



Community Health Needs Assessment 2022-2024

Lake Region Healthcare
Prairie Ridge Healthcare



Table of Contents

List of Figures	i
List of Tables	ii
Executive Summary.....	1
Community Health Needs Assessment Overview.....	1
Introduction	2
Evaluation of Progress Since Prior CHNA.....	5
Priority Health Issues from Preceding CHNA	5
Progress on 2019-2021 Initiatives	6
Methodology.....	6
Data Limitations	7
Community.....	8
Community Health Status Assessment	9
Demographics	9
Population.....	9
Age	11
Race.....	12
Social and Economic Factors.....	15
Educational Attainment	15
Income	17
Poverty.....	19
Health Insurance	22
Unemployment	22
Health Outcomes	23
Leading Causes of Death.....	23
Suicide	24
Heart Disease	25
Cancer	26
Health Behavior	27
Substance Use.....	27
Obesity, Physical Activity and Nutrition.....	31
Bullying.....	33
Mental Health	34
Child Well-Being.....	35

Community Health Needs Assessment Focus Group Results	38
Overview	38
Methodology and Sampling	38
Venues.	38
Facilitation.....	38
Audio Recording and Transcription.	38
Supplementary Questionnaire.....	38
Data Collection	39
Results	39
Community Strengths	40
Community Issues	41
Recommendations	44
Community Perceptions and Health Need Survey.....	47
Prioritization	50
Conclusion.....	52
References	53
Appendix A: Lake Region Healthcare Progress	56
Priority Issue: Mental Health	56
Priority Issue: Substance Abuse	60
Priority Issue: Resource Navigation	63
Priority Issue: Chronic Diseases	65
Prairie Ridge Healthcare Progress	68
Priority Issue: Mental Health and Chemical Dependence	68
Priority Issue: Socioeconomic Issues	72
Priority Issue: Transportation	73
Appendix B: Focus Group Schedule	74
Appendix C: CHNA Focus Group Guide	75
Appendix D: Focus Group Participant Characteristic.....	79
Appendix E: Focus Group Responses and Coding	81
Strengths	81
Issues.....	87
Recommendations	93

List of Figures

Figure 1: Population Trends (1960 – 2020) and Projections (2020 – 2060), Grant, Otter Tail & Stevens Counties	10
Figure 2: Population Trends (1960 – 2020) and Projections (2020 – 2060), Minnesota	10
Figure 3: Population, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)	11
Figure 4: Population by Age Group, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)	11
Figure 5: 2020 Population vs. 2053 Population Projection, by Age Group, Otter Tail, and Stevens Counties, and Barnesville City	12
Figure 6: Population, by Race/Ethnicity, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)	13
Figure 7: Foreign-Born Residents (2020)	14
Figure 8: Language Other than English and Low English Proficiency (2020)	14
Figure 9: Educational Attainment, 25 Years and Older, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)	16
Figure 10: Educational Attainment, 25 Years and Older, by Community (2020)	16
Figure 11: Household Income Distribution, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)	17
Figure 12: People Living Below Poverty Level, Past 12 Months, by Community (2020)	19
Figure 13: People Living Below Poverty, by Race/Ethnicity, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)	19
Figure 14: Poverty Rate, by Age, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)	20
Figure 15: People Living in Poverty vs. Total Population of 25 Years and Older, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)	21
Figure 16: Poverty Rate by Family Type, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)	21
Figure 17: Unemployment Rate, Grant, Otter Tail, and Stevens Counties (2020)	22
Figure 18: Age-Adjusted Cause-Specific Death Rates, Grant, Otter Tail, and Stevens Counties (2015-2019)	23
Figure 19: Proportion of Ten Leading Causes of Death, Premature Death (2015-2019)	24
Figure 20: Self-Harm, by Age Group and Sex, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2016-2020)	24
Figure 21: Percentage of Students who Attempted Suicide (2019)	25
Figure 22: Rate of Heart Attack Hospitalizations among 35 Years and Older (per 1,000) (2008-2019)	26
Figure 23: Most Common Cancers Diagnosed, Male and Female Combined (2014-2018)	26
Figure 24: Most Common Cancers Diagnosed, Female and Male (2014-2018)	27
Figure 25: Percentage of Adult Smoking, Alcohol Use, and Alcohol Impaired Driving Deaths (2019)	28
Figure 26: Lifetime Substance Use among 9 th Graders (2019)	29
Figure 27: Tobacco Use among 9 th Graders (2019)	30
Figure 28: Marijuana Use among 9 th Graders (2019)	30
Figure 29: Past 12 Month Substance Use among 9 th Graders (2019)	31
Figure 30: Weight Status of 9 th Graders (2019)	31
Figure 31: <i>Weight Status of Adults (2019)</i>	32
Figure 32: Adults not Engaging in Non-Leisure Physical Activity (2019)	32
Figure 33: Physical Activity among 9 th Graders (2019)	33

Figure 34: Vegetable and Fruit Consumption among 9 th Graders (2019).....	33
Figure 35: Bullying in the Past 30 Days among 9 th Graders (2019).....	34
Figure 36: Mental Health Status among 9 th Graders (2019).....	34
Figure 37: Adult Self-Reporting Experiencing Poor Mental and Physical Health Frequently (2019).....	35
Figure 38: Number of Adverse Childhood Experiences among 9 th Graders (2019).....	36
Figure 39: Percentage of Alleged Victims by Age Group (2019).....	36
Figure 40: Percentage of Alleged Victims by Maltreatment Type (2019).....	37
Figure 41: Leading Community Strengths.....	40
Figure 42: Leading Community Issues	42
Figure 43: Leading Recommendations.....	45
Figure 44: Health Concerns for Children and Adolescents (2021 & 2022)	47
Figure 45: Health Concerns for Adults (2021 & 2022).....	48
Figure 46: Health Concerns for Seniors (2021 & 2022)	48
Figure 47: Preventable Health Issues (2021 & 2022).....	49
Figure 48: Top Health Concerns Related to COVID-19	49
Figure 49: Prioritization Grid	52

List of Tables

Table 1: Population, by Race/Ethnicity, by Community (2020)	13
Table 2: English and Spanish Speaking Residents (2020)	15
Table 3: Median Household and Per Capita Incomes, by Community Served (2020)	17
Table 4: Basic Needs Cost of Living Estimates for a Single Adult (2021)	18
Table 5: Basic Needs Cost of Living Estimates for a Family of 3 (2021).....	18
Table 6: Poverty Rate by Educational Attainment, Population 25 years and Older, by Community (2020)	20
Table 7: Health Coverage, by Community (2020)	22
Table 8: Binge Drinking among 9 th Graders (2019).....	28
Table 9: Health Issues Prioritization Scoring.....	51

Executive Summary

Lake Region Healthcare Corporation is pleased to present its 2022 Community Health Needs Assessment (CHNA). For the first time, Lake Region Healthcare and Prairie Ridge Healthcare partnered to produce a comprehensive joint CHNA. This report provides an overview of the methods and processes used to identify and prioritize significant health needs in Lake Region Healthcare Corporation's service area.

The goal of this report is to provide a better understanding of the current health status and most pressing health issues across Lake Region Healthcare Corporation's service area, and to guide planning efforts to address the identified needs.

Findings from this report will allow us to set goals, objectives, and strategies to address the identified health needs and develop a community health implementation plan (CHIP).

Data presented in this CHNA report are from an analysis of an extensive set of secondary data from various national, state and local sources and primary data collected from community members and stakeholders.

Lake Region Healthcare Corporation's CHNA Steering Committee members made up of staff and providers came together on August 19, 2022, to prioritize its service area's health needs in a session led by consultants from FORVIS. While considering the significance of the need as well as our ability to impact, the following issues were identified as priorities to address:

1. Mental Health
2. Health Education and Preventive Services
3. Nutrition, Physical Activity, Obesity
4. Access to Health and Social Services
5. Substance Use

Community Health Needs Assessment Overview

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 comply:

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 health care system considers 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.

Introduction

Lake Region Healthcare Corporation is a non-profit, community-based healthcare organization headquartered in Fergus Falls, serving rural West Central Minnesota. Lake Region Healthcare Enterprise has now grown to include two hospitals, ten clinics, a senior living community, a Cancer Care and Research Center and three surgical centers across nine communities. This includes facilities under its wholly-owned subsidiary, Prairie Ridge Healthcare.

- 2 Hospitals
- 10 Clinic Locations
- 1 Senior Living Community
- 1 Cancer Care and Research Center
- 3 Surgical Centers
- 1 Fitness Center

Lake Region Healthcare Corporation’s service area is home to about 78,585 people spanning four counties. Through the years, Lake Region has grown to employ about 1,100 staff, 120 providers and has the support of 65 volunteers.

Lake Region Healthcare is a 108-bed hospital comprised of an 80-bed acute hospital and 14-bed psychiatric unit. It has a multi-specialty clinic and a Cancer Care and Research Center in Fergus Falls offering a full array of primary and secondary patient services. Lake Region Healthcare has a Level III Trauma designation and is designated as an Acute Stroke Ready Hospital by MN Department of Health through MN Statutes 2013 144.492-494. Lake Region Healthcare is accredited by the Joint Commission and also received their Gold Seal of Approval demonstrating our compliance to the most stringent standards of performance. It has outreach clinics in Ashby, Battle Lake, and Barnesville, and a Walk-In clinic in Fergus Falls.

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

Below are the primary and specialty care services provided across Lake Region Healthcare Corporation.

- Allergy/Immunology
- Cancer Care
- Cardiology
- Cardiac Rehab



- Colonoscopy/Endoscopy
- Dermatology
- Diagnostic Imaging/Radiology/
Interventional Radiology
- Ear/Nose/Throat
- Emergency Services
- Geriatric Services
- Intensive Care Unit
- Laboratory
- Nephrology
- Occupational Health
- Ophthalmology/Optometry
- Orthopedics and Sports Medicine/Joint Care
Center
- Pediatrics
- Plastic Surgery
- Podiatry
- Primary Care (Family and Internal Medicine)
- Psychiatry (Inpatient Bridgeway Unit and
Outpatient Clinic Services)
- Pulmonology
- Pulmonary Rehab
- Rehab Therapies (Physical, Occupational
and Speech Therapy)
- Respiratory Care
- Sleep Studies
- Spine Surgery and Back Care
- Surgery
- Urology
- Women’s Health – OB/GYN Clinic and
Inpatient Birth Center
- Wound Care

Lake Region Healthcare Corporation is governed by a 15-member Board of Trustees. The trustees are dedicated community members who care deeply about the community, access to local health care services and the people served by the healthcare system.

Lake Region Healthcare Corporation is dedicated to providing high-quality and 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 are influenced by a multitude of factors such as genetics, individual behavior and a host of social, economic and environmental factors. ^[1]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. Lake Region Healthcare Corporation 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.

Lake Region Healthcare Corporation’s work in the community mirrors the care team’s approach to medicine – focused on prevention and evidence-based practices. We strongly believe that solid community partnerships are essential to succeed in improving population health. We have worked for many years side-by-side our partner organizations, aligning our goals and resources to address serious public health issue such as obesity, access to care and end-of-life discussions. These partnerships, combined with the knowledge we gather through the CHNA, allow us to develop strategies aimed at making long-term and sustainable changes. It also allows us to deepen the already strong relationships we have with other organizations that are working to improve the health of our community.

Lake Region Healthcare Corporation’s commitment to creating a healthy community through effective hospital-community partnerships is an essential part of our mission and vision. We have a proud history of investing in community health and wellness programs and partnering with County, State and other organizations to identify and address the most urgent health needs in the communities we serve.

Recently Lake Region Healthcare Corporation updated its mission, vision, and values to more accurately reflect its foundation for a service excellence culture, *centered on you*.

OUR MISSION
We partner to enrich life through health.

OUR VISION
We will create an exceptional, innovative, and personal Healthcare experience that allows people to excel and our communities to thrive.

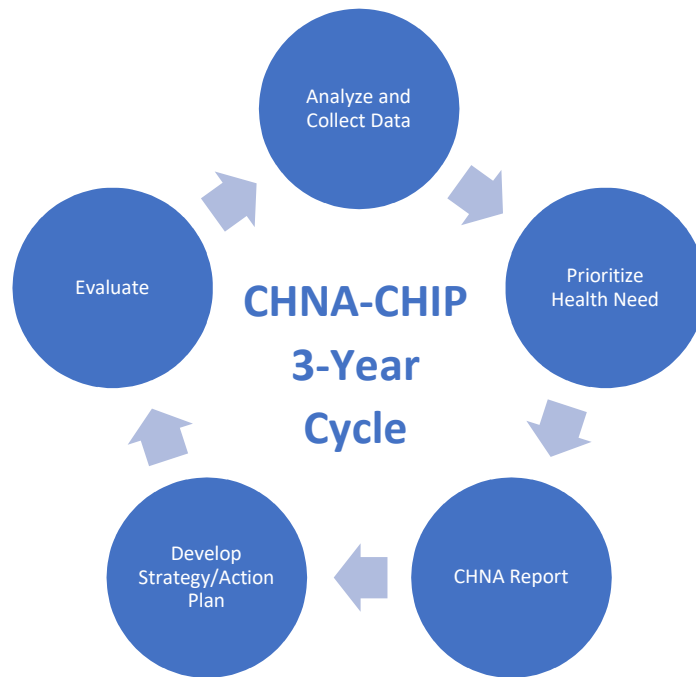
OUR VALUES
Person-Centered | Excellence | Collaboration
Stewardship | Integrity | Respect | Innovation

Lake Region Healthcare Corporation also adopted organizational pillars that represent its highest priorities and fundamental driving forces.



Evaluation of Progress Since Prior CHNA

The CHNA process is a three-year cycle with a key component being evaluation of the progress made on the priority health issues identified in the preceding CHNA. By reviewing the actions taken to address the priority health issue and evaluating the impact of those actions, it is possible to more effectively and efficiently target resources and efforts during the next round of CHNA.



Priority Health Issues from Preceding CHNA

Although not entirely the same, there are parallels between the prioritized health issues identified by both Lake Region Healthcare and Prairie Ridge Healthcare.

Lake Region Healthcare

- Mental Health – Encompasses mental illness, brain health, mental well-being and associated stigma.
- Substance Abuse – Misuse and abuse of alcohol, tobacco, illicit drugs, prescription medications and/or other drugs harmful to one’s health and well-being.
- Resource Navigation – Lack of awareness of available health care, social services and other community resources and services among community members and service providers.
- Chronic Disease – Focused on obesity, diabetes, heart disease and cancer. This health priority includes addressing factors that contribute to the development of chronic diseases such as lifestyle choices, access to healthy food and physical activity opportunities.

Prairie Ridge Healthcare

- Mental Health and Chemical Dependency – Mental health encompasses mental illness, brain health, mental well-being and associated stigma. Chemical dependency is the misuse and abuse

of alcohol, tobacco, illicit drugs, prescription medications and/or other drugs harmful to one's health and well-being.

- Socioeconomic Issues – Social and economic factors that negatively impact an individual's access to resources and services and ultimately influence one's health outcome.
- Transportation – Lack of access to affordable, reliable, timely and accessible private or public transportation which pose a significant barrier to accessing health care services.

Progress on 2019-2021 Initiatives

Below are the goals developed for each of the identified prioritized health issues. A detailed table describing the strategies, action steps and indicators of success for each of the preceding priority health topics can be found in Appendix A.

Mental Health: Improve the mental health and wellness of our community through prevention, reduction of stigma associated with mental illness and by ensuring access to appropriate, quality mental health services.

Substance Abuse: Reduce prevalence of substance abuse through expansion of prevention, treatment and recovery support services.

Resource Navigation: Optimize access to health care, social services and other community resources through increased collaboration between clinical and social services.

Chronic Disease: Encourage health promotion and chronic disease prevention.

Socioeconomic Issues: Address social determinants of health to create an environment that promotes health and health equity in our community.

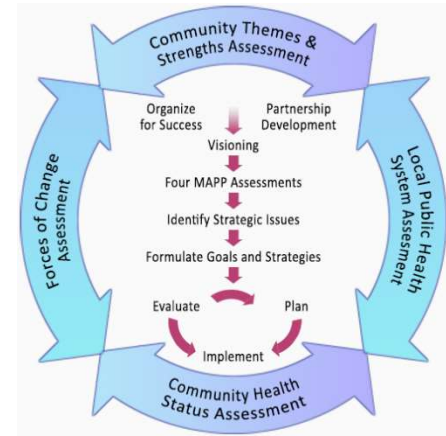
Methodology

For the Community Health Needs Assessment process, Lake Region Healthcare 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.

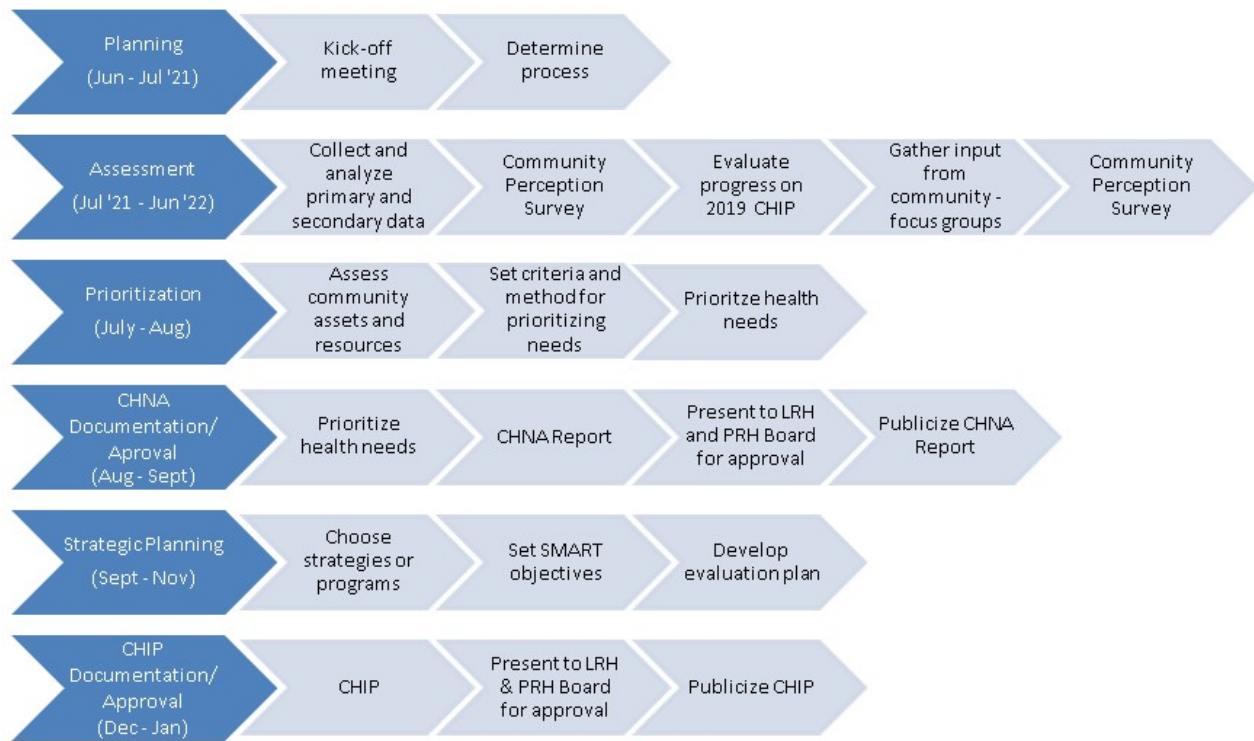
The MAPP process consists of the following four assessments:

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 considered. Below shows the timeline of the 2022-2024 CHNA process.



Data Limitations

While the data sources used in this CHNA are highly credible, there are some important limitations and considerations that are important to consider. Although we cover a wide range of health and health-related areas, the scope and depth of data presented varies based on its availability. For secondary data, we relied heavily on several local, state and national entities. In addition to the time lag, all limitations inherent in these sources remain present for this assessment. Qualitative discussions and surveys use small sample sizes and non-random sampling method. The perspectives captured simply represent that of the community members who agreed to participate or respond.

Finally, COVID-19 specific primary data included only provide a snapshot in one moment in time in the ongoing pandemic and are not representative of the entire pandemic.

