2019 - 2021
Community Health Needs Assessment

Prairie Ridge Hospital and Health Services

Table of Contents

Introduction 1
Methodology 1
Data Limitations and Gaps 3
Community 3
Community Health Status Assessment 5
Demographics 6
Social and Economic Factors 9
Health Outcomes 16
Health Behavior 19
Physical Environment 28
Community Themes and Strengths Assessment 29
Update 2013-2016 Implementation Plan 35
Preventative Care 35
Aging Population 35
Mental and Behavioral Health Services 36
Transportation 36
Dental Care for Low Income Families 37
Prioritization 37
Prioritization Process: 38
Assets and Resources 39
Conclusion 40
References 41
Appendix 43
Appendix A: Focus Group Guide 44
Appendix B: Focus Group Consent Form 46
Appendix C: Focus Group Demographic Questionnaire 47
Appendix D: Focus Group Results 48

List of Figures

Figure 1: Population Trends (1960-2010) and Projections (2020-2050), Grant and Stevens Counties 6
Figure 2: Population by Age, Grant and Stevens Counties (2017)... 7
Figure 3: Age Demographics, Grant and Stevens Counties (2017)... 7
Figure 4: Race and Ethnicity, Grant and Stevens Counties (2017) 8
Figure 5: Non-White Residents and Foreign-Born Residents, Grant and Stevens Counties (2013-2017).... 8
Figure 6: Educational Attainment, Grant and Stevens Counties (2013-2017) 9
Figure 7: Household Income Distribution, Grant and Stevens Counties (2013-2017) 10
Figure 8: Poverty Status in Past 12 Months, Grant and Stevens Counties (2017).................................... 11
Figure 9: Poverty by Race, Grant and Stevens Counties (2013-2017).. 12
Figure 10: Poverty Status, by Age Group, Grant and Morris Counties (2013-2017) 12
Figure 11: Health Coverage, Grant and Stevens Counties (2013-2017).. 14
Figure 12: Public Health Coverage, Grant and Stevens Counties (2013-2017) 14
Figure 13: Unemployment Rate, Grant and Stevens Counties and MN (2010-2018) 15
Figure 14: Food Insecurity by Income, Grant and Stevens Counties (2015) 16
Figure 15: Leading Causes of Death, Age-Adjusted, Grant and Stevens Counties and MN (2013-2017)... 17
Figure 16: Premature Deaths, Age-Adjusted, Grant and Stevens Counties and MN (2013-2017)........... 17
Figure 17: Cancer Incidence per 100,000 Population, by Site, Grant and Stevens Counties 18
Figure 18: Cancer Incidence per 100,000 Population, by Sex, Grant and Stevens Counties (2011-2015) . 18
Figure 19: Percentage of Adults who Perceive They are of Excellent or Very Good Health, by Income, Grant and Stevens Counties (2015) 19
Figure 20: Adult Current Smokers, Grant and Stevens Counties, by Income (2015)............................... 19
Figure 21: Tobacco Use Among 11th Graders, Grant and Stevens Counties and MN (2016) 20
Figure 22: Type of Tobacco Used by 11th Graders, Grant and Stevens Counties (2016)........................... 21
Figure 23: Weight Status of Youth, Grant and Stevens Counties and MN (2016).................................... 22
Figure 24: Vegetable and Fruity Consumption by Youth, Grant and Stevens Counties and MN (2016).... 22
Figure 25: Physical Activity Among Youths, Grant and Stevens Counties and MN (2016)........................ 23
Figure 26: Percentage of Students Bullied, Grant and Stevens Counties and MN (2016)........................ 23
Figure 27: Percentage of Students who Attempted Suicide, Grant and Steven Counties and MN (2016) 24
Figure 28: Alcohol Use Among 11th Graders, Grant and Stevens Counties and MN (2016)...................... 25
Figure 29: Substance Use Among 11th Graders, Grant and Stevens Counties and MN (2016) 25
Figure 30: Sexual Behaviors Among 11th Graders, Grant and Stevens Counties and MN (2016)............... 26
Figure 31: Number of Alleged Victims, by Age Group, Grant and Stevens Counties and MN (2017)........ 27
Figure 32: Number of Alleged Victims by Maltreatment Type, Grant and Stevens Counties (2017)......... 28
Figure 33: Cost-Burdened Household, Otter Tail County and Barnesville (2013-2017)............................ 29

List of Tables

Table 1: Median Household vs. Per Capita Income, Grant and Stevens Counties and MN (2013-2017) 10
Table 2: Educational Attainment and Poverty Status, Grant and Stevens Counties and MN (2013-2017)....13
Table 3: Summary of Participant Characteristics 30

Introduction

Prairie Ridge Hospital and Health Services (PRHHS) is committed to creating a healthy community and continuing to meet the needs of the communities we serve. The Patient Protection and Affordable Care Act (PPACA) of 2010 require all non-profit hospitals conduct a community health needs assessment (CHNA) at least once every three years and to develop an implementation strategy to meet the needs identified by the CHNA.

Internal Revenue Service Section 501(r)(3) and Revenue Ruling 69-545 stipulate that each non-profit hospital must have the following components to be in compliance:

1. CHNA report that defines the community it serves, describes the needs identified, prioritizes the needs, identifies resources available to meet the needs and evaluates impact of any actions taken to address the needs identified in the most recently completed CHNA.
2. Implementation strategy plan that describes how the hospital plans to address the needs identified in the CHNA including what resources the hospital plans to commit. The implementation plan must also include an explanation as to why the hospital will not address an identified need, if any.
3. The CHNA must be adopted by an authorized body of the hospital facility and publicized by the end of the applicable taxable year.
4. The implementation plan must be adopted by an authorized body of the hospital facility and reported on the IRS Form 990 by the fifteenth day of the fifth month after the taxable year ends.

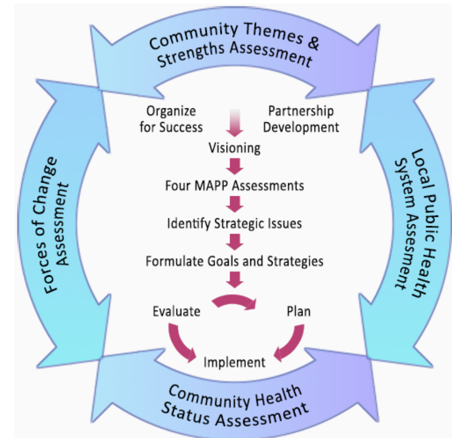
The regulations also require that the hospital takes into account input from persons who represent the broad interest of the community including the local public health department, members of the medically underserved, low-income and minority populations or organizations representing their interest and written comments received on the hospital's most recently completed CHNA and implementation strategy.

Methodology

For the Community Health Needs Assessment process, Prairie Ridge Hospital and Health Services referred to the Mobilizing for Action through Planning and Partnerships (MAPP) framework for guidance.[1] This community-wide planning and action-oriented process was developed by the National Association of County and City Health Officials in partnership with the Public Health Practice Program Office of the Centers for Disease Control and Prevention. MAPP is a community-driven process rooted on partnership development, assessment of needs

and assets and strategic planning on how to efficiently use available resources to address the prioritized health needs.

The MAPP process consists of the following four assessments:



1. Community Themes and Strengths
2. Local Public Health System Assessment
3. Forces of Change
4. Community Health Status

For this cycle of the CHNA, we completed two of the four assessments – (1) Community Themes and Strengths and (2) Community Health Status.

Input from community partners and stakeholders, especially public health and those representing the underserved and low-income populations were taken into account.

Planning (Feb - March)	Form work group	Kick-off meeting	Present process to PRHHS Board	
Assessment (March - May)	Define service areas	Collect and analyze primary and secondary data	Gather input from community - focus groups	Evaluate progress on 2016 action plan
Prioritization (May - June)	Set criteria and method for prioritizing needs	Assess community assets and resources	Prioritize health needs	
Documentation/ Aproval (July - August)	CHNA Report	Present to PRHHS Board for approval	Publicize CHNA Report	
Strategic Planning (November)	Choose strategies or programs	Set SMART objectives	Develop evaluation plan	
Documentation/ Approval (December)	Implementation Plan	Present to PRHHS Board for approval	Publicize Implementation Plan	

Data Limitations and Gaps

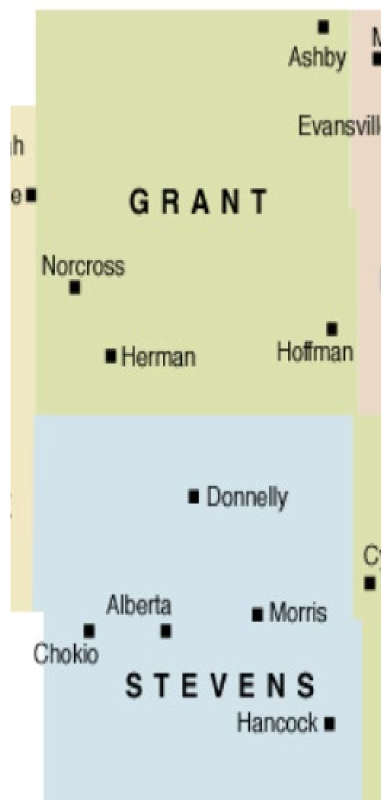
Although special consideration for the inclusion of low income and underserved population representation was given in the sampling, there are still notable limitations to the data evaluated.

Horizon Public Health Statewide Health Improvement Partnership (SHIP) Survey and MN Student Survey – Results are based on information reported directly by the respondent, so it may be subject to a number of sources of possible error. It is also possible that the people who choose to respond to the surveys are different from those who do not.

Focus Group – We used purposive sampling to identify focus group participants. The perspectives captured simply represent the partners who agreed to participate.

Secondary data – We relied heavily on several local, state and national entities with publicly available data. Al limitations inherent in these sources remain present for this assessment.

Community



The service area for PRHHS are Grant and Stevens Counties. Grant and Stevens are adjacent counties located in West Central Minnesota and combined, spans 1,112 square miles. Grant and Stevens Counties are home to 5,941 and 9,634 residents, respectively. Included in the service are the communities of Elbow Lake (county seat of Grant), Ashby, Morris (county seat of Stevens), Herman, Hoffman, Wendell and Evansville.

Prairie Ridge Hospital and Health Services is a 10-bed Critical Access Hospital and has clinics located in Elbow Lake, Morris, Ashby, Evansville and Hoffman.

PRHHS provides the following hospital and clinical services:

- Cardiology
- Colonoscopy/Endoscopy
- Diabetes Management
- Diagnostic Imaging
- Dietician Services
- Emergency Services
- Internal Medicine
- Occupational Therapy
- Orthopedics and Sports Medicine
- Outpatient Services
- Physical Therapy
- Podiatry
- Primary Care
- Rehabilitation
- Surgical Services
- Sleep Services
- Swing Bed
- Women's Health
- Wound Care

For close to 60 years, PRHHS has been dedicated to providing high-quality, affordable health care services and to improving the health and well-being of the communities we serve. We believe good health is a fundamental right shared by all and we recognize that health extends beyond the clinic and hospital walls. An individual's health and well-being is influenced by a multitude of factors such as genetics, individual behavior and a host of social, economic and environmental factors.[2] Therefore, creating a healthy community begins with a healthy environment – access to affordable fresh fruits and vegetables, safe and successful schools, clean air and clean and safe parks and playgrounds – and being mindful of the community's social and economic well-being. PRHHS understands that in order to improve the health of our community, we need to address the continuum of care from wellness and prevention through disease management and long-term care.

> *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."*
>
> - **Preamble of the Constitution of the World Health Organization**

The CHNA process will help PRHHS identify factors that affect the health of the community we serve and determine what resources are already available to adequately address these factors and health needs. Our goal is to work collaboratively with our community partners to improve the overall health of the communities we serve. This work is reflected in our mission, vision and values.

Mission: Serving the healthcare needs of the people.

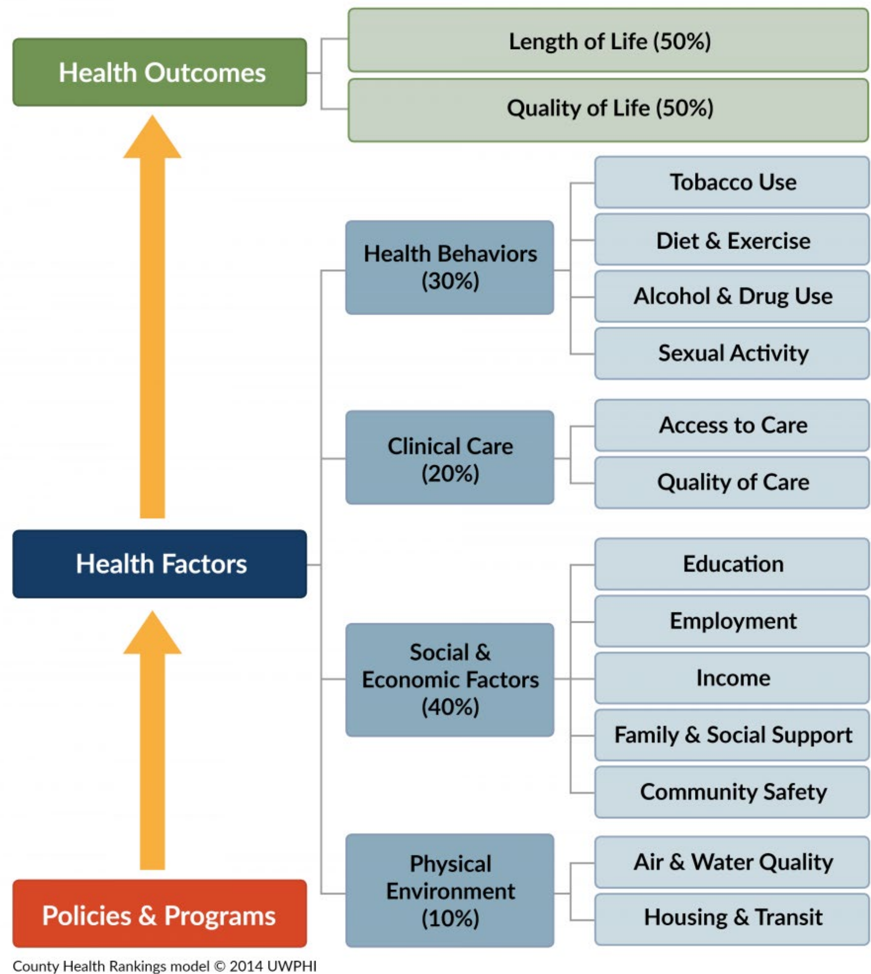
Vision: Lead collaborative efforts that improve the lives of the people we serve by providing quality healthcare and outstanding customer service.

Values: *Professional excellence, Customer service, Integrity and trust, Safety and Stewardship*

Community Health Status Assessment

The Community Health Status Assessment (CHSA) intends to create a picture of the overall health status of the community and to determine how healthy our residents are. This is accomplished by collating data on several health indicators and comparing it to state or national data.

Data for the CHSA was obtained from the following data sources:



County Health Rankings model © 2014 UWPHI

1. U.S. Census Bureau
2. MN Center for Health Statistics County Health Tables, 2017
3. American Community Survey
4. MN Compass
5. MIT Living Wage Calculator
6. MN State Demographic Center
7. MN Department of Human Services Medical Programs
8. MN Department of Public Health
9. MN Public Health Data Access
10. MN Environmental Public Health Tracking Program
11. MN Department of Human Services Minnesota's Child Maltreatment Report
12. MN Department of Human Services Minnesota's Out-of-Home Care and Permanency Report
13. MN Department of Economic Development, Labor Information Office, Local Area Unemployment Statistics
14. MN Department of Education, Data Center
15. Horizon Public Health SHIP 5-County Community Health Survey, 2015
16. MN Student Survey, 2016
17. County Health Rankings, 2019

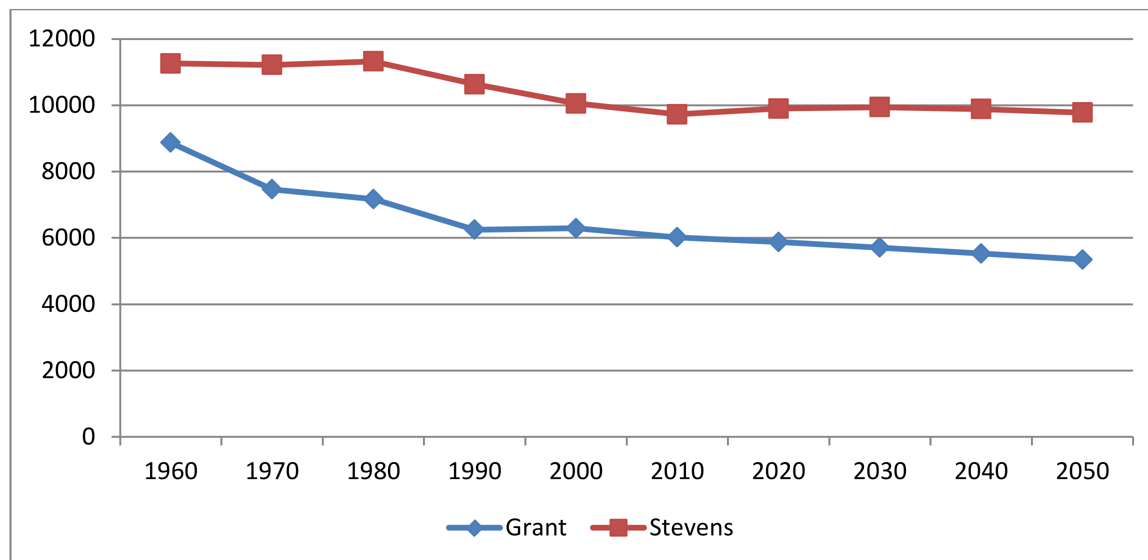
Demographics

Population

Both Grant and Stevens saw a small decline in population between 2010 and 2017 of 1.3% and 0.9%, respectively, according to the US Census Bureau. Grant and Stevens are adjacent to each other and are bordered by Otter Tail, Douglass, Pope, Swift, Big Stone, Traverse and Wilkin Counties.

