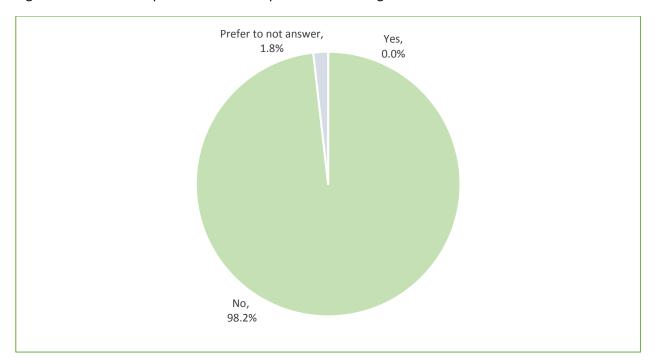


Figure 12. Marital status of respondents

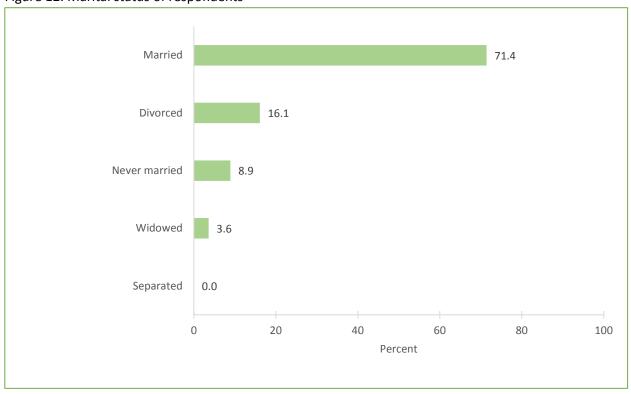
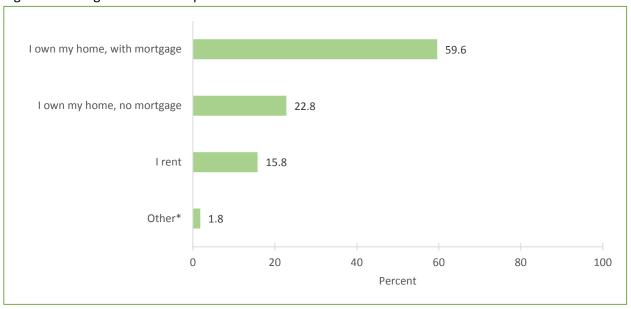


Figure 13. Living situation of respondents



<sup>\*</sup>There was no written response for "other".

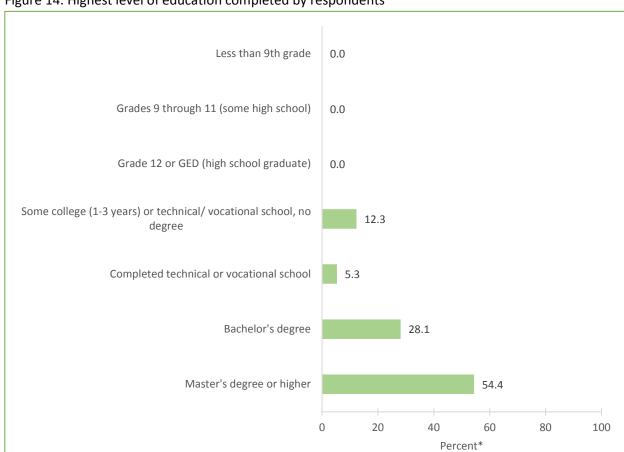


Figure 14. Highest level of education completed by respondents

<sup>\*</sup>Percentages do not total 100.0 due to rounding.

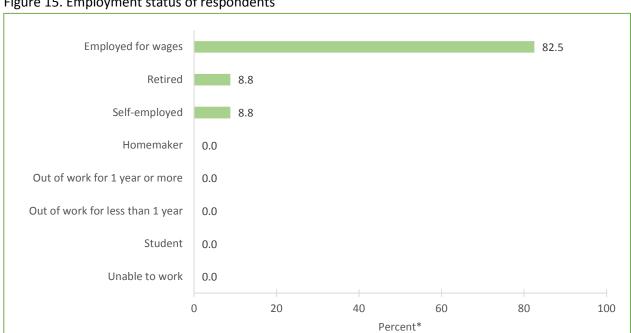
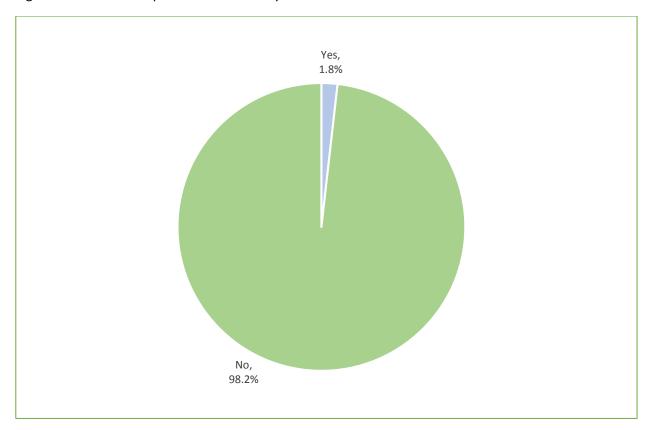


Figure 15. Employment status of respondents

<sup>\*</sup>Percentages do not total 100.0 due to rounding.

Figure 16. Whether respondents are military veterans



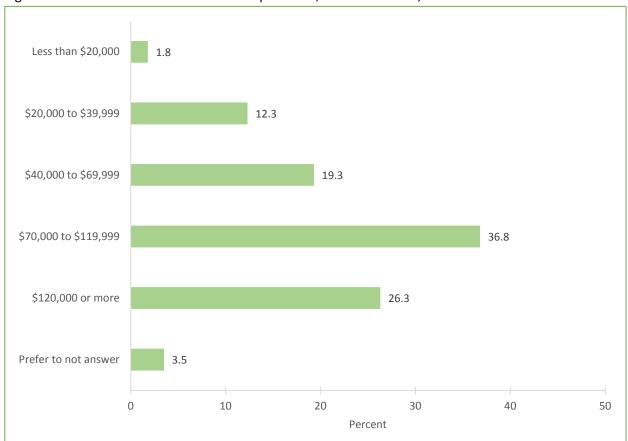


Figure 17. Annual household income of respondents, from all sources, before taxes

N=57

Table 1. Zip code of respondents

Zip code	Number of respondents
56601	48
56461	2
56626	1
56630	1
56633	1
56647	1
56670	1
56676	1
56678	1

N=57

Table 2. Comments from respondents

#### Comments

Landlords in this town are slum lords. It is terrible! Because of college students renting, the working class families get gouged for rent. The working class pay through the nose and there is so much help for people in this town in poverty but we still have so many problems. So many on welfare and SSI, why work or get an education? It is beyond frustrating. We have a City Manager who HATES our town, and a City Council that does not listen to its constituents. When neighborhoods have SIGNED PETITIONS, they still do not listen. I look forward to moving out of the city limits so I do not have to deal with the council or the mayor. She is extremely unfriendly! I have tried to talk to her in public and she is rude! Good luck fixing all the problems in this town!

Need for parenting support groups related to parenting children with mental health needs.

The biggest need I see is for cooperation and communication among agencies. Sanford needs to be community-focused and listen to the needs to the people.

There are no current long term mental health places for youth anywhere near - this is the largest problem I see in our area!

# **APPENDIX TABLE**

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

		Percent of respondents*						
		Level of attention needed						
		1	2	3	4	5		
Statements	Mean**	None	Little	Moderate	Serious	Critical	NA	Total
ECONOMIC WELL-BEING ISSUES								
Availability of affordable								
housing (N=58)	4.16	0.0	0.0	24.1	36.2	39.7	0.0	100.0
Employment options (N=57)	3.39	0.0	7.0	56.1	24.6	10.5	1.8	100.0
Help for renters with landlord								
and tenants' rights issues (N=56)	3.23	3.6	12.5	46.4	23.2	8.9	5.4	100.0
Homelessness (N=58)	4.14	1.7	1.7	15.5	43.1	37.9	0.0	99.9
Housing which accepts people with chemical dependency,								
mental health problems,								
criminal history, or victims of								
domestic violence (N=55)	4.07	1.8	3.6	12.7	49.1	32.7	0.0	99.9
Household budgeting and	4.07	1.0	3.0	12.7	73.1	32.7	0.0	33.3
money management (N=57)	3.63	0.0	3.5	43.9	38.6	14.0	0.0	100.0
Hunger (N=56)	3.73	1.8	7.1	28.6	41.1	21.4	0.0	100.0
Maintaining livable and energy	3.73	1.0	7.1	20.0	41.1	21.4	0.0	100.0
efficient homes (N=56)	3.60	0.0	7.1	42.9	30.4	17.9	1.8	100.1
Skilled labor workforce (N=57)	3.77	0.0	10.5	26.3	36.8	24.6	1.8	100.1
TRANSPORTATION ISSUES	3.77	0.0	10.5	20.5	30.0	24.0	1.0	100.0
Availability of door-to-door								
transportation services for those								
unable to drive (e.g., elderly,								
disabled) (N=57)	3.82	3.5	7.0	24.6	33.3	31.6	0.0	100.0
Availability of public	3.02	3.3	7.0	21.0	33.3	31.0	0.0	100.0
transportation (N=58)	3.83	3.4	8.6	27.6	22.4	37.9	0.0	99.9
Availability of walking and biking	3.03	3.1	0.0	27.0		37.3	0.0	33.3
options (N=56)	2.61	8.9	37.5	42.9	5.4	5.4	0.0	100.1
Cost of door-to-door		0.5	37.3	12.5	J	J	0.0	100.1
transportation services for those								
unable to drive (e.g., elderly,								
disabled) (N=55)	3.56	3.6	7.3	40.0	27.3	21.8	0.0	100.0
Cost of public transportation		-		-			-	
(N=54)	3.06	3.7	27.8	37.0	18.5	11.1	1.9	100.0
Driving habits (e.g., speeding,	-				-			-
road rage) (N=57)	2.49	8.8	45.6	36.8	5.3	3.5	0.0	100.0
CHILDREN AND YOUTH								

		Percent of respondents*						
		Level of attention needed						
		1	2	3	4	5		
Statements	Mean**	None	Little	Moderate	Serious	Critical	NA	Total
Availability of activities (outside								
of school and sports) for								
children and youth (N=58)	3.16	5.2	17.2	41.4	29.3	6.9	0.0	100.0
Availability of education about								
birth control (N=56)	3.34	1.8	14.3	46.4	23.2	14.3	0.0	100.0
Availability of quality child care								
(N=57)	3.56	1.8	10.5	35.1	29.8	19.3	3.5	100.0
Availability of services for at-risk								
youth (e.g., homeless youth,								
youth with behavioral health								
problems) (N=58)	3.84	1.7	5.2	24.1	44.8	24.1	0.0	99.9
Bullying (N=57)	3.57	1.8	7.0	36.8	38.6	14.0	1.8	100.0
Childhood obesity (N=58)	3.83	0.0	5.2	27.6	46.6	20.7	0.0	100.1
Cost of activities (outside of								
school and sports) for children	2.55	4.0		42.0	22.0	442	4.0	400.4
and youth (N=56)	3.55	1.8	5.4	42.9	33.9	14.3	1.8	100.1
Cost of quality child care (N=54)	3.77	1.9	3.7	33.3	35.2	24.1	1.9	100.1
Cost of services for at-risk youth								
(e.g., homeless youth, youth								
with behavioral health	2.74	1.0	7.4	22.2	20.6	27.0		100.0
problems) (N=54)	3.74	1.9	7.4	33.3	29.6	27.8	0.0	100.0
Crime committed by youth	3.61	0.0	0.0	46.3	46.3	7.4	0.0	100.0
(N=54) Opportunities for youth-adult	3.01	0.0	0.0	40.3	46.3	7.4	0.0	100.0
	3.45	0.0	10.7	53.6	16.1	19.6	0.0	100.0
mentoring (N=56) Parental custody, guardianships	3.43	0.0	10.7	33.0	10.1	19.0	0.0	100.0
and visitation rights (N=57)	3.45	1.8	12.3	36.8	31.6	14.0	3.5	100.0
School absenteeism (truancy)	3.43	1.0	12.5	30.8	31.0	14.0	3.3	100.0
(N=54)	3.73	1.9	3.7	40.7	22.2	27.8	3.7	100.0
School dropout rates (N=53)	3.71	1.9	5.7	37.7	24.5	26.4	3.8	100.0
School violence (N=52)	3.71	1.9	15.4	50.0	25.0	3.8	3.8	99.9
Substance abuse by youth	3.14	1.5	13.4	30.0	23.0	5.0	5.0	33.3
(N=53)	4.28	0.0	0.0	13.2	45.3	41.5	0.0	100.0
Teen pregnancy (N=53)	3.79	0.0	0.0	37.7	45.3	17.0	0.0	100.0
Teen suicide (N=54)	4.00	1.9	7.4	14.8	40.7	35.2	0.0	100.0
Teen tobacco use (N=53)	3.60	0.0	7.5	39.6	35.8	15.1	1.9	99.9
THE AGING POPULATION	3.00	0.0	7.5	33.0	33.0	10.1	1.5	33.3
Availability of activities for								
seniors (e.g., recreational, social,								
cultural) (N=52)	3.06	1.9	21.2	46.2	19.2	5.8	5.8	100.1
Availability of long-term care	- /-							
(N=53)	3.37	0.0	17.0	35.8	28.3	11.3	7.5	99.9

		Percent of respondents*						
		Level of attention needed						
		1	2	3	4	5		
Statements	Mean**	None	Little	Moderate	Serious	Critical	NA	Total
Availability of memory care			4-0		200			100.0
(N=52) Availability of resources for	3.44	0.0	17.3	32.7	26.9	15.4	7.7	100.0
family and friends caring for and								
helping to make decisions for								
elders (e.g., home care, home								
health) (N=53)	3.43	1.9	11.3	39.6	24.5	15.1	7.5	99.9
Availability of resources for								
grandparents caring for grandchildren (N=53)	3.65	0.0	9.4	34.0	35.8	18.9	1.9	100.0
Availability of resources to help	3.03	0.0	9.4	34.0	33.6	10.9	1.5	100.0
the elderly stay safe in their								
homes (N=52)	3.41	0.0	9.6	48.1	25.0	11.5	5.8	100.0
Cost of activities for seniors								
(e.g., recreational, social,								
cultural) (N=52)	3.04	3.8	19.2	46.2	19.2	5.8	5.8	100.0
Cost of in-home services (N=51) Cost of long-term care (N=51)	3.63 4.02	2.0 0.0	7.8 3.9	29.4 21.6	39.2 37.3	15.7 31.4	5.9 5.9	100.0 100.1
Cost of memory care (N=50)	3.96	0.0	4.0	26.0	34.0	30.0	6.0	100.1
Help making out a will or	3.30	0.0	1.0	20.0	31.0	30.0	0.0	100.0
healthcare directive (N=51)	3.13	2.0	13.7	56.9	13.7	7.8	5.9	100.0
SAFETY								
Abuse of prescription drugs								
(N=57)	4.52	0.0	0.0	5.3	36.8	56.1	1.8	100.0
Availability of emergency medical services (N=56)	2.98	5.4	17.9	55.4	16.1	5.4	0.0	100.2
Child abuse and neglect (N=56)	4.32	0.0	0.0	17.9	32.1	50.0	0.0	100.2
Criminal activity (N=56)	4.11	0.0	1.8	14.3	55.4	28.6	0.0	100.1
Culture of excessive and binge								
drinking (N=55)	3.96	1.8	3.6	21.8	40.0	30.9	1.8	99.9
Domestic violence (N=56)	4.05	1.8	1.8	17.9	46.4	32.1	0.0	100.0
Elder abuse (N=54)	3.42	1.9	11.1	40.7	33.3	11.1	1.9	100.0
Lack of police or delayed response of police (N=54)	2.78	5.6	29.6	44.4	9.3	5.6	5.6	100.1
Presence of drug dealers (N=56)	4.16	0.0	3.6	23.2	26.8	46.4	0.0	100.1
Presence of gang activity (N=55)	3.73	0.0	10.9	30.9	32.7	25.5	0.0	100.0
Presence of street drugs (N=55)	4.29	0.0	1.8	16.4	32.7	49.1	0.0	100.0
Sex trafficking (N=54)	3.80	0.0	5.6	31.5	40.7	22.2	0.0	100.0
HEALTHCARE AND WELLNESS								
Access to affordable dental	2.56		40.0	40.0	20.0	40.5	0.0	400.0
insurance coverage (N=55)	3.56	0.0	10.9	40.0	30.9	18.2	0.0	100.0