Community



Lake Region Healthcare Corporation's service area spans the counties of Grant, Otter Tail and Stevens and the city of Barnesville, which is located in Clay County. All four are adjacent counties located in West Central Minnesota.

Otter Tail County, established in 1868, is a 1,972 square mile community with two state parks – Maplewood and Glendalough – and over 1,000 of Minnesota's lakes. Its county seat, Fergus Falls, is where Lake Region Healthcare is headquartered, one of two hospitals in the county.

Barnesville, a city in Clay County, is centrally located between Fargo-Moorhead and Fergus Falls. Located on the edge of the Red River Valley, the city is surrounded by beautiful terrain including flat

fields, rolling hills, creeks and lakes.

Grant County, established in 1868, and organized in 1874, has an area of 575 square miles. It consists of low rolling hills dotted with lakes and sloughs with much of its usable areas devoted to agriculture.

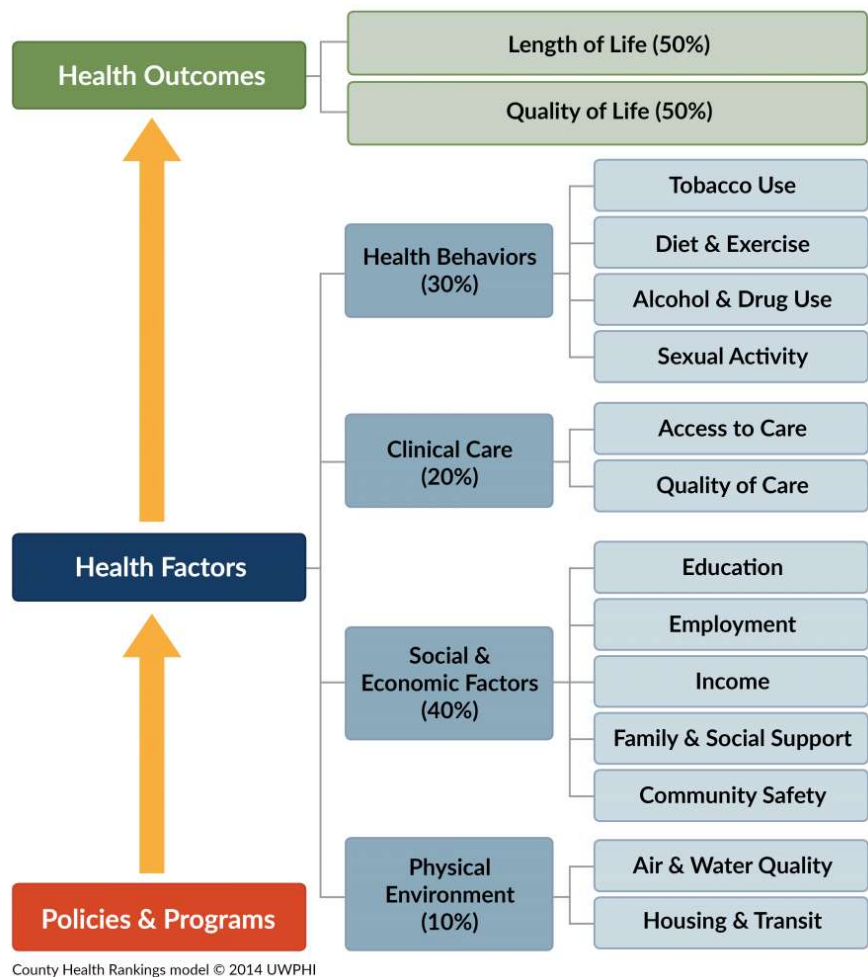
Stevens County spans 575 square miles and is home to the University of Minnesota Morris. It was established in 1862 but was not organized until a decade later. The county's terrain consists of rolling hills, with the area mostly devoted to agriculture.

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:

1. U.S. Census Bureau
2. American Community Survey
3. MN State Demographic Center
4. MN Employment and Economic Development
5. MN Student Survey, 2019
6. MN County Health Tables, 2019
7. County Health Rankings
8. MN Immunization Information Connection
9. MN Hospital Discharge Data
10. MN Pharmacy Prescription Monitoring Program
11. Substance Use in MN
12. MN Public Health Data Access
 - a. MN Cancer Reporting System



Demographics

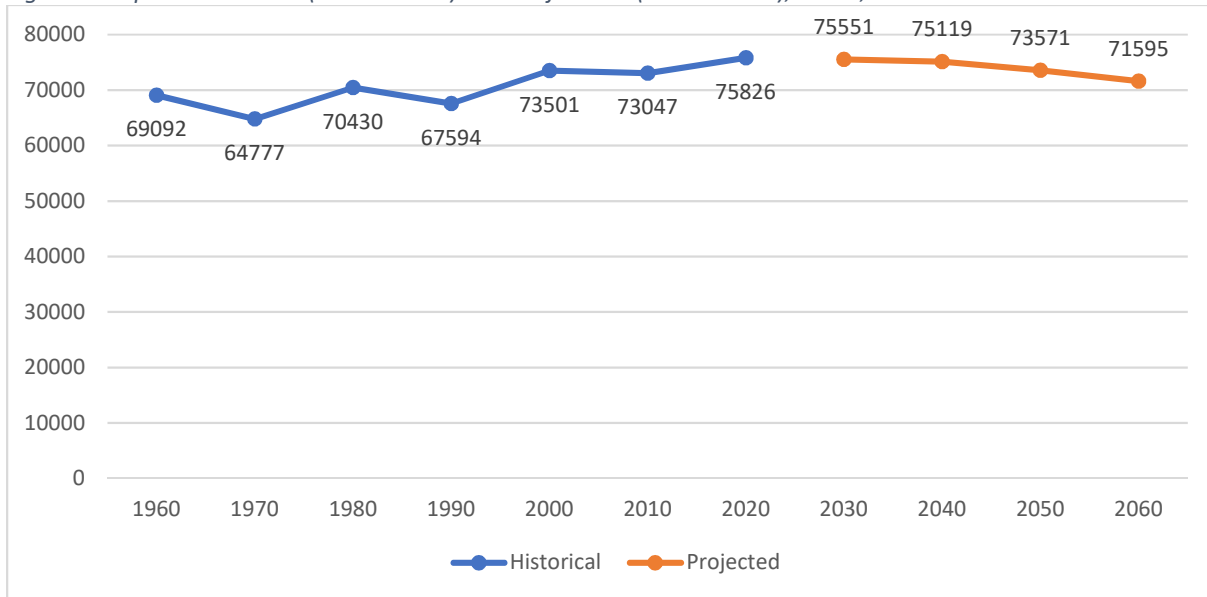
The combination of longer life expectancy and fewer births are two factors driving our demographic shift, resulting in a population that will continue to grow older over the next several decades.

Population

While the total population across the service area has generally been slowly but steadily increasing over the past six decades, it is expected that the region will reach its peak population in 2030. Then a slow population decline is projected over the next few decades, contrary to the overall statewide projection. According to the MN State Demographic Center, it is projected that the state will gain close to 900,000 residents between 2018 and 2053, with most gains occurring primarily in the seven-county metro region. Greater Minnesota’s population is expected to reduce by an estimated 27,000 during the same

time period. This is the result of the continuing trend towards urbanization that started in the late 19th and early 20th centuries.

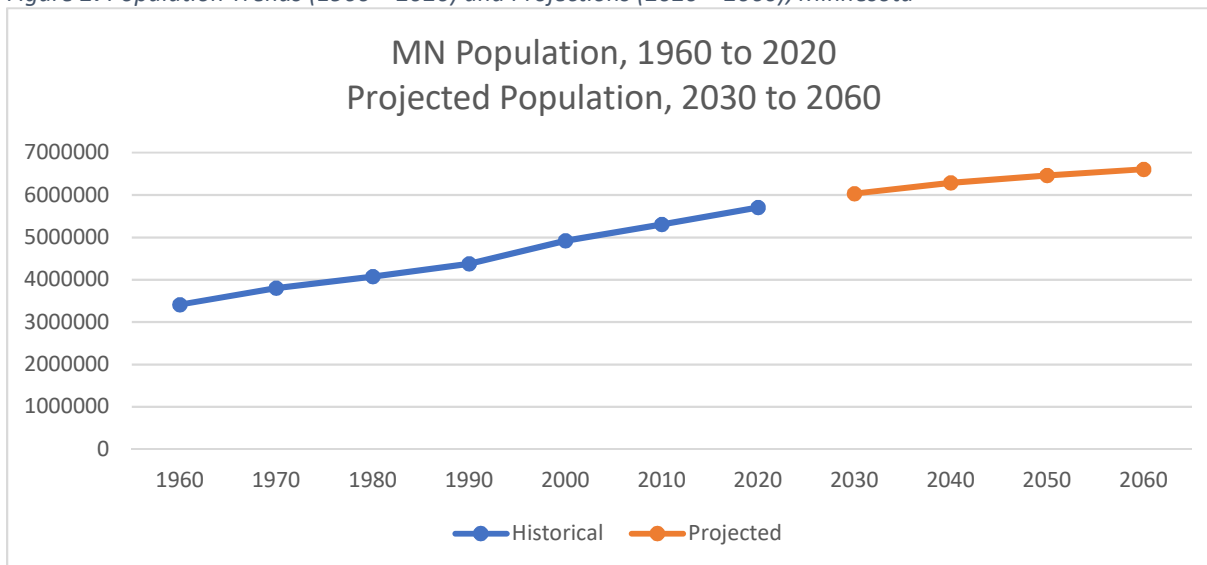
Figure 1: Population Trends (1960 – 2020) and Projections (2020 – 2060), Grant, Otter Tail & Stevens Counties



Sources: U.S. Census Bureau. QuickFacts: Stevens County, Minnesota; Grant County, Minnesota; Otter Tail County, Minnesota. Projected Data: MN State Demographic Center. Long-Term Population Projections for Minnesota. October 2020.

Historically, the state population growth has heavily relied on international migration. With the expected decrease in migration rate and the nationwide decline in fertility rate, population growth is projected to level off over the next few decades.

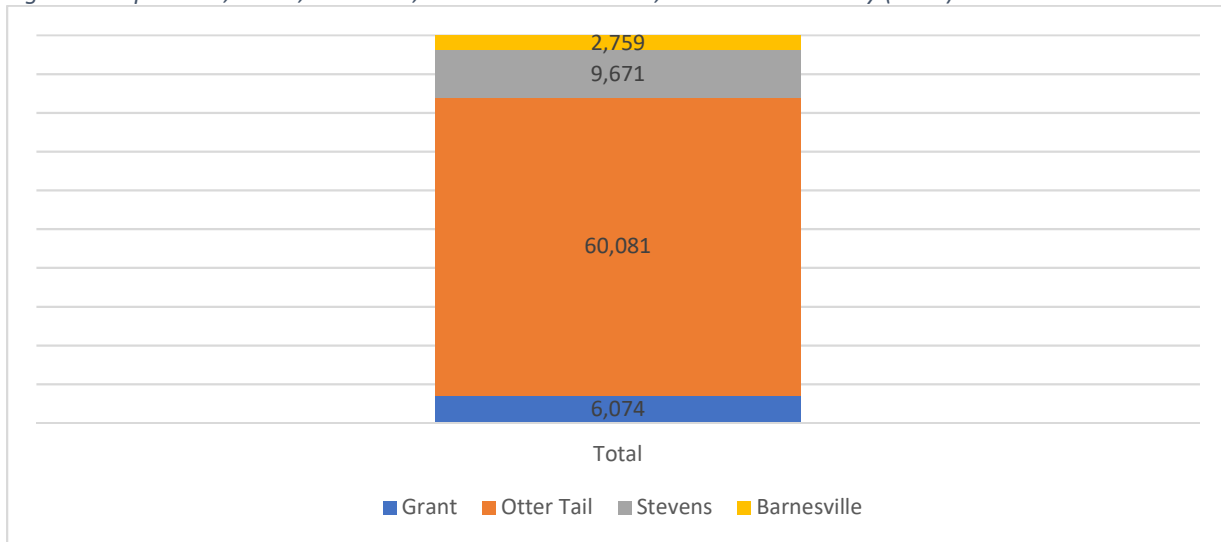
Figure 2: Population Trends (1960 – 2020) and Projections (2020 – 2060), Minnesota



Sources: U.S. Census Bureau. QuickFacts: Minnesota. Projected Data: MN State Demographic Center. Long-Term Population Projections for Minnesota. October 2020.

Majority of the population we serve is concentrated in Otter Tail County, with 60,081 residents according to the US Census Bureau. The most populous city is Fergus Falls, where close to a quarter of Otter Tail County residents reside.

Figure 3: Population, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)

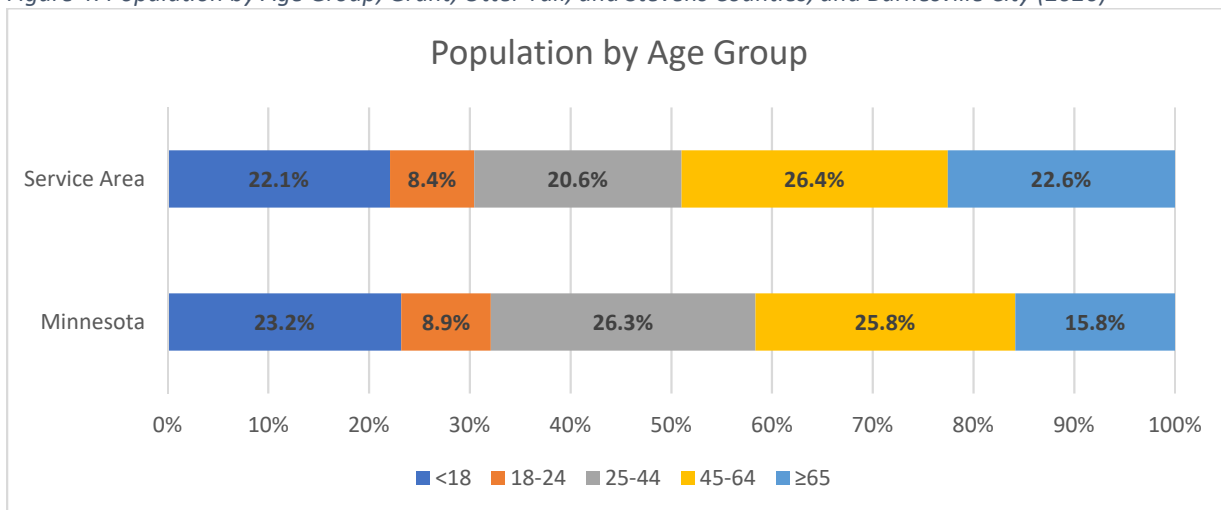


Source: MN State Demographic Center. Redistricting Data Census 2020.

Age

The proportion of residents by age group is largely the same across all the communities in our area as well as the statewide average with few notable differences. The proportion of residents age 65 years and older in our service area is about 1.5 times that of the statewide average. Stevens county has a larger population of residents between the ages of 18-24 (19%), which most likely can be attributed to the presence of the University of Minnesota in Morris, which had about 1,300 students enrolled in Fall 2020.^[2] Barnesville has a larger proportion of children below the age of 15 years, and its population, on average, is younger than other communities.

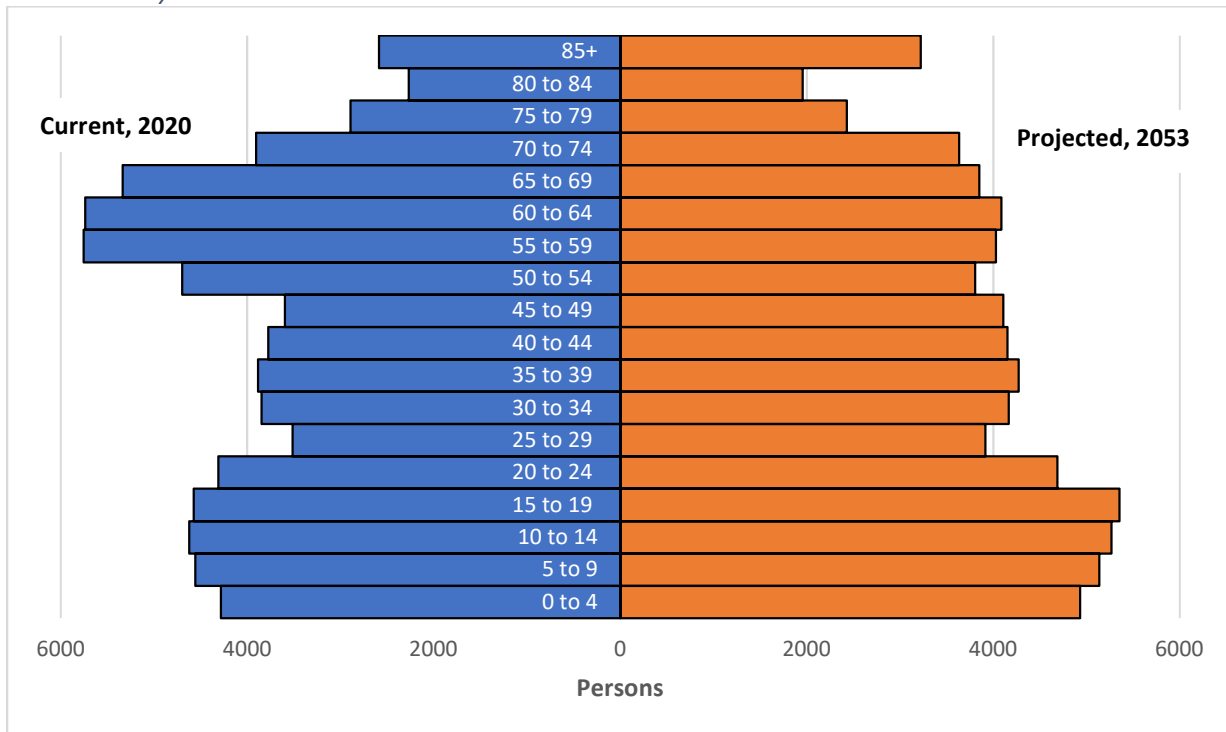
Figure 4: Population by Age Group, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)



Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Table S0101.

The population pyramid in Figure 5 shows the general age makeup of Lake Region Healthcare Corporation’s service area in 2020 compared to what it is projected to be in 2053. Currently, the baby boom generation still holds a significant share of the population with a thinning of the pyramid where the baby boom echo should be. The decrease in fertility rate also created a straighter, rather than a wider base. Looking at the projected age makeup in 2053, the pattern is pretty similar, with the large increase in residents age 85 years and older, emphasizing that our population is aging. This was one of the concerns mentioned in the focus group session – capacity to meet the growing and complex needs of our elderly residents. Prevalence of chronic conditions increases with age as well as need for long-term care and supportive services, posing challenges to the health care system.