Following the trend observed across the state of Minnesota, population growth in the region stagnated over the past couple of decades and will continue to decline over the next three decades based on the projections made by the MN State Demographic Center. Across the state, population growth declined after a 12.4% increase between 1990 and 2000 to just 5.1% between 2010 and 2017. There's a fairly even distribution of females (Grant = 49.6%; Stevens = 50.1%) and males (Grant = 50.4%; Stevens = 49.9%) in both counties.

Figure 1: *Population Trends (1960-2010) and Projections (2020-2050), Grant and Stevens Counties*



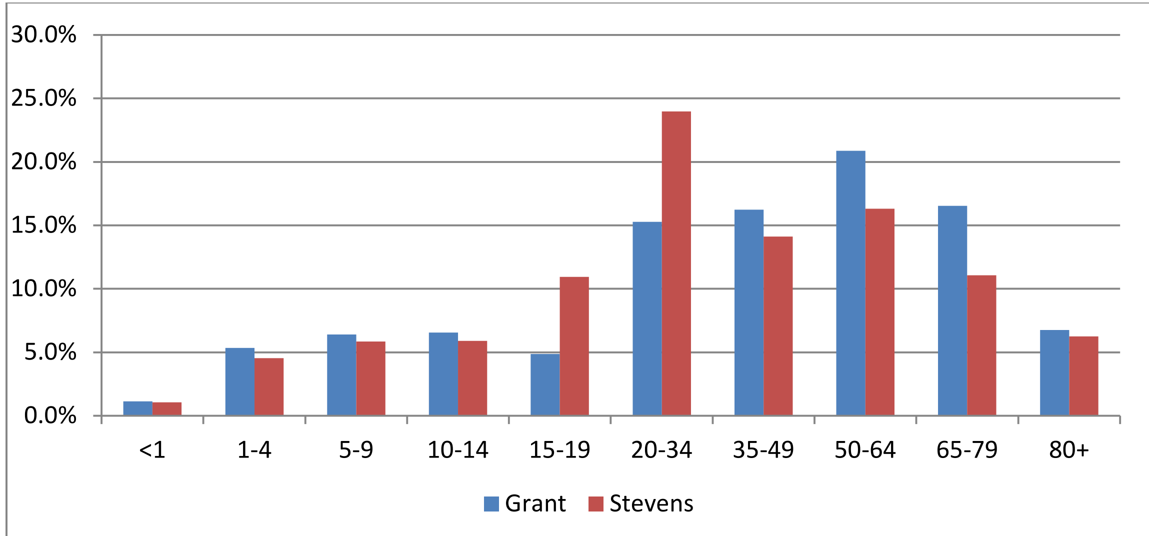
Source of Decennial Population Trend: MN Population of Counties by Decennial Census, 1900-1990. Compiled and edited by Richard Forstall, Population Division, US Bureau of Census. Retrieved from: ***https://www.census.gov/population/www/censusdata/cencounts/files/mn190090.txt***; US Census Bureau, US Census 2000 and 2010, Table DP-1.
Source of Population Projection: MN State Demographic Center. County Population Projections. December 2017. Retrieved from: ***https://mn.gov/admin/demography/data-by-topic/population-data/our-projections/***.

Age

The proportion of residents by age group follows the same pattern as the statewide average with the largest group made up of individuals between the ages of 20 through 64 years old. For Stevens County, the largest proportion of their population is between the ages of 20 through 34 years (24.0%). The larger share of the young adult population in Stevens County may be due to

Morris being home to the University of Minnesota Morris. In Grant County, almost a quarter (23.2%) of their population is ages 65 and over and 20.9% are between the ages of 50 and 64 years.

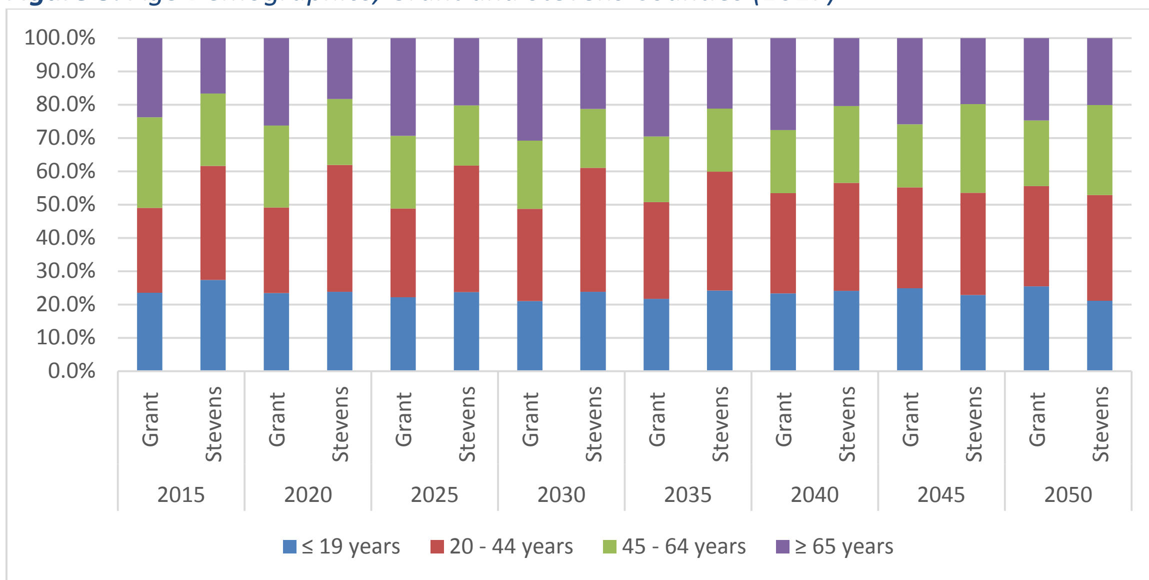
Figure 2: *Population by Age, Grant and Stevens Counties (2017)*



Source: US Census Bureau, Population Division. June 2018. Annual Estimates of the Resident Population for Selected Age Groups by Sex: April 1, 2010 to July 1, 2017. Table PEPANNRES.

According to the US Census Bureau, beginning 2030, all baby boomers will be older than 65 and projecting that 20% of Americans will be of retirement age. By 2035, the number of adults 65 years and will outnumber the total count of children.[3]

Figure 3: *Age Demographics, Grant and Stevens Counties (2017)*

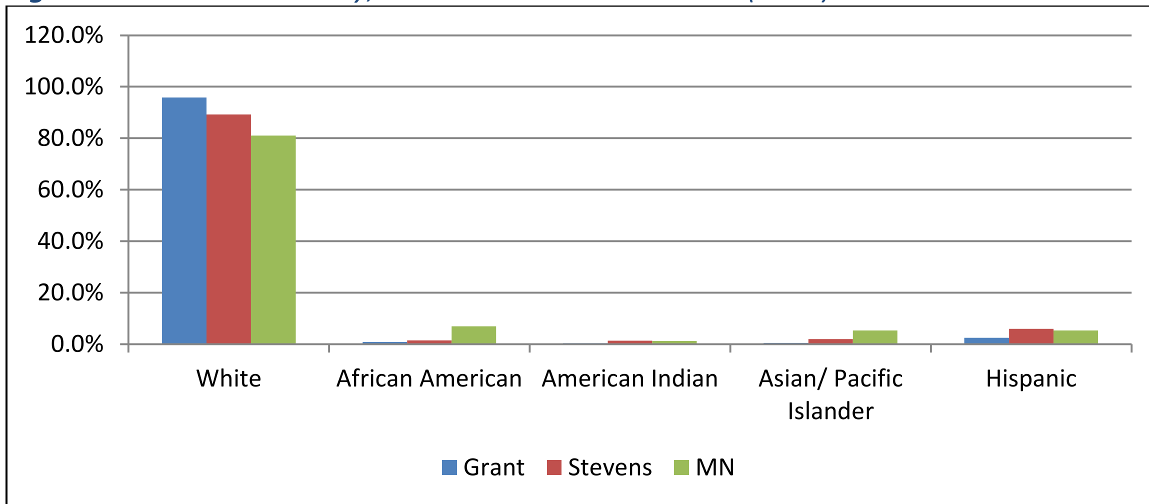


Source: Source of Population Projection: MN State Demographic Center. County Population Projections. December 2017. Retrieved from: https://mn.gov/admin/demography/data-by-topic/population-data/our-projections/.

Race

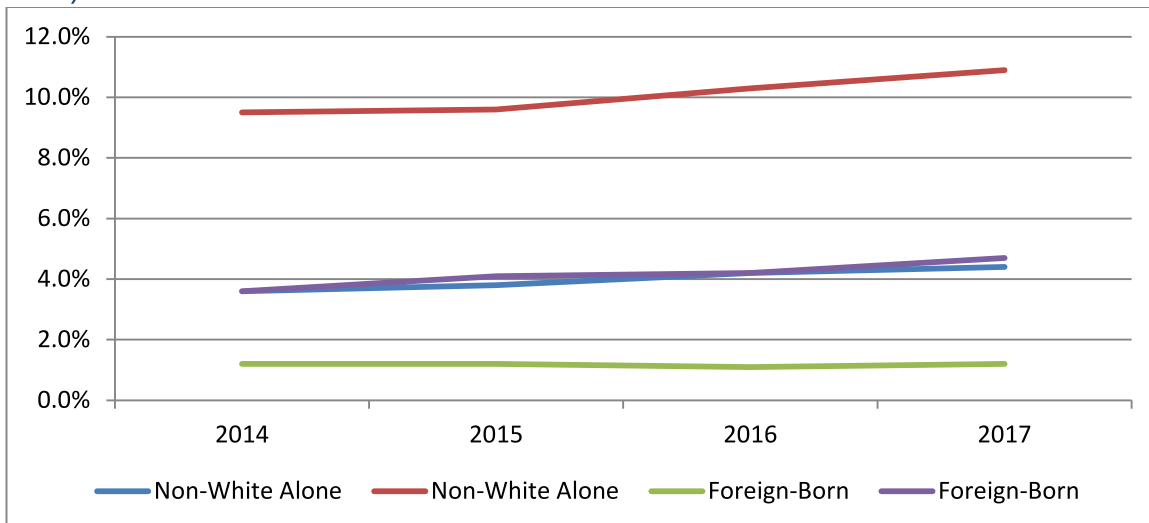
Residents of both Grant and Stevens Counties are primarily white, non-Hispanic (95.8% and 89.2%, respectively). This is a higher proportion compared Minnesota average (81%). However, both counties have experienced a slight growth in diversity over the last few years, especially Stevens County where foreign-born residents increased by a little over one percent between 2014 and 2017. This increasing trend in racial and ethnic diversity is seen nationwide. The US Census Bureau projects that by 2030, immigration would be the primary driver of population growth in the country. This is not due to an increase in migration but due to expected increase in the number of deaths as the population ages.[3]

Figure 4: *Race and Ethnicity, Grant and Stevens Counties (2017)*



Source: 2017 MN County Health Tables. 2017 Data by State, County and Community Health Board. December 31, 2018.
Note: Annual Estimates 2017 are bridge-race Vintage 2017 postcensal estimates of the July 1 resident population.

Figure 5: *Non-White Residents and Foreign-Born Residents, Grant and Stevens Counties (2013-2017)*



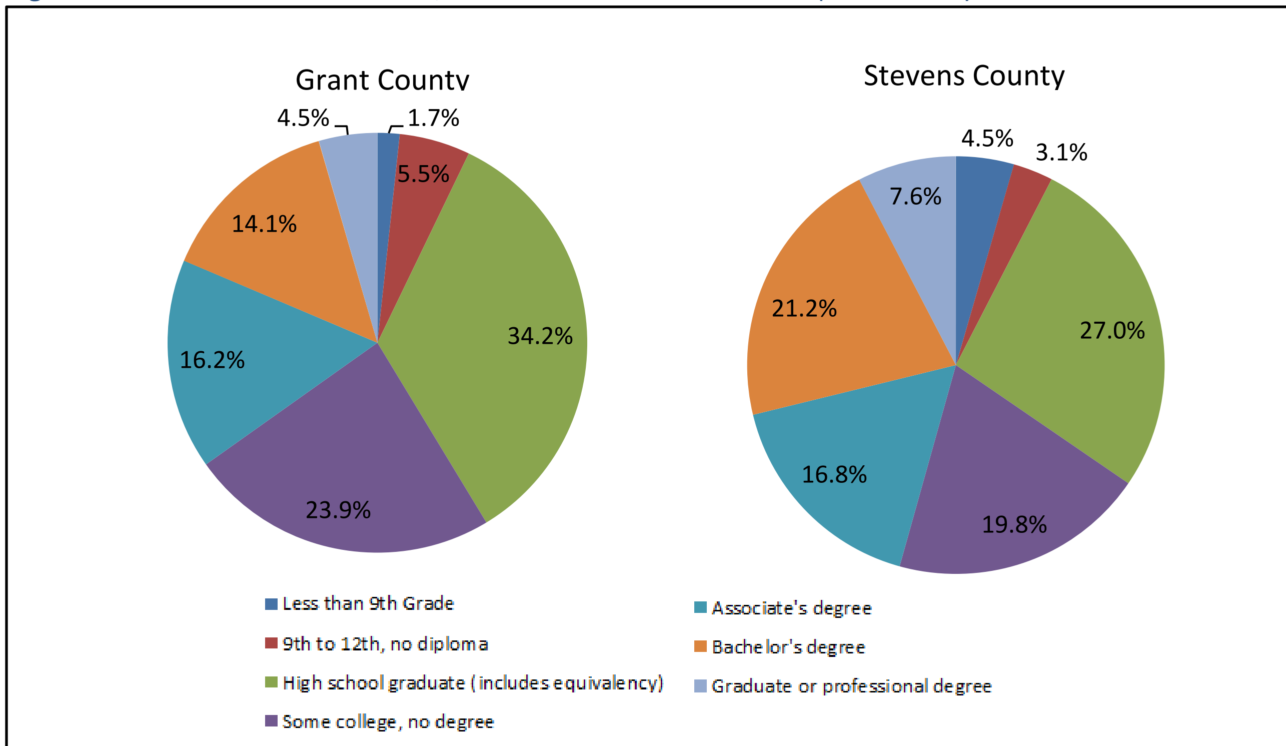
Race/Ethnicity Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. Table DP05.
Foreign-Born Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. Table B05002.

Social and Economic Factors

Educational Attainment

Stevens County has a slightly higher percentage of its residents 25 years and older who has no high school diploma (7.6%) compared to Grant County (6.2%) and the state average (7.2%). However, there are more residents who have a Bachelor's degree or higher living in Stevens (28.8%) than there are in Grant County (18.6%). Across the state, 34.8% have at least a Bachelor's degree.

Figure 6: *Educational Attainment, Grant and Stevens Counties (2013-2017)*



Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. Table S1501.

Education is an upstream Social Determinant of Health (SDOH). It is strongly associated with an individual's health outcome and thus represents an area of opportunity to improve population health and promote health equity.[4,5] Studies have shown that education influences not only one's socioeconomic status but also their access to health care, level of health literacy, social network and cognitive functioning. Individuals with less education face serious social and health disadvantage. Compared to their more educated peers, adults with less education are more likely to engage in risky behaviors and live shorter and unhealthier lives.[6] This life expectancy gap has been widening since 1960s and those without a high school diploma are the most at risk.[7]

Income and Poverty

Median household income in Grant County according to the 2013-2017 American Community Survey (ACS) is $53,727, a $101 decrease from the 2012-2016 ACS. In contrast, Stevens County's median household income increased by almost 2.9% from $55,941 to $57,552 over the course of a year. However, both counties' median household income is still significantly lower that the state average of $65,699. Notably, poverty was an issue recognized by several focus group participants as a concern in the community.

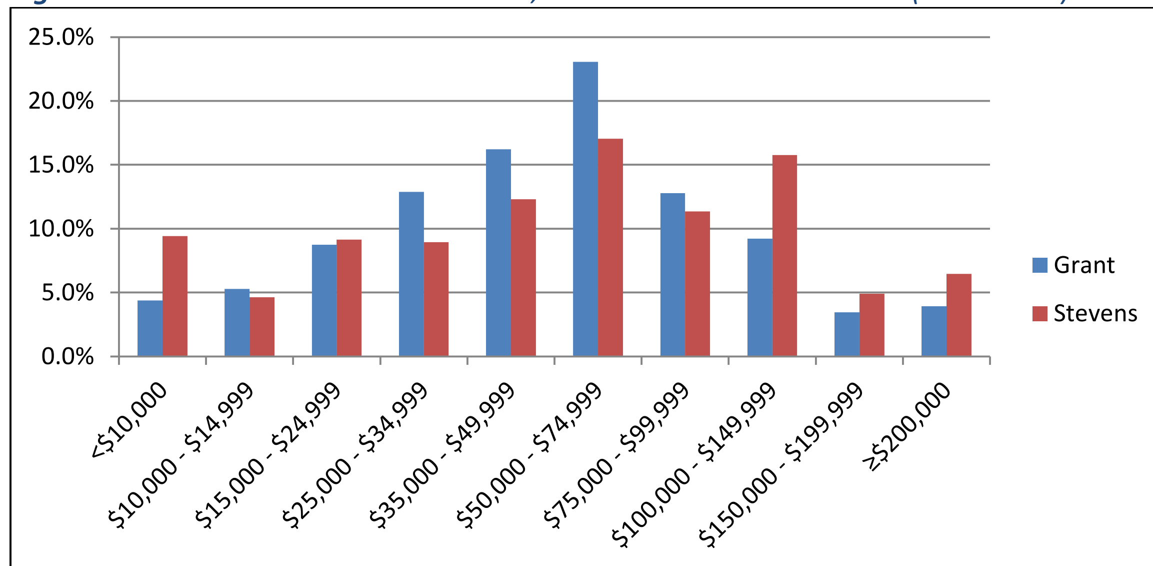
***Table 1:** Median Household vs. Per Capita Income, Grant and Stevens Counties and MN (2013-2017)*

	Grant County	Stevens County	Minnesota
Median Household Income	$53,727	$57,552	$65,699
Per Capita Income	$30,359	$31,419	$43,259

Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. Tables DP03 and B19049.