		Percent of respondents*						
		Level of attention needed						
		1	2	3	4	5		
Statements	Mean**	None	Little	Moderate	Serious	Critical	NA	Total
Access to affordable health								
insurance coverage (N=55)	3.98	0.0	1.8	32.7	29.1	34.5	1.8	99.9
Access to affordable healthcare								
(N=55)	3.91	0.0	3.6	32.7	30.9	30.9	1.8	99.9
Access to affordable								
prescription drugs (N=53)	3.83	0.0	3.8	35.8	32.1	26.4	1.9	100.0
Access to affordable vision								
insurance coverage (N=53)	3.56	1.9	13.2	32.1	30.2	20.8	1.9	100.1
Access to technology for health								
records and health education								
(N=53)	2.88	1.9	32.1	43.4	17.0	3.8	1.9	100.1
Availability of behavioral health								
(e.g., substance abuse)								
providers (N=56)	4.30	0.0	1.8	14.3	35.7	48.2	0.0	100.0
Availability of doctors, physician								
assistants, or nurse practitioners								
(N=54)	3.38	3.7	16.7	37.0	20.4	20.4	1.9	100.1
Availability of healthcare								
services for Native people					40.0			1000
(N=53)	3.52	3.8	13.2	35.8	18.9	26.4	1.9	100.0
Availability of healthcare								
services for New Americans	2.00	0.0	22.5	22.2	0.0	45.7	7.0	00.0
(N=51)	2.98	9.8	23.5	33.3	9.8	15.7	7.8	99.9
Availability of mental health	4.26	1.0	0.0	140	25.0	FF 6	1.0	100.1
providers (N=54)	4.36	1.9	0.0	14.8	25.9	55.6	1.9	100.1
Availability of non-traditional								
hours (e.g., evenings, weekends) (N=54)	3.74	1.9	11.1	25.9	33.3	27.8	0.0	100.0
Availability of prevention	3.74	1.9	11.1	25.9	33.3	27.8	0.0	100.0
programs and services (e.g.,								
Better Balance, Diabetes								
Prevention) (N=53)	3.48	1.9	13.2	35.8	30.2	17.0	1.9	100.0
Availability of specialist	3.40	1.9	13.2	33.0	30.2	17.0	1.5	100.0
physicians (N=52)	3.76	1.9	5.8	30.8	32.7	25.0	3.8	100.0
Coordination of care between	3.70	1.9	٥.٥	30.0	34.1	23.0	5.0	100.0
providers and services (N=53)	3.88	1.9	5.7	28.3	28.3	34.0	1.9	100.1
Timely access to medical care	3.00	1.5	3.7	20.3	20.5	J-7.U	1.5	100.1
providers (N=53)	3.58	3.8	11.3	28.3	34.0	20.8	1.9	100.1
Timely access to dental care	3.30	5.0	11.5	20.3	37.0	20.0	1.9	100.1
providers (N=53)	3.37	3.8	17.0	34.0	26.4	17.0	1.9	100.1
Timely access to vision care	3.37	3.0	17.0	J-7.0	20.7	17.0	1.5	100.1
providers (N=53)	3.08	3.8	24.5	39.6	17.0	11.3	3.8	100.0
P. 0 1 10 C 13 (14-33)	5.00	5.0	27.5	55.0	17.0	11.0	٥.٥	100.0

		Percent of respondents*						
			Level of attention needed					
		1	2	3	4	5		
Statements	Mean**	None	Little	Moderate	Serious	Critical	NA	Total
Use of emergency room services								
for primary healthcare (N=53)	4.00	0.0	7.5	22.6	30.2	37.7	1.9	99.9
MENTAL HEALTH AND								
SUBSTANCE ABUSE								
Alcohol use and abuse (N=56)	4.38	0.0	1.8	10.7	35.7	51.8	0.0	100.0
Dementia and Alzheimer's								
disease (N=54)	3.39	0.0	7.4	53.7	22.2	11.1	5.6	100.0
Depression (N=56)	4.09	1.8	0.0	16.1	51.8	30.4	0.0	100.1
Drug use and abuse (e.g.,								
prescription drugs, synthetic								
opioids, marijuana, heroin,								
cocaine) (N=56)	4.59	0.0	0.0	7.1	26.8	66.1	0.0	100.0
Exposure to secondhand smoke								
(N=56)	3.11	3.6	21.4	48.2	14.3	12.5	0.0	100.0
Smoking and tobacco use								
(N=54)	3.35	3.7	11.1	50.0	16.7	18.5	0.0	100.0
Stress (N=56)	3.79	1.8	5.4	33.9	30.4	28.6	0.0	100.1
Suicide (N=55)	4.07	1.8	1.8	25.5	29.1	41.8	0.0	100.0

<sup>\*</sup>Percentages may not total 100.0 due to rounding.

<sup>\*\*</sup>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.

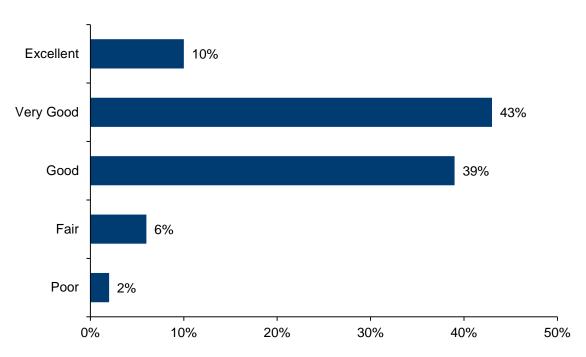
**Residents' Survey** 

# **Bagley CHNA Survey Report**

February 26, 2018

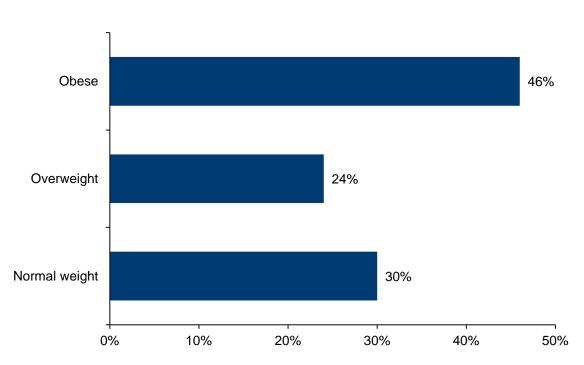
Charts Exported by MarketSight®

### How would you rate your health?



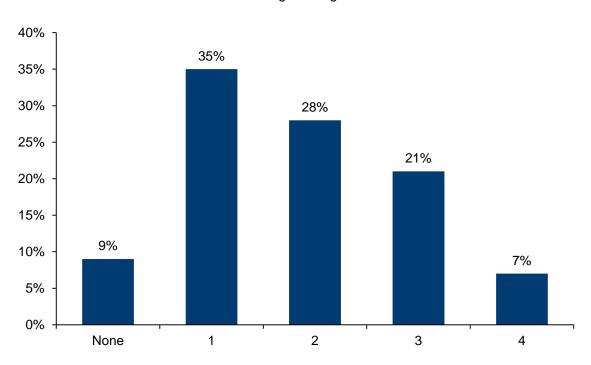
 $Base: Poor \ (n=1), \ Fair \ (n=3), \ Good \ (n=20), \ Very \ Good \ (n=22), \ Excellent \ (n=5), \ Sample \ Size = 51$ 





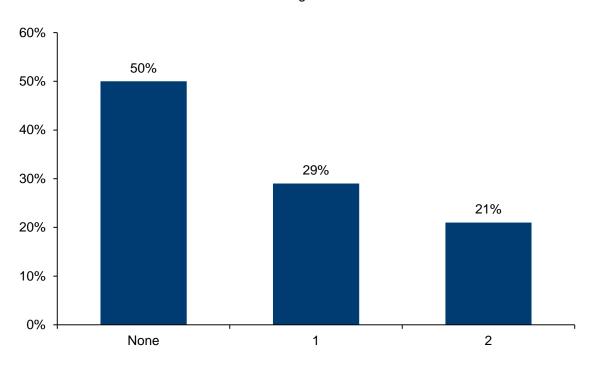
Base: Normal weight (n=15), Overweight (n=12), Obese (n=23), Sample Size = 50

# Servings of Vegetables



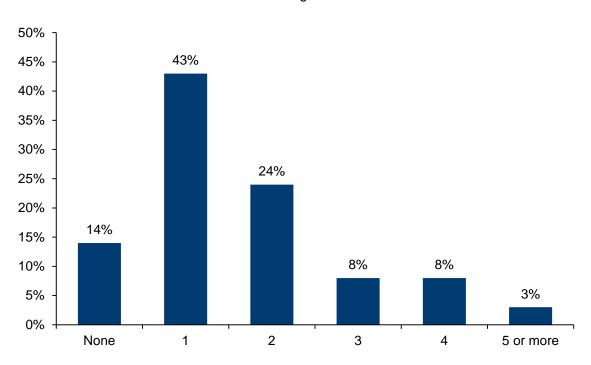
Base: None (n=4), 1 (n=15), 2 (n=12), 3 (n=9), 4 (n=3), Sample Size = 43

# Servings of Juice



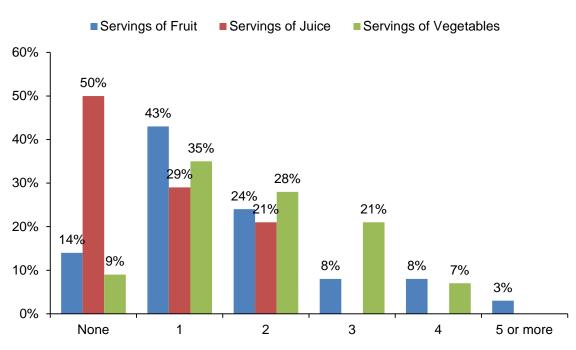
Base: None (n=12), 1 (n=7), 2 (n=5), Sample Size = 24

# Servings of Fruit



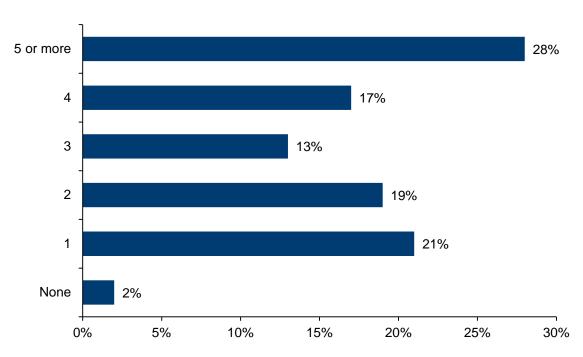
Base: None (n=5), 1 (n=16), 2 (n=9), 3 (n=3), 4 (n=3), 5 or more (n=1), Sample Size = 37

### Servings of Fruit, Vegetables and Juice



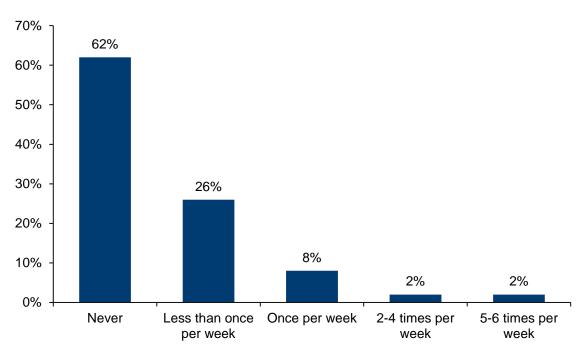
Sample Size = Variable

Total Servings of Fruits, Vegetables and Juice



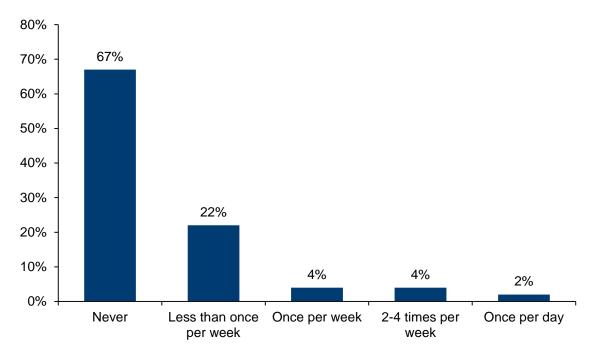
Base: None (n=1), 1 (n=10), 2 (n=9), 3 (n=6), 4 (n=8), 5 or more (n=13), Sample Size = 47

Snapple, Flavored Teas, Capri Sun, etc.



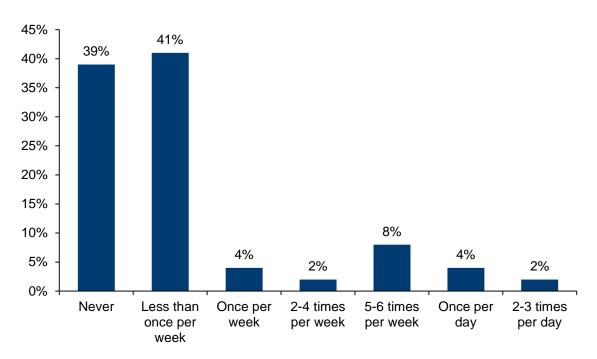
Base: Never (n=31), Less than once per week (n=13), Once per week (n=4), 2-4 times per week (n=1), 5-6 times per week (n=1), Sample Size = 50 (Community = Clearwater)

#### Gatorade, Powerade, etc.



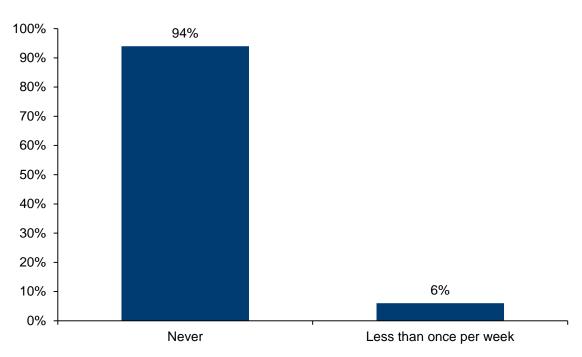
Base: Never (n=33), Less than once per week (n=11), Once per week (n=2), 2-4 times per week (n=2), Once per day (n=1), Sample Size = 49 (Community = Clearwater)

# Soda or Pop



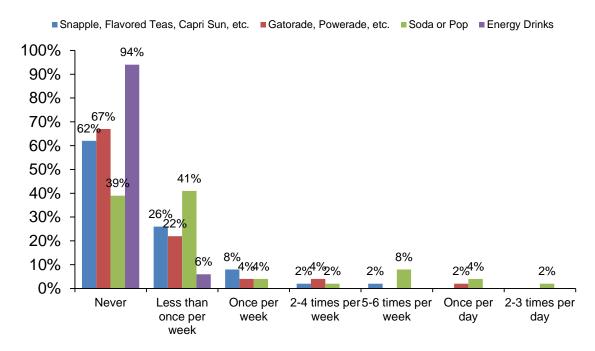
Base: Never (n=19), Less than once per week (n=20), Once per week (n=2), 2-4 times per week (n=1), 5-6 times per week (n=4), Once per day (n=2), 2-3 times per day (n=1), Sample Size = 49

# **Energy Drinks**



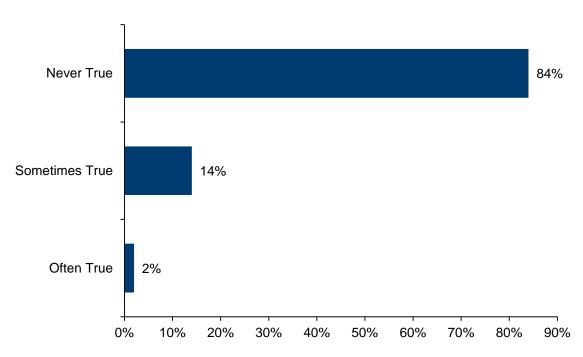
Base: Never (n=46), Less than once per week (n=3), Sample Size = 49