Figure 5: 2020 Population vs. 2053 Population Projection, by Age Group, Otter Tail, and Stevens Counties, and Barnesville City

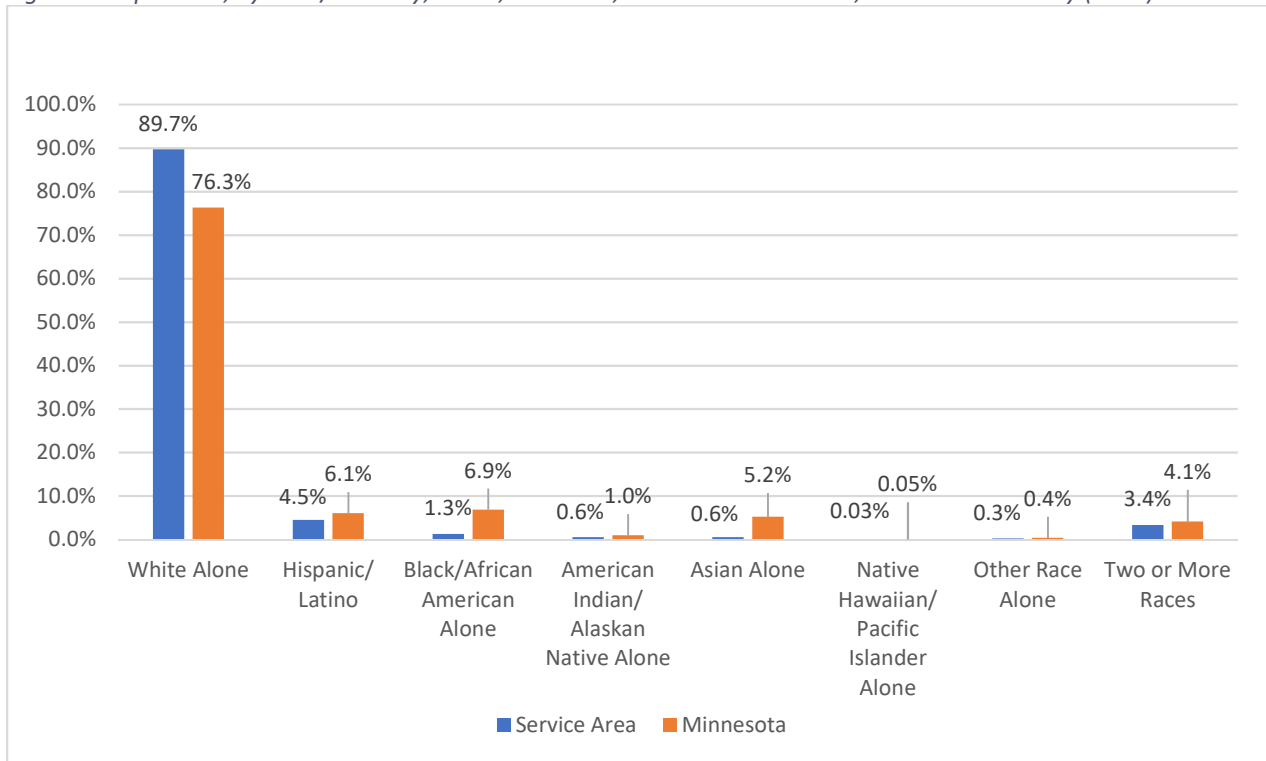


Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Table S0101.
 Projected Data: MN State Demographic Center. Long-Term Population Projections for Minnesota. October 2020.

Race

The racial and ethnic makeup of Lake Region Healthcare Corporation’s service area was more homogenous compared to the state, with approximately 89.7% of the population identifying as White compared to 76.3% statewide, as indicated in Figure 6. The next largest racial/ethnic group were Hispanic or Latino which made up 4.5% of our population, followed by those who identify as two or more races (3.4%), then Black/African Americans (1.3%). Individuals who identify as Asians, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander and Other Race each made up less than 1 percent of Lake Region Healthcare Corporations’ service area.

Figure 6: Population, by Race/Ethnicity, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)



Source: MN State Demographic Center. Redistricting Data Census. 2020.

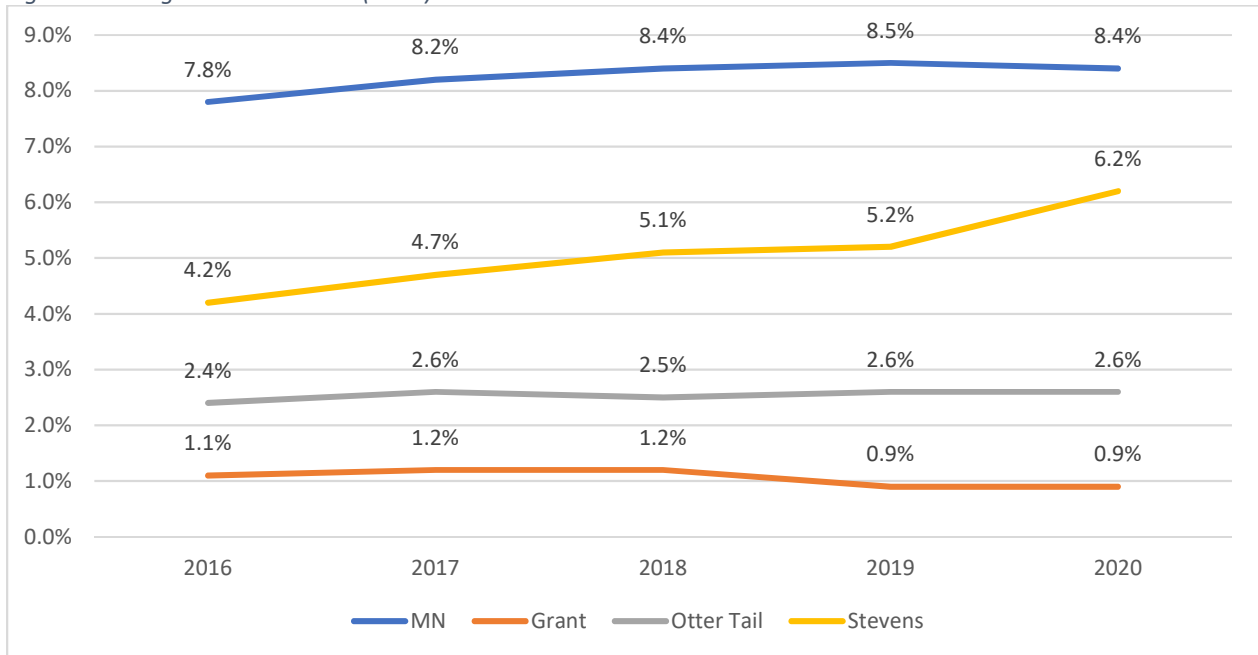
Lake Region Healthcare Corporation’s service area has become more racially diverse over the last few years, especially Stevens County with their growing Hispanic population, which almost doubled between 2017 (5.9%) and 2020 (10.2%). Similarly, the percentage of foreign-born residents is highest in Stevens County at 6.2% in 2020.

Table 1: Population, by Race/Ethnicity, by Community (2020)

	Grant	Otter Tail	Stevens	Barnesville
White	93.8%	90.5%	83.7%	93.7%
Hispanic or Latino	2.2%	3.7%	10.2%	1.7%
Black or African American	0.2%	1.4%	0.9%	0.2%
American Indian or Alaskan Native	0.4%	0.5%	1.1%	0.3%
Asian	0.2%	0.6%	0.7%	0.3%
Native Hawaiian or Pacific Islander	0.1%	0.0%	0.0%	0.1%
2 or More Races	2.9%	3.1%	2.9%	3.7%
Other Race	0.1%	0.2%	0.4%	0.0%

Source: MN State Demographic Center. Redistricting Data Census 2020.

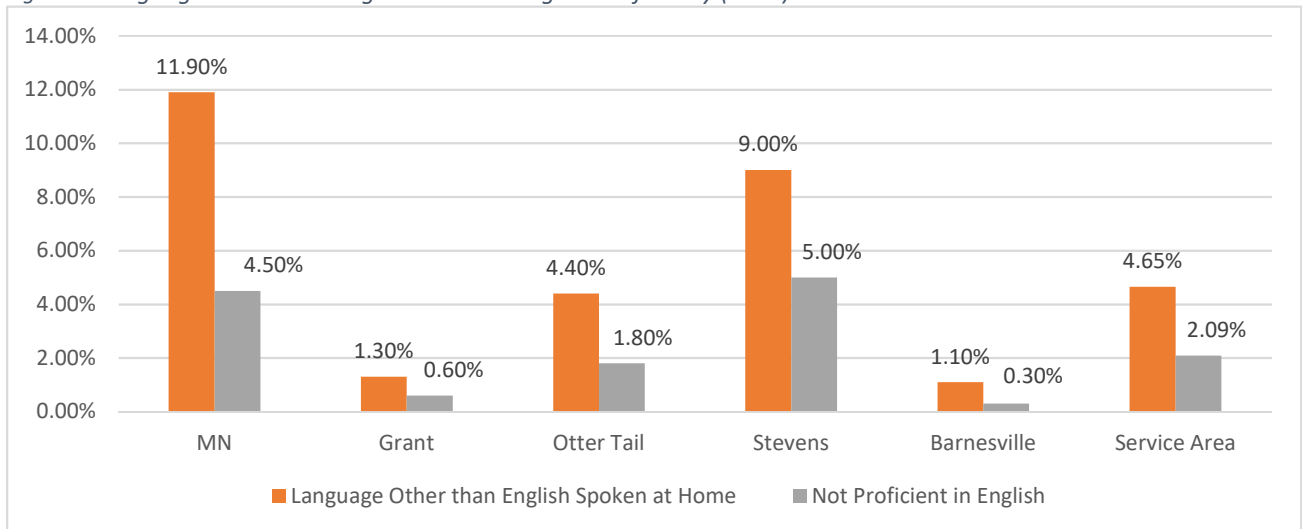
Figure 7: Foreign-Born Residents (2020)



Source: US Census Bureau. 2016-2020 American Community Survey 5-Year Estimates. Table DP02.

With the shifting demographic comes a growing number of residents speaking a language other than English at home and those who do not speak English fluently. In 2020, 4.65% of residents 5 years and over spoke a language other than English at home, with 2.1% not proficient in English. These percentages are slightly higher when compared to 2016 (4.3% and 1.62%, respectively).^[3]

Figure 8: Language Other than English and Low English Proficiency (2020)



Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Table DP02.

In Lake Region Healthcare Corporation’s service area, Spanish (2.5%) is the second most common language spoken at home, far behind English (95.4%). Among those who speak Spanish at home, 47.5%

have limited English proficiency. In Barnesville, the second most prevalent language spoken at home were Asian/Pacific Islander languages (0.7%), followed by Spanish (0.4%).

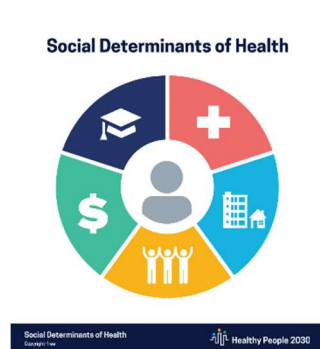
Table 2: English and Spanish Speaking Residents (2020)

	Minnesota	Grant	Otter Tail	Stevens	Barnesville	Service Area
English	86.1%	98.7%	95.6%	91.0%	98.9%	95.4%
Spanish	3.9%	0.6%	2.1%	5.7%	0.4%	2.5%

Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Table DP02.

The growing diversity – racially, ethnically, culturally and linguistically – is an asset to a community, as exposure to differences has been suggested to promote tolerance, understanding, innovation, and critical thinking. [4] [5] However, demographic changes also create challenges for the community, as well as the healthcare system. The ability of service providers to effectively and appropriately communicate with the community they serve is vital. Language and differences in cultural norms, beliefs, and attitudes, can act as barriers to accessing health and social services, and will necessitate increased awareness and understanding of these differences.

Social and Economic Factors



According to Healthy People 2030, social determinants of health (SDOH) are the conditions in the environment where people are born, live, learn, work, play, worship and age that influences a host of health and quality of life outcomes and risks. [6] SDOH includes factors such as socioeconomic status, access to quality healthcare and education, social support, safety and built environment. These social and economic factors play a more significant role in an individual’s length and general quality of life than health behaviors, clinical care and physical environment as depicted by the County Health Rankings model of community health: [7]

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

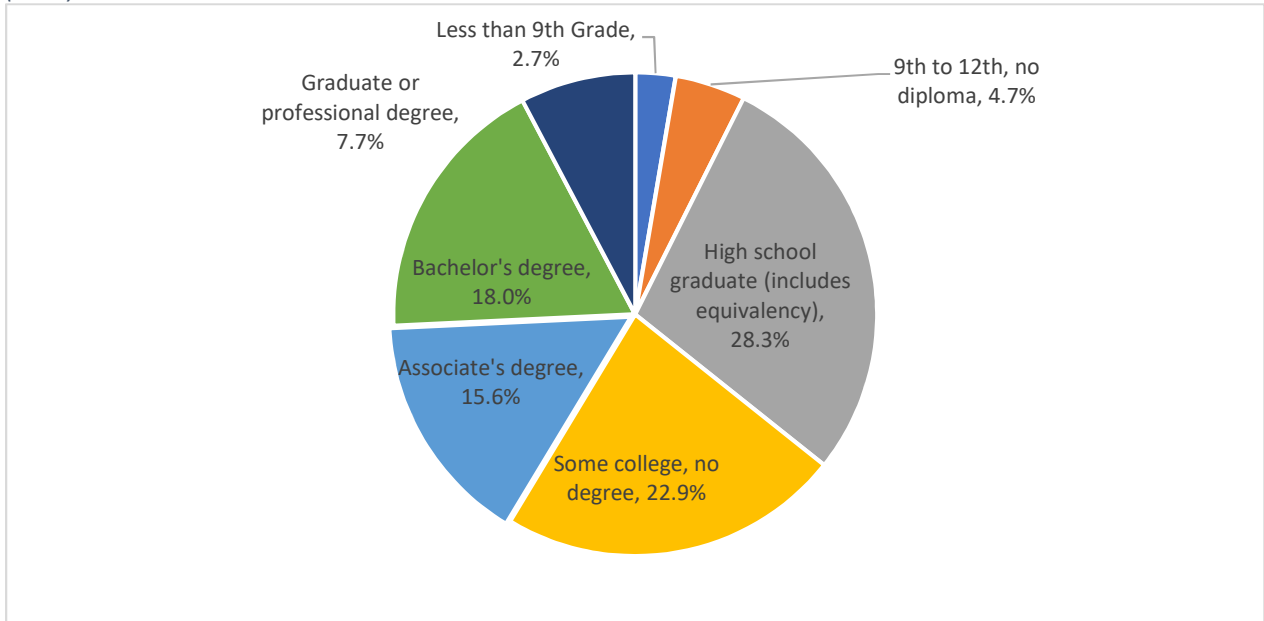
“The greatest advances in understanding the factors that shape population health over the last two decades has been the identification of social and behavioral conditions that influence morbidity, mortality, and functioning.”

– Institute of Medicine, 2002

Educational Attainment

A vast majority of residents in Lake Region Healthcare Corporation’s service area have at least a high school degree (92.6%). Currently, our region’s residents age 25 years and older with a Bachelor’s degree or higher is about 11 percentage points below the state average of 36.8%. A strong school system was mentioned as one of the community’s asset during the focus group sessions.

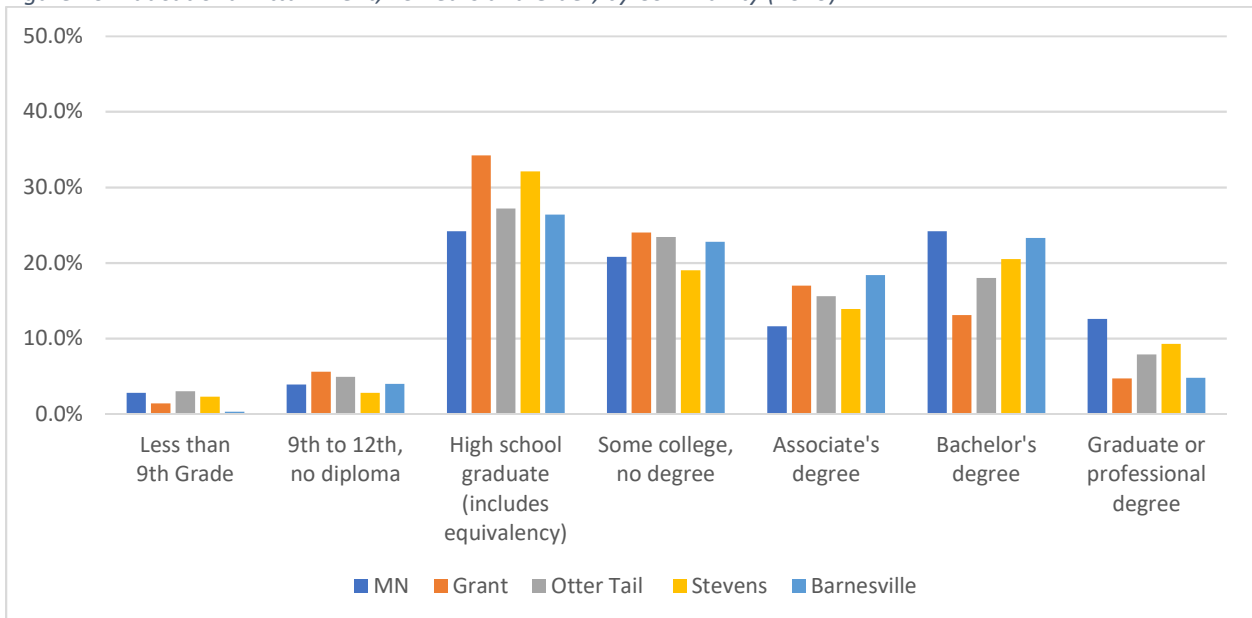
Figure 9: Educational Attainment, 25 Years and Older, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)



Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Table S1501.

Education is an upstream 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.^{[8] [9]} Studies have shown that educational attainment is strongly correlated with an individual’s health. Individuals who are well educated report lower levels of morbidity, mortality and disability likely due to improved access to health care and a broader social and resource network, which helps promote and sustain healthy lifestyles and positive choices.^[10]

Figure 10: Educational Attainment, 25 Years and Older, by Community (2020)



Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Table S1501.

Income

Income in Lake Region Healthcare Corporation’s service area is generally well below state average. There is a decent variability in income across the different communities in the region with median household income going as high as \$66,875 in Barnesville and as low as \$59,246 in Grant County.

Table 3: Median Household and Per Capita Incomes, by Community Served (2020)

	Minnesota	Grant	Otter Tail	Stevens	Barnesville
Median Household Income	\$73,382	\$59,246	\$59,456	\$65,503	\$66,875
Median Family Income	\$92,692	\$72,109	\$75,951	\$86,700	\$87,778
Per Capita Income	\$38,881	\$33,407	\$32,702	\$35,551	\$30,885

Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Tables DP03 and S1902.

Poverty and low-income is correlated with various adverse health outcomes, including mental illness, substance use disorders and chronic health conditions.^[11] Although poverty does not predetermine poor health, it does affect the probability of an individual having risk factors and their capacity and opportunity to prevent or manage a disease. Poverty and income disparity were issues brought up at focus group sessions with a participant saying it puts a strain on families having to make decisions about housing, food, and health insurance. There was also a general consensus that “financial component impacts your overall health.”

Income distribution in the service area shows a lot of household in the middle of the spectrum with 38.3% of households making less than \$50,000 and 8.8% making at least \$150,000. The Gini index is a statistical measure of distribution from 0 to 1 often used to gauge income inequality. A higher value means greater income inequality. In 2020, the Gini index across the state of Minnesota was 0.4491, lower than the national average of 0.4817.^[12] In Lake Region Healthcare Corporation’s service area, income inequality is the greatest in Stevens County at 0.5003 and lowest in Barnesville (0.3972).^[12]

Figure 11: Household Income Distribution, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)



Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Tables DP03.

A Cost-of-Living Study was developed by the Labor Market Information (LMI) office and the Department of Employment and Economic Development (DEED) to provide an estimate of basic-needs cost of living in Minnesota for individuals and different family sizes, by county, region and statewide. To calculate cost of living expense, the following categories were included in the study – food, housing, health care, transportation, child care, other necessities, and net taxes. In West Central Minnesota, a typical family of two adults and one-child, with one adult working full-time and one part-time for a combined 60 work hours per week, need to earn an estimated \$47,820 or \$15.33 per hour to meet basic needs, not accounting for any emergency situation. Highest living expense categories are food, housing and transportation. As of January 2022, the minimum wage in the state is \$10.33 an hour for large employers and \$8.42 an hour for other state minimum wages^[13], well below what is determined to be a self-sufficient wage. According to the MN Department of Employment and Economic Development, the median wage paid to workers across all occupations in West Central MN in 2021 was \$19.40 per hour, lower than the state average of \$23.81 per hour, but 127% of the cost of living. Overall, West Central MN had the 6th lowest median hourly wage of the 13 economic development regions in the state. Wages were highest for management occupations (\$38.58) and lowest for food preparation and serving related jobs (\$13.71).