Median household income only indicates the amount of resources available to the household. It is not adjusted for household size or cost of living which does not make it the best indicator for how well everyone is faring economically in the community. According to the Living Wage Calculator,[8] developed by Dr. Amy Glasmeier and the Massachusetts Institute of Technology, in order for a family of 4 consisting of 2 adults and 2 children to meet minimum standards of living in both Grant and Stevens Counties, they must make at least $65,253. This number is higher than both counties' current median household income. And for an adult to make ends meet, the minimum income should be $22,169. In 2017, majority of households in Grant and Stevens Counties are making between $50,000 and $74,999 while 38.8% (Grant) and 36.3% (Stevens) are making less than $50,000.

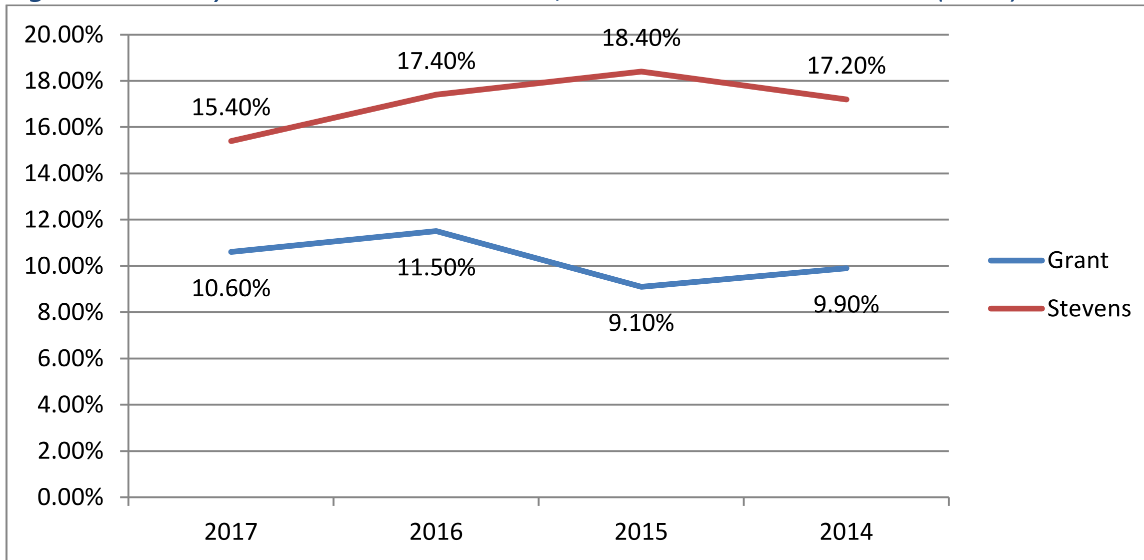
***Figure 7:** Household Income Distribution, Grant and Stevens Counties (2013-2017)*



Source: US Census Bureau, 2013-2017 American Community Survey -Year Estimate. Table DP03.

The Gini index is a statistical measure of distribution from 0 to 1 often used to gauge income inequality. A higher the value means greater income equality. In 2017, income inequality in Grant County was 0.4454, a 1.3% increase from 2016 (ACS 2013-2017, Table B19083). In Stevens County, the income gap widened significantly between 2016 and 2017 with the Gini index increasing by 10.6% (0.4509 vs. 0.4986). This income gap is illustrated in the household income distribution on Figure 7 where 15% of households in Stevens County earn less than $15,000 while 27.2% of households make more than $100,000. The Gini index for the state of Minnesota is 0.4501, higher than Grant but lower than Stevens.

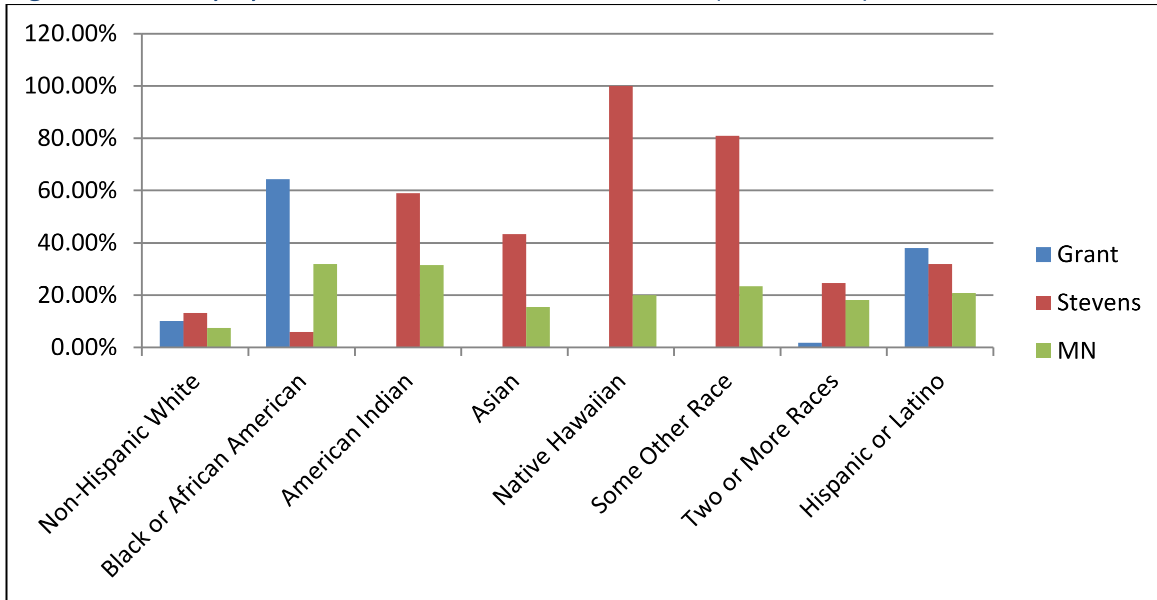
Figure 8: *Poverty Status in Past 12 Months, Grant and Stevens Counties (2017)*



Source: US Census Bureau, 2017 American Community Survey 1-Year Estimate. Table K201701.

The percentage of people living in poverty in Stevens County (17.2%) is almost twice that of Grant (9.9%) and the state average (9.5%). It is important to note that the poverty threshold is based on three times the cost of a minimum food diet in 1963 and updated for inflation using the Consumer Price Index. It is not adjusted based on geographic location which influences cost of living and does not take into account other basic needs such as clothing, shelter, childcare, transportation and utilities.[9] This may lead to underestimating the level of poverty in the community.

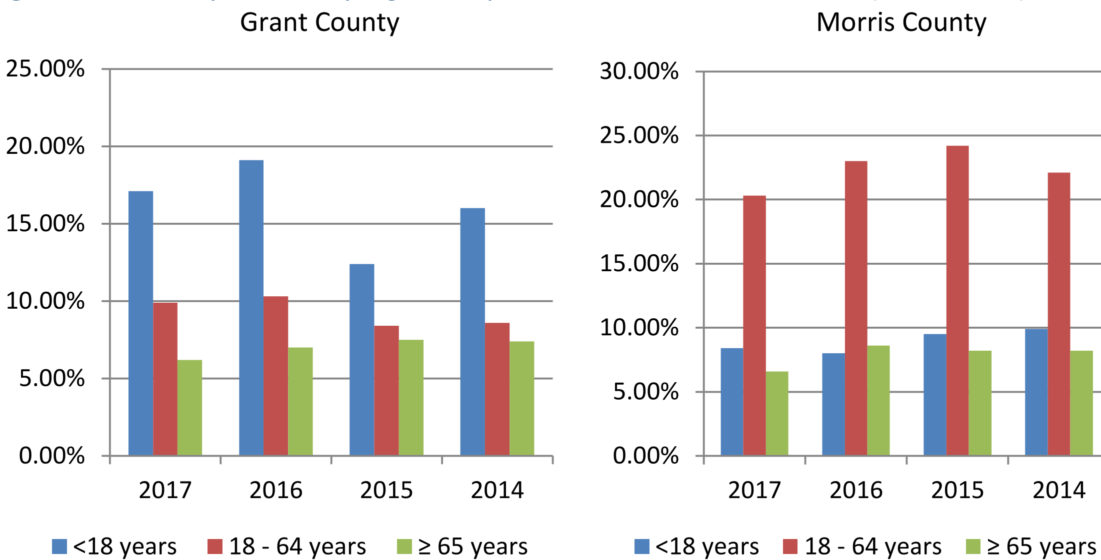
Figure 9: *Poverty by Race, Grant and Stevens Counties (2013-2017)*



Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. Table S1701.

When analyzed by race and ethnicity, rates of poverty among racial and ethnic minority groups in both Grant and Stevens Counties are generally higher than among non-Hispanic White Americans. In Grant County, African Americans have the highest rate of poverty (64.3%) while 100% of Native Hawaiian residents of Stevens County live in poverty.

Figure 10: *Poverty Status, by Age Group, Grant and Morris Counties (2013-2017)*



Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimate. Table DP03.

The largest proportion of Stevens County residents living in poverty are individuals between the ages of 18-64 years old. Conversely, in Grant County, children (younger than 18 years old) make up the largest fraction of residents living in poverty. Poverty rate for children, particularly those

under 5 years of age is also high (14.8% in Grant and 14.7% in Stevens). Acute needs of children in poverty include hunger, homelessness, poor physical and behavioral health, disruption in education and toxic stress. Without intervention, these acute needs become chronic, which further impact the individual's long-term health outlook.[10] As a growing aggregate group, the potential impact on the long-term health of the community is high, given that children living in poverty are less likely to graduate high school.[10]

In general, individuals living at or below poverty level struggle to meet their basic needs and therefore tend to be in poorer health, food insecure, experience chronic stress, live in unsafe and under-resourced neighborhoods, experience substandard housing and more frequent moves. During the focus group sessions, participants discussed clients or people they know who struggle to afford food, personal hygiene products, medications and needed medical devices or services so they go without. Another participant mentioned that some people decline a job promotion because *"[they'll make] $1-2 more an hour but that will put them over the limit of childcare or some government program. So, they turned down the opportunity which will be really good for them because they will be making too much money and it goes backwards for them."* In the literature, this concept is well-documented as the cliff effect or benefits effect which is defined by the National Center for Children in Poverty as the situation wherein "work doesn't pay" because an increase in a family's income does not necessarily improve their financial situation and at times actually makes them worse off.[10] That is, as a family begins to achieve increased income, in many instances this inadvertently causes them to surpass the income limits set by the state, disincentivizing some to work or accept promotions. When household income exceeds the threshold set by the state, they immediately become ineligible to receive food stamps, child care and housing subsidies, Medicaid and other public benefits on which they had come to rely.[11] This is a significant issue for many low-income families as it is a barrier to economic self-sufficiency.

Table 2: *Educational Attainment and Poverty Status, Grant and Stevens Counties and MN (2013-2017)*

Educational Attainment	Grant County	Stevens County	MN
Less than high school	14.8%	18.6%	24.6%
Bachelor's degree	1.0%	1.5%	3.1%

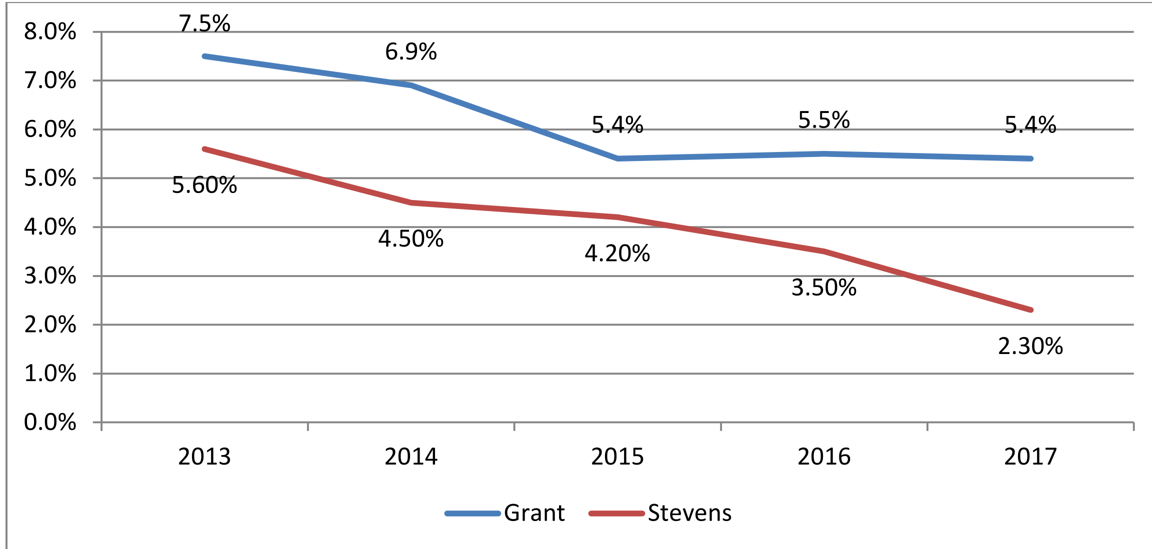
Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. Table S1701.

Table 2 gives credence to the benefits of higher education and one's economic stability. For both Grant and Stevens Counties, poverty rate is higher among those with lower educational attainment.

Health Insurance

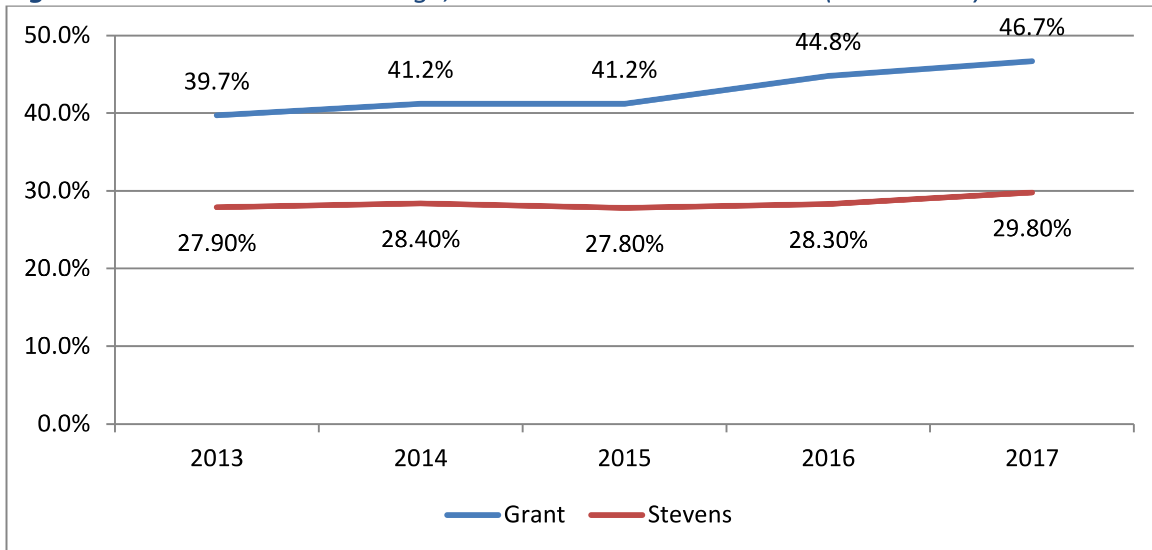
Access to quality, affordable and timely health care is critical for an individual to achieve the best possible health outcome. According to focus group participants, common barriers to accessing health care in the community are: being uninsured or underinsured, high cost of care, lack of transportation and pride.

Figure 11: *Health Coverage, Grant and Stevens Counties (2013-2017)*



Source: US Census Bureau, American Community Survey 5-Year Estimates. Tables DP03

Figure 12: *Public Health Coverage, Grant and Stevens Counties (2013-2017)*



Source: US Census Bureau, American Community Survey 5-Year Estimates. Tables DP03

The percentage of the region's residents who do not have health insurance has consistently decreased since 2013 while the percentage of those who are on public coverage has increased. Gains in health coverage may be attributed in part to the Affordable Care Act (ACA) passed in 2010 and took effect in 2014. The law aimed to make health insurance more affordable to more

people by allowing states to expand Medicaid coverage to cover many low-income individuals and provided health insurance marketplace subsidies to individuals below 400% of the Federal Poverty Level.[12] In addition, by implementing the individual mandate which required people to have health insurance or pay a penalty, the law attempted to encourage enrollment, especially among the young and healthy, to keep the health insurance market stable and functional.