# Sugar Sweetened Drinks



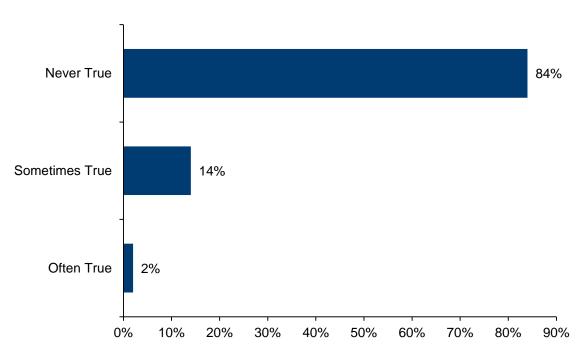
Sample Size = Variable

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



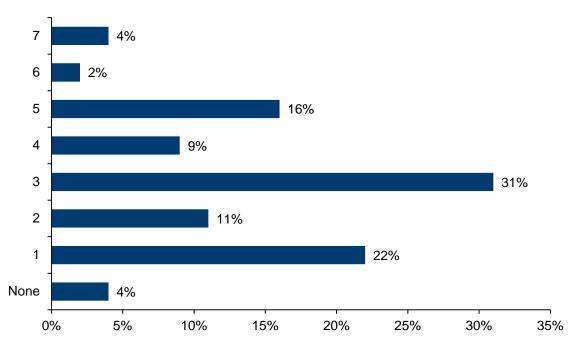
Base: Often True (n=1), Sometimes True (n=7), Never True (n=43), Sample Size = 51

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



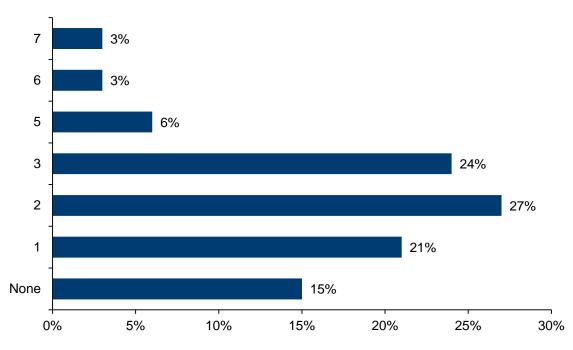
Base: Often True (n=1), Sometimes True (n=7), Never True (n=43), Sample Size = 51

Days Per Week of Moderate Physical Activity



 $Base: None \ (n=2), \ 1 \ (n=10), \ 2 \ (n=5), \ 3 \ (n=14), \ 4 \ (n=4), \ 5 \ (n=7), \ 6 \ (n=1), \ 7 \ (n=2), \ Sample \ Size = 45$ 

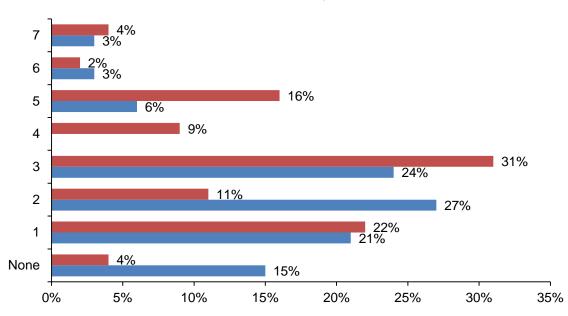
Days Per Week of Vigorous Physical Activity



Base: None (n=5), 1 (n=7), 2 (n=9), 3 (n=8), 5 (n=2), 6 (n=1), 7 (n=1), Sample Size = 33

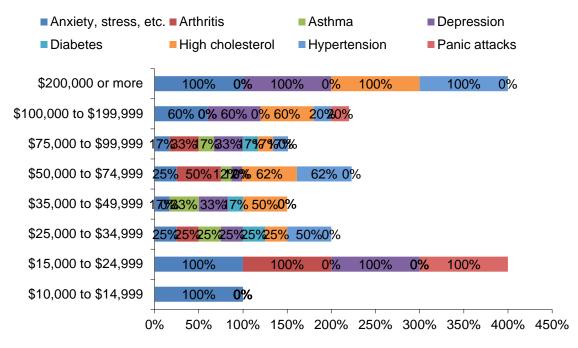
# Days Per Week of Physical Activity





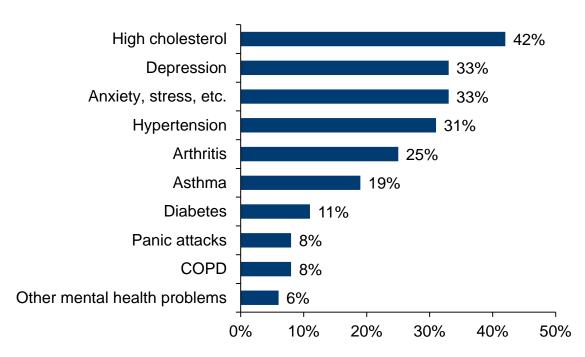
Sample Size = Variable

#### Past Diagnosis by Total Household Income



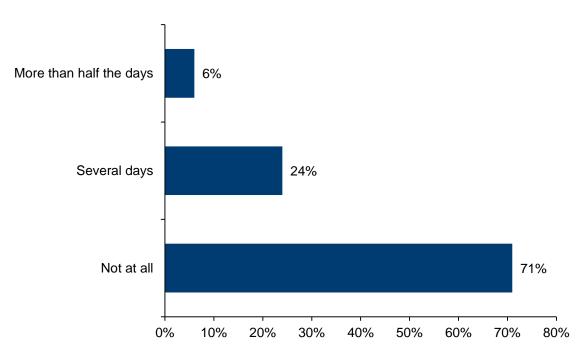
Base: \$10,000 to \$14,999 (n=1), \$15,000 to \$24,999 (n=1), \$25,000 to \$34,999 (n=4), \$35,000 to \$49,999 (n=6), \$50,000 to \$74,999 (n=8), \$75,000 to \$99,999 (n=6), \$100,000 to \$199,999 (n=5), \$200,000 or more (n=1), Sample Size = 32

#### Past Diagnosis



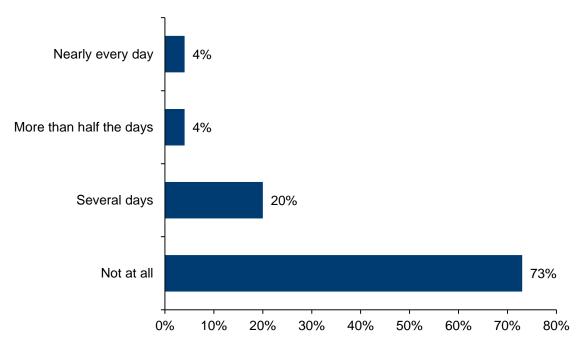
Base: Anxiety, stress, etc. (n=12), Arthritis (n=9), Asthma (n=7), COPD (n=3), Depression (n=12), Diabetes (n=4), High cholesterol (n=15), Hypertension (n=11), Other mental health problems (n=2), Panic attacks (n=3), Sample Size = 36 (Community = Clearwater)

# Little Interest or Pleasure in Doing Things



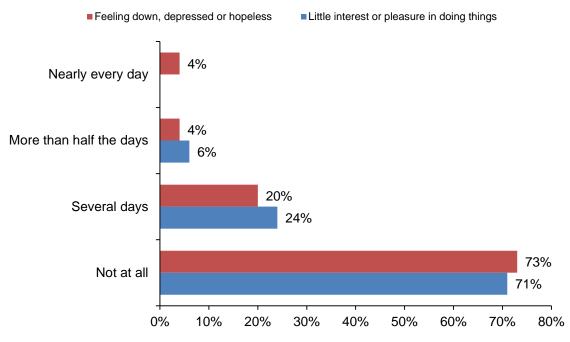
Base: Not at all (n=36), Several days (n=12), More than half the days (n=3), Sample Size = 51

#### Feeling Down, Depressed or Hopeless



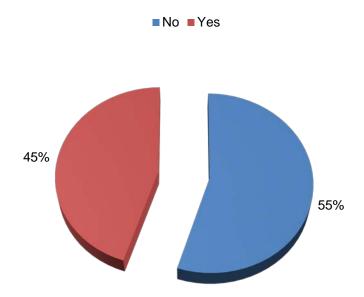
 $Base: Not at all \ (n=37), Several \ days \ (n=10), More \ than \ half \ the \ days \ (n=2), Nearly \ every \ day \ (n=2), Sample \ Size = 51$ 

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



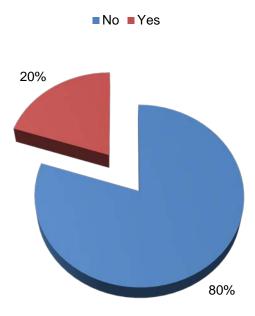
Sample Size = 51

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



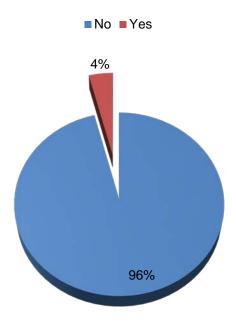
Base: Yes (n=23), No (n=28), Sample Size = 51

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



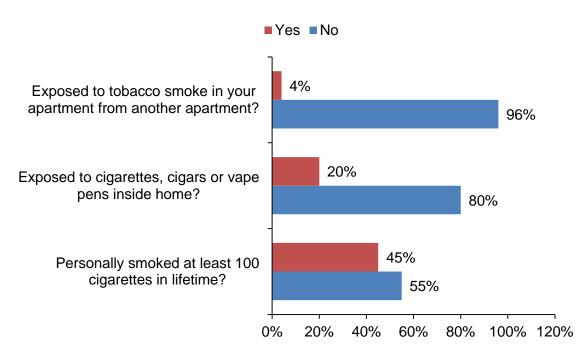
Base: Yes (n=10), No (n=41), Sample Size = 51

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



Base: Yes (n=2), No (n=48), Sample Size = 50

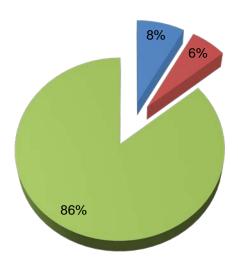
#### Exposure to Tobacco Smoke



Base: Personally smoked at least 100 cigarettes in lifetime? (n=51), Exposed to cigarettes, cigars or vape pens inside home? (n=51), Exposed to tobacco smoke in your apartment from another apartment? (n=50), Sample Size = Variable (Community = Clearwater)

# Do you currently smoke cigarettes?

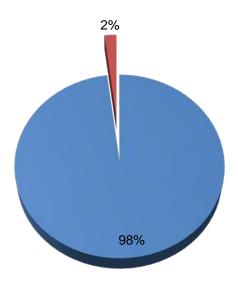




Base: Not at all (n=44), Some days (n=3), Every day (n=4), Sample Size = 51

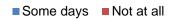
# Do you currently use chewing tobacco?

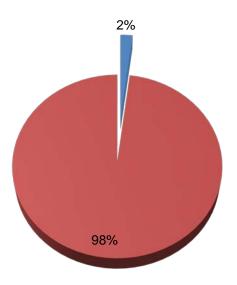




Base: Not at all (n=50), Some days (n=1), Sample Size = 51

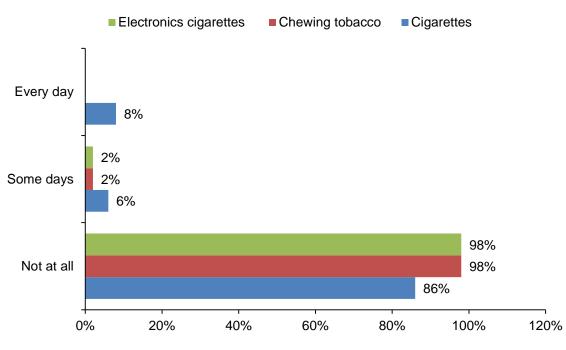
# Do you currently use electronics cigarettes or vape?





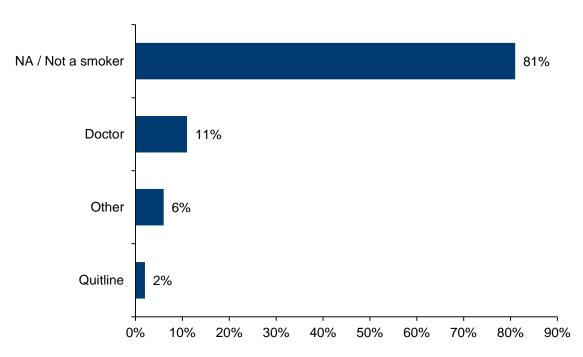
Base: Not at all (n=50), Some days (n=1), Sample Size = 51

#### **Current Tobacco Use**



Sample Size = 51

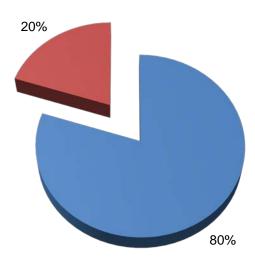
Where would you go for help if you wanted to quit using tobacco products?



 $Base: NA \ / \ Not \ a \ smoker \ (n=38), \ Quitline \ (n=1), \ Doctor \ (n=5), \ Other \ (n=3), \ Sample \ Size = 47$ 

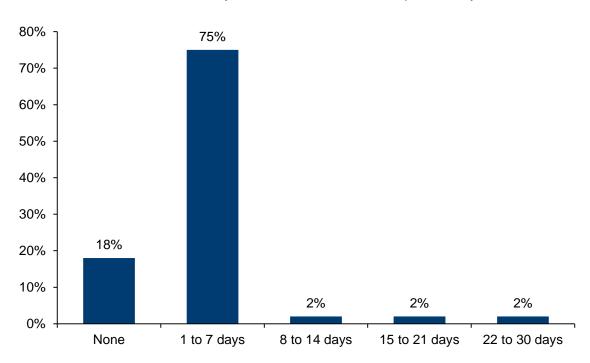
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? (Smokers only)





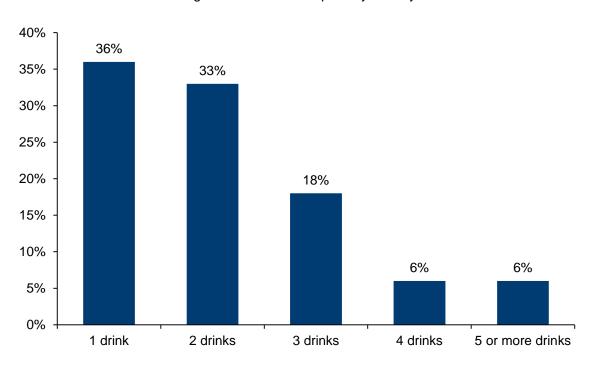
Base: Yes (n=8), No (n=2), Sample Size = 10

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



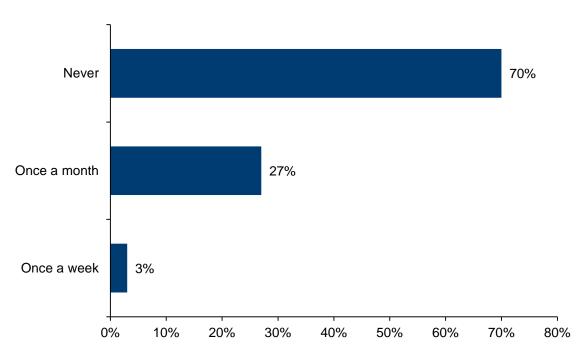
Base: None (n=7), 1 to 7 days (n=30), 8 to 14 days (n=1), 15 to 21 days (n=1), 22 to 30 days (n=1), Sample Size = 40

# Average number of drinks per day when you drink



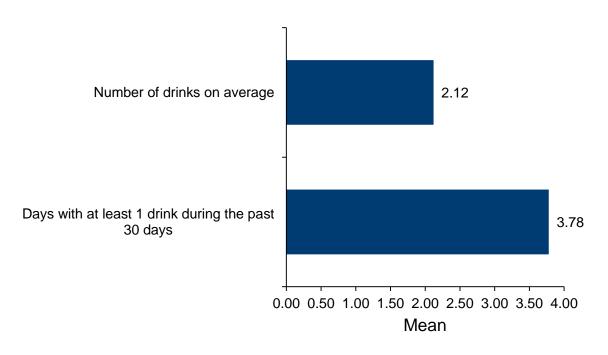
 $Base: 1 \ drink \ (n=12), 2 \ drinks \ (n=11), 3 \ drinks \ (n=6), 4 \ drinks \ (n=2), 5 \ or \ more \ drinks \ (n=2), Sample \ Size = 33$ 

# Binge Drinking



Base: Once a week (n=1), Once a month (n=9), Never (n=23), Sample Size = 33

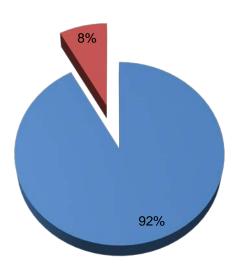
#### Average Alcohol Use During the Past 30 Days



Base: Days with at least 1 drink during the past 30 days (n=40), Number of drinks on average (n=33), Sample Size = Variable (Community = Clearwater)

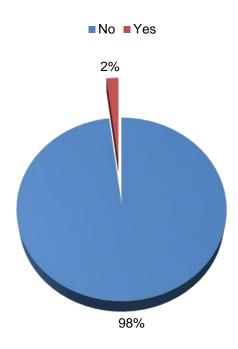
Has alcohol use had a harmful effect on you or a family member in the past two years?





