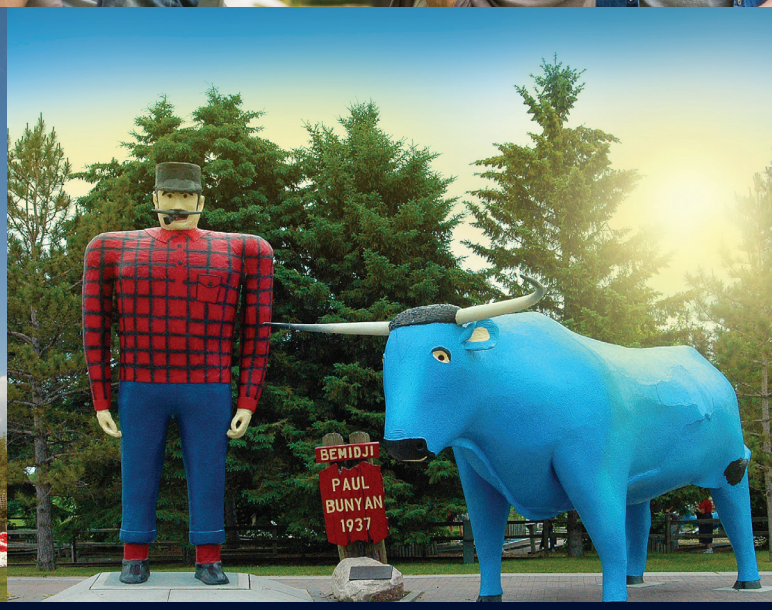


Sanford Health of Northern Minnesota
2016 Community Health Needs Assessment

SANFORD HEALTH

dba Sanford Bagley Medical Center EIN # 41-1266009

SANFORD HEALTH

Sanford Bagley Medical Center

Community Health Needs Assessment 2016

Dear Community Members,

Sanford Bagley is pleased to present the 2016 Community Health Needs Assessment.

Part of the comprehensive assessment work is to formally identify unmet health needs in the community. Community stakeholders helped to prioritize the unmet needs for further implementation strategy development. We are grateful to all the community members who joined us in this important work.

During 2015 members of the community were asked to complete a generalizable survey to help identify unmet health needs. Researchers at the Center for Social Research at North Dakota State University analyzed the survey data. Sanford further analyzed the data, identified unmet needs, and partnered with key community stakeholders to develop a list of resources and assets that were available to address each need. A gap analysis and prioritization exercise was also conducted to identify the most significant health needs, and to further address these needs through the implementation strategies that are included in this document.

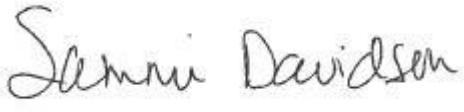
Sanford Bagley has set strategy to address the following community health needs:

- Mental Health
- Children and Youth

The report focuses on community assets as well as community health needs. The asset map/resource list is included in this document along with the actions that will be taken to address each identified need.

At Sanford Bagley, patient care extends beyond our bricks and mortar. As a not-for-profit organization, ensuring that the benefits of health care reach the broad needs of our communities is at the core of who we are. Through our work, we can bring health and healing to the people who live and work in our communities. Together, we can fulfill this mission.

Sincerely,



Bryan Nermoe
President
Sanford Health of Northern Minnesota

Sammi Davidson
Administrative Director
Sanford Bagley Medical Center

Sanford Bagley Medical Center

Community Health Needs Assessment 2016

EXECUTIVE SUMMARY

SANFORD HEALTH

Sanford Bagley Medical Center

Community Health Needs Assessment
2016

Purpose

A community health needs assessment is critical to a vital community benefit program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

The purpose of this community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within the community. Findings from the assessment serve as a catalyst to align expertise and to develop a community benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

Study Design and Methodology

1. **Generalizable Survey**

   A generalizable survey was conducted of residents in the cities of Bemidji and Bagley, as well as Beltrami and Clearwater counties in Minnesota. The purpose of the generalizable survey of residents in the greater Bemidji area was to learn about the perceptions of area residents regarding community health, their personal health, preventive health, and the prevalence of disease.

   Staff at the North Dakota State University Center for Social Research, along with Sanford leadership and public health leaders from North Dakota, South Dakota and Minnesota, including Beltrami County Public Health, created the survey tool and cover letter. Elements of informed consent were included in the letter ensuring that the NDSU Institutional Review Board requirements were met and the protection of human subjects maintained.

Obtained through a qualified vendor, the sample was a stratified random sample to ensure that appropriate proportions from each of the two counties were included. A total of 1,500 records with names, addresses, and a few demographic indicators were included in the sample.

A total of 405 paper surveys were returned for scanning and an additional 5 surveys were completed on-line for a total of 410 surveys; the response rate was 27%. Respondents who did not enter a gender and age response were eliminated from the analysis. A total of 391 surveys were analyzed, providing a generalizable sample with a confidence level of 95% and an error rate of plus or minus 5 percentage points.

A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford and community partners. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

2. Non-Generalizable Survey

An on-line non-generalizable survey was conducted through a partnership between Sanford and Beltrami Public Health. The CSR developed and maintained links to the on-line survey tool. The website address for the survey instrument was distributed via e-mail to various agencies, at times using a snowball approach. Data collection occurred throughout the months of April and May 2015 and a total of 104 respondents participated in the on-line survey.

The purpose of this non-generalizable survey of community leaders in the greater Bemidji area was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity.

A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized.

3. Community Stakeholder Meeting

Community stakeholders were invited to a meeting to review the findings from assessment research and to discuss the top health issues facing the community. Community stakeholders discussed the findings and helped to determine key priorities for the community. Those priorities will be addressed in the implementation strategies for 2017-2019.

4. Community Asset Mapping

Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources were available in the community to address the needs. Once gaps were determined, the group proceeded to the prioritization process. A multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

5. Secondary Research

   The secondary data includes the 2015 County Health Rankings for Beltrami and Clearwater counties.

Key Findings – Primary Research

The key findings are based on the generalizable and the non-generalizable survey data. Key indicators were ranked on a 1-5 Likert scale, with 5 being the highest concern ranking. Survey results ranking 3.5 or higher are considered to be high-ranking concerns for both the generalizable survey and the key stakeholder non-generalizable survey.

Economics: Respondents were most concerned about affordable housing (3.84) in regards to economics in Beltrami and Clearwater County. Homelessness (3.79) and hunger (3.56) were also high concerns.

Transportation: Respondents ranked availability of public transportation (3.5) as a moderately high concern.

Aging: The top ranking concern among respondents overall is the cost of long term care (4.1). The availability of memory care (3.67) and the availability of long term care (3.53) also rank as top concerns for the aging. Additionally, respondents ranked the availability of resources for family /friends caring for and making decisions (3.71), and the availability of resources to help the elderly stay safe in their homes (3.64) as high concerns for the aging population.

Children and Youth: For children and youth, teen pregnancy ranked highest (4.01) of the concerns. The availability of services for youth at risk (3.98), school dropout rates (3.94), the cost of services for at-risk youth (3.93), youth crime (3.91) and bullying (3.91) were the next highest concerns. The availability of activities for children and youth (3.83), the cost of services for children and youth (3.67), the cost of quality child care (3.77), the availability of quality childcare (3.77), the availability of quality infant care (3.76), and the cost of quality infant care (3.77) are also ranked as high concerns. Every indicator for children and youth was ranked as a high concern by the survey respondents. The non-generalizable survey respondents ranked these concerns higher than the generalizable survey respondents. Every indicator within the safety category was ranked as a high concern by the survey respondents.

Safety: The presence of street drugs and alcohol in the community (4.52), the presence of drug dealers in the community (4.41), child abuse and neglect (4.23), crime (4.15), domestic violence (4.13), the presence of gang activity (4.04), elder abuse (3.63), and sex trafficking (3.62) are the highest safety concerns of the respondents.

Health Care: The health care indicator addressed access to health care and the cost concerns. The use of emergency room services for primary health care (4.14), timely access to mental health services (4.04), timely access to substance abuse providers (3.81), access to affordable health insurance (3.77), access to affordable health care (3.75), access to affordable prescription drugs (3.71), cost of affordable dental insurance coverage (3.64), and the cost of affordable vision insurance coverage (3.62), the availability of non-traditional hours (3.61), timely access to physician specialists (3.60), and the coordination of care between physicians and services (3.57) are the highest concerns among the respondents in the health care access category.

Physical Health: Poor nutrition and eating habits (4.09), obesity (4.05), inactivity and lack of exercise (4.01), chronic disease (3.99) and cancer (3.85) are the highest physical health concerns.

Mental Health/Behavioral Health: Drug use and abuse (4.45), alcohol use and abuse (4.27), underage drug use and abuse (4.24), suicide (4.17), depression (4.11), underage drinking (4.11), stress (4.01), other psychiatric diagnosis (3.82), smoking and tobacco use (3.68), and dementia and Alzheimer's (3.55) are the highest concerns for mental health/behavioral health.

Key Findings – Secondary Research based on the 2015 County Health Rankings

Health Outcomes

Premature death: The premature death indicator is defined as years of potential life lost before age 75 per 100,000 population. The mortality health outcome for the state of Minnesota is 5,038 per 100,000. Beltrami County has a higher rate at 8,380 per 100,000 than Clearwater County at 7,760.

Poor or fair health: 11% of adults in Beltrami County and 9% in Clearwater County report poor or fair health compared to 10% nationally and 11% in Minnesota.

The average number of days reported in the last 30 as unhealthy mental health days is 2.7 in Beltrami County and 2.5 in Clearwater County. Minnesota as a state reports 2.6 days.

The percent of live births with low birth weight (less than 2,500 grams) is 6.1% in Beltrami County and 5.9% in Clearwater County. The state of Minnesota is at 6.5%.

Health Factors

The percent of adults who are currently smoking is 30% in Beltrami County and 20% in Clearwater County. 16% of adults are current smokers in Minnesota.

29% of the adult population in Beltrami County and 32% in Clearwater County are considered obese with a BMI over 30. 26% of the population in Minnesota is obese.

The percent of adults reporting excessive or binge drinking is 23% in Beltrami County and 21% in Clearwater County. Minnesota reports 19% are binge drinkers statewide.

Driving deaths that have alcohol involvement is at 32% in Beltrami County and 75% in Clearwater County. Alcohol involvement in driving deaths is at 31% in Minnesota.

Sexually transmitted infections number 461 in Beltrami County and 184 in Clearwater County, which is substantially higher than in Minnesota (336) and the national benchmark (138).

The teen birth rate is higher in Minnesota (24) than the national benchmark (20). The teen birth rate is 54 in Beltrami County and 40 in Clearwater County.

The clinical care outcomes indicate that the percentage of uninsured adults is 9% in Minnesota, 14% in Beltrami County, and 14% in Clearwater County.

The ratio of population to primary care physicians is 1,113:1 in Minnesota. Beltrami County's ratio is 1,031:1, while Clearwater County's ratio is less favorable at 2,176:1.

The ratio of population to mental health providers is 529:1 in Minnesota. Beltrami County's ratio is 343:1, and Clearwater County did not have this data.

The number of professionally active dentists in Minnesota is 1,404:1; in Beltrami County 1,575:1, and in Clearwater County 2,946:1.

Preventable hospital stays are 53 in Beltrami County, 93 in Clearwater County, 45 in Minnesota, and 41 nationally.

Diabetic screening is at 77% in Beltrami County, 51% in Clearwater County, and 88% in Minnesota as a whole.

Mammography screening is at 70.7% in Beltrami County, 41.9% in Clearwater County and 66.7% in Minnesota.

The social and economic factor outcomes indicate that Minnesota is at 78% for high school graduation. Beltrami County has a graduation rate of 59% and Clearwater County has a rate of 77%.

Post-secondary education (some post-secondary education) is at 64.7% in Beltrami County, 54.6% in Clearwater County, and 73.3% in Minnesota.

The unemployment rate is 6.6% in Beltrami County, 5.1% in Minnesota and 11.2% in Clearwater County.

The percentage of child poverty is 27% in Beltrami County. The child poverty rate is 25% in Clearwater County and 14% in Minnesota.

Social associations are defined as the number of membership associations per 10,000 population and links to social and economic support. The national benchmark for social associations is 22. The ranking is lower in Beltrami County at 11.9 and Clearwater County at 19.5. The state of Minnesota ranks at 13.2.

The percentage of children in single parent households is 41% in Beltrami County, 29% in Clearwater County, and 28% in Minnesota.

Violent crime is higher in Beltrami County at 286 per 100,000 population than in Clearwater County (274 cases per 100,000) and Minnesota, which has 229 cases per 100,000 population.

The following needs were brought forward for prioritization:

- Economics – affordable housing
- Transportation - availability of public transportation
- Children and Youth – crime, bullying, cost and availability of quality infant care, services for at-risk youth, school absenteeism and dropout rates, cost of quality child care
- Aging – cost and availability of long term care and availability of memory care, resources for caregivers, resources to help the elderly stay in their homes, understanding advanced care directives

- Safety – child abuse and neglect, crime, the presence of street drugs and alcohol in the community, presence of drug dealers in the community, domestic violence, presence of gang activity, elder abuse, child abuse and neglect, safe places for outdoor youth activities, sex trafficking
- Health Care Access – access to affordable health insurance, affordable health care, affordable prescription drugs, affordable dental insurance, affordable vision insurance, use of the emergency department for primary care, availability of non-traditional hours, timely access to physician specialists, and coordination of care
- Physical Health – cancer, chronic disease, obesity, poor nutrition and inactivity
- Mental Health – depression, stress, substance use and abuse, other psychiatric diagnosis
- Preventive Health – flu vaccines

Members of the collaborative determined that children and youth are a top unmet need. Community stakeholders also rated mental illness a top priority.

Sanford has determined the 2017-2019 implementation strategies for the following needs:

- Priority 1: Children and Youth
- Priority 2: Mental Health

Implementation Strategies

Priority 1: Children and Youth

According to the American Congress of Obstetricians and Gynecologists, pregnant teens are at higher risk of certain health problems (such as high blood pressure or anemia) than pregnant women who are older. Pregnant teens are more likely to go into labor too early. This is called *preterm* birth. These risks are even greater for teens who are younger than 15 years or for those who do not get prenatal care. Teen pregnancies carry extra health risks to both the mother and the baby. Often, teens don't get prenatal care soon enough, which can lead to problems later on. They have a higher risk for pregnancy-related high blood pressure and its complications. Risks for the baby include premature birth and a low birth weight.

Sanford has made children and youth a significant priority and has developed strategies to improve the health of newborns and young children, and to enhance the level of care that is available for high risk infants. Sanford clinic nurses will communicate with providers and other staff members about the services that are available to at-risk youth in the community. Sanford Ambassadors will provide educational materials and Text 4 Life bracelets at community events.

Additionally, Sanford *fit* is an on-line community health activation initiative created by Sanford Health that provides engaging programs and resources to kids, families, leaders and role models across numerous settings to promote and activate healthy choices. The four key factors of healthy choices, a healthy body and healthy life included in *fit* are, MOOD – emotions and attitudes and RECHARGE – sleep and relaxation, FOOD – mindful nutrition choices, and MOVE – physical activity levels.

Priority 2: Mental Health/Behavioral Health

Mental health includes emotional, psychological, and social well-being. It affects how people think, feel and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but people with mental health problems can get better and many recover completely.

Sanford has made mental/behavioral health a significant priority and has developed strategies to reduce mortality and morbidity from tobacco use, and has set strategies for suicide prevention.

Sanford Bagley Medical Center

Community Health Needs Assessment 2016

Table of Contents

Purpose

A community health needs assessment is critical to a vital community benefit program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment helps the community build capacity to support policy, systems, environmental changes and community health improvement. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining not-for-profit status.

The purpose of this 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 to develop a community benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend not-for-profit status and create opportunity to identify and address public health issues from a broad perspective.

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 is essential to success
- Sanford Health is invited into the communities we serve

Acknowledgements

Sanford Health would like to acknowledge and thank the Steering Committees for their assistance and expertise while performing the assessment and analysis of the community health data. The assessment provides support for the future direction of our work.

Sanford Enterprise Steering Group:

- JoAnn Kunkel, CFO, Sanford Enterprise
- Michelle Bruhn, CFO, Health Services Division
- Tiffany Lawrence, CPA, Fargo Region Co-Lead, CFO, Sanford Medical Center Fargo
- Bruce Viessman, Sioux Falls Region Co-Lead, CFO, Sanford Health Network
- Martha Leclerc, MS, Vice President, Revenue Management
- Randy Bury, CAO, Health Services Division
- Steve Goetsch, CFO, Sioux Falls Region
- Jane Heilmann, Senior Corporate Communications Strategist
- Joy Johnson, COO Bemidji Region

- Kirk Christy, CFO, Bismarck Region
- Carrie McLeod, MBA, MS, LRD,CDE, Enterprise Lead, Enterprise Community Health/Community Benefit

Sanford Bemidji Steering Group:

- Carrie McLeod, MBA, MS, LRD, CDE Enterprise Lead, Enterprise Community Health /Community Benefit
- Joy Johnson, COO, Sanford Bemidji Medical Center
- Sammi Davidson, Administrative Director, Sanford Bagley Medical Center

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

- Alicia Collura, Sioux Falls Public Health
- Anita Cardinal, Pennington County Public Health
- Ann Malmberg, Essentia Health
- Becky Secore, Beltrami Public Health
- Brenda Stallman, Traill County Public Health
- Brie Taralson, Essentia Health
- Brittany Ness, Steele County Public Health
- Caitlin Hurley, Avera Health
- Carrie McLeod, Sanford Health
- Dan Heinemann, MD, CMO, Sanford Health Network, Sioux Falls Region
- Gina Nolte, Partnership4Health, Clay County
- Jac McTaggart, Sanford Health
- Jessica Spaeth, City of Halstad
- Joy Johnson, Sanford Health
- Julie Jeske, CHI-St. Alexius Health
- Julie Miller, South Dakota Department of Health
- Julie Ward, Avera Health
- Kathy McKay, Clay County Public Health
- Katie Olson, South Dakota State University
- Kay Schwarzwalter, Center for Social Research, North Dakota State University
- Kim Jacobson, Traill County Public Health
- Kip Littau, South Dakota State University
- Marnie Walth, Sanford Health
- Mary Michaels, Sioux Falls Public Health
- Nancy Fahrenwald, South Dakota State University
- Renae Moch, Burleigh County Public Health
- Roger Baier, Sanford Health
- Ruth Bachmeier, Fargo Cass Public Health
- Sandra Melstad, Public Health Consultant, South Dakota Department of Health
- Stan Kogan, Sioux Falls Public Health
- Stephen Pickard, PhD., North Dakota Department of Health
- Susan Kahler, Burleigh County Public Health
- Teresa Miller, Avera Health

We extend special thanks to the community and county leaders, public health administration, physicians, nurses, representatives from the Native American community, representatives supporting the mentally and physically disabled, social services, and non-profit organizations, 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 Bemidji, Bagley, and Beltrami key community stakeholders participated in community discussions and helped to formulate the priorities for future work.

- Wendy Thompson, BASC
- Becky Secore, Beltrami County
- Darice Dwyer, Beltrami County
- Jeffrey Lind, Beltrami County
- Andrew LaCoursierre, Bemidji Ambulance
- Barb Eriksson-Capes, BSU Student Health
- Nate Mathews, City of Bemidji
- Connie Norman, Community Health Worker
- Jeanne Edevold-Larson, Northern Dental Access
- Dave Hengel, Greater Bemidji
- Phil Hodapp, Law Enforcement
- Jean Christianson, Psychology Associates
- Alain Ndagijimana, Hospital Chaplain
- Paul Nistler, Upper Mississippi Mental Health
- Karla Eischens, SH Pharmacy Director
- Carrie Jones, Tribes
- Joy Johnson, CEO, Sanford Bemidji
- Matt Webb, Pharmacy
- Sammi Davidson, Administrative Director, Sanford Bagley
- Marsha Leintz, Patient Care Manager, Sanford Bagley
- Seth Tramm
- Taylor Zimbelman
- Patrick Plemel, Upper Mississippi Mental Health

Description of Sanford Bagley Medical Center

Sanford Bagley Medical Center is a 25-bed medical facility located in Bagley, Minnespta. It provides services to people in Clearwater County and the surrounding area. The medical center employs approximately 100 people, including three physicians practicing in the areas of family medicine, internal medicine and pediatrics, and three 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 are 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.

Study Design and Methodology

1. Generalizable Survey

A generalizable survey was conducted of residents in Beltrami County and Clearwater County, Minnesota. The survey instrument was developed in partnership with Beltrami Public Health, members of the Greater Fargo-Moorhead Community Health Needs Assessment collaborative, Sioux Falls community collaborative, Bismarck community collaborative, public health leaders from across the enterprise, and researchers at the Center for Social Research (CSR) at North Dakota State University (NDSU). The purpose of the generalizable survey of residents in the greater Bemidji and Bagley area (i.e., Beltrami County and Clearwater County) was to learn about the perceptions of area residents regarding community health, their personal health, preventive health, and the prevalence of disease.

Staff at the CSR, along with members of the collaborative, created the cover letter. Elements of informed consent were included in the letter ensuring that the NDSU Institutional Review Board requirements were met and the protection of human subjects maintained.

The survey instrument was designed as a scannable 8-page mail survey containing 54 questions. The questions focused on general community concerns, community health and wellness concerns, personal health, preventive health, and demographic characteristics.

Obtained through a qualified vendor, the sample was a stratified random sample to ensure that appropriate proportions from each of the two counties were included. A total of 1,500 records with names, addresses, and a few demographic indicators were included in the sample.

Residents listed in the sample were first mailed an introductory postcard briefly explaining the project and notifying them that a survey packet would be arriving in their mail. Survey packets, which contained the cover letter, scannable paper survey, and a pre-paid return envelope, were mailed three days after the introductory postcards. Two percent of the packets were returned as undeliverable. A reminder postcard, containing a link to an on-line version of the survey, was mailed to non-responders approximately 10 days after the initial survey was mailed. A total of 398 paper surveys were returned for scanning and an additional 3 surveys were completed on-line for a total of 401; the response rate was 27%. It was apparent that elderly and male respondents were overrepresented in the scanned results. Therefore, post-stratification weights were used to ensure proper representation of the population with respect to age and gender. Respondents who did not enter a gender and age response were eliminated from the analyses. A total of 391 surveys were analyzed, providing a generalizable sample with a confidence level of 95% and an error rate of plus or minus 5 percentage points.

A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford and community partners. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

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   A non-generalizable survey was conducted of residents in Beltrami County and Clearwater County, Minnesota. The survey instrument was developed in partnership with Beltrami Public Health, members of the Greater Fargo-Moorhead Community Health Needs Assessment collaborative, Sioux Falls community collaborative, Bismarck community collaborative, public health leaders from across the enterprise, and researchers at the Center for Social Research (CSR) at North Dakota State University (NDSU). The CSR developed and maintained links to the on-line survey tool. The website address for the survey instrument was distributed via e-mail to various agencies, at times using a snowball approach**.** Data collection occurred throughout the months of April and May 2015 and a total of 104 respondents participated in the on-line survey.

   The purpose of the non-generalizable survey of residents in the greater Bemidji and Bagley area (i.e., Beltrami County and Clearwater County) was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders and agency leaders representing public health, city government, Bemidji State University, law enforcement, chamber, tribes, chronic disease and disparity.

   A Likert scale was developed to determine the respondent's highest concerns, with 1 as not at all and 5 meaning a great deal. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford and community partners. However, 3.5 and above was used as a focus for the purpose of the required prioritization.

3. Community Stakeholder Meeting

   Community stakeholders were invited to a meeting to review the early finding from the generalizable survey and to discuss the top health issues or health related issues facing the community. The community stakeholders helped to determine key priorities for the community.

4. Community Asset Mapping

   Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity by John L. McKnight and John P. Kretzmann, Institute for Policy Research at Northwestern University.

   Each unmet need was researched to determine what resources were available in the community to address the needs. The community stakeholder group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. A multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

5. Secondary Research

   The secondary data includes County Health Rankings for Clearwater County.

Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Beltrami and Clearwater County, Minnesota. However, when comparing certain demographic characteristics (i.e., age, income, minority status) with the current population estimates from the U.S. Census Bureau, it was evident that older, white, more highly educated, and higher income earners were overrepresented. Overrepresentation of this nature is typical in health needs assessments.

Literature reviews indicate that there are non-response rate issues among younger respondents. In particular, response rates to health care and community health needs assessment surveys have often been found to be higher for older respondents. Studies have also shown lower response rates for socially disadvantaged groups (i.e., socially, culturally, or financially).

A good faith effort was made to secure input from a broad base of the community. The generalizable survey was mailed to a representative group of the area to assure input from all demographics. Additionally, invitations were extended to county and community leaders, and organizations and agencies representing diverse populations and disparities.

Additional data was reviewed through secondary research. The data for the secondary research was secured from the County Health Rankings.

Key Findings

Primary Research

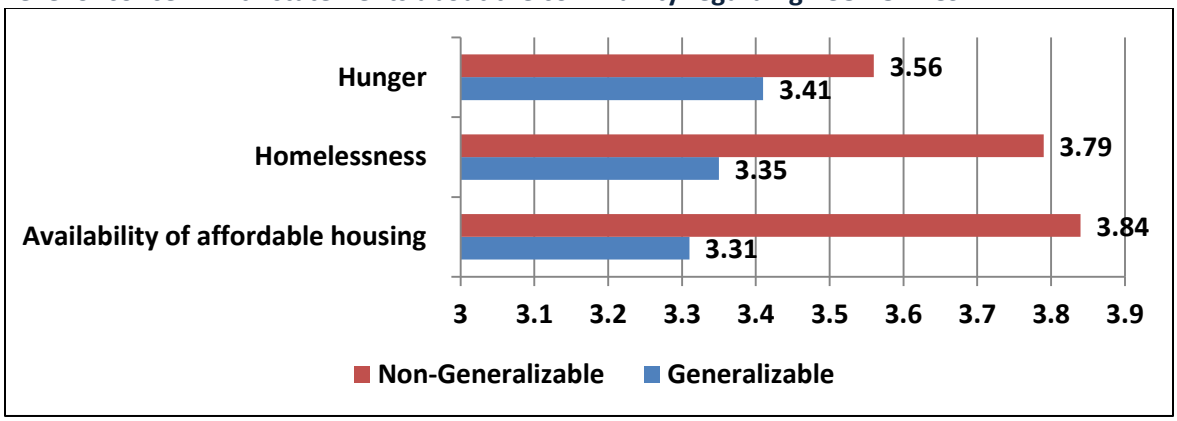
Community Health Concerns

The following concerns ranked highest of all the indicators on the generalizable and the non-generalizable (community stakeholders) surveys.

Economics: The availability of affordable housing ranks highest of concerns among community stakeholders. Homelessness and hunger also rank as high concerns among community stakeholders.

The generalizable group which is representative of the community did not rank these indicators as top concerns and they did not rank over 3.5. There was moderate concern for these three indicators among the generalizable group.

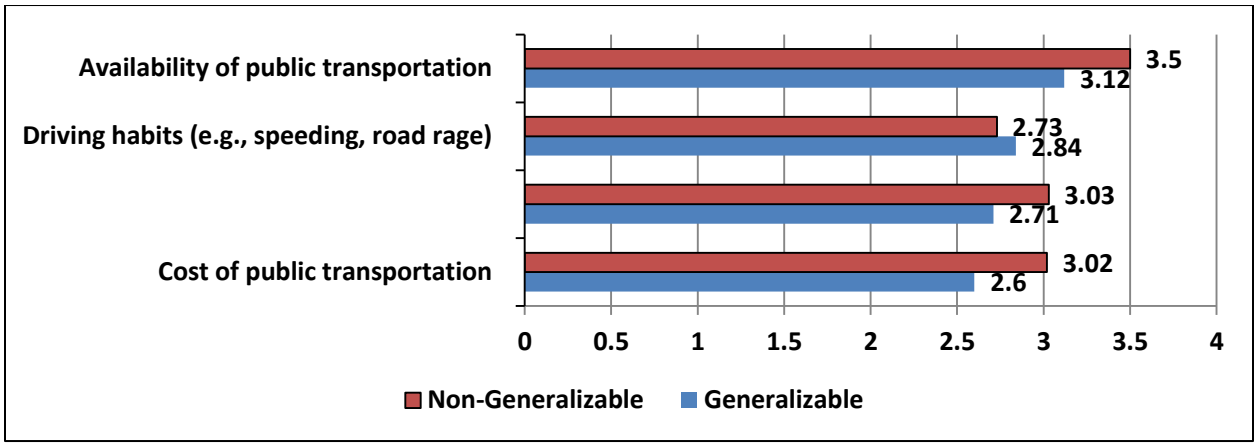
Level of concern with statements about the community regarding ECONOMICS



Sanford is providing affordable HUD housing to seniors in the community. The faith community has an active collaborative that addresses homelessness and hunger in the community. A gap exists for affordable housing, homelessness and hunger in the community and surrounding area.

Transportation: The availability of public transportation is a concern of the community stakeholders.

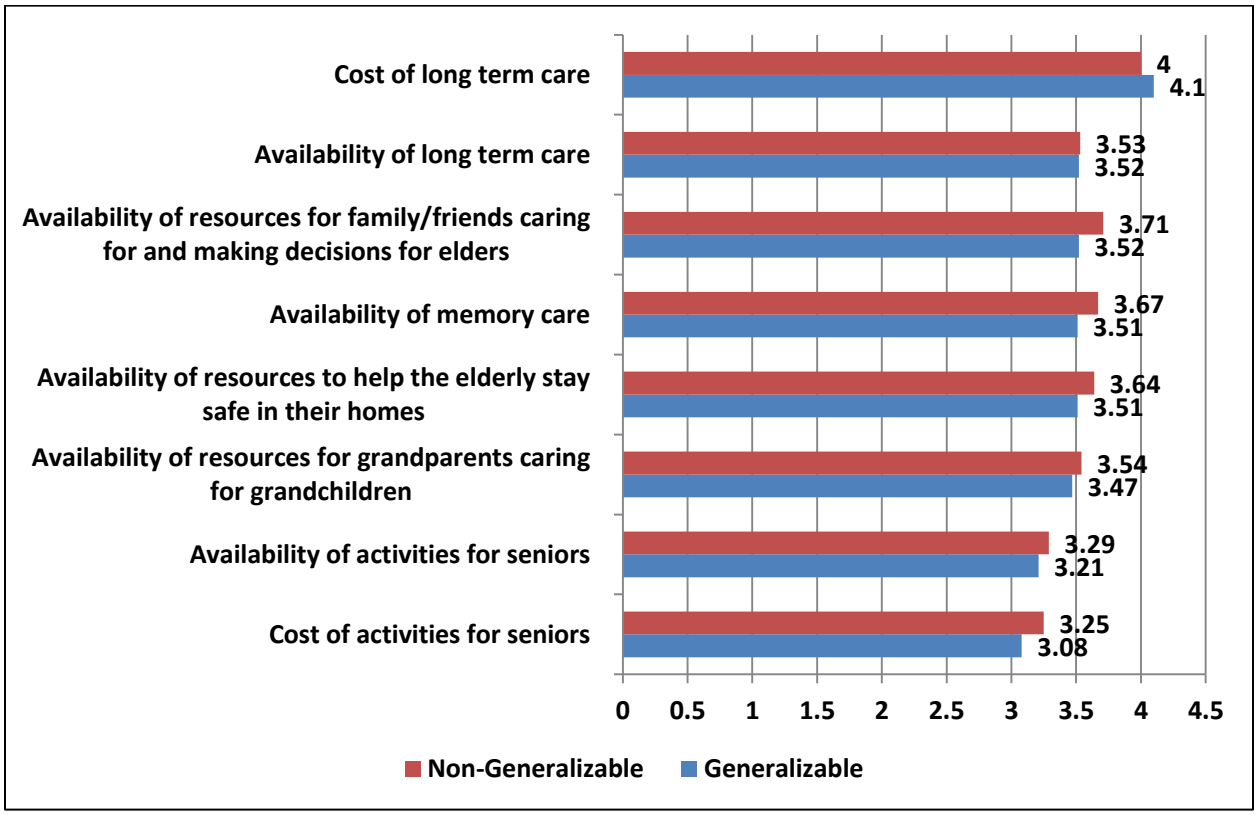
Level of concern with statements about the community regarding TRANSPORTATION



Sanford has developed a business plan for transportation services for patients to help them access health care. The community utilizes the Upper Mississippi Mental Health Center (UMMHC) transportation services.

Aging Population: The cost and availability of long term care is the highest concern for both the community stakeholders and the generalizable group. The availability of memory care is a concern for both groups. Additionally there are high concerns about the availability of resources to help caregivers making decisions for their elders, the availability of resources to help the elderly stay in their homes and the availability of resources for grandparents caring for grandchildren.

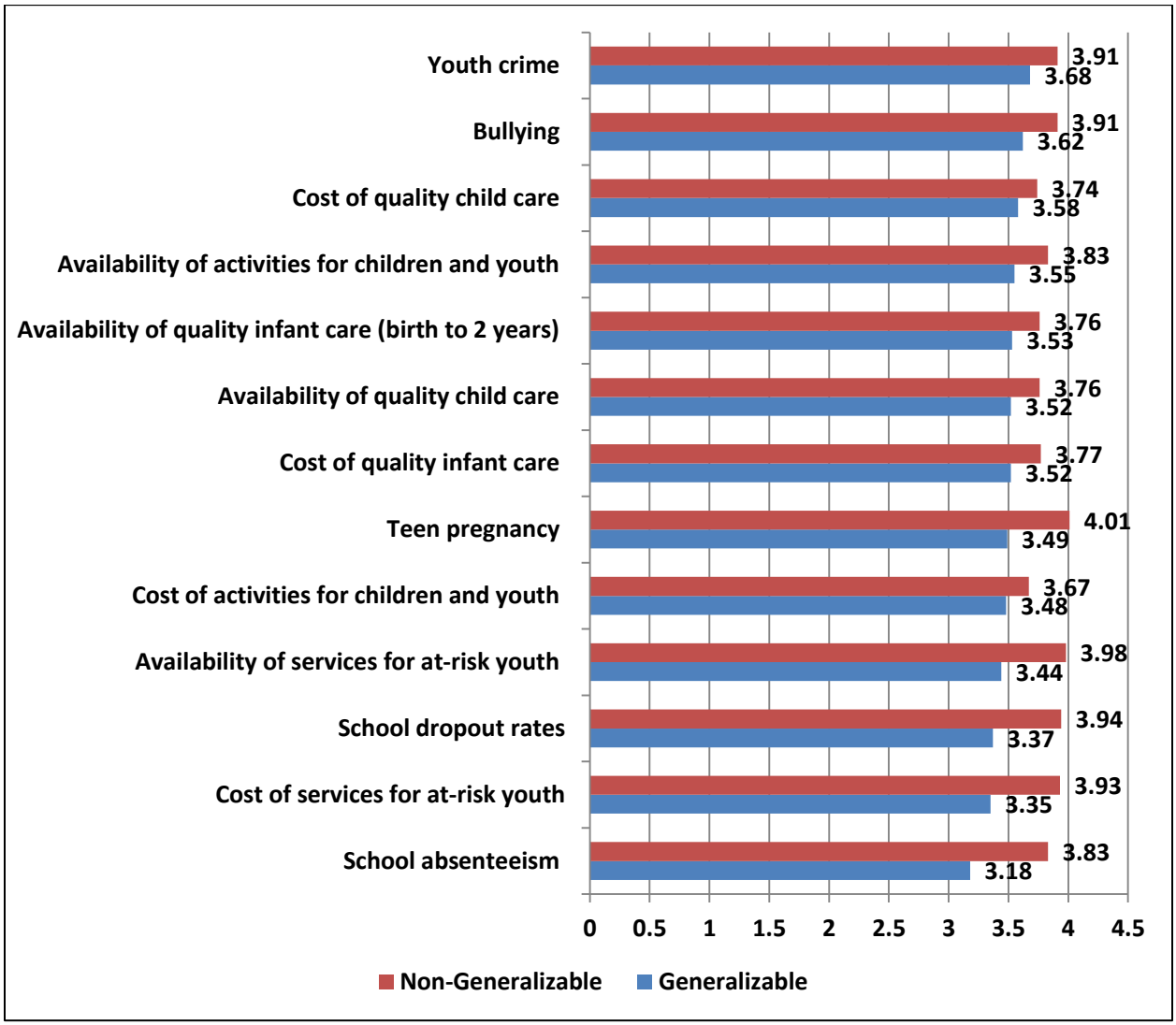
Level of concern with statements about the community regarding the AGING POPULATION



Sanford is working collaboratively with the area aging service providers to coordinate care for the aging population. Social workers, case managers, and discharge planners are working collaboratively with area service providers to assure safe discharge, and when appropriate, to assist in transitions from levels of care.

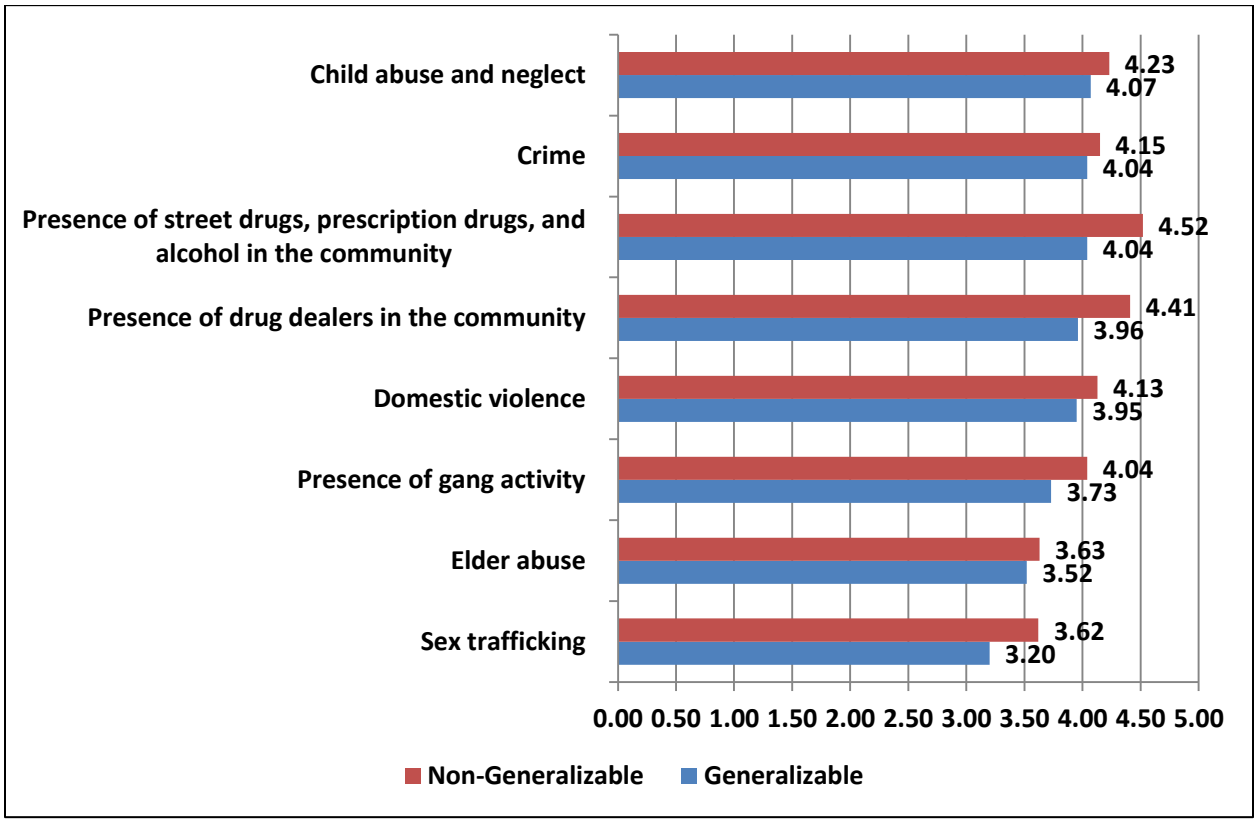
Children and Youth: The community stakeholders and the generalizable survey respondents have very high concerns for the children and youth of the community. Teen pregnancy is the highest of concerns, followed by the availability of services for at-risk youth. Every indicator in the children and youth category is a high concern for the community stakeholders.

Level of concern with statements about the community regarding CHILDREN AND YOUTH



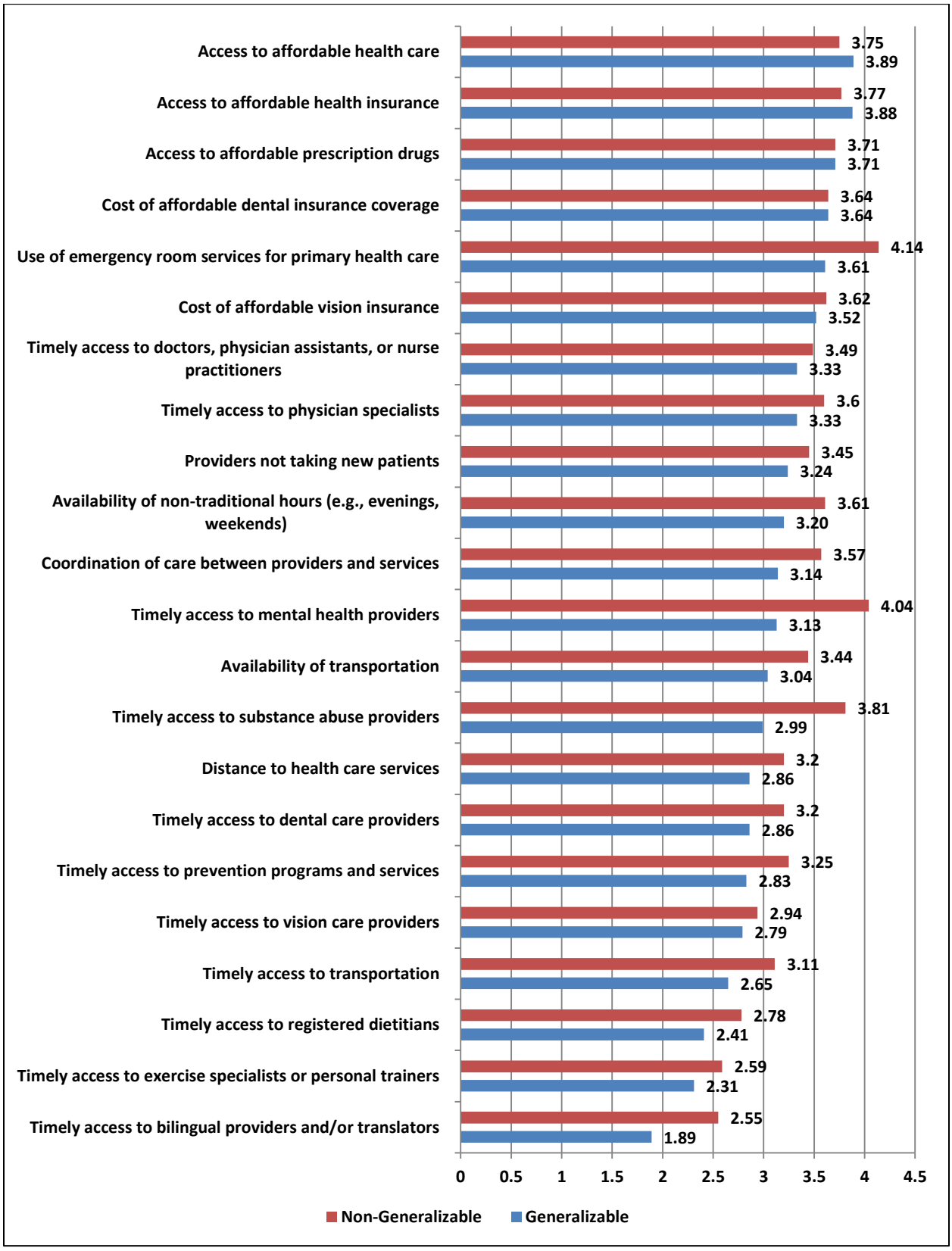
Safety: Safety was the highest of concerns for the respondents of the non-generalizable survey and also ranked very high for the generalizable survey. The presence of street drugs, prescription drugs, and alcohol and drug dealers in the community are the top concerns. Child abuse and neglect, crime and domestic violence, the presence of gang activity, elder abuse and sex trafficking are all concerns that rank high among the survey respondents.

Level of concern with statements about the community regarding SAFETY



Health Care Access: Community stakeholders ranked the use of the emergency department for primary care as the top concern in the access category. The generalizable respondents ranked the cost of affordable health care as the top concern. Community stakeholders ranked timely access to mental health providers as the second highest concern and the generalizable respondents ranked access to affordable health insurance as their second top concern. The results of the survey indicate that it is timely access to services that ranks high among the community stakeholders and it is the access to affordable health care, prescription drugs, and the cost of health, dental and vision insurance that are the top concerns for the generalizable respondents.

Level of concern with statements about the community regarding HEALTH CARE



Bagley and Bemidji have unique services that address access. The Northern Dental Access Clinic in Bemidji is a strong model that provides dental care, social services and referral, a medical legal partnership, and outreach to local schools. Sanford makes referrals to the Northern Dental Access Clinic for those who have access challenges.

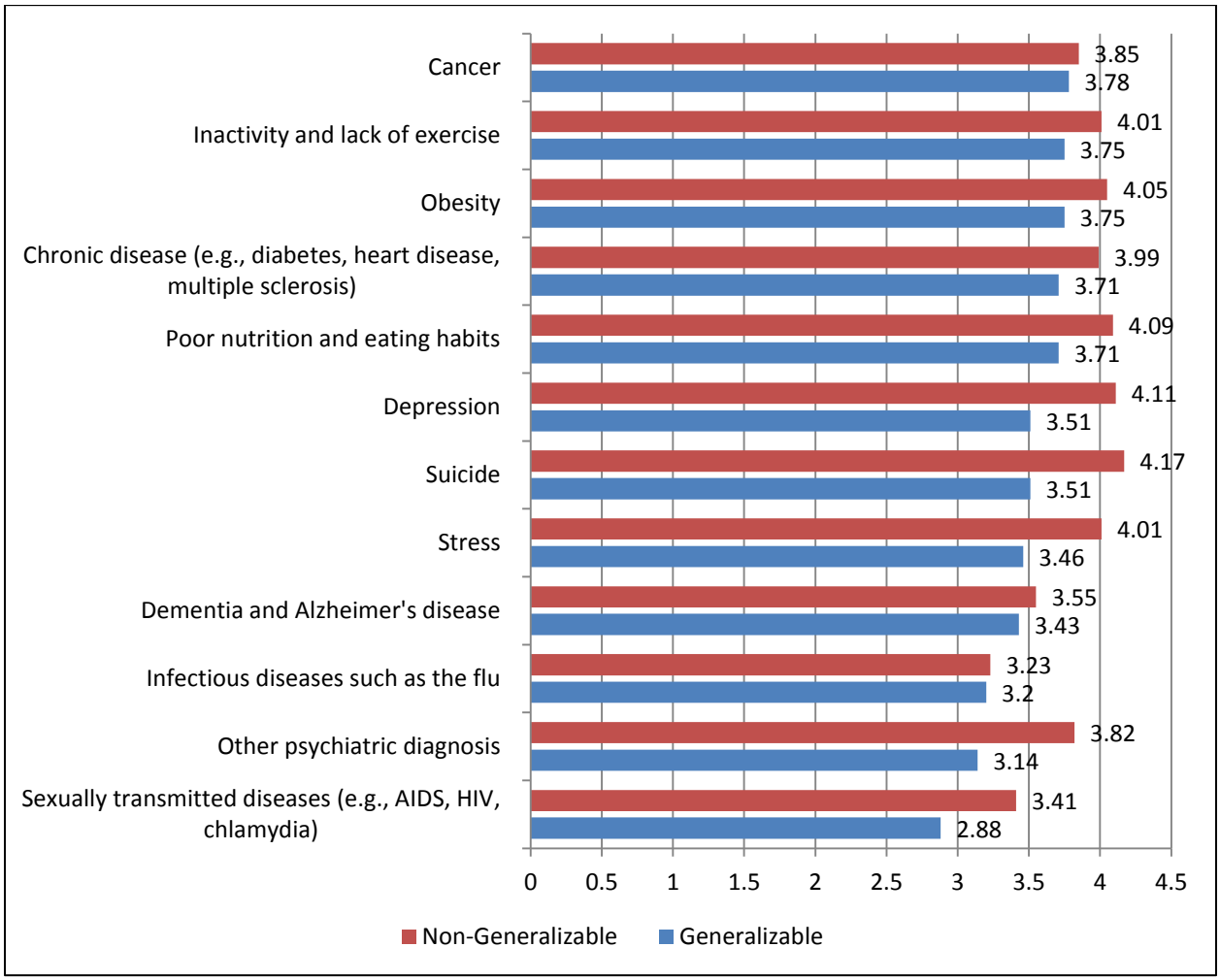
Sanford is addressing the utilization of the emergency department for primary care by connecting patients to primary care providers. Walk-in clinic hours are expanding to offer alternatives to the overuse of the emergency department.

Prescription drugs are made available at a free or reduced rate for patients who are unable to pay. Sanford Bagley offers charity care to patients unable to pay for medical treatment. Sanford's community care policy defines qualifications and financial counselors are available to assist patients who qualify for free or subsidized care. Financial counselors also assist with enrollment for patients who qualify for public programs. Sanford employs a financial counselor in the oncology program to assist uninsured and underinsured cancer patients with applications for reduced rates or community care for chemotherapy medications.

Sanford is expanding mental health services in primary care clinics and at the medical center to offer psychiatric telehealth services. Sanford is working collaboratively with Beltrami County, Upper Mississippi Mental Health Center, and several other community agencies to develop a county-wide continuum of care. Social workers, case managers and discharge planners work collaboratively with area service providers to assure that safe discharges and possible and appropriate resources are engaged. Finally, Sanford is promoting video and on-line visits 24/7 for health plan members.