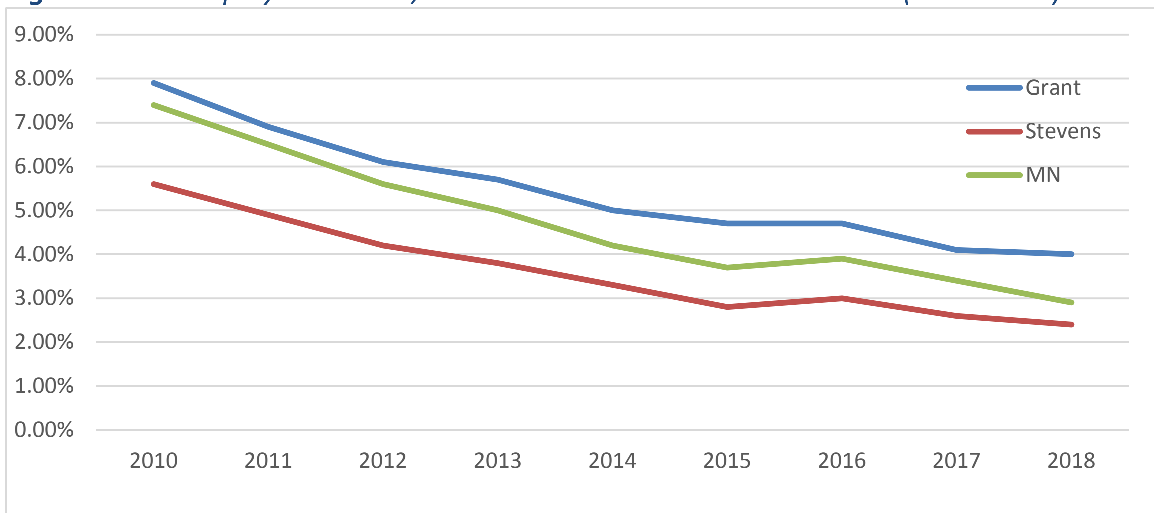
As part of the Tax Cuts and Jobs Act passed by Congress in 2017, the individual mandate penalty will be eliminated beginning calendar year 2019. The impact of this individual mandate repeal on health insurance enrollment and premiums is uncertain. The Congressional Budget Office and Joint Committee on Taxation estimated that the it will increase the number of uninsured by 4 million in 2019 and by 13 million in 2027 and increase average premiums by approximately 10%.[13]

Unemployment

A healthy economy is a driving force for opportunity and upward mobility. Access to economic opportunities is an indicator of health and well-being because it influences one's income and access to resources which in turn improves one's quality of life.

Unemployment rate, an economic indicator, has steadily declined since 2010 throughout Minnesota and both Grant and Stevens Counties. According to MN Employment and Economic Development, unemployment rate in MN is at an 18-year low. The tight labor market also has resulted in more full-time opportunities for individuals with a high school diploma/GED or less from 49% in 2009 to 57% in 2016.[14] However, wage and employment prospects are still generally better for those with higher educational attainment.[15]

Figure 13: *Unemployment Rate, Grant and Stevens Counties and MN (2010-2018)*



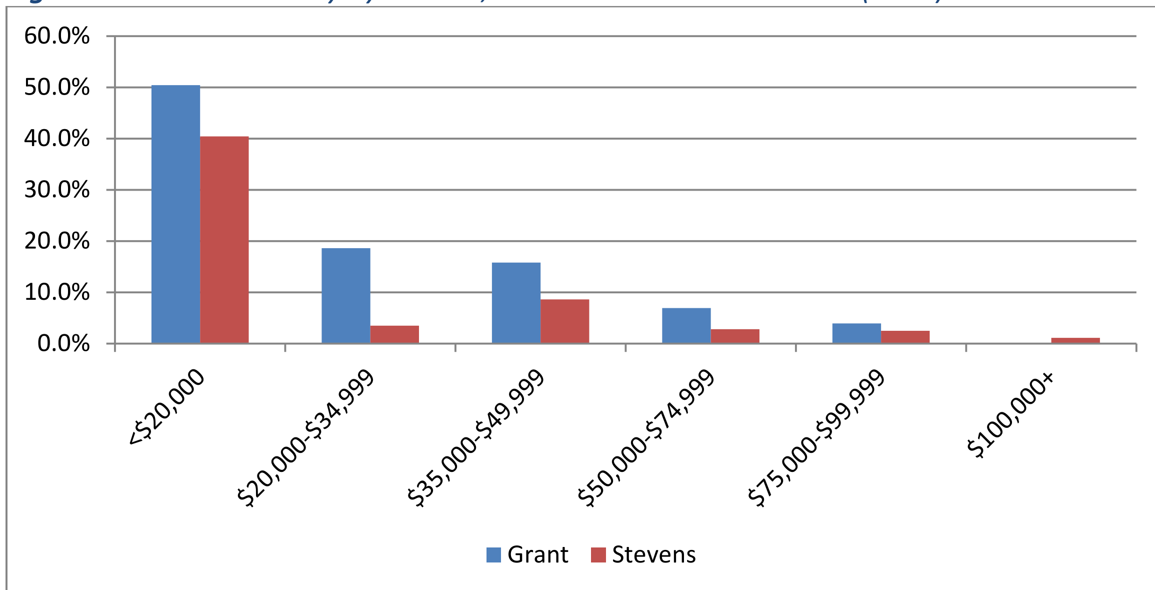
Source: MN Department of Economic Development, Labor Information Office, Local Area Unemployment Statistics. Retrieved from: https://apps.deed.state.mn.us/lmi/laus/Default.aspx

*Unemployment rate is not seasonally-adjusted

Food Insecurity

According to the USDA, food insecurity means food intake or eating pattern is interrupted due to lack of money and other resources.[16] Food insecurity may be affected by multiple factors such as income, employment and disability and can therefore be long-term or temporary.[17] In Grant and Stevens Counties, 50.4% and 40.4% of adults earning less than $20,000 respectively, reported that they often or sometimes worry about food running out before they had the money to buy more. This is significantly larger than county averages of 12.6% in Grant and 6.4% in Stevens.

Figure 14: *Food Insecurity by Income, Grant and Stevens Counties (2015)*



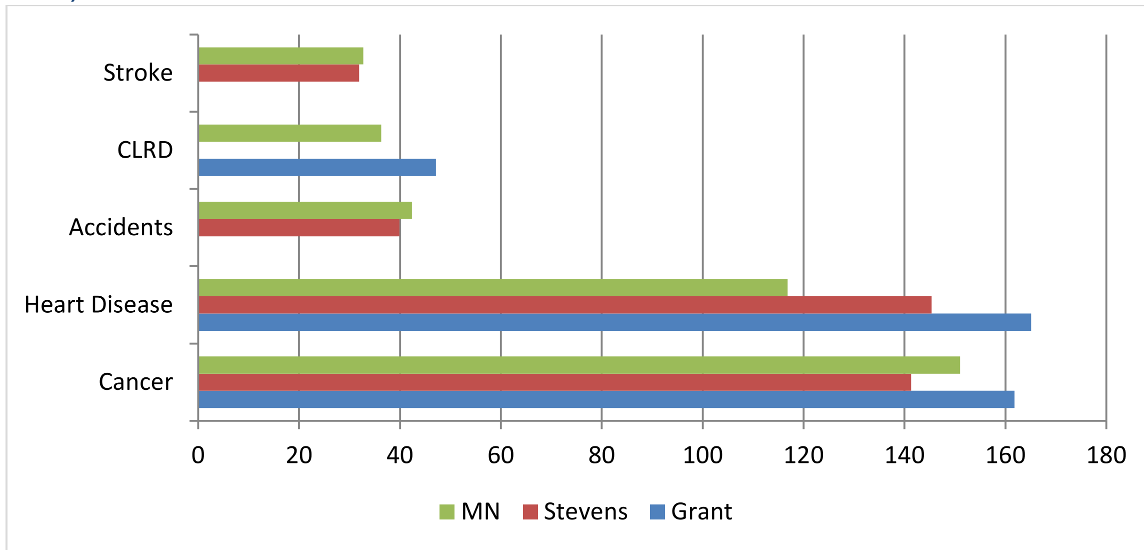
Source: Horizon Statewide Health Improvement Partnership. (2015). Community Health Assessment Survey.

Health Outcomes

Leading Causes of Death

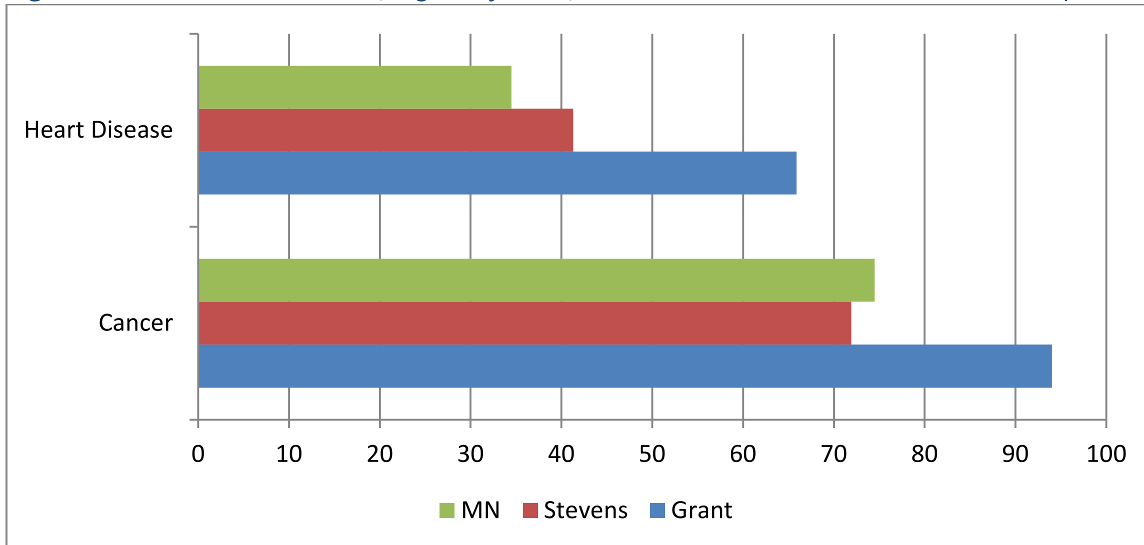
According to the vital statistics data, cancer and heart disease are the top two leading causes of death in the state of MN. In the region, heart disease leads cancer by a slim margin as the top cause of death. However, when looking at premature deaths which is a measure of years of potential life lost due to death occurring before the age of 75, cancer is the leading cause of premature death.

Figure 15: *Leading Causes of Death, Age-Adjusted, Grant and Stevens Counties and MN (2013-2017)*



Source: 2017 MN County Health Tables. (December 2018). 2017 Data by State, County and Community Health Board. Mortality.

Figure 16: *Premature Deaths, Age-Adjusted, Grant and Stevens Counties and MN (2013-2017)*

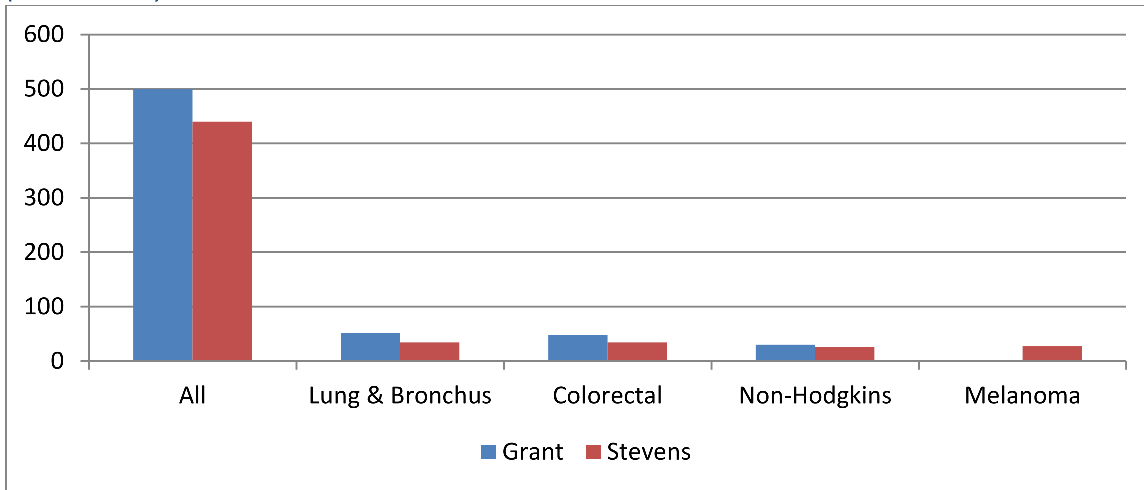


Source: 2017 MN County Health Tables. (December 2018). 2017 Data by State, County and Community Health Board. Mortality.

Cancer

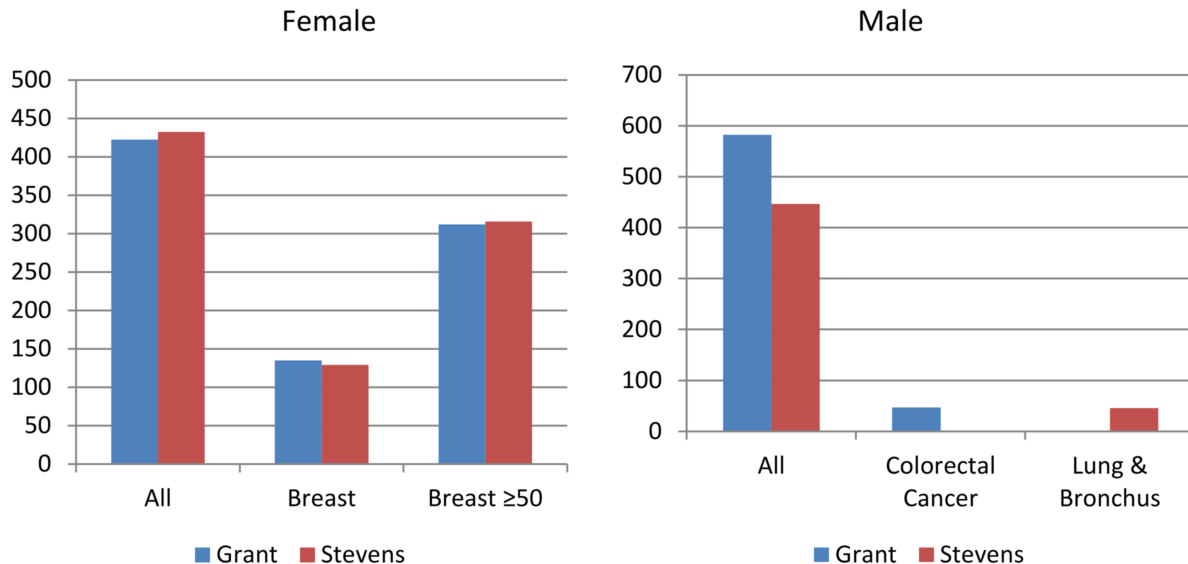
The incidence rate of all cancer is slightly higher in Grant County (499.5/100,000) compared to statewide average (457.3/100,000). Most common cancer in Grant and Stevens Counties is cancer of the lungs and bronchus, followed by colorectal cancer and non-Hodgkin's lymphoma. When analyzed by sex, breast cancer is the most common type to affect women in both counties. For men, colorectal cancer (46.9/100,000) is the most common in Grant County while cancer of the lungs and bronchus (45.9/100,000) is the most prevalent in Stevens.

Figure 17: *Cancer Incidence per 100,000 Population, by Site, Grant and Stevens Counties (2011-2015)*



Source: MN Department of Health, MN Public Health Data Access, MN Environmental Public Health Tracking Program. Retrieved from: https://data.web.health.sta te.mn.us/cancer_query

Figure 18: *Cancer Incidence per 100,000 Population, by Sex, Grant and Stevens Counties (2011-2015)*

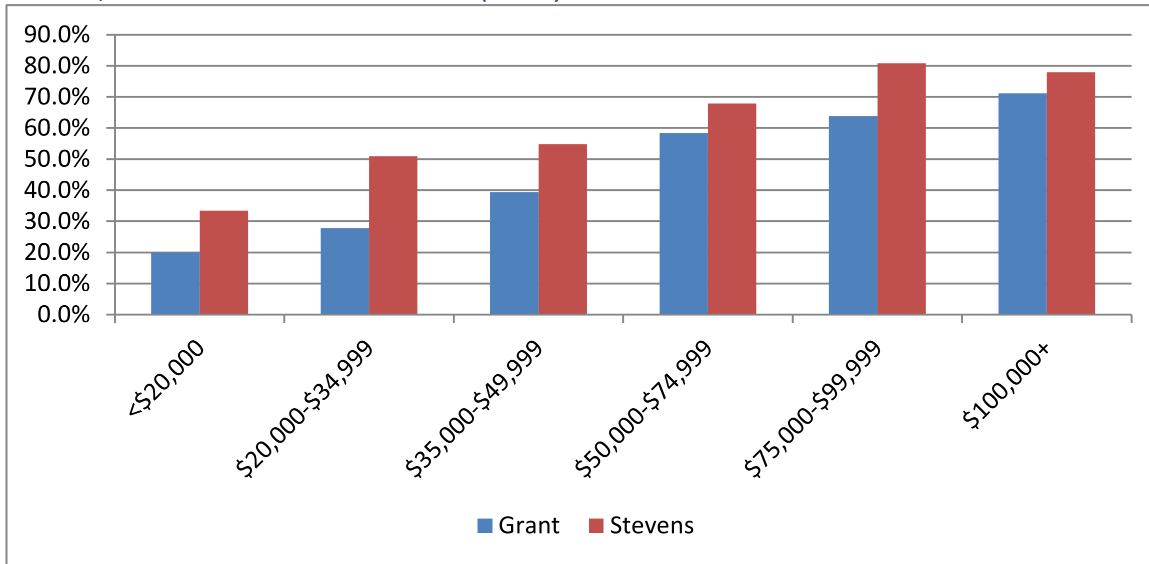


Source: MN Department of Health, MN Public Health Data Access, MN Environmental Public Health Tracking Program. Retrieved from: https://data.web.health.sta te.mn.us/cancer_query

Morbidity

Studies suggest that income and health are inextricably linked by several clinical, social, behavioral and environmental factors.[18] Individuals with higher income are reported to have better health outcomes and live longer than those of lower income.[19] As Figure 20 shows, the percentage of adults reporting their health to be excellent or very good, decreases as their income decreases. On average, residents of Grant and Stevens counties were twice as likely to perceive their health to be excellent or very good compared to those making $20,000 or less.