Base: Yes (n=4), No (n=46), Sample Size = 50

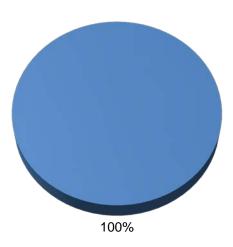
Have you ever wanted help with a prescription or non-prescription drug use?



Base: Yes (n=1), No (n=50), Sample Size = 51

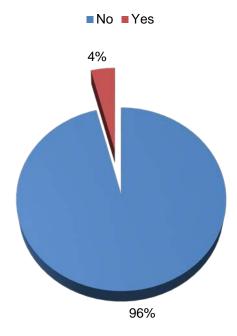
Has a family member or friend ever suggested that you get help for substance use?

■No



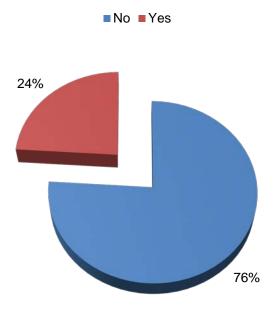
Base: No (n=51), Sample Size = 51

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



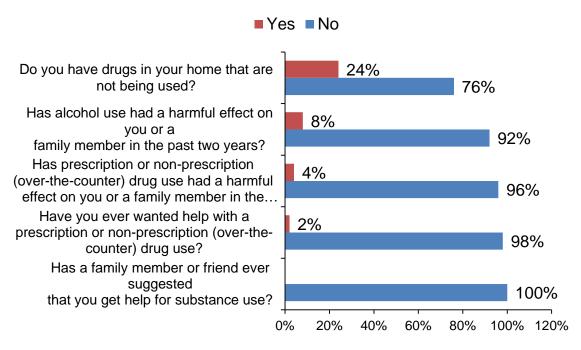
Base: Yes (n=2), No (n=49), Sample Size = 51

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



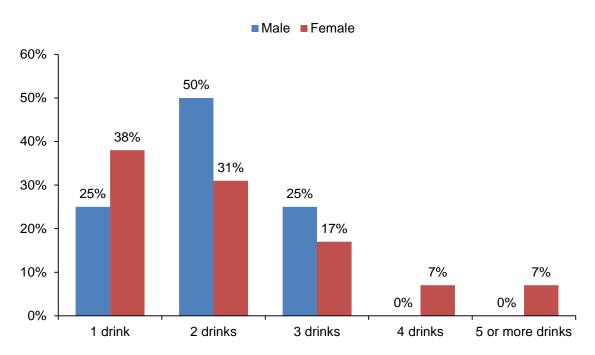
Base: Yes (n=12), No (n=39), Sample Size = 51

#### Drug and Alcohol Issues



Sample Size = Variable

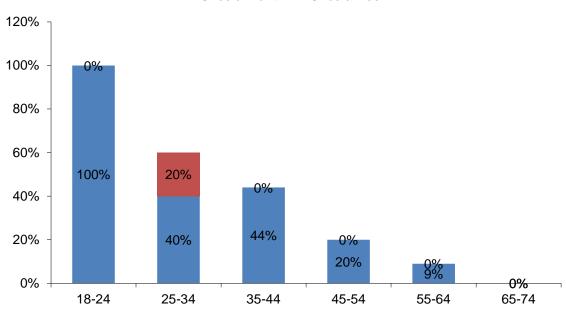
#### Average number of drinks per day when you drink by gender



 $Base: 1 \ drink \ (n=12), 2 \ drinks \ (n=11), 3 \ drinks \ (n=6), 4 \ drinks \ (n=2), 5 \ or \ more \ drinks \ (n=2), Sample \ Size = 33$ 

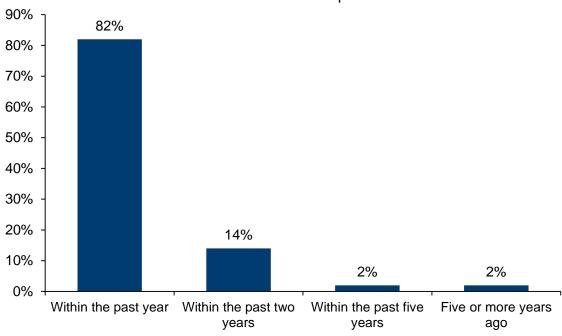
# Binge Drinking past 30 days by Age





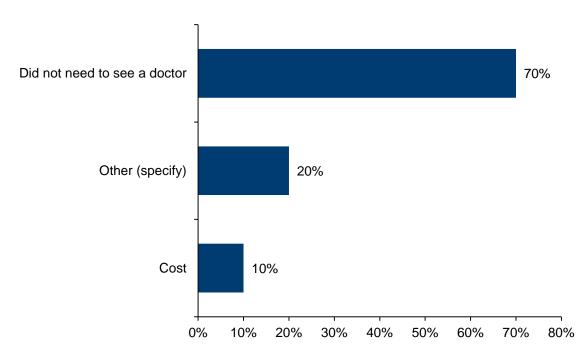
Base: 18-24 (n=1), 25-34 (n=5), 35-44 (n=9), 45-54 (n=5), 55-64 (n=11), 65-74 (n=2), Sample Size = 33

How long has it been since you last visited a doctor or health care provider for a routine checkup?



Base: Within the past year (n=41), Within the past two years (n=7), Within the past five years (n=1), Five or more years ago (n=1), Sample Size = 50 (Community = Clearwater)

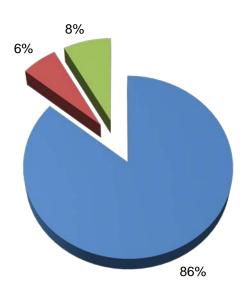
## Barriers to Routine Checkup



Base: Cost (n=1), Did not need to see a doctor (n=7), Other (specify) (n=2), Sample Size = 10

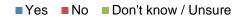
# Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?

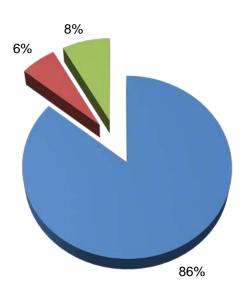




Base: Yes (n=44), No (n=3), Don't know / Unsure (n=4), Sample Size = 51

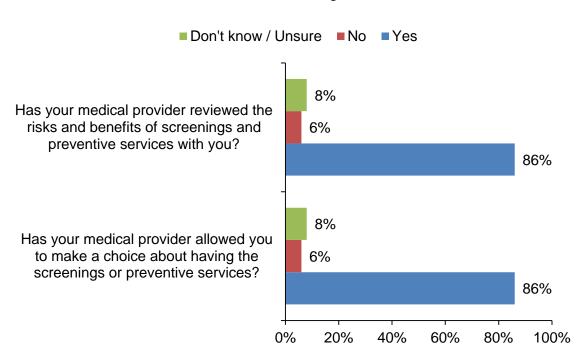
Has your medical provider allowed you to make a choice about having screenings or preventive services?





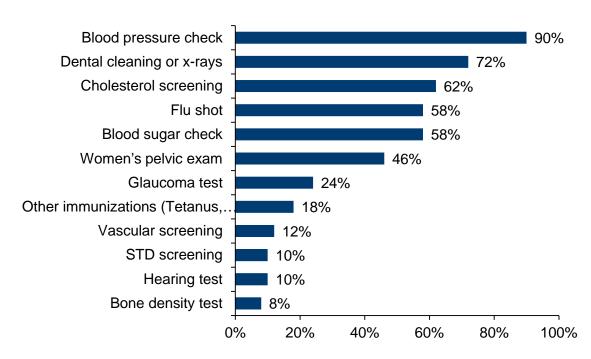
Base: Yes (n=44), No (n=3), Don't know / Unsure (n=4), Sample Size = 51

## Screenings



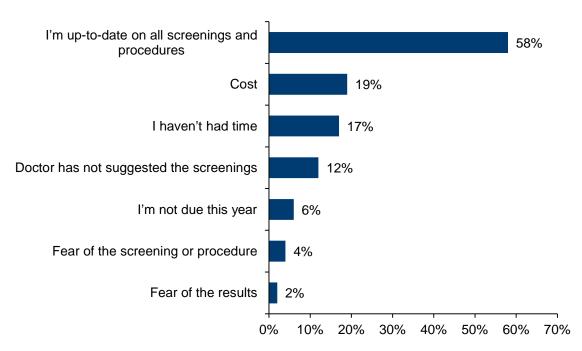
Base: Has your medical provider allowed you to make a choice about having the screenings or preventive services? (n=51), Has your medical provider reviewed the risks and benefits of screenings and preventive services with you? (n=51), Sample Size = 51 (Community = Clearwater)

#### Preventive Procedures Last Year



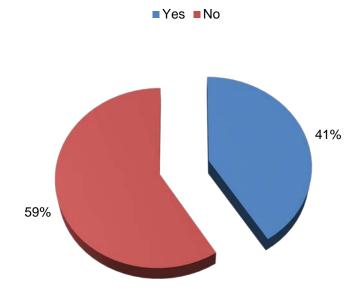
Base: Blood pressure check (n=45), Blood sugar check (n=29), Bone density test (n=4), Cholesterol screening (n=31), Dental cleaning or x-rays (n=36), Flu shot (n=29), Other immunizations (Tetanus, Hepatitis A or B) (n=9), Glaucoma test (n=12), Hearing test (n=5), Women's pelvic exam (n=23), STD screening (n=5), Vascular screening (n=6), Sample Size = 50 (Community = Clearwater)

#### **Barriers for Preventive Procedures**



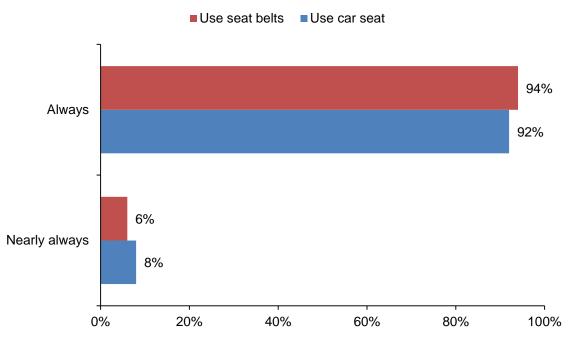
Base: I'm up-to-date on all screenings and procedures (n=28), Doctor has not suggested the screenings (n=6), Cost (n=9), Fear of the screening or procedure (n=2), Fear of the results (n=1), I'm not due this year (n=3), I haven't had time (n=8), Sample Size = 48 (Community = Clearwater)

Do you have children under the age of 18 living in your household?



Base: Yes (n=21), No (n=30), Sample Size = 51

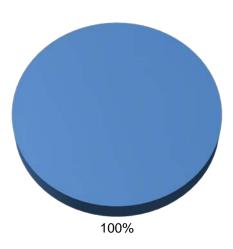
# Children's Car Safety



Sample Size = Variable

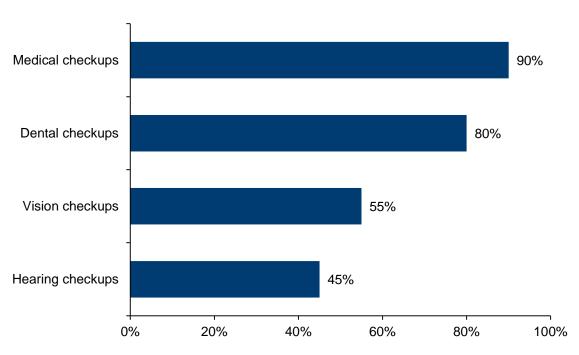
Do you have healthcare coverage for your children or dependents?

■ Yes



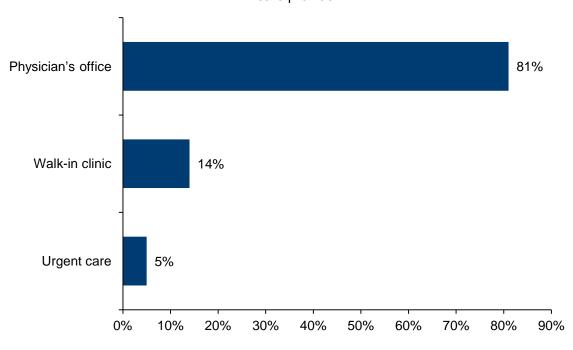
Base: Yes (n=21), Sample Size = 21

#### Children's Preventative Services



Base: Dental checkups (n=16), Vision checkups (n=11), Hearing checkups (n=9), Medical checkups (n=18), Sample Size = 20

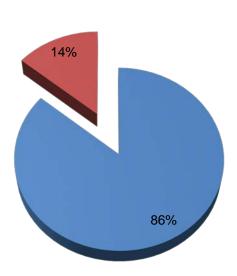
Where do you most often take your children when they are sick and need to see a health care provider?



Base: Physician's office (n=17), Urgent care (n=1), Walk-in clinic (n=3), Sample Size = 21

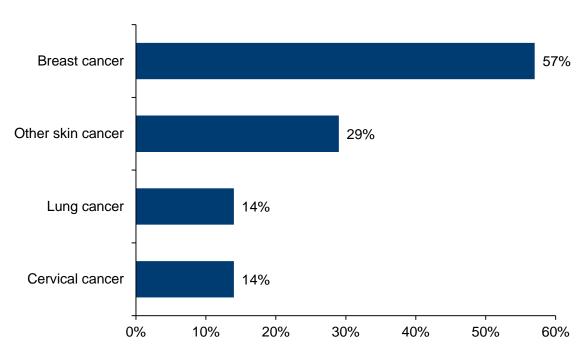
# Have you ever been diagnosed with cancer?





Base: Yes (n=7), No (n=44), Sample Size = 51

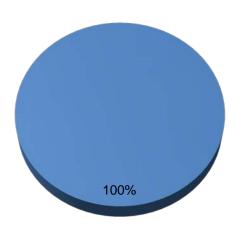
Type of Cancer



Base: Breast cancer (n=4), Cervical cancer (n=1), Lung cancer (n=1), Other skin cancer (n=2), Sample Size = 7

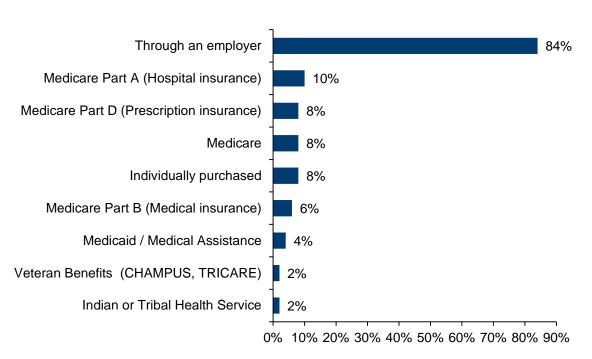
Do you currently have any kind of health insurance?