Physical Health: The top physical health concern among the community stakeholders is poor nutrition, followed by obesity and inactivity. Chronic disease and cancer are also high ranking concerns among this group. The respondents to the generalizable survey rank cancer as their highest concern, followed by inactivity and obesity, poor nutrition and chronic disease.

Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH



Sanford offers exercise programming for employees, patients and elderly patients on site. Nutrition counseling and obesity management programs are expanding to meet the assessed need.

Sanford Bemidji, located less than 30 miles away from Bagley, is planning a community cancer center with construction to begin in 2017. The new center will provide integrated and comprehensive cancer services all under one roof.

Sanford offers a comprehensive diabetes education program. Sanford diabetes clinics and centers are dedicated to empowering people with diabetes to feel better and prevent long-term complications. Sanford offers assessment and personalized education to give patients and their families the tools they need to manage diabetes while living well. Endocrinologists, certified diabetes nurses, and certified diabetes dieticians provide diagnosis, assessment, one-on-one education and instruction. We are here to support you every step of the way, at every age.

The chronic disease self-management Better Choices, Better Health Program at Sanford is offered free of charge to community members. Better Choices, Better Health is modeled after Stanford University's chronic disease self-management program. The workshops are 2 ½ hours long and meet weekly for 6 weeks. The program is facilitated by two trained lay leaders, and one or both of them have a chronic

condition themselves. Research has found that after participating in the program individuals are better able to manage their symptoms, communicate more easily with their doctors, are less limited by the disease, and generally feel better.

The Sanford Health *fit* initiative, http://sanfordfit.org/ a childhood obesity prevention initiative, continues to grow and mature as we work to refine the offerings and enable broad replication and meaningful use. Supported by the clinical experts of Sanford Health, *fit* educates, empowers and motivates families to live a healthy lifestyle through a comprehensive suite of resources for kids, parents, teachers and clinicians. *fit* is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep). Sanford's *fit* Initiative has come a long way since its inception in 2010. Through *fit* we are actively working to promote healthy lifestyles in homes, schools, daycares, our clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child's life.

- The *fit* website for Juniors, Kids and Teens creates an entertaining and interactive on-line environment where they can play games, watch videos and take daily challenges. Parents benefit from their own set of resources where they can find tips and tools on becoming healthy role models and raising *fit* kids. To date, the children's and parent's sites have received more than 7.5 million visitors. Over 700 pieces of content have been added to the sites, including videos, slideshows, games, articles, and even *fit* songs.

- In addition to the web, *fit* is developing meaningful school resources to bring value and fun into the primary education setting. We are doing this by integrating *fit* points into science and math components to provide health promotion, an avenue into the classroom without taking valuable time away from those critical subjects.

- *fit*4Schools – *fit*4Schools includes unique *fit*-based lessons integrated into daily classroom activities. *fit*4schools.sanfordfit.org is an on-line school resource that incorporates topics into math and science curriculum. To date the program has 14 STEM (integrating science, technology, engineering, and math) unit plans that can be downloaded for classroom use. To date it has:
    - Reached 50,000 schools
    - 180,000 page views from educators across the country
    - 12,000 lesson plan downloads, representing 600,000+ students

  We are also reaching thousands of students through several pilot school programs.
    - *fit*4Schools – *fit*4Schools, which includes unique *fit*-based lessons integrated into daily classroom activities, is in its final phase of development. It is being piloted in seven elementary schools in the Sanford region.

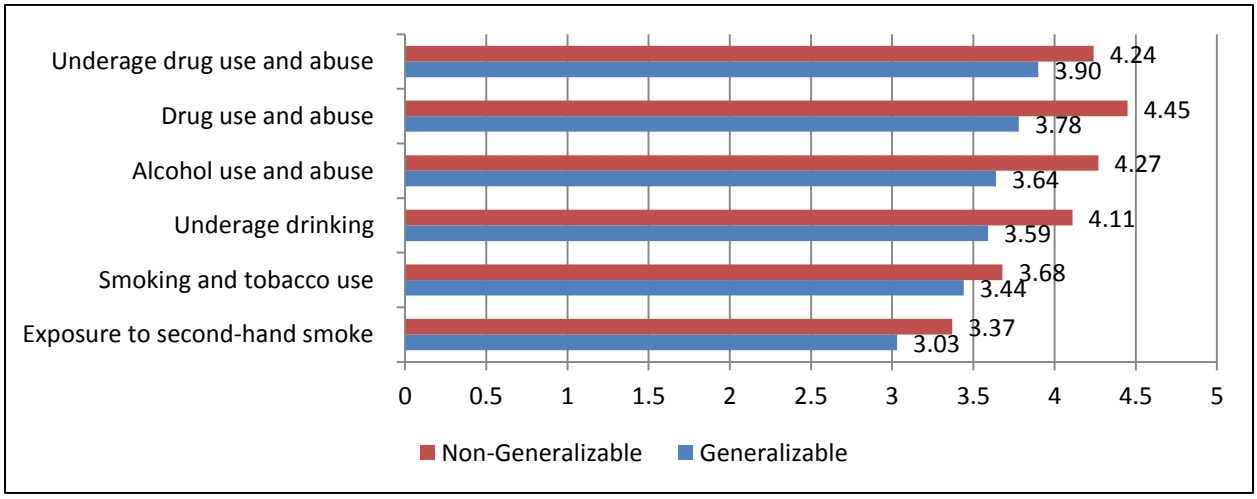
- Community
    - The *fit* friends, Denny, Abby, Sam, Alex and Marty, along with the *fit* team, have been making a variety of appearances at events across the Sanford footprint. *fit* has been at over 2 dozen events interacting with more than 15,000 children and parents to spread the word about the *fit* platform and resources.

- Smartphone Apps – Through a series of fun and engaging apps, *fit* will continue to activate kids at the touch of a fingertip to live a fit and healthy lifestyle related to Mood, Recharge, Food and Move.
- MOVE2Draw is a simple and fun way for kids to move and create their own unique drawings. Once a drawing is completed, it can be stored on the MOVE2Draw website.
- eMOODicam is a photo application that allows the user to enhance a photo and bring the mood to life and share with others.

- Looking Forward
  - *fit* is continuing to look to the future for ways to continue to make a meaningful impact on children and families both on-line and off-line. Other exciting expansions that are in the works include:
    - Clinical Setting – Resources for the clinical setting to spur actionable and understandable discussions between health care providers and families.
    - Health Coaches – Exploring meaningful ways for health coaches to promote healthy choices with children and adults.
    - Engage Key Role Models – Firefighters and youth sport coaches are role models and have a big influence on children so that's why *fit* is developing resources for them to teach the principles of *fit* along with sports fundamentals and other outreach efforts.
    - *fit*Club 4 Boys – 10-week after school program for boys, ages 8-12, to develop knowledge of *fit* principles and healthy behavior choices.
    - *fit* Parent/child – Class for parents and children to understand healthy choices and the benefits of living a healthy lifestyle.

Mental Health /Behavioral Health: The top behavioral health concerns are drug use and abuse, alcohol use and abuse, underage drug use and abuse, and underage alcohol use and abuse for the community stakeholders. Among the generalizable respondents, underage drug use and abuse followed by drug use and abuse (adults) and underage alcohol use and abuse are top concerns. Suicide, depression, stress, and other psychiatric diagnoses are the top mental health concerns for both groups. Dementia and Alzheimer's are also of high concern.

Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



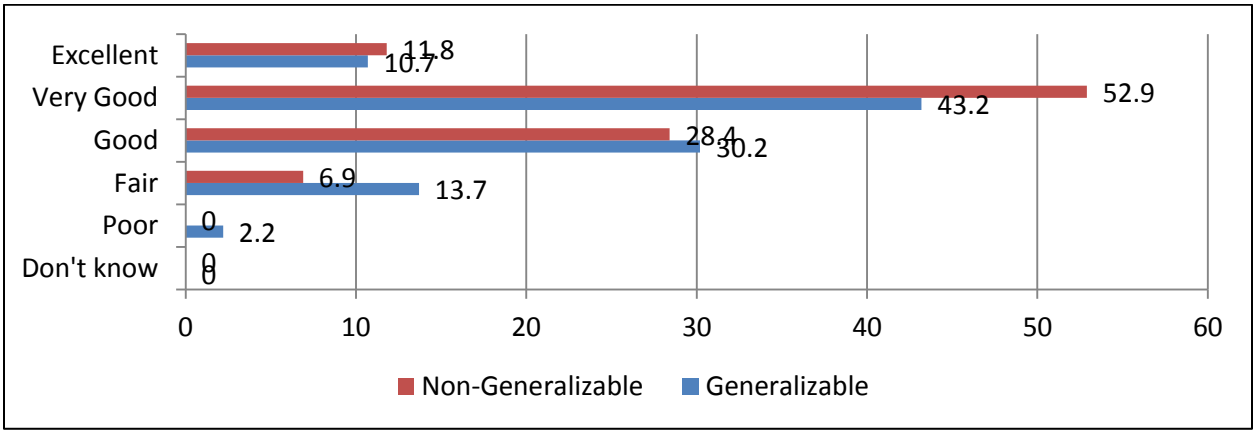
Sanford is working collaboratively with Beltrami County, the Upper Mississippi Mental Health Center, and several other community agencies to develop a county-wide continuum of care to meet the behavioral health needs of the county. Programming will include acute and crisis needs, detoxification, community-based care options, as well as support programs.

Personal Health Concerns

Respondents' Personal Health Status

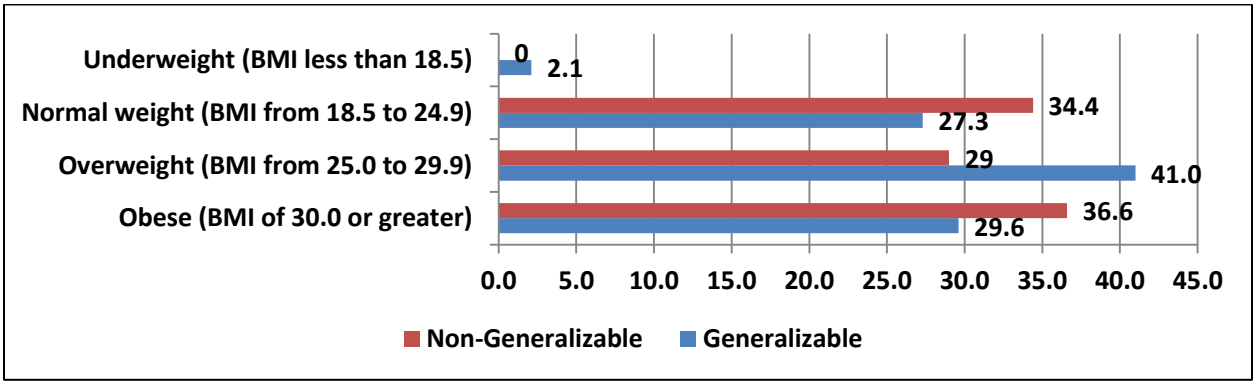
The study results suggest possible discrepancies between respondents' perceived personal health and their actual health status as determined by objective measures. For example, using the Body Mass Index (BMI) which calculates weight status using an individual's weight and height, the majority of respondents in the area are overweight or obese. However, the vast majority of community respondents rate their own health as excellent, very good or good. With good overall health habits in mind, it is important to note that within the past year, 70% of respondents visited a doctor or health care provider for a routine physical and over 71% visited a dentist or dental clinic.

Respondents' rating of their health in general



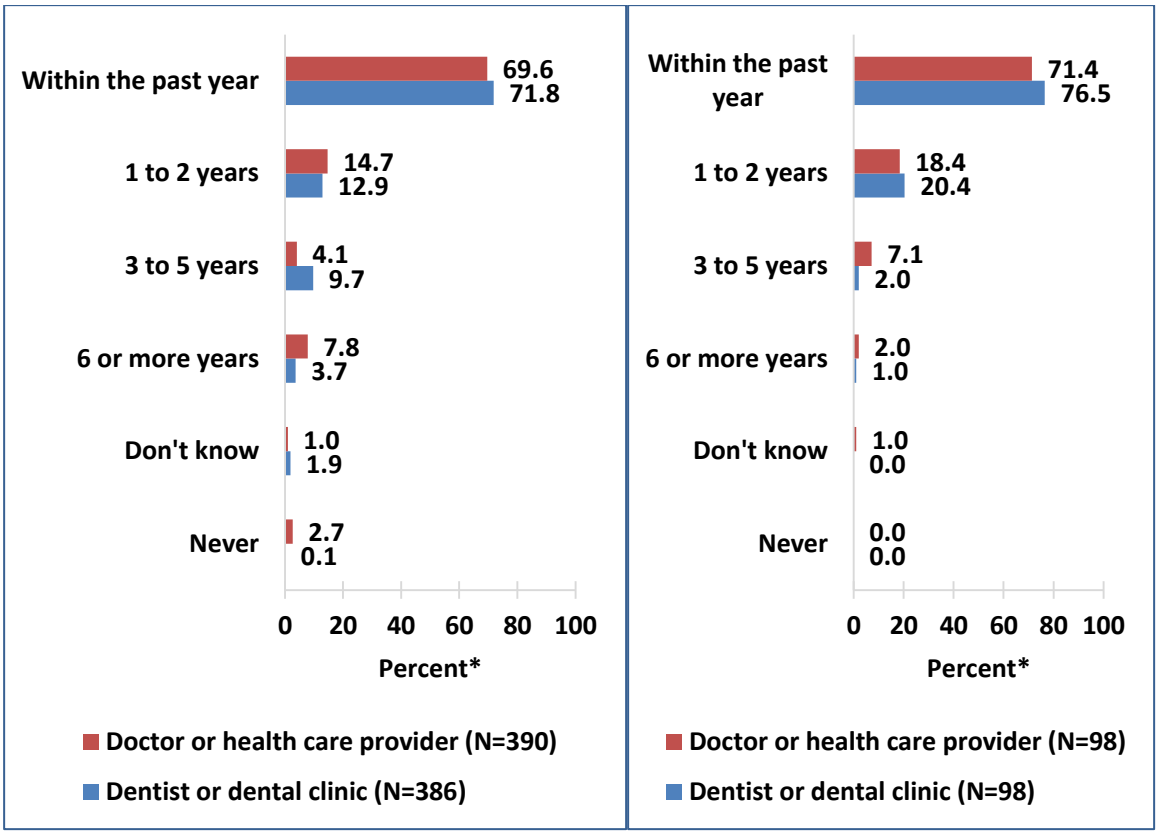
93.1% of the community stakeholders (non-generalizable) and 84.1% of the generalizable group rate their health as good or better.

Respondents' weight status based on the Body Mass Index (BMI) scale



65.6% of the key stakeholders and 70.6% of the generalizable respondents report a BMI that is overweight or obese.

Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



Generalizable

Non-Generalizable

Preventive Health

Preventive health care promotes the detection and prevention of illness and disease and is another important component of good health and well-being. Community results indicate that within the past year, the majority of respondents had a blood pressure screening, blood sugar screening, cholesterol screening, and dental screening. Flu shots and pelvic exam (females) were higher among the community stakeholder group than the generalizable group. Breast cancer screening (females) was lower among the community stakeholders than the generalizable group. Over 44% of the generalizable group had not had a cervical cancer screening in the past year.

There are many screenings and tests that a majority of respondents did not receive (i.e., bone density test, cardio screening, glaucoma test, hearing screening, immunizations, STD test, vascular screening, colorectal cancer screening, prostate cancer screening [males], and skin cancer screening) in the past year. Many tests and screenings may be conditional upon guidelines, which can be age sensitive/appropriate.

Whether or not respondents have had preventive screenings in the past year, by type of screening

Type of screening	Yes Generalizable	Yes Non-Generalizable	No Generalizable	No Non-Generalizable
GENERAL SCREENINGS				
Blood pressure screening (N=380)	83	87.9	17	12.1
Blood sugar screening (N=379)	64.7	60.6	35.3	39.4
Bone density test (N=367)	9.1	9.2	90.9	98.8
Cardiovascular screening (N=373)	31.5	23.5	68.5	76.5
Cholesterol screening (N=378)	66.3	61.6	33.7	38.4
Dental screening and X-rays (N=378)	78.4	82.7	21.6	17.3
Flu shot (N=380)	57.6	74	42.4	26
Glaucoma test (N=374)	41.6	40.4	58.4	59.6
Hearing screening (N=377)	22	5.1	78	94.9
Immunizations (tetanus, hepatitis A or B) (N=374)	17.9	33.3	82.1	66.7
Pelvic exam (N=189 Females)	62.3	69.6	37.7	30.4
STD (N=369)	2.4	16.5	97.6	83.5
Vascular screening (N=368)	9.2	9.3	90.8	90.7
CANCER SCREENINGS				
Breast cancer screening (N= 189 Females)	69.8	44.7	30.2	55.3
Cervical cancer screening (N=185 Females)	55.3	67.5	44.7	32.5
Colorectal cancer screening (N=368)	35.6	21.6	64.4	78.4
Prostate cancer screening (N=182 Males)	46.3	50	53.7	50
Skin cancer screening (N=365)	19.2	13.5	80.8	86.5

- *For most types of screenings, the most common reasons for not getting the test or procedure are that it is not necessary and the doctor has not suggested one.*
- *For dental screening and x-rays, the most common reason for not being tested that it is not necessary followed by cost.*
- *For the flu shot screening, most respondents cite that it was not necessary or other reasons for not getting the shot.*
- *63.3% of the generalizable survey respondents were under 55 years of age, and 76% of the non-generalizable respondents were under 55 years of age.*

Whether respondents had preventive screenings in the past year, by gender and age

Type of screening	Age of respondent	Percent of respondents within age group			
		Males		Females	
		Yes	No	Yes	No
Breast cancer screening	Ages 45 and older	2.0	98.0	78.6	21.4
	45 to 54	0.0	100.0	81.8	18.2
	55 to 64	0.0	100.0	69.8	30.2
	65 to 74	3.7	96.3	90.9	9.1
	75 years and older	4.2	95.8	74.0	26.0
Cervical cancer screening	Females ages 25 and older	na	na	48.2	51.8
	25 to 34	na	na	100.0	0.0
	35 to 44	na	na	38.5	61.5
	45 to 54	na	na	68.2	31.8
	55 to 64	na	na	51.2	48.8
	65 to 74	na	na	56.1	43.9
	75 years and older	na	na	27.3	72.7
Colorectal cancer screening	Ages 55 and older	59.7	40.3	53.7	46.3
	55 to 64	46.9	53.1	47.6	52.4
	65 to 74	62.1	37.9	70.5	29.5
	75 years and older	72.2	27.8	43.8	56.3
Prostate cancer screening	Males ages 55 and older	82.0	18.0	na	na
	55 to 64	71.9	28.1	na	na
	65 to 74	88.1	11.9	na	na
	75 years and older	87.3	12.7	na	na
Skin cancer screening	Ages 18 and older	36.9	63.1	22.9	77.1
	18 to 24	0.0	100.0	-	-
	25 to 34	0.0	100.0	33.3	66.7
	35 to 44	0.0	100.0	7.7	92.3
	45 to 54	14.3	85.7	18.2	81.8
	55 to 64	28.3	71.7	24.4	75.6
	65 to 74	45.8	54.2	29.3	70.7
	75 years and older	48.1	51.9	21.7	78.3

Notes: "-"= no respondents in age group. na=not applicable.

Breast cancer screening: According to the Center for Disease Control (CDC), a mammogram is an x-ray of the breast. Mammograms are the best way to find breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that if you are 50 to 74 years old, be sure to have a screening mammogram every two years. If you are 40 to 49 years old, talk to your doctor about when to start and how often to get a screening mammogram.

Cervical cancer screening: Cervical cancer is the easiest gynecologic cancer to prevent, with regular screening tests and follow-up. Two screening tests can help prevent cervical cancer or find it early:

- The Pap test (or Pap smear) looks for *pre-cancers*, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
- The Pap test is recommended for all women between the ages of 21 and 65 years old, and can be done in a doctor's office or clinic.
- The HPV test looks for the human papillomavirus (http://www.cdc.gov/cancer/hpv/basic_info/) that can cause these cell changes.

Colorectal cancer screening: Colorectal cancer almost always develops from *precancerous polyps* (abnormal growths) in the colon or rectum. Screening tests can also find colorectal cancer early, when treatment works best. Regular screening, beginning at age 50, is the key to preventing colorectal cancer. The U.S. Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer using high-sensitivity fecal occult blood testing, sigmoidoscopy, or colonoscopy beginning at age 50 years and continuing until age 75 years.

Prostate cancer screening: The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information. The discussion about screening should take place at:

- Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years.
- Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65).
- Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, those men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.

If, after this discussion, a man is unable to decide if testing is right for him, the screening decision can be made by the health care provider, who should take into account the patient's general health preferences and values.

Assuming no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test:

- Men who choose to be tested who have a PSA of less than 2.5ng/mL may only need to be retested every 2 years.
- Screening should be done yearly for men whose PSA level is 2.5 ng/mL or higher.

Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing becomes available. Further discussions are also needed to take into account changes in the patient's health, values and preferences.

Skin cancer screening: The U.S. Preventive Services Task Force (USPSTF) has concluded there is not enough evidence to recommend for or against routine screening (total body examination by a doctor) to find skin cancers early. The USPSTF recommends that doctors:

- Be aware that fair-skinned men and women aged 65 and older, and people with atypical moles or more than 50 moles, are at greater risk for melanoma.
- Look for skin abnormalities when performing physical examinations for other reasons.

Flu Vaccines

The Center for Disease Control's Advisory Committee on Immunization Practices (ACIP) recommends that everyone six months and older receive a flu vaccine annually. Findings from the generalizable survey indicate that 37% of respondents did not have a flu shot last year.

The Center for Disease Control states that influenza is a serious disease that can lead to hospitalization and sometimes even death. Even healthy people can get sick from the flu and spread it to others. Flu vaccines cause antibodies to develop in the body about two weeks after vaccination. These antibodies provide protection against infection with the viruses that are in the vaccine.

Sanford Health employees are required to have an annual flu vaccine as a protective measure for our patients as well as our staff. Sanford holds annual flu blitz events to increase the number of community members both pediatric and adult who receive the flu vaccine.

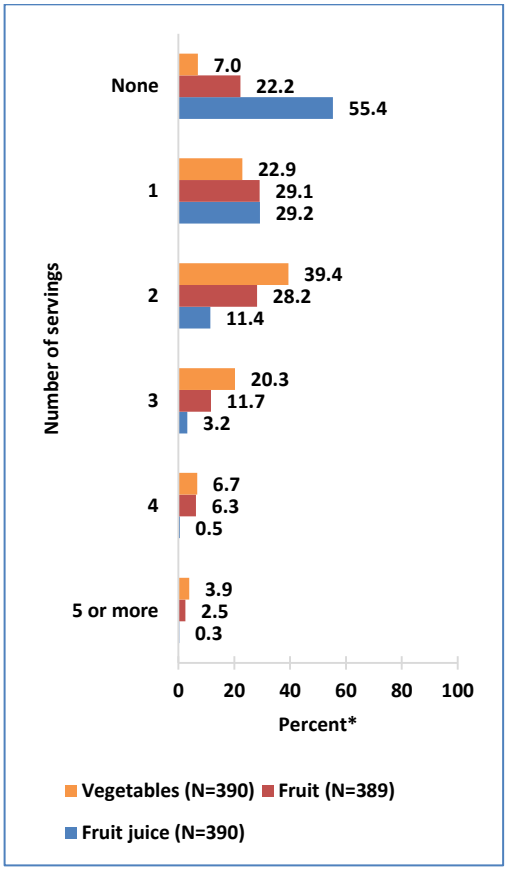
Fruit and Vegetable Intake

The study results suggest that the majority of respondents do not meet vegetable and fruit recommended dietary guidelines. Only 30.9% of respondents in the generalizable group reported having 3 or more servings of vegetables the prior day; however, 50.6% in the non-generalizable group reported having 3 or more vegetables each day.

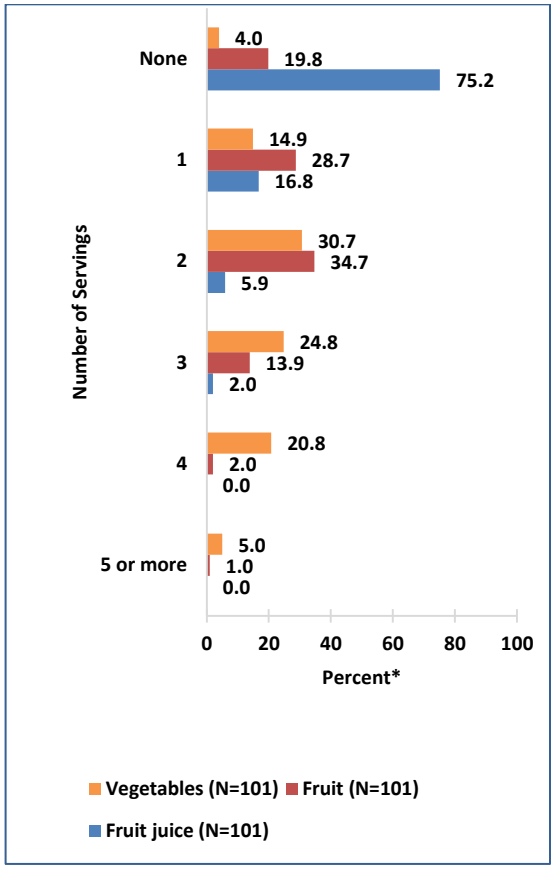
Only 20.5% of the generalizable group reported having 3 or more servings of fruits the prior day, and 16.9% in the non-generalizable group.

According to the U.S. Department of Health and Human Services, U.S. Department of Agriculture - Dietary Guidelines for Americans, it is recommended that individuals consume 3 to 5 servings of vegetables per day and 2 to 4 servings of fruit per day depending on age. A meal plan high in fruits and vegetables is associated with decreased risk for chronic diseases. In addition, because fruits and vegetables have low energy density (i.e., few calories relative to volume), eating them as part of a reduced-calorie meal plan can be beneficial for weight management.

Numbers of servings of vegetables, fruit, and fruit juice that respondents had yesterday



Generalizable



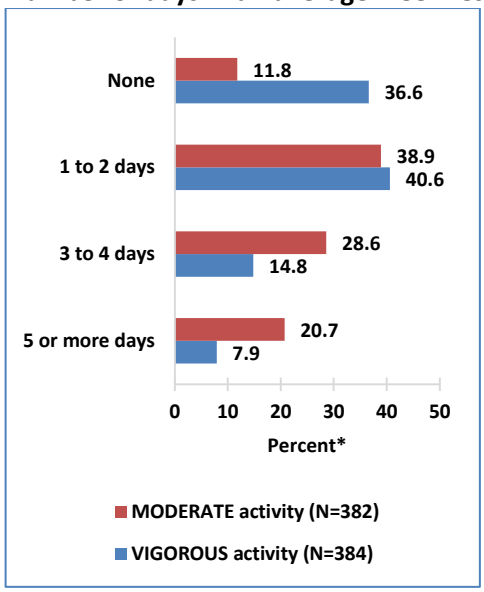
Non-Generalizable

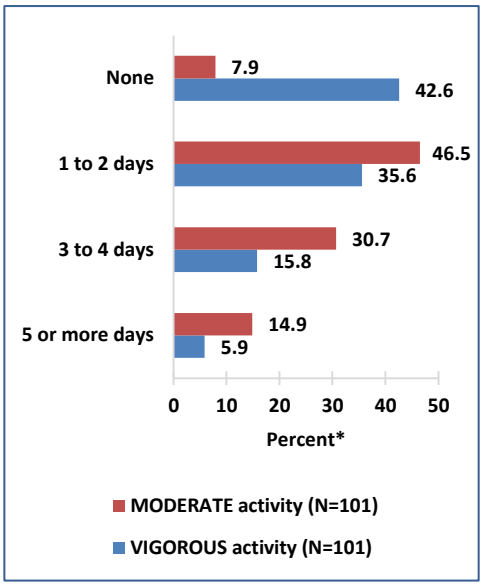
Physical Activity Levels

Study results suggest that the majority of respondents do not meet physical activity guidelines. In the generalizable group, 49.3% of respondents engage in moderate activity 3 or more times per week and 22.7% engage in vigorous activity 3 or more times per week. In the non-generalizable group, 45.6% engage in moderate activity 3 or more times per week and 21.7% in vigorous activity 3 or more times per week.

Guidelines from the Centers for Disease Control and Prevention recommend that individuals participate in 150 minutes of moderate physical activity per week or 75 minutes of vigorous physical activity per week to help sustain and improve health.

Number of days in an average week respondents engage in MODERATE and VIGOROUS activity





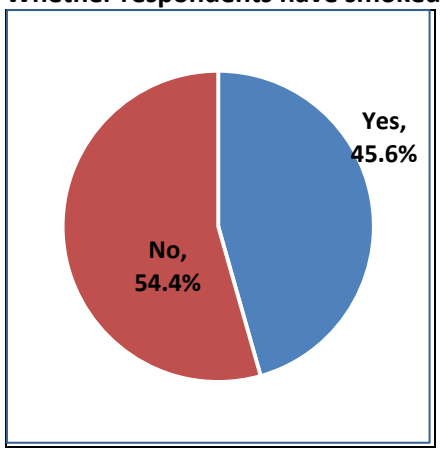
Generalizable **Non-Generalizable**

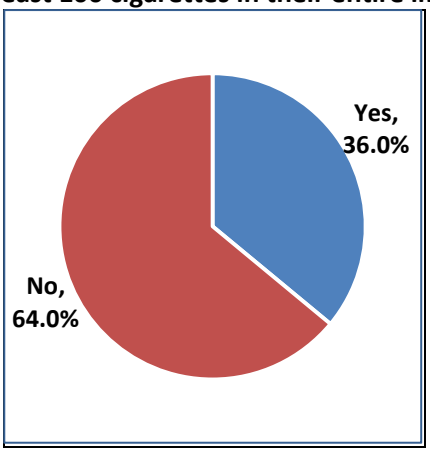
Tobacco Use

Study results indicate that the vast majority of community respondents are not currently tobacco users. However, 36-46% of respondents have smoked at least 100 cigarettes in their lifetime, which indicates a former smoker status according to the Centers for Disease Control and Prevention.

Secondary research through the 2015 County Health Rankings finds that 30% of Beltrami County residents and 20% of Clearwater County residents are current smokers.

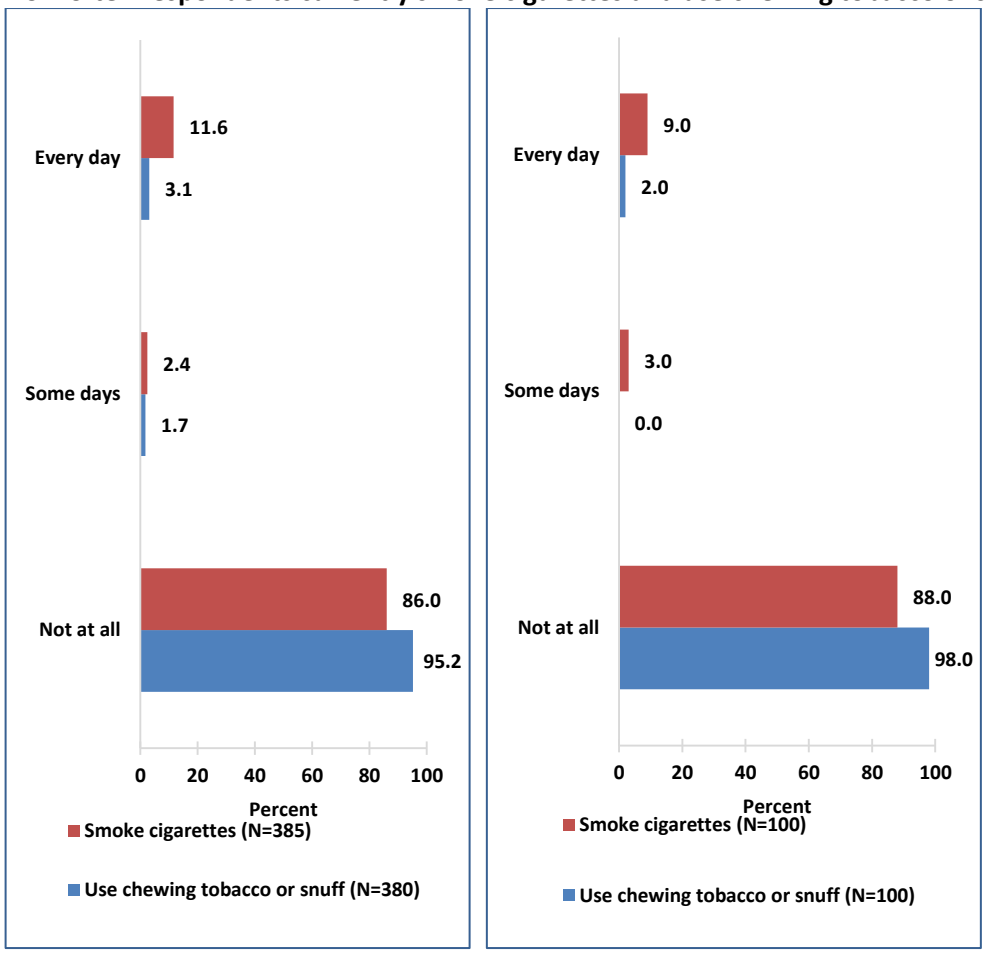
Whether respondents have smoked at least 100 cigarettes in their entire life





Generalizable **Non-Generalizable**

How often respondents currently smoke cigarettes and use chewing tobacco or snuff

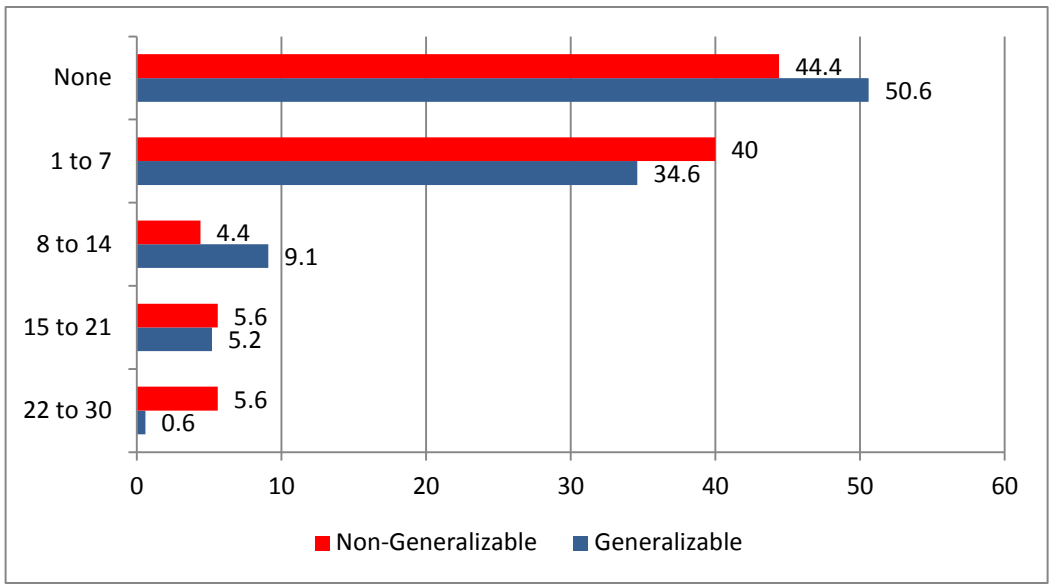


Generalizable **Non-Generalizable**

Mental Health

Mental health is an important component of well-being at every stage of life and impacts how we think, act and feel. Mental health influences our physical health, how we handle stress, how we make choices, and how we relate to others. Among Beltrami and Clearwater respondents, mental health is a moderately high area of concern, particularly suicide, depression, stress, other psychiatric diagnosis, dementia and Alzheimer's disease. More than 1 in 5 respondents have been told or diagnosed by a doctor or health professional that they have anxiety or stress and 17% have been told they have depression. In addition, half of respondents self-report that in the last month, there were days when their mental health was not good. 49.5% of the generalizable respondents reported days in the past month when their mental health was not good, and 55.6% of the non-generalizable respondents reported days in the past month when their mental health was not good.

Number of days in the last month that respondents' mental health was not good

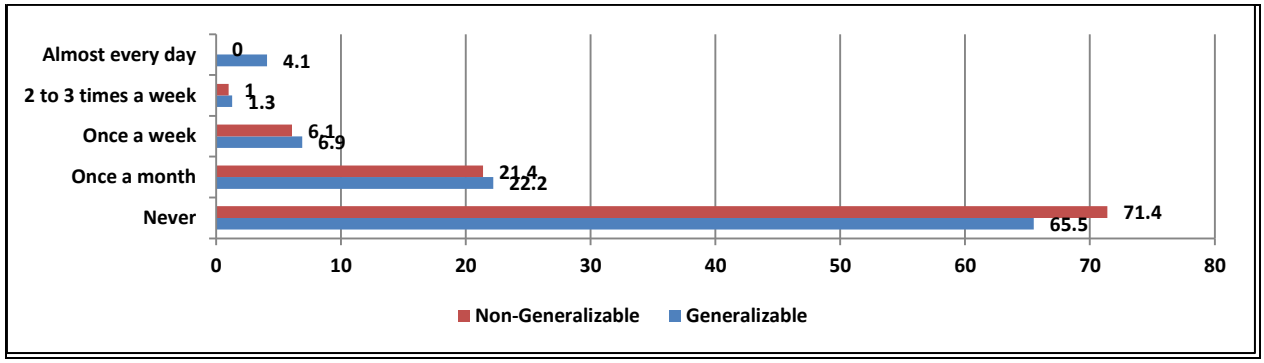


Substance Abuse Responses

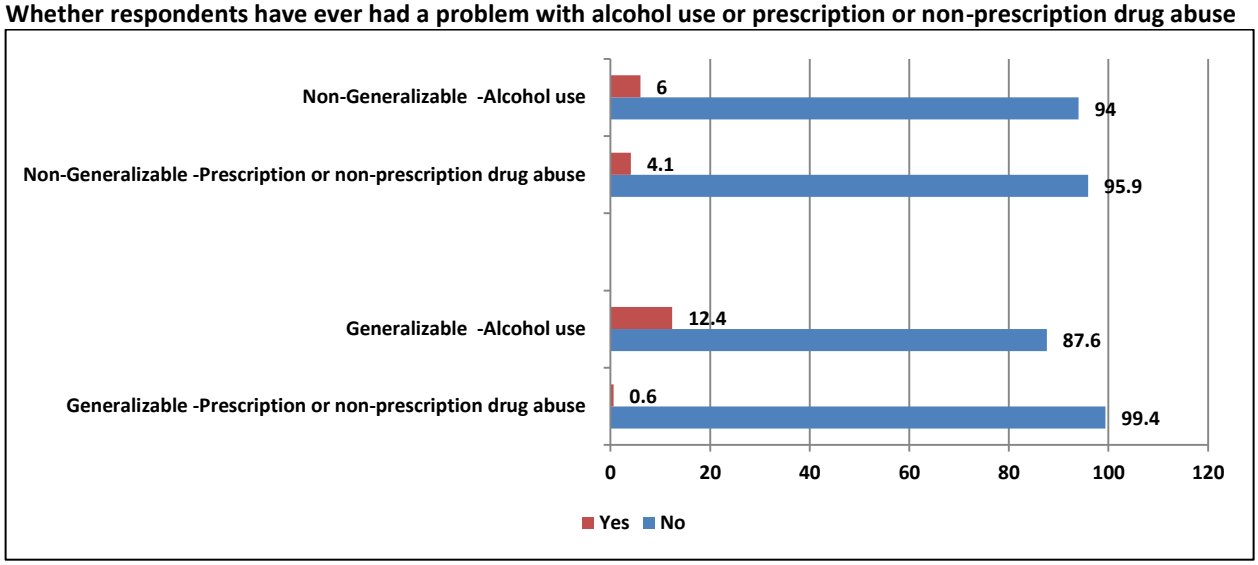
Substance abuse is also a mental health disorder, as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV), and can stem from mental health concerns. In Beltrami and Clearwater counties, 89% of the community stakeholders and 70.9% of the generalizable respondents drank alcoholic beverages on at least one of the days in the last month. On days they drank, 20.2% of respondents in the community stakeholder group, and 37.1% of the generalizable respondents drank an average of 3 or more drinks per day. In regards to binge drinking, 28.5% of community stakeholders report binge drinking at least once per month, and 34.5% of the generalizable respondents report binge drinking at least once per month.

Secondary research through the 2015 County Health Rankings indicates that 23% of Beltrami County and 21% of Clearwater County residents report excessive drinking. (See Appendix)

Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (Binge drinking is defined by the CDC as 4 drinks for females, 5 drinks for males) on the same occasion



Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse



6% percent of respondents from the community stakeholder group reported having a problem with alcohol although earlier reporting indicated a higher level of binge drinking. 12.4% of the generalizable respondents reported having a problem with alcohol.

Other forms of substance abuse include the use of prescription or non-prescription drugs. 4.1% of the community stakeholders and less than 1% of the generalizable respondents in the area reported having had a problem with prescription or non-prescription drug abuse.

Demographics

Total Population – 2010 U.S. Census Bureau

- Clearwater County: 8,695

Population by Age and Gender

	Number	Percent	Males	Percent	Females	Percent
<5 years	606	7	304	3.5	302	3.5
5-9	605	7	306	3.5	299	3.4
10-14	589	6.8	318	3.7	271	3.1
15-19	569	6.5	295	3.4	274	3.2
20-24	399	4.6	215	2.5	184	2.1
25-29	425	4.9	224	2.6	201	2.3
30-34	475	5.5	244	2.8	231	2.7
35-39	495	5.7	247	2.8	248	2.9
40-44	465	5.3	252	2.9	213	2.4
45-49	627	7.2	315	3.6	312	3.6
50-54	671	7.7	327	3.8	344	4.0
55-59	606	7	305	3.5	301	3.5
60-64	542	6.2	280	3.2	262	3.0
65-69	462	5.3	230	2.6	232	2.7
70-74	415	4.8	202	2.3	213	2.4
75-79	285	3.3	133	1.5	152	1.7
80-84	221	2.5	104	1.2	117	1.3
85 and over	238	2.7	73	0.8	165	1.9
Median age	41.9		40.7		43.6	

Population by Race

	Clearwater	Percent
White	7,831	90.1
Black or African American	51	0.6
American Indian or Alaska Native	995	11.4
Asian	42	0.5
Native Hawaiian or other Pacific Islander	5	0.1
Hispanic or Latino	120	1.4

The per capita personal income in Clearwater County, Minnesota is $30,517. 11% in Clearwater County are living below the poverty level. The unemployment rate in Clearwater County is 11.2%.

Health Needs and Community Resources Identified

One of the Internal Revenue Service requirements for a community health needs assessment is to identify the resources that are available in the community to address unmet needs. 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 to address the needs.

Sanford Health and community partners developed the asset map. The group conducted an informal gap analysis to determine what needs remained after resources were thoroughly researched. Once gaps were determined the group proceeded to the prioritization process. The multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies.

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

The asset map process includes identified needs from the following:

- The generalizable survey
- The non-generalizable survey
- Concerns expressed by the key stakeholder group
- Secondary research data
- Community resources that are available to address the need(s)

The Asset Map can be found in the Appendix.

Prioritization

The following needs were brought forward for prioritization:

- Economics – affordable housing
- Transportation – availability of public transportation
- Aging – cost and availability of long term care and availability of memory care, availability of resources for caregivers and also to help seniors stay in their homes, and finally, the understanding of advanced care directives
- Children and Youth – teen pregnancy, youth crime, cost and availability of quality child care and quality infant care, bullying, availability of services for at-risk youth, school dropout rates, and school absenteeism
- Safety – child abuse and neglect, crime, presence of drug dealers and street drugs and alcohol in the community, domestic violence, presence of gang activity, elder abuse, safe places for outdoor youth activities, sex trafficking
- Health Care Access – access to affordable health care and affordable health, dental and vision insurance, access to affordable prescription drugs, timely access to mental health providers and physician specialists, available non-traditional hours, use of emergency services for primary care, and coordination of care
- Physical Health – cancer, obesity, poor nutrition and inactivity
- Mental Health – depression, suicide, stress, underage substance use and abuse and alcohol use, adult drug use and abuse and alcohol use, other psychiatric diagnosis, dementia and Alzheimer's, smoking and tobacco use
- Preventive Health – flu vaccines

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

A document that shares what Sanford is doing to address the need or defends why Sanford is not addressing the need can be found in the Appendix.

Members of the collaborative determined that children and youth and mental health are top unmet needs for further implementation strategies.

Sanford has determined the 2016-2019 implementation strategies for the following needs:

- Children and youth
- Mental Health

How Sanford is Addressing the Needs

Identified Concerns	How Sanford Bagley is Addressing the Needs
Economics • Availability of affordable housing	Sanford Bagley leadership will share the concerns with city leaders
Transportation • Availability of public transportation	Sanford Bagley leadership will share the concerns with city leaders
Aging • Cost of LTC • Availability of LTC • Availability of resources for caregivers making decisions • Availability of memory care • Availability of resources to help the elderly stay in their homes • Availability of resources for grandparent caregivers for grandchildren • Understanding of advanced care directives	• Sanford collaborates with community services for placement of patients in LTC • Sanford collaborates with county nursing services to assist patients to remain in home • Sanford provides physical/occupational therapy in home through a contract with Clearwater County • Sanford provides assistance to community members for advance care directives/POLST • Sanford offers health education classes to the community. Examples include I Can Prevent Diabetes, Better Choices/Better Health.
Children and Youth • Youth crime • Bullying • Availability/ cost of activities for children and youth • Availability/cost of quality infant care • Teen pregnancy • Availability of services for at-risk youth • School dropout rates • School absenteeism • Cost of quality childcare	Sanford primary care clinic provides referrals as appropriate to mental health and other providers for pregnancy Sanford has a pediatrician on staff in the primary care clinic Sanford will be distributing Text 4 Life bracelets at several community events
Safety • Child abuse and neglect • Crime • Presence of street drugs, prescription drugs and alcohol	Sanford is a mandated reporters and collaborates with social services and law enforcement when necessary

Identified Concerns	How Sanford Bagley is Addressing the Needs
• Presence of drug dealers • Domestic violence • Presence of gang activity • Elder abuse • Child abuse and neglect • Safe places for outdoor youth activities • Sex trafficking	
Health care • Access to affordable health insurance • Access to affordable health care • Access to affordable prescription drugs • Cost of affordable dental insurance • Use of emergency services for primary care • Cost of affordable vision insurance • Timely access to mental health/behavioral health providers • Availability of non-traditional hours • Timely access to physician specialists • Coordination of care between providers and services	SBMC offers charity care to patients unable to pay for their medical treatment. Sanford's Community Care Policy defines qualifications and financial counselors are available assist patients in completing any documents required to qualify for free or subsidized care per the policy. These same individuals assist patients in enrolling in any public programs for which they qualify. Sanford offers the following services: • Primary care clinic • Hospital services • Emergency department • Ambulance service • Several outreach services including mental health, podiatry, sleep medicine, dermatology, etc. • Direct access labs (lower out of pocket expenses for patients for lab tests) • Charity Care • Refer patients to social services for help with insurance needs
Physical Health • Cancer • Inactivity • Obesity Chronic disease • Poor nutrition	• Sanford coordinates care with regional oncologists to provide care locally for patients • Sanford provides nutrition services at our clinic with a licensed registered dietitian • Sanford provides an adult fitness gym open to members of community • Sanford offers health education classes to our community. Examples include I Can Prevent Diabetes, Better Choices/Better Health.
Mental Health • Depression • Suicide • Underage drug use and abuse • Drug use and abuse • Alcohol use and abuse • Underage drinking • Stress • Other psychiatric diagnosis • Dementia and Alzheimer's • Smoking and tobacco use/smokeless tobacco use	Sanford provides mental health outreach services at our clinic Sanford provides a tobacco cessation program
Preventive Health • Flu shots	Sanford offers flu vaccines at all sites

SANFORD HEALTH

2016 Implementation Strategy

Sanford Bagley Medical Center

Implementation Strategies

Priority 1: Children and Youth

According to the American Congress of Obstetricians and Gynecologists, pregnant teens are at higher risk of certain health problems (such as high blood pressure or anemia) than pregnant women who are older. Pregnant teens are more likely to go into labor too early. This is called *preterm* birth. These risks are even greater for teens who are younger than 15 years or for those who do not get prenatal care. Teen pregnancies carry extra health risks to both the mother and the baby. Often, teens don't get prenatal care soon enough, which can lead to problems later on. They have a higher risk for pregnancy-related high blood pressure and its complications. Risks for the baby include premature birth and a low birth weight.

Sanford has prioritized children and youth as a top priority and has set strategy to improve the health of children and youth. Sanford will work to create awareness of the services that are available for at-risk youth in the area.

Additionally, Sanford *fit* is an on-line community health activation initiative created by Sanford Health that provides engaging programs and resources to kids, families, leaders and role models across numerous settings to promote and activate healthy choices. The four key factors of healthy choices, a healthy body and healthy life included in fit are, MOOD – emotions and attitudes and RECHARGE – sleep and relaxation, FOOD – mindful nutrition choices, and MOVE – physical activity levels

Sanford *fit* programs and resources have been enhanced for a number of settings to captivate, educate and activate leaders, influencers and kids to understand what healthy choices are, what they can do, and to encourage them to put them in practice. These programs and resources are created for: schools, daycares, after-school, home, community events, on the go and more. www.Sanfordfit.org

Priority 2: Mental Health/Behavioral Health

Mental health includes emotional, psychological, and social well-being. It affects how people think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

Mental health problems are common but people with mental health problems can get better and many recover completely.

Sanford has prioritized mental/behavioral health as a top priority and has set strategy for suicide prevention. Sanford has also developed strategy to reduce mortality and morbidity by reducing tobacco use.