Figure 19: *Percentage of Adults who Perceive They are of Excellent or Very Good Health, by Income, Grant and Stevens Counties (2015)*



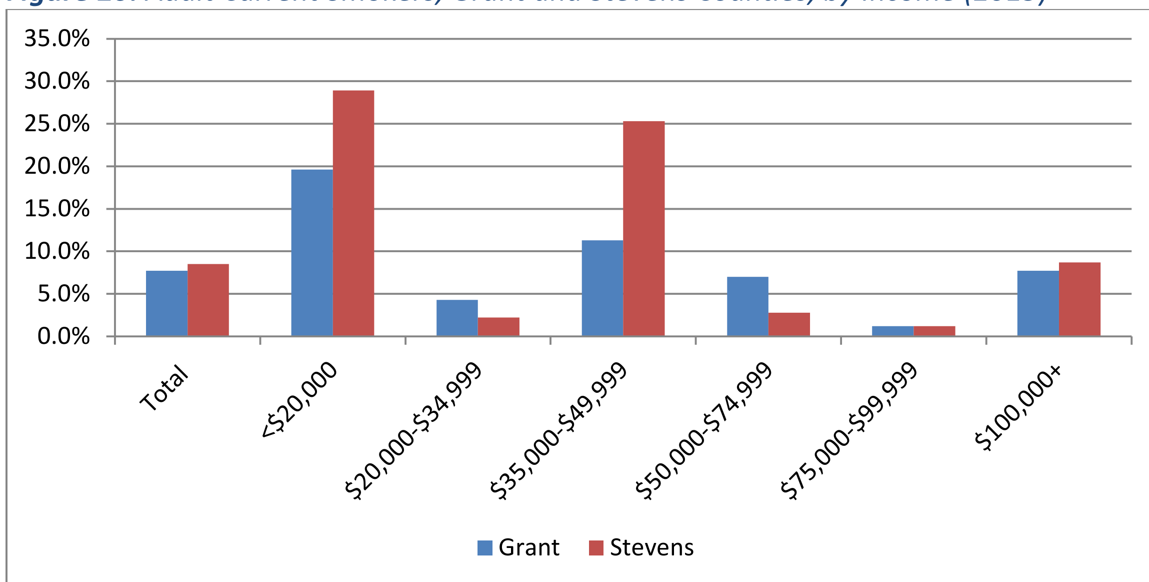
Horizon Statewide Health Improvement Partnership. (2015). Community Health Assessment Survey.

Health Behavior

Tobacco Use

Marketing and advertisement of tobacco products disproportionately target vulnerable groups such as youth, racial/ethnic minorities and people who are low-income or have lower levels educational attainment.[20] Although no distinct trend can be observed between adult tobacco use and income, the largest proportion of adult current smokers are those earning less than $20,000 in both counties.

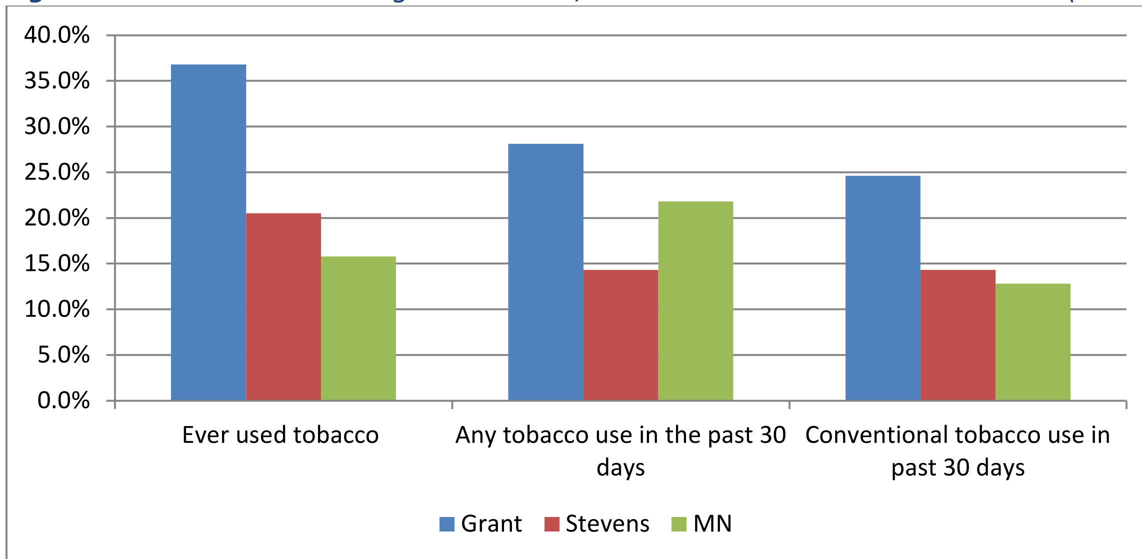
Figure 20: *Adult Current Smokers, Grant and Stevens Counties, by Income (2015)*



Source: Partnership4Health Community Health Board. (2018). Community Health Needs Assessment Survey

Though there has been considerable progress made in reducing youth's use of cigarettes,[21] there's still plenty of work that need to be done. A little over a third of 11th graders in Grant County have used tobacco in their lifetime compared to 1/5th of 11th graders in Stevens County. Both are higher than the statewide average of 15.8%. Tobacco use continues to grow also due to the growing market for alternative tobacco products such as e-cigarettes which creates another complex public health challenge. According to the Surgeon General's Advisory, e-cigarettes have been the most commonly used tobacco product among US youths since 2014. This pattern is also observed among Grant and Stevens County youths wherein prevalence of cigarette and e-cigarette use is comparable.

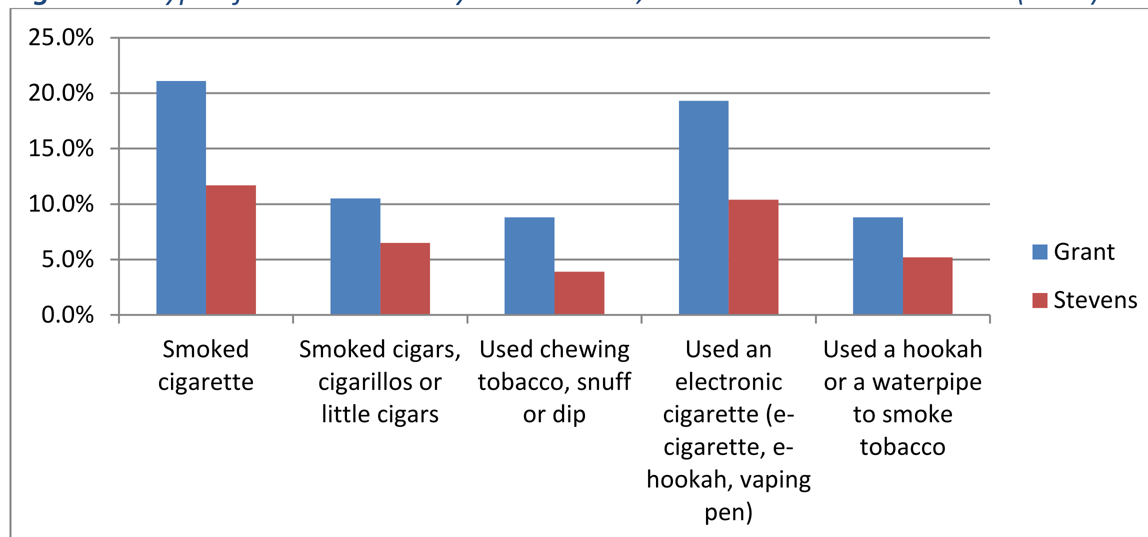
Figure 21: *Tobacco Use Among 11th Graders, Grant and Stevens Counties and MN (2016)*



Source: MN Department of Education, Health, Human Services and Public Safety. (2016). 2016 MN Student Survey.

Although marketed as a safer alternative to regular cigarettes, studies have shown that e-cigarettes are harmful. Just like cigarettes, e-cigarettes contain the highly addictive nicotine and other potentially harmful additives such as solvents and toxicants, which can damage adolescent brain development and affect their physical and mental health. [22] Also, use of e-cigarettes among youth is associated with the use of other tobacco products including cigarettes.[22]

Figure 22: *Type of Tobacco Used by 11th Graders, Grant and Stevens Counties (2016)*

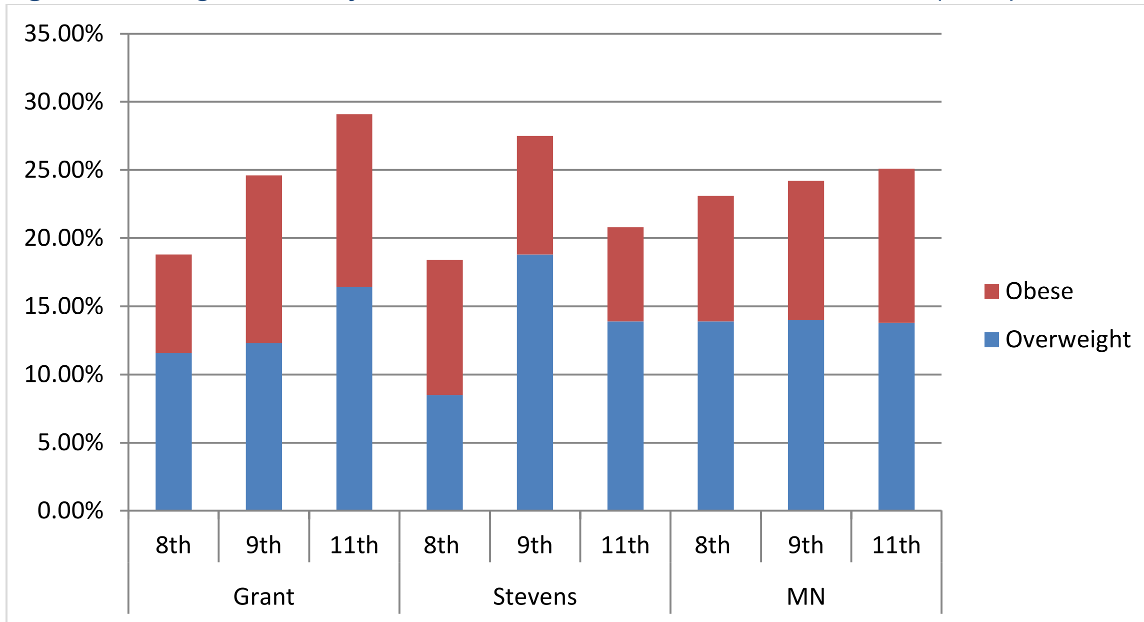


Source: MN Department of Education, Health, Human Services and Public Safety. (2016). 2016 MN Student Survey.

Obesity, Physical Activity, Nutrition

Obesity, physical activity and nutrition have been in the national spotlight for quite some time due to the prevalence of obesity across all age groups. Obesity continues to be a concern in the community. In the 2015 Horizon SHIP Community Health survey, 39.0% of Grant County adults and 31.0% of Stevens County adults were considered to be obese. Combined, two-thirds of Stevens County adults and three-fourths of Grant County adults are either overweight or obese. These numbers are alarmingly high and can have a significant impact on our health, the health care system and the economy. According to the State of Obesity 2018 report,[22] obesity increases the risk for developing a wide-range of complex health problems such as type 2 diabetes, high blood pressure, heart disease, stroke, sleep apnea, certain types of cancer and depression. In addition, the obesity epidemic increases health care cost with one study claiming that per capita medical spending for individuals with obesity is 42% more than individuals of normal weight. If the rising obesity trend continues, obesity-related medical cost is projected to rise to $66 billion per year by 2030.[23]

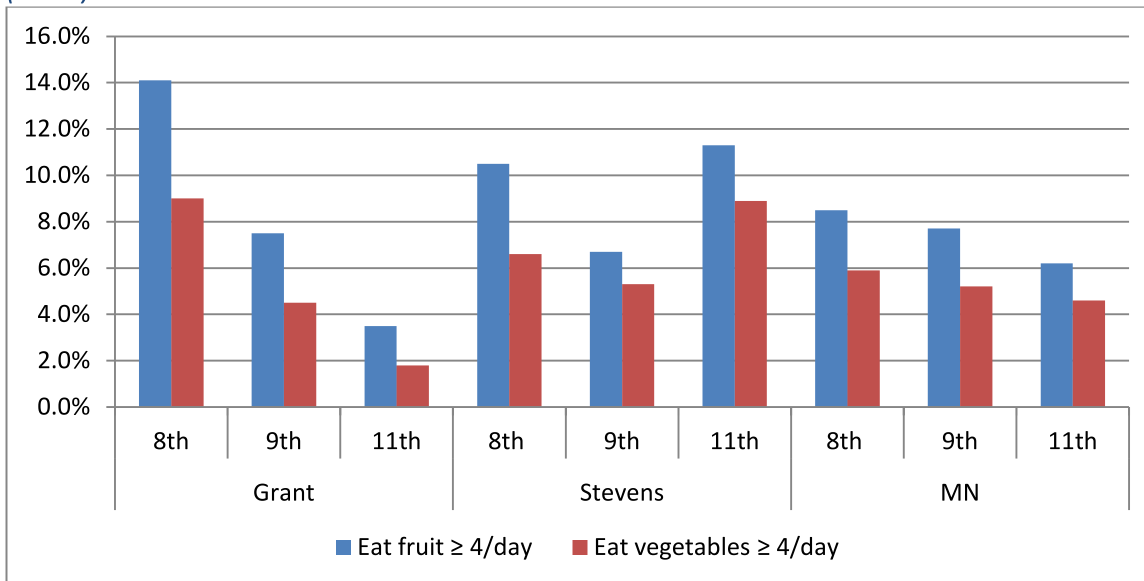
Figure 23: *Weight Status of Youth, Grant and Stevens Counties and MN (2016)*



Source: MN Department of Education, Health, Human Services and Public Safety. (2016). 2016 MN Student Survey.

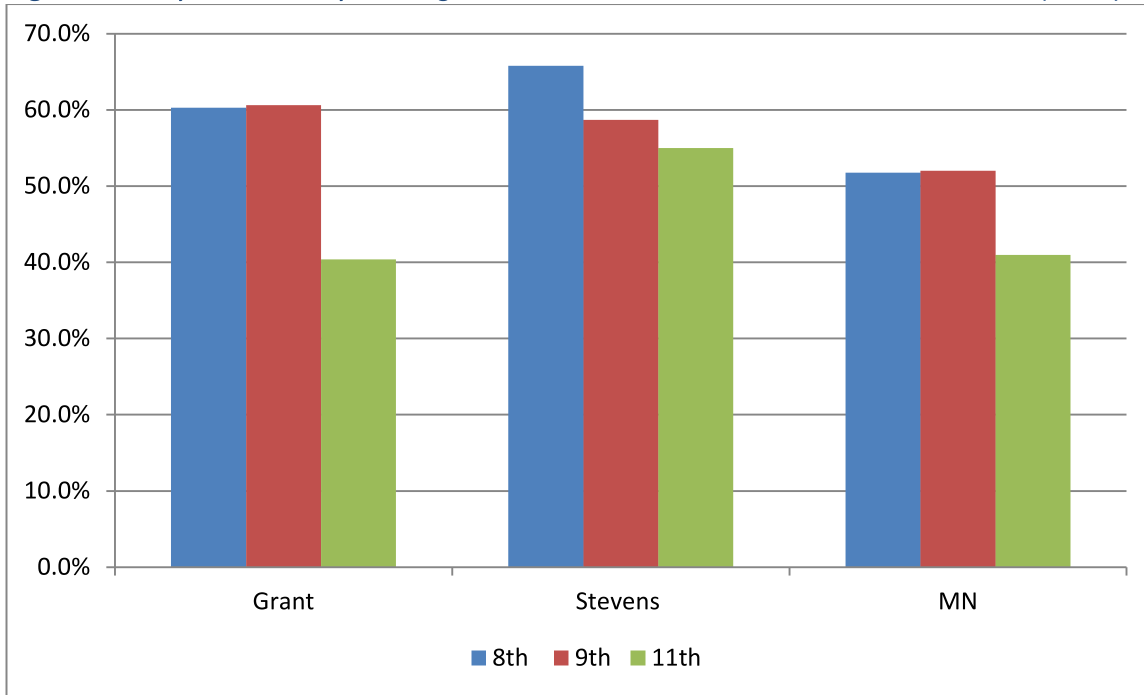
Based on the MN Student survey, rate of obesity and overweight is higher in Grant County compared to Stevens County and the state average. This is especially evident among 11th graders (29.1%) compared to just 20.8% in Stevens County and 25.1% statewide. As Figure 24 shows, the largest proportion of students who are either overweight or obese corresponds to the cohort that has the lowest fruit and vegetable intake and highest level of physical inactivity (see Figures 25 and 26, respectively).