■ Yes



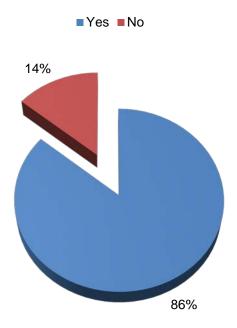
Base: Yes (n=51), Sample Size = 51

# Type of Insurance



Base: Through an employer (n=43), Individually purchased (n=4), Indian or Tribal Health Service (n=1), Medicare (n=4), Medicare Part A (Hospital insurance) (n=5), Medicare Part B (Medical insurance) (n=3), Medicare Part D (Prescription insurance) (n=4), Medicaid / Medical Assistance (n=2), Veteran Benefits (CHAMPUS, TRICARE) (n=1), Sample Size = 51 (Community = ClearWater)

# Do you have an established primary healthcare provider?



Base: Yes (n=44), No (n=7), Sample Size = 51

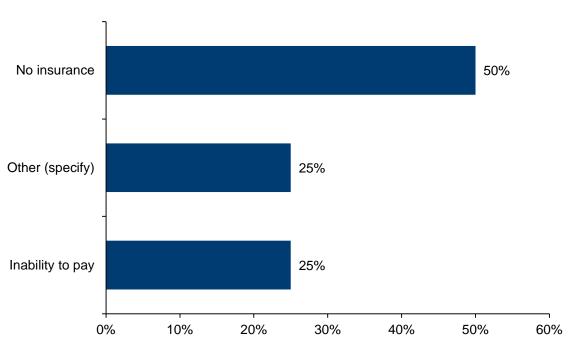
In the past year, did you or someone in your family need medical care, but did not receive the care they needed?





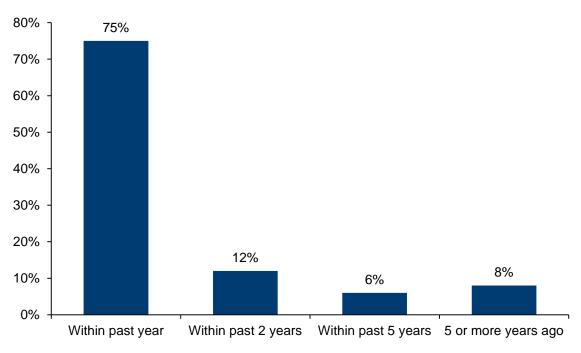
Base: Yes (n=4), No (n=47), Sample Size = 51

## Barriers to Receiving Care Needed



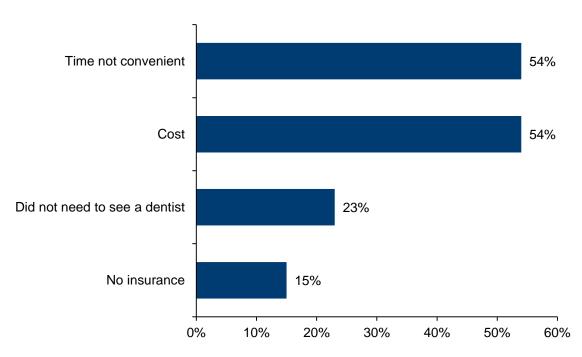
Base: Inability to pay (n=1), No insurance (n=2), Other (specify) (n=1)  $\,$ 

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



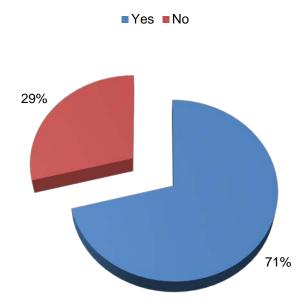
Base: Within past year (n=38), Within past 2 years (n=6), Within past 5 years (n=3), 5 or more years ago (n=4), Sample Size = 51 (Community = Clearwater)

## Barriers to Visiting the Dentist



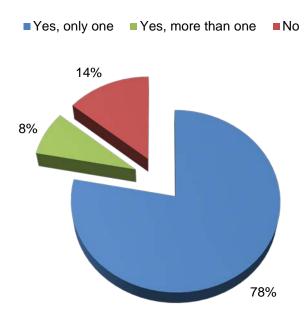
Base: No insurance (n=2), Cost (n=7), Time not convenient (n=7), Did not need to see a dentist (n=3), Sample Size = 13

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



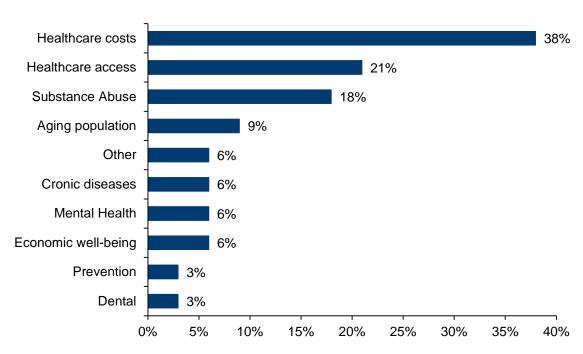
Base: Yes (n=36), No (n=15), Sample Size = 51

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



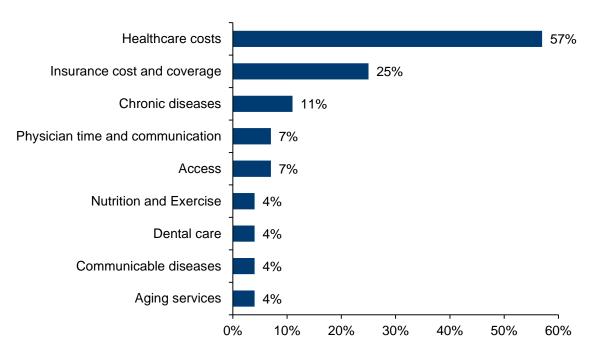
Base: Yes, only one (n=38), Yes, more than one (n=4), No (n=7), Sample Size = 49

#### Most Important Community Issues



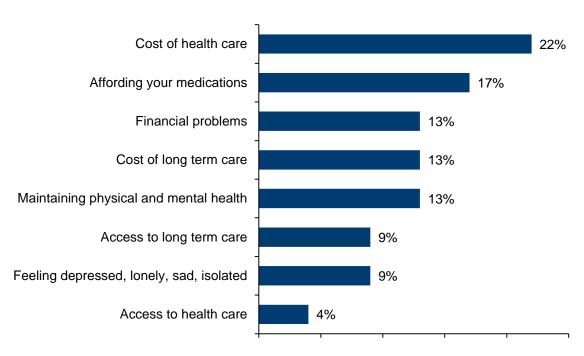
Base: Economic well-being (n=2), Aging population (n=3), Healthcare access (n=7), Mental Health (n=2), Substance Abuse (n=6), Cronic diseases (n=2), Healthcare costs (n=13), Dental (n=1), Prevention (n=1), Other (n=2), Sample Size = 35 (Community = Clearwater)

## Most Important Issue for Family



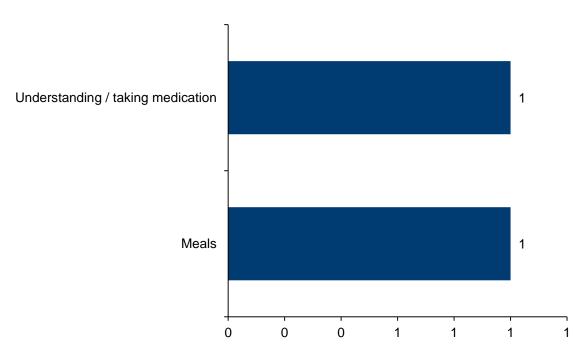
Base: Access (n=2), Aging services (n=1), Chronic diseases (n=3), Communicable diseases (n=1), Healthcare costs (n=16), Dental care (n=1), Nutrition and Exercise (n=1), Insurance cost and coverage (n=7), Physician time and communication (n=2), Sample Size = 35 (Community = Clearwater)

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



Base: Access to health care (n=1), Cost of health care (n=5), Affording your medications (n=4), Maintaining physical and mental health (n=3), Feeling depressed, lonely, sad, isolated (n=2), Access to long term care (n=2), Cost of long term care (n=3), Financial problems (n=3), Sample Size = 6 (Community = Clearwater)

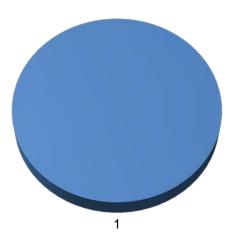
## Which of these tasks do you need assistance with? (Age 65+)



Base: Meals (n=1), Understanding / taking medication (n=1), Sample Size = 1

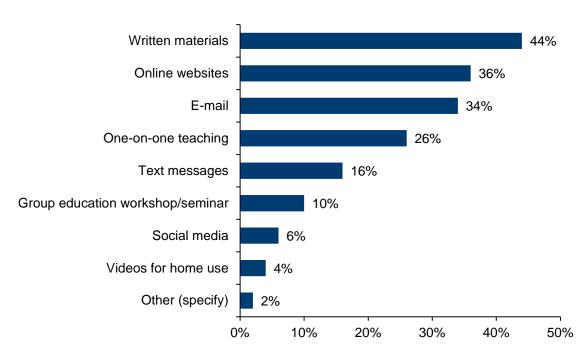
Do you know where to go to get help with the tasks you need assistance with? (Age 65+)

■No



Base: No (n=1), Sample Size = 1

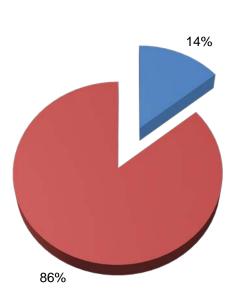
## What method(s) would you prefer to get health information?



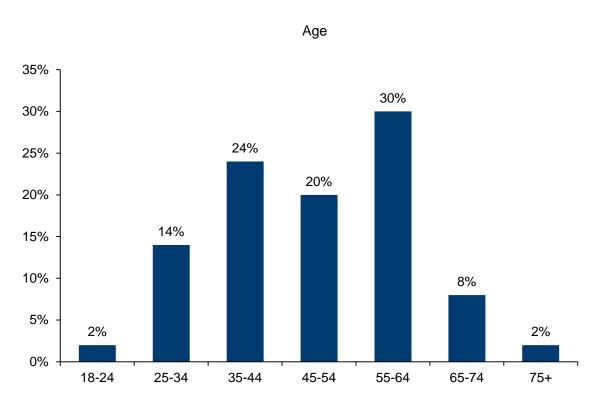
Base: Written materials (n=22), Videos for home use (n=2), Social media (n=3), Text messages (n=8), One-on-one teaching (n=13), E-mail (n=17), Group education workshop/seminar (n=5), Online websites (n=18), Other (specify) (n=1), Sample Size = 50 (Community = Clearwater)

## Gender



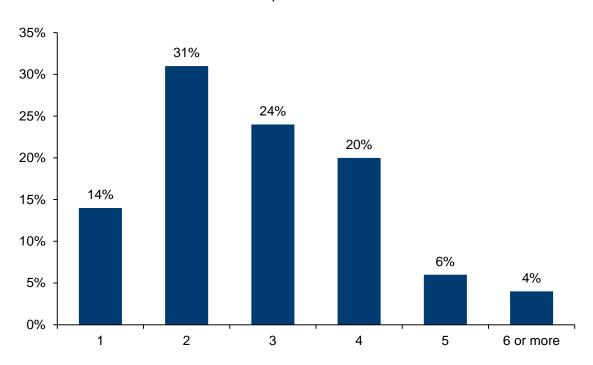


Base: Male (n=7), Female (n=44), Sample Size = 51



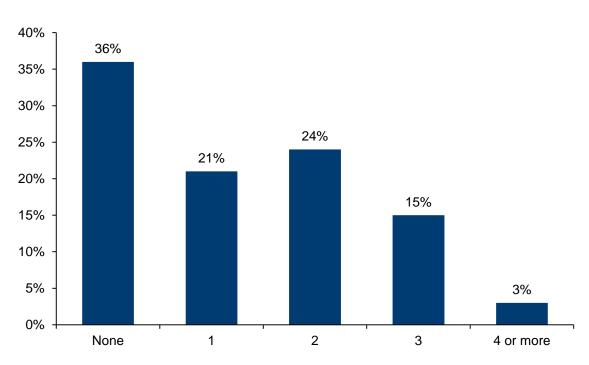
 $Base: 18-24 \ (n=1), \ 25-34 \ (n=7), \ 35-44 \ (n=12), \ 45-54 \ (n=10), \ 55-64 \ (n=15), \ 65-74 \ (n=4), \ 75+ \ (n=1), \ Sample \ Size = 50$ 

# People in Household



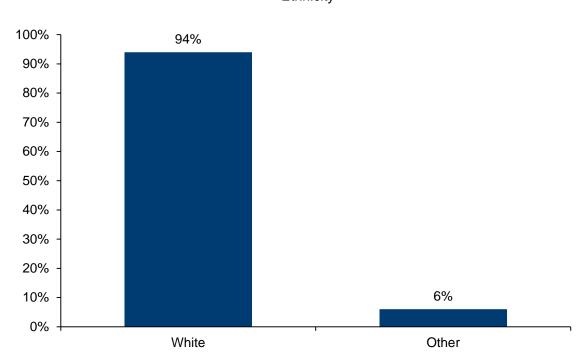
Base: 1 (n=7), 2 (n=15), 3 (n=12), 4 (n=10), 5 (n=3), 6 or more (n=2), Sample Size = 49

## Children in Household Under 18



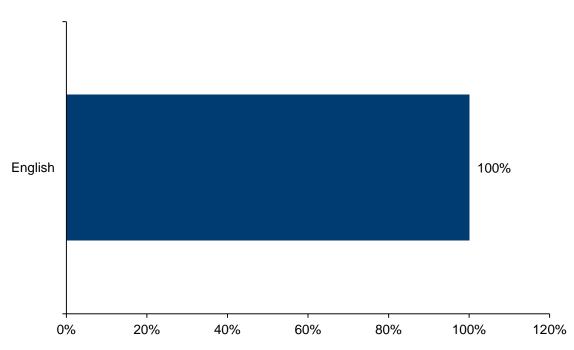
Base: None (n=12), 1 (n=7), 2 (n=8), 3 (n=5), 4 or more (n=1), Sample Size = 33

# Ethnicity



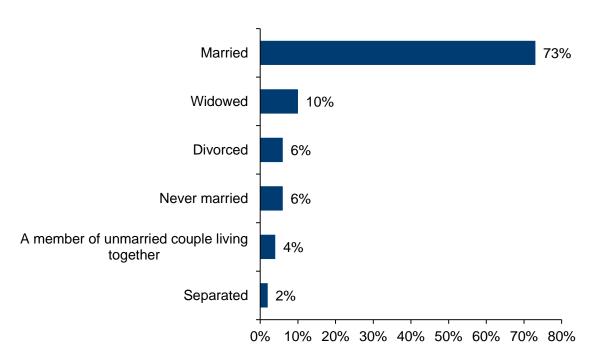
Base: White (n=47), Other (n=3), Sample Size = 50

# Language Spoken in Home



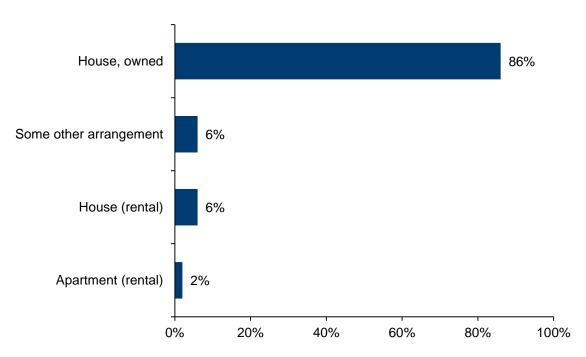
Base: English (n=51), Sample Size = 51

#### **Marital Status**



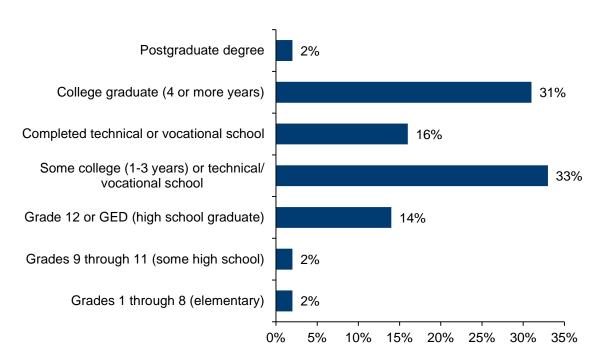
Base: Never married (n=3), Married (n=37), Divorced (n=3), Widowed (n=5), Separated (n=1), A member of unmarried couple living together (n=2), Sample Size = 51