Table 4: Basic Needs Cost of Living Estimates for a Single Adult (2021)

	Single Yearly Cost of Living	Required Hourly Wage	Monthly Cost						
			Child Care	Food	Health Care	Housing	Transportation	Other	Taxes
Minnesota	\$33,708	\$16.21	\$0	\$359	\$157	\$903	\$663	\$345	\$382
Grant	\$29,751	\$14.30	\$0	\$359	\$152	\$612	\$759	\$266	\$331
Otter Tail	\$28,340	\$13.63	\$0	\$354	\$152	\$573	\$722	\$254	\$307
Stevens	\$26,028	\$12.51	\$0	\$354	\$152	\$642	\$492	\$273	\$256
W. Central Region	\$28,524	\$13.71	\$0	\$354	\$152	\$621	\$677	\$267	\$306

Source: MN Department of Employment and Economic Development. Cost of Living in Minnesota, 2021. Retrieved from: <https://mn.gov/deed/data/data-tools/col/>.

Table 5: Basic Needs Cost of Living Estimates for a Family of 3 (2021)

	*Family Yearly Cost of Living	Required Hourly Wage	Monthly Cost						
			Child Care	Food	Health Care	Housing	Transportation	Other	Taxes
Minnesota	\$60,540	\$19.40	\$579	\$822	\$561	\$1151	\$772	\$540	\$620
Grant	\$48,748	\$15.62	\$252	\$821	\$538	\$756	\$891	\$432	\$372
Otter Tail	\$47,515	\$15.23	\$242	\$810	\$538	\$756	\$846	\$429	\$339
Stevens	\$41,753	\$13.38	\$185	\$809	\$538	\$756	\$559	\$429	\$203
W. Central Region	\$47,820	\$15.33	\$263	\$810	\$538	\$799	\$789	\$440	\$346

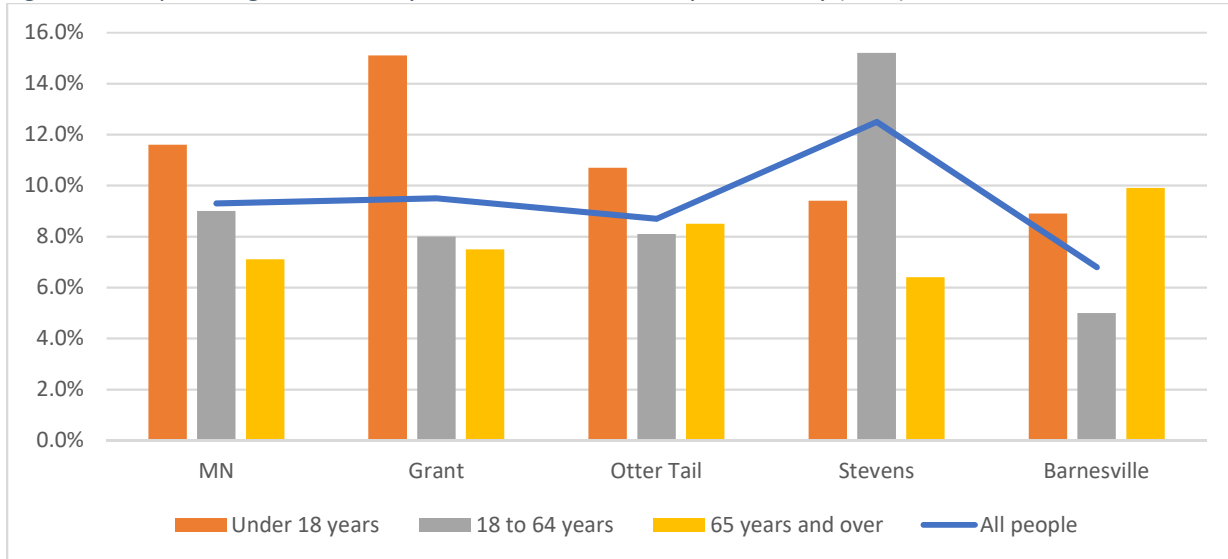
Source: MN Department of Employment and Economic Development. Cost of Living in Minnesota, 2021. Retrieved from: <https://mn.gov/deed/data/data-tools/col/>.

*Typical Family of 3: 2 Adults (1 working full-time, 1 part-time), 1 child.

Poverty

Poverty in Lake Region Healthcare Corporation’s service area (9.2%) is comparable to the statewide average (9.3%). However, there is variation across the communities, with the highest proportion of residents living below poverty level in Stevens County (12.5%) and the lowest in Barnesville (6.8%). In comparing the data from the ACS Survey in 2016, poverty rate decreased for all communities with the exception of Barnesville where the poverty rate more than doubled over the past 4 years (2.9% to 6.8%).

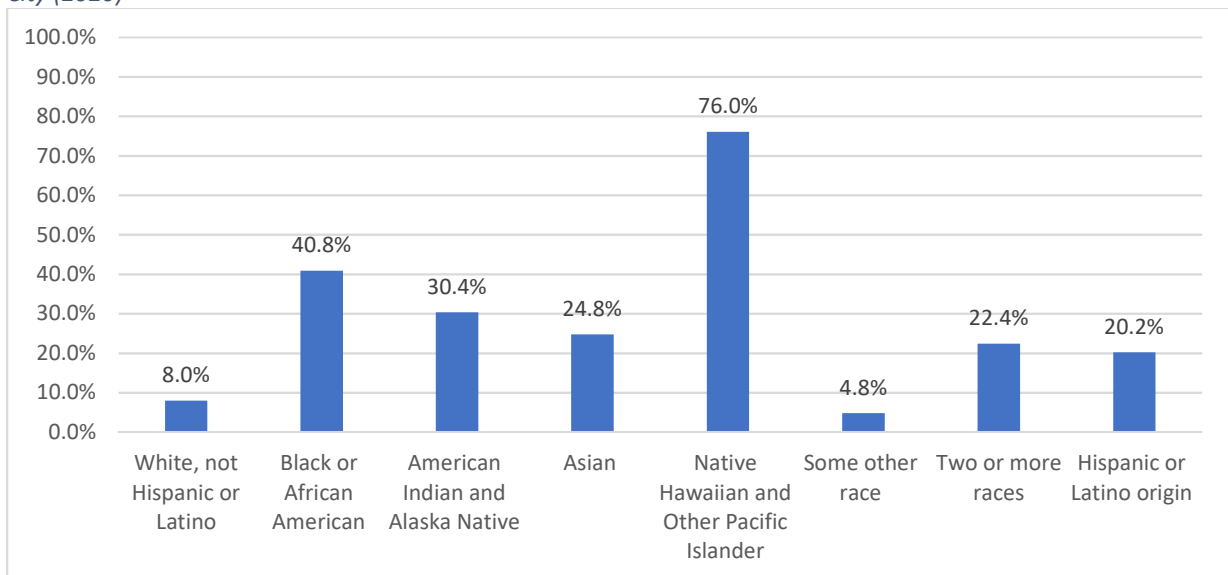
Figure 12: People Living Below Poverty Level, Past 12 Months, by Community (2020)



Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Tables DP03

In general, individuals living at or below poverty level struggle to meet basic needs and therefore tend to be in poorer health, food insecure, experience chronic stress, live in unsafe and under-resourced neighborhoods, and experience substandard housing and more frequent moves.^[14]

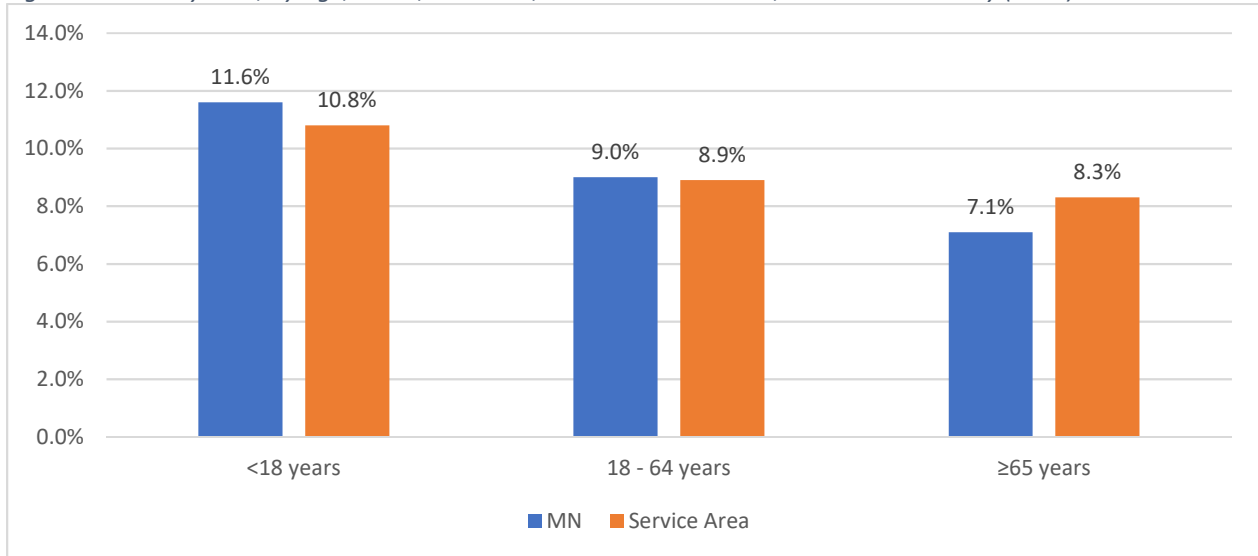
Figure 13: People Living Below Poverty, by Race/Ethnicity, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)



Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Tables S1701.

When analyzed by race and ethnicity, rates of poverty in the region among racial and ethnic minority groups are generally higher than non-Hispanic White. This is especially true for the region’s Native Hawaiian and other Pacific Islander (76.0%) and Black/African American (40.8%) residents. It is important to note that the rate of poverty among Native Hawaiian and Other Pacific Islander may be skewed due to a very small sample size. Only less than 30 residents in Lake Region Healthcare Corporation’s service area identify as Native Hawaiian and Other Pacific Islander.

Figure 14: Poverty Rate, by Age, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)



Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Tables DP03.

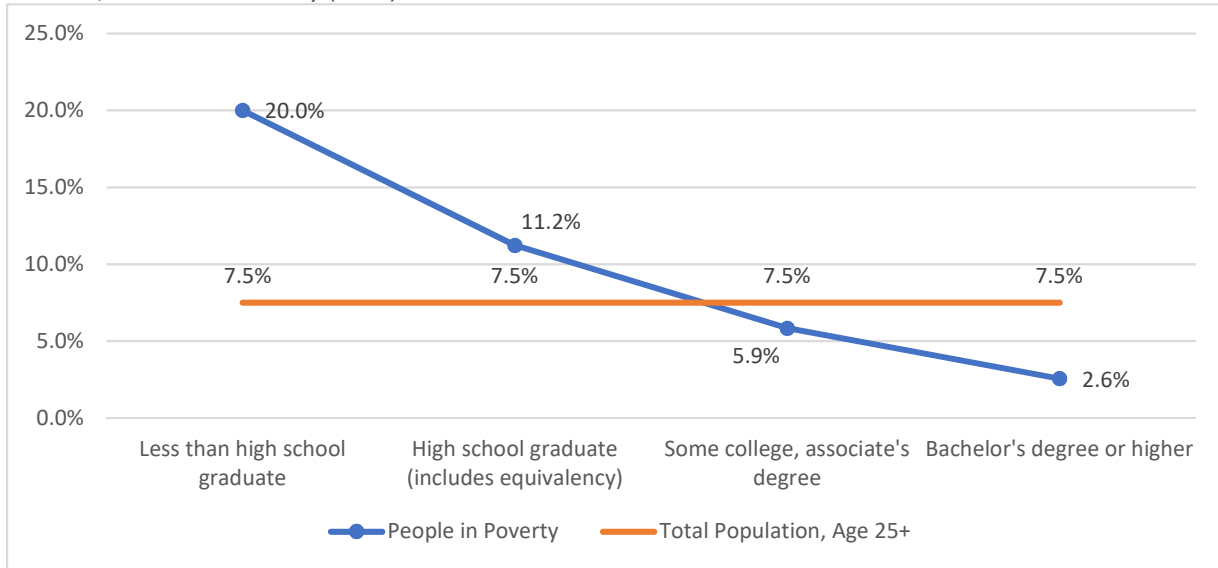
In Lake Region Healthcare Corporation’s service area, poverty rate is highest among children under the age of 18 years. This is pretty consistent across all the communities except for Stevens County where rate of poverty is highest among residents between the ages of 18 to 64 years (15.2%). It is significantly high in the 18-to-34-year age bracket (23.0%), indicating that the college student population in the University of Minnesota Morris campus may skew the poverty rate for Stevens County. As Figure 14 shows, poverty rate among residents age 65 years and older is slightly higher in our region (8.3%) compared to statewide average (7.1%) emphasizing the social implications of our aging population.

Table 6: Poverty Rate by Educational Attainment, Population 25 years and Older, by Community (2020)

	Minnesota	Grant	Otter Tail	Stevens	Barnesville
Less than high school	22.6%	12.9%	18.5%	48.0%	0.0%
High school graduate	10.5%	10.8%	11.4%	10.4%	11.9%
Some college, associate’s degree	7.1%	5.7%	6.1%	4.1%	5.1%
Bachelor’s degree or higher	3.0%	2.8%	2.8%	1.4%	1.1%

Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Tables S1701.

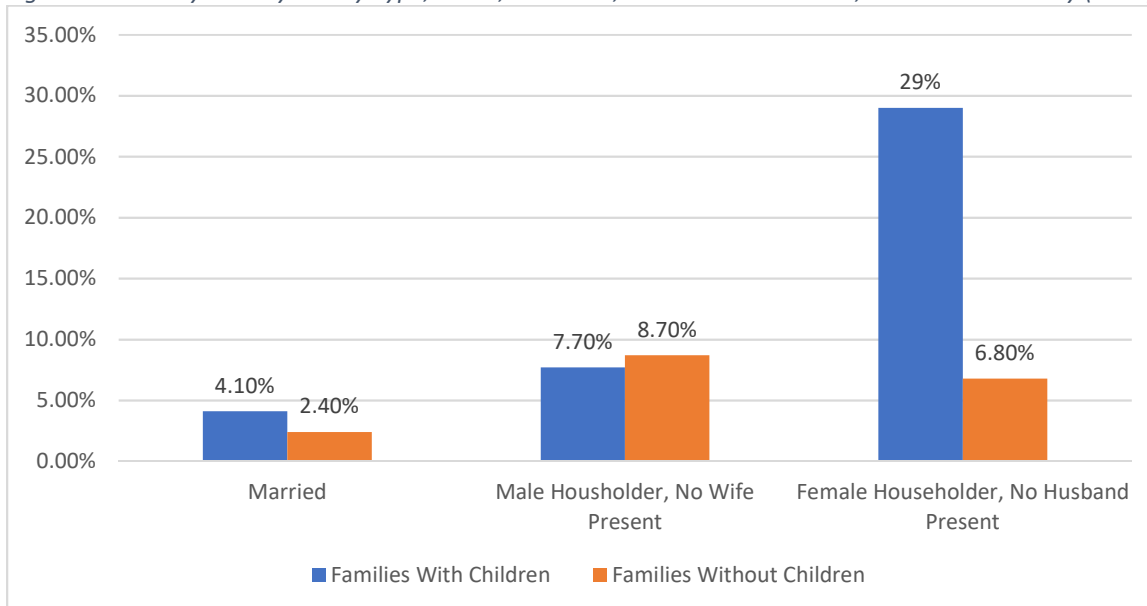
Figure 15: People Living in Poverty vs. Total Population of 25 Years and Older, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)



Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Tables S1701.

Overall poverty rate for people aged 25 and older is 7.5%. However, as Table 6 and Figure 15 show, educational level attained by individuals has a dramatic impact on poverty. This gives credence to the benefits of higher education in being financially stable with only 2.6% of those with a bachelor's degree or higher living below the poverty level compared to 20% with less than a high school education. Poverty rate progressively decreases with higher level of education.

Figure 16: Poverty Rate by Family Type, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2020)



Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Tables DP03.

When looking at the families with income below poverty, 66.4% of families in poverty are families with children under 18 years of age. Poverty is most prevalent among single female headed households with

children, making up 39.3% of all families in Lake Region Healthcare Corporation’s service area with income below poverty.

Health Insurance

Access to quality, affordable, and timely health care is critical for an individual to achieve the best possible health outcome. Affordability was one of the leading barriers to accessing health care identified by focus group participants. This ties in with not having an insurance, being underinsured or having an insurance that a provider does not accept.

Although the rate of uninsured has continued to decrease after the passage of the Affordable Care Act which took effect in 2014, there are still pockets of residents across the nation who do not have health care coverage. Percentage of uninsured residents across Lake Region Healthcare’s service area is comparable to statewide average at 4.8% vs. 4.5%, respectively. Highest uninsured rate in the region is in Grant County (5.4%) while the lowest is Barnesville (3.2%). In addition to the declining rate of uninsured, a growing proportion of region residents are covered by public health insurance (40.4%), higher than statewide average of 33.0%. Again, this may be attributable to the Affordable Care Act and the resulting expansion of Medicaid.

Table 7: Health Coverage, by Community (2020)

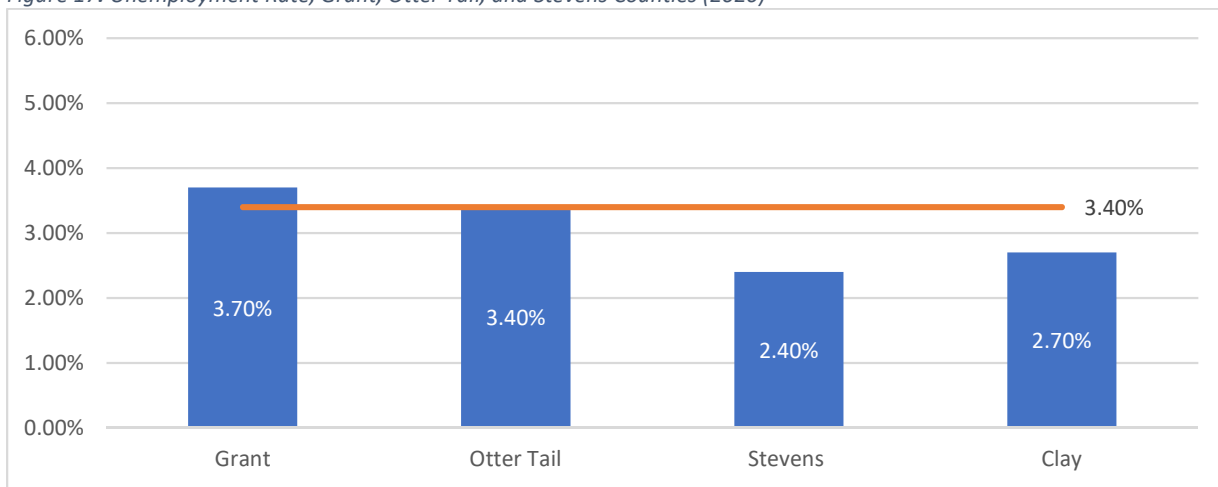
	Minnesota	Grant County	Otter Tail County	Stevens County	Barnesville	Service Area
Uninsured	4.5%	5.4%	5.0%	3.7%	3.2%	4.8%
Public Coverage	33.0%	49.0%	41.8%	31.2%	24.3%	40.4%

Source: US Census Bureau. 2020 American Community Survey 5-Year Estimates. Tables DP03.

Unemployment

Economic health is the driving force for opportunities and growth in our region. While not the only indicator of well-being, quality economic opportunities contribute significantly to income which in turn impacts access to quality healthcare, education, and overall is positively associated with health-related quality of life.^[15] Unemployment in Lake Region Healthcare Corporation’s service area ranged 2.4% in Stevens County to 3.7% in Grant County in 2021. In general, this is the lowest unemployment rate in these communities in the past 9 years.

Figure 17: Unemployment Rate, Grant, Otter Tail, and Stevens Counties (2020)



Source: MN Employment and Economic Development. MN Unemployment Local Area Unemployment Statistics Data.

*Data for Clay County was used as a representative for Barnesville City.

The labor market has grown extremely tight over the past few years and projection for our region by MN State Demographic Center shows that we will see a decline of 4.3% in labor force over the next decade. Several focus group participants expressed concern for our workforce shortage which limits our capacity to care for our community members. This was an issue that was brought up in the previous CHNA cycle. And as a participant stated, the COVID-19 pandemic accelerated and exacerbated the situation.