Figure 24: *Vegetable and Fruity Consumption by Youth, Grant and Stevens Counties and MN (2016)*



Source: MN Department of Education, Health, Human Services and Public Safety. (2016). 2016 MN Student Survey.

Figure 25: *Physical Activity Among Youths, Grant and Stevens Counties and MN (2016)*

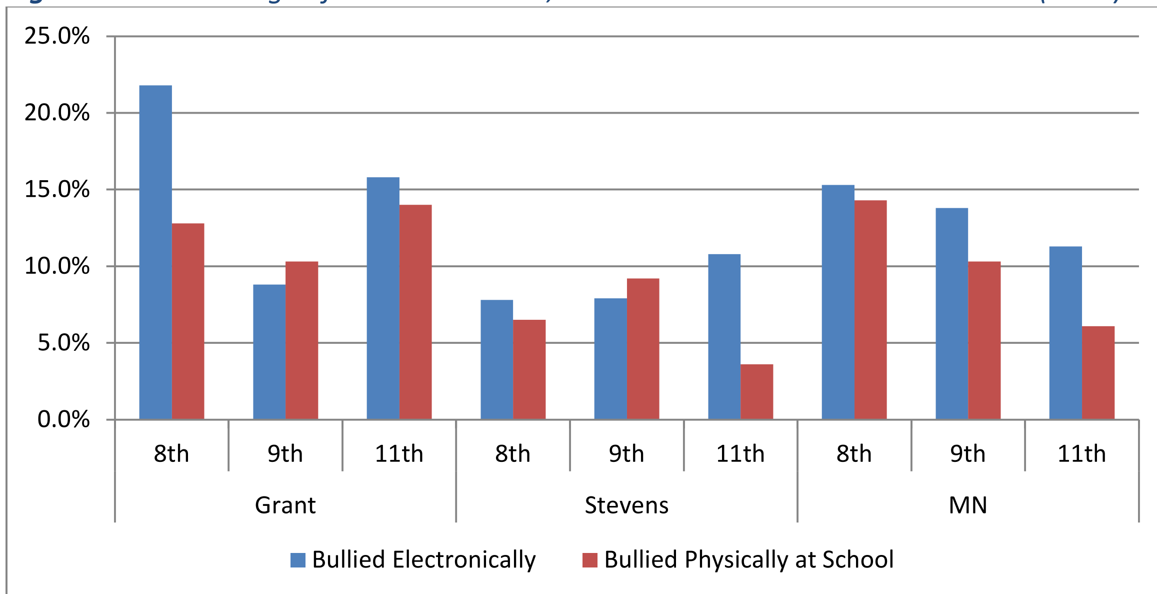


Source: MN Department of Education, Health, Human Services and Public Safety. (2016). 2016 MN Student Survey.

Bullying

Bullying is another concern that affects Grant and Stevens County youth according to the 2016 MN Student Survey. Overall electronic bullying seems to be more prevalent than physical bullying, especially as they get older.

Figure 26: *Percentage of Students Bullied, Grant and Stevens Counties and MN (2016)*

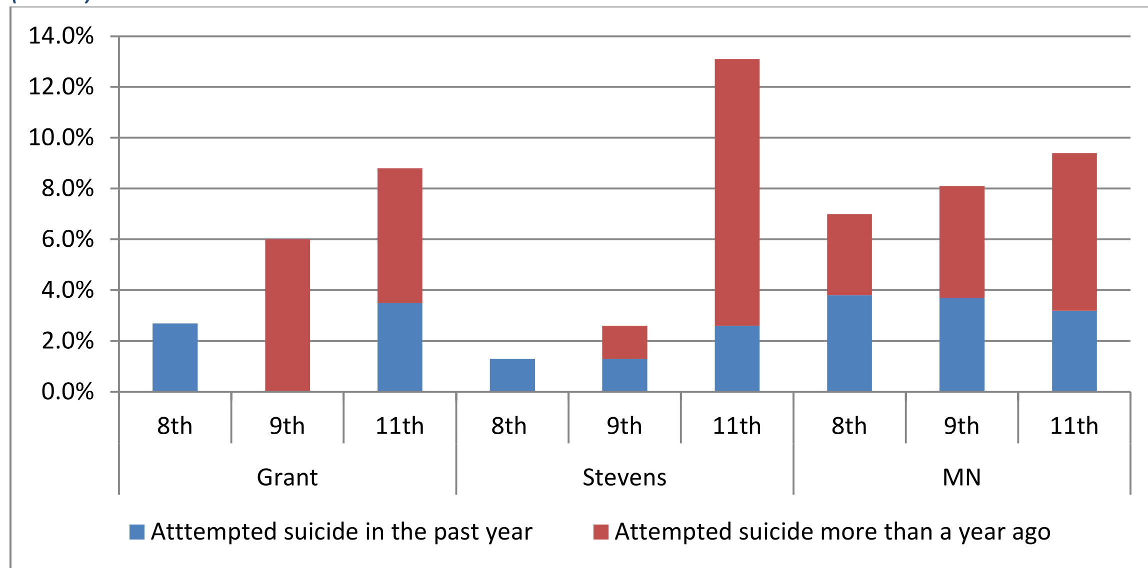


Source: MN Department of Education, Health, Human Services and Public Safety. (2016). 2016 MN Student Survey.

Suicide

Results from the MN Student Survey indicate high suicide ideation among youths in both counties especially in Stevens. The issue of suicide becomes even more exacerbated as they get older. In the student survey administered in 2016, 12% of Stevens County 11th graders indicated seriously considered attempting suicide during the past year while 18.7% indicated considered doing so more than a year ago. When it comes to attempting suicide, 10.5% responded that they attempted suicide more than a year ago while 2.6% attempted in the past year.

Figure 27*: Percentage of Students who Attempted Suicide, Grant and Steven Counties and MN (2016)*

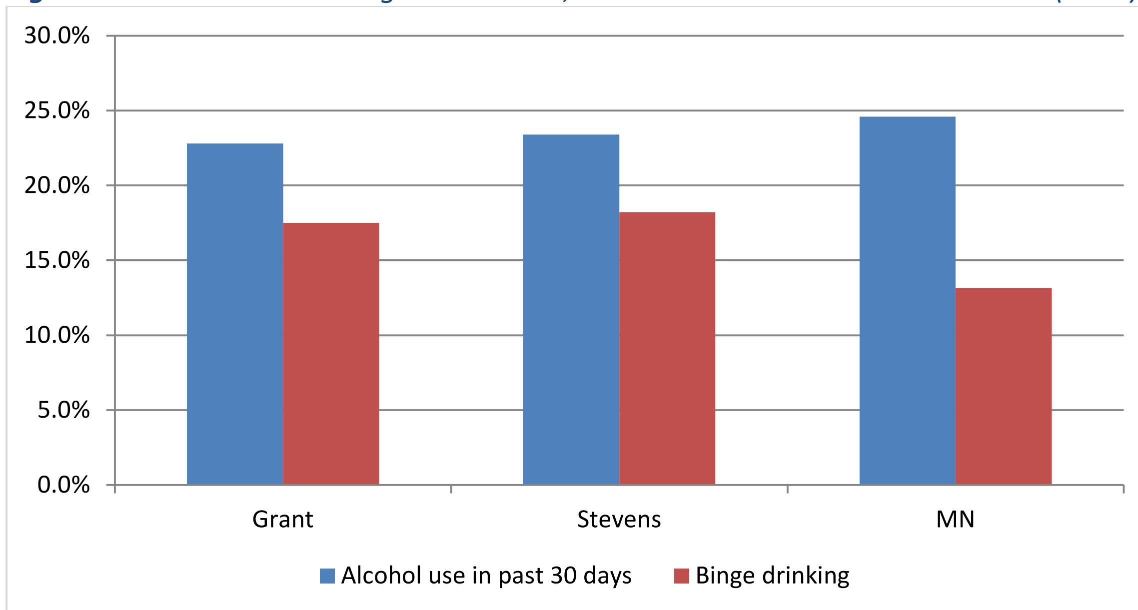


Source: MN Department of Education, Health, Human Services and Public Safety. (2016). 2016 MN Student Survey.

Substance Use

Although other drugs are emerging, alcohol still continues to be the drug of choice in both counties. According to the MN Student Survey, 50.9% of Grant County and 47.3% of Stevens County 11th graders have had alcohol in their lifetime. Alcohol use in the past 30 days for both counties is lower than state average. However, binge drinking among our youths is higher than MN's average.

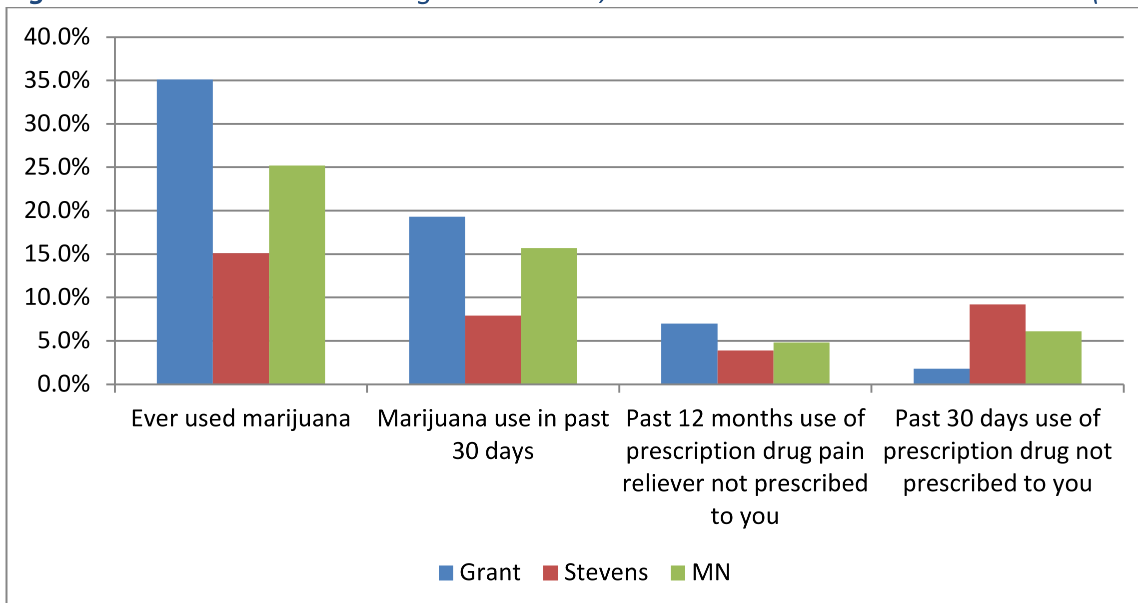
Figure 28: *Alcohol Use Among 11th Graders, Grant and Stevens Counties and MN (2016)*



Source: MN Department of Education, Health, Human Services and Public Safety. (2016). 2016 MN Student Survey

After alcohol, marijuana is the 2nd most prevalently used substance among high school students. There seems to be perception that smoking marijuana is socially acceptable and pose very little risk. Among 11th graders in Grant and Stevens Counties, 42.1% and 28.4%, respectively perceive smoking marijuana once or twice per week to pose no risk. In addition, over 20% believe that their friends would not find it wrong at all for them to be smoking marijuana.

Figure 29: *Substance Use Among 11th Graders, Grant and Stevens Counties and MN (2016)*



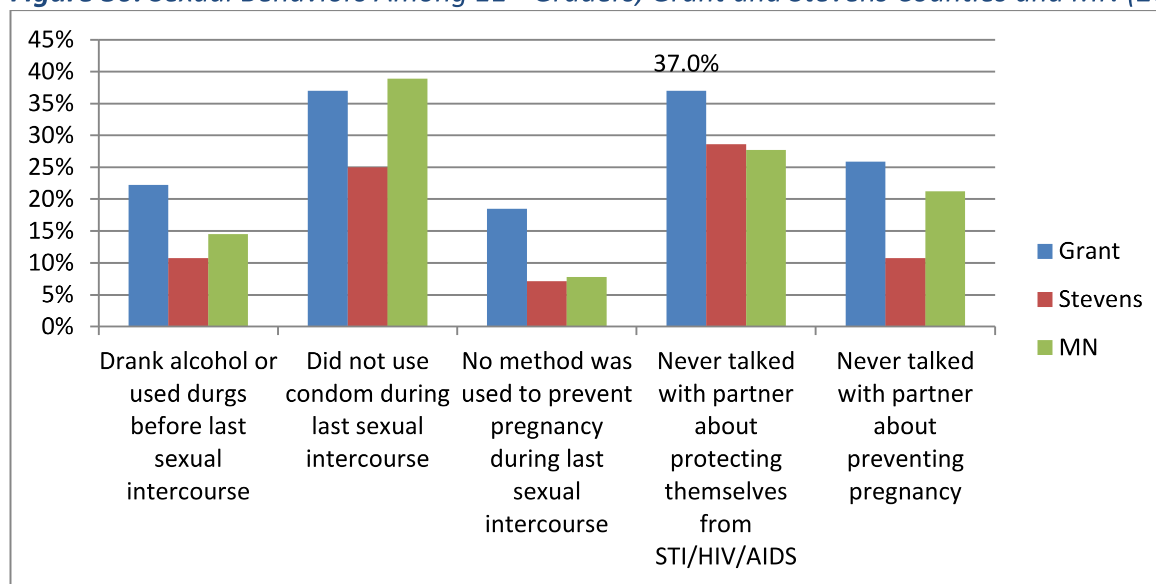
Source: MN Department of Education, Health, Human Services and Public Safety. (2016). 2016 MN Student Survey

Although at a much lower prevalence than alcohol and marijuana, Grant and Stevens County youths are also using prescription drugs, including opioids, not prescribed to them. This was highlighted during the focus group.

Sexual Behavior

Close to half of Grant County 11th graders (47.4%) are sexually active compared to 37.3% in Stevens County. For both counties, prevalence of ever having had sexual intercourse is significantly higher among 11th graders compared to 9th graders (Grant County = 11.4%; Stevens County = 15.8%). Among the 11th graders who are sexually active, 37% of Grant County youths never talked to their partner about protecting themselves from sexually transmitted infections while 26% never talked about preventing pregnancy. In Stevens County, 28.6% of sexually active 11th graders never talked about protecting themselves from sexually transmitted infections and 10.7% never talked about preventing pregnancy. This illustrates a gap and opportunity to improve sexual health education among high school students.

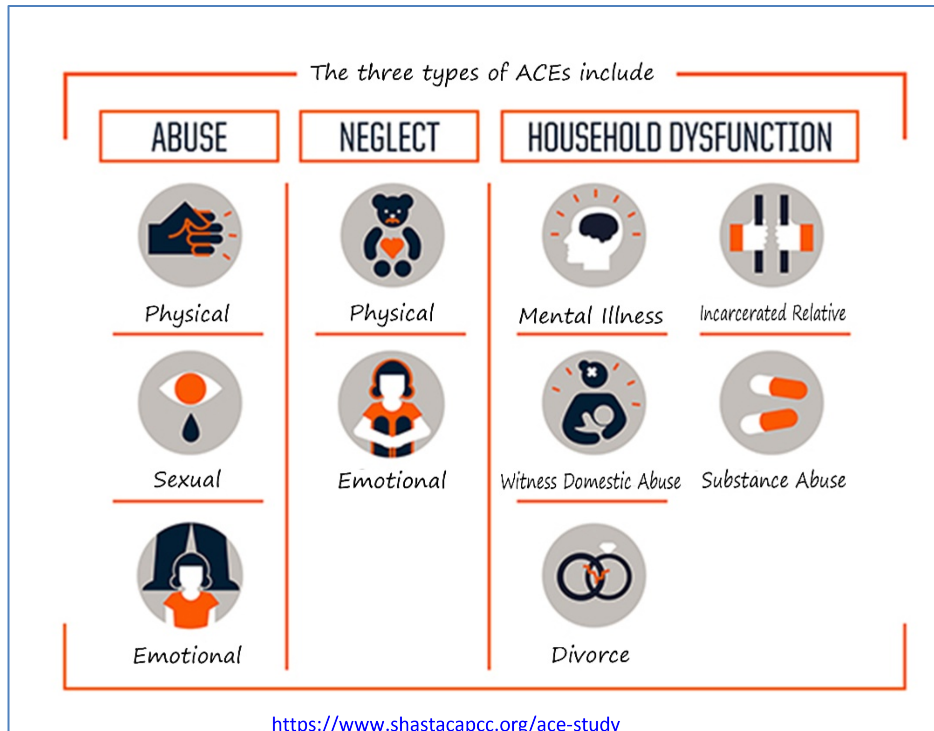
Figure 30: *Sexual Behaviors Among 11th Graders, Grant and Stevens Counties and MN (2016)*



Source: MN Department of Education, Health, Human Services and Public Safety. (2016). 2016 MN Student Survey