Community Health Needs Assessment – Implementation Strategy

Sanford Bagley Medical Center

FY 2017-2019 Action Plan

Priority 1: Children and Youth

Projected Impact: Raise awareness of services available

Goal 1: Services for at-risk youth

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships and collaborations
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 flyers distributed	Sanford Marketing	Leadership team	
Provide *Text 4 Life* bracelets at community events (after prom party, local county fair)	Ensure hand outs are given to appropriate members of the public	Sanford Ambassadors team members	Leadership team	School district

Priority 1: Children and Youth

Projected Impact: Raise awareness of services available

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

Actions/Tactics	Measureable Outcomes	Dedicated Resources	Leadership	Community partnerships and collaborations
Provide Sanford *fit* Program to the local schools	Sanford *fit* is available to all students and families in the area through *fit* website	Sanford *fit* leadership Classroom teachers	Leadership team	Local schools Child care leaders

Priority 2: Mental Health

Projected Impact: Provide services to patients as appropriate

Goal 1: Reduce tobacco use, suicide prevention

Actions/Tactics	Measureable Outcomes	Resources	Leadership	Community partnerships and collaborations
Adding service line of tobacco cessation	Participants who successfully complete the program	Respiratory therapist	Leadership team	Collaborating with Bemidji tobacco cessation program
Provide *Text 4 Life* 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

SANFORD HEALTH

2013 Implementation Strategy Impact

Demonstrating Impact

The 2013 community health needs assessment served as a catalyst to lift up obesity and mental health services as implementation strategies for the 2013-2016 timespan. The following strategies were implemented.

2013 Community Health Needs Assessment
Sanford Bagley Implementation Strategy

Implementation Strategy: Implementation Strategy: Obesity

- Participate in the Sanford Enterprise implementation strategy for obesity
- Participate and help develop a comprehensive weight management program within the Bagley and Bemidji area using an interdisciplinary team inclusive of medical, nutrition, behavioral health and fitness professionals, as well as helping our appropriate patients gain access to weight loss surgery services.
- Continue promoting and increasing community members in the involvement of our Silver Sneakers program to promote and incentivize Medicare eligible customers.
- Implement Sanford *Frontiers* weight management program within the Bagley area.
- Actively participate with community wellness, fitness and health living entities to promote and support fitness and active living by sponsoring walking, screening and educational programs.

Implementation Strategy: Youth

- Engage community leaders in discussion about needed services for youth
- Focus on advocating for youth and pediatric health quality and wellness through community relations and Sanford volunteers

Impact of the Strategy to Address Obesity

Sanford Bagley and Bemidji Medical Centers have developed a medical weight loss program inclusive of medical oversight, nutrition counseling, psychological counseling and exercise programming. The interdisciplinary program includes bariatric surgery for those who need surgical intervention.

An intensive behavioral management program with intense nutritional counseling was added to serve Medicare patients. In Bagley, Jumping the January nutrition and exercise program was initiated for employees and community members.

The Sanford Health *fit* initiative, a childhood obesity prevention initiative, continues to grow and mature as we work to refine the offerings and enable broad replication and meaningful use. Supported by the clinical experts of Sanford Health, *fit* educates, empowers and motivates families to live a healthy lifestyle through a comprehensive

suite of resources for kids, parents, teachers and clinicians. *fit* is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep). Through *fit* we are actively working to promote healthy lifestyles in homes, schools, daycares, our clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child's life. In 2016 a new *fit* initiative will be available for 20,000 classroom teachers. The classroom curriculum has numerous modules that teachers can access and implement in part or comprehensively.

Profile by Sanford is a personalized retail weight loss program designed by Sanford Health physicians and scientists to be simple, effective and sustainable. With a certified *Profile* coach, personalized meal plans and smart technology to track progress, members see real results. Each weight loss plan is designed with a focus on nutrition, activity and lifestyle.

The Enterprise obesity initiative addressed education for providers and education for patients and community members. The first annual Sanford obesity symposium was held in 2014. Over 400 health care professionals from the region and beyond registered for the 2014 and the 2015 symposium. The purpose of the symposium is to enhance the knowledge and competence of participants by providing an update on the latest research associated with the prevention, treatment and management of obesity. The target audience includes primary care physicians, pediatricians and specialty care providers, advanced practice providers, licensed registered dietitians, nurses, and other interested health care professionals.

The symposium is an opportunity to provide prevention and treatment practice guidelines for the adult and pediatric population. The planning committee includes several published providers who are sought after nationally and internationally for their expertise.

Sanford is taking a comprehensive and multi-faceted approach to obesity prevention and treatment. The impact is demonstrated through the lives of our community members who have had positive outcomes because of our programs and services.

Impact of the Strategy to Address Youth

Sanford Bagley worked to address at-risk youth in the community. Sanford provided staff for the after-prom parties in Bagley and Clearbrook/Gonvik where they prepared and served healthy refreshments for the students.

The Sanford Bagley ambulance service engaged the community by attending the Healthy Kids/Healthy Choices community event where they provided walk-through tours of the service.

Sanford Bagley also provides a Farm Safety day camp for Foston/Bagley/Clearbrook/Gonvik youth.

The 2013 strategies have served a broad reach across our community and region. The impact has been positive and the work will continue into the future through new or continued programming and services.

Community Feedback from the 2013 Community Health Needs Assessment

Sanford Health is prepared to accept feedback on the 2013 Community Health Needs Assessment and has provided on-line comment fields for ease of access on our website. There have been no comments to date aside from a question asked about the service area for this report. A reader wanted to know if a separate report was developed for the Lisbon, North Dakota area. Since there is no hospital in Lisbon a community health needs assessment was not conducted solely for that community.

APPENDIX

Primary Research

Bagley 2016 CHNA Asset Map

Identified concern	Generalizable Survey Specific areas of concern 391 surveys	Non-Generalizable Survey specific areas of concern 104 surveys	Key stakeholder Focus group Specific areas of concern	Secondary Data Report	Community resources that are available to address the need	Gap ?
Economics		Availability of affordable housing 3.84		Unemployment 6.6 (B) and 11.2 (C) Severe housing problems 16% (B) and 18% (C)	Housing Resources: • Crist Apartments 218-785-2159 • Hillside Manor – 218-694-3611 • Lillegaard's Apts.218-694-2663 • Northern Place Realty 218-694-6827 • Otterkill Garden Apts. 218-695-3324 • Parkview Apts. 218-694-6548 • ReMax – 218-280-1015 Low Income Housing Resources: • Clearwater Co. Housing Authority – 218-694-2296 • Parkview Apts. 218-694-6548 • Hillside Manor – 218-694-3611 Employment Resources: • TEAM Industries • Sanford Bagley 218-694-6501 • Bagley School District 218-694-6184 • Clearbrook/Gonvick School District – 218-776-3112 • Clearwater County 218-694-6130	
Transportation		Availability of public transportation 3.50			Transportation resources: • Tri-Valley Heartland Express 218-694-5090 • R & L Ride Service 800-630-6889	
Aging population	• Cost of LTC 4.10 • Availability of LTC 3.52 • Availability of resources for family/friends caring for and making decisions 3.52 • Availability of	• Cost of LTC 4.00 • Availability of resources for family/friends caring for and making decisions 3.71 • Availability of memory care 3.67 • Availability of resources to help the elderly stay safely in their homes 3.64 • Availability of			Caregiver Resources: • Caregiver Support Group (held at Faith Lutheran) 218-694-2631 Memory Care resources: • Cornerstone Nsg & Rehab Center – 218-694-6552 • The Garden Place 218-694-2378 • Good Samaritan Society 218-776-3157 LTC resources: • Cornerstone Nsg & Rehab Center – 218-694-6552 • The Garden Place 218-694-2378	

Identified concern	Generalizable Survey Specific areas of concern 391 surveys	Non-Generalizable Survey specific areas of concern 104 surveys	Key stakeholder Focus group Specific areas of concern	Secondary Data Report	Community resources that are available to address the need	Gap ?
	memory care 3.51 • Availability of resources to help the elderly stay safely in their homes 3.51	resources for grandparents caring for grandchildren 3.54 • Availability of LTC 3.53 • Understanding of Advanced Care Directives 3.51			• Good Samaritan Society 218-776-3157 Assisted Living Resources: • Cornerstone Residence of Bagley - 218-694-2701 • The Garden Place 218-694-2378 • Serenity Assisted Living 218-785-2175 Resources to help seniors stay in their homes: • Senior Citizens – 218-694-6873 • Rice Lake Elderly Nutrition Program – 218-694-2795 • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic– 218-776-3124 • Essentia Bagley Clinic 218-694-6281 • Clearwater Co. Human Services – 218-694-6512 • Sanford Bagley Rehab 218-694-6640 • Clearwater Co. Nursing Services – 218-694-6581 • Home at Heart Care, Inc. 218-776-3508	
Children and Youth	• Youth Crime 3.68 • Bullying 3.62 • Cost of quality childcare 3.58 • Availability of Activities for children and youth 3.55 • Availability of quality infant care	• Teen pregnancy 4.01 • Availability of services for at-risk youth 3.98 • School dropout rates 3.94 • Cost of services for at-risk youth 3.93 • Bullying 3.91 • Youth crime 3,91 • Availability of activities for children and youth 3.83 • School absenteeism 3.83 • Cost of quality infant care		Children living in poverty 27% (B) and 25% (C) Teen births 54 (B) and 40 (C)	Sheriff – 218-694-6226 Police – 218-694-6150 Teen Pregnancy resources: • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Clearwater Co. Human Services – 218-694-6512 • Essentia Bagley Clinic 218-694-6281 • Clearwater Co. Nursing Services - 218-694-6581 Activities for youth & children: • 4-H – 218-694-3375 • Boy Scouts • Library – 218-694-6201 • Church activities • School sports activities • Parks – 218-694-2865	

Identified concern	Generalizable Survey Specific areas of concern 391 surveys	Non-Generalizable Survey specific areas of concern 104 surveys	Key stakeholder Focus group Specific areas of concern	Secondary Data Report	Community resources that are available to address the need	Gap ?
	3.52 • Cost of quality infant care 3.52	3.77 • Availability of quality infant care 3.76 • Cost of quality childcare 3.74 • Availability of quality child care 3.68 • Cost of activities for children and youth 3.67			Child Poverty resources: • Food Shelf – 218-694-6400 • Income Maintenance Assistance program 218-694-6164 • Church Programs • Clearwater Co. Human Services – 218-694-6512 • Clearwater Co. Nursing Services – 218-694-6581 Daycare Resources: • Susie Zoo Daycare 218-694-6586 • Bunnies Hut Child Care 218-694-2580 • Precious Moments Day Care 218-694-5151 • Deb & Mark Aamodt 218-694-2580 • Carrie Binder – 218-694-2620 • Susan Duquette 218-694-6586 • Dianne Horsley218-694-6217 • Rhonda LaFerriere 218-694-2322 • Barb Martin – 218-694-3713 • Margie McCormick 218-694-6574 • Jerianne Moen 218-358-0856 • Brenda Neeland 218-694-3710 • Erin Olson – 218-694-6892 • Tamara Graser – 218-280-3836 • Michelle Kaiser 218-358-1189 Resources for at-risk youth: • Clearwater Co. Human Services – 218-694-6512 • Stelliher Human Services (Crisis Line - 800-422-0045)	
Crime/ Safety	• Child abuse and neglect 4.07 • Crime 4.04 • Presence of street drugs, prescription drugs and alcohol	• Presence of street drugs, prescription drugs and alcohol 4.52 • Presence of drug dealers in the community 4.41 • Child abuse and neglect 4.23		Violent crimes 286 (B) and 274 (C) Alcohol impaired deaths 32% (B) and 75% (C)	Sheriff – 218-694-6226 Police – 218-694-6150 Clearwater Co. Nursing Services 218-694-6581 Child Abuse/Neglect resources: • Family Crisis Center 218-694-2831 • Clearwater Co. Human Services – 218-694-6512	

Identified concern	Generalizable Survey Specific areas of concern 391 surveys	Non-Generalizable Survey specific areas of concern 104 surveys	Key stakeholder Focus group Specific areas of concern	Secondary Data Report	Community resources that are available to address the need	Gap ?
	4.04 • Presence of drug dealers in the community 3.96 • Domestic violence 3.95 • Presence of gang activity 3.73 • Elder abuse 3.52	• Crime 4.15 • Domestic violence 4.13 • Presence of gang activity 4.04 • Safe places for outdoor youth activities 3.70 • Elder abuse 3.63 • Sex trafficking 3.62			Elder Abuse resources: • Family Crisis Center 218-694-2831 • Clearwater Co. Human Services – 218-694-6512 Substance Abuse resources: • Mustard Seed Homes 218-776-2789 • The Most Excellent Way (support group) 218-776-2789 • Lake Region Chemical Dependency – 218-694-2035 • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281 • Clearwater Co. Human Services – 218-694-6512 Domestic Violence resources: • Family Crisis Center 218-694-2831 • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281	
Cost/ Access to Healthcare	• Access to affordable health insurance 3.89 • Access to affordable health care 3.88 • Access to affordable prescription drugs 3.71 • Cost of affordable dental insurance 3.64 • Use of emergency room services	• Use of emergency room services for primary health care 4.14 • Timely access to mental health providers 4.04 • Timely access to substance abuse providers 3.81 • Access to affordable health insurance 3.77 Access to affordable health care 3.75 • Access to affordable		Uninsured 14% (B) and 14% in (C) Underserved in primary care, mental health and dental providers	Clinics: • Sanford Bagley Clinic 218-694-2384 • Essentia Bagley Clinic 218-694-6281 • Sanford Clearbrook Clinic 218-776-3124 Mental Health resources: • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281 • Clearwater Co. Human Services – 218-694-6512 Substance Abuse resources: • Mustard Seed Homes 218-776-2789 • The Most Excellent Way (support group) 218-776-2789 • Lake Region Chemical Dependency – 218-694-2035	

Identified concern	Generalizable Survey Specific areas of concern 391 surveys	Non-Generalizable Survey specific areas of concern 104 surveys	Key stakeholder Focus group Specific areas of concern	Secondary Data Report	Community resources that are available to address the need	Gap ?
	for primary health care 3.61 • Cost of affordable vision insurance 3.52	prescription drugs 3.71 • Cost of affordable dental insurance 3.64 • Cost of affordable vision insurance 3.62 • Availability of non-traditional hours 3.61 • Timely access to physician specialists 3.60 • Coordination of care between providers and services 3.57			• Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281 • Clearwater Co. Human Services – 218-694-6512 • Clearwater Co. Nursing Services – 218-694-6581	
Physical Health	• Cancer 3.78 Inactivity 3.75 49.3% report moderate exercise at least 3x/week • Obesity 3.75 70.6% of respondents report they are overweight or obese • Chronic Disease 3.71 High Cholesterol Hypertension Arthritis • Poor nutrition 3.71 Only 24.1% report	• Poor nutrition 4.09 50.6% report having 3 or more vegetables/day Only 16.9% report having 3 or more fruits/day • Obesity 4.05 65.6% of respondents report they are overweight or obese • Inactivity 4.01 45.6% report exercise at a moderate level 3 or more times per week • Chronic Disease 3.99 High Cholesterol Hypertension Arthritis • Cancer 3.85		Obesity - 29% (B) and 32% (C)	Nutrition resources: • Rice Lake Elderly Nutrition Program – 218-694-2795 • Food Shelf – 218-694-6400 • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281 • Clearwater Co. Human Services – 218-694-6512 • Clearwater Co. Nursing Services – 218-694-6581 Farmer Markets: • Bagley Farmers Market 218-358-1990 Physical Activity/Fitness/Obesity resources: • School sports activities • Parks – 218-694-2865 • Golf Course – 218-694-2454 • Gwen's Studio of Exercise & Dance – 218-358-0316 • Studio One – 218-255-5123 • Slim Gym – 218-694-5123 • Sanford Bagley Hospital Fitness Center - 218-694-6501 Chronic Disease resources: • Sanford Better Choices, Better	

Identified concern	Generalizable Survey Specific areas of concern 391 surveys	Non-Generalizable Survey specific areas of concern 104 surveys	Key stakeholder Focus group Specific areas of concern	Secondary Data Report	Community resources that are available to address the need	Gap ?
	having 3 or more vegetables/day Only 20.1% report having 3 or more fruits/day				Health • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281 Diabetes resources: • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281 • Clearwater Co. Nursing Services – 218-694-6581 Cancer resources: • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281	
Mental Health/ Behavioral Health	• Depression 3.51 • Suicide 3.51 • Underage drug use and abuse 3.90 • Drug use & abuse 3.78 • Alcohol use & abuse 3.64 • Underage drinking 3.59; 34.5% of respondents report binge drinking	• Suicide 4.17 • Depression 4.11 • Stress 4.01 • Other psychiatric diagnosis 3.82 • Dementia and Alzheimer's 3.55 • Drug use and abuse 4.45 • Alcohol use and abuse 4,27 • Underage drug use and abuse 3.24 • Underage drinking 4.11 • Smoking and tobacco/smokeless tobacco use 3.68		Excessive drinking 23% in (B) and 21% in (C) Adult smoking 30% in (B) and 20% in (C)	Mental Health resources: • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281 • Clearwater Co. Human Services – 218-694-6512 Substance Abuse resources: • Mustard Seed Homes 218-776-2789 • The Most Excellent Way (support group) 218-776-2789 • Lake Region Chemical Dependency – 218-694-2035 • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281 • Clearwater Co. Human Services – 218-694-6512 • Clearwater Co. Nursing Services – 218-694-6581	

Identified concern	Generalizable Survey Specific areas of concern 391 surveys	Non-Generalizable Survey specific areas of concern 104 surveys	Key stakeholder Focus group Specific areas of concern	Secondary Data Report	Community resources that are available to address the need	Gap ?
Preventive health	42.4% of respondents have not had a flu shot this past year, and 49.2% of children over 6 months of age have not had their flus shot	26% of respondents have not had a flu shot and 40.4% of children 6 months or older have not had a flu shot in the past year			Clinics: • Sanford Bagley Clinic 218-694-2384 • Sanford Clearbrook Clinic 218-776-3124 • Essentia Bagley Clinic 218-694-6281	

Bagley 2016 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 (H1N1 or air pollution)*
- *Size of problem (e.g. # of individuals affected)*

Criteria to Identify Intervention for Problem

- *Expertise to implement solution*
- *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
Economics • Availability of affordable housing			
Transportation • Availability of public transportation			
Aging • Cost of LTC • Availability of LTC • Availability of resources for caregivers making decisions • Availability of memory care • Availability of resources to help the elderly stay in their homes • Availability of resources for grandparent caregivers for grandchildren • Understanding of advanced care directives			
Children and Youth • Youth crime • Bullying • Availability/ cost of activities for children and youth • Availability/cost of quality infant care • Teen pregnancy • Availability of services for at-risk youth • School dropout rates • School absenteeism • Cost of quality childcare	XXXX #2 priority		
Safety • Child abuse and neglect • Crime • Presence of street drugs, prescription drugs and alcohol • Presence of drug dealers • Domestic violence • Presence of gang activity • Elder abuse • Child abuse and neglect • Safe places for outdoor youth activities • Sex trafficking	X		
Health Care • Access to affordable health insurance • Access to affordable health care • Access to affordable prescription drugs • Cost of affordable dental insurance • Use of emergency services for primary care • Cost of affordable vision insurance • Timely access to mental health/behavioral health providers • Availability of non-traditional hours • Timely access to physician specialists • Coordination of care between providers and services			
Physical Health • Cancer • Inactivity • Obesity Chronic disease • Poor nutrition	X		
Mental Health • Depression	XXXXX #1 priority		

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
• Suicide • Underage drug use and abuse • Drug use and abuse • Alcohol use and abuse • Underage drinking • Stress • Other psychiatric diagnosis • Dementia and Alzheimer's • Smoking and tobacco use/smokeless tobacco use			
Preventive Health • Flu Shots			

SANFORD HEALTH

2015 Greater Bemidji Community Health Needs Assessment of Residents

August 2015

Results from a March 2015 generalizable survey of community residents in the greater Bemidji area including: Clearwater and Beltrami counties in Minnesota

Conducted through a partnership with the Greater Bemidji Community Health Needs Assessment Collaborative

PREFACE

This report, entitled *2015 Greater Bemidji Community Health Needs Assessment of Residents*, presents the results of a March 2015 generalizable survey of residents in Beltrami and Clearwater counties in Minnesota.

The study was conducted by the Center for Social Research at North Dakota State University on behalf of the Community Health Needs Assessment Collaborative.

TABLE OF CONTENTS

INTRODUCTION

The purpose of this generalizable survey of residents in the greater Bemidji area (i.e., Beltrami and Clearwater counties in Minnesota) was to learn about the perceptions of area residents regarding community health, their personal health, preventive health, and the prevalence of disease.

Study Design and Methodology

A generalizable survey was conducted of residents in Beltrami and Clearwater counties in Minnesota. The survey instrument was developed in partnership with members of the Greater Bemidji Community Health Needs Assessment collaborative and the Center for Social Research (CSR) at North Dakota State University.

Staff at the CSR, along with members of the collaborative, created the cover letter. Elements of informed consent were included in the letter ensuring that the NDSU Institutional Review Board requirements were met and the protection of human subjects maintained.

The survey instrument was designed as a scannable 8-page mail survey containing 54 questions. The questions focused on general community concerns, community health and wellness concerns, personal health, preventive health, and demographic characteristics.

The sample, obtained from a national vendor, was a stratified random sample to ensure that appropriate proportions from each of the two counties were included. A total of 1,500 records with names, addresses, and a few demographic indicators were included in the sample.

Residents listed in the sample were first mailed an introductory postcard briefly explaining the project and notifying them that a survey packet would be arriving in their mail. Survey packets, which contained the cover letter, scannable paper survey, and a pre-paid return envelope, were mailed three days after the introductory postcards; 5% of the packets were returned as undeliverable. A reminder postcard containing a link to an on-line version of the survey was mailed to non-responders approximately 10 days after the initial survey was mailed. A total of 405 paper surveys were returned for scanning and an additional five surveys were completed on-line for a total of 410; the response rate was 27%.

Upon further analysis, it was apparent that elderly and male respondents were overrepresented in the scanned results. Therefore, post-stratification weights were used to ensure proper representation of the population with respect to age and gender. Respondents who did not enter a gender and age response were eliminated from the analyses. A total of 391 surveys were analyzed providing a generalizable sample with a confidence level of 95% and an error rate of plus or minus 5 percentage points.

Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Beltrami and Clearwater counties. However, when comparing certain demographic characteristics (i.e., age, income, minority status) with the current population estimates from the U.S. Census Bureau[1], it was

[1] U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2013. Released June 2014. Available from http://www.census.gov/popest/.

evident that older, white, more highly educated, and higher income earners were overrepresented. Overrepresentation of this nature is typical in health needs assessments.

Literature reviews indicate that there are nonresponse rate issues among younger respondents[2]. In particular, response rates to health care and community health needs assessment surveys have often been found to be higher for older respondents[3]. Studies have also shown lower response rates for socially disadvantaged groups[4] (i.e., socially, culturally, or financially).

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; 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. In some cases there were surveys that were submitted without names or without a specified area of expertise or affiliation. We worked closely with public health experts throughout the assessment process.

Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the community health needs assessment section.

[2] Michael J. Stern, Ipek Bilgen, and Don Al Dillman. Field Methods 2014, Vol. 26(3) 284-301. The State of Survey Methodology: Challenges, Dilemmas, and New Frontiers in the Era of the Tailored Design.
[3] See the following examples: http://www.mathematica-mpr.com/~/media/publications/PDFs/internetmailsurvey.pdf; http://www.allied-services.org/wp-content/uploads/2013/06/CHNA-lackawanna-2013.pdf; http://www.hcno.org/pdf/counties/Cuyahoga%20County%20Health%20Assessment%20FINAL.pdf
[4] See the following literature review: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3974746/#__ffn_sectitle

SURVEY RESULTS

General Health and Wellness Concerns about the Community

Using a 1 to 5 scale, with 1 being “not at all” and 5 being “a great deal,” respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Figure 1. Level of concern with statements about the community regarding ECONOMICS

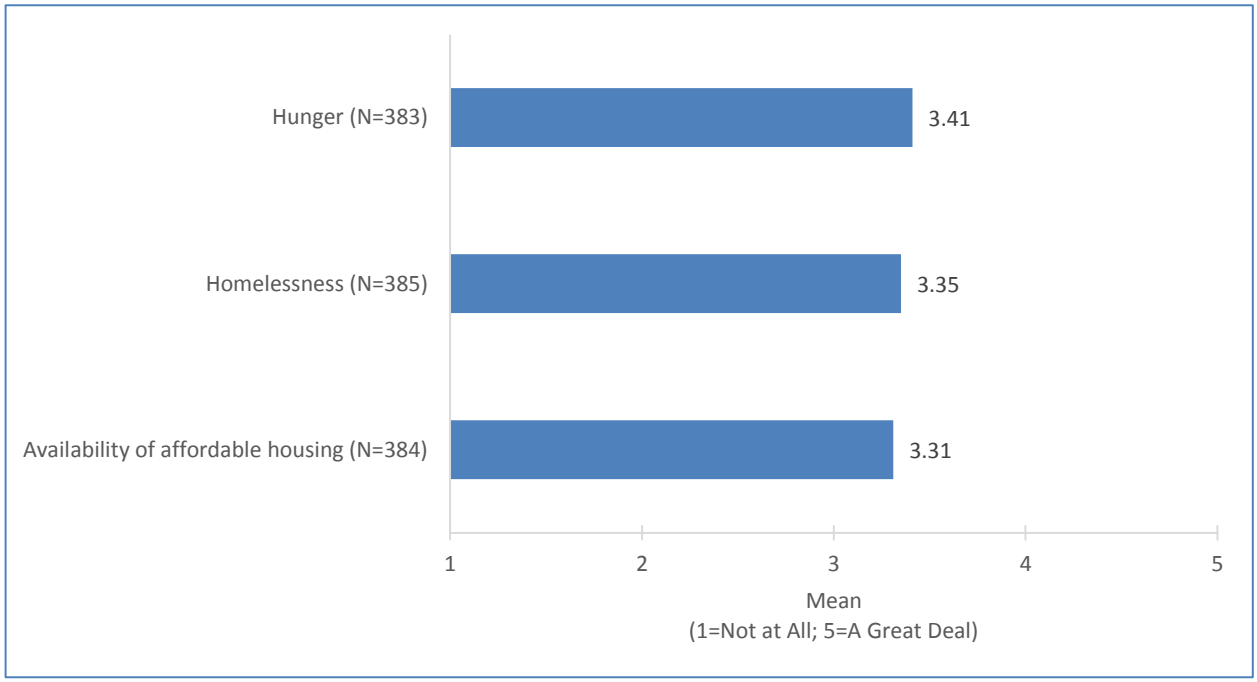


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

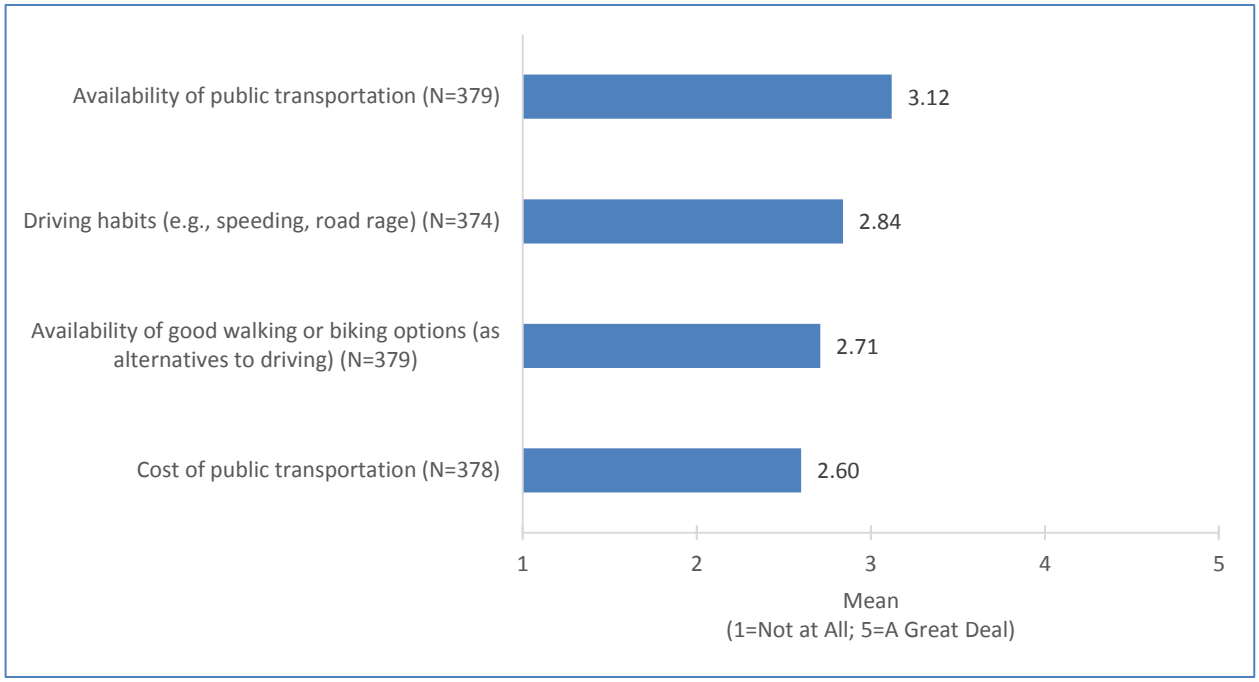


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

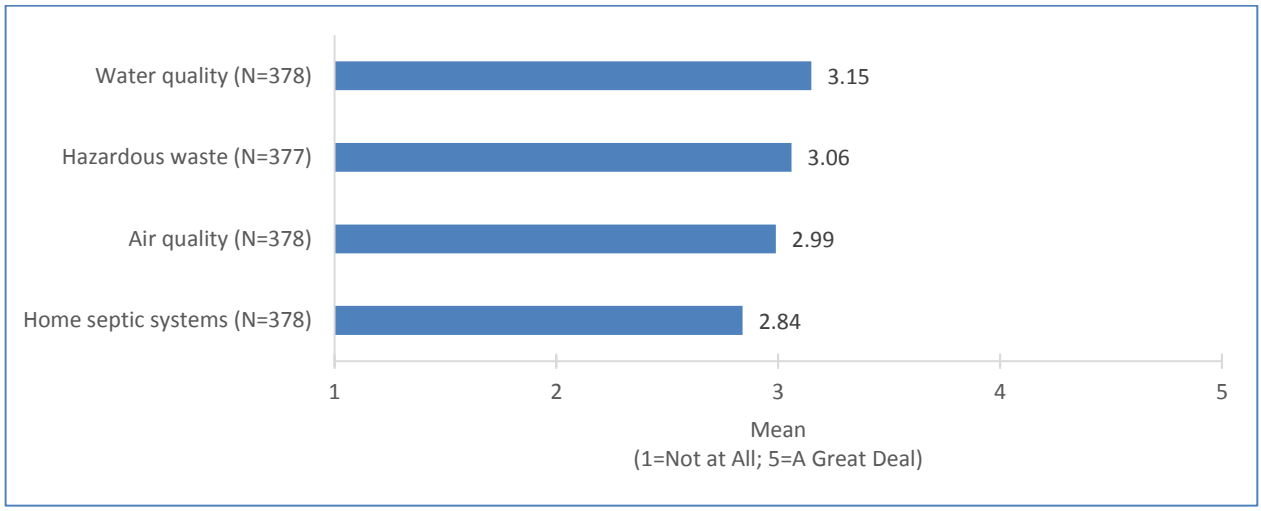


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

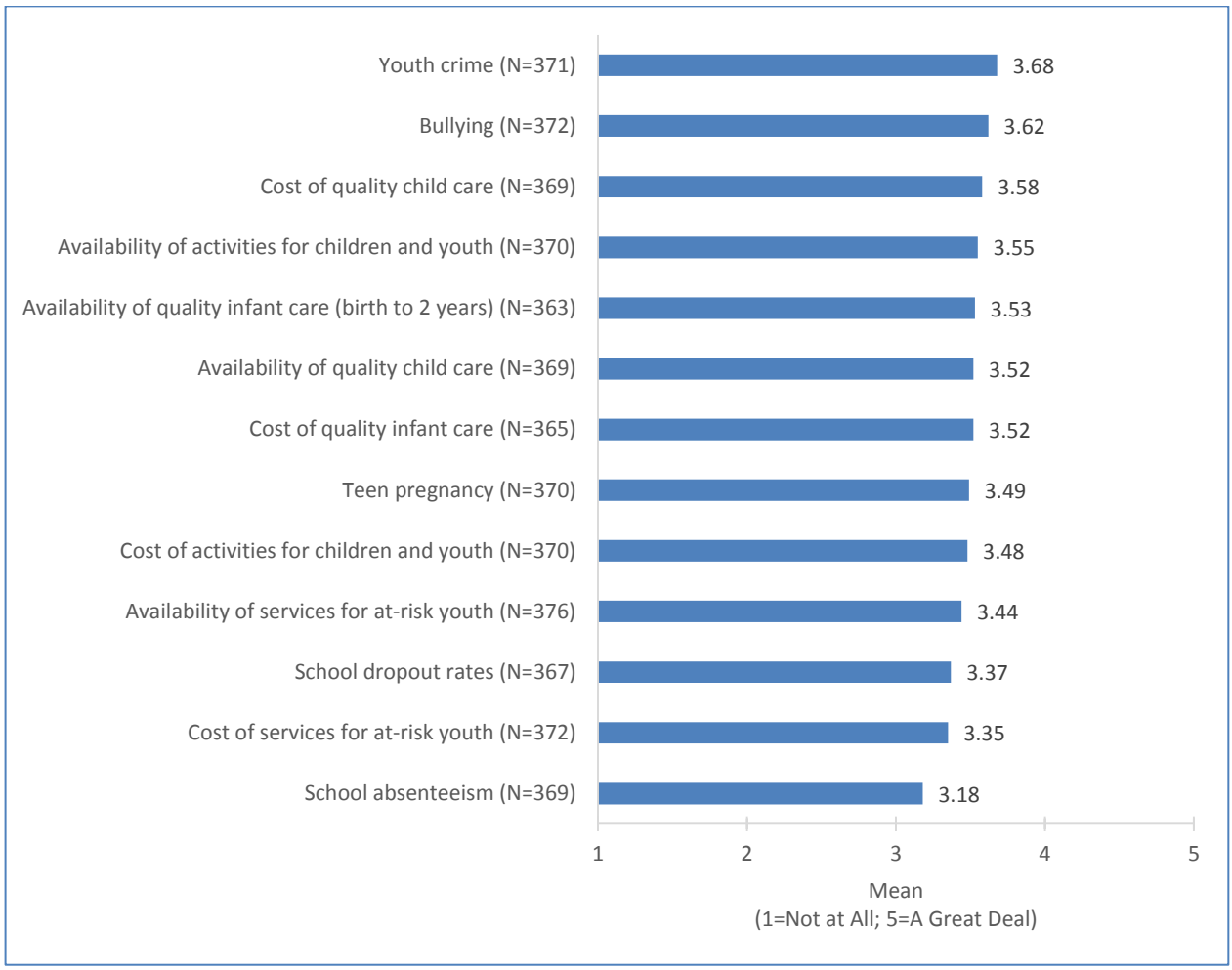


Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

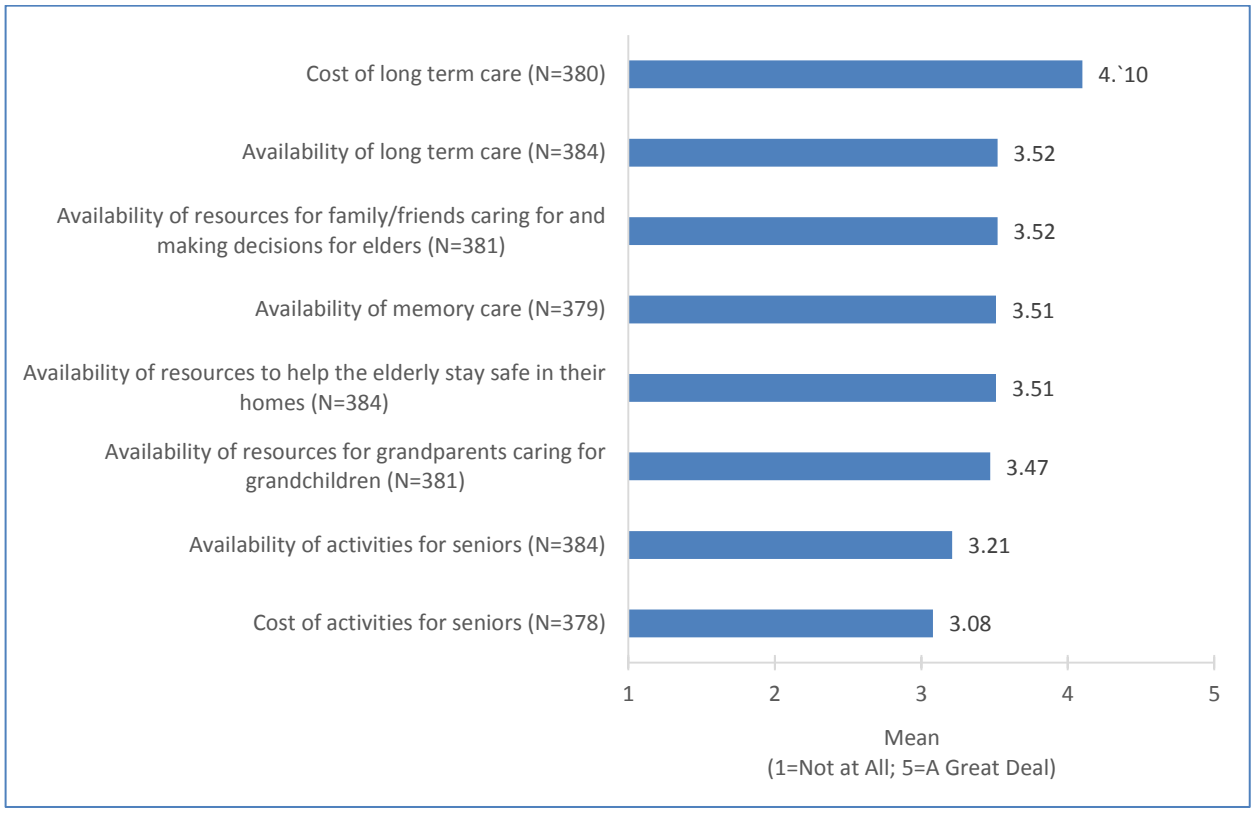


Figure 6. Level of concern with statements about the community regarding SAFETY

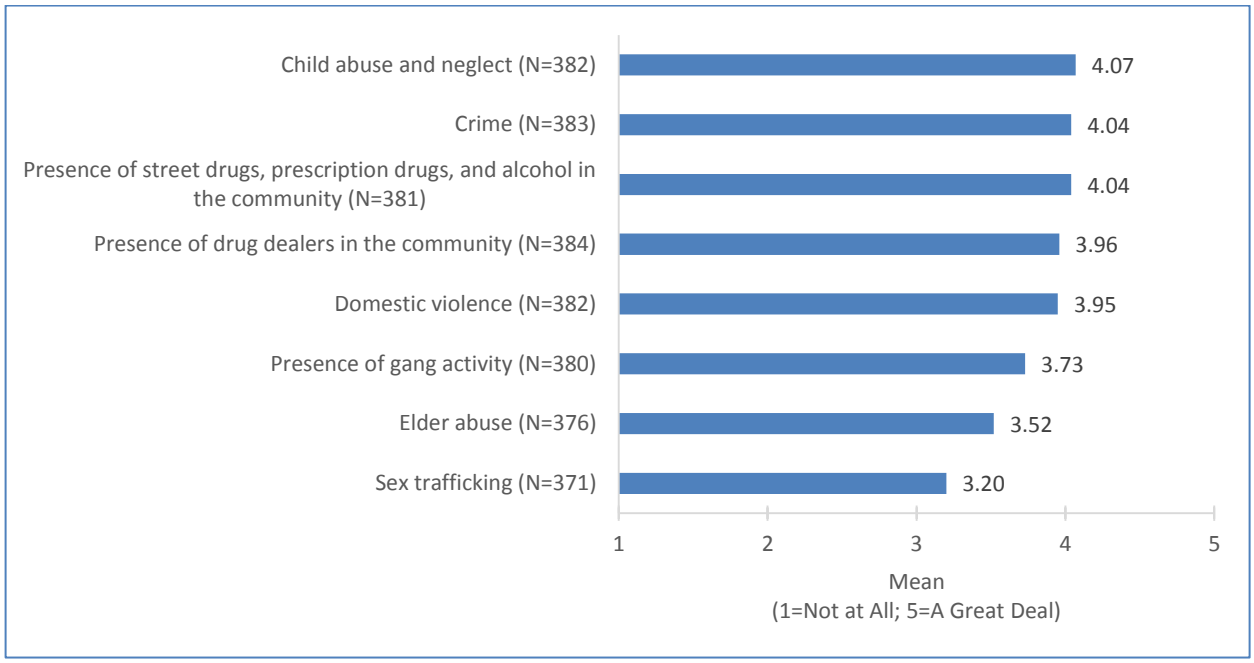


Figure 7. Level of concern with statements about the community regarding HEALTH CARE

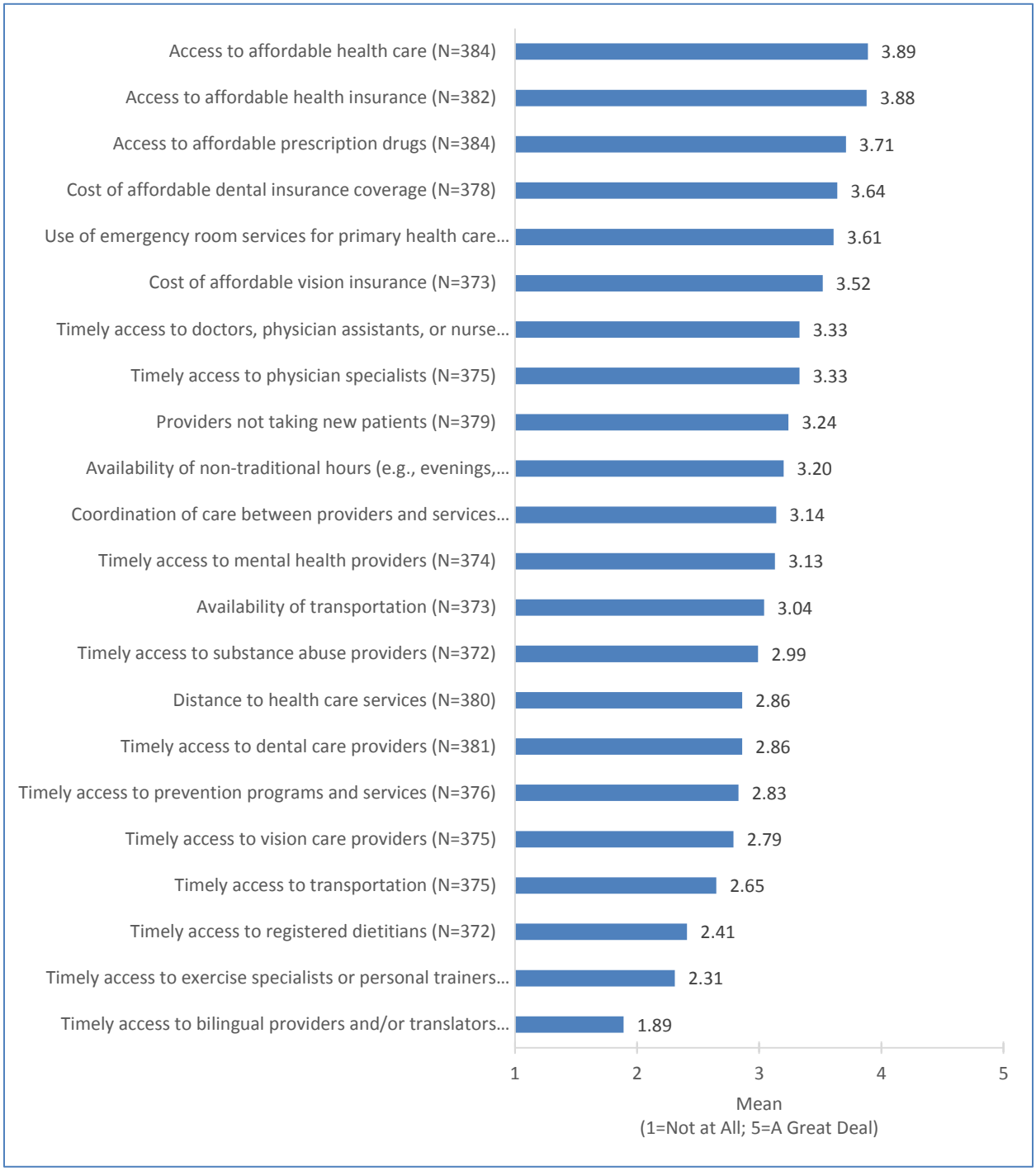


Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

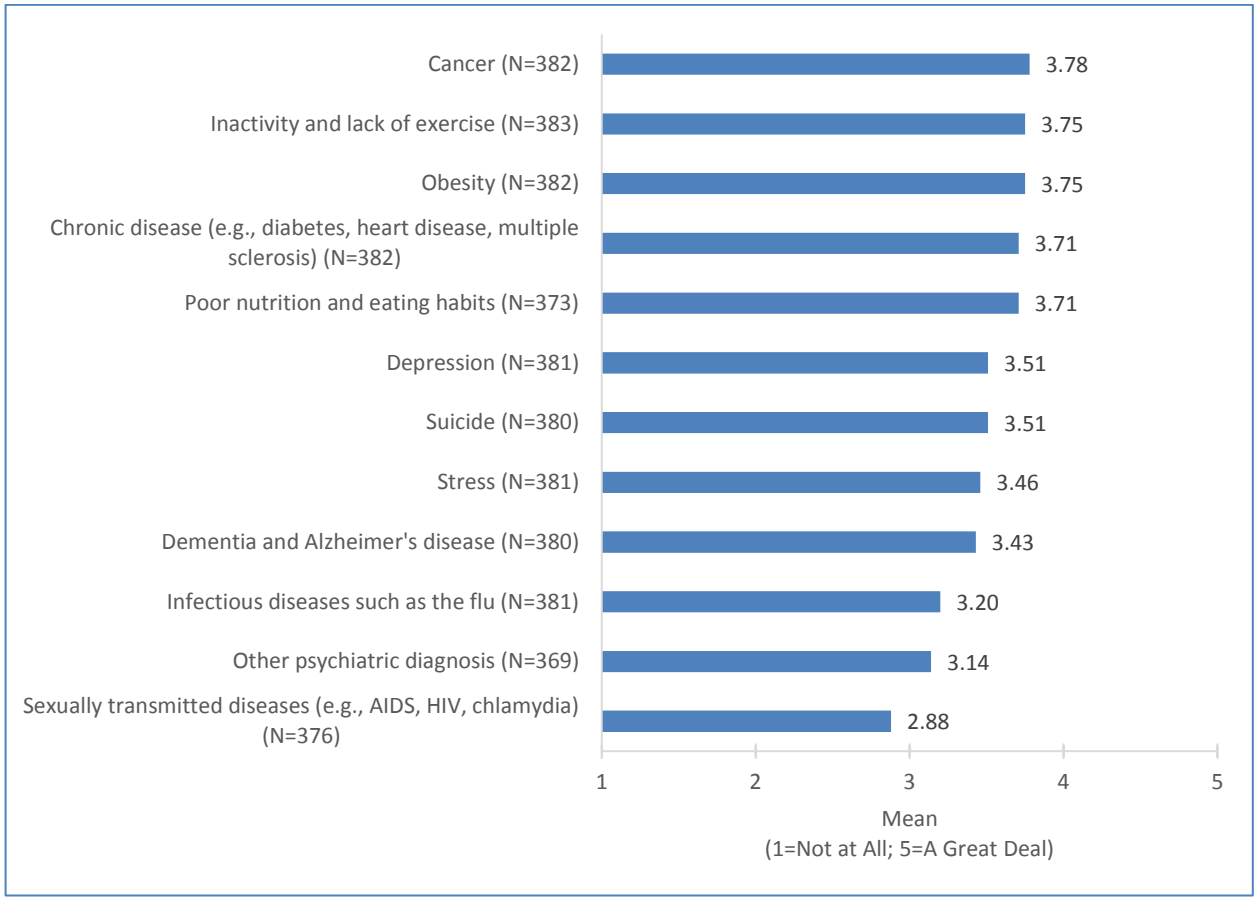
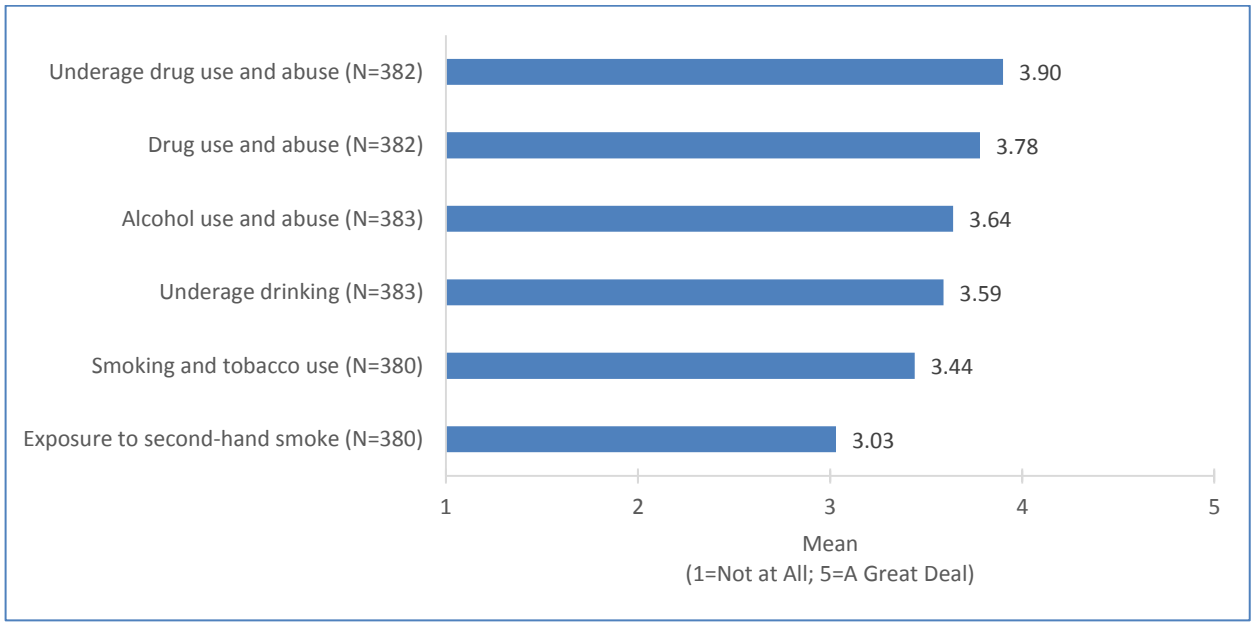
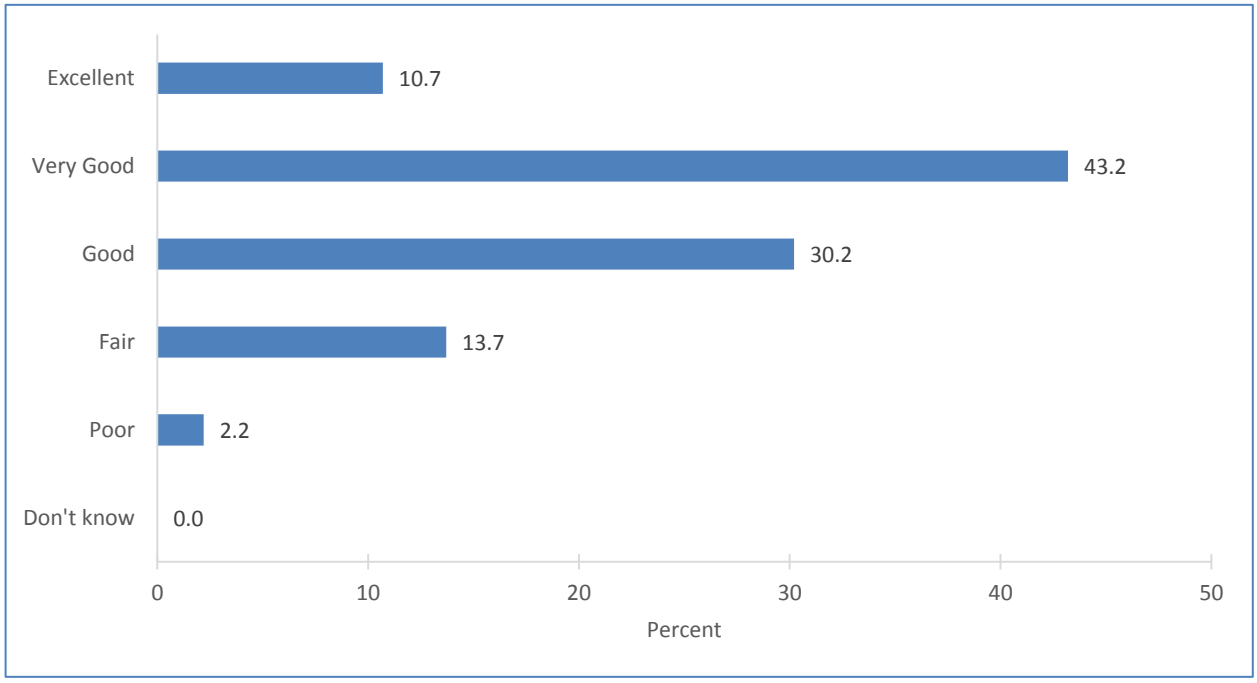