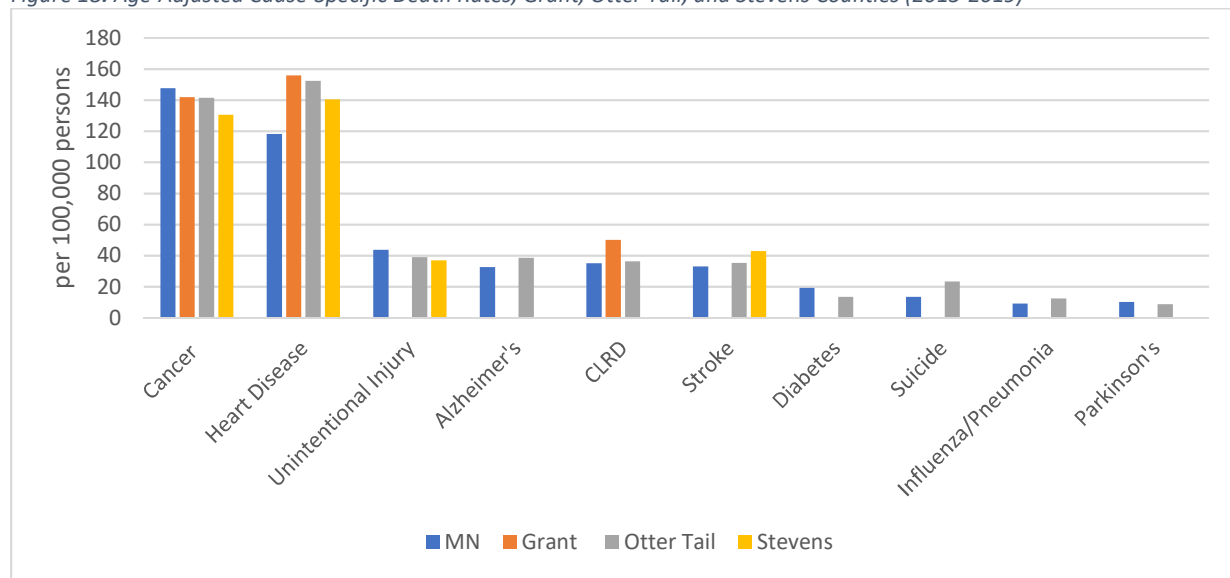
Health Outcomes

Health outcomes represent the health status of the community. They are influenced by various factors such as quality of clinical care received, income, race and ethnicity, where one lives and works, policies and programs.^[16]

Leading Causes of Death

According to the vital statistics data, cancer and heart disease are the leading causes of death in the state of Minnesota. When adjusted for age, heart disease was the leading cause of death across Grant, Otter Tail and Stevens counties between 2015 – 2019. Death rates per 100,000 persons due to heart disease in the three counties in our service area were higher than the state as demonstrated in Figure 18.

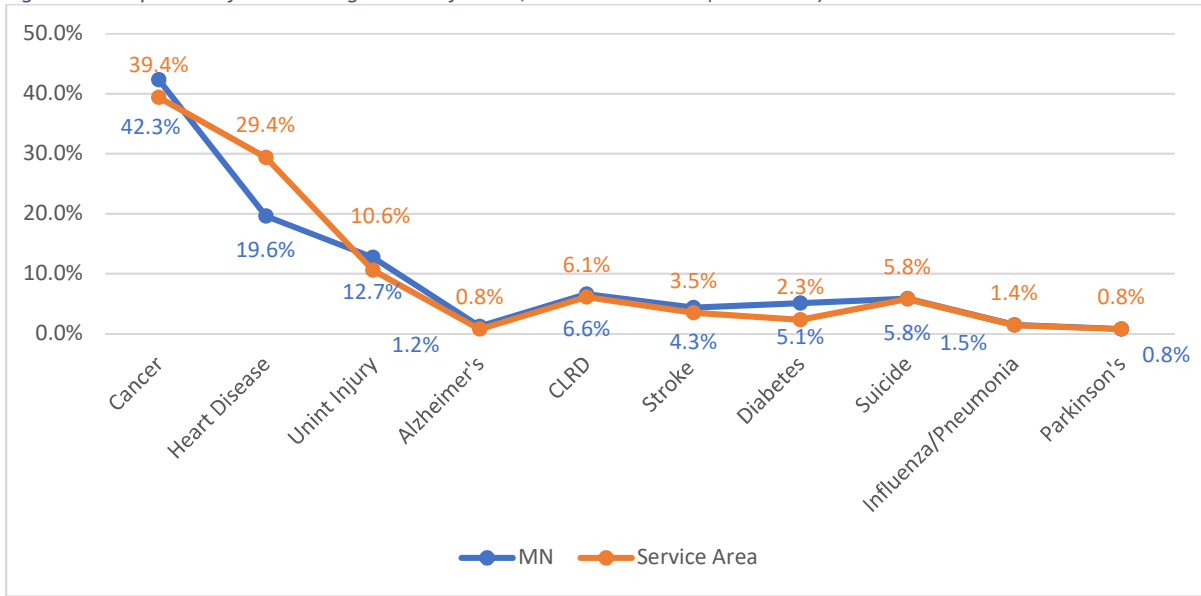
Figure 18: Age-Adjusted Cause-Specific Death Rates, Grant, Otter Tail, and Stevens Counties (2015-2019)



Source: 2019 MN County Health Tables.

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 leads heart disease by a significant margin for the same time period. Close to 40% of the premature deaths during 2015 to 2019 were due to cancer, while 29.4% were a result of heart disease. It is notable that the proportion of premature deaths due to heart disease in the three counties were significantly higher than the state (19.6%).

Figure 19: Proportion of Ten Leading Causes of Death, Premature Death (2015-2019)



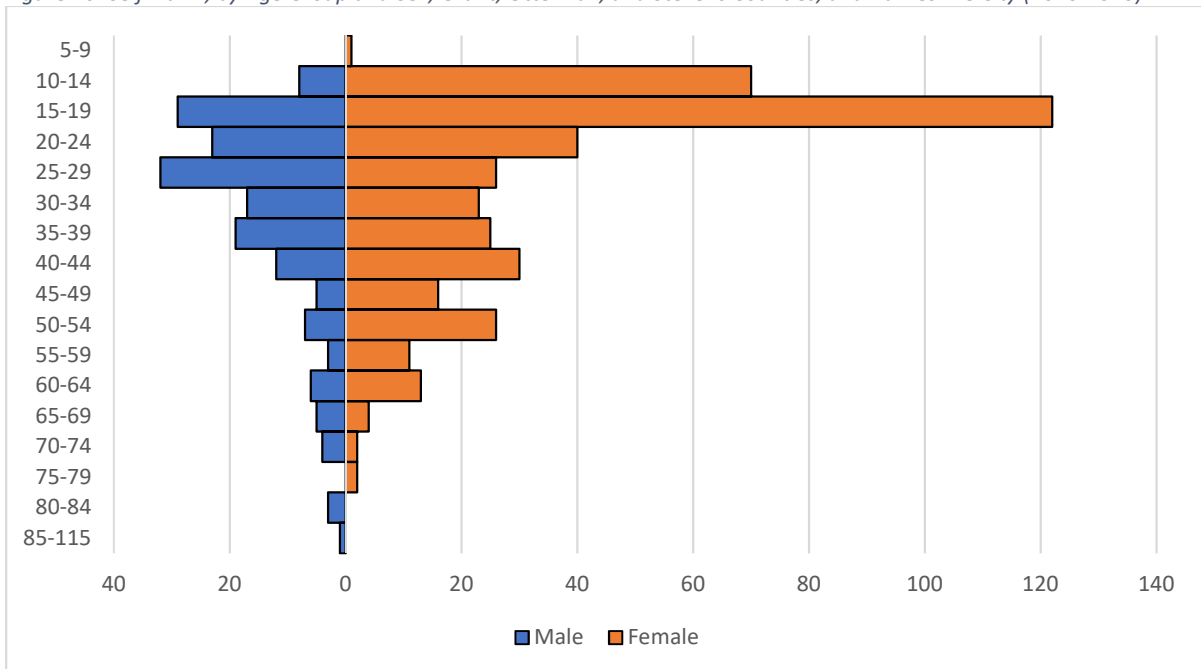
Source: 2019 MN County Health Tables.

*Service Area – Grant, Otter Tail, and Stevens Counties

Suicide

Between 2015 and 2019, suicide or death by intentional self-harm, is the eight-leading cause of death in Minnesota. In 2019, there were 830 recorded suicides in the state, marking the highest annual count in the past two decades. Of the 830 deaths, 77% percent were males who primarily die using firearms. Among females who died of suicide, primary means of death is suffocation or poisoning.

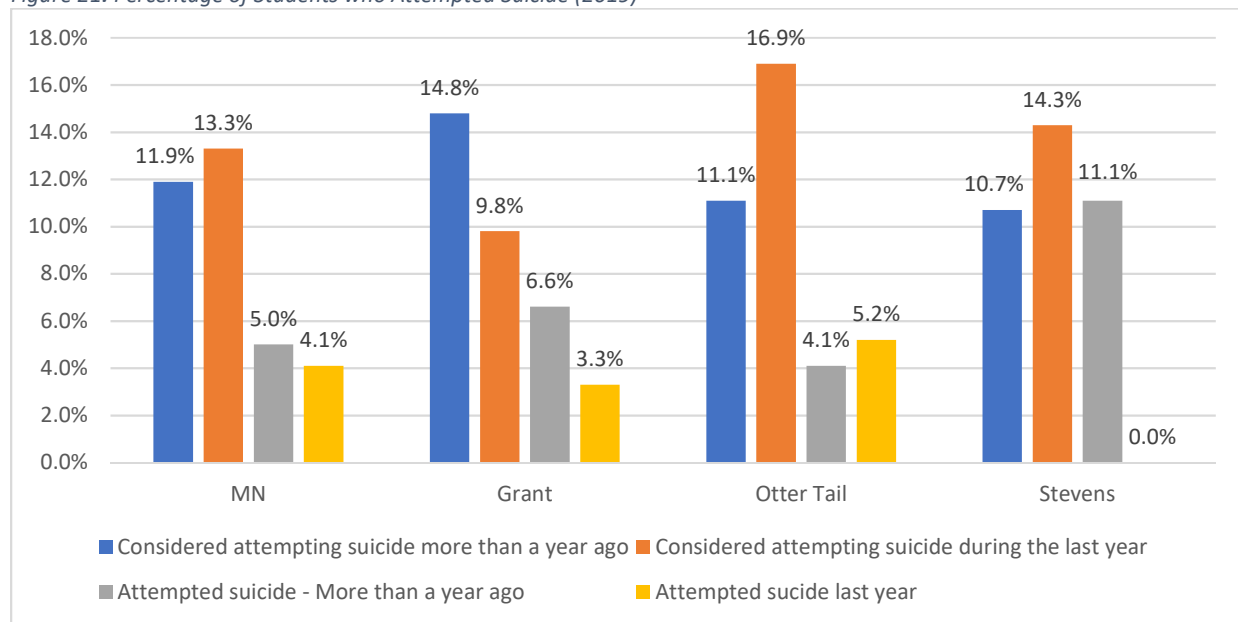
Figure 20: Self-Harm, by Age Group and Sex, Grant, Otter Tail, and Stevens Counties, and Barnesville City (2016-2020)



Source: MN Injury Data Access System. 2016-2020 Hospital-Treated Suicidal and Self-Harm Injury.

Between 2016 and 2020, there were a total of 585 events in Grant, Otter Tail and Stevens counties that involved nonfatal suicide attempts and intentional self-harm treated in the hospital. Most common type of injuries were due to drug poisoning and cutting/stabbing. A significantly disproportionate number of these self-harm events involved females particularly those in the 15-19 year age group, which is consistent to past research.^[17] This is supported by the data from the Minnesota Student Survey which shows relatively high suicidal ideation among youth across the state, particularly among female adolescents. Approximately two thirds of 9th graders who attempted suicide in the past year were females. This data emphasizes the need for a comprehensive suicide prevention intervention that reduces suicide risk factors, promotes resilience and increases protective factors.

Figure 21: Percentage of Students who Attempted Suicide (2019)

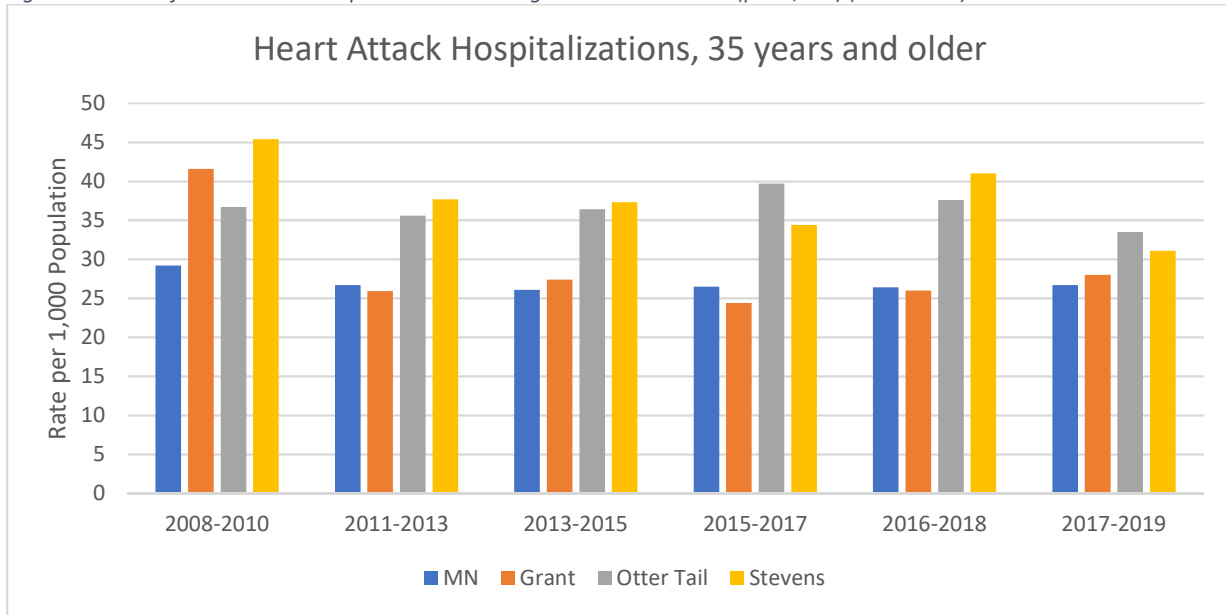


Source: 2019 Minnesota Student Survey.

Heart Disease

Between 2015 and 2019, heart disease was the leading cause of death in Grant, Otter Tail and Stevens counties. As shown in Figure 18, age-adjusted death rate across the three counties were noticeably higher than the state average. Heart disease or cardiovascular disease includes a range of problems that affect the heart such as heart attack, atherosclerosis, stroke, heart failure, arrhythmia, heart infections, cardiomyopathy, and heart valve problems.^[18] According to the CDC, common risk factors for heart disease are tied to lifestyle choices such as smoking, poor diet, physical inactivity, and excessive alcohol use. Medical conditions that also pose as risk factors include diabetes, high blood pressure, high LDL cholesterol, and being overweight or obese.^[18] Figure 22 shows the rate of heart attack hospitalizations in Grant, Otter Tail and Stevens counties over the past 10 years. In the more recent years, heart attack hospitalizations in Otter Tail and Stevens counties were particularly higher compared to the state's average rate.

Figure 22: Rate of Heart Attack Hospitalizations among 35 Years and Older (per 1,000) (2008-2019)

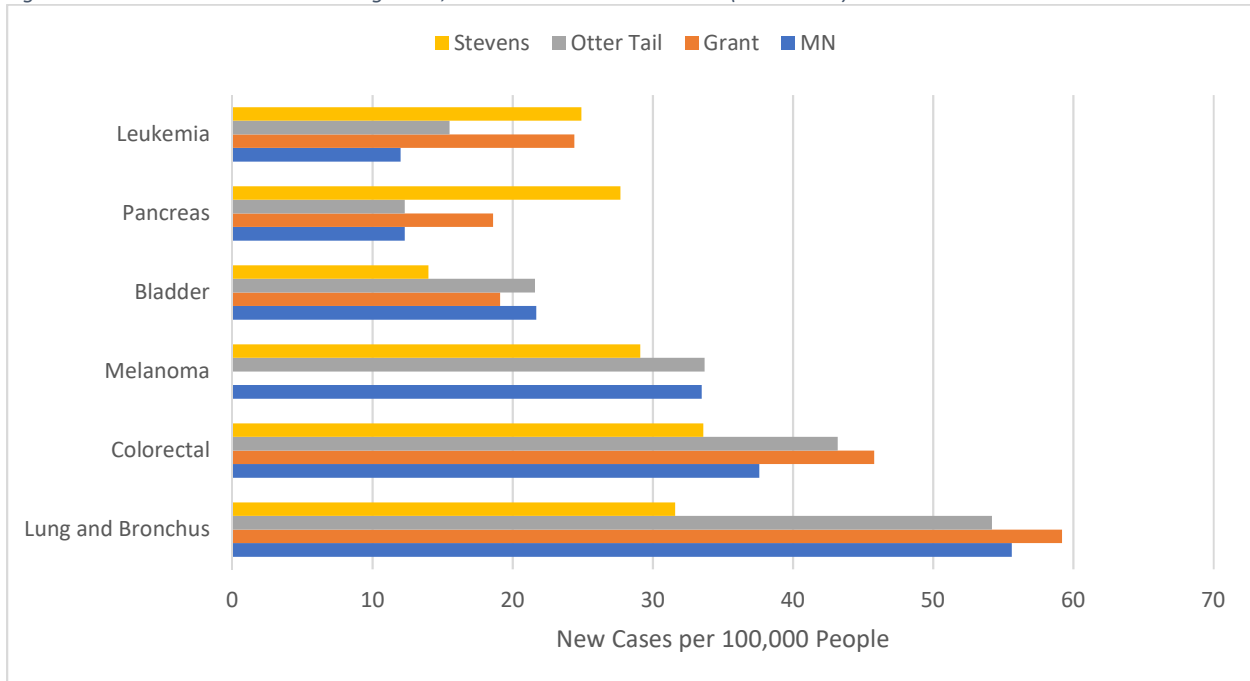


Source: MN Public Health Data Access. Environmental Public Health Tracking Program.

Cancer

Incidence rate of cancer per 100,000 people is higher in Grant (485.7) and Otter Tail (474.9) counties compared to the statewide average (462.1). The two most common cancer across the three counties are lung and bronchus and colorectal cancers. When stratified by sex, breast cancer is the most common cancer among women in the three counties and the state, while lung and bronchus cancer is the most common among men.

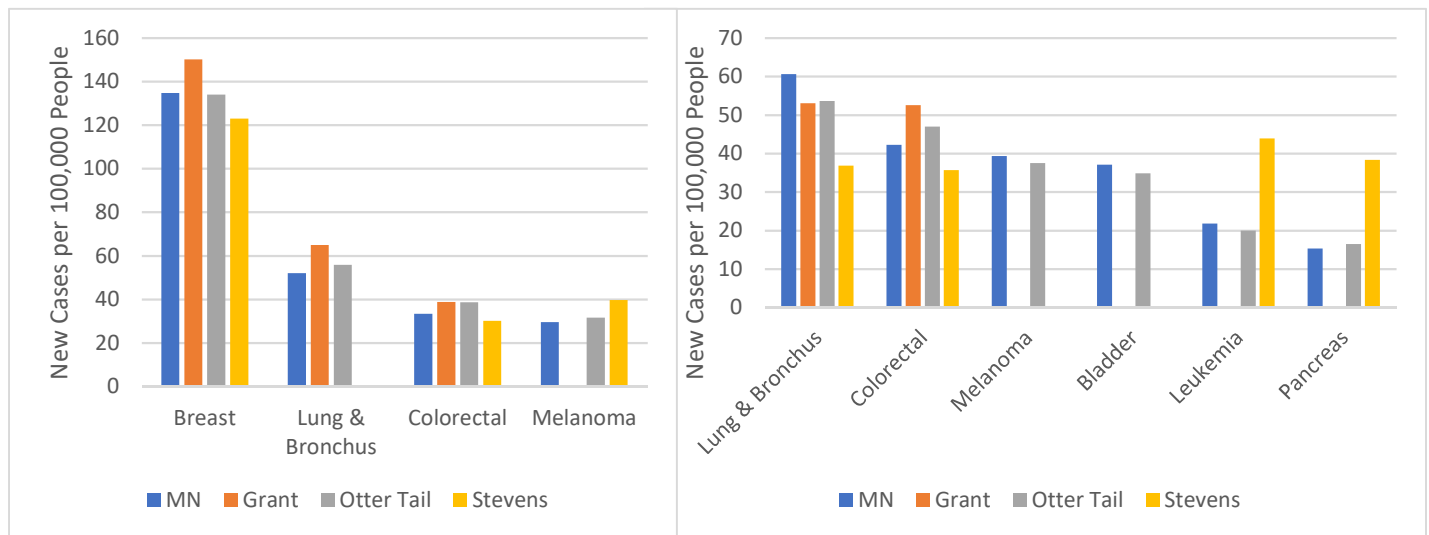
Figure 23: Most Common Cancers Diagnosed, Male and Female Combined (2014-2018)



Source: MN Public Health Data Access. MN Cancer Reporting System.