## **Current Living Situation**



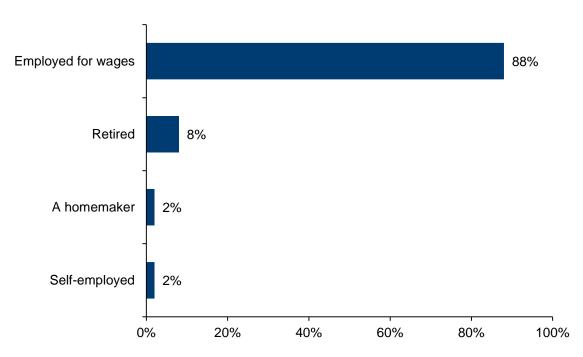
 $Base: House, owned \ (n=44), House \ (rental) \ (n=3), Apartment \ (rental) \ (n=1), Some \ other \ arrangement \ (n=3), Sample \ Size = 51$ 

#### **Education Level**



Base: Grades 1 through 8 (elementary) (n=1), Grades 9 through 11 (some high school) (n=1), Grade 12 or GED (high school graduate) (n=7), Some college (1-3 years) or technical/ vocational school (n=17), Completed technical or vocational school (n=8), College graduate (4 or more years) (n=16), Postgraduate degree (n=1), Sample Size = 51 (Community) & Clearwater)

#### **Employment Status**

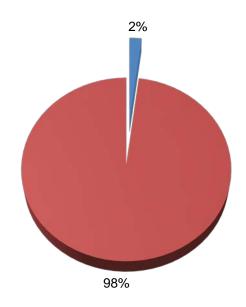


 $Base: Employed \ for \ wages \ (n=45), \ Self-employed \ (n=1), \ A \ homemaker \ (n=1), \ Retired \ (n=4), \ Sample \ Size = 51$ 

(Community = Clearwater)

#### Sample Source

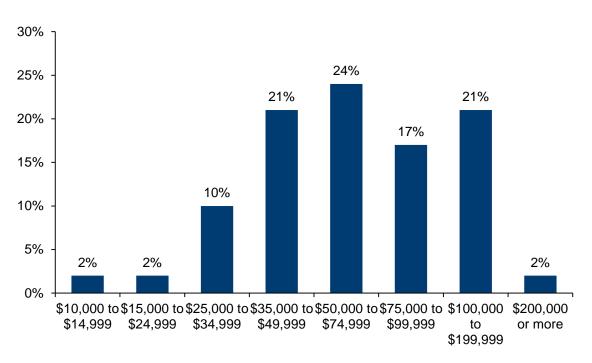
■ Qualtrics ■ Open Invitation / FaceBook



Base: Qualtrics (n=1), Open Invitation / FaceBook (n=50), Sample Size = 51

(Community = Clearwater)

#### Total Household Income



Base: \$10,000 to \$14,999 (n=1), \$15,000 to \$24,999 (n=1), \$25,000 to \$34,999 (n=4), \$35,000 to \$49,999 (n=9), \$50,000 to \$74,999 (n=10), \$75,000 to \$99,999 (n=7), \$100,000 to \$199,999 (n=9), \$200,000 or more (n=1), Sample Size = 42

(Community = Clearwater)

## **Bagley 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
Econon	nic Well-Being			
•	Availability of affordable housing 4.16			
•	Homelessness 4.14			
•	Housing which accepts people with chemical dependency,			
	mental health problems, criminal history or victims of domestic			
	violence 4.07			
•	Skilled labor workforce 3.77			
•	Hunger 3.73 16% report that they run out of food before			
	they have money to buy more			
•	Household budgeting and money management 3.63			
•	Maintaining livable and energy efficient homes 3.60			
Transpo	ortation	1		
•	Availability of public transportation 3.83			
•	Availability of door-to-door transportation services for those			
	unable to drive 3.82			
•	Cost of door-to-door transportation services for those unable			
	to drive 3.56			
Childre	n and Youth	3	4 = #2	
•	Substance abuse by youth 4.28		priority	
•	Teen suicide 4.00			
•	Availability of services for at-risk youth 3.84			
•	Childhood obesity 3.83			
•	Teen pregnancy 3.79			
•	Cost of quality childcare 3.77			
•	Cost of services for at-risk youth 3.74			
•	School absenteeism 3.73			
•	School dropout rates 3.71			
•	Crime committed by youth 3.61			
•	Teen tobacco use 3.60			
•	Bullying 3.57			
•	Availability of quality childcare 3.56			
•	Cost of activities (outside of school and sports) for children and			
	youth 3.55			
Aging P	opulation			
•	Cost of long term care 4.02			
•	Cost of memory care 3.96			
•	Availability of resources for grandparents caring for			
	grandchildren 3.65			
•	Cost of in-home services 3.63			

Health	Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Safety		2		
•	Abuse of prescription drugs 4.52			
•	24% report that they have drugs in their home that are not			
	being used			
•	Child abuse and neglect 4.32			
•	Presence of street drugs 4.29			
•	Presence of drug dealers 4.16			
•	Criminal activity 4.11			
•	Domestic violence 4.05			
•	Culture of excessive and binge drinking 3.96			
•	Sex trafficking 3.80			
•	Presence of gang activity 3.73			
Health	Care Access	3	3	
•	Availability of mental health providers 4.36			
•	Availability of behavioral health 4.30			
•	Use of emergency room services for primary health care 4.00			
•	Access to affordable health insurance coverage 3.98			
•	Access to affordable health care 3.91			
•	Coordination of care between providers and services 3.88			
•	Access to affordable prescription drugs 3.83			
•	Availability of specialist physicians 3.76			
•	Availability of non-traditional working hours 3.74			
•	Timely access to medical care providers 3.58			
•	Access to affordable dental insurance coverage 3.56			
•	Access to affordable vision insurance coverage 3.56			
•	Availability of health care services for Native people 3.52			
Mental	Health and Substance Abuse	5 = #1		
•	Drug use and abuse 4.59	priority		
•	Alcohol use and abuse 4.38			
•	30% self-report that they binge drink at least 1X/month			
•	Depression 4.09 33% report a diagnosis of depression			
•	Suicide 4.07			
•	Stress 3.79			
•	33% report a diagnosis of anxiety/stress			
•	14% currently smoke cigarettes			
Wellne				
•	42% report a diagnosis of high cholesterol			
•	31% report a diagnosis of hypertension			
•	25% report a diagnosis of arthritis			
•	18% have not had a routine check-up in more than 1 year			
•	42% did not get a flu shot in the past year			
•	26% have not seen their dentist in more than 1 year			
•	46% report that they are obese			
•	24%report that they are overweight			
•	72% do not consume the recommended 5 or more			
	fruits/vegetables each day			
•	38% do not have moderate exercise 3 or more times each			
	week			

**Secondary Data** 

## Evaluation Group, LLC

## North Country Community Health Services

# 2017 NORTHWEST REGION ADULT HEALTH BEHAVIOR SURVEY SUMMARY

Clearwater County Report

April 2018

Authored by Garth Kruger, Ph.D.

#### **Executive Summary**

#### Weight

73.2% of all individuals residing in Clearwater County are considered either overweight (36.3%) or obese (36.9%). This is similar to what was found in 2014;

- The state average is 64.5% (36.7% overweight; 27.8%, obese).
  - Obesity in the county is still higher than state levels.
  - The percentage of individuals who are overweight or obese increases with age.
  - Males are 6% more obese than females.

## Physical Activity

Across Clearwater County only an estimated 35% of individuals are getting their recommended levels of physical activity, far lower than the state rate of 55%.

- Males met PAG more than males (46% vs. 22.5%).
- Individuals with \$50-75k household income tend to achieve PAG slightly less.
- Individuals age <34 achieved PAG the most at 46%.

#### Fruit/Veg

Two-thirds of the population in Clearwater County consumes adequate amounts of 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 10.9% of all adults in Clearwater County are smokers.

- This is 4.6% lower than found three years previously, suggesting that positive impacts may be the result of numerous prevention efforts.
  - Individuals with less than \$35k annual household income had nearly four times the rate of smoking compared to households earning more than \$35k (19.2% vs. 5.5%).
  - Only 7% of those with 4-year degrees smoked compared to HS grad/GED or less (14%).

#### Alcohol

Respondents indicated that 61% of them had consumed alcohol at least once/past 30 days.

- 18% of respondents indicated that alcohol had a 'harmful effect' on themselves or a family member.
  - Drinking percentages were split 65% males, 57% females
  - 73% of individuals younger than 35 reported drinking versus 55% for those 55+ y/o.
  - 79% of individuals from higher income households (>\$75k+) reported drinking over the past 30 days compared to 47% of those earning \$34k or less.
  - Individuals with a Bachelors' degree or greater were more likely to report alcohol consumption over the past 30 days (72%) than those with a HS degree or less (56%).

#### Mental Health

25% of respondents had been told by a healthcare professional that they had a mental health concern at some point in their lives.

• Over the past 30 days, 23% 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.
  - o Assist in structuring environments to enhance physical activity.
- Track binge drinking as in the 2013 survey.
- Add questions about opioid use

#### Weight Status

Survey respondents were asked to report their height and weight. From that information a Body Mass Index (BMI) was calculated<sup>1</sup>. As Figure 1 shows below, 73.2% of all individuals residing in Clearwater County are considered either overweight (36.3%) or obese (36.9%). This is similar to what was found in 2014; and is higher than the state average of 64.5% (36.7% overweight; 27.8%, obese). To learn more, see <a href="https://stateofobesity.org/states/mn">https://stateofobesity.org/states/mn</a>. In terms of gender and age as related to weight, older males tend to be heaviest while younger females weigh the least (see Figures 2 and 3).

Figure 1

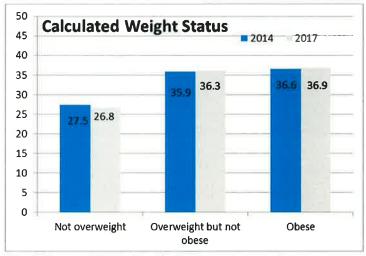
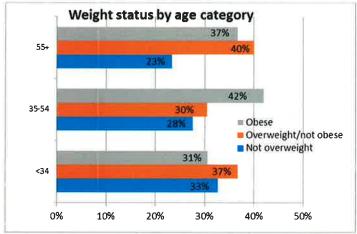


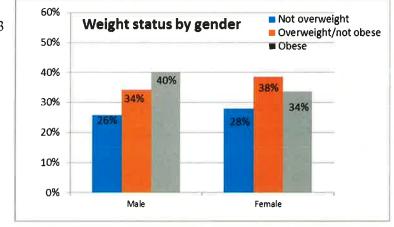
Figure 2



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

Figure 3

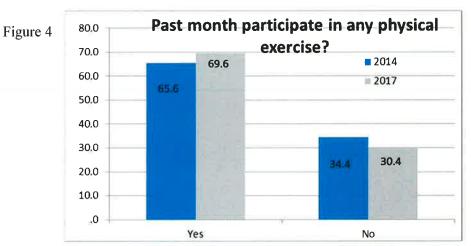
Males are 6% more obese than females.



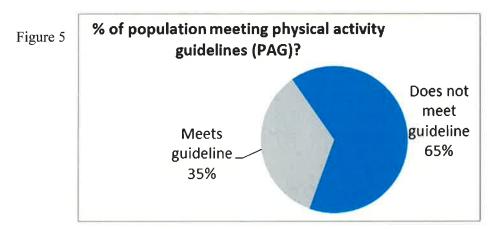
<sup>&</sup>lt;sup>1</sup> There are some exceptions to be considered in using BMI to accurately assess the health of individuals; however, it is assumed here to be a generally accurate measure for the body mass composite a population.

#### 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". The state average on this measure is approximately 18%.<sup>2,3</sup>



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).<sup>4</sup>



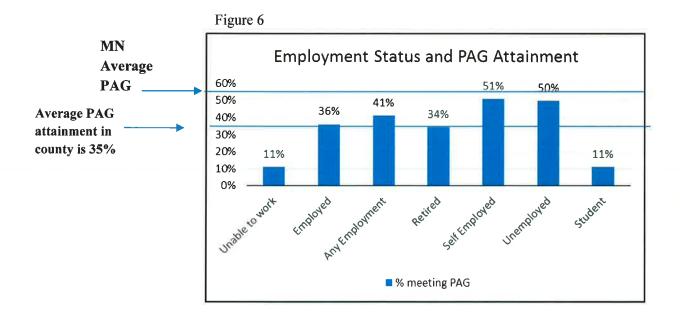
Across Clearwater County, only an estimated 35% of individuals are getting their recommended levels of physical activity. This is far lower than the average rate of 55% of all Minnesotans.

- Males met PAG more than males (46% vs. 22.5%).
- Individuals with \$50-75k household income tend to achieve PAG slightly less (See Figure 7).
- Individuals age <34 achieved PAG the most at 46% (See Figure 7.1).

https://stateofobesity.org/physical-inactivity/

<sup>3</sup> https://nccd.cdc.gov/dnpao\_dtm/rdPage.aspx?rdReport=DNPAO\_DTM.ExploreByLocation&rdRequestForwarding=Form

<sup>&</sup>lt;sup>4</sup>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 <a href="http://www.health.gov/paguidelines/guidelines/summary.aspx">http://www.health.gov/paguidelines/guidelines/summary.aspx</a>



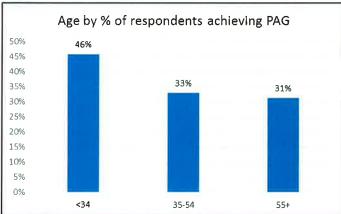
Workplace wellness initiatives are popular efforts, and as the data in Figure 6 suggest they are focused on a population that is lower in their attainment of Physical Activity Guidelines relative to other demographic groups (e.g. unemployed, self-employed). Health planners should continue to focus resources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

Income by % of respondents achieving PAG 40% 38% 37% 35% 30% 30% 20% 10% 0% <\$35k \$35-\$50k \$50-\$75k \$75k+

Figure 7

Weather was noted as the greatest reason for lack of physical activity (74%) followed by 'lack of time' (58%) and not having walking paths/trails (31%). All other reasons were endorsed approximately 20% of the time (traffic, public facilities not available, poor maintenance of sidewalks, public facilities not available when I want to use them).

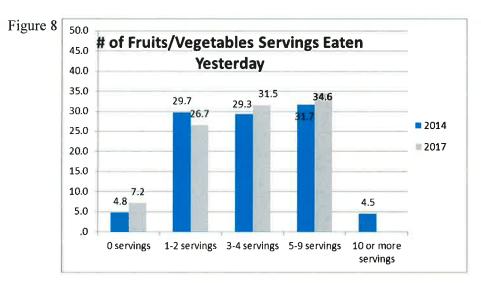
Figure 7.1



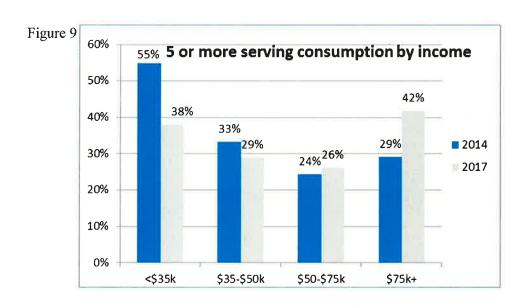
#### Nutrition

In 2017, a total of 34.6% 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 66.1% if you include those who get 3-4 servings a day, which is just below recommendations.

Survey results indicate that two-thirds of the population in the county regularly consumes 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.



Both fruits and vegetables are consumed at generally similar rates with vegetables having a slight edge. Furthermore, 83% of those who have a Bachelors' degree or greater consume 3 or more F/V. Individuals on both ends of the income spectrum consume more F/V as shown in Figure 9 below.