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



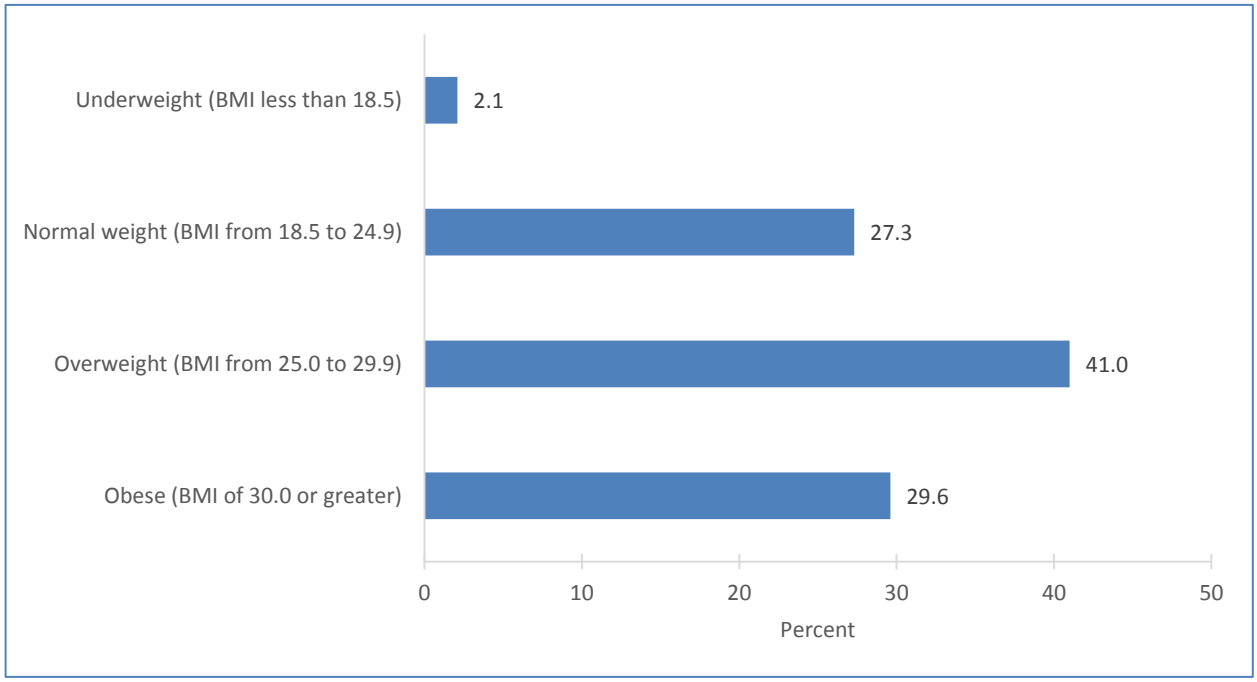
General Health

Figure 10. Respondents' rating of their health in general



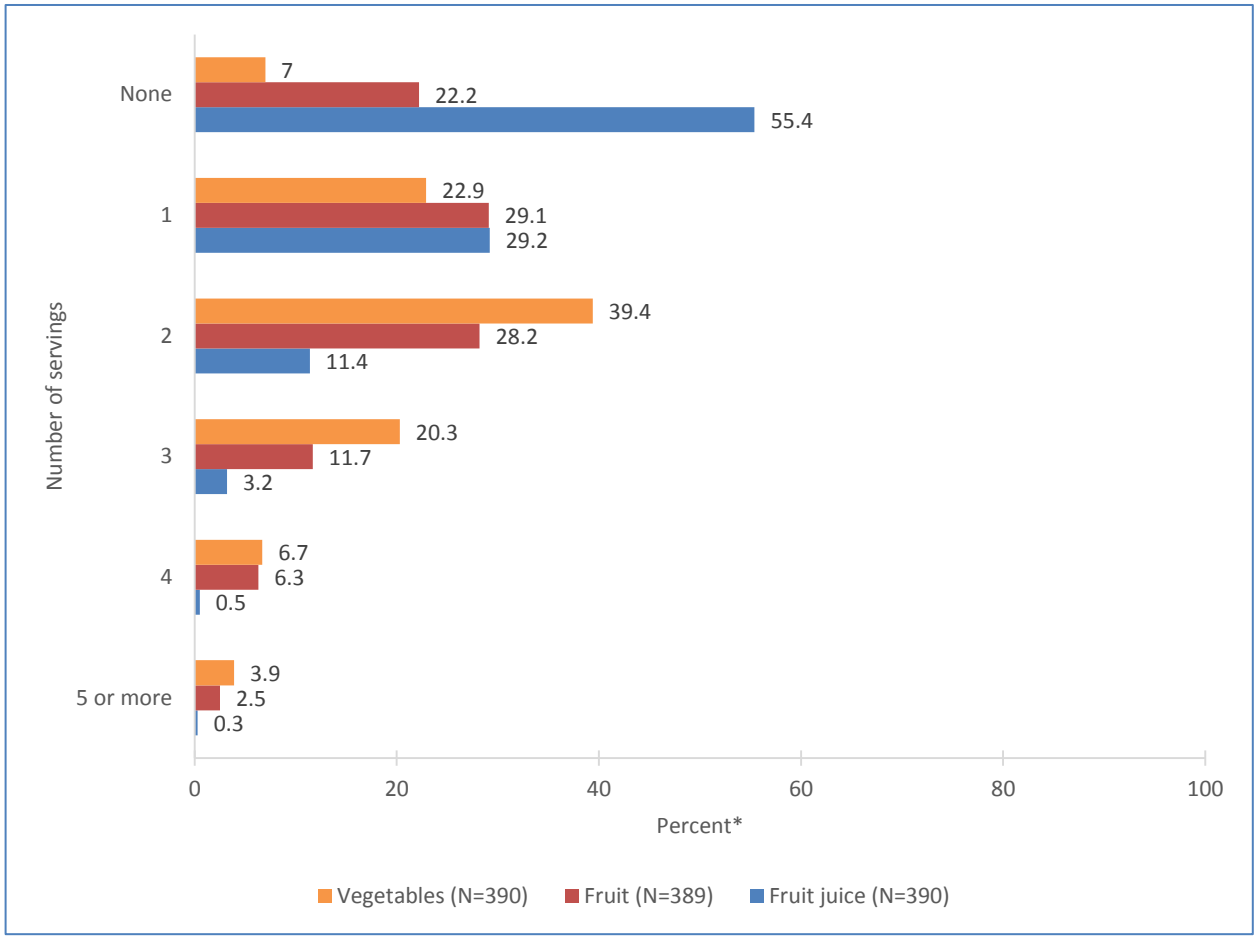
N=379

Figure 11. Respondents' weight status based on the Body Mass Index (BMI)* scale



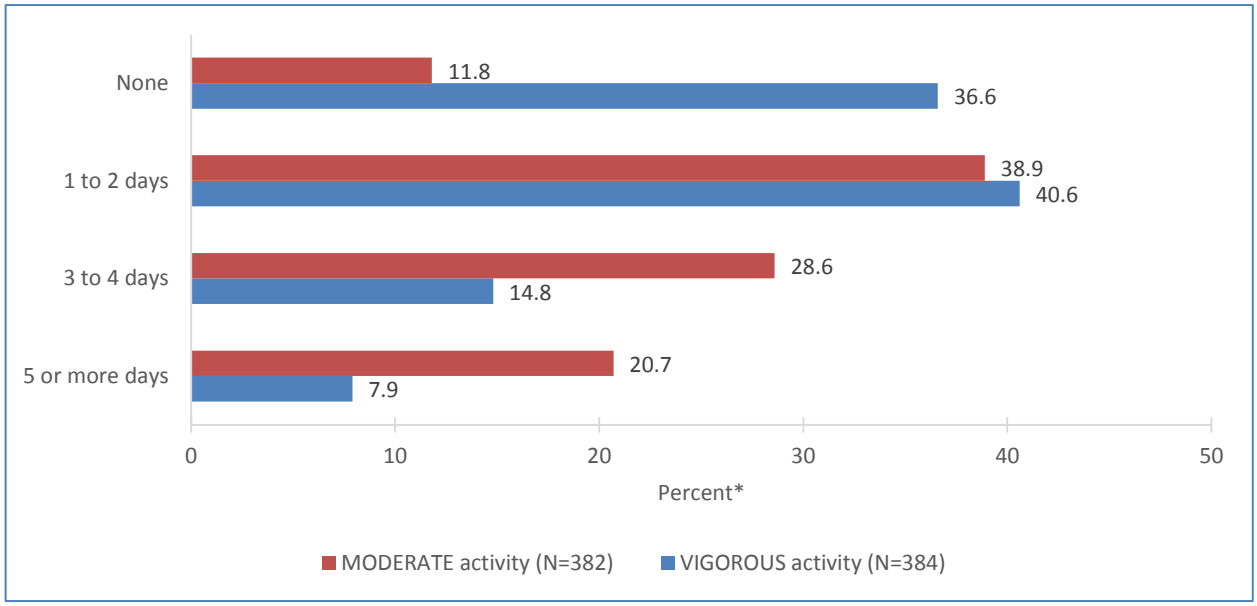
N=370 *For information about the BMI, visit the Centers for Disease Control and Prevention, *About BMI for Adults,* http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/.

Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday



*Percentages may not total 100.0 due to rounding.

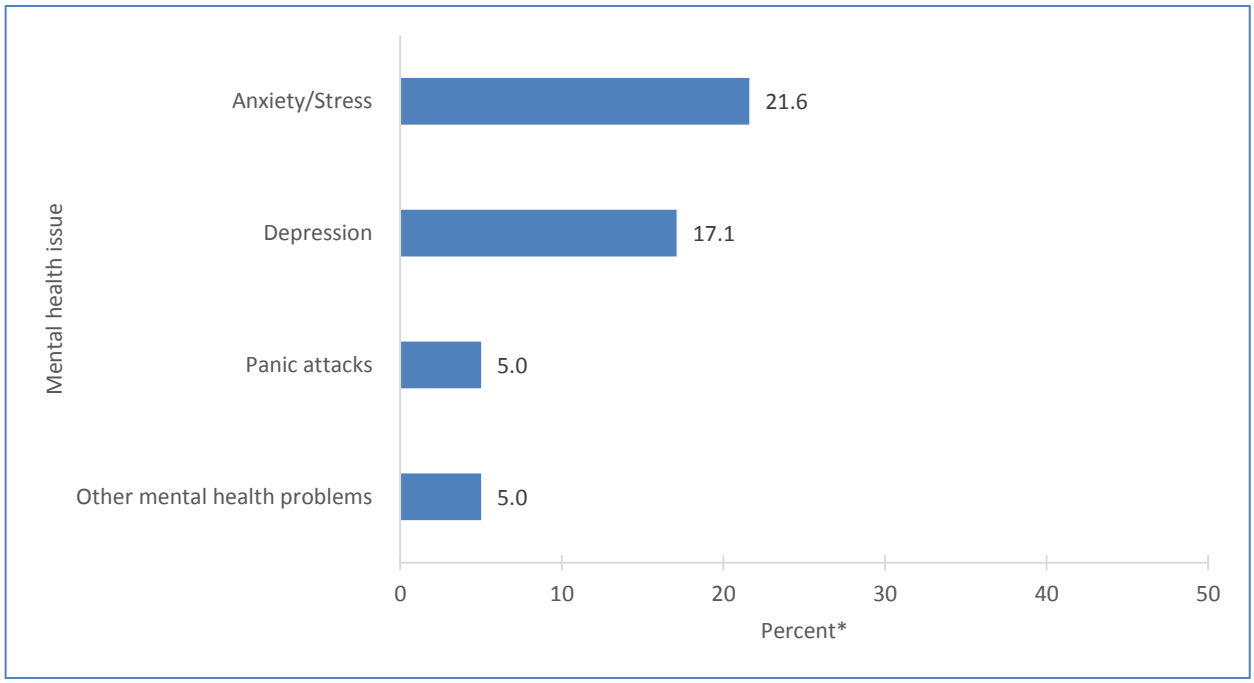
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



*Percentages may not total 100.0 due to rounding.

Mental Health

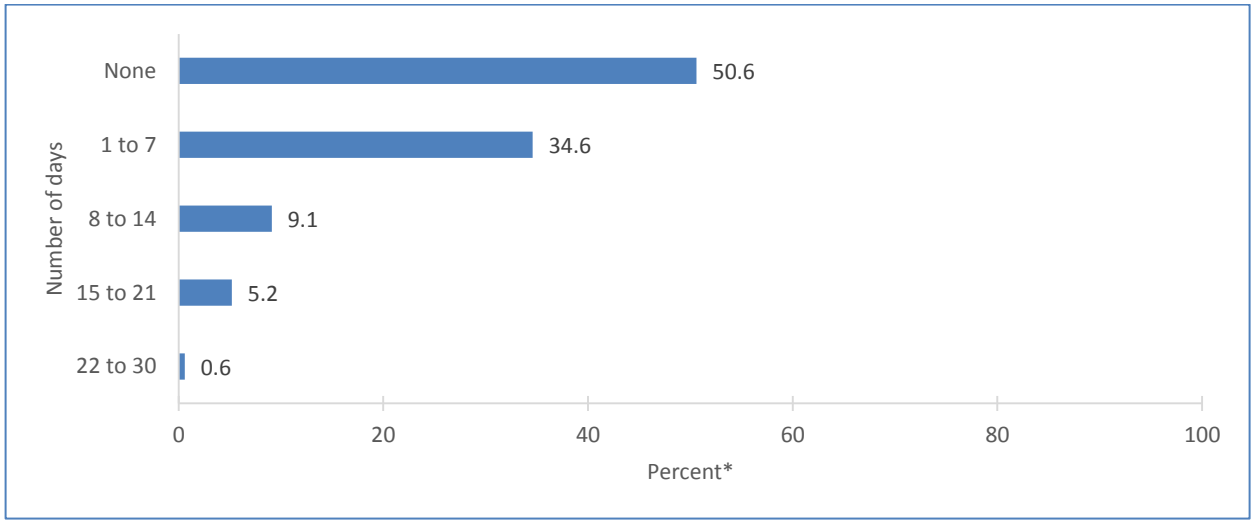
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



N=391

*Percentages do not total 100.0 due to multiple responses.

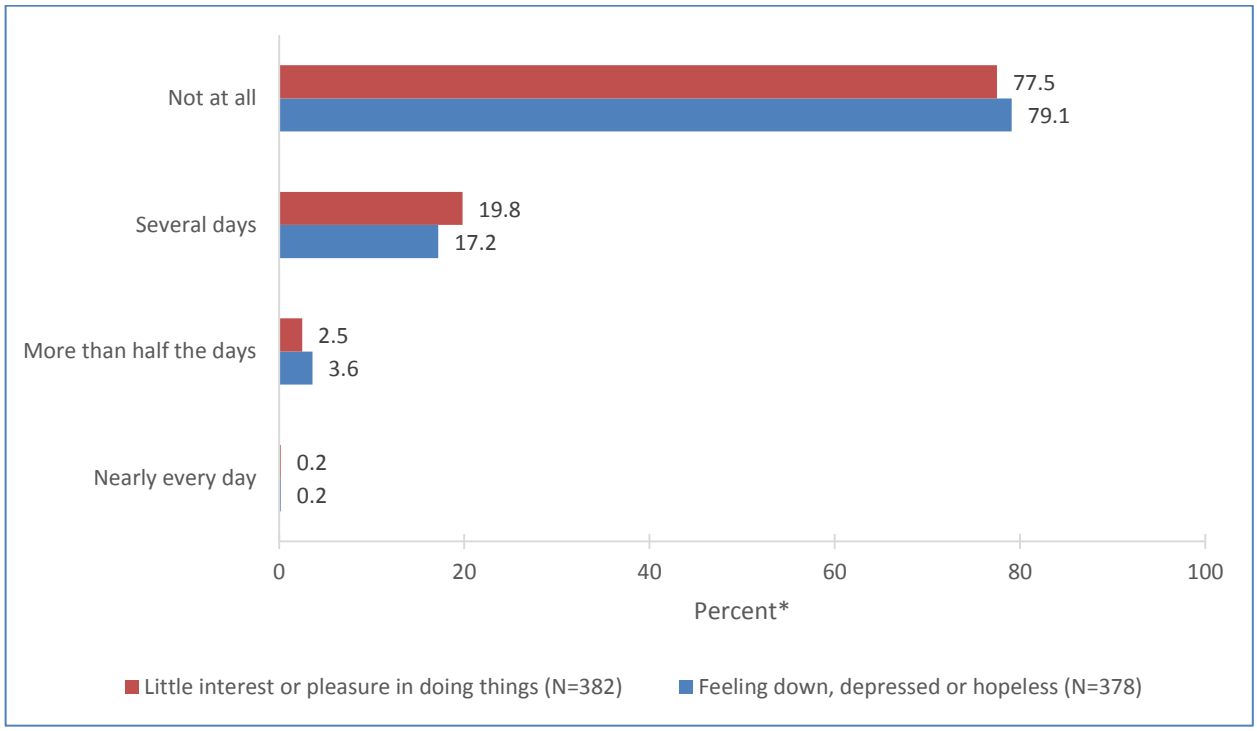
Figure 15. Number of days in the last month that respondents' mental health was not good



N=350

*Percentages do not total 100.0 due to rounding

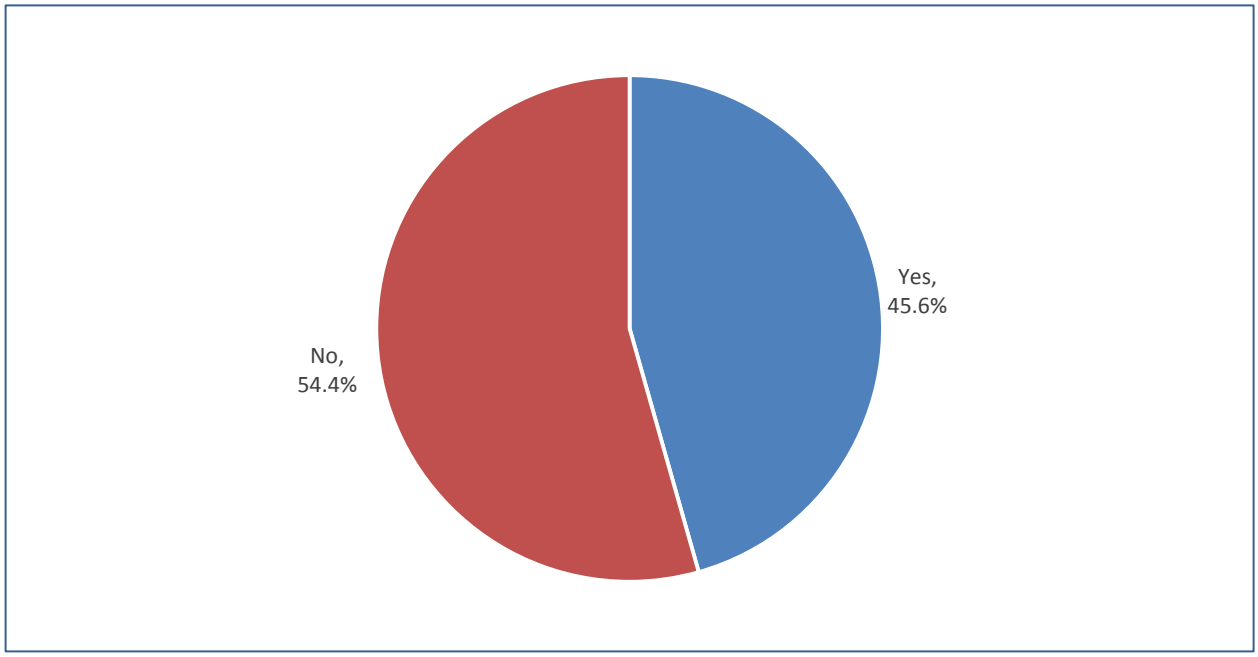
Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues



*Percentages may not total 100.0 due to rounding.

Tobacco Use

Figure 17. Whether respondents have smoked at least 100 cigarettes in their entire life



N=389

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

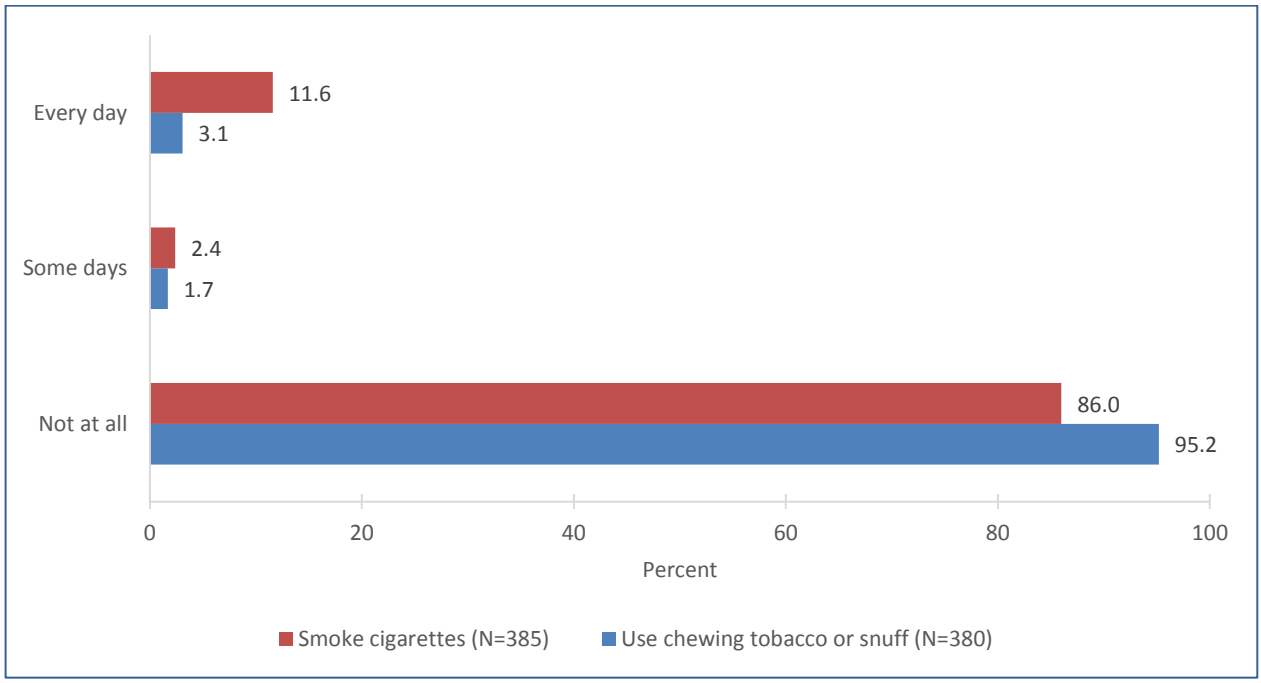
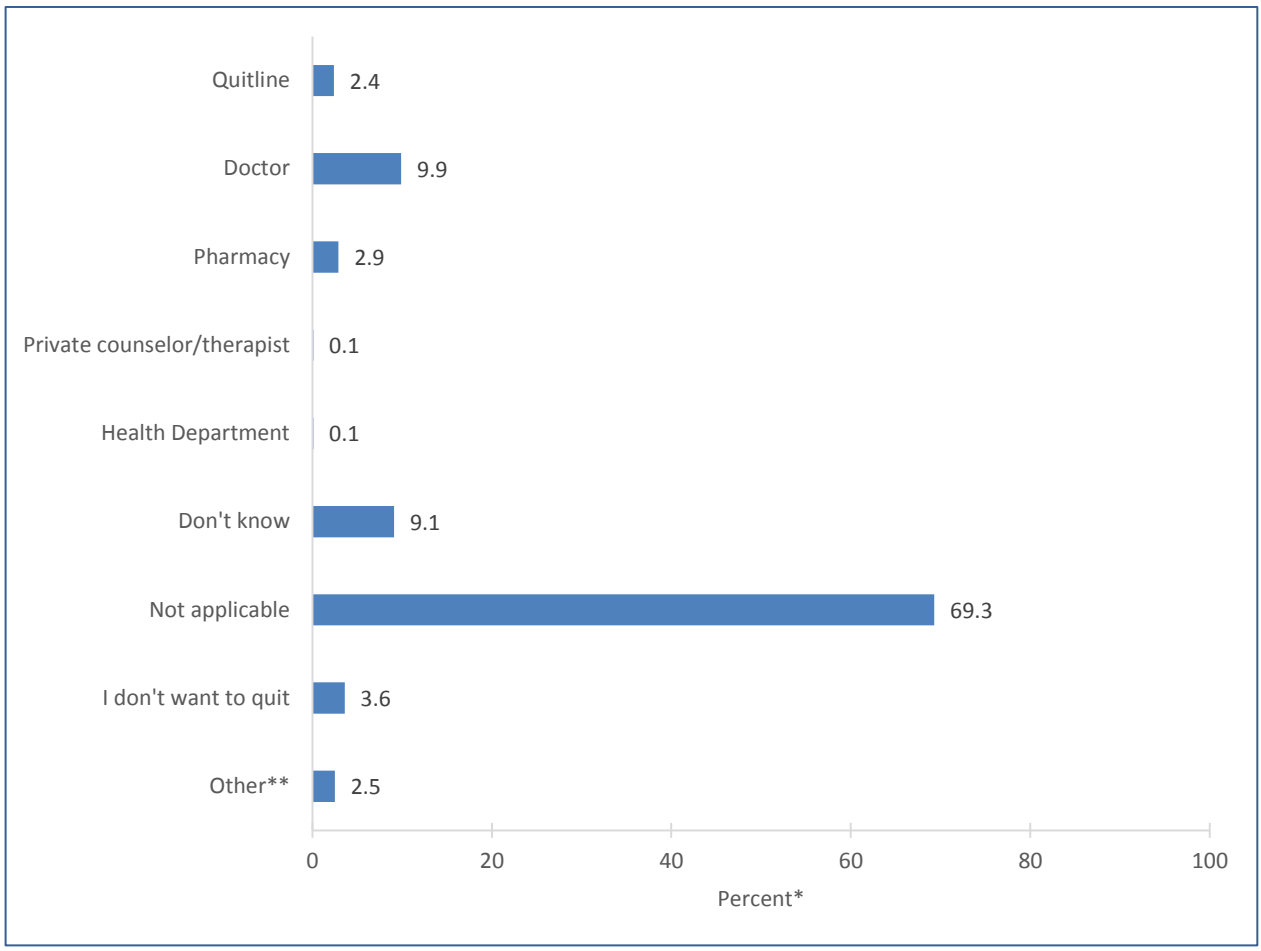


Figure 19. Location respondents would first go if they wanted help to quit using tobacco



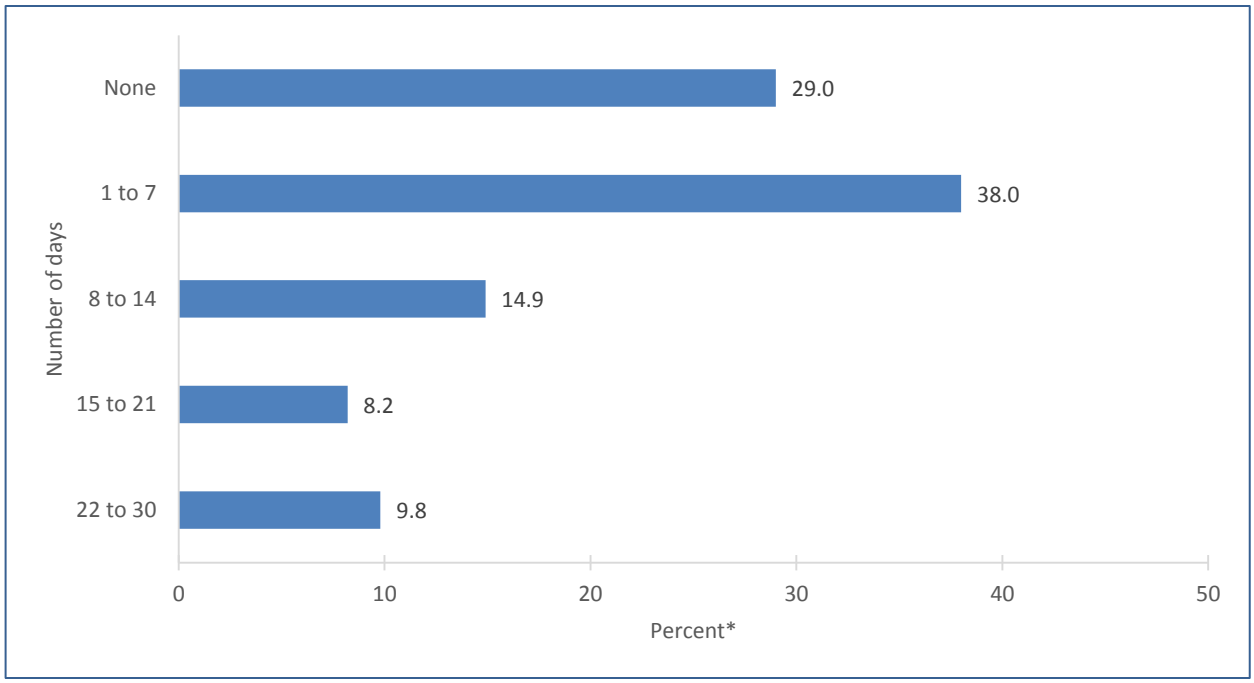
N=350

*Percentages do not total 100.0 due to rounding.

**Other responses include “Quit cold turkey (5)” and “meditation and prayer”.

Alcohol Use and Prescription Drug/Non-prescription Drug Abuse

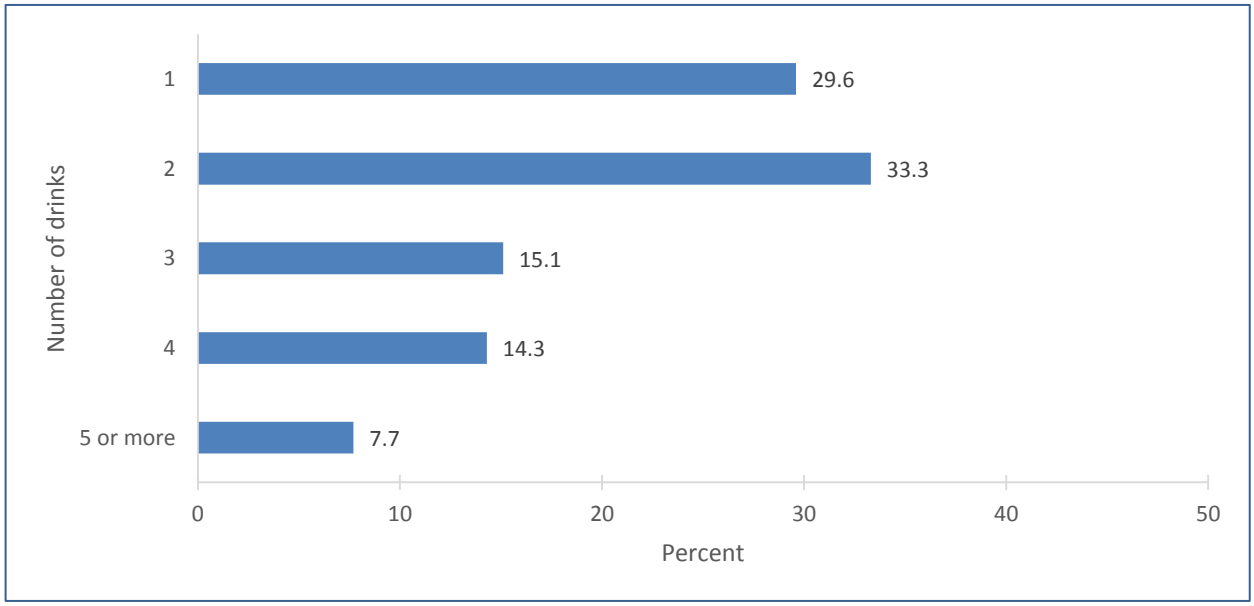
Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



N=383

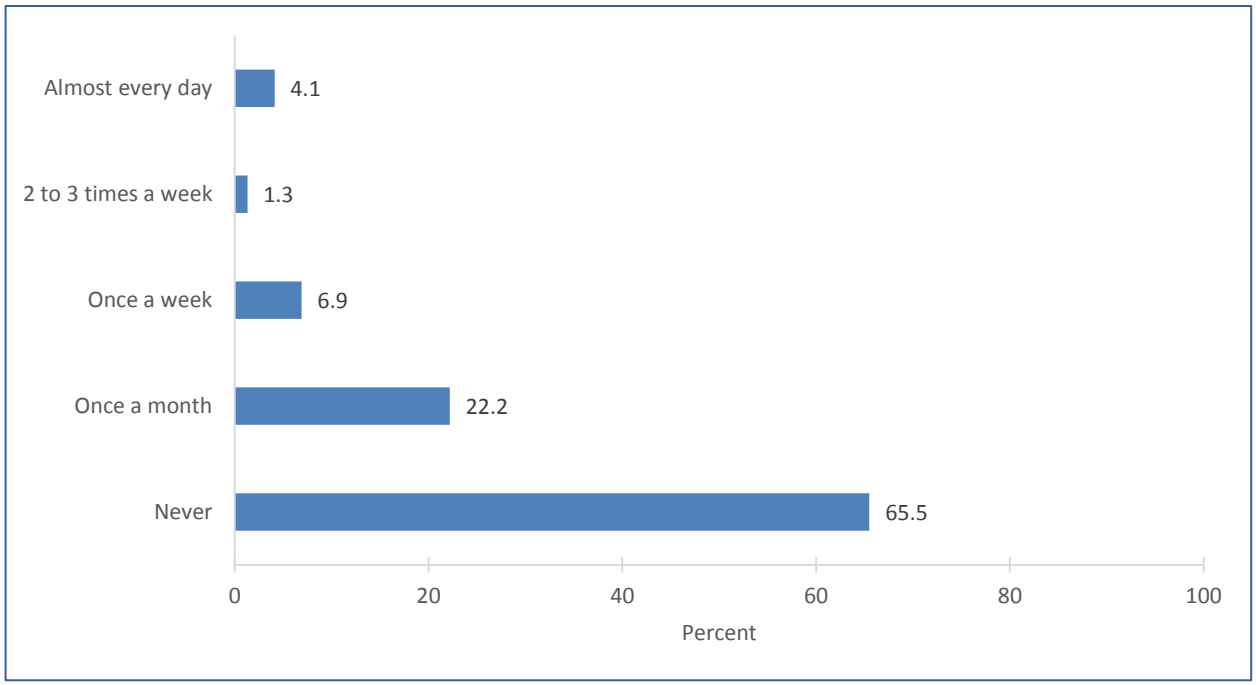
*Percentages do not total 100.0 due to rounding.

Figure 21. During the past month on days that respondents drank, average number of drinks per day respondents consumed



N=267

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



N=383

Figure 23. Whether respondents have ever had a problem with alcohol use or prescription or non-prescription drug abuse

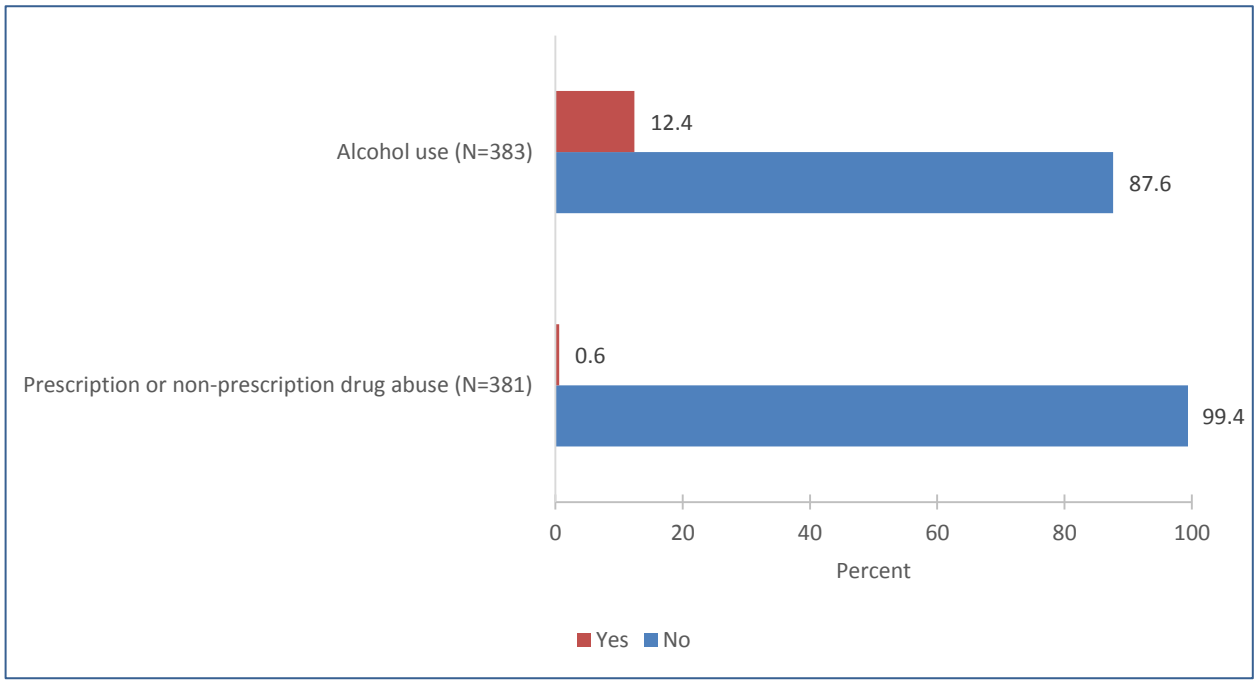


Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

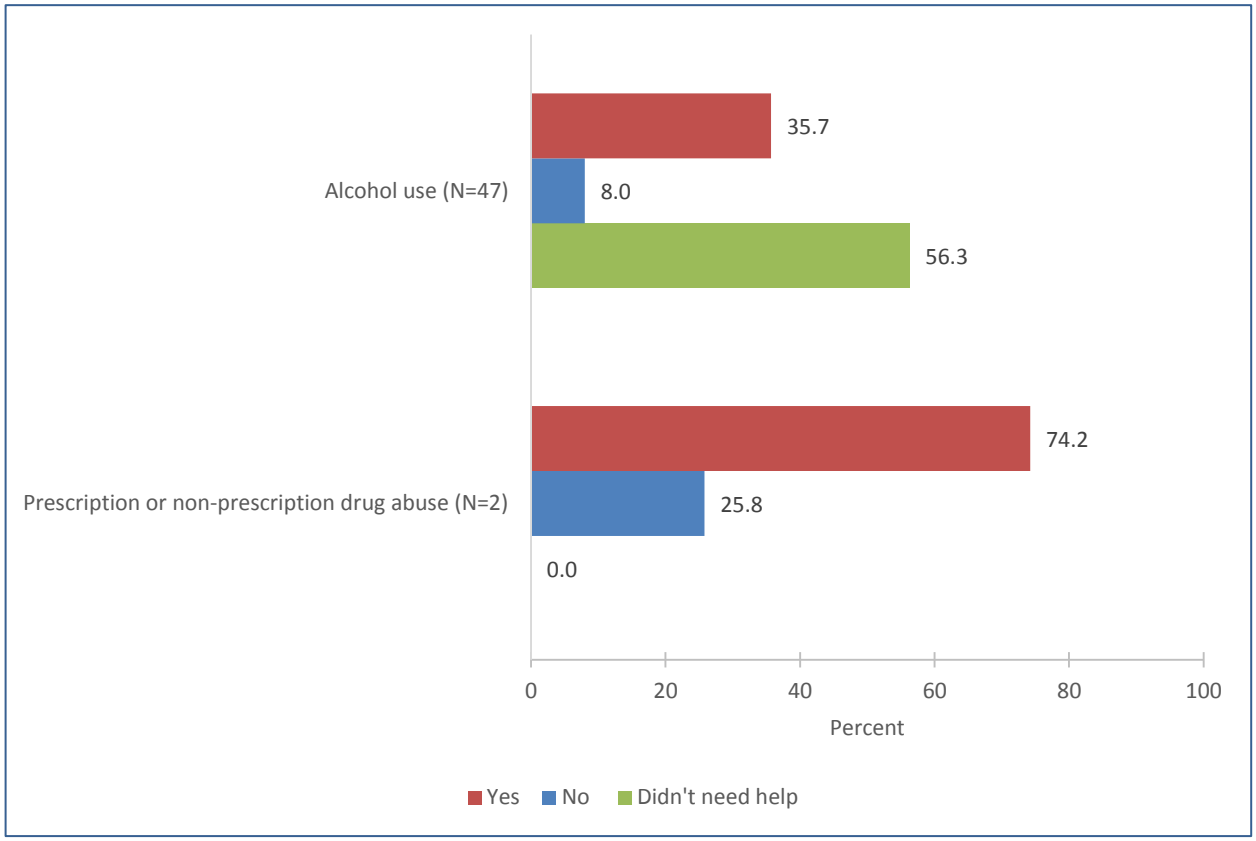
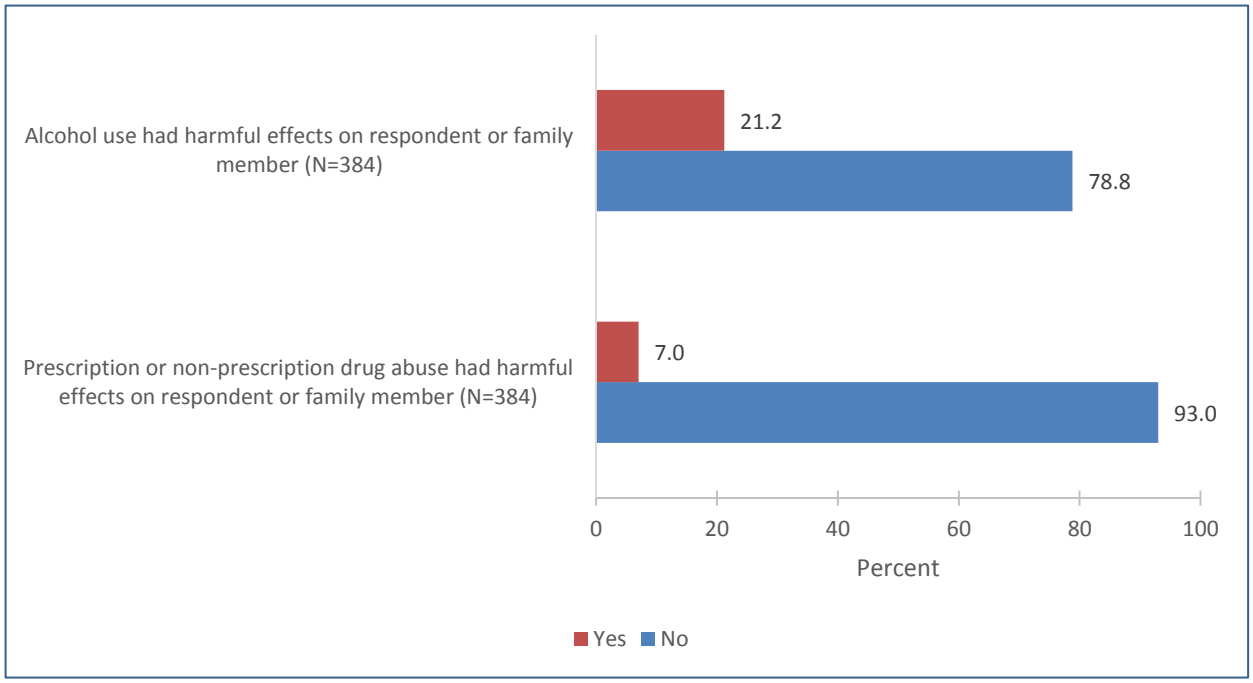


Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



Preventive Health

Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening

Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=384)	83.0	17.0	100.0
Blood sugar screening (N=381)	64.7	35.3	100.0
Bone density test (N=374)	9.1	90.9	100.0
Cardiovascular screening (N=373)	31.5	68.5	100.0
Cholesterol screening (N=382)	66.3	33.7	100.0
Dental screening and X-rays (N=382)	78.4	21.6	100.0
Flu shot (N=383)	57.6	42.4	100.0
Glaucoma test (N=376)	41.6	58.4	100.0
Hearing screening (N=378)	22.0	78.0	100.0
Immunizations (N=374)	17.9	82.1	100.0
Pelvic exam (N= 191 Females)	62.3	37.7	100.0
STD (N=375)	2.4	97.6	100.0
Vascular screening (N=370)	9.2	90.8	100.0
CANCER SCREENINGS			
Breast cancer screening (N=196 Females)	69.8	30.2	100.0
Cervical cancer screening (N=191 Females)	55.3	44.7	100.0
Colorectal cancer screening (N=374)	35.6	64.4	100.0
Prostate cancer screening (N= 179 Males)	46.3	53.7	100.0
Skin cancer screening (N=369)	19.2	80.8	100.0

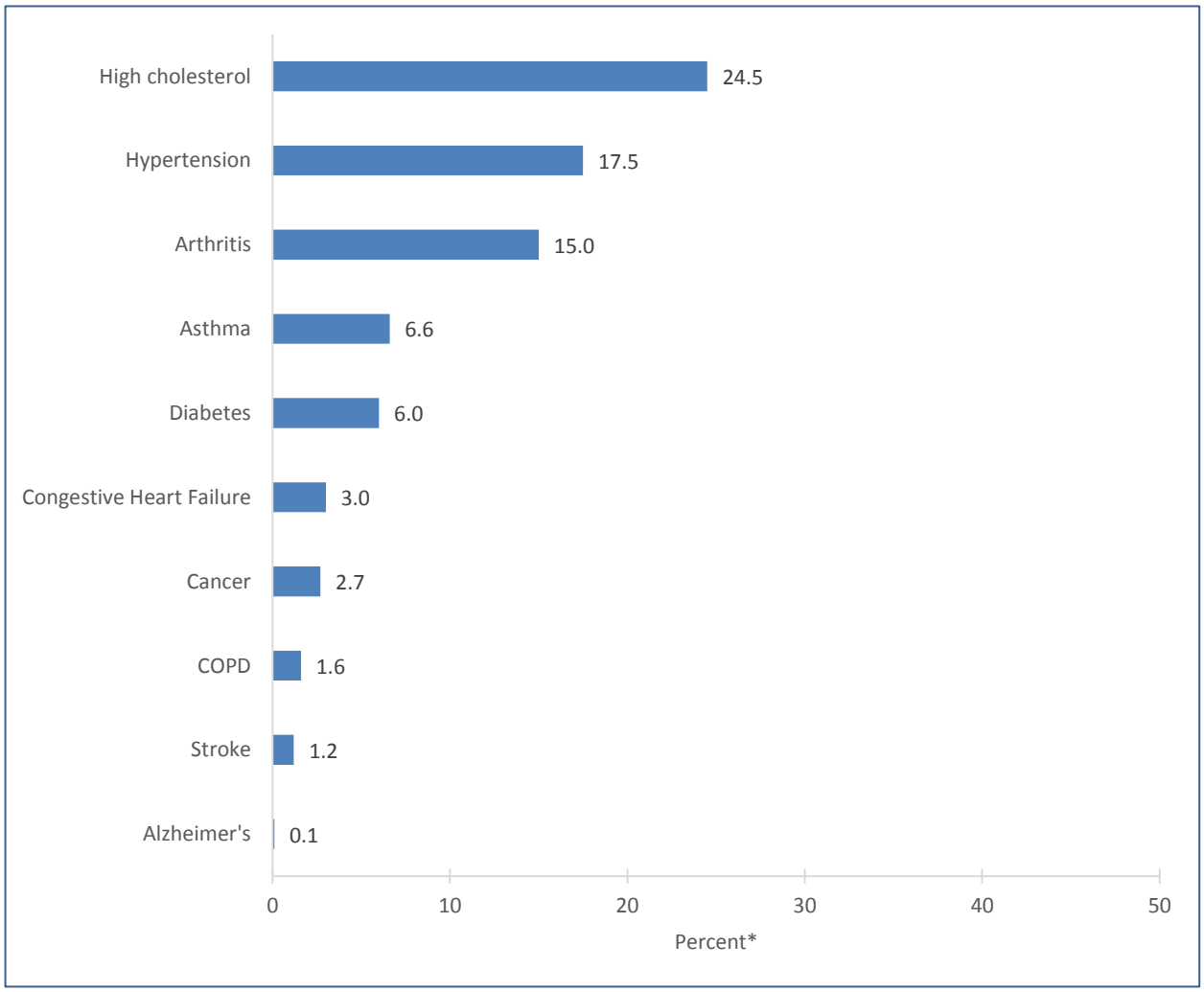
Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
GENERAL SCREENINGS							
Blood pressure screening (N=65)	47.1	6.6	16.0	0.0	0.0	0.0	15.1
Blood sugar screening (N=134)	49.8	27.3	7.8	0.0	0.0	0.0	7.6
Bone density test (N=340)	50.2	34.6	5.3	0.0	0.0	0.0	5.3
Cardiovascular screening (N=255)	45.2	38.0	6.9	0.0	0.0	0.0	5.9
Cholesterol screening (N=129)	48.2	22.8	8.4	0.0	0.0	0.0	12.3
Dental screening and X-rays (N=83)	35.5	3.0	26.9	0.6	3.9	2.9	10.0
Flu shot (N=162)	53.4	1.6	6.9	2.8	0.4	0.0	26.9
Glaucoma test (N=220)	59.3	21.4	2.8	0.0	0.0	0.1	8.4
Hearing screening (N=295)	55.3	19.9	5.9	0.0	0.4	1.8	7.7
Immunizations (N=307)	73.5	13.4	3.5	0.0	0.0	0.0	4.6
Pelvic exam (N=72 Females)	43.4	27.1	0.6	0.0	0.0	0.0	11.8
STD (N=366)	81.0	7.6	1.5	0.0	0.0	0.0	2.3
Vascular screening (N=336)	55.2	28.6	3.4	0.1	0.0	0.0	5.7
CANCER SCREENINGS							
Breast cancer screening (N=59 Females)	41.4	21.8	2.7	0.0	1.3	0.7	17.0

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
Cervical cancer screening (N=85 Females)	48.9	23.0	1.0	0.0	0.0	0.0	14.6
Colorectal cancer screening (N=241)	59.2	17.2	7.5	0.7	0.0	2.2	6.5
Prostate cancer screening (N=96 Males)	48.4	7.6	10.8	1.0	0.0	5.4	19.1
Skin cancer screening (N=298)	46.2	32.5	3.9	0.0	0.0	1.7	7.1

*Percentages do not total 100.0 due to multiple responses.