Child Well-Being

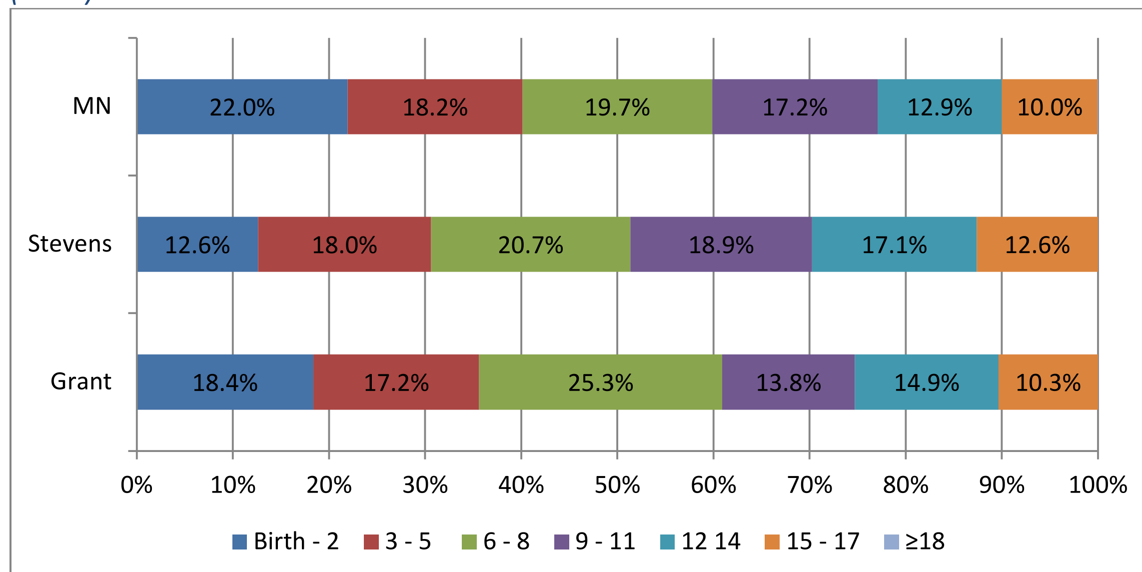
In 1995, the Centers for Disease Control and Prevention and Kaiser Permanente collaborated on the Adverse Childhood Experience (ACE) study which assessed association between childhood experience of abuse, neglect and household dysfunction with behavior, overall health and well-being throughout the lifespan. The findings of the study demonstrated that there is a strong graded relationship between childhood exposure to trauma and adoption of risky behaviors and development of adverse health outcomes such as chronic diseases and social, behavioral and emotional problems, as adults.[24]



https://www.shastacapcc.org/ace-study

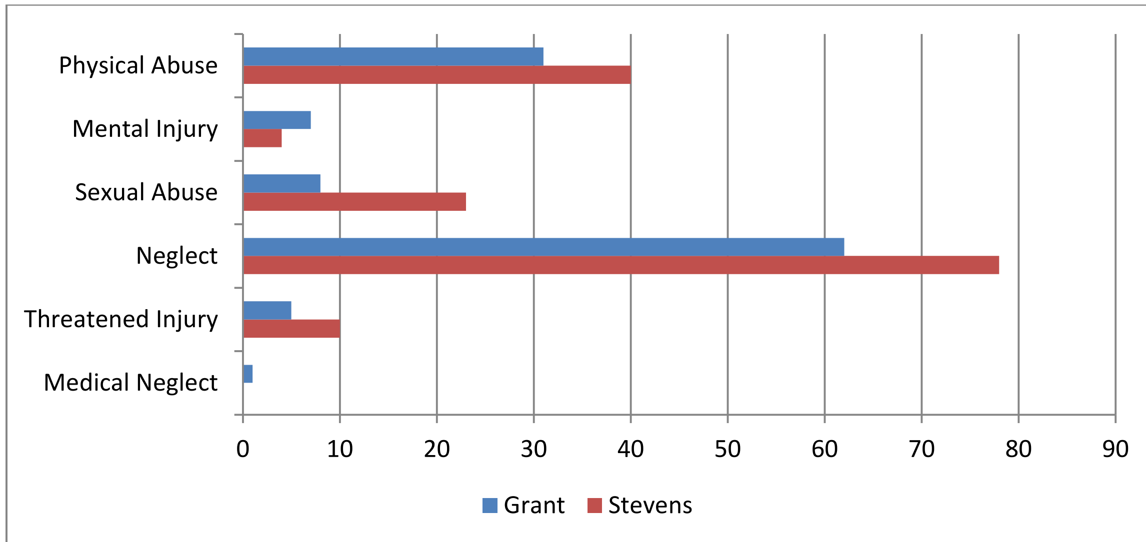
Children age 8 and younger represented the majority of the alleged victims of maltreatment. This may be because they are more dependent on adults for their care making them more vulnerable to abuse or they are more likely to be in contact with mandated reporters and therefore increase the prospect of reporting suspected maltreatment (MN Maltreatment Report, 2017).

Figure 31: *Number of Alleged Victims, by Age Group, Grant and Stevens Counties and MN (2017)*



Source: MN DHS. (November 2018). Minnesota's Child Maltreatment Report, 2017. Children and Family Services.

***Figure 32:** Number of Alleged Victims by Maltreatment Type, Grant and Stevens Counties (2017)*



Source: MN DHS. (November 2018). Minnesota's Child Maltreatment Report, 2017. Children and Family Services.

According to the MN Maltreatment Report (2017), maltreatment allegations involving chronic and severe use of controlled substance and alcohol and prenatal exposure more than doubled since 2013 statewide. In both Grant and Stevens Counties, neglect, which includes prenatal exposure to controlled substances and/or alcohol, represents the bulk of maltreatment allegations followed by physical abuse.

Physical Environment

Lead and Radon

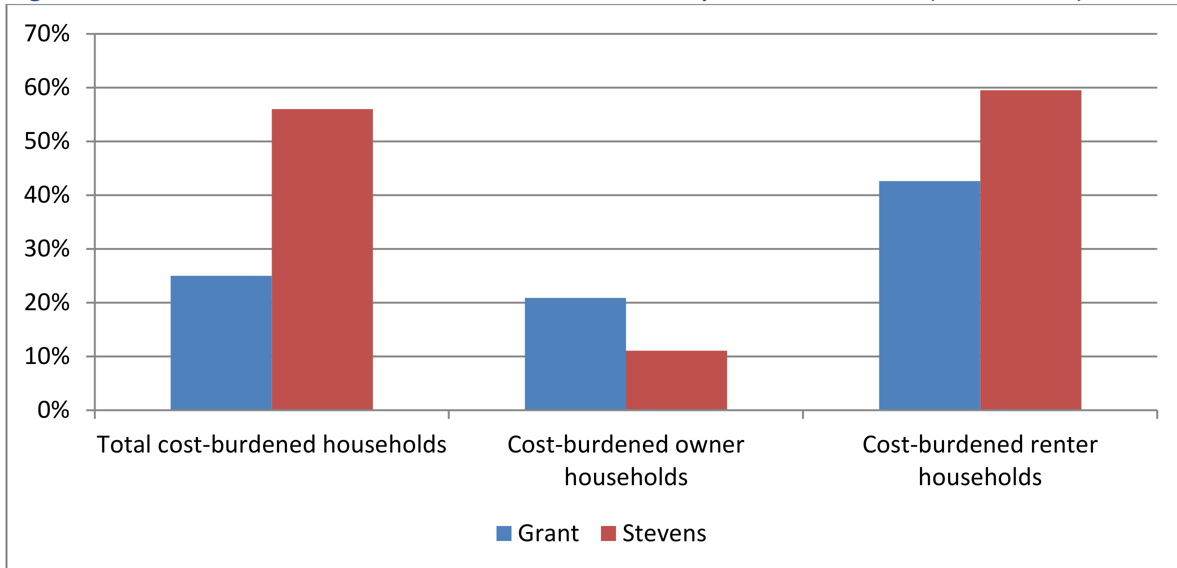
Lead exposure increases the risk for children to develop cognitive and behavioral problems and learning and other developmental delays. In 2014, 94.3% of Grant County children less than 3 years of age were tested for blood lead levels in 2014. Of those tested, 3.0% had elevated blood lead levels. Testing in Stevens County is lower, with only 57% of children less than 3 years old were tested for blood lead levels in 2014 with 1.4% having elevated blood lead levels.

Radon is a colorless and odorless cancer-causing gas that is found naturally in most soil types. It can travel from the soil into the home through cracks, gaps or water supply.[25] Behind cigarette smoking, Radon is the next leading cause of lung cancer and 20,000 lung cancer deaths each year are attributed to Radon exposure.[26] According to the US Environmental Protection Agency (EPA), a level of 4pCi/l or higher is considered unacceptable. Between 2010 and 2016, 70.1% and 63.5% of properties in Grant and Stevens County, respectively, had an unacceptable Radon level.

Housing

A household is considered cost-burdened if it spends 30% or more of its income on housing expenses. The percentage of cost-burdened households in Stevens County is more than double that of Grant County. For both counties, renters are significantly more cost-burdened than homeowners. This limits the household's discretionary spending.

Figure 33: *Cost-Burdened Household, Otter Tail County and Barnesville (2013-2017)*



Source: MN Compass. (n.d.). Housing: Otter Tail County and Barnesville, MN. Retrieved from: https://www.mncompass.org/profiles/county/otter-tail.

Community Themes and Strengths Assessment

The purpose of the Community Themes and Strengths Assessment is to gather input form the community members to develop a more in-depth understanding of issues they feel are important and their concerns. Primary data collection is a key component of the community health needs assessment process. It provides additional information to augment data collected through secondary data sources. It also allows for better community engagement in the process and ensures that community members' voices are heard and their input is incorporated in the assessment. Prairie Ridge chose to use the focus group approach to engage community partners, to generate ideas and to prioritize issues perceived as having the greatest impact on the health of the community.

Methodology and Sampling:

The focus group lasted approximately 120 minutes allowing for substantial, high quality collection of data while remaining productive and respectful of participants' time.

One focus group session was facilitated on June 6, 2019 with ten participants. Purposive sampling was the method used to select individuals invited to participate. Participants were

recruited based on the organizations or agencies they worked for with the idea that they would be in a position to know the community as a whole – its needs, concerns and assets, due to the nature of their work and the numerous and diverse community members they interact with on a day-to-day basis. Directors, supervisors and staff were directly contacted and invited to participate in the focus group.

Table 3: *Summary of Participant Characteristics (n=10)*

Characteristic	Number	Percentage
Gender		
Female	9	90.0%
Male	1	40.4%
Age		
18-34	3	30.0%
35-44	4	40.0%
45-54	3	30.0%
55-64	0	0.0%
65 or older	0	0.0%
Race/Ethnicity		
White	10	100.0%
Sector of Work		
Healthcare	5	50.0%
Non-Profit	0	0.0%
Faith-Based	0	0.0%
Public Health	2	20.0%
School	1	10.0%
Business	0	0.0%
Public Safety	0	0.0%
Human Services	2	20.0%
Retired	0	0.0%
Area(s) of Expertise*		
Health	8	
Mental Health	4	
Children/Youth	3	
Education	3	
Aging	3	
Housing	0	
Transportation	1	
Low Income	2	
Disability	1	
Homelessness	0	
Crime	0	
Domestic Violence	0	
Veterans	0	

Immigrants	0	
Discrimination	0	
Substance Use	2	
Length of Residence		
0-2 years	2	20.0%
3-5 years	1	10.0%
6-10 years	5	50.0%
11-15 years	2	20.0%
16 years or more	0	0.0%

* Did not calculate percentages for this category because respondents were allowed to choose more than one option.

All participants were asked to sign a consent form (see Appendix B) which informed them of the purpose of the focus group, how the data collected will be used and that the session will audio recorded. The consent form also reiterated that their participation is voluntary. Because age, gender, experience and other variables can impact perceptions and views on health, participants were also asked to complete a demographic questionnaire (see Appendix C) to capture specific characteristics and assess such factors. Participants received a light meal as an incentive for their participation.

A modified version of the Nominal group Technique was employed in conducting the focus groups to encourage contributions from all participants. The steps included:

1. An introduction of the facilitator and all participants.
2. A brief overview of the purpose of the focus group.
3. An outline of the ground rules and process to be observed during the focus group session.
4. Each participant is asked to share an idea in response to the question posed. Response is recorded on a flip chart poster. Each participant has two turns to respond to each question. Afterwards, the facilitator opens the floor and asks participants to share any additional ideas they have.
5. The ideas are clarified and grouped according to consensus. Participants are asked to agree on a final listing.
6. Participants, by raising their hands when the facilitator reads the response, get to vote on the top two ideas/responses they believe to be the most important.
7. The votes are tallied and recorded.
8. The same steps were followed for all three questions.
9. A standard script was used for the focus group (see Appendix A).

Questions asked are as follows:

1. When thinking about health, what are the greatest strengths in our community?

- Identify resources and factors that the community can use to build upon to meet the health needs of the community.

2. What are the most important health-related issues in our community?

- Identify the pressing health-related gaps and needs in the community.

3. What recommendations do you have to improve the health of our community?

- Identify potential resources, services, programs or interventions that would help advance the community's goal of better health and quality of life.

All responses for each question was documented. After all responses were exhausted, participants were asked if there were any responses that could be combined. Data from the focus was collected and analyzed. The analysis identified prevailing themes in each of the three questions and coded accordingly (see Appendix D).

Results

Because participants of the focus groups were from varying background with different life and work experiences a broad range of responses was expected. However, despite their differences, common themes across all the participants were apparent in each of the three questions.

Strengths

Below are the top strengths voted on by focus group participants.

Access to a Quality Continuum of Healthcare

"Our access to healthcare is one of our huge strengths. Pretty impressive healthcare system here in town for a small community."

Focus group participants identified access to healthcare as one of the greatest strengths of the community. They emphasized that their access to high quality providers, specialists and facilities across the continuum of care, especially for a small town is quite remarkable. One participant highlighted the advantage of being a small community is that they get to know their patients and vice versa, "…*we know a lot about our patients…we have that rapport with them*." The relationship they have with their patients allow providers to "*better care for them because you know their needs…you're aware of their financial and socio-economic situation*."

Willingness to Work Together for Change

"I've been struck by the willingness of people to come together around issues."

Collaboration across agencies in the community was a notable strength that was often cited by focus group participants. There is a willingness for people to work together to address a common issue or help out a shared client. The participants also stressed that collaboration is not limited within the individual county but extends across both Grant and Stevens counties. They also noted that being a small community helps because from their perspective "*there is more flexibility to make change*" compared to larger communities with more complex systems.

Issues:

Below are the top heath issues highlighted.

Mental Health and Chemical Dependence

"When people show up in [mental health] crisis at the ER, there's nowhere for them to go. There are no facilities. There are fewer and fewer crisis beds and more and more restrictions on psychiatric facilities."

Based on consensus, it was decided that mental health and chemical dependence can be grouped together because they usually go hand in hand. This category includes both the prevalence of mental health and substance abuse in the community as well as lack of access to treatment facilities and challenge in identifying appropriate placement. One participant said, "*I just hear a lot about how we're arresting people and putting them in jail because of substance abuse, crime or felony when it needs to be more for treatment."*

When it comes to illegal drugs, focus group participant said that if you ask law enforcement, they will say that methamphetamine is the biggest concern. But looking at data, there is a rise in use of opioids and taking prescription drugs not prescribed to them amongst teens. Vaping among youth was another issue brought up.

It's important to note that although the group discussed the lack of treatment facilities and resources to care for those with mental health issues, they were very complimentary of their first responders – law enforcement and EMTs – in how they respond to mental health crisis situations. They are very sensitive to the situation and make sure that the patient and others involved in the care of the patient are protected.

Socioeconomic Issues

"The really basic needs are getting very difficult for people to find and are very expensive."

One of the most common issues mentioned relates to social determinants of health. This broad category includes poverty, inability to meet basic needs such as food and hygiene products, lack of transportation, uninsured and underinsured, inability to access needed services due to

finances, limited jobs that pay a living wage and provide benefits. All of these factors affect one's health and overall well-being.

Examples cited by participants include female students towards the end of the school year saying they don't have tampons or pads and will have to use toilet paper over the summer; Elderly residents needing home health services but cannot get them because their income is $20 over the threshold to qualify.

This presents a challenge for providers too. It impacts their ability to provide the best care they possibly can because patients are unable to afford the services or medications that would help improve their health. There are some programs that offer medications for free or at a reduced cost, but they require the patient to have internet access or a debit card. There are a lot of seniors who do not have either one which makes them ineligible to access these benefits.

Another issue raised was the reality that some people are hesitant or unable to take a higher paying job because the slight increase in income will make them ineligible to receive other benefits which will make their overall financial situation worse. A participant said, *"We had an entry-level job but people were afraid to take them because they'll lose their benefits. They'll gain $200 income but will lose $700 of benefit."* Another said, "*I just had 2 employees deny promotions because it's $1-2 more an hour but that will put them over the limit of childcare or some government program. So they turned down the opportunity which will be really good for them because they will be making too much money and it goes backwards for them. So it's super sad."*

Recommendations:

Below are the most prioritized recommendations.

Meet Basic Needs

"I look at [meeting] basic needs as something preemptive to keep it from becoming a crisis."

Focus group participants understand the impact of social determinants of health on an individual's health and well-being. Majority of the recommendations made involve setting up a food pantry or a "closet" stocked with personal hygiene products and other basic items which is free for people in need, transportation or thrift store vouchers and providing free samples/medications to people. Many felt that by ensuring people have their basic needs met will help prevent a financial, personal or health crisis from happening.

Inter-Agency Collaboration, Education, Communication and Outreach

“The need to collaborate and work together is even more so [critical] than a larger community because that is the only way we can get things done. Because we don’t have access to what some of these larger communities do, collaboration is absolute key.”