#### Tobacco Use

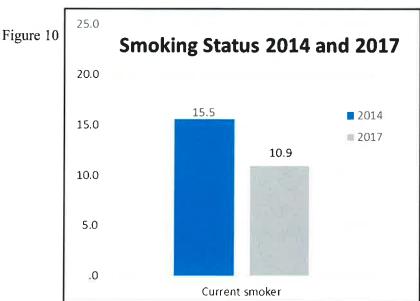
Approximately 10.9% of all adults in Clearwater County are smokers. This is 4.6% lower than found three years previously, suggesting that positive impacts may be the result of numerous prevention efforts. Current smokers were more likely found to be female (14%) than male (8%), however low cell frequencies may have contributed to this finding. Smokers also differ significantly by income and education. Individuals with less than \$35k annual household income have nearly four times the rate of smoking compared to households earning more than \$35k (19.2% vs. 5.5%). Only 7% of those with 4-year degrees smoke compared to HS grad/GED or less (14%).

Clearwater County has the lowest smoking rates in the region at 10.9%.

Table 1

	North Country CHB Region	NC Less Beltrami County	Beltrami County	Clearwater County	LOW County	Hubbard County	MN State
Current smokers 2014	12.9	14	11.9	15.5	17.6	12.7	14.1
Current smokers 2017	13	12.2	13.5	10.9	14.5	12.2	14.1*
Net increase/decrease	0.1	-1.8	1.6	-4.6	-3.1	-0.5	9 <b></b>

Results also found that 7% of adults are smokeless tobacco users, all of whom are primarily male. Ecigarette use was found to be somewhere around 1%. Statewide surveys estimate adult e-cigarette use in Minnesota at 6%<sup>5</sup>. Northwest Minnesota estimates range from 2-6% from the 2014 MN Adult Tobacco Survey.<sup>6</sup>



<sup>5</sup> http://www.health.state.mn.us/ecigarettes

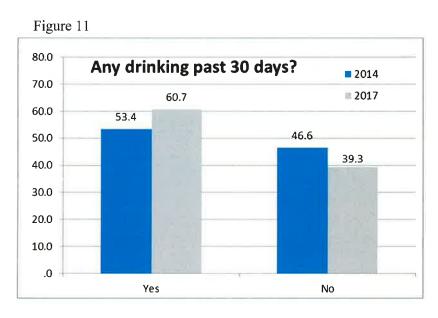
<sup>\*</sup>data for 2017 not yet available.

<sup>6</sup> 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 60.7% of them had consumed alcohol. 18% percent of respondents indicated that alcohol had a 'harmful effect' on themselves or a family member. Further analyses by age, income and education on this topic were conducted but yielded low frequencies which produced unreliable results.

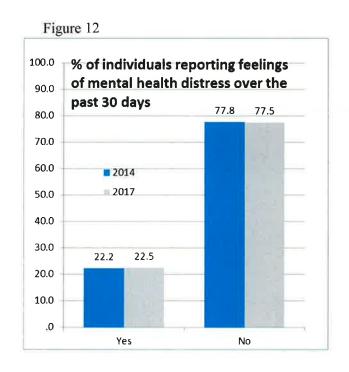
- Drinking percentages were split 65% males, 57% females.
- 73% of individuals younger than 35 reported drinking versus 55% for those older than 55.
- Seventy-nine percent of individuals from higher income households (>\$75k+) reported drinking over the past 30 days compared to 47% of those earning \$34k or less.
- Individuals with a Bachelors' degree or better were more likely to report alcohol consumption over the past 30 days (72%) than those with a high school degree or less (56%).
- 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.



Mental Health

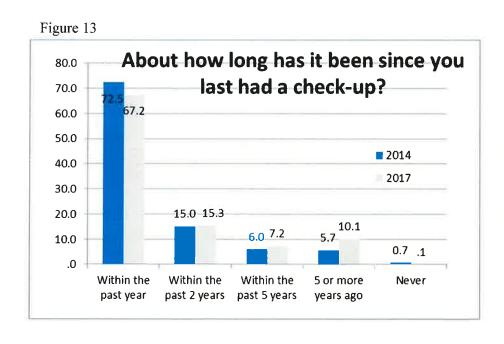
- Approximately 14% of individuals living in Clearwater County self-report having Fair or Poor general mental health at the time of the survey.
- 25% have been told at some point in their lives by a healthcare professional that they have a mental health concern.
- 15% have delayed getting mental health treatment when it was needed.
  - Of this group, the delay occurred for a variety of reasons, including: perceived lack of severity (37%), fear of getting treatment (18%), cost (18%), 'did not know where to go' (16%), and deductible too expensive (10%), and could not get an appointment (2%).

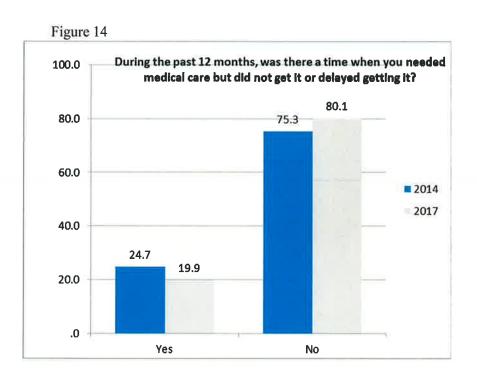
Nearly 23% of respondents expressed feelings of hopelessness, anxiety or loss of interest in things they used to enjoy over the past 30 days. This figure jumps to 43% for those who are 34 years old or less and compares to 18% for those aged 55 or older.



#### **Medical Care**

Approximately 67% of Clearwater County residents reported having a medical checkup over the past year (see Figure 13). Twenty percent delayed seeking medical care over the past 12 months when they felt they needed it (see Figure 14). The primary reasons for not seeking care were cost (57%), high deductible (38%), no insurance (16%), not covered by insurance (8%) and transportation problems (3%). Instead of people not seeking medical care because of no health insurance, many may not be seeking medical care because the deductibles and associated costs are high.





#### 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 withinhousehold 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.

	Surveys Complete		Response
County	mailed	Surveys	Rate
Beltrami	1600	316	19.8%
Clearwater	1600	354	22.1%
Hubbard	1600	376	23.5%
Kittson	1402	445	31.7%
Lake of the	1553	337	
Woods			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**

County Health Rankings & Roadmaps Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

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:**

**Outcomes & Factors Rankings** 

**Outcomes & Factors Sub Rankings** 

Ranked Measures Data (including measure values, confidence intervals\* and z-scores\*\*)

Additional Measures Data (including measure values and confidence intervals\*)

Ranked Measure Sources and Years

Additional Measure Sources and Years

- \* 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	FIPS	Federal Information Processing Standard
identifiers	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
	95% CI - High	Health Statistics
	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	OFOV confidence interval reported by DDFCC
	95% CI - High	95% confidence interval reported by BRFSS
	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	OFO/ confidence interval reported by DDFCC
	95% CI - High	95% confidence interval reported by BRFSS
	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	OFW confidence interval reported by DDECC
	95% CI - High	95% confidence interval reported by BRFSS
	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% CI - High	95% confidence interval
	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	
	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	050/
	95% CI - High	95% confidence interval reported by BRFSS
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Food environment	Food Environment Index	Indicator of access to healthy foods - 0 is worst, 10 is best
index	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	OFW confidence interval
	95% CI - High	95% confidence interval
	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

95% CI - Low 95% CI - High 2-Score (Measure - Average of state counties)/(Standard Deviation) Alcohol-Impaired driving deaths  # Alcohol-Impaired Driving Deaths	Measure	Data Elements	Description			
Excessive drinking    Sex   Se			activity			
95% CI - Low 95% CI - High 2. Score (Measure - Average of state counties)/(Standard Deviation) Alcohol-impaired driving deaths # Driving Deaths Number of motor vehicle deaths # Driving Deaths Number of percentage of state counties)/(Istandard Deviation) # Driving Deaths Number of Driving Death Number of percentage of state counties)/(Istandard Deviation) # Driving Deaths Number of Driving Death Number of people under age 65 without insurance # Uninsured Percentage of people under age 65 without insurance # Uninsured Percentage of people under age 65 without insurance # Uninsured Percentage of People under age 65 without insurance # Driving Care Physicians # Permary Care Physicians Primary Care Physicians (PCP) in patient care # Permary Care Physicians # Permary Care Physicians Primary Care Physicians (PCP) in patient care # PCP Rate Primary Care Physicians per 100,000 population # Dentist Rate Dentists Number of dentists Dentist Rate Dentists Number of dentists Dentist Rate Dentist Ratio Population to Dentists ratio Z-Score (Measure - Average of state counties)/(Istandard Deviation) # Mental Health Providers # MHP Rate		Z-Score	(Measure - Average of state counties)/(Standard Deviation)			
95% CI - High   2-Score   (Measure - Average of state counties)/(Standard Deviation)	Excessive drinking	% Excessive Drinking	Percentage of adults that report excessive drinking			
2-Score   (Measure - Average of state counties)/(Standard Deviation)		95% CI - Low	OFO/ and fidence internal and add by DDECC			
Alcohol-impaired driving deaths  # Alcohol-impaired Driving Deaths # Alcohol-impaired Driving Deaths # Alcohol-impaired Driving Deaths # Alcohol-impaired Percentage of driving deaths with alcohol involvement 95% CI - Low 95% CI - High 2-Score (Measure - Average of state counties)/(Standard Deviation)  Even Birth Rate (Hispanic) Teen Birth Rate (Hispanic) Births per 1,000 females ages 15-19 for Black non-Hispanic mothers  Teen Birth Rate (White) 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 Black non-Hispanic mothers  Teen Birth Rate (Hispanic) Births per 1,000 females ages 15-19 for Black non-Hispanic mothers  Teen Birth Rate (White) Births per 1,000 females ages 15-19 for White non-Hispanic mothers  Teen Birth Rate (Hispanic) Births per 1,000 females ages 15-19 for White non-Hispanic mothers  Teen Birth Rate (White) Births per 1,000 females ages 15-19 for White non-Hispanic mothers  Teen Birth Rate (White) Births per 1,000 females ages 15-19 for White non-Hispanic mothers  Wuninsured  # Uninsured  # Uninsured  # Uninsured  Number of people under age 65 without insurance  95% CI - Low 95% CI - High  2-Score (Measure - Average of state counties)/(Standard Deviation)  Primary care physicians  # Primary Care Physicians  PCP Rate  Primary Care Physicians per 100,000 population  PCP Ratio Population to Primary Care Physicians per 100,000 population  PCP Ratio Population to Primary Care Physicians per 100,000 population  PCP Ratio Population to Primary Care Physicians per 100,000 population  Population to Dentists ratio  Z-Score (Measure - Average of state counties)/(Standard Deviation)  Winter of dentists  Pentist Rate Dentist Rate Den		95% CI - High	95% confidence interval reported by BKFSS			
# Driving Deaths # Alcohol-Impaired   95% CI - Low   95% CI - High   95% Confidence interval using Poisson distribution   Y-Score   (Measure - Average of state counties)/(Standard Deviation)   95% CI - High   95% CI - Manydia Cases   Number of chlamydia cases   Chlamydia Cases   Number of chlamydia cases   Chlamydia Cases   Chlamydia cases   Chlamydia cases   Pois CI - Low   95% CI - Low   95% CI - Low   95% CI - Low   95% CI - High   95% CI		Z-Score	(Measure - Average of state counties)/(Standard Deviation)			
Walcohol-Impaired   Percentage of driving deaths with alcohol involvement	Alcohol-impaired	# Alcohol-Impaired Driving Deaths	Number of alcohol-impaired motor vehicle deaths			
95% CI - Low 95% CI - High 2-Score (Measure - Average of state counties)/(Standard Deviation) 4 (Chlamydia Cases (Chlamydia Cases (Measure - Average of state counties)/(Standard Deviation) 4 (Chlamydia Cases (Chlamydia Cases (Measure - Average of state counties)/(Standard Deviation) 4 (Chlamydia Cases (Measure - Average of state counties)/(Standard Deviation) 5 (Measure - Average of state counties)/(Standard Deviation) 7 (Measure - Average of state counties)/(Standard Deviation) 8 (Measure - Average of state counties)/(Standard Deviation) 9 (Measure - Average of state counties)/(Standard Deviation) 9 (Measure - Average of state counties)/(Standard Deviation) 8 (Measure - Average of state counties)/(Standard Deviation) 8 (Measure - Average of state counties)/(Standard Deviation) 8 (Measure - Average of state counties)/(Standard Deviation) 9 (Measure - Average of state counties)/(Standard Deviation) 9 (Measure - Average of people under age 65 without insurance (Measure - Average of people under age 65 without insurance (Measure - Average of state counties)/(Standard Deviation) 9 (Measure - Average of state counties)	driving deaths	# Driving Deaths	Number of motor vehicle deaths			
95% CI - High   95% confidence interval using Poisson distribution		% Alcohol-Impaired	Percentage of driving deaths with alcohol involvement			
Sexually transmitted   finfections		95% CI - Low				
# Chlamydia Cases   Number of chlamydia cases		95% CI - High	95% confidence interval using Poisson distribution			
Chlamydia Rate   Chlamydia cases per 100,000 population     Z-Score   (Measure - Average of state counties)/(Standard Deviation)     Teen Birth Rate   Births per 1,000 females ages 15-19     95% CI - Low   95% Confidence interval     95% CI - High   95% confidence interval     7-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     Teen Birth Rate (White)   Births per 1,000 females ages 15-19 for White non-Hispanic mothers     Wuinsured   Hunisured   Number of people under age 65 without insurance     Wuninsured   Percentage of people under age 65 without insurance     95% CI - Low   95% confidence interval reported by SAHIE     2-Score   (Measure - Average of state counties)/(Standard Deviation)     Primary care physicians   POP 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   Dentist Rate   Dentists per 100,000 population     Dentist Rate   Dentists per 100,000 population     Dentist Ratio   Population to Dentists ratio     Z-Score   (Measure - Average of state counties)/(Standard Deviation)     Mental Health Providers   Mumber of mental health providers (MHP)     Mental Health Providers   Mental Health Providers per 100,000 population		Z-Score	(Measure - Average of state counties)/(Standard Deviation)			
Teen births  Teen birth Rate  P5% CI - Low  95% CI - High  Z-Score  (Measure - Average of state counties)/(Standard Deviation)  Teen Birth Rate  95% CI - High  Z-Score  (Measure - Average of state counties)/(Standard Deviation)  Teen Birth Rate (Black)  Teen Birth Rate (Black)  Teen Birth Rate (Hispanic)  Teen Birth Rate (Hispanic)  Teen Birth Rate (White)  Births per 1,000 females ages 15-19 for Black non-Hispanic mothers  Teen Birth Rate (White)  Births per 1,000 females ages 15-19 for Hispanic mothers  Births per 1,000 females ages 15-19 for White non-Hispanic mothers  Wurinsured  # Uninsured  # Uninsured  # Uninsured  Percentage of people under age 65 without insurance  95% CI - Low  95% CI - High  Z-Score  (Measure - Average of state counties)/(Standard Deviation)  Primary care  physicians  # Primary Care Physicians  PCP Rate  Primary Care Physicians per 100,000 population  PCP Ratio  POP Ratio  POPulation to Primary Care Physicians ratio  Z-Score  (Measure - Average of state counties)/(Standard Deviation)  Mental health  # Mental Health Providers  MHP Rate  Mental Health Providers (MHP)  Mental Health Providers per 100,000 population	Sexually transmitted	# Chlamydia Cases	Number of chlamydia cases			
Teen births  Teen Birth Rate  95% CI - Low  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)  Teen Birth Rate (White)  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  Teen Birth Rate (White)  Births per 1,000 females ages 15-19 for White non-Hispanic mothers  Wuninsured  # Uninsured  # Uninsured  Percentage of people under age 65 without insurance  95% CI - Low  95% CI - High  Z-Score  (Measure - Average of state counties)/(Standard Deviation)  Primary care  physicians  PCP Rate  Primary Care Physicians per 100,000 population  PCP Ratio  POP Ratio  POP Ratio  POP Ratio  POP Ratio  POPulation to Primary Care Physicians ratio  Z-Score  (Measure - Average of state counties)/(Standard Deviation)  Number of dentists  Dentist Rate  Dentists Per 1,000 females ages 15-19 for Hispanic mothers  Mental health  # Mental Health Providers  Mental Health Providers (MHP)  Mental Health Providers  Mental Health Providers per 100,000 population	infections	Chlamydia Rate	Chlamydia cases per 100,000 population			
95% CI - Low 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  Wininsured Number of people under age 65 without insurance 95% CI - Low 95% CI - Low 95% CI - High Z-Score (Measure - Average of state counties)/(Standard Deviation)  Primary care physicians 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 Pentists Number of dentists Dentists Number of dentists Dentists Population to Dentists ratio Z-Score (Measure - Average of state counties)/(Standard Deviation)  Mental health providers MHP Rate Mental Health Providers per 100,000 population Mental health Providers Mental Health Providers per 100,000 population Mental Health Providers Mental Health Providers per 100,000 population Mental Health Providers Mental Health Providers per 100,000 population		Z-Score	(Measure - Average of state counties)/(Standard Deviation)			
95% CI - High   95% confidence interval	Teen births	Teen Birth Rate	Births per 1,000 females ages 15-19			
S5% Cl - High   Z-Score		95% CI - Low	070/ 61			
Teen Birth Rate (Black)  Teen Birth Rate (Hispanic)  Teen Birth Rate (Hispanic)  Teen Birth Rate (White)  Births per 1,000 females ages 15-19 for Black non-Hispanic mothers  Teen Birth Rate (White)  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  White non-Hispanic mothers  With Insured  With Insured  With Insured  With Insured  With Insured  Percentage of people under age 65 without insurance  Percenta		95% CI - High	95% confidence interval			
Teen Birth Rate (Hispanic) Teen Birth Rate (White) 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 Percentage of people under age 65 without insurance  # Uninsured Percentage of people under age 65 without insurance  95% CI - Low 95% CI - High Z-Score (Measure - Average of state counties)/(Standard Deviation)  Primary care physicians  # Primary Care Physicians 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 Number of dentists Dentist Rate Dentist Rate Dentist Ratio Population to Dentists ratio  Z-Score (Measure - Average of state counties)/(Standard Deviation)  # Dentist Ratio Population to Dentists ratio  Population to Dentists ratio  # Mental Health Providers Number of mental health providers (MHP)  MHP Rate Mental Health Providers per 100,000 population		Z-Score	(Measure - Average of state counties)/(Standard Deviation)			
Teen Birth Rate (Hispanic) Teen Birth Rate (White) 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 Percentage of people under age 65 without insurance  # Uninsured Percentage of people under age 65 without insurance  95% CI - Low 95% CI - High Z-Score (Measure - Average of state counties)/(Standard Deviation)  Primary care physicians 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 Dentists Dentist Rate Dentists per 100,000 population Population to Dentists ratio Z-Score (Measure - Average of state counties)/(Standard Deviation)  # Dentist Ratio Population to Dentists ratio Population to Dentists ratio  Z-Score (Measure - Average of state counties)/(Standard Deviation)  # Mental Health Providers MHP Rate Mental Health Providers per 100,000 population		Teen Birth Rate (Black)				
Uninsured # Uninsured Number of people under age 65 without insurance  # Uninsured Percentage of people under age 65 without insurance  # Uninsured Percentage of people under age 65 without insurance  # Percentage of people under age 65 without insurance  # Percentage of people under age 65 without insurance  # Percentage of people under age 65 without insurance  # Percentage of people under age 65 without insurance  # Percentage of people under age 65 without insurance  # Percentage of people under age 65 without insurance  # Percentage of people under age 65 without insurance  # Destige in a people under age 65 without insurance  # Destige in a people under age 65 without insurance  # Destige in a people under age 65 without insurance  # Destige in a people under age 65 without insurance  # Destige in a people under age 65 without insurance  # Destige in a people under age 65 without insurance  # Destige in a people under age 65 without insurance  # Destige in a people under age 65 without insurance  # Deviation in a people under age 65 without insurance  # Deviation  # Deviation  # Deviation  # Depulation to Primary Care Physicians (PCP) in patient care  # Depulation to Primary Care Physicians ratio  # Dentists  # Dentists  # Dentists  # Dentists  # Dentists  # Dentists  # Dentists per 100,000 population  # Dentist Rate  # Dentist Ratio  # D		Teen Birth Rate (Hispanic)				
# Primary Care physicians Perplation Primary Care Physicians Population to Primary Care Physicians ratio Population Population to Primary Care Physicians ratio Population to Primary Care Physicians ratio Population Population to Primary Care Physicians ratio Population for Entity Population (Measure - Average of state counties)/(Standard Deviation) Population to Dentists Population to Dentists ratio Population to Dentists Population (Measure - Average of state counties)/(Standard Deviation) Population to Dentists Population to Dentists Population to Dentists Population (Measure - Average of state counties)/(Standard Deviation) Population Population to Dentists Population (Measure - Average of State Counties)/(Standard Deviation) Population to Dentists Population (Measure - Average of State Counties)/(Standard Deviation) Population to Dentists Population (Measure - Average of State Counties)/(Standard Deviation) Population to Dentists Population to Dentists Population (Measure - Average of State Counties)/(Standard Deviation) Population to Dentists Population to Dentists Population (Measure - Average of State Counties)/(Standard Deviation) Population to Dentists Population to Dentist Population to Dent		Teen Birth Rate (White)	Births per 1,000 females ages 15-19 for White non-Hispanic			
95% CI - Low 95% CI - High  Z-Score (Measure - Average of state counties)/(Standard Deviation)  Primary care physicians 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)  PCP Ratio Population to Primary Care Physicians ratio  Dentists Number of dentists  Dentists Number of dentists  Dentist Rate Dentists per 100,000 population  Population to Dentists ratio  Z-Score (Measure - Average of state counties)/(Standard Deviation)  Mental health Population to Dentists ratio  Z-Score (Measure - Average of state counties)/(Standard Deviation)  Mental health Providers (MHP)  MHP Rate Mental Health Providers per 100,000 population	Uninsured	# Uninsured	Number of people under age 65 without insurance			
95% CI - High  Z-Score (Measure - Average of state counties)/(Standard Deviation)  Primary care physicians		% Uninsured	Percentage of people under age 65 without insurance			
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 Number of dentists   Dentist Rate Dentists per 100,000 population   Dentist Ratio Population to Dentists ratio   Z-Score (Measure - Average of state counties)/(Standard Deviation)  Mental health # Mental Health Providers   MHP Rate Mental Health Providers per 100,000 population		95% CI - Low				
# 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)   Pontists   Pontist Rate   Dentists per 100,000 population   Pontist Ratio   Population to Dentists ratio   Z-Score   (Measure - Average of state counties)/(Standard Deviation)   Pontist Ratio   Population to Dentists ratio   Z-Score   (Measure - Average of state counties)/(Standard Deviation)   Pontial health   # Mental Health Providers   Number of mental health providers (MHP)   Providers   MHP Rate   Mental Health Providers per 100,000 population		95% CI - High	95% confidence interval reported by SAHIE			
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  Dentist Rate Dentists per 100,000 population  Dentist Ratio Population to Dentists ratio  Z-Score (Measure - Average of state counties)/(Standard Deviation)  # Mental health Providers  Mental health Providers Mental Health Providers Mental Health Providers per 100,000 population		Z-Score	(Measure - Average of state counties)/(Standard Deviation)			
PCP Ratio Population to Primary Care Physicians ratio  Z-Score (Measure - Average of state counties)/(Standard Deviation)  # Dentists  Dentist Rate Dentists per 100,000 population  Dentist Ratio Population to Dentists ratio  Z-Score (Measure - Average of state counties)/(Standard Deviation)  # Mental health Providers  Mental health Providers  Mental Health Providers Mental Health Providers per 100,000 population	Primary care	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care			
Z-Score (Measure - Average of state counties)/(Standard Deviation)  # Dentists Number of dentists  Dentist Rate Dentists per 100,000 population  Dentist Ratio Population to Dentists ratio  Z-Score (Measure - Average of state counties)/(Standard Deviation)  Mental health Providers Number of mental health providers (MHP)  MHP Rate Mental Health Providers per 100,000 population	physicians	PCP Rate	Primary Care Physicians per 100,000 population			
# Dentists  # Dentists    Dentist Rate   Dentists per 100,000 population		PCP Ratio	Population to Primary Care Physicians ratio			
Dentist Rate Dentists per 100,000 population  Dentist Ratio Population to Dentists ratio  Z-Score (Measure - Average of state counties)/(Standard Deviation)  Mental health providers MHP Rate Mental Health Providers per 100,000 population		Z-Score	(Measure - Average of state counties)/(Standard Deviation)			
Dentist Ratio  Z-Score  (Measure - Average of state counties)/(Standard Deviation)  Mental health providers  MHP Rate  Mental Health Providers per 100,000 population	Dentists	# Dentists	Number of dentists			
Z-Score (Measure - Average of state counties)/(Standard Deviation)  Mental health providers Number of mental health providers (MHP)  MHP Rate Mental Health Providers per 100,000 population		Dentist Rate	Dentists per 100,000 population			
Mental health providers		Dentist Ratio	Population to Dentists ratio			
providers MHP Rate Mental Health Providers per 100,000 population		Z-Score	(Measure - Average of state counties)/(Standard Deviation)			
Weilta Health Providers per 100,000 population	Mental health	# Mental Health Providers	Number of mental health providers (MHP)			
	providers	MHP Rate	Mental Health Providers per 100,000 population			
		MHP Ratio				
Z-Score (Measure - Average of state counties)/(Standard Deviation)		Z-Score				
# Medicare Enrollees Number of Medicare enrollees		# Medicare Enrollees				