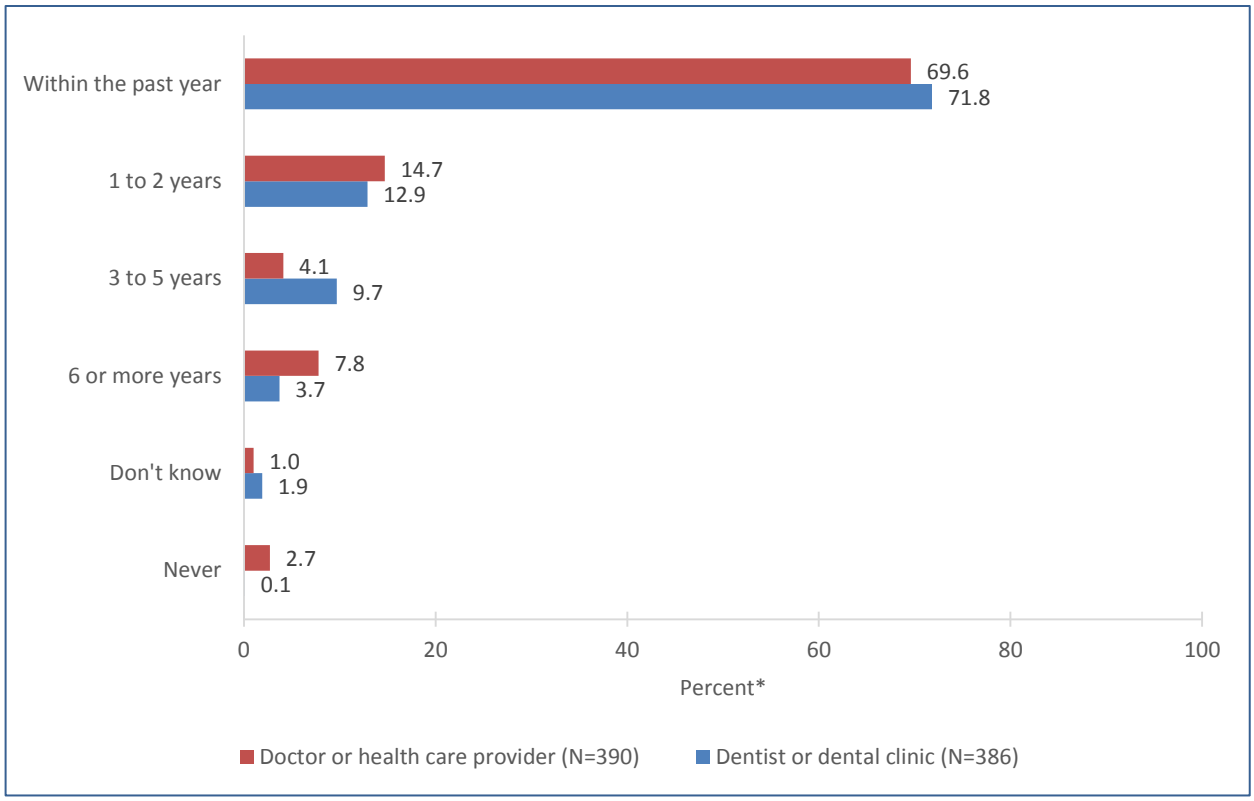
Figure 26. Whether respondents have any of the following chronic diseases



N=391

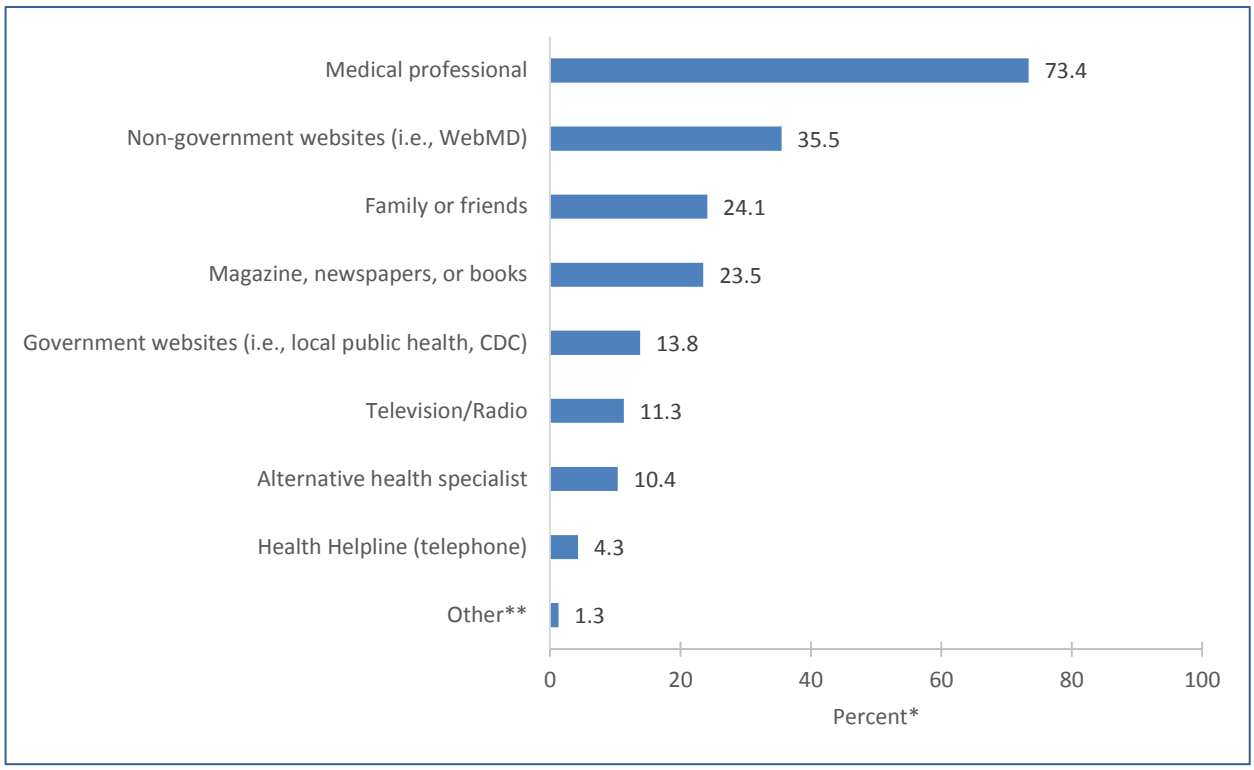
*Percentages do not total 100.0 due to multiple responses.

Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



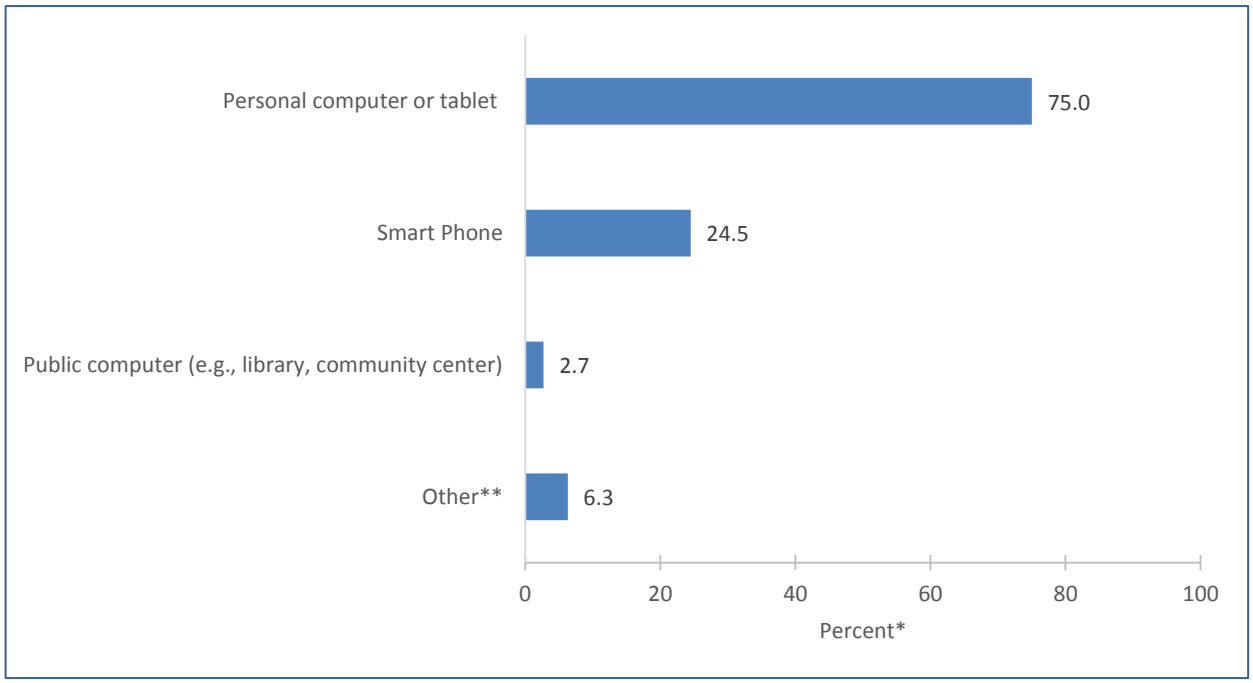
*Percentages do not total 100.0 due to rounding.

Figure 28. Where respondents get most of their health information



N=391 *Percentages do not total 100.0 due to multiple responses. **Other response is "I don't."

Figure 29. Best way for respondents to access technology for health information

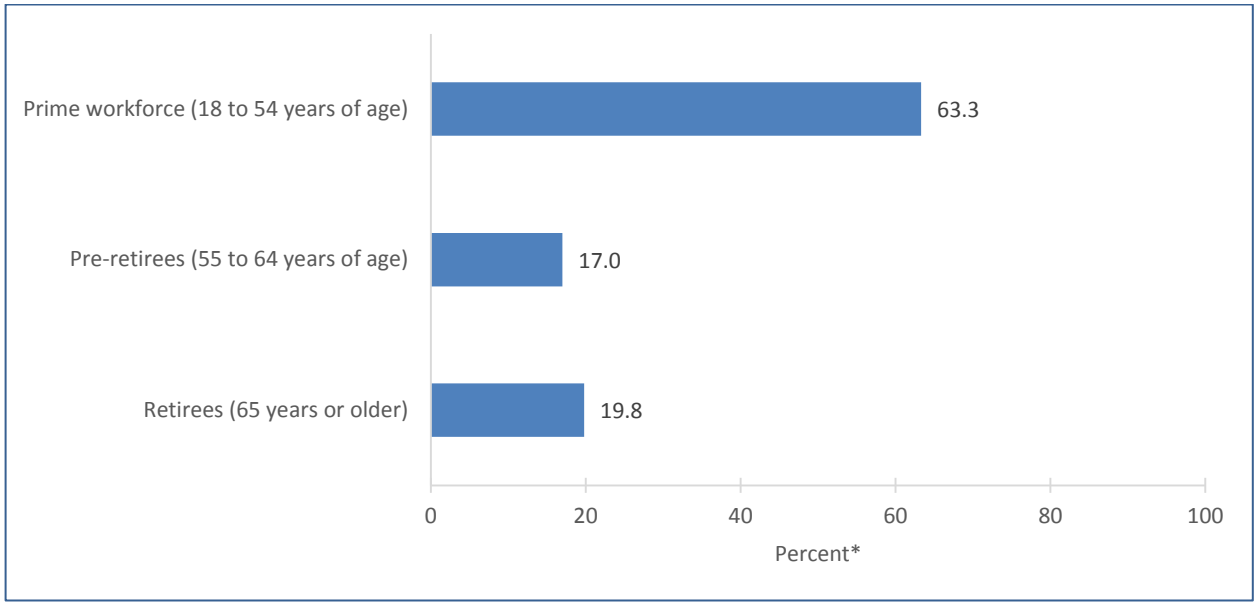


N=391 *Percentages do not total 100.0 due to multiple responses.

**"Other" responses do not pertain to the question. Respondents listed "books/magazines", "medical professionals", "friends", and "television".

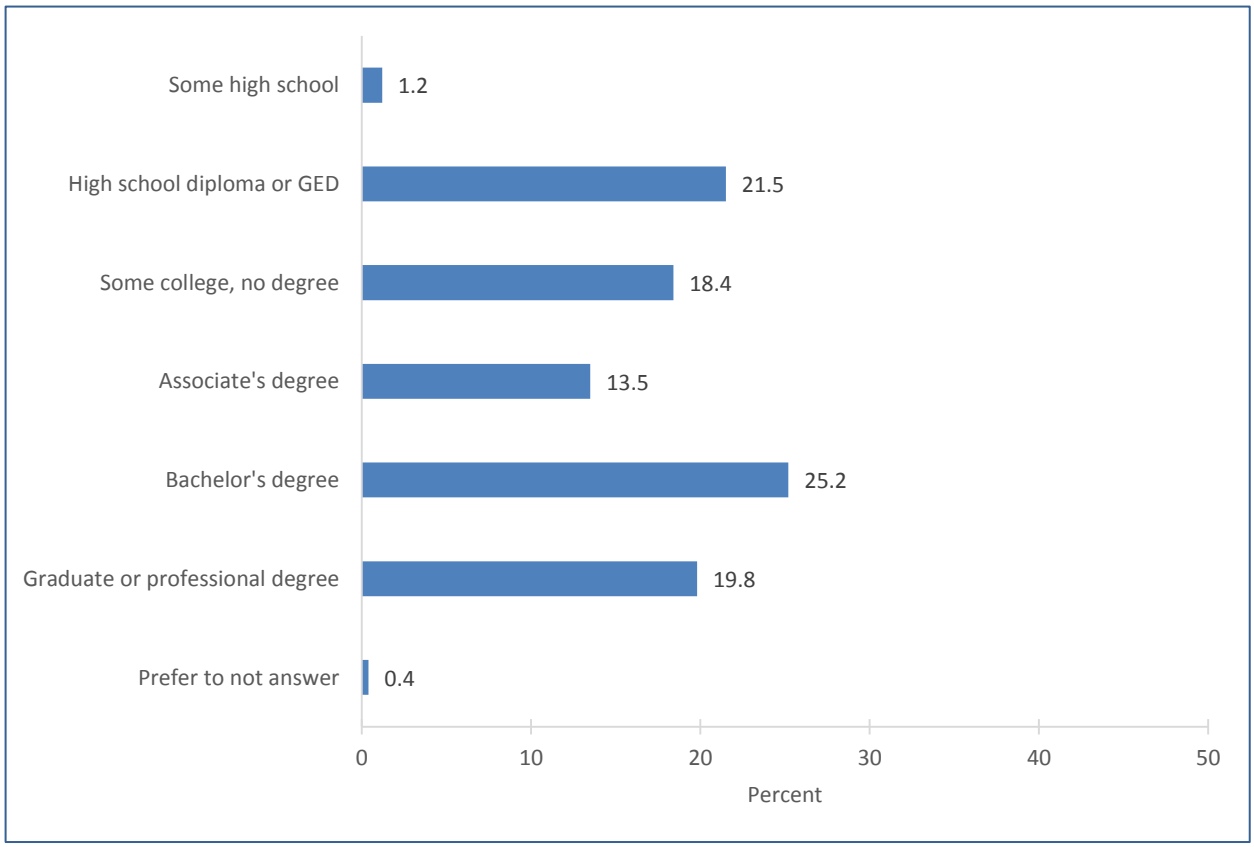
Demographic Information

Figure 30. Age of respondents



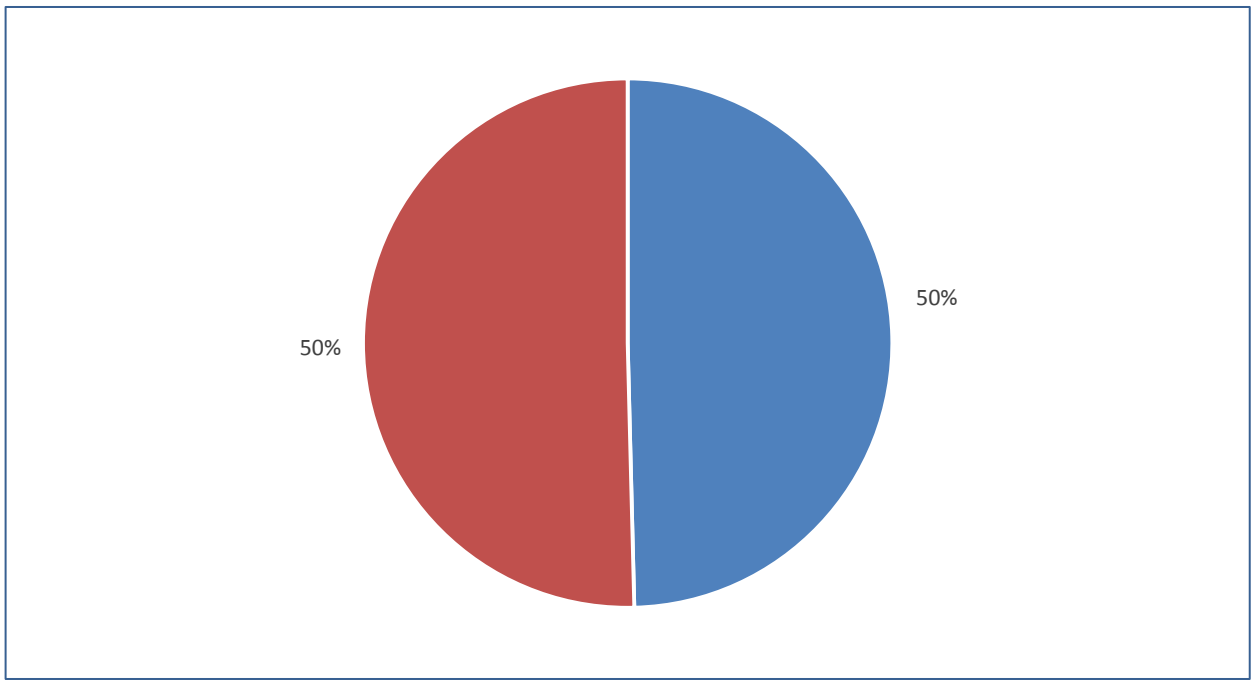
N=391 *Percentages do not total 100.0 due to rounding.

Figure 31. Highest level of education of respondents



N=388

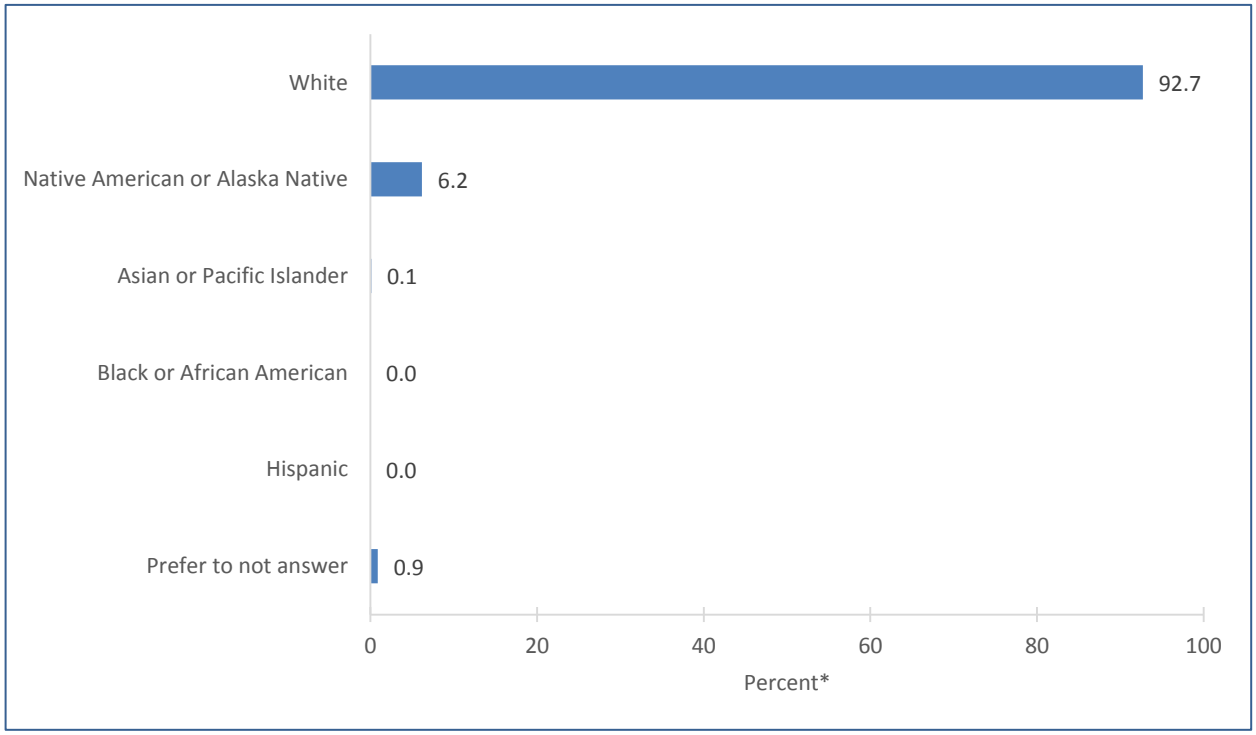
Figure 32. Gender of respondents



N=391

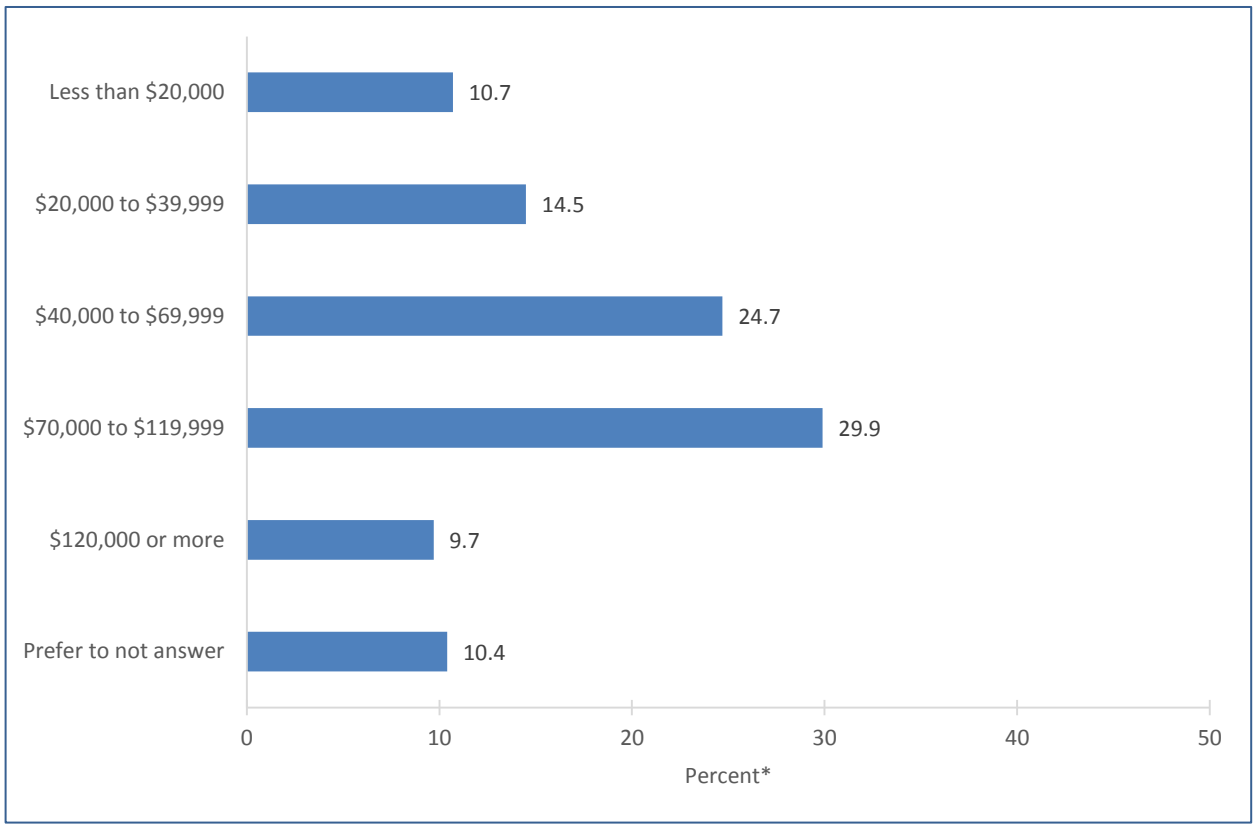
Note: Respondents who entered “prefer to not answer” were excluded from the analysis.

Figure 33. Race and ethnicity of respondents



N=387 *Percentages do not total 100.0 due to rounding.

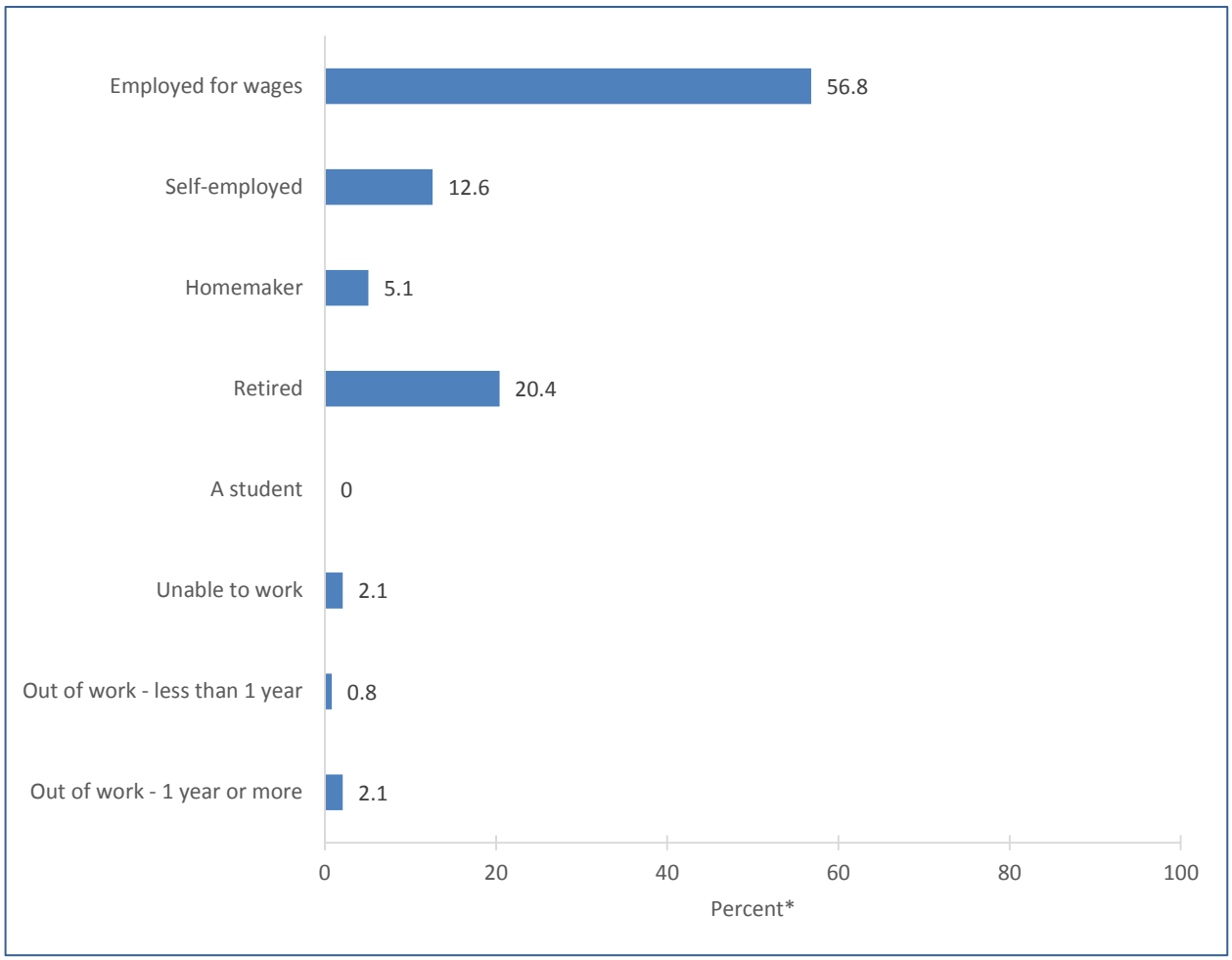
Figure 34. Annual household income of respondents



N=379

*Percentages do not total 100.0 due to rounding.

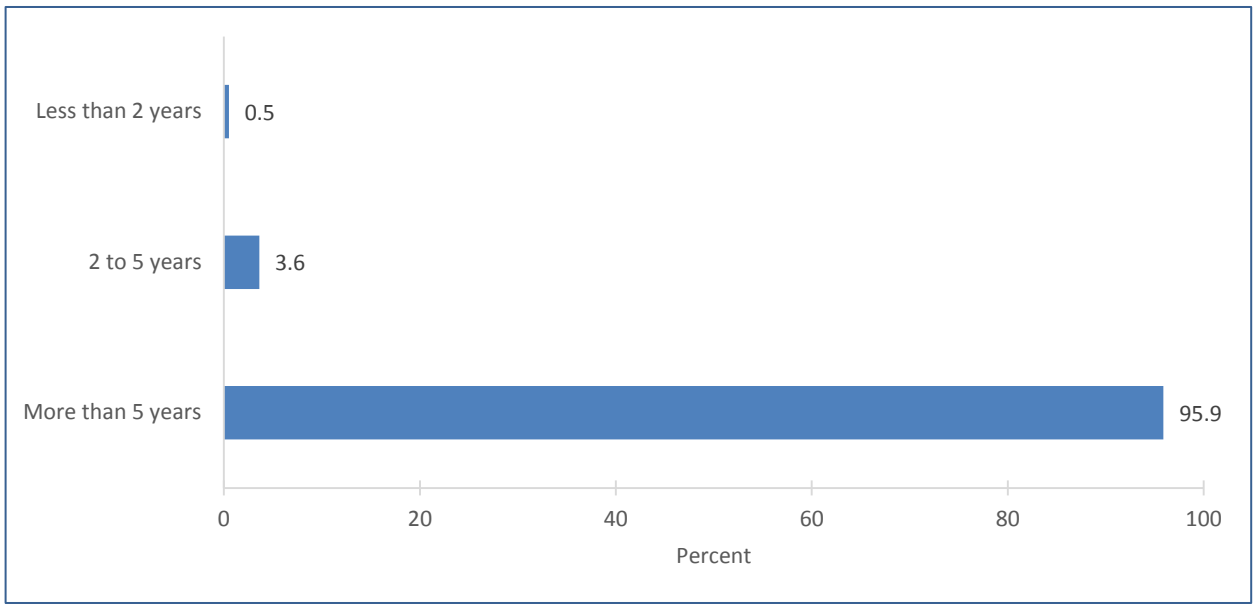
Figure 35. Employment status of respondents



N=379

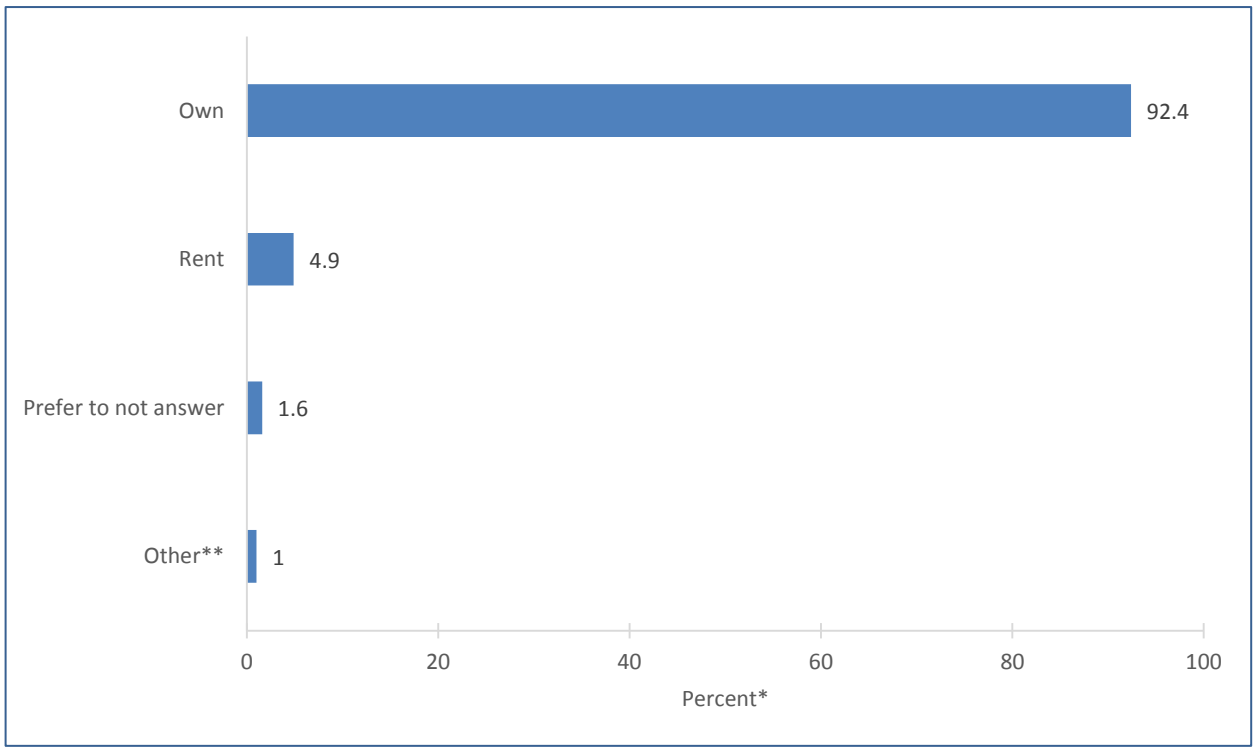
*Percentages do not total 100.0 due to rounding.

Figure 36. Length of time respondents have lived in their community



N=391

Figure 37. Whether respondents own or rent their home



N=391

*Percentages do not total 100.0 due to rounding.

**There were no written comments for “other”.

Figure 38. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care insurance coverage

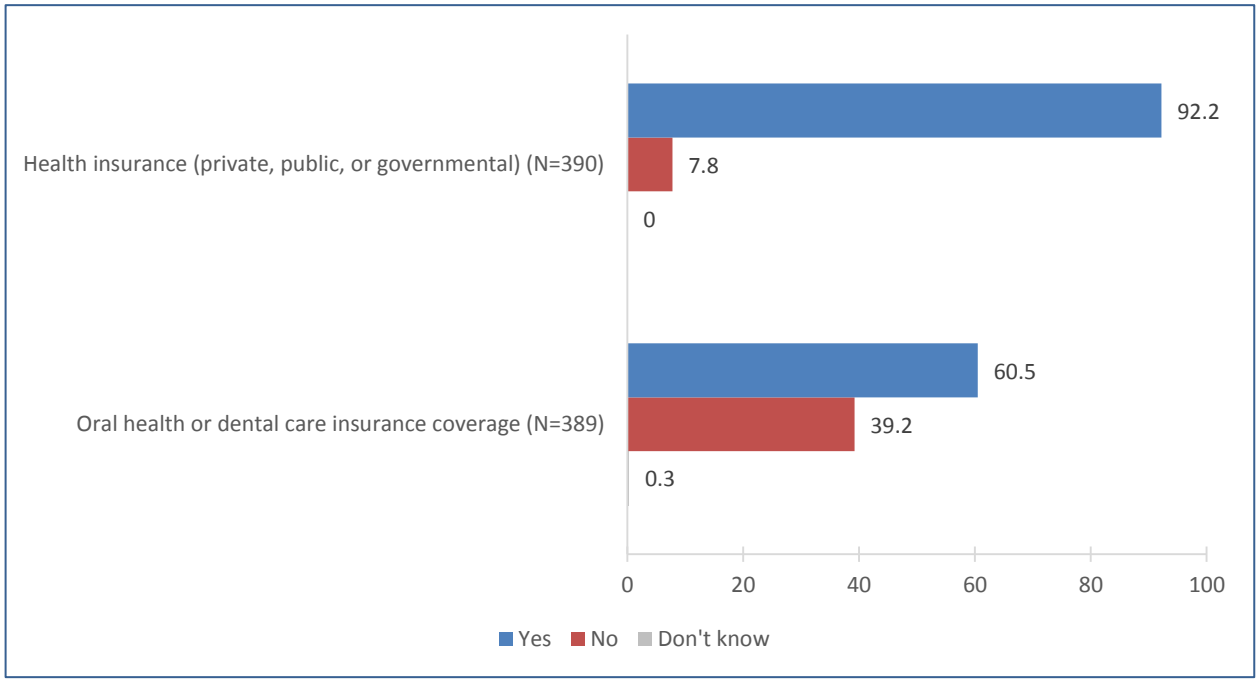
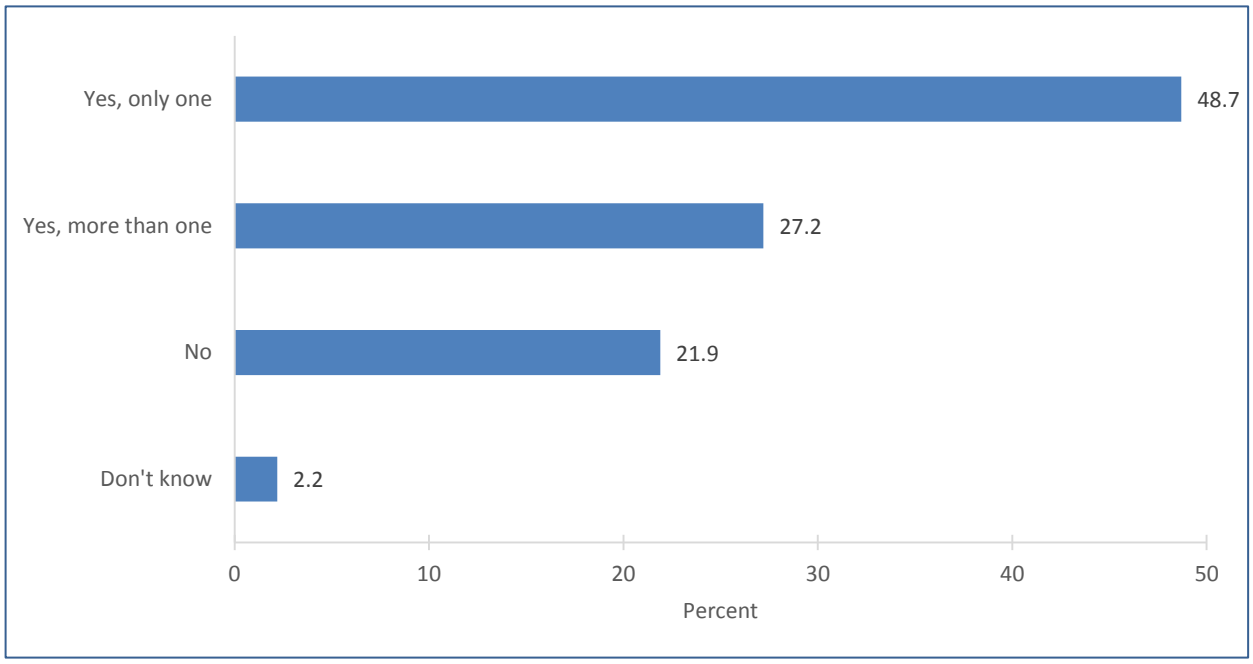
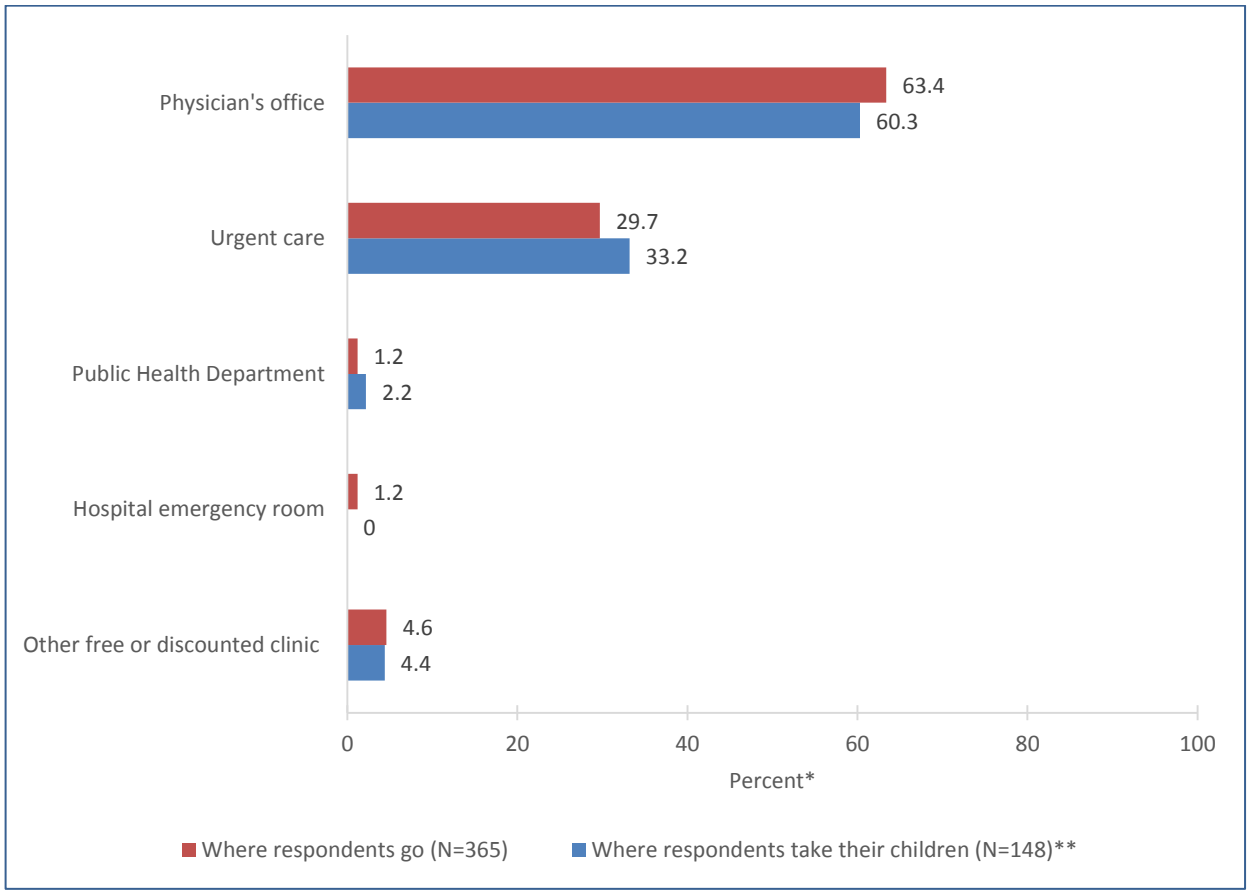


Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider



N=390

Figure 40. Facilities that respondents go to most often when sick and take their children when they are sick



*Percentages do not total 100.0 due to rounding.