Participants emphasized the importance of working with the resources and assets available in the community rather than waiting for others such as the state or private sector to help solve our issues. One of the things mentioned is the need for more interagency collaboration and meetings so that everyone can get to know each other and collectively work on community issues and concerns. It is also a great opportunity to learn about what programs, services or resources are available to address community’s needs. A participant said that knowing what resources are out there *“eases provider frustration and client frustration when we know what we can do and what we can’t do.”* Participants also highlighted the need to inform and educate clients of what resources or opportunities are available. Suggestions include creating a resource and volunteer log and hosting community educational events.

Update 2013-2016 Implementation Plan

Preventative Care

- Prairie Ridge has a practitioner with an interest in diabetes.
- We hold a free monthly diabetic education support group that covers a variety of topics for those who have diabetes and their loved ones.
- Through the diabetic education program, we offer a free membership to the Prairie Ridge Fitness to qualifying members.
- Prairie Ridge works with Lake Region Healthcare dieticians on addressing dietary issues in the community and with our patients.
- Prairie Ridge has put into place additional screening for well-child exams to identify potential issues early on.
- Prairie Ridge operates a 24/7 fitness center that is open to the community.
- We work with a wide variety of insurance programs to allow access to as many members of the community as we can.
- Prairie Ridge contracts with 5 area school districts to provide school nursing.
- Prairie Ridge has 6 locations to provide better access to care. A sixth location in Herman, MN was opened in March 2017.
- Prairie Ridge has added a second evening clinic to allow better access to healthcare.

Aging Population

- Prairie Ridge hired a nurse specifically to work with our aging population.
- The services provided by the nurse include annual wellness visit reminders.

- Chronic Care Management program provides a care coordinator for patients with multiple chronic diagnoses.
- This nurse visits with area senior groups to educate them on services available to them.
- Prairie Ridge has partnered with the PAD PRAIRIE initiative and has received training to perform screenings on patients to better diagnose PAD.
- Implemented Transitional Care Management which helps manage the care after discharge.
- Prairie Ridge offers swing bed services.
- Prairie Ridge has partnered with the PAD PRAIRIE initiative.
    - Promoted community awareness of PAD through community events
    - Facilitated screening and identification of PAD
- Community partners are also addressing this issue:
    - Home health agency provides services in the area
    - City operates an elderly independent living facility
    - Nursing homes in Barrett and Evansville provide assisted living

Mental and Behavioral Health Services

- The school district has providers who come in to meet with students.
- Prairie Ridge has a contract with Bridgeway Behavioral Health at Lake Region Healthcare.
- Prairie Ridge works with the Region 4 Mental Health Crisis team.
- Prairie Ridge conducts continued education with staff in dealing with mental health and behavior health patients.
- Partnered with Lake Region Healthcare to implement and provide mental health services locally via telemedicine at Prairie Ridge in Elbow Lake.
- Prairie Ridge is working on policies and procedures to turn one of our hospital rooms into a safe room for mental health and behavior health patients to help us to create a safe environment for our patients dealing with mental and/or behavioral health issues.
- Prairie Ridge will continue to contract with Bridgeway Behavioral Health to provide services for patients with mental/behavioral health issues. This will allow us to better serve our patients by referring them to the care that will best serve their needs.
- Prairie Ridge will continue to ensure practitioners are aware of the signs of mental health issues and encourage them to refer to specialists. This will help practitioners to better serve and treat our patients.
- Prairie Ridge will continue to educate patients about the services available to them. This will allow us to better serve our patients by connecting them with the appropriate services to best address their needs.

Transportation

- Prairie Ridge educates patients as to what services are available to them to help them with transportation.

- Prairie Ridge works and supports community partners addressing this issue:
    - Rainbow Rider provides transportation services in the community. However hours of service are limited
    - The Veteran's Association provides transportation services to its members.
    - Grant County Committee on Aging's Volunteer Driver Program exists to drive people to appointments.

Dental Care for Low Income Families

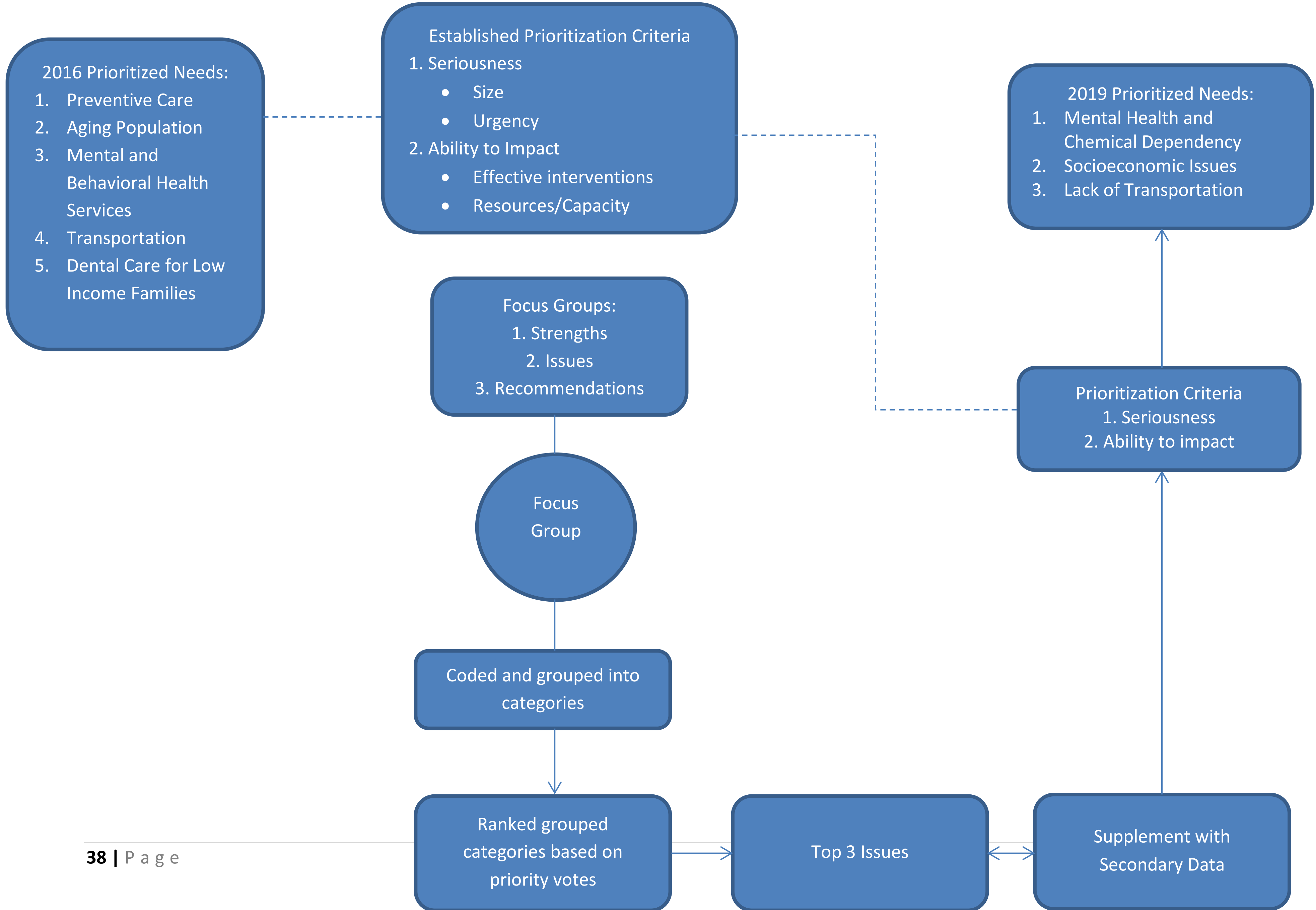
- Prairie Ridge helps promote the free dental services that are offered for area families.
    - Grant County Child and Youth Council
    - Apple Tree Dental Outreach Clinic

Prioritization

On July 29, 2019, the Executive Committee met to debrief on the findings of the CHNA and prioritize the identified needs. Following the review of data, committee members asked clarifying questions, compared the top three needs identified during the focus group with the quantitative data obtained from the community health status assessment to determine whether both data sets correspond with each other. After more discussions, committee members reached a consensus and adopted the following as Prairie Ridge's 2019-2021 priority health needs:

1. Mental Health and Chemical Dependency
    - This issue is far reaching beyond our region and even our state but one that is in crisis mode and needs continued education.
2. Socioeconomic Issues
    - The region we serve has a large population dealing with socioeconomic-related issues. We see the effects this has on the health of our patients and the children we serve with our school nurse program.
3. Lack of Transportation
    - With an aging population in our region, transportation to appointment can be a difficult task. This issue has come up from year to year and one we want to make sure we educate our patients on the options available to them.

Prioritization Process:



Assets and Resources

Below is a list of potentially available assets and resources to address the significant community needs identified through the CHNA.

- Prairie Ridge Hospital and Health Services
- Lake Region Healthcare
- School Nurses
- Avera E-care Emergency
- Community Care
- Region 4 Mental Health Consortium
- Lakeland Mental Health
- Adult Protection Meetings
- Child Protection Meetings
- Social Services
- Horizon Public Health
- Someplace Safe
- Food Shelves
- Bargain Bazaar
- Ruby's Pantry
- Salvation Army

Conclusion

In March of 2019, Prairie Ridge Hospital and Health Services gathered to begin the community health needs assessment (CHNA) process for FY 2019 - 2021. The goal of the CHNA was to guide the focus and direction of Prairie Ridge in addressing the health-related needs of the community of Grant and Stevens Counties.

This CHNA report includes both quantitative and qualitative data to shed light on the health status and health needs of the Grant and Stevens Counties. Qualitative data were gathered from one focus group session with nine members of the community. Quantitative data were collected from multiple secondary sources such as the US Census Bureau, MN County Health Tables, MN Public Health Data Access, MN Youth Survey and the Horizon SHIP Community Health Assessment Survey.

After the review and analysis of all data, prevailing themes emerged which helped the Executive Committee identify Mental Health and Chemical Dependency, Socioeconomic Issues and Lack of Transportation as the priority health issues in the community. Work groups will be formed around each of the identified priority health issues. Each will be tasked to define attainable goals and objectives, develop clear strategies and develop an evaluation plan to measure progress in addressing each of the identified priority health issue.

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Appendix

Appendix A: Focus Group Guide

Welcome:

Good afternoon. Thank you for agreeing to be part of the focus group. I appreciate you taking the time out of your busy schedules to participate.

Introduction:

I'm Joanna Chua, community health initiatives project coordinator for Lake Region Healthcare and I will be your facilitator. Just to give you a brief overview of the purpose of this focus group discussion – Lake Region Healthcare is in the process of conducting a community health needs assessment. As part of the assessment we are facilitating a few focus group sessions to gather community members' viewpoints on the pressing needs facing our community, Otter Tail County. Information gathered from the focus groups will be used to supplement the statistical data we collect from secondary sources. The overall results of the assessment will help guide Lake Region Healthcare's focus and direction to meet the health care needs of Otter Tail County.

Ground Rules:

- For today's discussion we will be using a modified version of the Nominal Group Technique. In this process each participant will share one response per turn to the question. We will go about it in a round-robin fashion so each participant has an opportunity to respond. Each participant will get two turns to respond to each question. Participant may "pass" your turn, and may then add a response on a subsequent turn. During the round-robin process there will be no discussions, not even questions for clarification. All responses will be recorded on the flip chart and when everyone has shared their responses, we will open it up for discussion. Afterwards, each participant will have two votes to cast on the ideas/responses you believe to be the most important for each question.
- There are no right or wrong answers. We are not evaluating or judging any one person's opinions or experiences. Rather, we are trying to capture the thinking of as many people as possible so please be honest and open with your thoughts.
- What is said in this room will stay here. Please refrain from discussing comments made by other group members outside the focus group.
- I will be audio recording the session so I can capture everything you have to say. But you can be rest assured that no one will be identified by name in the report. Everyone will remain anonymous.

Questions:

1. What areas of concern/challenges do you see facing the community?
2. What do you view as the greatest assets/strengths of the community?
3. What can be done to address these needs/concerns?

Conclusion:

Thank you for participating. This has been a very successful discussion. Your thoughts and opinions will be valuable to the community health needs assessment. I hope you have found the discussion interesting. If you have any concerns or questions regarding the session or the needs assessment in general, please feel free to contact me. Again, I would like to remind you that any comments that will be included in the needs assessment report will be anonymous. Before you leave, please hand in your completed demographic questionnaire and the card requesting for a one-word description of the community.

Appendix B: Focus Group Consent Form

Community Health Needs Assessment
Focus Group Consent Form

You have been asked to participate in a focus group sponsored by Prairie Ridge Hospital and Health Services as part of its community health needs assessment process. The purpose of the group is to gather information and to understand the perspectives of community partners and stakeholders regarding the pressing needs facing our community as well as its strengths and available resources. The information learned in the focus group will be used to help Prairie Ridge Hospital and other organizations in Grant and Stevens Counties better understand what residents and service providers think about the community and the needs that are present.

You can choose whether or not to participate in the focus group and stop at any time. Although the focus group session will be audio recorded, your responses will remain anonymous and no names will be included in the report.

There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at a time and that responses made by all participants be kept confidential.

If you have any questions or concerns regarding the focus group session, please contact:

Missy Amundson
Executive Assistant
218-685-7327
mamundson@prairiehealth.org

I understand this information and agree to participate fully under the conditions stated above.

Sign name: ________________________________ Date: ________________________

Print name: _______________________________

Appendix C: Focus Group Demographic Questionnaire

Prairie Ridge Hospital and Health Services
Focus Group Demographic Questionnaire

Gender: ☐ Female ☐ Male ☐Non-binary ☐Prefer not to answer

Age: ☐ 18 – 34 ☐ 35 – 44 ☐ 45 – 54 ☐ 55 – 64 ☐ 65 or older

Race/Ethnicity:

☐ White ☐ Black/African American ☐ Asian /Pacific Islander ☐ Native American

☐ Multiracial ☐ Hispanic/Latino ☐ Prefer not to answer

Sector of Work: *Check the one that best describes your employer.*

☐ Healthcare ☐ Non-Profit/Social/Community Organization ☐ Faith-Based

☐ Public Health ☐School ☐Business ☐Public Safety ☐Human Services

☐Retired ☐ Other: ____

Area(s) of Expertise: *Check all that apply.*

☐Health ☐Mental Health ☐Children/Youth ☐Education ☐Aging

☐Housing ☐Transportation ☐Low Income ☐Disability ☐Homelessness

☐ Crime ☐Domestic Violence ☐ Veterans ☐Immigrants ☐Discrimination

☐Substance Use/Chemical Dependence ☐Others: ______________________

How long have you been living and/or working in Grant or Stevens Counties?

☐0 – 2 years ☐3 – 5 years ☐6 – 10 years ☐11 – 15 years ☐16 years or more

Appendix D: Focus Group Results

Strengths:

Response	Incidence	Priority Votes
Access to Quality Continuum of Healthcare • *Access to healthcare – healthcare system* • *Infrastructure for continuum of health* • *Small town so we know our patients and have a rapport with them* • *Smaller systems usually are more flexible. Quicker to get outcome.* • *Involvement of Prairie Ridge staff and board internally and in the community* • *Availability of quality providers and specialists* • *Access to mental health services through school and social services* • *Competent providers and staff*	8	10
Willingness to Work Together for Change • *Collaboration between agencies* • *Welcoming to community partners* • *Easy to collaborate* • *Location of Grant County. It's close to Fergus, Alexandria and Morris so we can draw from a pool of providers*	4	10
Physical Activity Opportunities • *Availability of activities for kids at low or no cost* • *Fitness center that offers discounted membership* • *Access to parks, trails and outdoor activities*	3	0

Issues:

Responses	Incidence	Priority Votes
Mental Health and Chemical Dependency • *Lack of crisis beds, facilities for people with mental health issues* • *Access to inpatient mental health facility* • *Appropriate placement of people with chemical dependency. Lack of treatment facility* • *E-cigarette and vaping* • *Higher than average opioid dispensing rate* • *Meth use*	9	8

• *Teen drinking, marijuana use, substance abuse* • *Opioid use among teens* • *Substance abuse across all ages*		
<u>Socioeconomic Issues</u> • *Socioeconomic issues – living wage, jobs with benefits* • *Access to affordable healthy food* • *Uninsured/underinsured people's access to care* • *Financial barriers to accessing health-related needs* • *Insurance directing how providers treat patients* • *Willingness and ability to access services due to pride (usually due to financial issues)* • *Cost of prescription drugs* • *Access to home health services due to cost* • *Poverty – can't meet basic needs*	9	7
<u>Lack of Transportation</u> • *Transportation to appointments from ED*	1	1
<u>Senior-Related Care</u> • *Ageism – needs of seniors are not met* • *Lack of case management specifically for seniors*	1	1
<u>Lack of Affordable Childcare</u> • *Childcare shortage*	1	1

Recommendations:

Responses	Incidence	Priority Votes
<u>Meet Basic Needs</u> • *Closet/Food Shelf* • *Funding/Scholarship for transportation* • *Volunteer drivers* • *Bargain Bazaar scholarships.vouchers* • *Resources to meet basic needs – free drugs, Ruby's Pantry*	5	7
<u>Interagency Collaboration, Education, Communication and Outreach</u> • *Collaborate more to address needs – specifically ACEs* • *Educate people on available resources – outreach* • *More collaborative meetings to raise awareness of available resources. Multi-*	20	24

disciplinary meetings to know what we have • *Resource log* • *Volunteer log/web page/Facebook Group* • *Community event focused on community resources*		
<u>24-Hour Crisis Bed</u>	1	1
<u>Advocacy</u> • *Advocate for rural community specifically to receive funding*	1	1