A recent study published in The Lancet suggests that on 2010 and 2019, approximately 44% of all cancer deaths and 42% of healthy years of life lost are attributable to preventable behavioral risk factors. The leading risk factors globally were smoking, alcohol use and high BMI. [19] Focusing on primary cancer prevention, such as cancer screening and working at a population or policy level to support an environment that minimizes exposure to cancer-causing risk factors.

Figure 24: Most Common Cancers Diagnosed, Female and Male (2014-2018)



Source: MN Public Health Data Access. MN Cancer Reporting System.

The Covid-19 pandemic and the resulting situation such as temporary closures of facilities, staffing shortage and fear of getting COVID, had an immediate impact on cancer screening. According to a study, [20] there was a decline in breast, colorectal and prostate cancer screenings between the months of March through May of 2020 compared to the same period in 2019. Implications of these missed or delayed screenings on cancers being diagnosed at a more advanced stage, therefore leading to more deaths, is a huge concern. A multi-pronged approach is needed to close the screening gap.

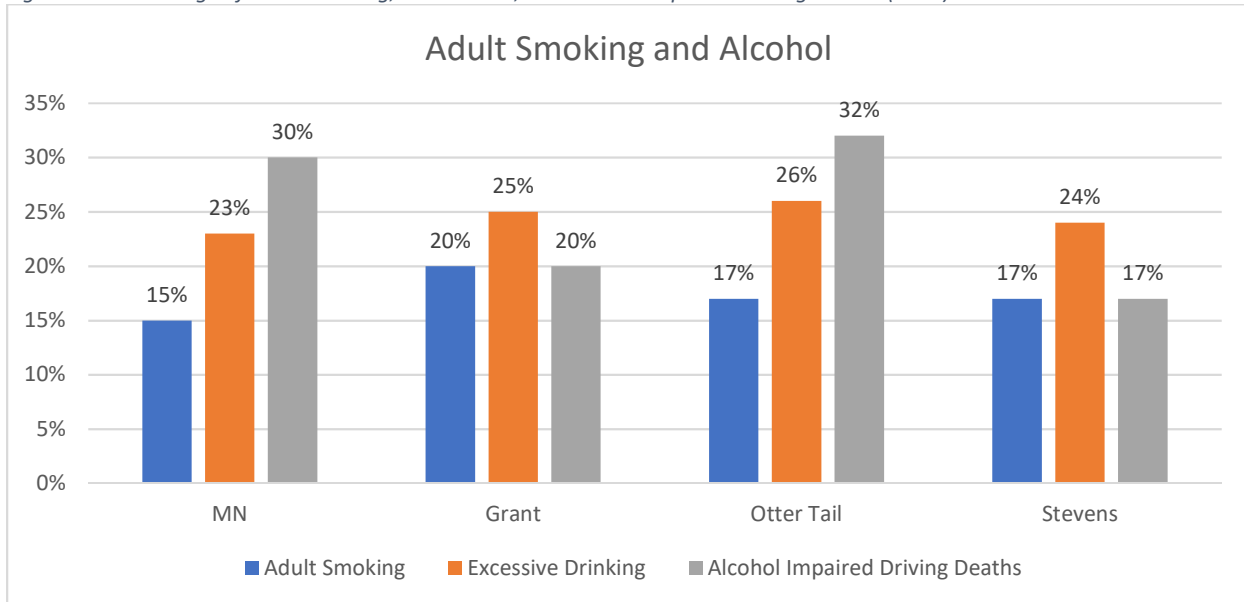
Health Behavior

Health behaviors shape an individual’s health and wellbeing. Many of the premature deaths and diseases in the United States are associated with behavioral factors such as tobacco use, physical inactivity, and poor nutrition, which are considered to be preventable. [21] However, it is vital to acknowledge that there are also complex societal factors that influence health behaviors, such as income and access to opportunities to make healthy choices. Addressing behavior change requires an approach that not only encourages the individual to engage in healthy behaviors, but also lives in an environment that supports making healthy decisions. [22]

Substance Use

Overall, alcohol is the most prevalent substance used across the service area. According to the data from County Health Rankings, adult excessive drinking in Grant, Otter Tail and Stevens counties were slightly higher than Minnesota average. It is notable that motor-vehicle deaths with alcohol involvement is particularly high in Otter Tail County (32%).

Figure 25: Percentage of Adult Smoking, Alcohol Use, and Alcohol Impaired Driving Deaths (2019)



Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. (2022).

Similar to adults, alcohol was the most prevalent substance used by youth, followed closely by vaping. Lifetime alcohol use among 9th graders were higher in the three counties in our service area compared to the statewide average. Binge drinking, defined as having 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women, is a harmful risk behavior associated with many health problems such as unintentional injuries, violence, sexually transmitted diseases, chronic disease and cancer. [23] According the 2019 MN Student Survey, slightly more female 9th graders reported binge drinking in the past 30 days, except among students in Stevens County.

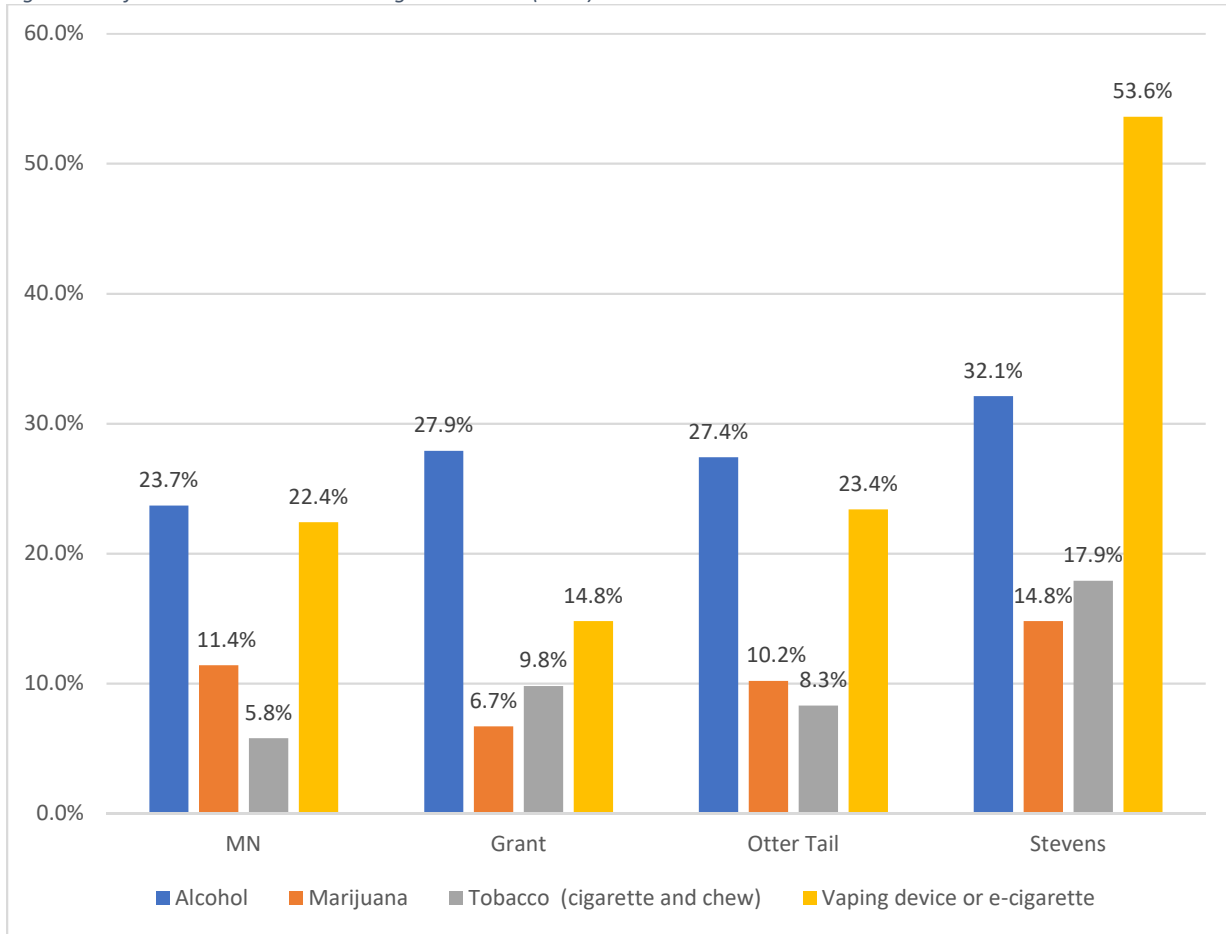
Table 8: Binge Drinking among 9th Graders (2019)

	Minnesota	Grant County	Otter Tail County	Stevens County
Female Binge Drinking	2.6%	5%	3.9%	0%
Male Binge Drinking	1.8%	0%	2.8%	11.5%

Source: 2019 MN Student Survey.

Vaping is widespread in Stevens County with over half of 9th graders using or at least having tried vaping. This pattern mirrors what is seen nationwide with the Surge General’s Advisory stating that e-cigarettes have been the most commonly used tobacco product among US youths since 2014. [24]

Figure 26: Lifetime Substance Use among 9th Graders (2019)

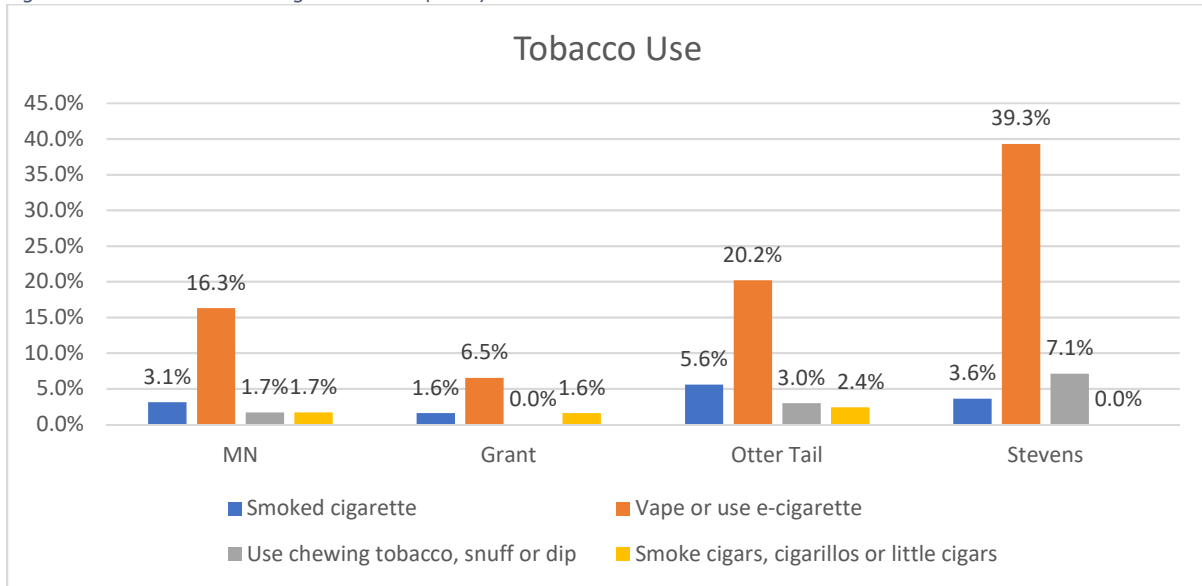


Source: 2019 MN Student Survey.

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.^[24] In addition, use of nicotine in adolescence has been shown to increase risk for future addiction to other drugs.^[25] Among youths who currently use tobacco products, a significant majority use e-cigarettes. Dr. Nora Volkow, Director of National Institute of Health’s National Institute on Drug Abuse explains that popularity of vaping among youth is due to the “marketable technology and flavorings seen in vaping devices.”

Otter Tail County was the first county in Minnesota to pass the Tobacco 21 (T-21) ordinance which took effect on January 1, 2019. The T-21 ordinance raised the legal purchasing age of tobacco products within the county from 18 to 21, with a grandfathering clause to those born on or before December 31, 2020. However, in December 2019, a federal Tobacco 21 law was passed which raised the national purchase age for all tobacco products, including e-cigarettes, to 21 years, without exemptions. The law places the responsibility on retailers who face fines for selling any tobacco products to a minor under the age of 21.

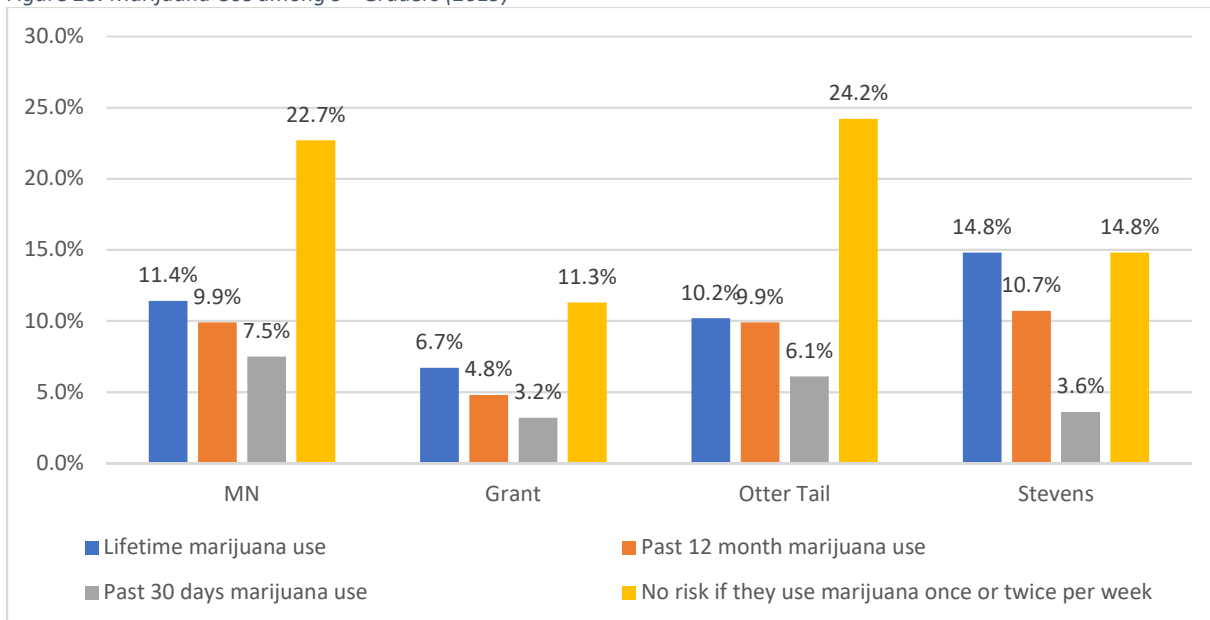
Figure 27: Tobacco Use among 9th Graders (2019)



Source: 2019 MN Student Survey.

Marijuana use among youth is another growing concern. An estimated 1 in 10 9th graders in the three counties we serve have tried marijuana. Among alcohol, cigarette, prescription drug and e-cigarette use, use of marijuana once or twice a week is the one largely perceived to be unlikely to cause harm. A study showed that “individuals who perceived cannabis as low-risk were six times more likely to have used cannabis in the past year than individuals who perceived the drug as high risk.” [26] Research has shown the adverse effects cannabis has on a developing brain.

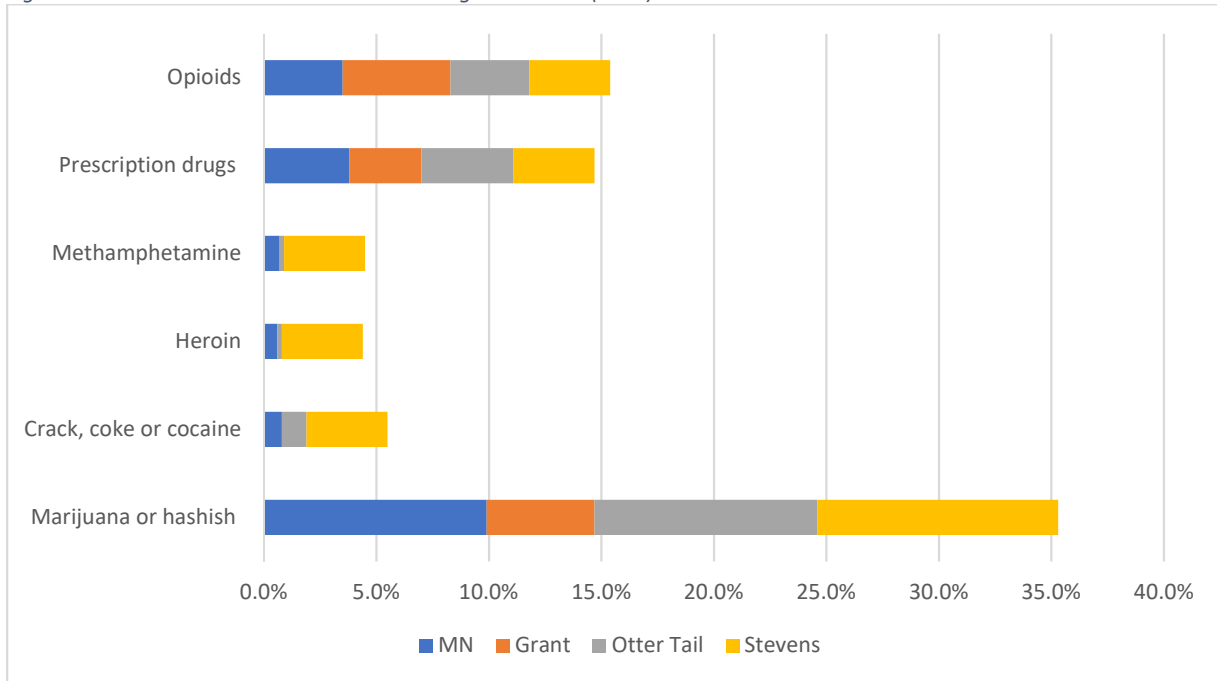
Figure 28: Marijuana Use among 9th Graders (2019)



Source: 2019 MN Student Survey.

After marijuana, opioids and other prescription drugs were the next most prevalent illegal substances used in the past 12 months.