**Of respondents who have children younger than age 18 living in their household.

Figure 41. Number of children younger than 18 and number of adults age 65 or older living in respondents' household

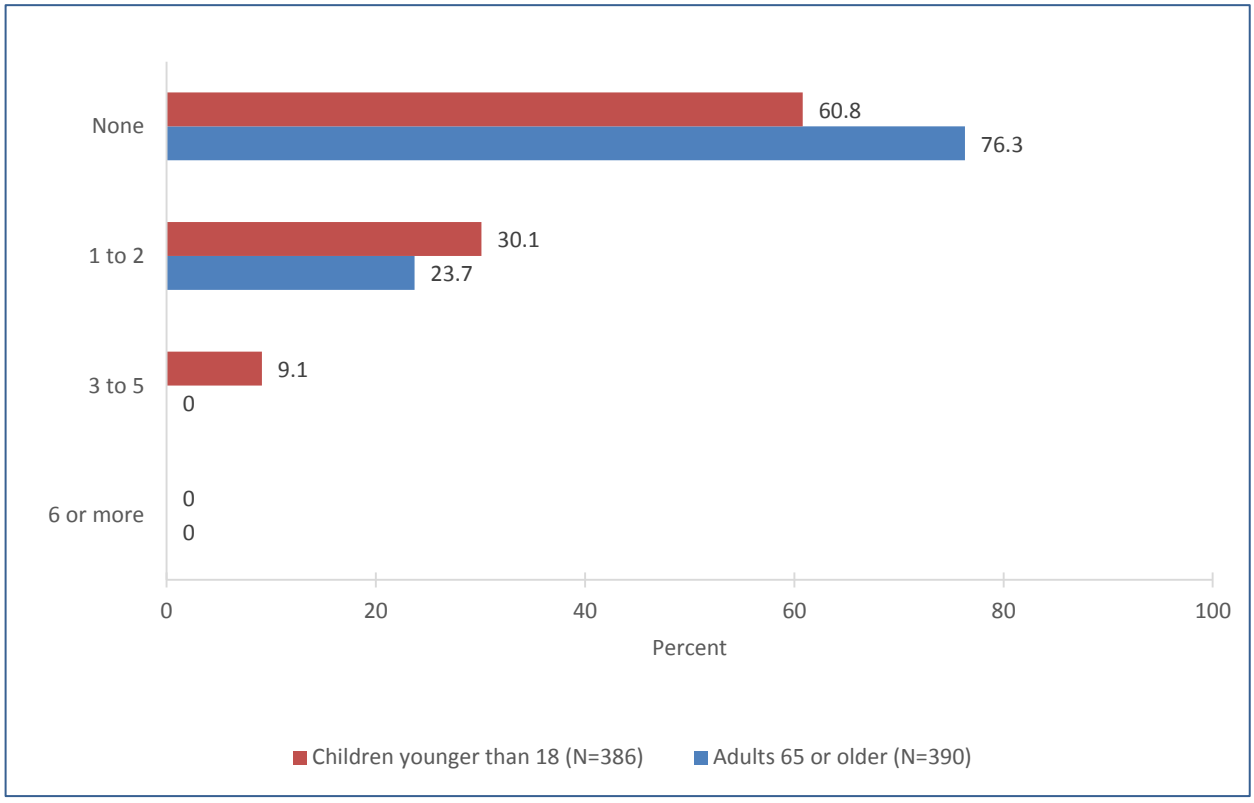
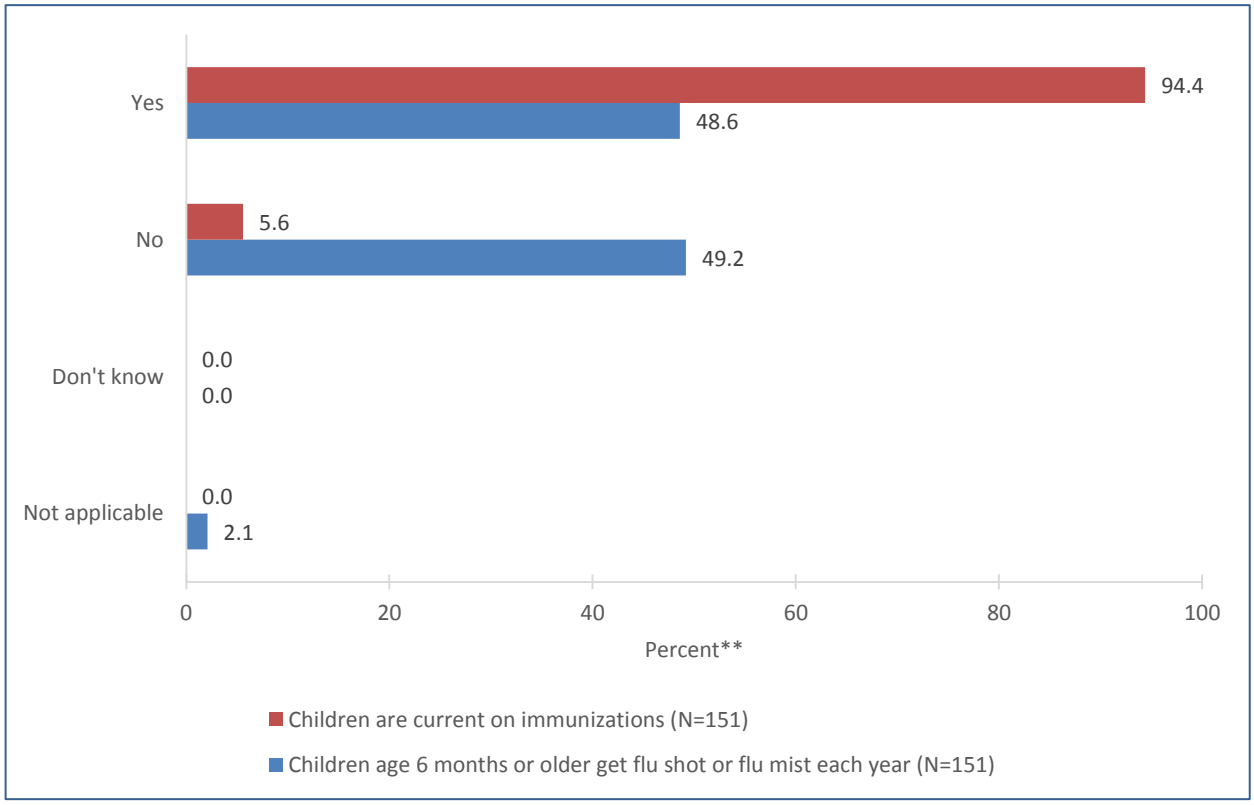


Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year*



*Of respondents who have children younger than age 18 living in their household.

**Percentages may not total 100.0 due to rounding.

Table 3. Location of respondents based on zip code

	Percent of respondents*
Beltrami County, MN	72.5
Bemidji	55.5
Rural	17.0
Clearwater County, MN	15.6
Bagley	7.7
Rural	7.9
Other counties, MN	6.8
Unknown or missing	5.0

N=391

*Percentages do not total 100.0 due to rounding.

Sanford Bemidji Medical Center

Community Health Needs Assessment

Results from an April/May 2015 Non-generalizable

On-line Survey

August 2015

Introduction

The purpose of this non-generalizable survey of community leaders in the greater Bemidji area (i.e., Beltrami and Clearwater counties in Minnesota) was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease.

Study Design and Methodology

The following report includes non-generalizable survey results from an April/May 2015 on-line survey 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 on-line survey tool. The website address for the survey instrument was distributed via e-mail to various agencies, at times using a snowball approach. Therefore, it is important to note that the data in this report is not generalizable to the community. Data collection occurred throughout the month of May 2015 and a total of 104 respondents participated in the on-line survey.

A similar survey, in scannable paper form, was administered to a representative sample of community residents of the greater Bemidji area via the United States Postal Service. The on-line survey instrument used for this report was based largely on questions included in the paper survey format. However, some questions in the paper survey were modified for the on-line version of the survey and therefore are not comparable, particularly those questions relating to the advance directives for the aging population, safe places for outdoor youth activities, access to self-management education, alcohol use, and prescription or non-prescription drug abuse.

TABLE OF CONTENTS

SURVEY RESULTS

General Health and Wellness Concerns about the Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," respondents were asked to rate their level of concern with various statements regarding ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Figure 1. Level of concern with statements about the community regarding ECONOMICS

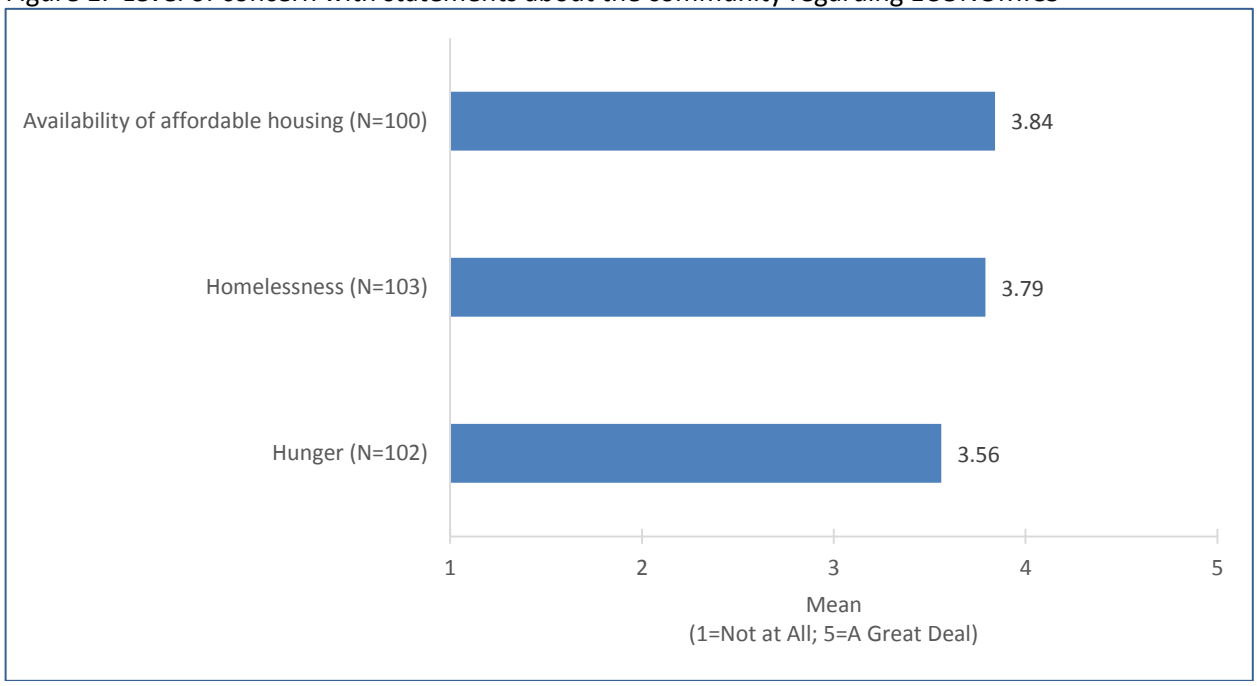


Figure 2. Level of concern with statements about the community regarding TRANSPORTATION

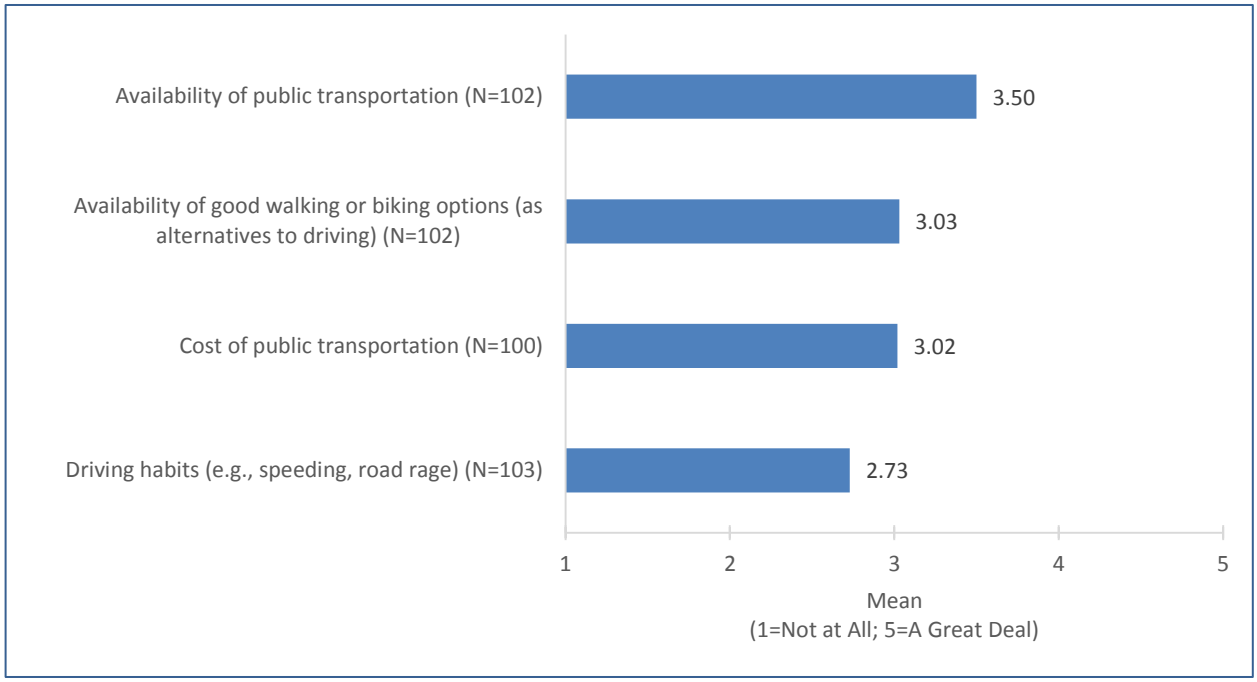


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT

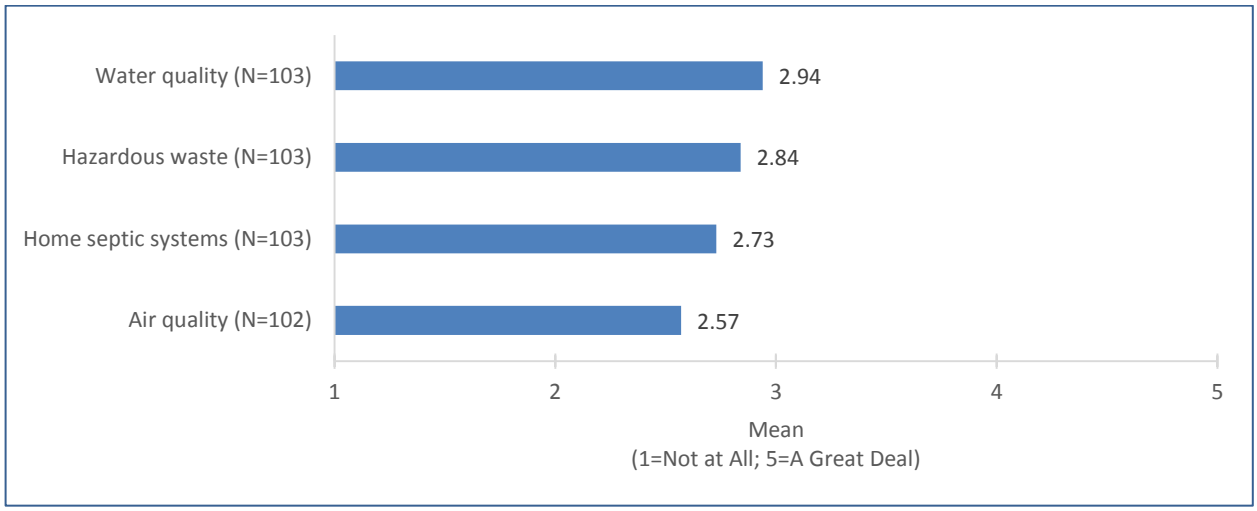


Figure 4. Level of concern with statements about the community regarding CHILDREN AND YOUTH

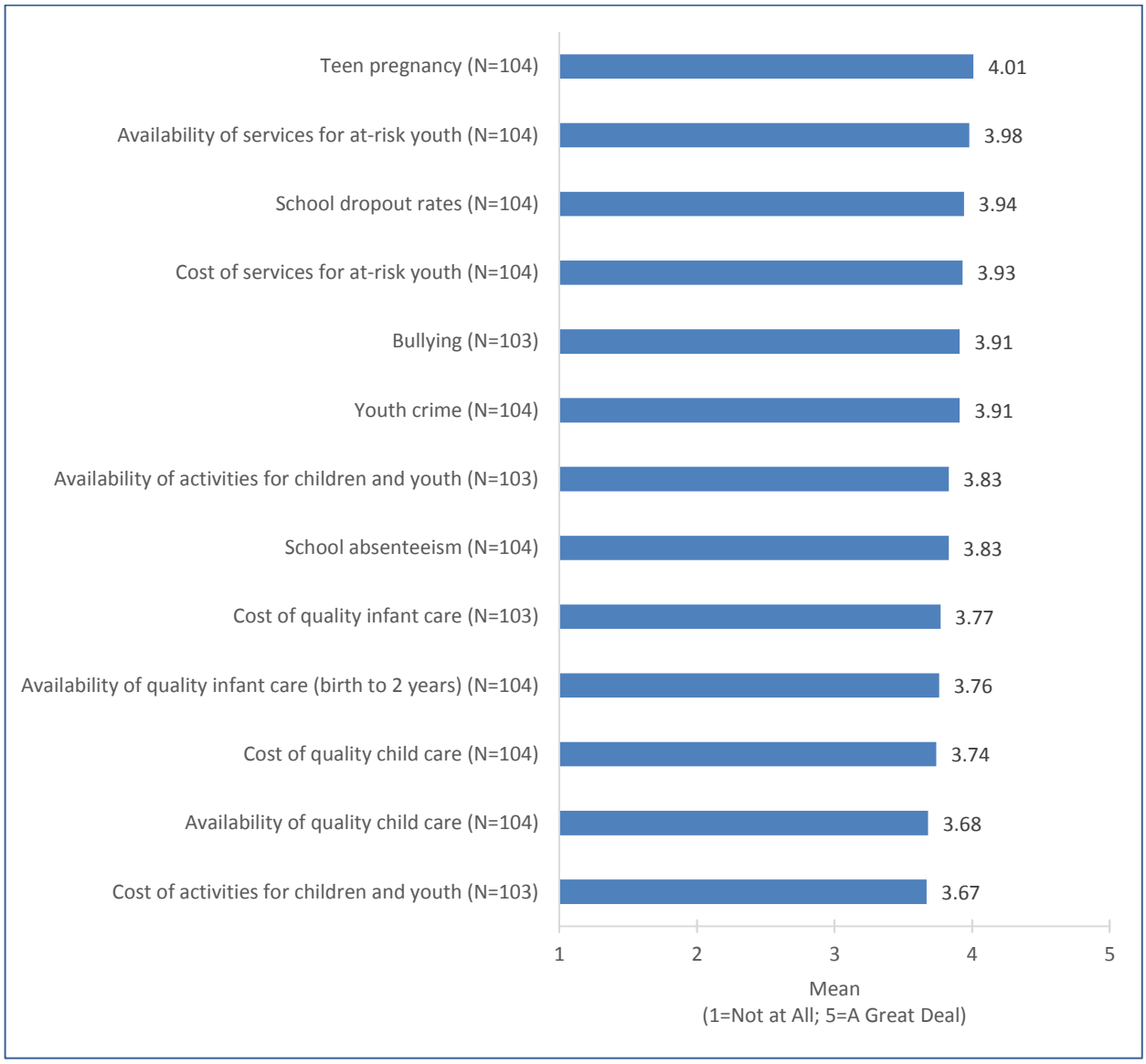


Figure 5. Level of concern with statements about the community regarding the AGING POPULATION

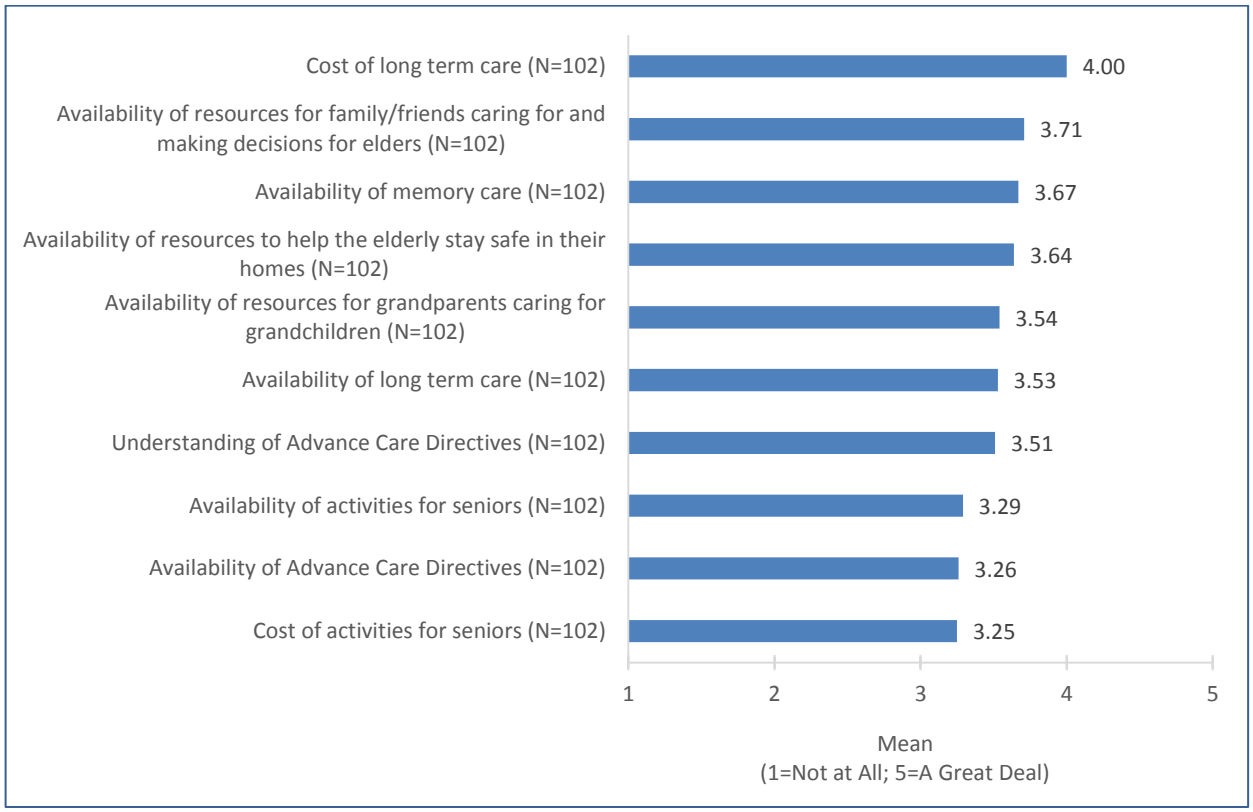


Figure 6. Level of concern with statements about the community regarding SAFETY

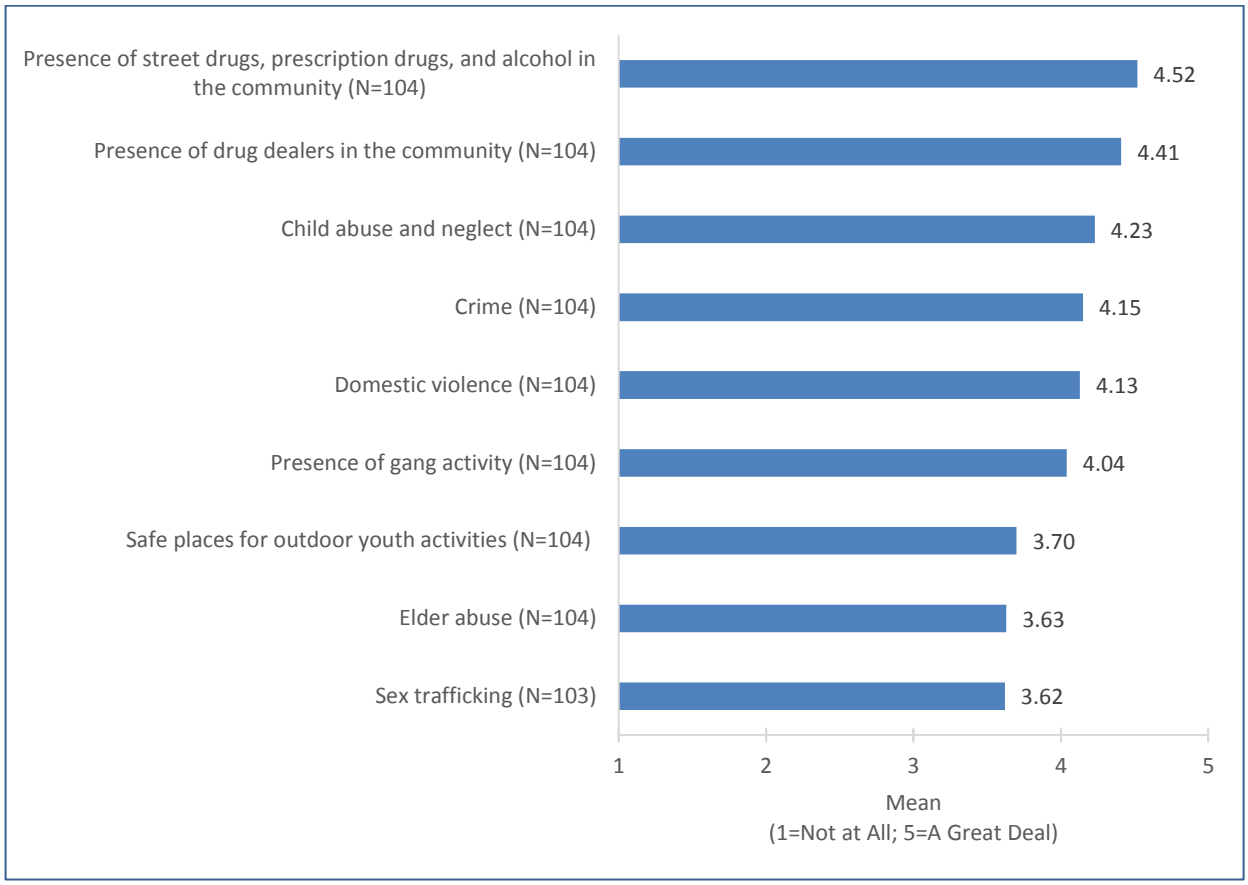


Figure 7. Level of concern with statements about the community regarding HEALTH CARE

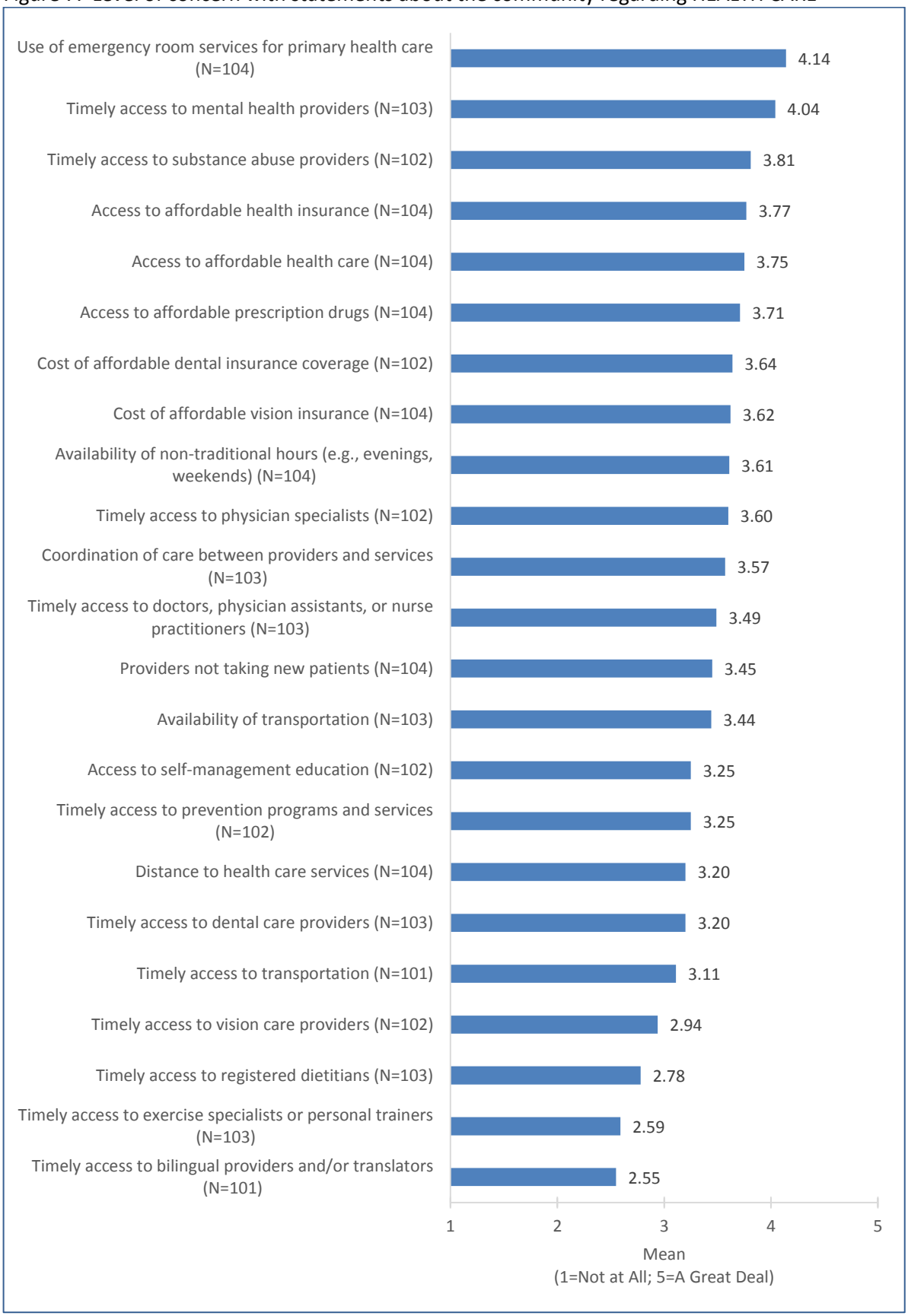


Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

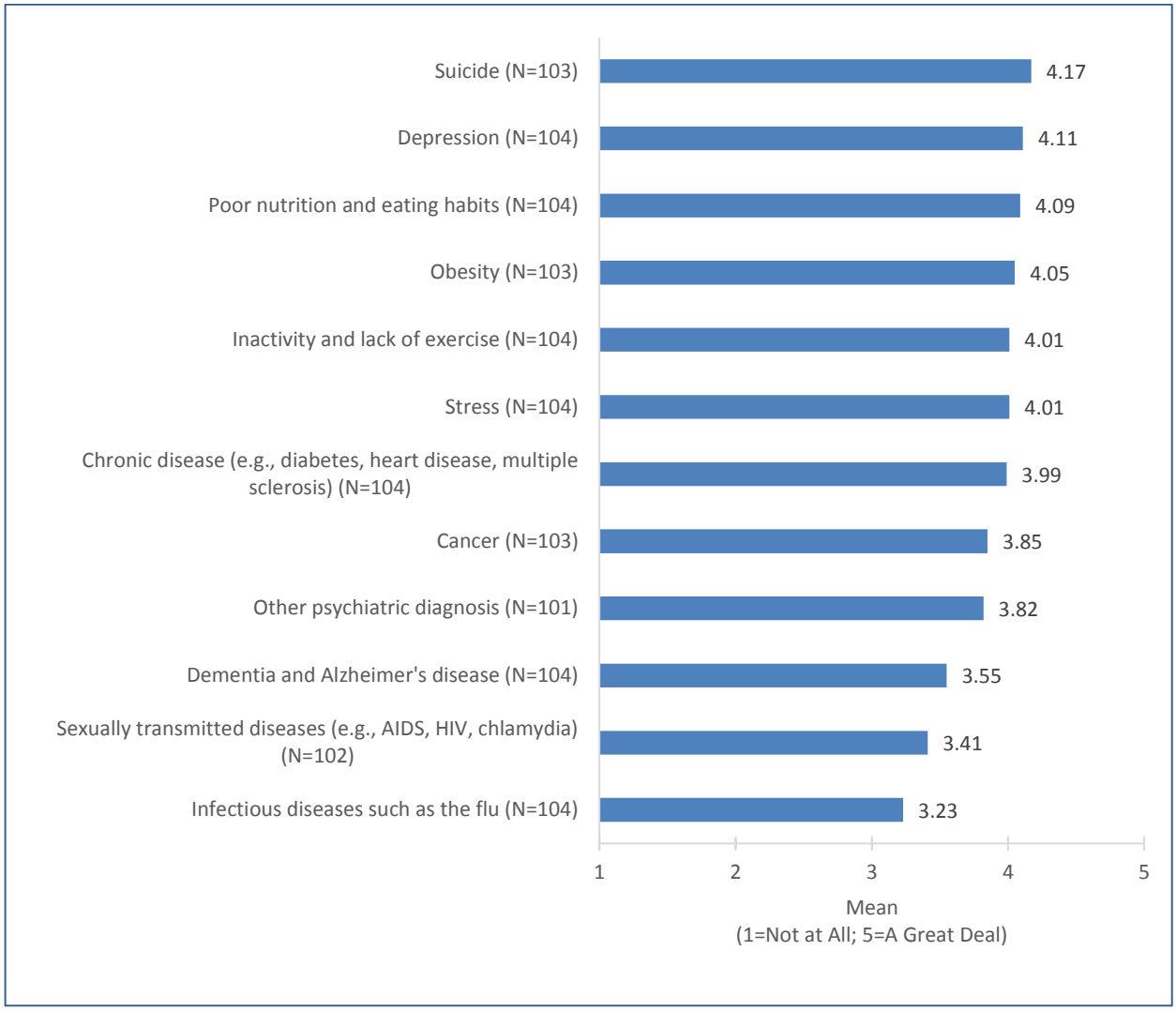
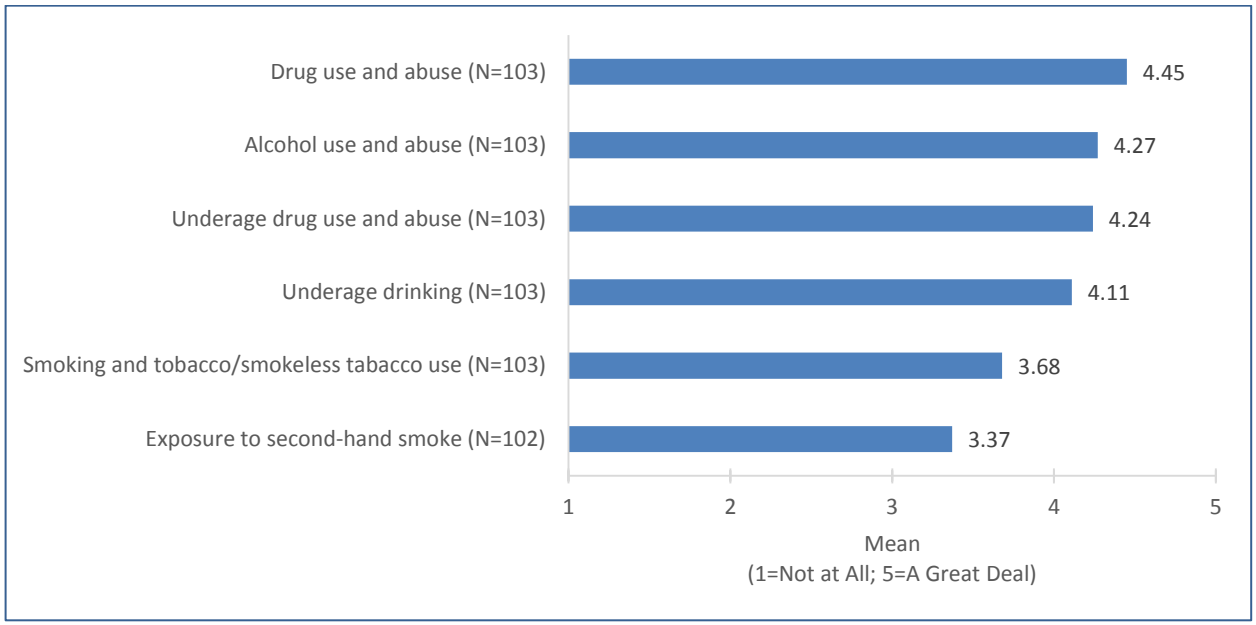
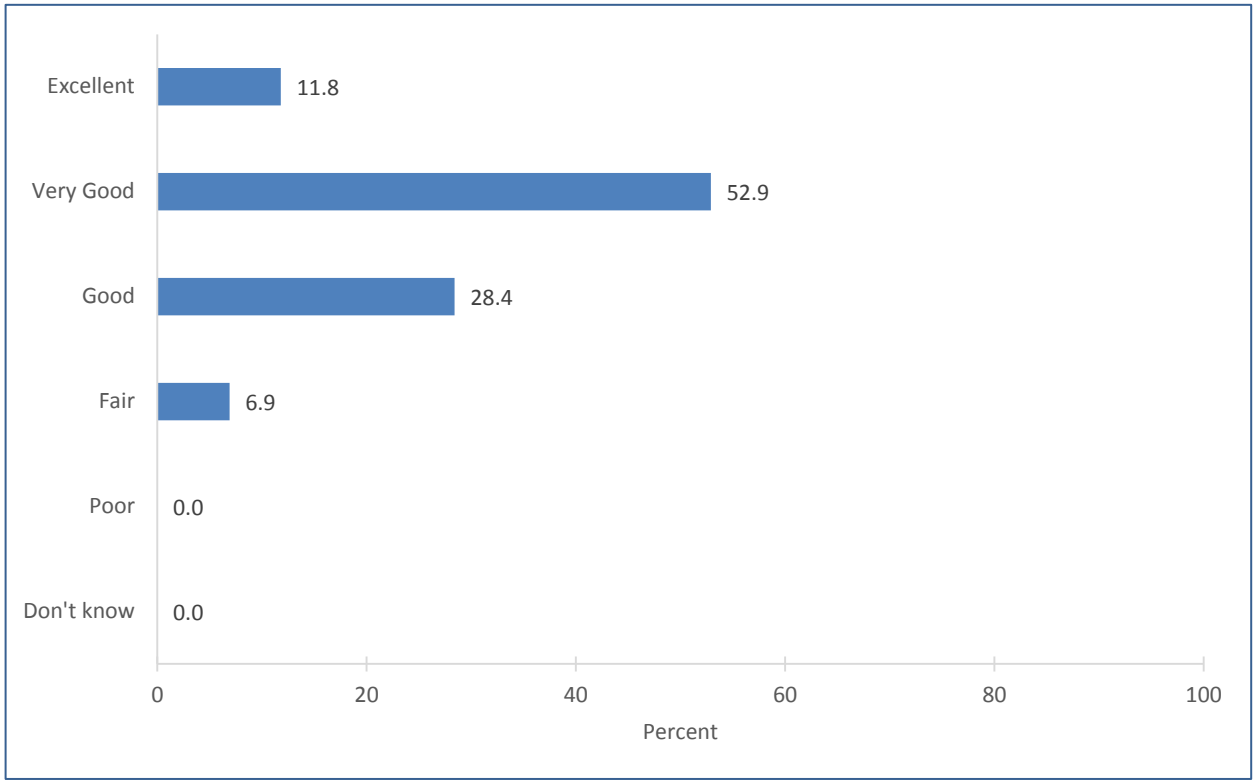


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



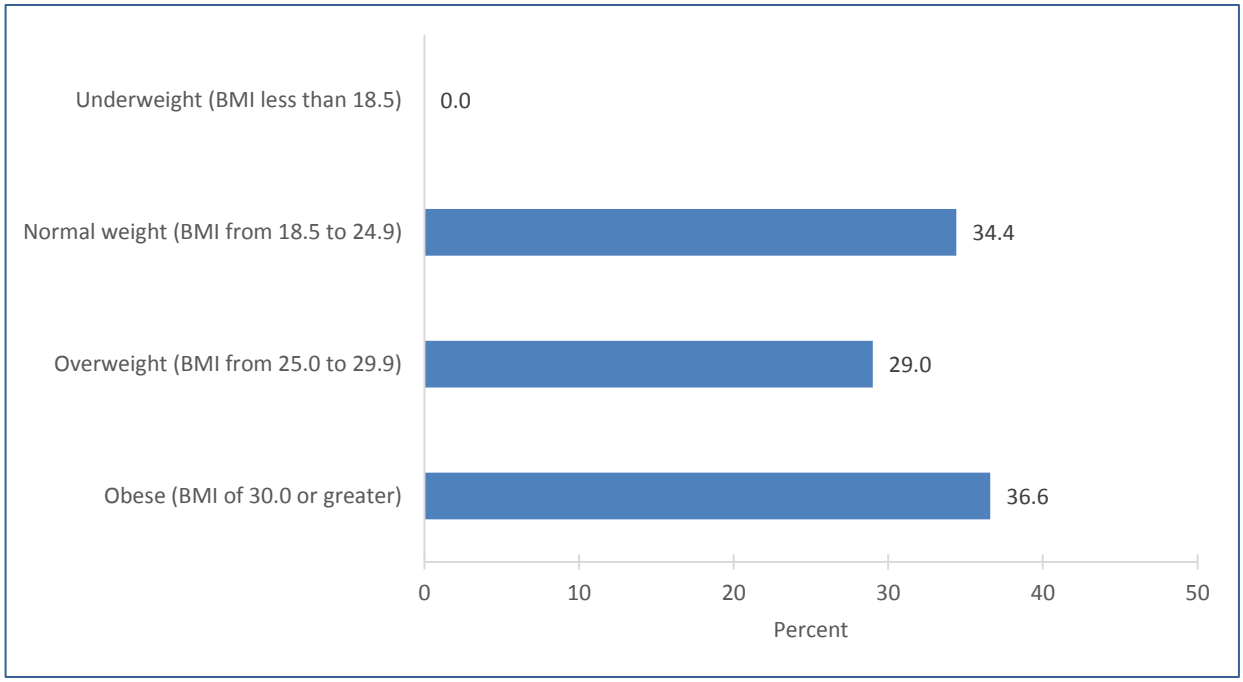
General Health

Figure 10. Respondents' rating of their health in general



N=102

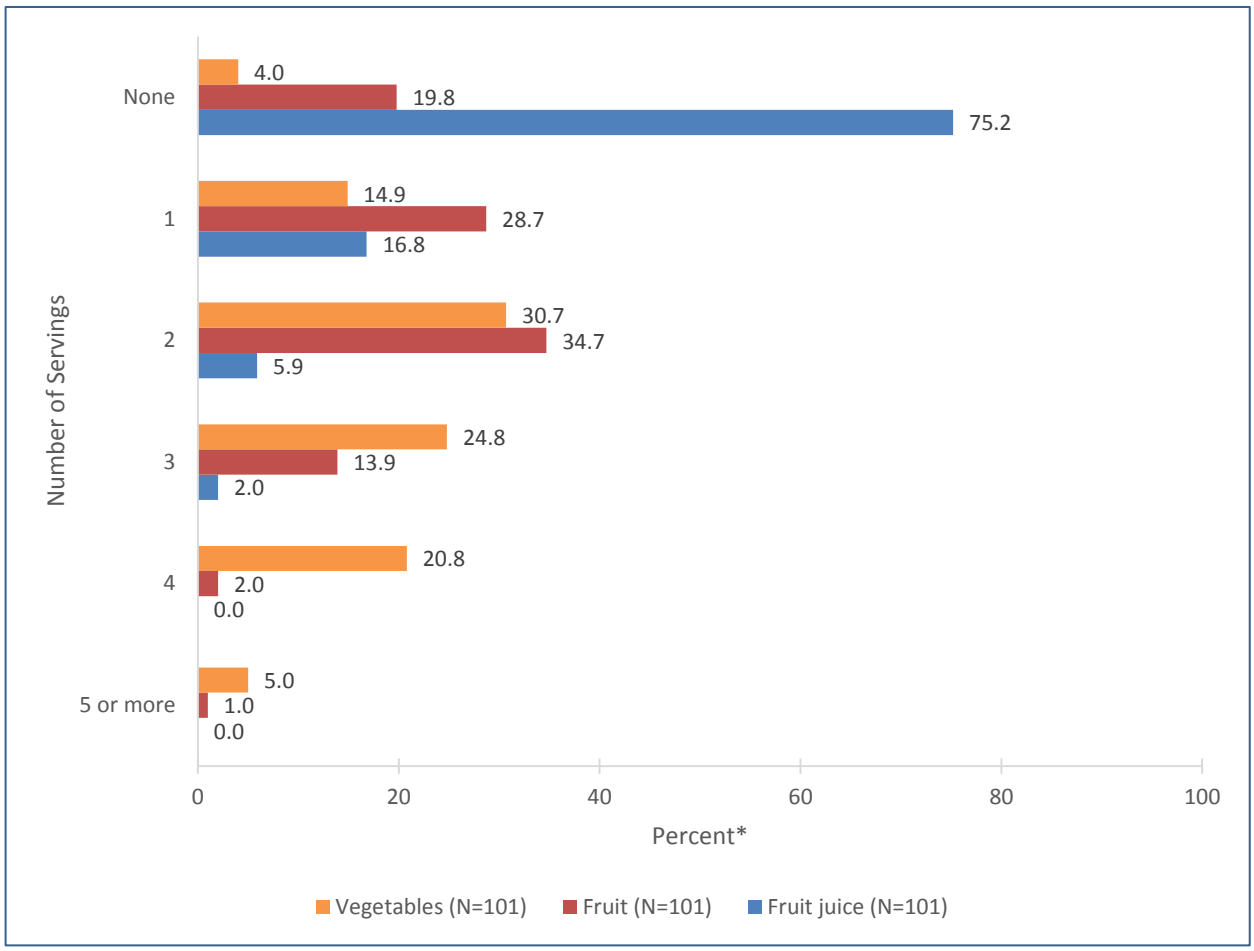
Figure 11. Respondents' weight status based on the Body Mass Index (BMI)* scale



N=93

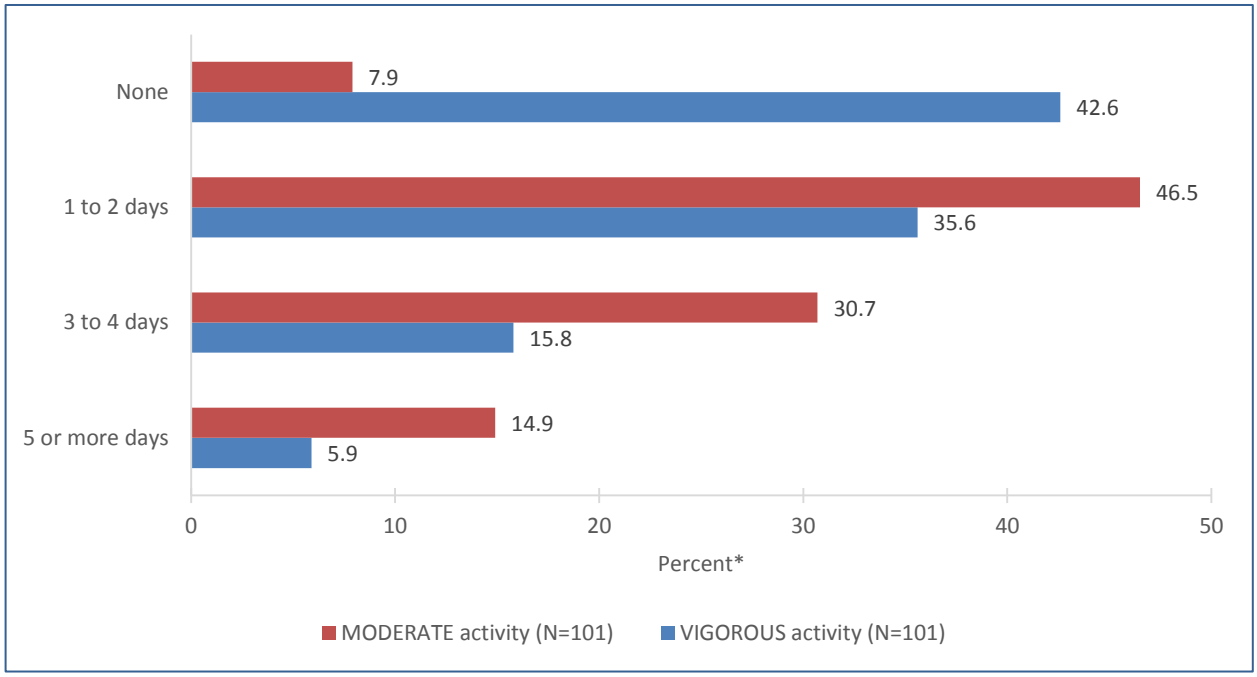
*For information about the BMI, visit the Centers for Disease Control and Prevention, *About BMI for Adults*, http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/.

Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday



*Percentages do not total 100.0 due to rounding.

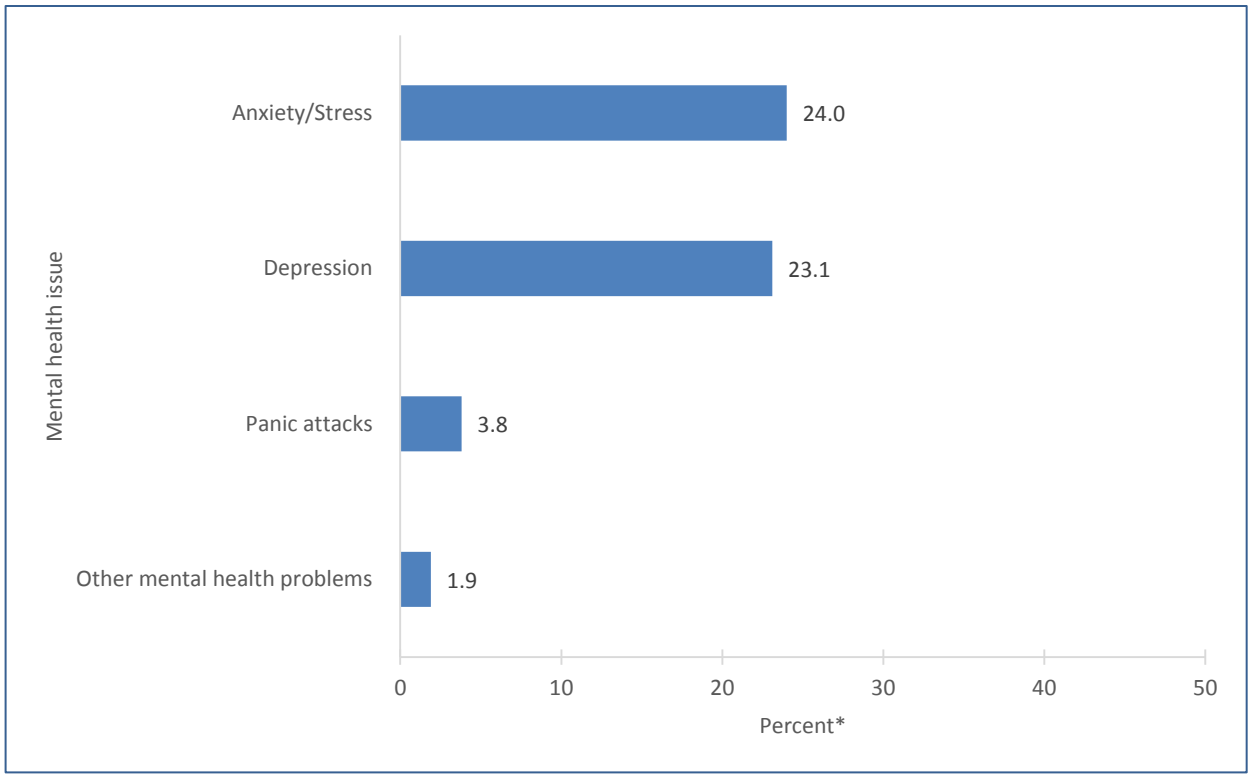
Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS activity



*Percentages may not total 100.0 due to rounding.