Measure	Data Elements	Description		
	Preventable Hosp. Rate	Discharges for Ambulatory Care Sensitive Conditions per		
		1,000		
Preventable hospital	95% CI - Low	Medicare Enrollees		
stays	95% CI - High	95% confidence interval reported by Dartmouth Institute		
	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		
	<b>3</b>	test		
	95% CI - Low	95% confidence interval reported by Dartmouth Institute		
	95% CI - High	95% confidence interval reported by Dartiflouth institute		
	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	# Medicare Enrollees	Number of female Medicare enrollees age 67-69		
screening	% Mammography	Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)		
	95% CI - Low	OFOV and fidence internal and art of the Depterment blacking		
	95% CI - High	95% confidence interval reported by Dartmouth Institute		
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)		
	% Mammography (Black)	Percentage of Black female Medicare enrollees having at le		
		1 mammogram in 2 yrs (age 67-69)		
	% Mammography (White)	Percentage of White female Medicare enrollees having at		
		least 1		
High cab and	Cab aut Cine	mammogram in 2 yrs (age 67-69)		
High school graduation	Cohort Size  Graduation Rate	Number of students expected to graduate		
g. addation		Graduation rate		
Sama sallaga	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  Percentage of adults age 25-44 with some post-secondary		
	% Some College	education		
	95% CI - Low			
	95% CI - High	95% confidence interval		
	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		
	Z-Score	work (Measure - Average of state counties)/(Standard Deviation)		
	1 = 230.0	(Measure - Average of state countries)/(Standard Deviation)		

Measure	Data Elements	Description		
Children in poverty	% Children in Poverty	Percentage of children (under age 18) living in poverty		
	95% CI - Low	STR. S.L. 1. 1. 1. 1. 5115		
	95% CI - High	95% confidence interval reported by SAIPE		
	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 – f rom 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-	# Single-Parent Households	Number of children that live in single-parent households		
parent households	# Households	Number of children in households		
	% Single-Parent Households	Percentage of children that live in single-parent households		
	95% CI - Low	050/ 51		
	95% CI - High	95% confidence interval		
	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		
	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		
	95% CI - High	for Health Statistics		
	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	Presence of violation	County affected by a water violation: 1-Yes, 0-No		
violations	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		

Measure	Data Elements	Description
	% 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	95% confidence interval
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Driving alone to	% Drive Alone	Percentage of workers who drive alone to work
work	95% CI - Low	OFO( and fidence in terms of
	95% CI - High	95% confidence interval
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Drive Alone (Black)	Percentage of non-Hispanic Black workers who drive alone to work
	% 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% CI - High	95% confidence interval
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

### **County Health Rankings**

#### **County Health Rankings for Clearwater County, Minnesota**

		County	State			
Population		8,827	5,519,952			
% below 18 years of age		24.9%	23.3%			
% 65 and older		20.1%	15.1%			
% Non-Hispanic African Ameri	can	0.6%	6.0%			
% American Indian and Alaska Native	n	9.8%	1.3%			
% Asian		0.3	4.9%			
% Native Hawaiian/Other Paci Islander	fic	0.0%	0.1%			
% Hispanic		1.8%	5.2%			
% Non-Hispanic white		84.8%	80.6%			
% not proficient in English		1%	2%			
% Females		49.5%	50.2%			
% Rural		100%	26.7%			
	Bagley County	Trend (Click for info)	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87) (Click for info)
Health Outcomes		II.	1	l		86
Length of Life						86
Premature death	8,700	7,800-9,900		5,300	5,100	
Quality of Life		-	I			85
Poor or fair health	16%		15-16%	12%	12%	
Poor physical health days	3.8		3.6-3.9	3.0	3.0	
Poor mental health days	3.4		3.4-3.6	3.1	3.2	
Low birthweight	5%		6-7%	6%	6%	

Additional Health Outcomes (no	included in overall	ranking) +			
Premature age-adjusted mortality	450	360-430	270	260	
Child mortality		90-130	40	40	
Infant mortality		8-14	4	5	
Frequent physical distress	12%	12%	9%	9%	
Frequent mental distress	11%	11-12%	10%	10%	
Diabetes prevalence	10%	11-12%	8%	8%	
HIV prevalence			49	171	
Health Factors			II.	<u> </u>	36
Health Behaviors					86
Adult smoking	17%	19-20%	14%	15%	
Adult obesity	30%	29-36%	26%	27%	
Food environment index	6.9		8.6	8.9	
Physical inactivity	23%	19-24%	20%	20%	
Access to exercise opportunities	66%		91%	88%	
Excessive drinking	20%	22-24%	13%	23%	
Alcohol-impaired driving deaths	50%	26-45%	13%	30%	
Sexually transmitted infections	159.3		145.1	389.3	
Teen births	26	36-43	15	17	
Additional Health Behaviors (not	included in overall	ranking)		<u> </u>	
Food insecurity	16%		10%	10%	
Limited access to healthy foods	15%		2%	6%	
Drug overdose deaths		4-14	10	11	
Drug overdose deaths - modeled	16-17.9		8-11.9	12.5	
Motor vehicle crash deaths		9-16	9	8	

Insufficient sleep	31%		30-32%	27%	30%				
Clinical Care									
Uninsured	8%		8-10%	6%	5%				
Primary care physicians	2,200:1			1,030:1	1,110:1				
Dentists	2,940:1			1,280:1	1,440:1				
Mental health providers				330:1	470:1				
Preventable hospital stays	36		37-49	35	37				
Diabetes monitoring	79%		57-74%	91%	88%				
Mammography screening	57%		50-71%	71%	65%				
Additional Clinical Care (not inc	luded in overa	l II ranking)							
Uninsured adults	9%		9-12%	7%	6%				
Uninsured children	6%		4-6%	3%	3%				
Health care costs	\$9,054				\$8,250				
Other primary care providers				782:1	1,020:1				
Social & Economic Factors						83			
High school graduation	79%			95%	83%				
Some college	56%		62-71%	72%	74%				
Unemployment	9.6%	~		3.2%	3.9%				
Children in poverty	23%		19-30%	12%	13%				
Income inequality	4.6		4.1-4.9	3.7	4.4				
Children in single-parent households	28%		42-51%	20%	28%				
Social associations	19.3%			22.1	13.0				
Violent crime	208	~		62	231				
Injury deaths	96		67-90	55	62				
   Additional Social & Economic Fa	actors (not incl	luded in ov	 /erall ranking	;)					
Disconnected youth	17%			10%	9%				

Median household income		\$43,800		\$41,700- 49,000	\$65,100	\$65,600		
Children eligible for free or reduced price lunch		51%			33%	38%		
Residential segregation - black/white					23	62		
Residential segregation - non-white/white					14	49		
Homicides					2	2		
Firearm fatalities					7	7		
Physical Environment								
Air pollution - particulate matter	(Click for info)	8.1	~		6.7	9.3		
Drinking water violations		No						
Severe housing problems		17%		14-18%	9%	14%		
Driving alone to work		77%		73-77%	72%	78%		
Long commute - driving alone		32%		15-18%	15%	30%		

Note: Blank values reflect unreliable or missing data Note: Blank values reflect unreliable or missing data





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