Figure 29: Past 12 Month Substance Use among 9th Graders (2019)

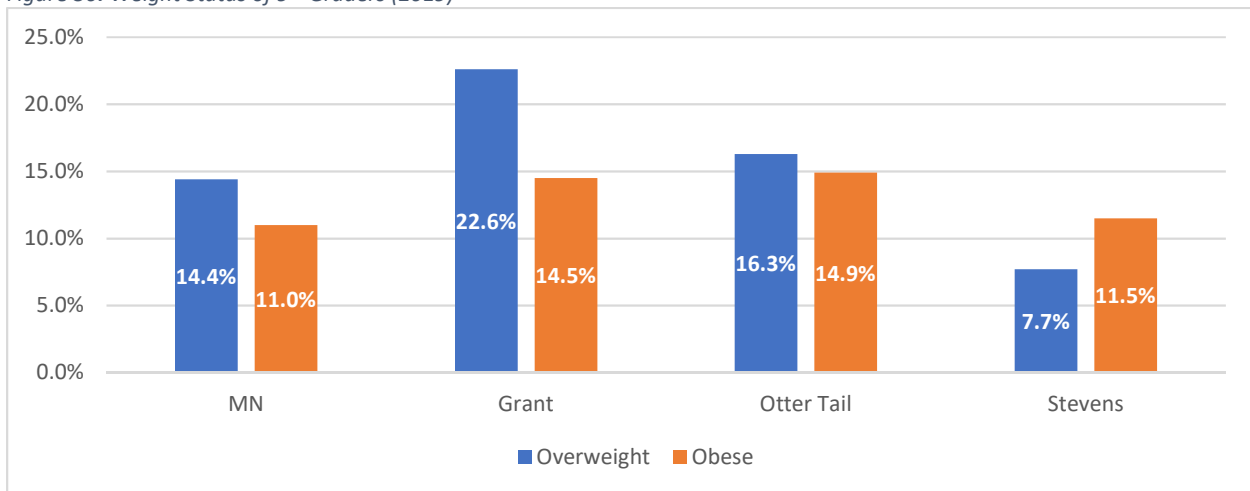


Source: 2019 MN Student Survey.

Obesity, Physical Activity and Nutrition

Weight, physical activity and healthy eating have been topics in the national spotlight for quite some time due to the prevalence of obesity across all age groups. Weight management and obesity continue to be a concern in our community as the results of the community survey conducted in Summer 2021 and Spring 2022 indicated. It was cited as the second most prevalent health concern for children, adolescents and adults and the issue that is most preventable (see Figures 44 and 47). This concern is corroborated by the results from the MN Student Survey and the Behavioral Risk Factor Surveillance System seen in Figures 30 and 31.

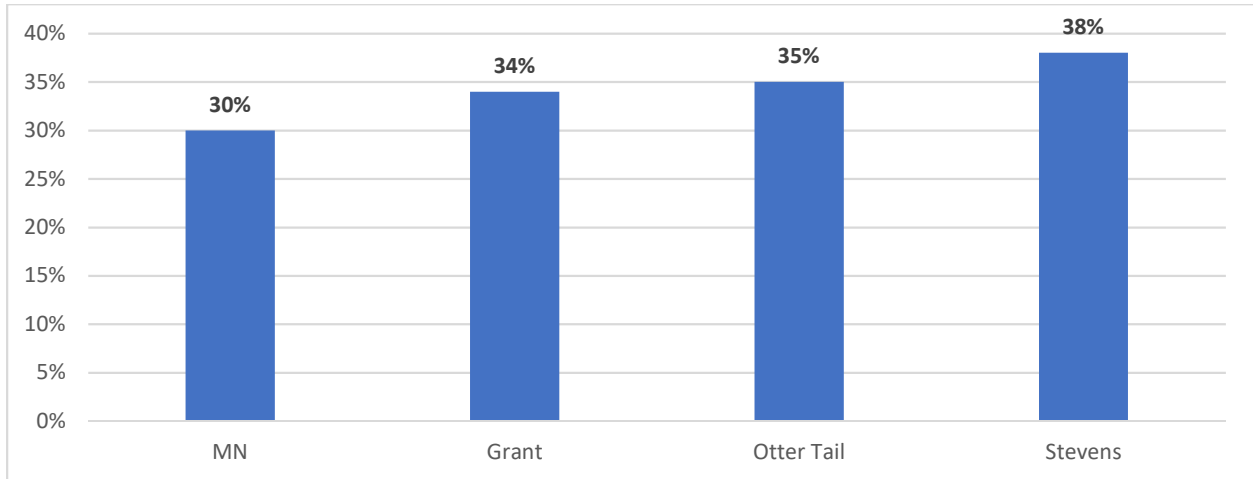
Figure 30: Weight Status of 9th Graders (2019)



Source: 2019 MN Student Survey.

Proportion of 9th grades students whose BMI falls in the overweight and obese category was approximately 31% across the three counties in Lake Region Healthcare Corporation’s service area compared to just 25% statewide. A similar picture is painted among adults where about 1 in 3 are obese. These numbers are alarmingly high and can have a significant impact on our health, the healthcare system and the economy.

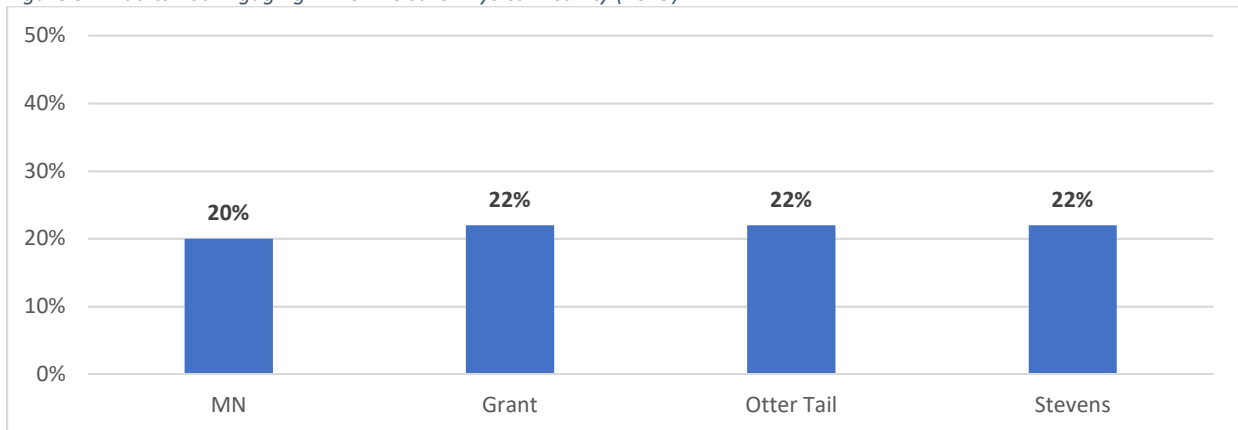
Figure 31: Weight Status of Adults (2019)



Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. (2022).

According to the State of Obesity report,^[27] 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.^[28]

Figure 32: Adults not Engaging in Non-Leisure Physical Activity (2019)

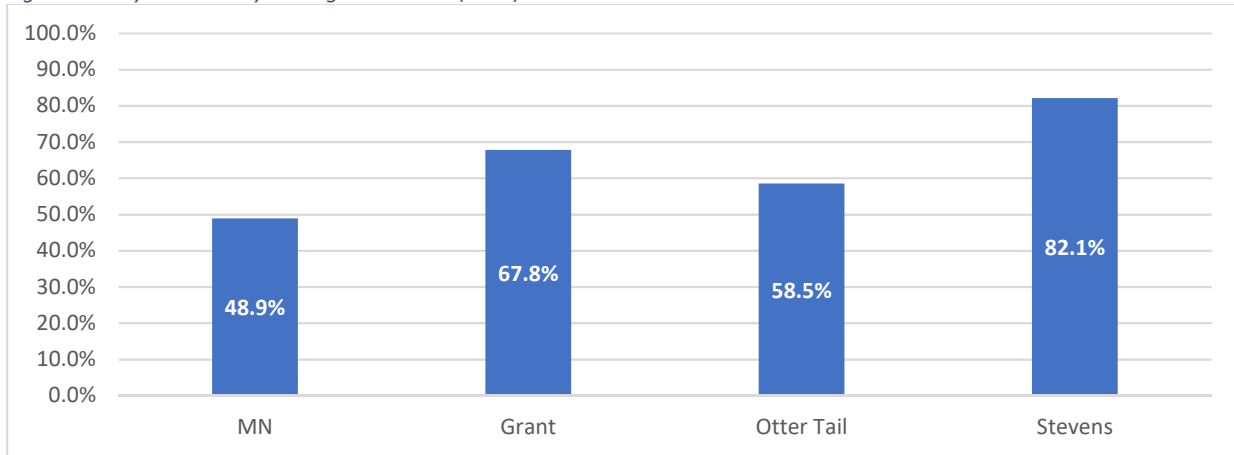


Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. (2022).

Across the whole state, 1 in 5 adults reported not participating in non-leisure physical activity in the past month. Youths in our service area engage in more physical activity than the statewide average. This is not surprising given that during the focus group sessions, many participants mentioned that one of the

biggest assets in our community is the open space and numerous opportunities to engage in physical activity.

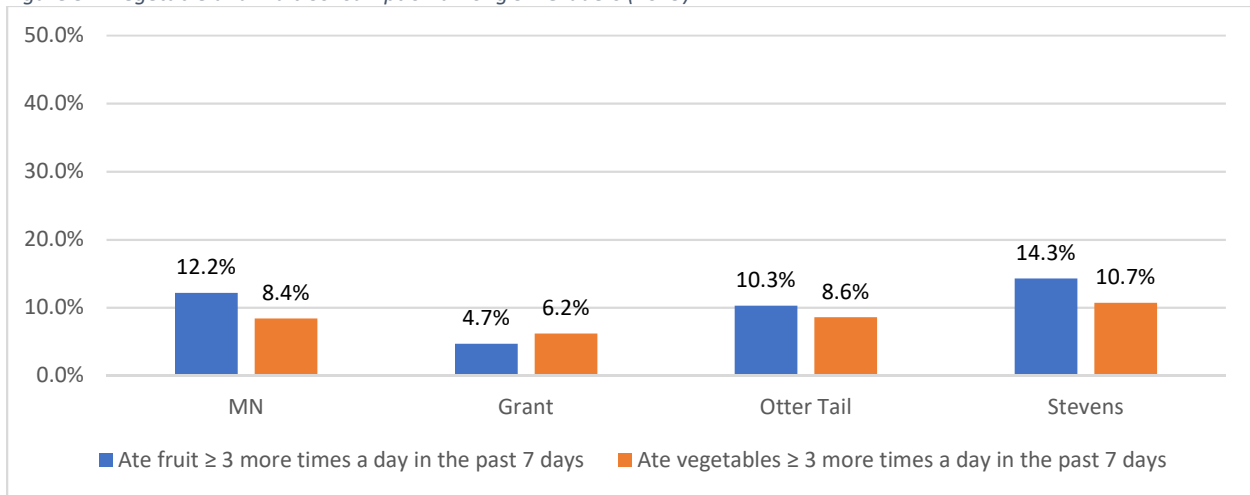
Figure 33: Physical Activity among 9th Graders (2019)



Source: 2019 MN Student Survey.

Data shows that there are opportunities to encourage and promote consumption of more fruits and vegetables among youth.

Figure 34: Vegetable and Fruit Consumption among 9th Graders (2019)

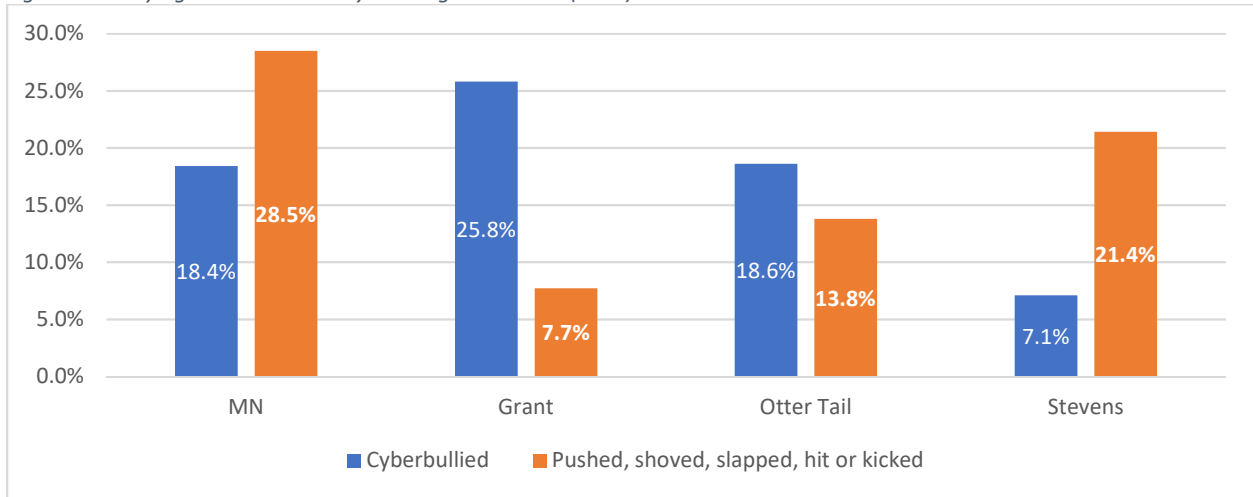


Source: 2019 MN Student Survey.

Bullying

Bullying is another concern that affects our youth. According to the MN Student Survey, cyberbullying, bullying that occurs over digital devices, seems to be more widespread in our communities. This is not surprising given the proliferation of smartphones and the rampant use of social media in recent years. Research has shown that cyber bullying has a negative effect on adolescents' health and wellbeing. Adolescents who experience cyberbullying have reported increased depression, anxiety, loneliness, suicidal behavior and somatic symptoms while those who engage in cyberbullying are more likely to report increased substance use, aggression and delinquent behaviors. ^[29] Among 9th graders, females are more likely to report being targets of cyber bullying in the past 30 days.

Figure 35: Bullying in the Past 30 Days among 9th Graders (2019)

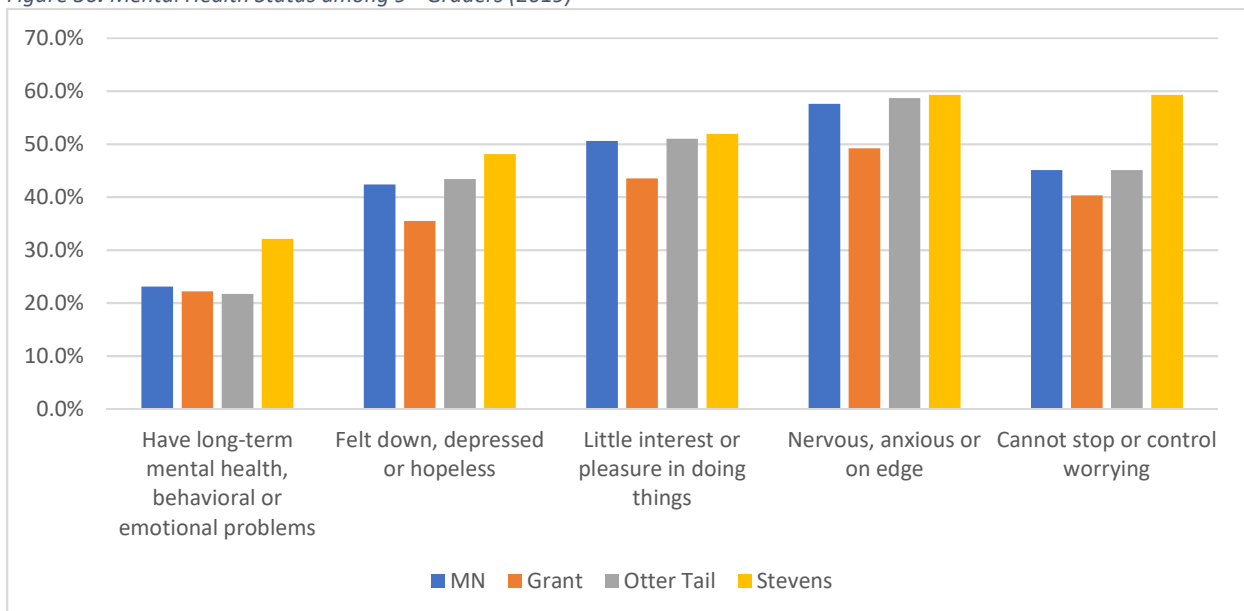


Source: 2019 MN Student Survey.

Mental Health

Mental health was one of the top issues cited during focus group sessions. Focus group participants mentioned the issues around the prevalence of mental illness in our community, impact of COVID-19 mitigation measures such as in-person school closures, limits on social gathering on community members’ mental health, lack of mental health providers and the strain it puts on other agencies within in the community. The results from the student survey show that a significant percentage of youth are experiencing some mental health conditions in the past two weeks.

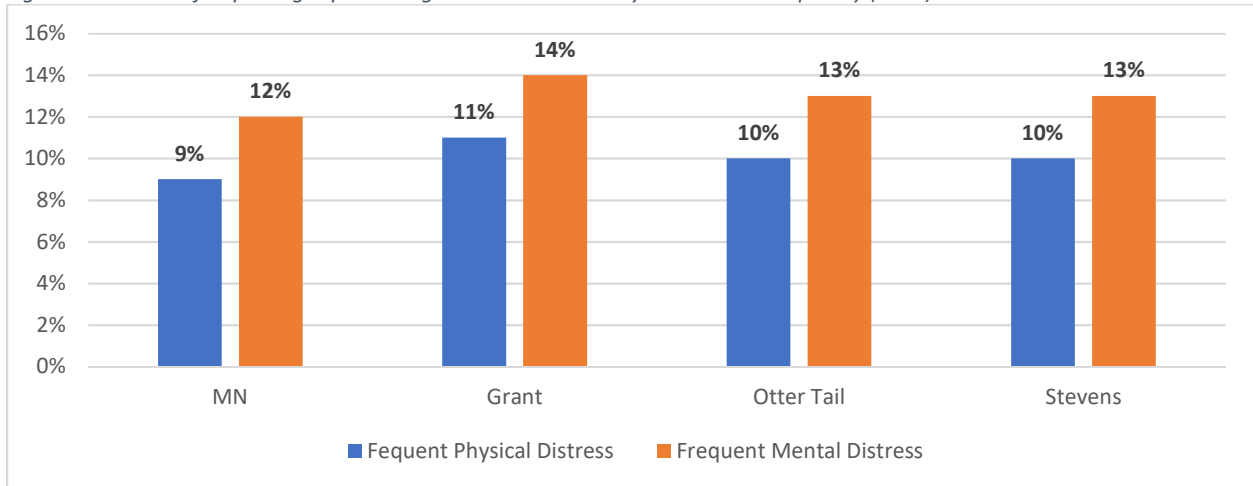
Figure 36: Mental Health Status among 9th Graders (2019)



Source: 2019 MN Student Survey.

When assessed for mental health, about 1 in 9 adults reported having 14 or more days wherein their mental health was poor in the past month.

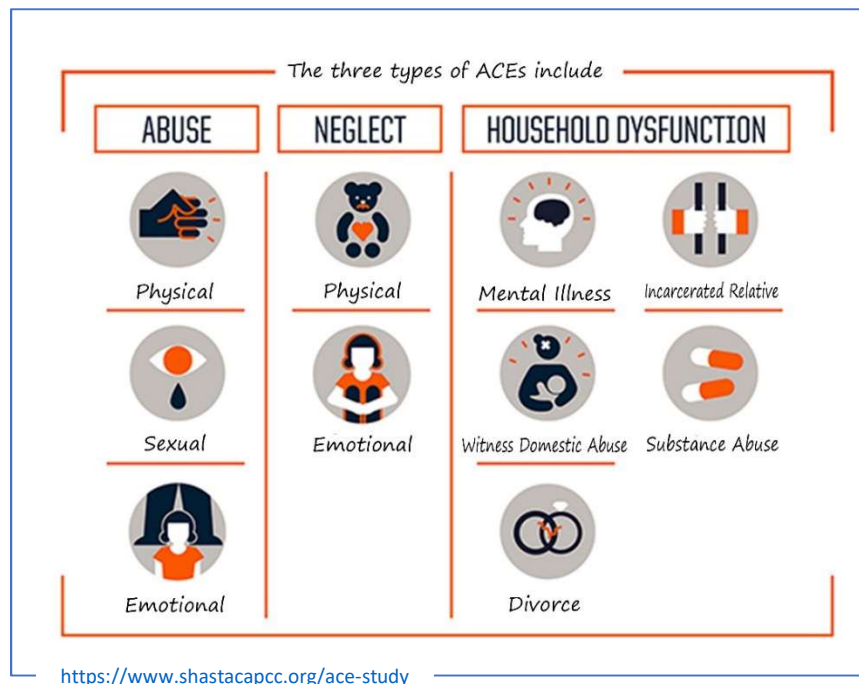
Figure 37: Adult Self-Reporting Experiencing Poor Mental and Physical Health Frequently (2019)



Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. (2022).