Mental Health

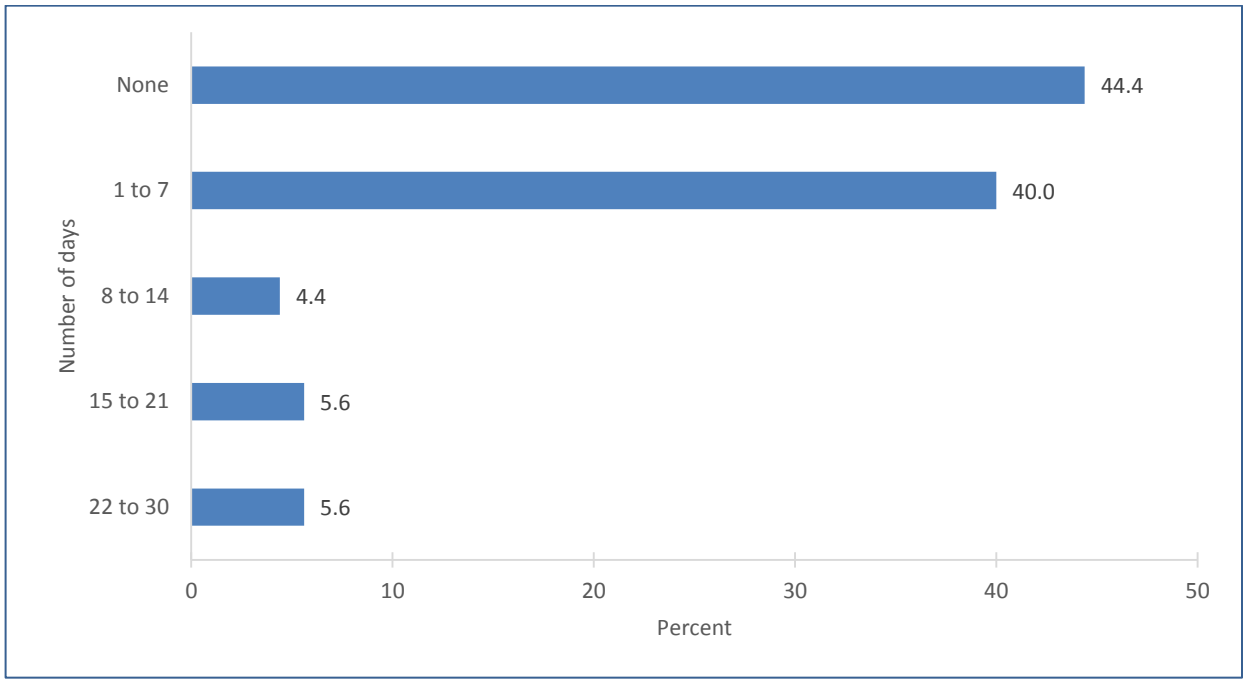
Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



N=104

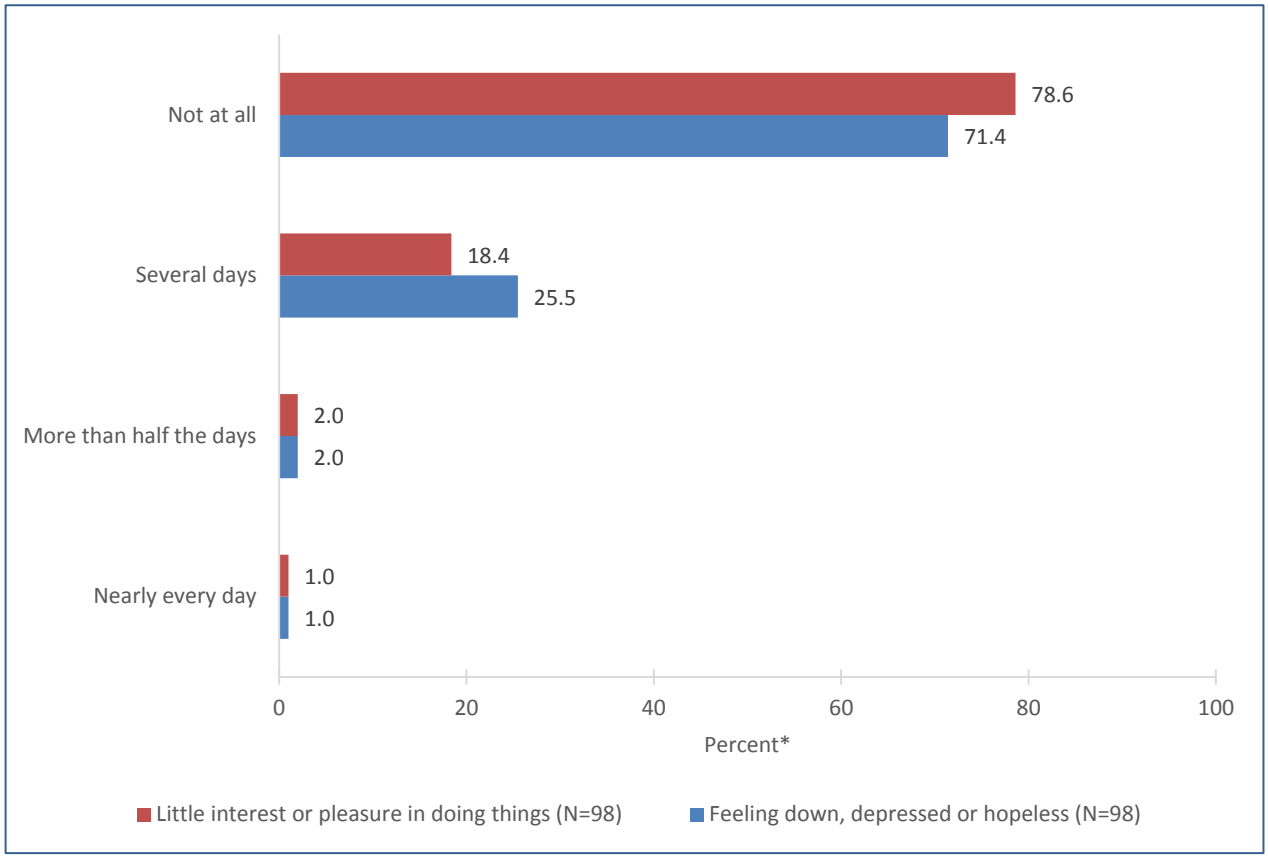
*Percentages do not total 100.0 due to multiple responses.

Figure 15. Number of days in the last month that respondents' mental health was not good



N=90

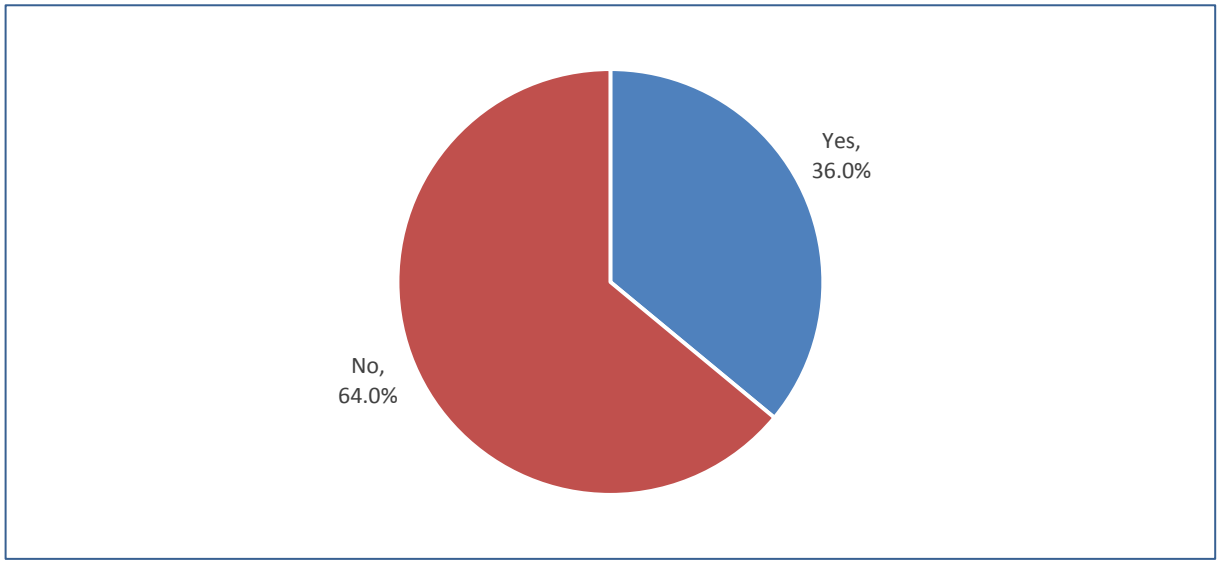
Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues



*Percentages may not total 100.0 due to rounding.

Tobacco Use

Figure 17. Whether respondents have smoked at least 100 cigarettes in their entire life



N=100

Figure 18. How often respondents currently smoke cigarettes and use chewing tobacco or snuff

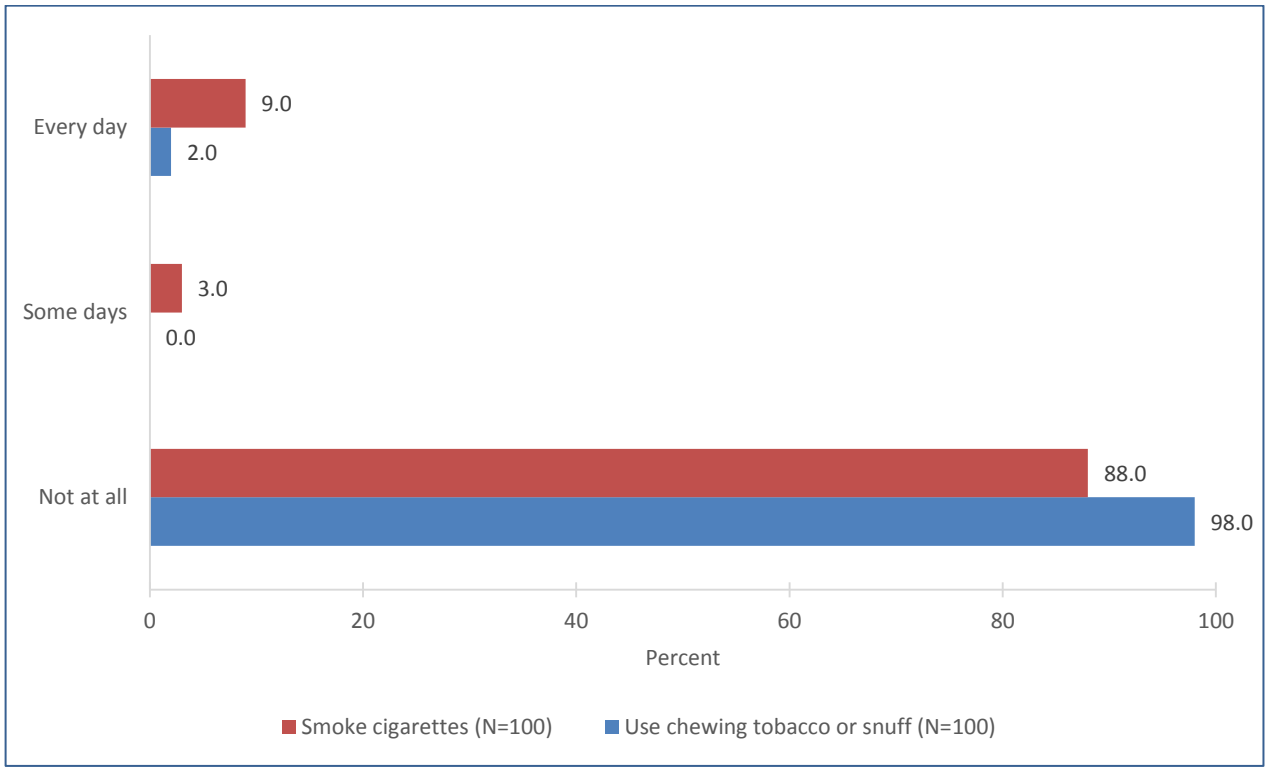
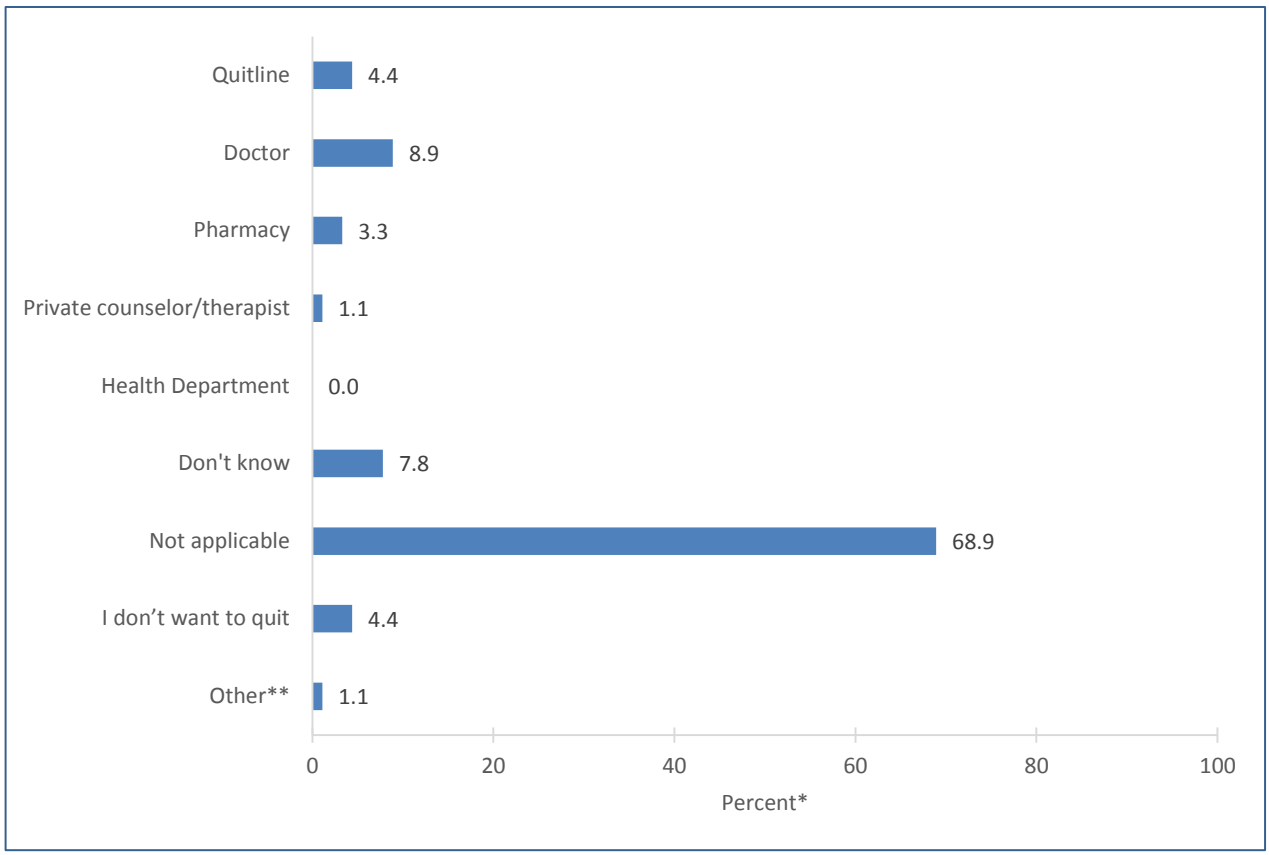


Figure 19. Location respondents would first go if they wanted help to quit using tobacco

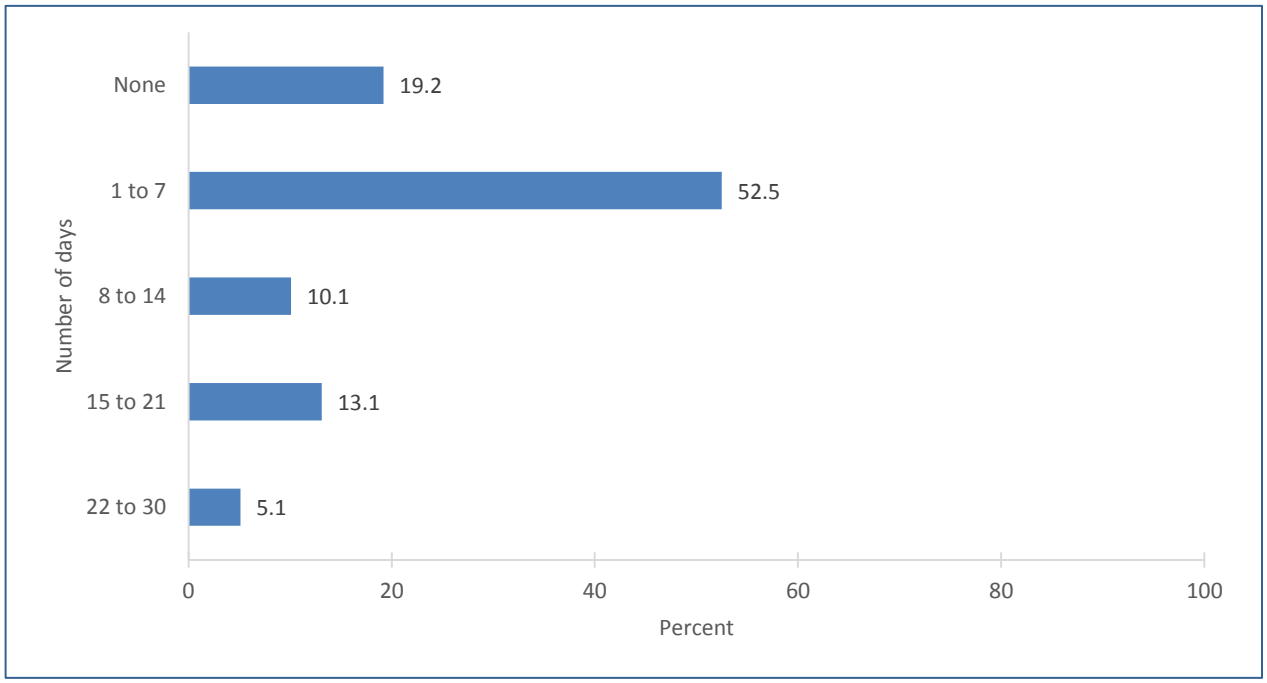


N=90

*Percentages do not total 100.0 due to rounding.

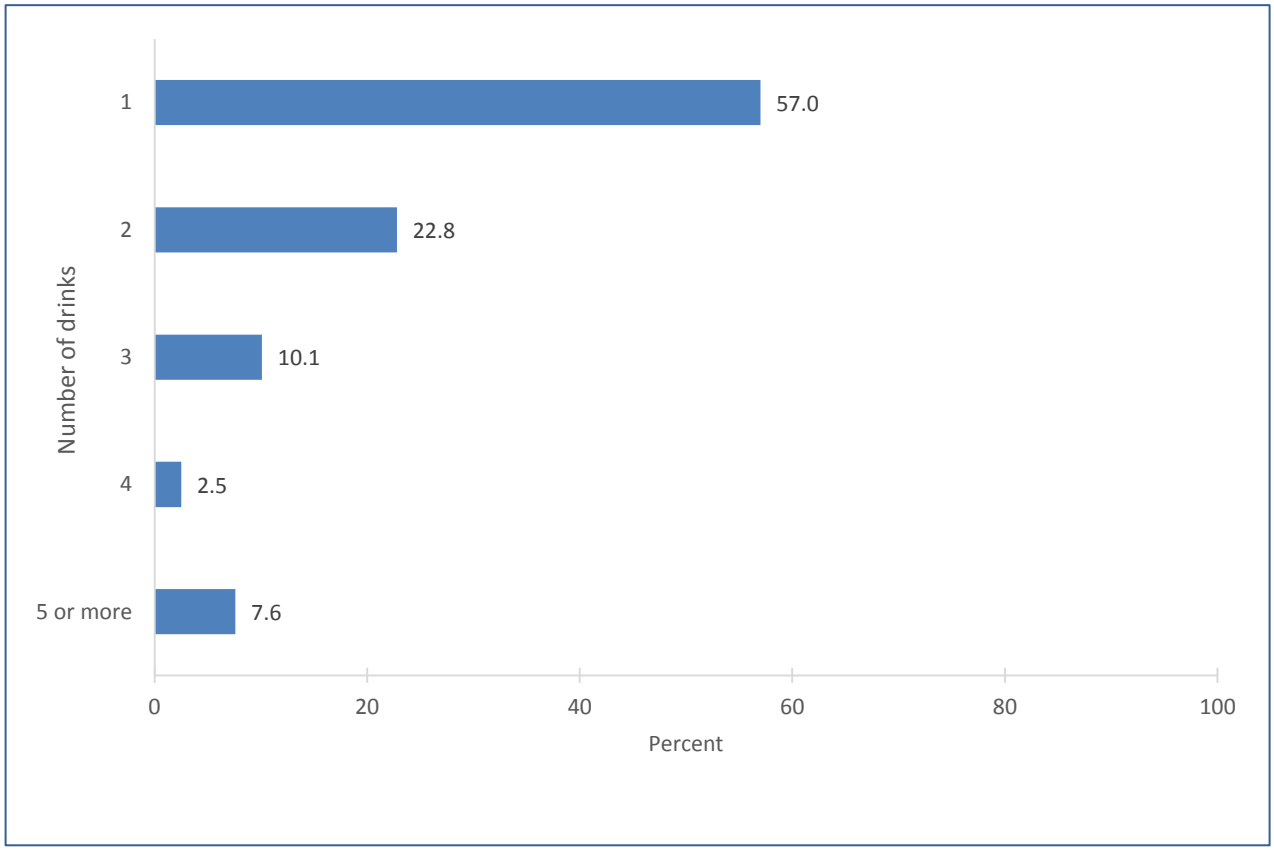
**Other response is "myself".

Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



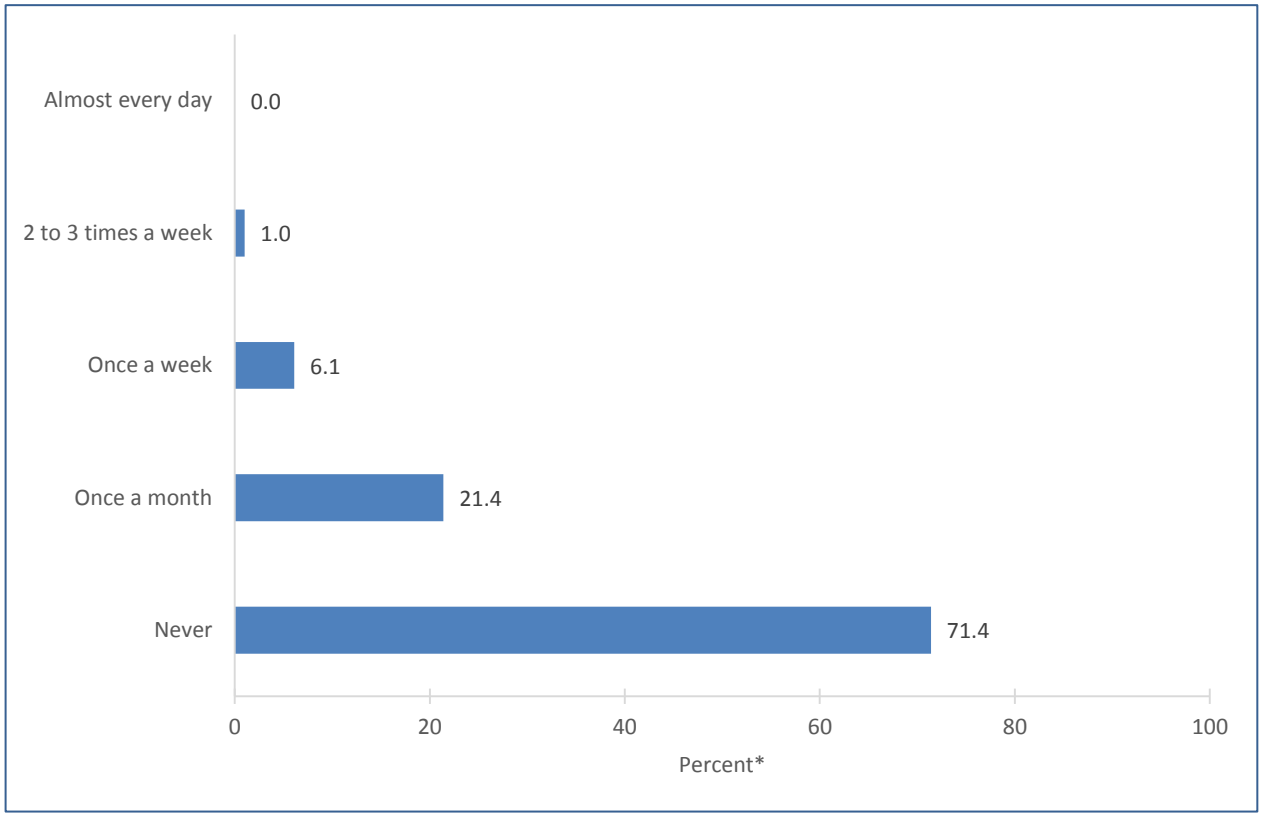
N=99

Figure 21. During the past month on days that respondents drank, average number of drinks per day respondents consumed



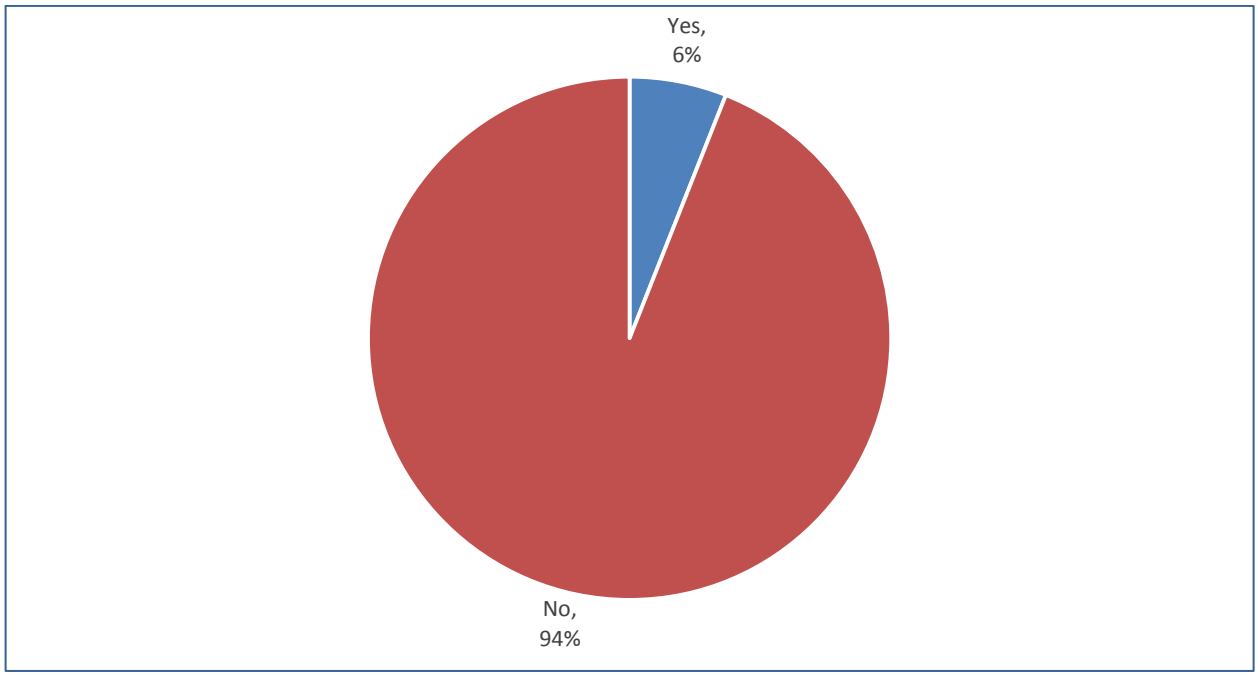
N=79

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion



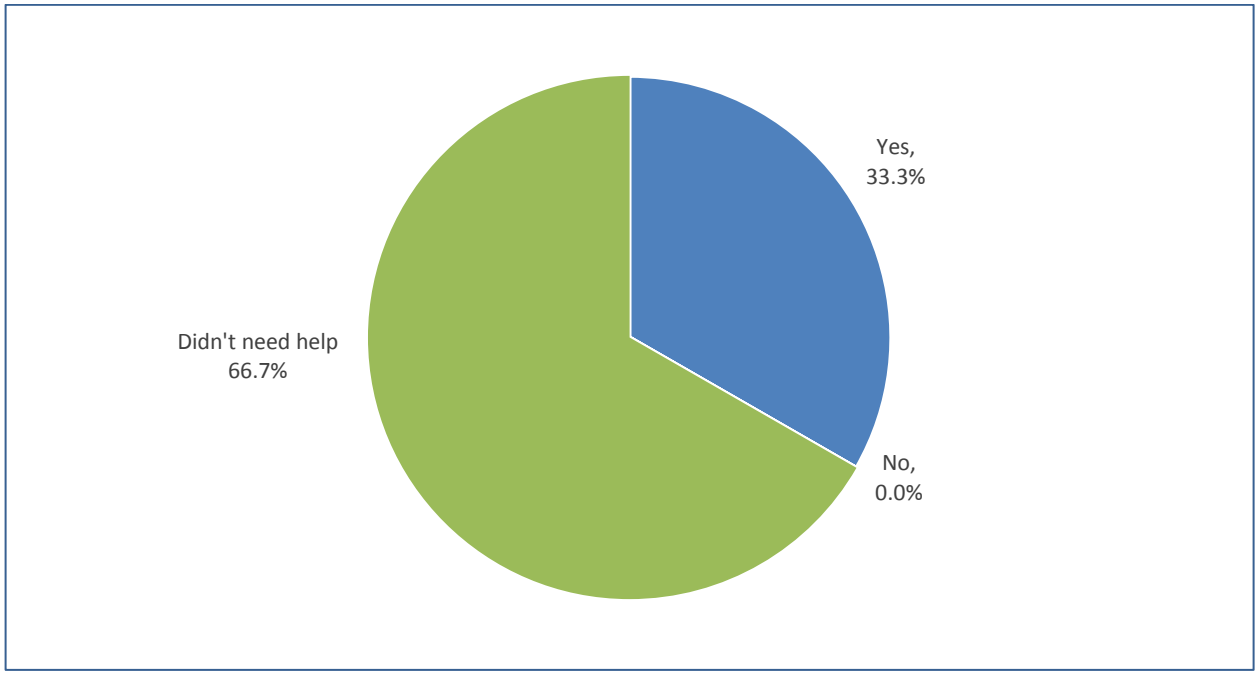
N=98 *Percentages do not total 100.0 due to rounding.

Figure 23. Whether respondents have ever had a problem with alcohol use



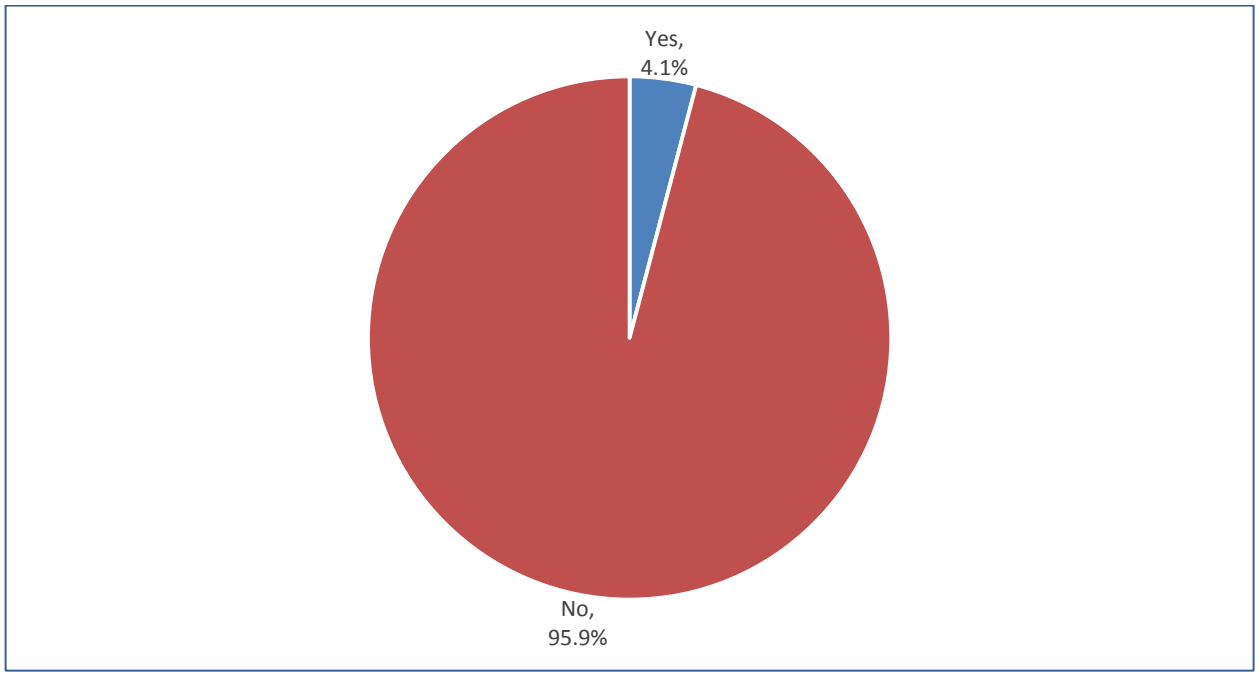
N=100

Figure 24. Of respondents who ever had a problem with alcohol use, whether respondents got the help they needed



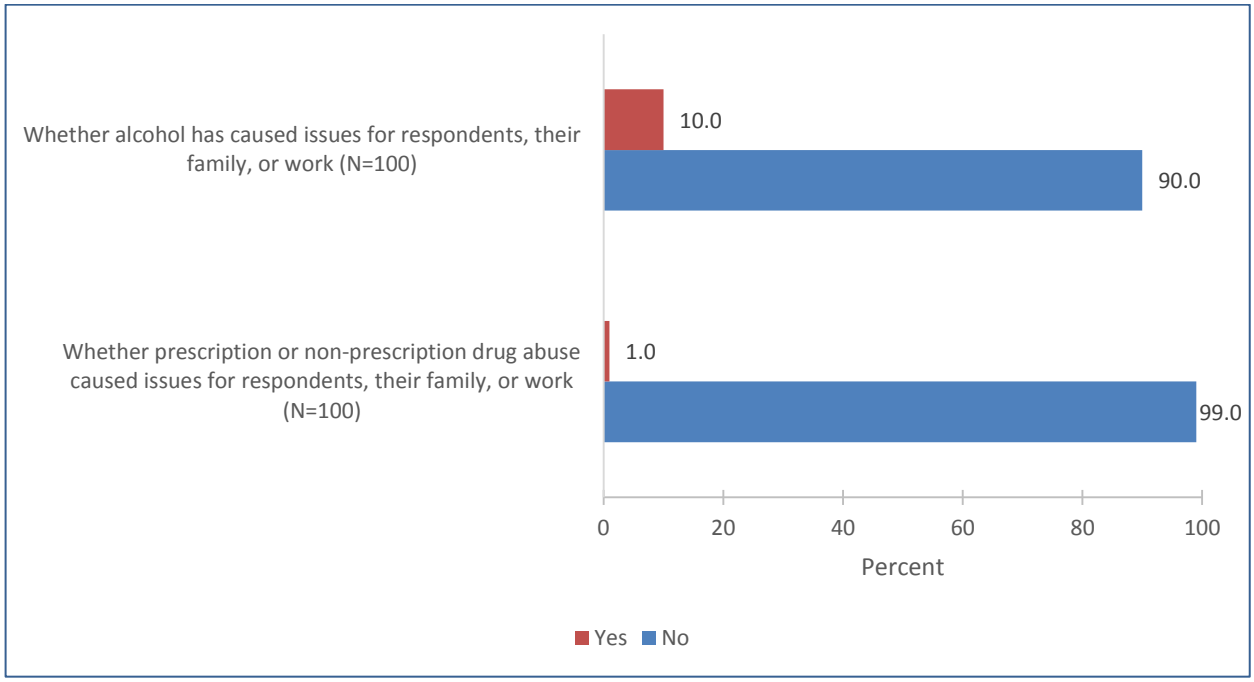
N=6

Figure 25. Whether respondents have ever used prescription medication in ways other than they were prescribed



N=98

Figure 26. Whether alcohol use or prescription or non-prescription drug abuse has caused issues for respondents, their family, or work over the past two years



Preventive Health

Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening

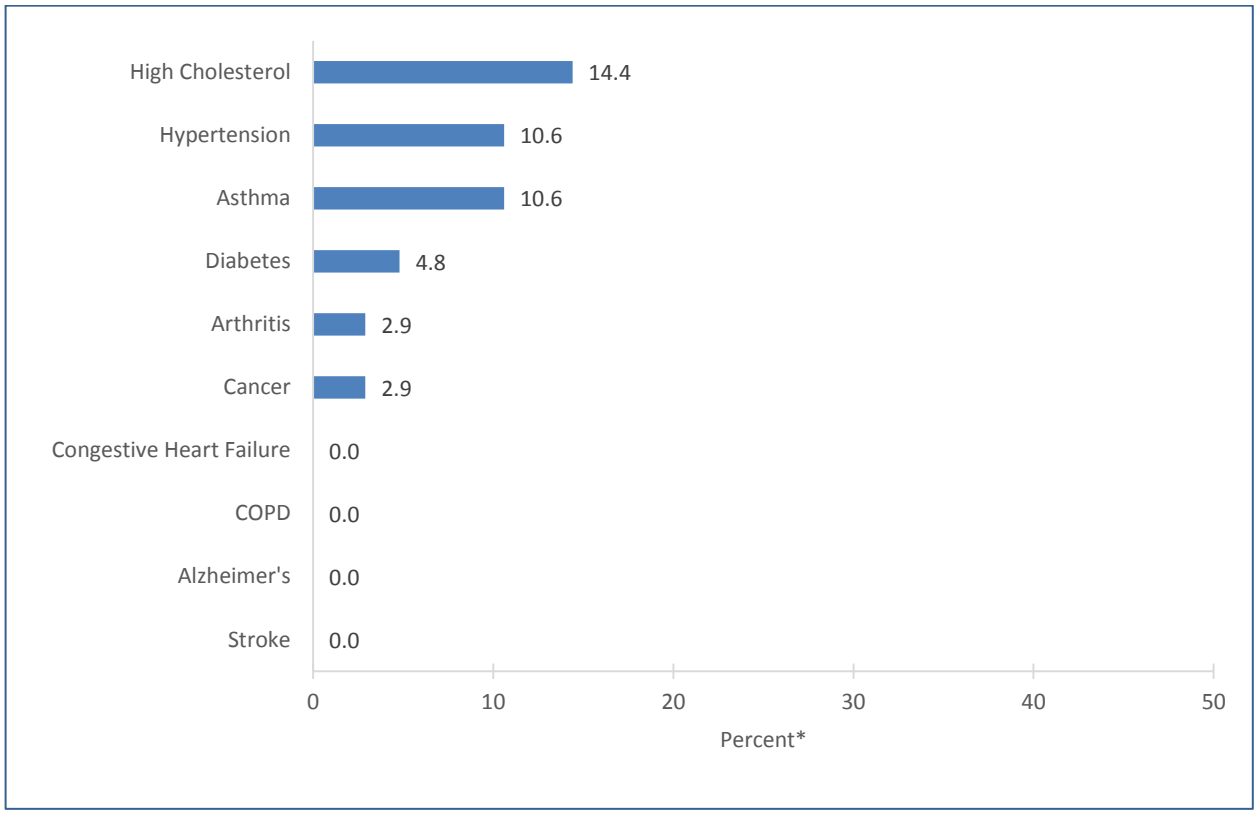
Type of screening	Percent of respondents		
	Yes	No	Total
GENERAL SCREENINGS			
Blood pressure screening (N=99)	87.9	12.1	100.0
Blood sugar screening (N=99)	60.6	39.4	100.0
Bone density test (N=98)	9.2	90.8	100.0
Cardiovascular screening (N=98)	23.5	76.5	100.0
Cholesterol screening (N=99)	61.6	38.4	100.0
Dental screening and X-rays (N=98)	82.7	17.3	100.0
Flu shot (N=100)	74.0	26.0	100.0
Glaucoma test (N=99)	40.4	59.6	100.0
Hearing screening (N=98)	5.1	94.9	100.0
Immunizations (N=99)	33.3	66.7	100.0
Pelvic exam (N=79 Females)	69.6	30.4	100.0
STD (N=97)	16.5	83.5	100.0
Vascular screening (N=97)	9.3	90.7	100.0
CANCER SCREENINGS			
Breast cancer screening (N=76 Females)	44.7	55.3	100.0
Cervical cancer screening (N=77 Females)	67.5	32.5	100.0
Colorectal cancer screening (N=97)	21.6	78.4	100.0
Prostate cancer screening (N=18 Males)	50.0	50.0	100.0
Skin cancer screening (N=96)	13.5	86.5	100.0

Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

Type of screening	Percent of respondents*						
	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reason
GENERAL SCREENINGS							
Blood pressure screening (N=12)	33.3	33.3	8.3	0.0	0.0	0.0	25.0
Blood sugar screening (N=39)	48.7	30.8	7.7	0.0	0.0	2.6	7.7
Bone density test (N=89)	47.2	39.3	2.2	0.0	0.0	1.1	5.6
Cardiovascular screening (N=75)	44.0	42.7	2.7	0.0	0.0	1.3	4.0
Cholesterol screening (N=38)	44.7	26.3	10.5	0.0	0.0	2.6	13.2
Dental screening and X-rays (N=17)	23.5	0.0	29.4	5.9	0.0	5.9	35.3
Flu shot (N=26)	30.8	7.7	3.8	0.0	0.0	0.0	38.5
Glaucoma test (N=59)	50.8	33.9	3.4	0.0	0.0	3.4	6.8
Hearing screening (N=93)	50.5	32.3	4.3	0.0	0.0	1.1	4.3
Immunizations (N=66)	59.1	19.7	1.5	0.0	0.0	0.0	4.5
Pelvic exam (N=24 Females)	45.8	8.3	4.2	0.0	0.0	0.0	33.3
STD (N=81)	70.4	14.8	2.5	0.0	0.0	1.2	3.7
Vascular screening (N=88)	52.3	39.8	2.3	0.0	0.0	1.1	3.4
CANCER SCREENINGS							
Breast cancer screening (N=42 Females)	54.8	16.7	4.8	0.0	0.0	2.4	23.8
Cervical cancer screening (N=25 Females)	40.0	20.0	4.0	0.0	0.0	0.0	36.0
Colorectal cancer screening (N=76)	67.1	18.4	3.9	0.0	0.0	1.3	7.9
Prostate cancer screening (N=9 Males)	66.7	11.1	0.0	0.0	0.0	0.0	11.1
Skin cancer screening (N=83)	42.2	41.0	4.8	0.0	0.0	2.4	8.4

*Percentages do not total 100.0 due to multiple responses.

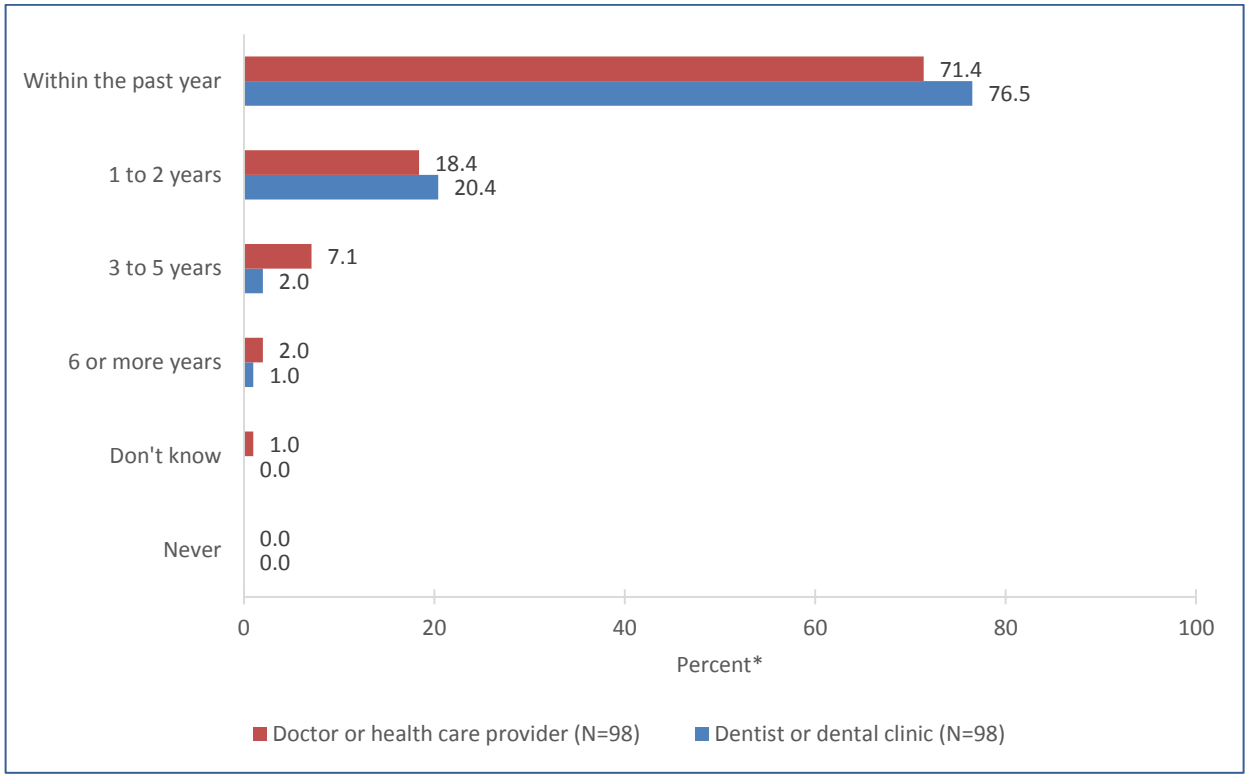
Figure 27. Whether respondents have any of the following chronic diseases



N=104

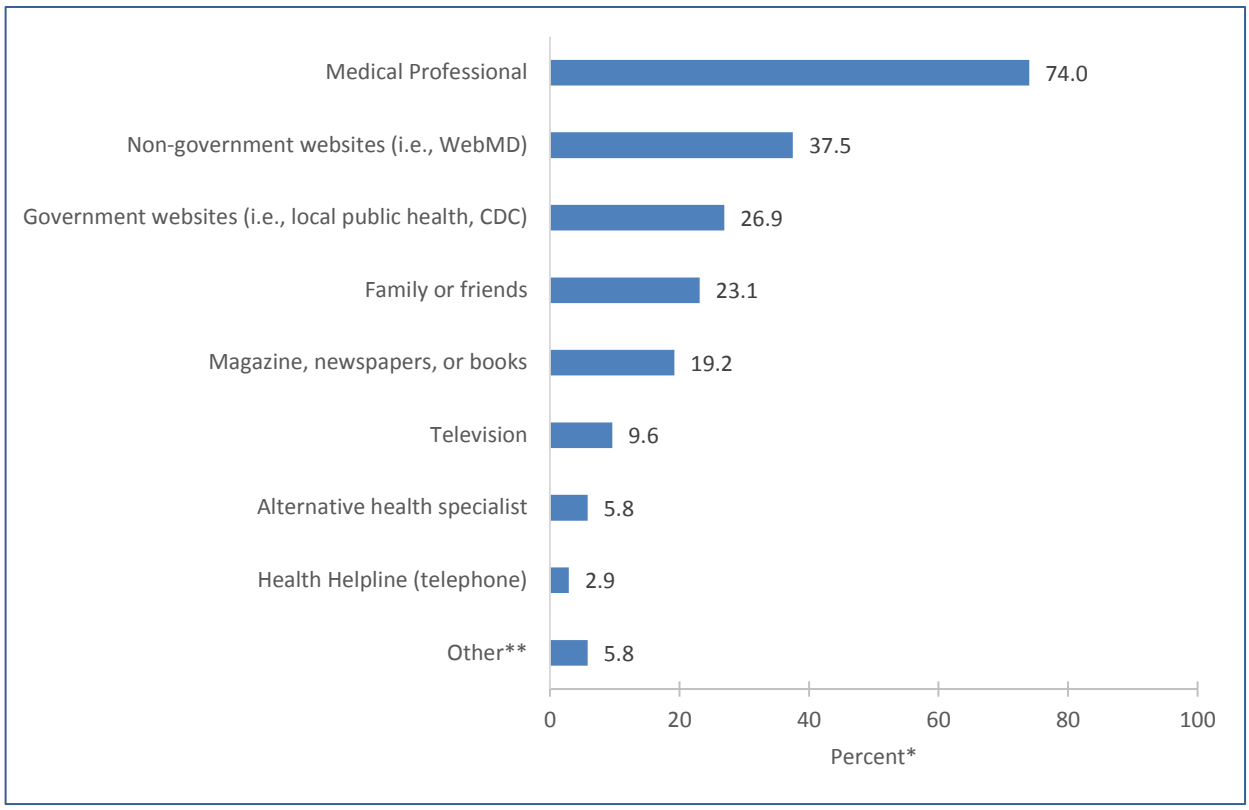
*Percentages do not total 100.0 due to multiple responses.

Figure 28. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



*Percentages do not total 100.0 due to rounding.

Figure 29. Where respondents get most of their health information

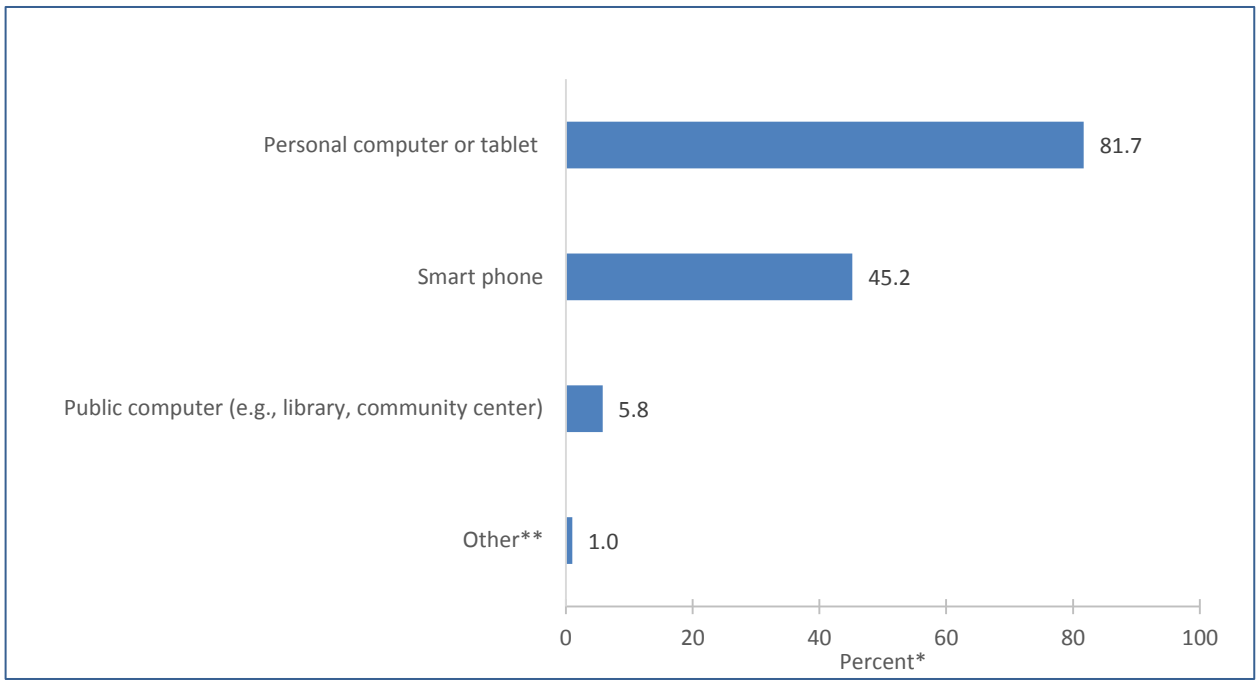


N=104

*Percentages do not total 100.0 due to multiple responses.

** Other responses include “Internet” (3), “my private group”, “work”, and “Sanford Health Foundation”.

Figure 30. Best way for respondents to access technology for health information



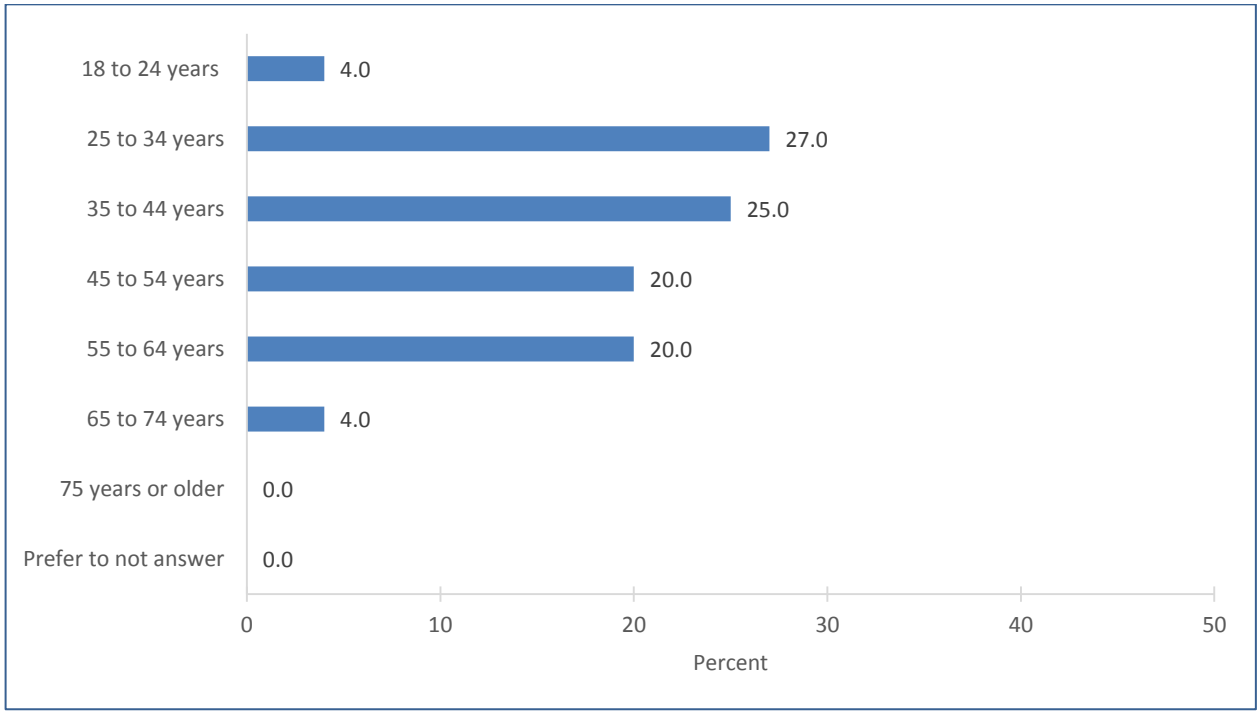
N=104

*Percentages do not total 100.0 due to multiple responses.

**Other response is “work”.

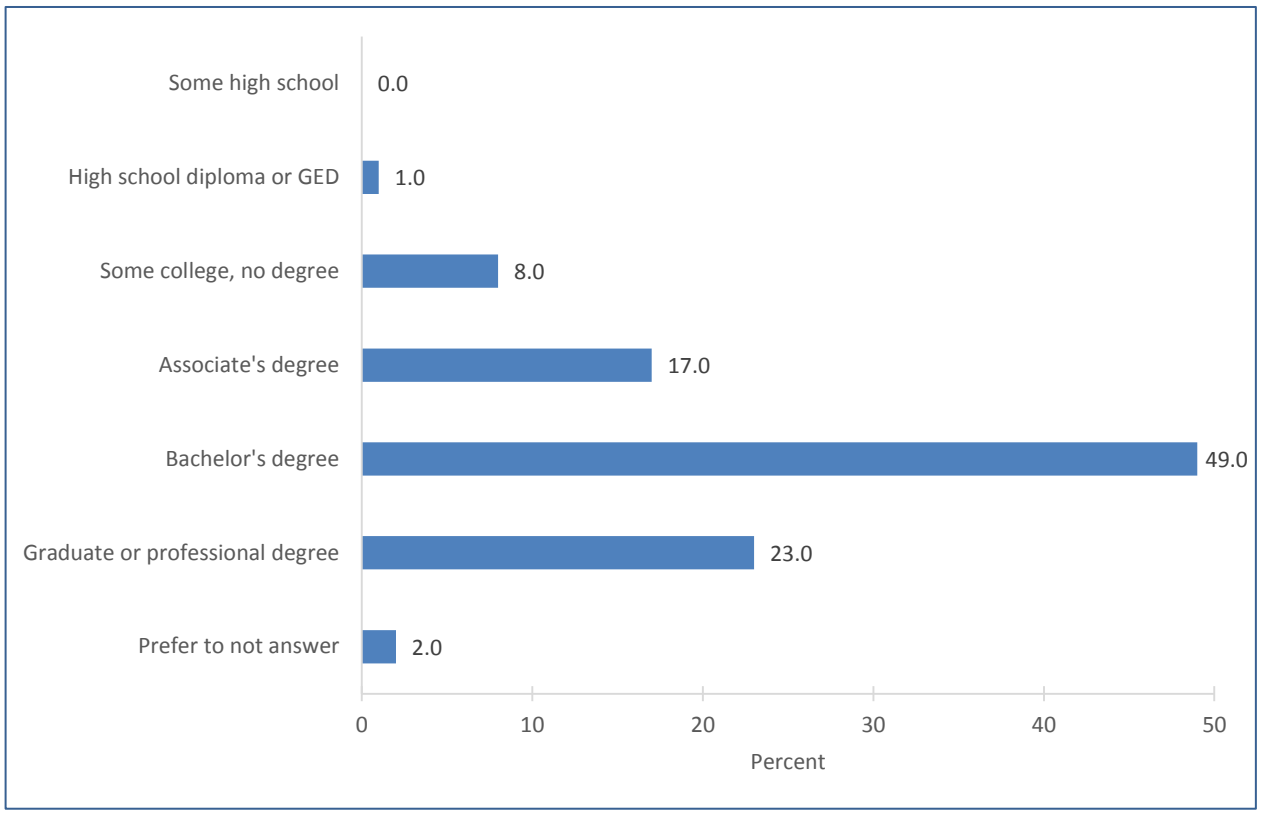
Demographic Information

Figure 31. Age of respondents



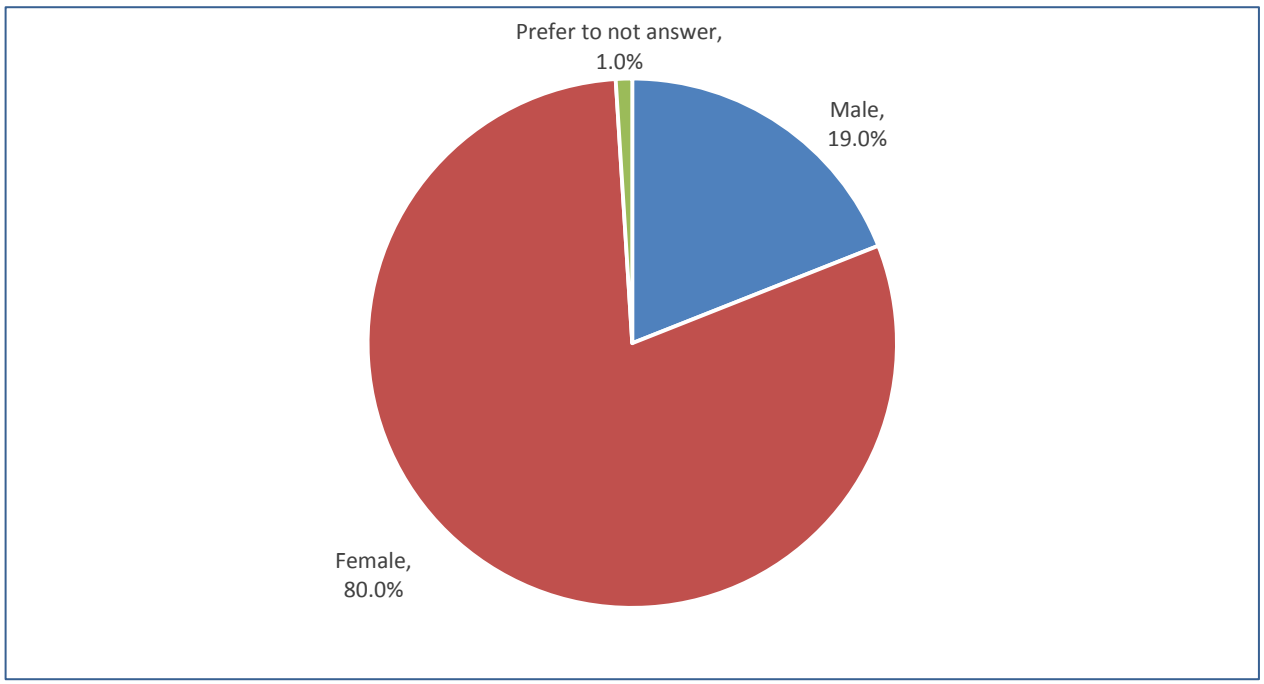
N=100

Figure 32. Highest level of education of respondents



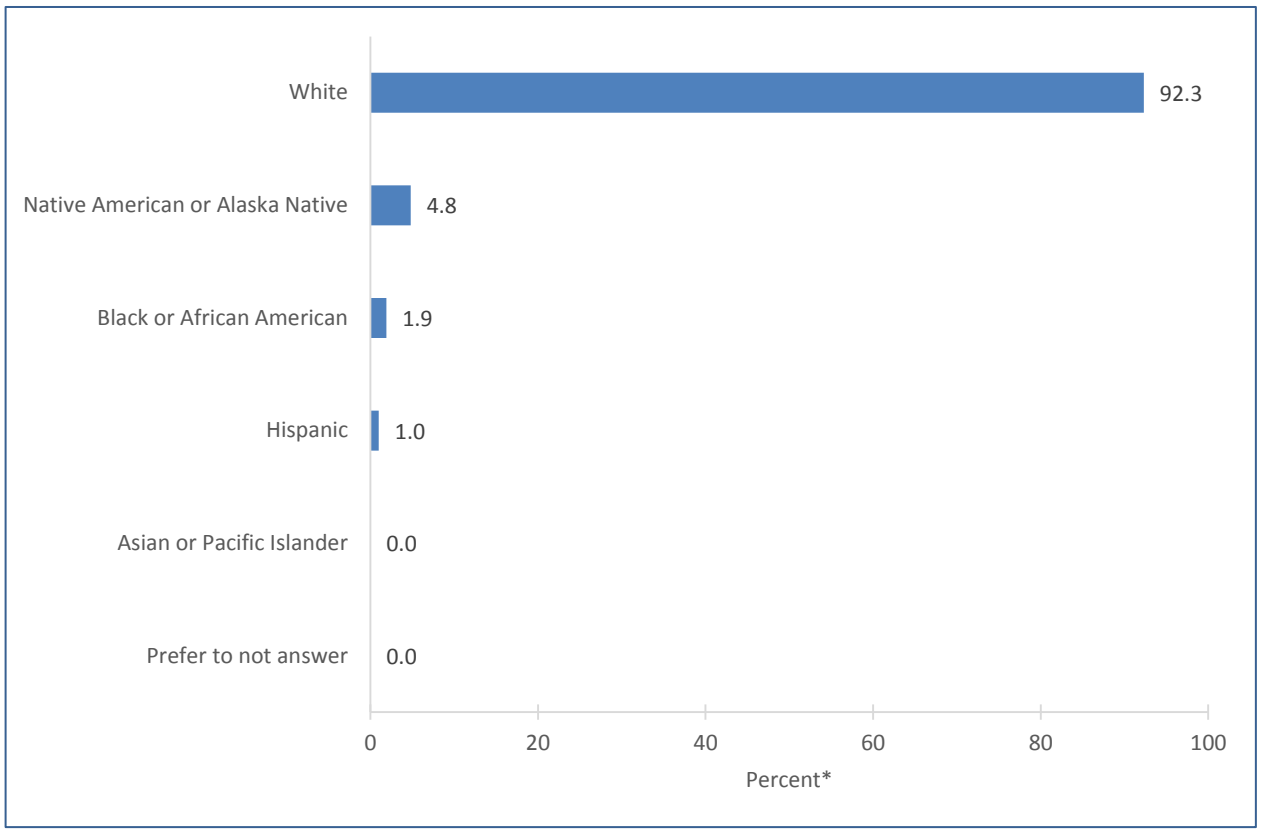
N=100

Figure 33. Gender of respondents



N=100

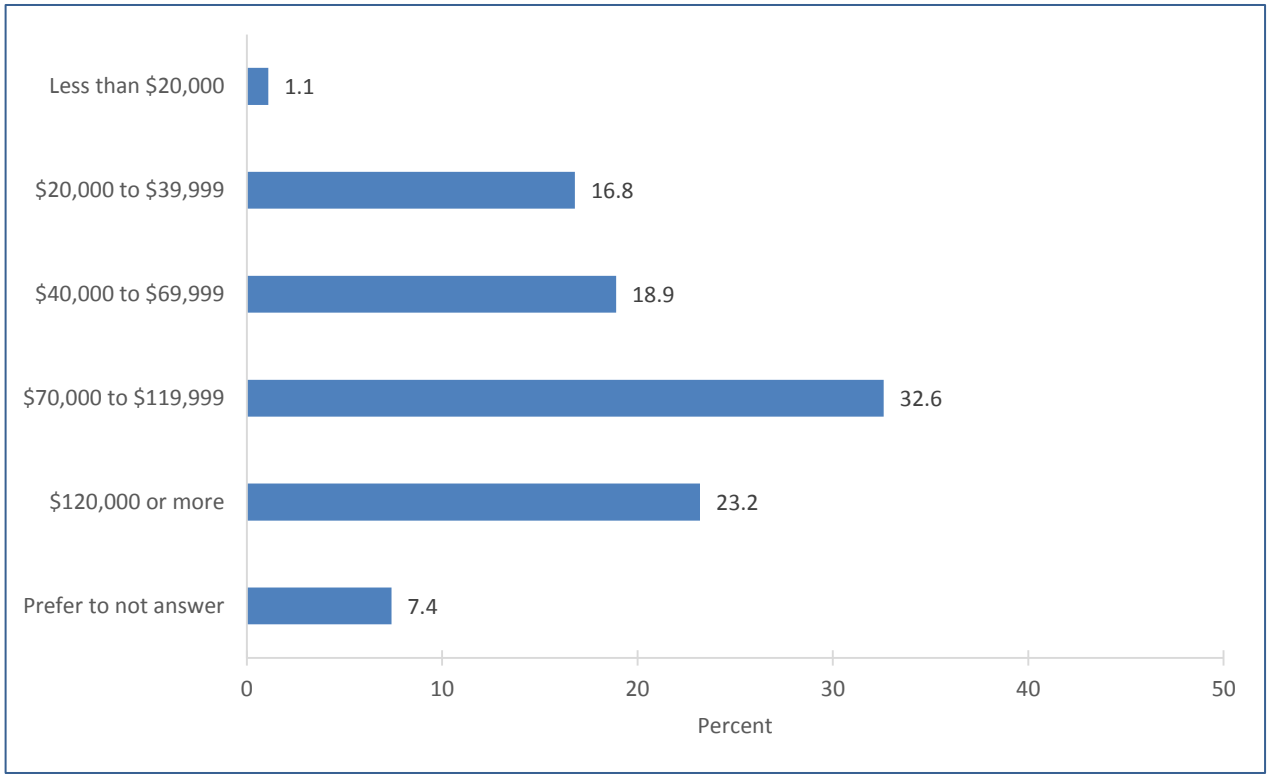
Figure 34. Race and ethnicity of respondents



N=104

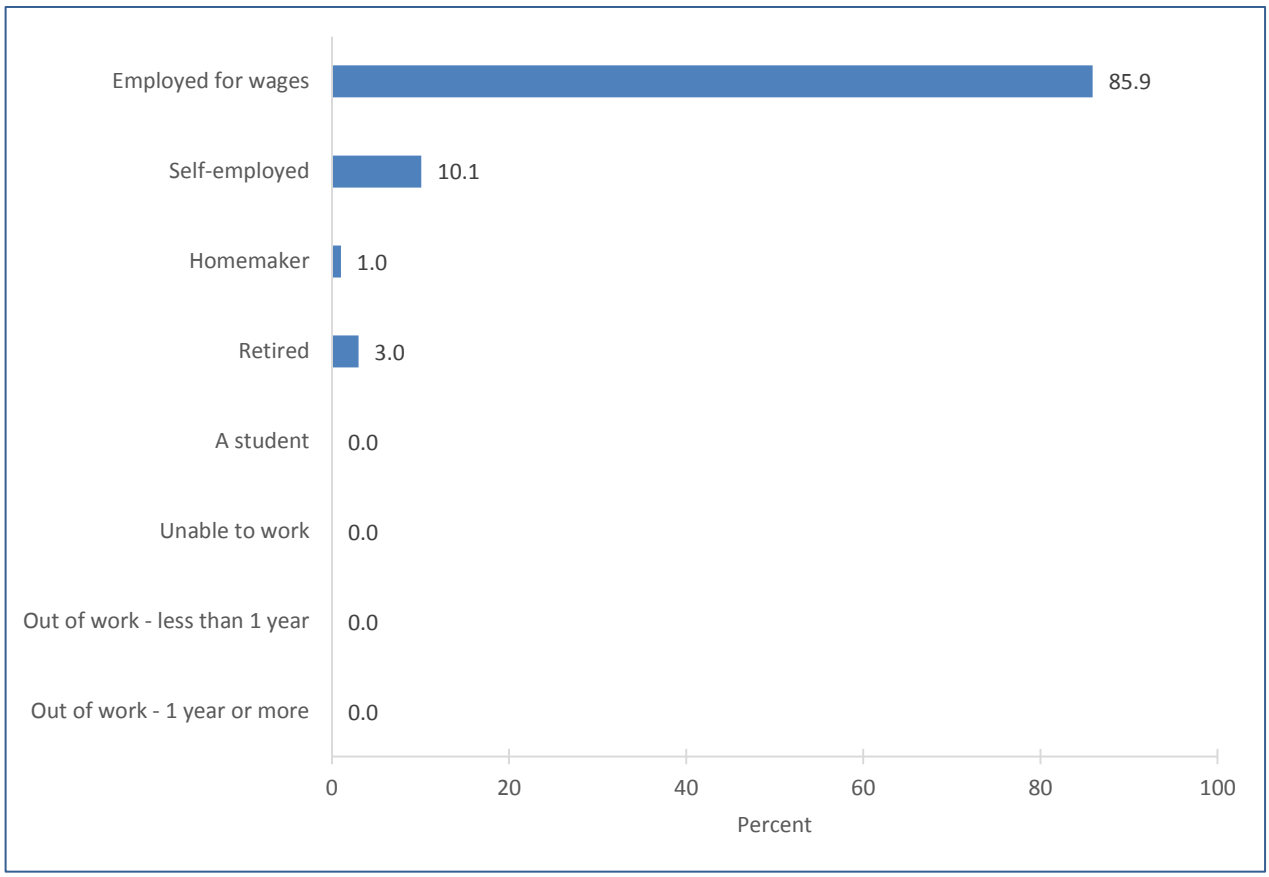
*Percentages do not total 100.0 due to multiple responses.

Figure 35. Annual household income of respondents



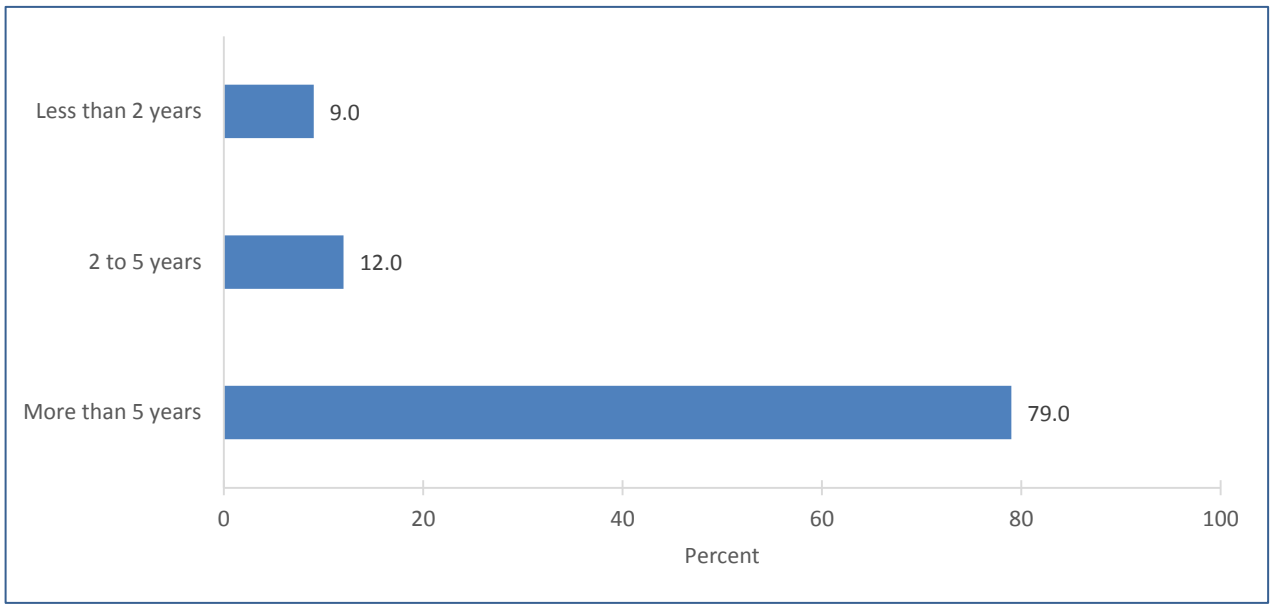
N=95

Figure 36. Employment status of respondents



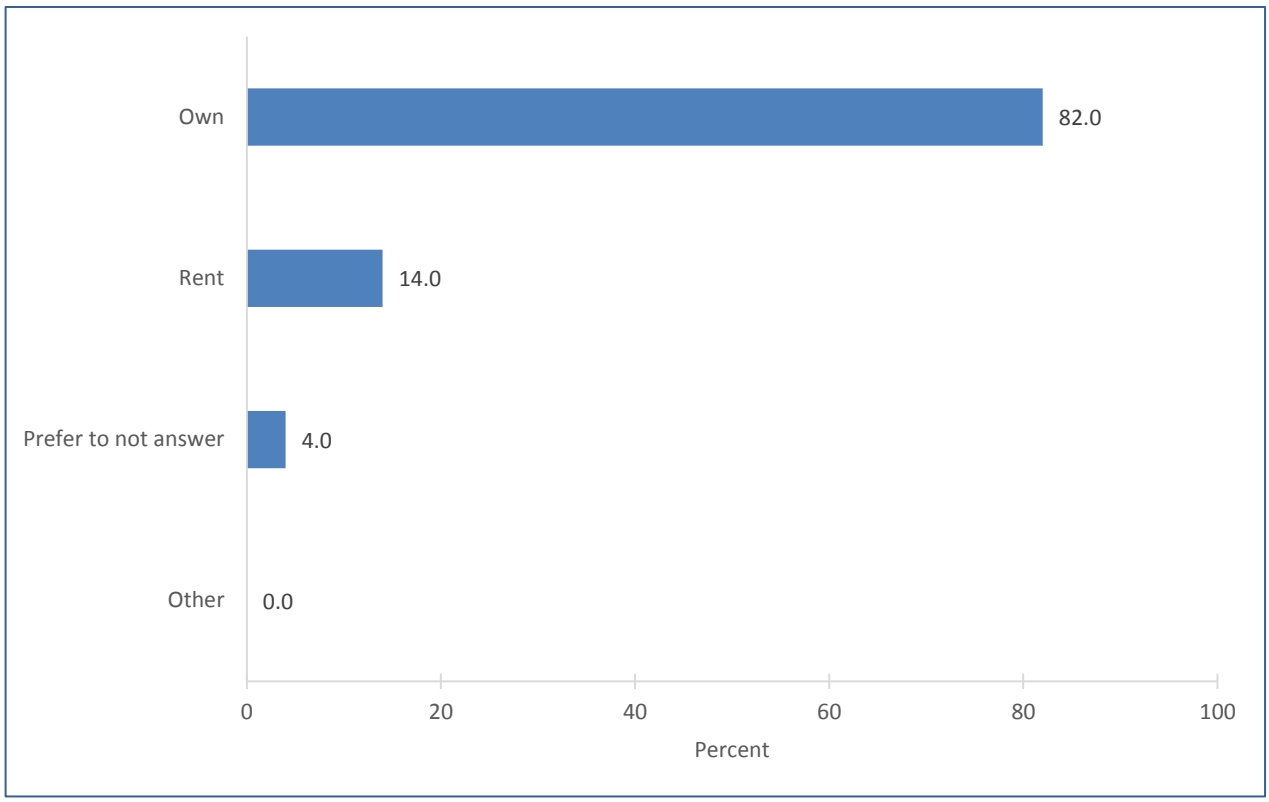
N=99

Figure 37. Length of time respondents have lived in their community



N=100

Figure 38. Whether respondents own or rent their home



N=100

Figure 39. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care insurance coverage

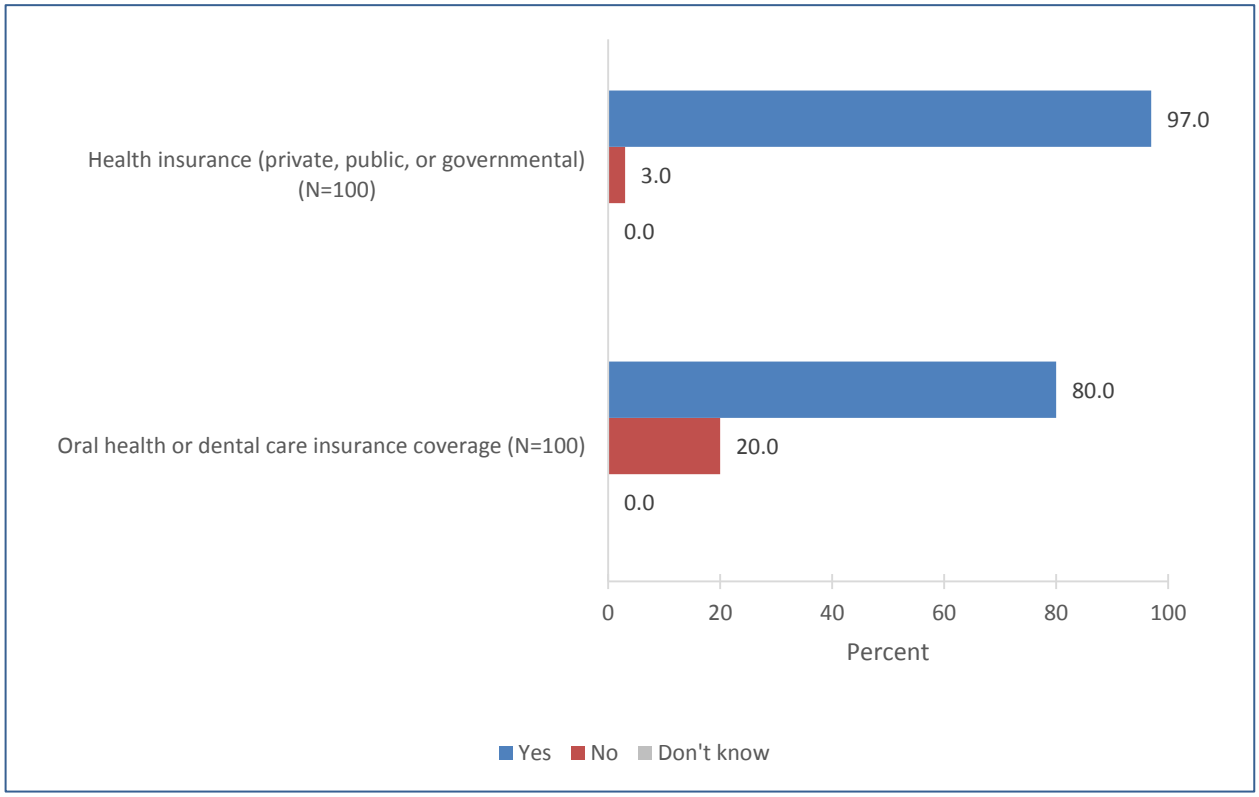
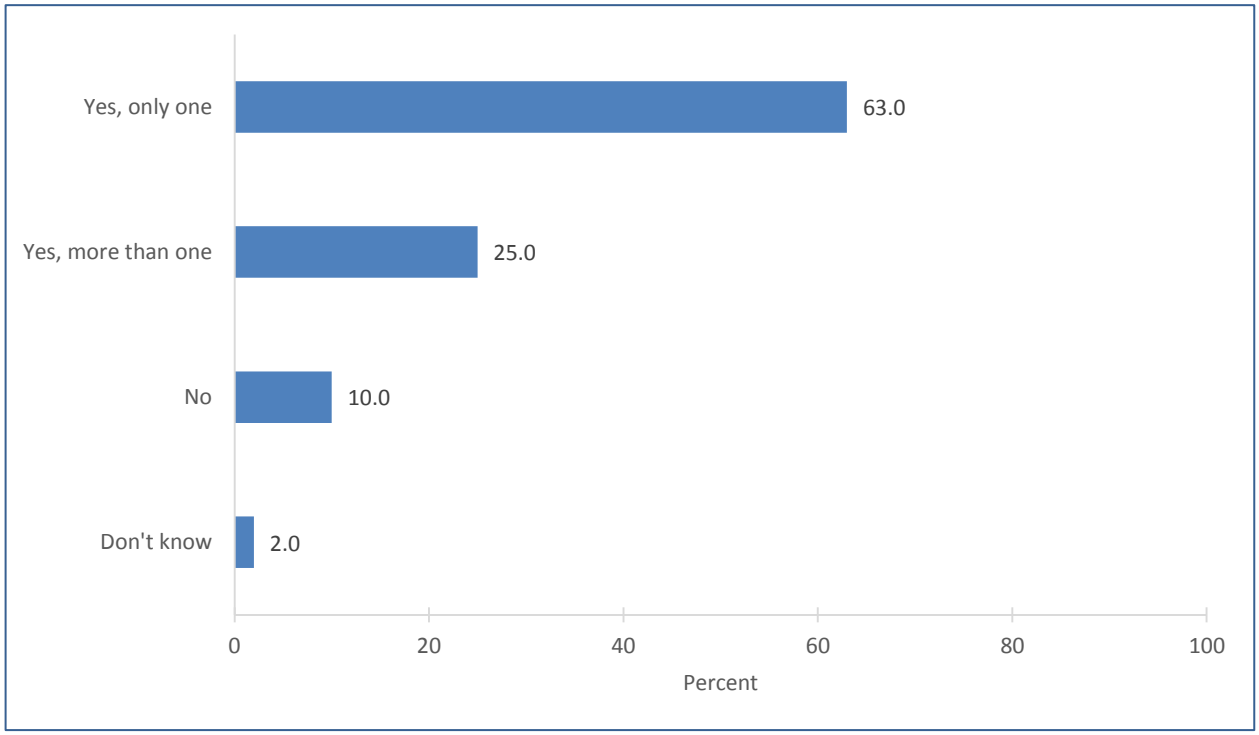
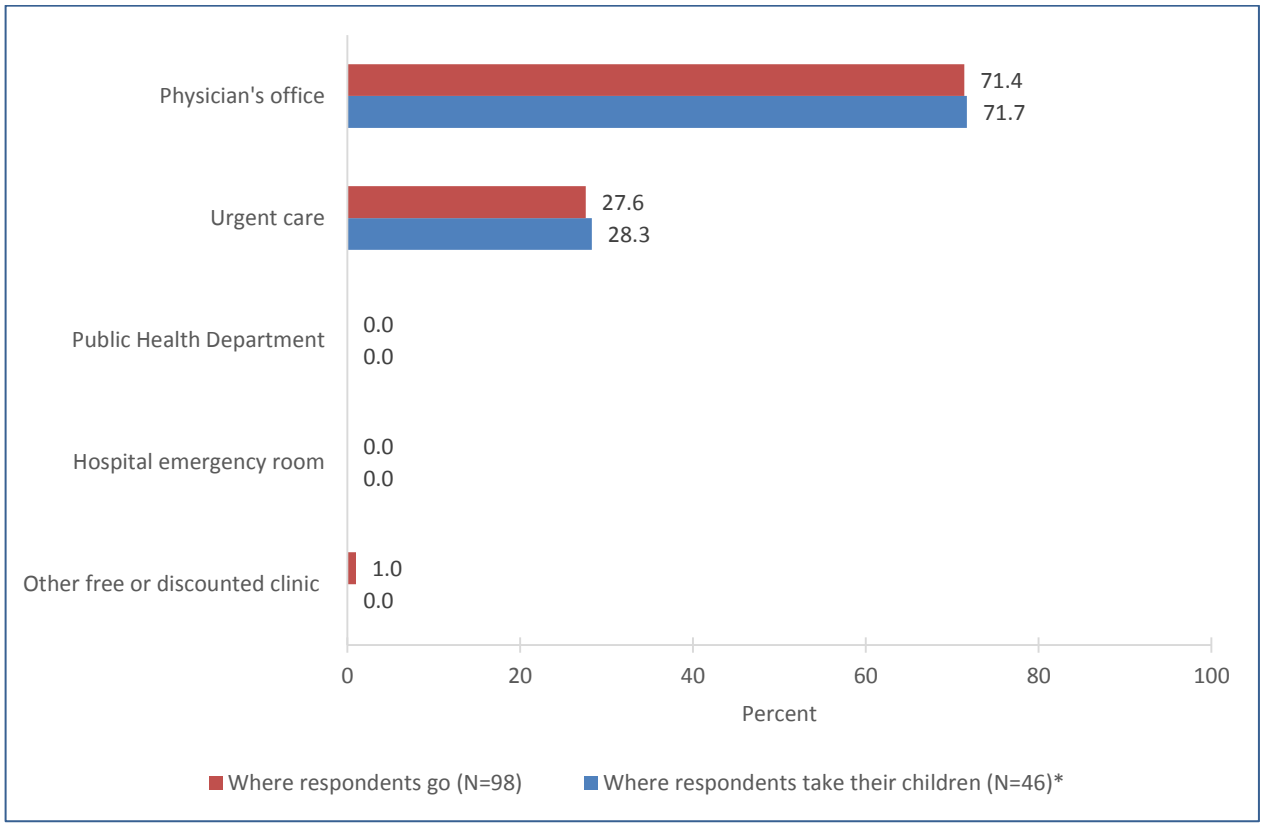


Figure 40. Whether respondents have one person who they think of as their personal doctor or health care provider



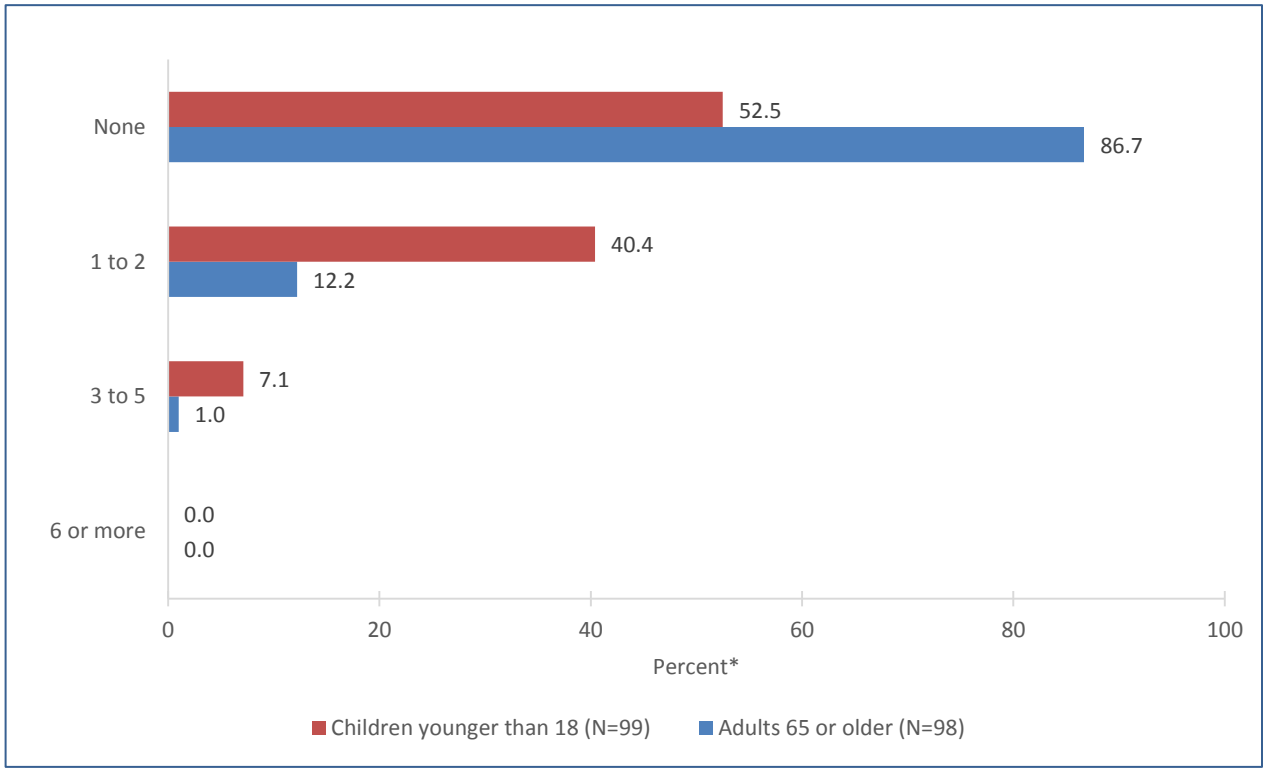
N=100

Figure 41. Facilities that respondents go to most often when sick and take their children when they are sick



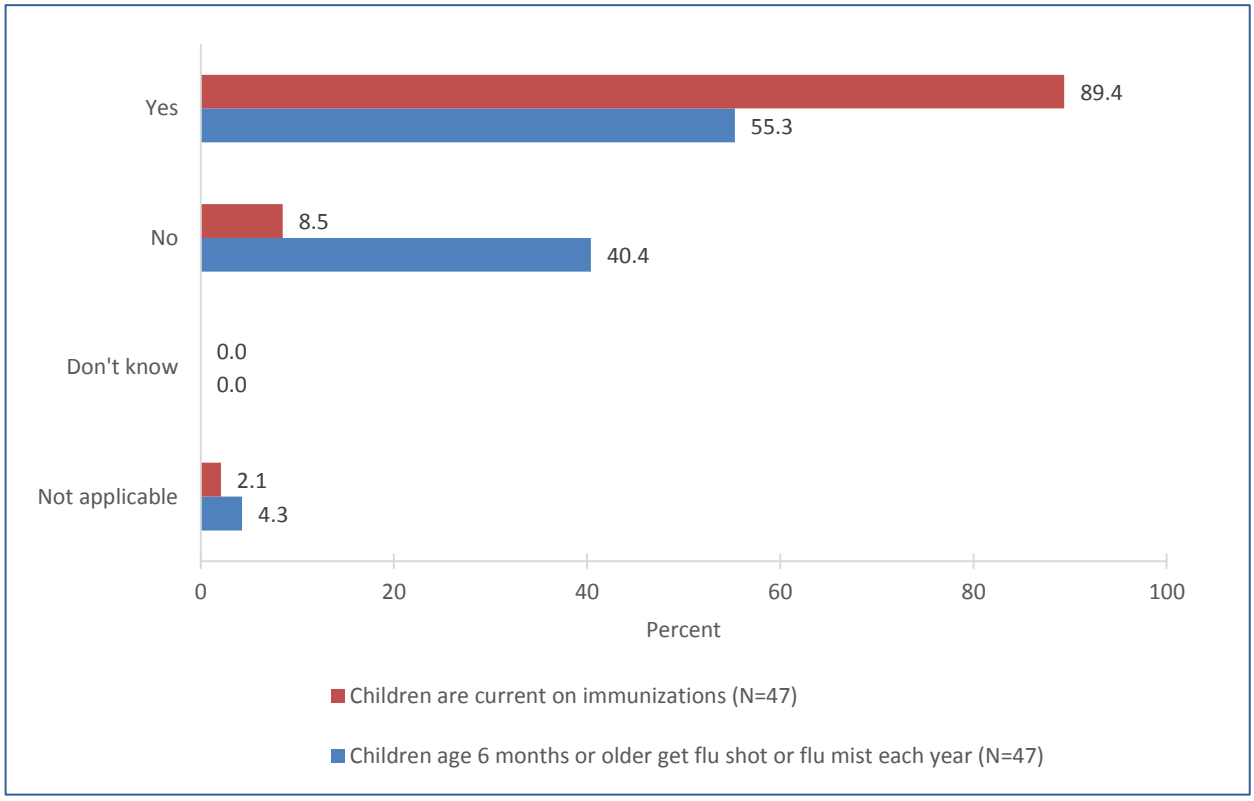
*Of respondents who have children younger than age 18 living in their household.

Figure 42. Number of children younger than 18 and number of adults age 65 or older living in respondents' household



*Percentages may not total 100.0 due to rounding.

Figure 43. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year*



*Of respondents who have children younger than age 18 living in their household.

Table 3. Zip code of respondents

Zip Code	Number of respondents
56601	60
56621	9
56461	7
56484	3
56678	3
56458	2
56634	2
56676	2
56683	2
56482	1
56644	1
56684	1
56716	1
Unknown	1

N=95

SANFORD HEALTH

Secondary Research

Definitions of Key Indicators

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
This Excel file contains the ranks and scores for each county in your state and the underlying data details for the measures used in calculating the 2015 *County Health Rankings*. In addition, the file contains additional measures that are reported on the *County Health Rankings* web site for your state.

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

Contents:

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

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

Measure	Data Elements	Description
Geographic identifiers	**FIPS**	Federal Information Processing Standard
	State	
	County	
Premature death	# Deaths	Number of deaths under age 75
	Years of Potential Life Lost Rate	Age-adjusted YPLL rate per 100,000
	95% CI – Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor or fair health	Sample Size	Number of respondents
	% Fair/Poor	Percent of adults that report fair or poor health
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor physical health days	Sample Size	Number of respondents
	Physically Unhealthy Days	Average number of reported physically unhealthy days per month

Measure	Data Elements	Description
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor mental health days	Sample Size	Number of respondents
	Mentally Unhealthy Days	Average number of reported mentally unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Low birthweight	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	# Low Birthweight Births	Number of low birthweight births
	# Live births	Number of live births
	% LBW	Percentage of births with low birth weight (<2500g)
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult smoking	Sample Size	Number of respondents
	% Smokers	Percentage of adults that reported currently smoking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult obesity	**% Obese**	Percentage of adults that report BMI >= 30
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Food environment index	**Food Environment Index**	Indicator of access to healthy foods - 0 is worst, 10 is best
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Physical inactivity	**% Physically Inactive**	Percentage of adults that report no leisure-time physical activity
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Access to exercise opportunities	# With Access	Number of people with access to exercise opportunities
	% With Access	Percentage of the population with access to places for physical activity
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Excessive drinking	Sample Size	Number of respondents
	% Excessive Drinking	Percentage of adults that report excessive drinking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Alcohol-impaired driving deaths	# Alcohol-Impaired Driving Deaths	Number of alcohol-impaired motor vehicle deaths
	# Driving Deaths	Number of motor vehicle deaths

Measure	Data Elements	Description
	% Alcohol-Impaired	Percentage of driving deaths with alcohol involvement
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Sexually transmitted infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases / Population * 100,000
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Teen births	Teen Births	Teen birth count, ages 15-19
	Teen Population	Female population, ages 15-19
	Teen Birth Rate	Teen births / females ages 15-19 * 1,000
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Uninsured	# Uninsured	Number of people under age 65 without insurance
	% Uninsured	Percentage of people under age 65 without insurance
	95% CI - Low	95% confidence interval reported by SAHIE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Primary care physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	PCP Rate	(Number of PCP/population)*100,000
	PCP Ratio	Population to Primary Care Physicians ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Dentists	# Dentists	Number of dentists
	Dentist Rate	(Number of dentists/population)*100,000
	Dentist Ratio	Population to Dentists ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Mental health providers	# Mental Health Providers	Number of mental health providers (MHP)
	MHP Rate	(Number of MHP/population)*100,000
	MHP Ratio	Population to Mental Health Providers ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Preventable hospital stays	# Medicare Enrollees	Number of Medicare enrollees
	Preventable Hosp. Rate	Discharges for Ambulatory Care Sensitive Conditions/Medicare Enrollees * 1,000
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Diabetic monitoring	# Diabetics	Number of diabetic Medicare enrollees
	% Receiving HbA1c	Percentage of diabetic Medicare enrollees receiving HbA1c test
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Mammography screening	# Medicare Enrollees	Number of female Medicare enrollees age 67-69
	% Mammography	Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	95% CI - Low	95% confidence interval reported by Dartmouth Institute

Measure	Data Elements	Description
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
High school graduation	Cohort Size	Number of students expected to graduate
	Graduation Rate	Graduation rate
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Some college	# Some College	Adults age 25-44 with some post-secondary education
	Population	Adults age 25-44
	% Some College	Percentage of adults age 25-44 with some post-secondary education
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Unemployment	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	% Unemployed	Percentage of population ages 16+ unemployed and looking for work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in poverty	# Children in Poverty	Number of children (under age 18) living in poverty
	% Children in Poverty	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in single-parent households	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	% Single-Parent Households	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Social associations	# Associations	Number of associations
	Association Rate	Associations / Population * 10,000
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes/population * 100,000
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Injury deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000
	95% CI - Low	95% confidence interval as reported by the National Center for Health Statistics
	95% CI - High	

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Air pollution - particulate matter	**Average Daily PM2.5**	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Drinking water violations	Pop. In Viol	Average annual population affected by a water violation
	% Pop in Viol	Population affected by a water violation/Total population with public water
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Severe housing problems	# Households with Severe Problems	Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Driving alone to work	# Drive Alone	Number of people who drive alone to work
	# Workers	Number of workers in labor force
	% Drive Alone	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Long commute - driving alone	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	% Long Commute - Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

Clearwater County

	Clearwater County	Trend(Click for info)	Error Margin	Top U.S. Performers*	MN	Rank (of 87)
Health Outcomes						78
Length of Life						82
Premature death	7,760		5,550-9,970	5,200	5,038	
Quality of Life						48
Poor or fair health	9%		5-14%	10%	11%	
Poor physical health days	3.6		2.0-5.1	2.5	2.8	
Poor mental health days	2.5		1.2-3.8	2.3	2.6	
Low birth weight	5.9%		4.3-7.6%	5.9%	6.5%	
Health Factors						86
Health Behaviors						85
Adult smoking	20%		12-33%	14%	16%	
Adult obesity	32%		26-38%	25%	26%	
Food environment index	6.4			8.4	8.3	
Physical inactivity	25%		20-31%	20%	19%	
Access to exercise opportunities	48%			92%	85%	
Excessive drinking	21%		13-31%	10%	19%	
Alcohol-impaired driving deaths	75%			14%	31%	
Sexually transmitted infections	184			138	336	
Teen births	40		31-50	20	24	
Clinical Care						87
Uninsured	14%		12-15%	11%	9%	
Primary care physicians	2,176:1			1,045:1	1,113:1	
Dentists	2,946:1			1,377:1	1,529:1	
Mental health providers				386:1	529:1	

	Clearwater County	Trend(Click for info)	Error Margin	Top U.S. Performers*	MN	Rank (of 87)
Preventable hospital stays	93		77-109	41	45	
Diabetic monitoring	51%		39-64%	90%	88%	
Mammography screening	41.9%		25.8-58.1%	70.7%	66.7%	
Social & Economic Factors						87
High school graduation	77%				78%	
Some college	54.6%		49.3-59.9%	71.0%	73.3%	
Unemployment	11.2%			4.0%	5.1%	
Children in poverty	25%		18-31%	13%	14%	
Income inequality	4.7		4.3-5.1	3.7	4.3	
Children in single-parent households	29%		23-35%	20%	28%	
Social associations	19.5			22.0	13.2	
Violent crime	274			59	229	
Injury deaths	58		37-85	50	56	
Physical Environment						66
Air pollution - particulate matter	12.2			9.5	12.0	
Drinking water violations	0%			0%	1%	
Severe housing problems	18%		15-20%	9%	15%	
Driving alone to work	78%		75-80%	71%	78%	
Long commute - driving alone	31%		28-35%	15%	29%	

2015
* 90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data

0480020022 3/16