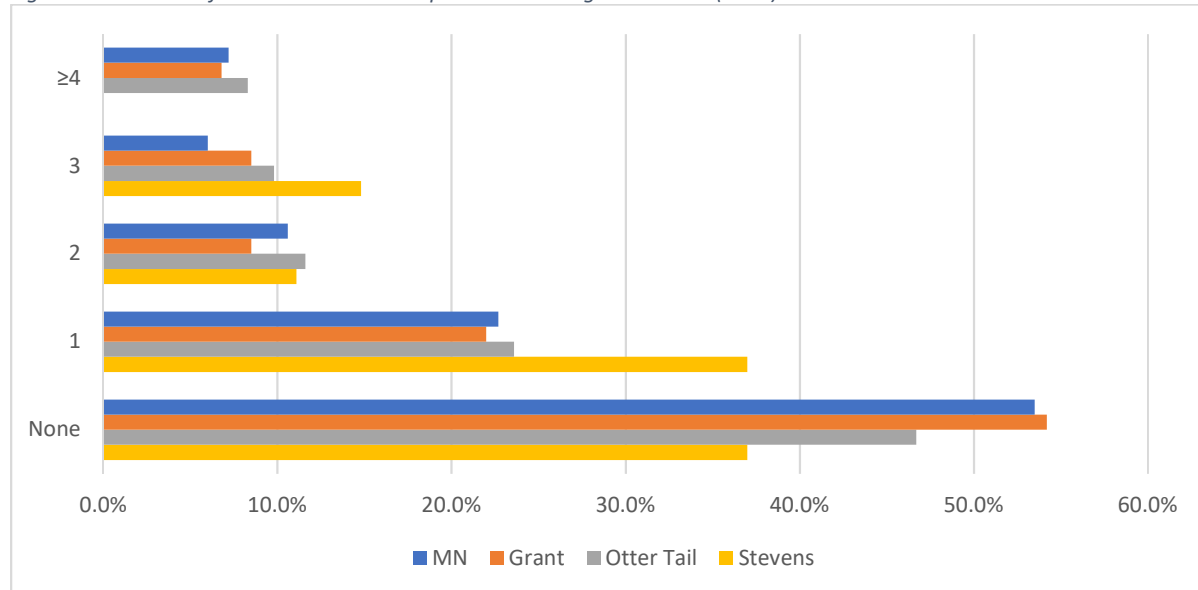
Child Well-Being

In 1995, the Centers for Disease Control and Prevention and Kaiser Permanente collaborated on the Adverse Childhood Experience (ACE) study which assessed the association between childhood experience of abuse, neglect, and household dysfunction with behavior, overall health and wellbeing 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.^[30]



According to the MN Student Survey, over half of 9th graders in Otter Tail and Stevens counties have experienced at least one type of ACE, while 8.3% of Otter Tail and 6.8% of Grant county 9th graders reported having experienced four or more ACEs.

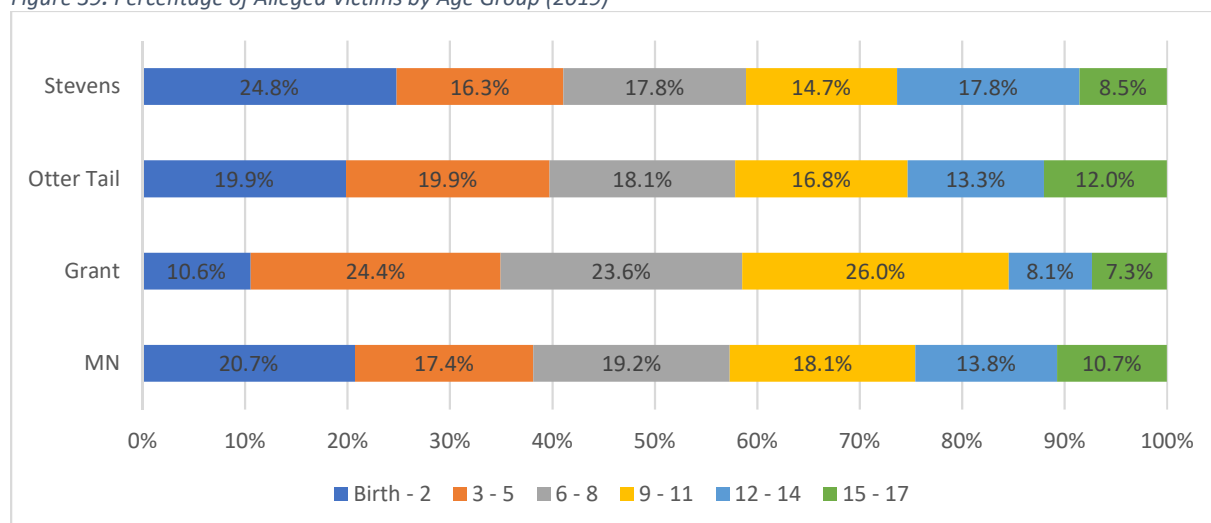
Figure 38: Number of Adverse Childhood Experiences among 9th Graders (2019)



Source: 2019 MN Student Survey.

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. This age group is also more likely to be in contact in systems with mandated reporters which increases the possibility of suspected maltreatment being reported (MN Maltreatment Report, 2019). Mandated reporters include those who work with children like in health care, law enforcement, mental health, social services, education and childcare.

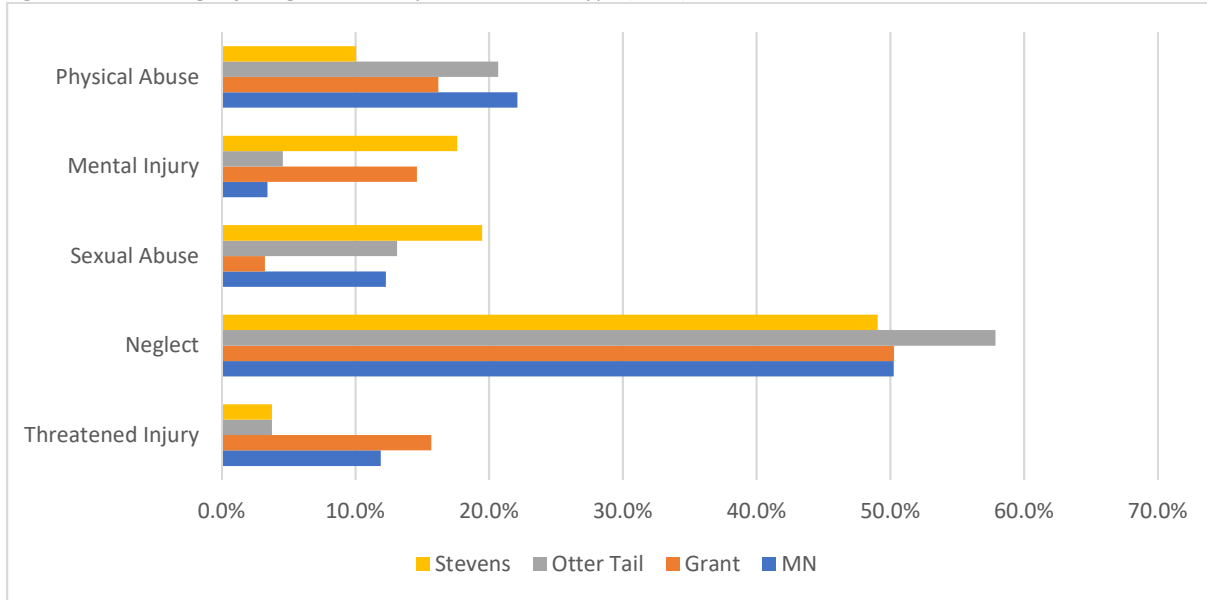
Figure 39: Percentage of Alleged Victims by Age Group (2019)



Source: MN DHS. Minnesota's Child Maltreatment Report. 2019.

Grant county had the highest rate of unique determined victims (25.7/1,000 children), almost three times higher than Otter Tail (7.5/1,000 children) and Stevens (9.8/1,000) Counties. Rate across the three counties are higher than state average of 5.3/1,000 children. Of the total child maltreatment reports received, a little over half in Grant (52.9%) and Stevens (52.3%) counties were screened in reports. This is greater than the state average of 43.8% and that of Otter Tail county (43.4%). Screened in reports indicate that the allegations made in the report met the statutory threshold for maltreatment. Alleged victims with allegations of neglect, which is defined as not adequately providing for the physical, mental or behavioral needs of a child, make up the largest group of children who experienced maltreatment.

Figure 40: Percentage of Alleged Victims by Maltreatment Type (2019)



Source: MN DHS. Minnesota’s Child Maltreatment Report. 2019.

Community Health Needs Assessment Focus Group Results

Overview

Lake Region Healthcare and Prairie Ridge Healthcare partnered to conduct a series of ten focus groups with community partners and members across Otter Tail, Grant and Stevens counties and the City of Barnesville. This is part of Lake Region Healthcare and Prairie Ridge Healthcare's joint Community Health Needs Assessment designed to identify priority health issues, existing resources and areas of opportunities to improve the health of the community we serve. The focus groups are specifically targeted toward the Community Themes and Strengths component of the Mobilizing for Action through Planning and Partnerships (MAPP), the framework we are modeling our CHNA process on.

This report details the findings from the 10 focus groups conducted between February 2022 and April 2022.

Methodology and Sampling

On average, there were four participants in each focus group. Sessions lasted approximately 90-minutes allowing for substantial discussion while remaining productive and respectful of participants' time.

Participants were sent calendar invites which included date, time and location or Zoom link prior to each focus group. Appendix B contains the focus group schedule.

Purposive sampling was the method used to select and identify 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.

Venues. We worked with focus group participants to identify and reserve appropriate and convenient locations for the focus groups. Sessions were mostly held virtually with in-person sessions hosted at Lake Region Healthcare and Cornerstone Church.

Facilitation. The community health initiatives project coordinator of Lake Region Healthcare facilitated all focus groups in order to maintain uniformity.

Audio Recording and Transcription. Audio recording was set up to accurately capture verbatim comments from participants. Audio recording was transcribed within a week of completion of each focus group so that summaries and analysis could be completed while the information and context were still fresh.

Supplementary Questionnaire. Because certain demographic questions such as age, gender and occupation can influence one's perspective, we collected this information from participants as it may help correlate it with focus group findings.

Focus Group Guide. A focus group guide was developed and used to maintain consistency in format across the ten focus group sessions. See Appendix C for a copy of the guide.

Data Collection

Ten focus group sessions were conducted between February and April 2022. A total of forty-seven adults, across varying age group, participated in the focus group data collection process. Participants represented a cross-section of the community such as Government, Healthcare, Non-Profit, Education and Faith-Based Services. Seven sessions were done virtually via Zoom, while three were held in-person.

A modified version of the Nominal Group Technique was employed in conducting the focus groups to encourage contributions from all participants. The three questions asked during the session touched on the following concepts:

- Community Strengths – Identify things that already exist in the community, give you a starting point to build upon and be leveraged to address the needs of the community.
- Health Issues – Identify pressing healthcare needs, concerns and gaps in care that pose as barriers to health.
- Recommended Actions – Identify programs, services, interventions or measures that could improve the health, wellness and quality of life of the community.

Results

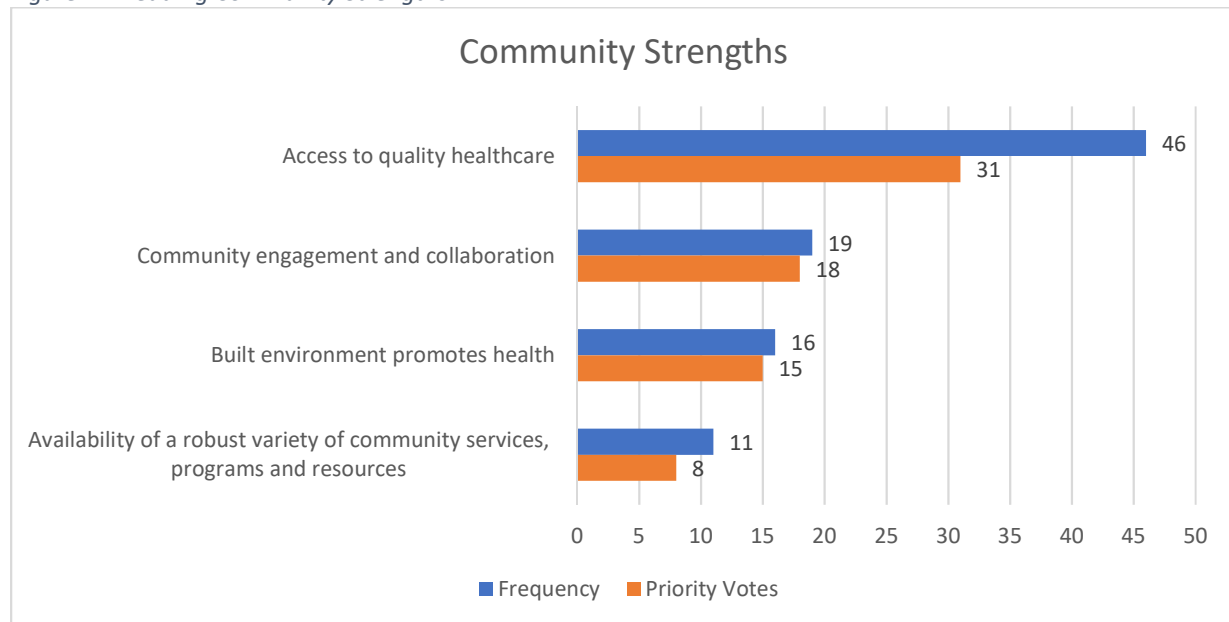
Data from all ten focus groups were collected and analyzed independently and collectively. The analysis identified prevailing, consistent and at times overlapping themes in each of the three questions and coded accordingly (see Appendix D). For responses grouped together but cross multiple categories when coded, the priority vote(s) was assigned to the category that majority of the responses align with. If no majority category is identified, response was coded to the theme that it corresponds the most with.

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

Community Strengths

When asked to identify strengths in the community, the most common responses were access to high quality and a broad range of health and supportive services especially for a community of our size; our environment which offers plenty of opportunities to engage in physical activity and a healthy lifestyle; and, our culture of collaboration. The figure below highlights the four most common responses which also happen to be the four voted as the most important community strengths by focus group participants.

Figure 41: Leading Community Strengths



Source: LRHC Focus Group Session, 2022.

Access to Quality Health Care

“Local access (to healthcare) close to home.”

“Availability of specialists that come to our community so we don’t have to travel.”

The community has access to high-quality healthcare services, facilities and providers. Having the Cancer Center, a broad range of specialty care services, mental health providers, chiropractors, and other providers across the continuum of care available locally were cited as a great strength and thought to be unusual for a community our size. The fairly quick accessibility to a higher level of care is also included in this category.

Community Engagement and Collaboration

“In our rural community we have very strong partnerships.”

“Relationships with stakeholders are very vested and strong.”

“People willing to work together to address that need (in our community).”

“I’m frequently on the phone with multiple agencies around town...and they’re all good at coming together for the common good.”

Collaboration among community partners and willingness to work together to help a client or to connect them to appropriate resources, was another vital strength that came up frequently. There are several multi-sector collaboratives that come together to collectively solve problems that affect the community. In addition, we have a lot of local businesses and community organizations that are very supportive and fund various community programs.

Environment Promotes Health

“Access to clean water, clean air.”

“We’ve got a lot of opportunities that promote physical health. The YMCA, lots of trails, lakes and emphasis on parks.”

The environment was mentioned numerous times as being one of the leading strengths of our community. This includes the open space, nature, parks, trails, lakes, and clean air and water as well as indoor gyms. Accessibility and availability of various recreational opportunities year-round encourages physical activity and promotes overall health and well-being.

Robust Variety of Community Services, Programs and Resources

“The sheer number of resources we have...not just clinic, hospital but we have food shelf, nursing home, assisted living, gyms, financial advisers, spiritual places. All of the areas of wellness and health that we have available.”

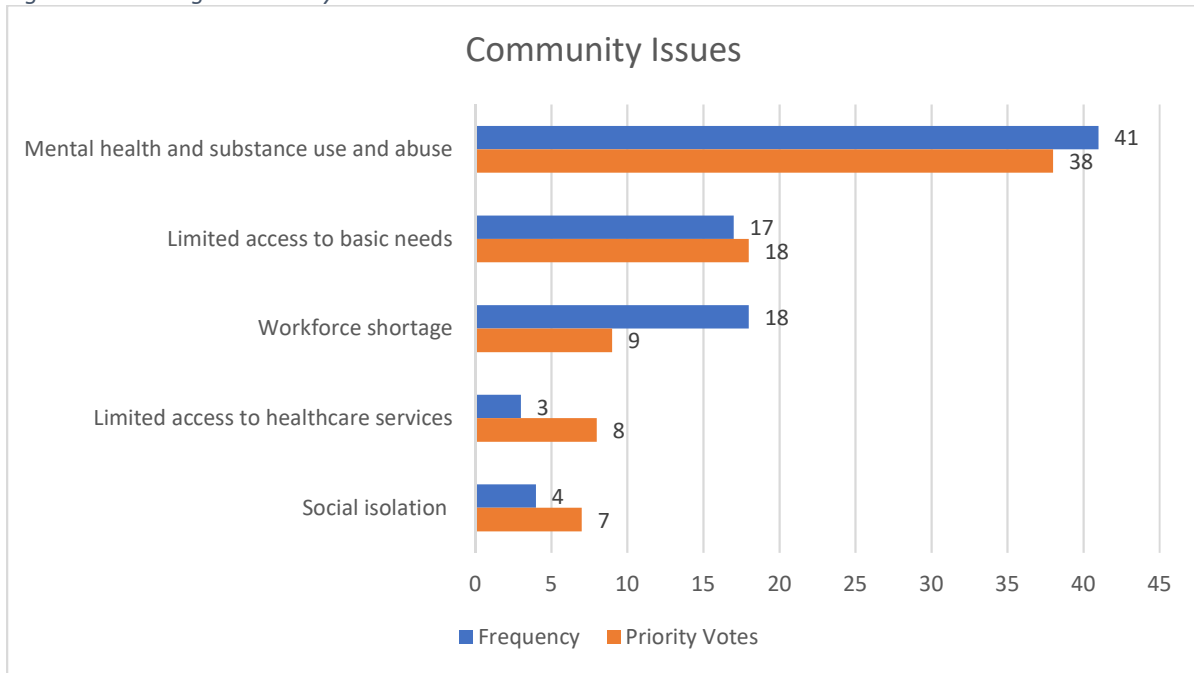
We do have a lot of resources that we can draw off of...a lot of safety net services...Excellent opportunities to be served and supported.”

Many of the focus group participants emphasized that we are a resource-rich community. We have numerous supportive and safety net services and resources available in the community. One participant mentioned that it is easier to navigate and find services for families and individuals in our community compared to bigger metro areas. However, the challenge remains that most of our services are being underutilized because most are not aware that these resources exist or do not know how to access them.

Community Issues

With regards to health-related issues in the community, a lot of the responses were related to the rising prevalence of mental illness and substance use, lack of accessibility to treatment and stigma associated with these diseases. Other health-related issues frequently mentioned and prioritized highly were limited access to basic needs, workforce shortage, limited access to certain health-related services and social isolation mostly brought about by COVID-19.

Figure 42: Leading Community Issues



Source: LRHC Focus Group Session, 2022.

Mental Health and Substance Use and Abuse

“there’s a lack of providers, wait lists are very long.”

“We have crisis services, but immediate mental health access is an area of struggle”

There’re people in jail who are there with mental illness and jail is really not the best place for them. Mental health cases being dropped off in the ED because there’s just no place for them.

The most pressing issues regarding mental health revolved around prevalence of mental illness, which worsened with the COVID-19 pandemic, and gaps in services. There is a lack of mental health providers, some providers do not accept certain insurances, appointments are typically weeks out and most importantly there is lack of services for those who have severe mental illness. Due to lack of treatment facilities, people experiencing a mental health crisis often end up boarding in the emergency room or going to jail, both of which are not helpful and can be traumatic for the individual. Treatment facilities are usually far, which means that when ambulance is transporting patients with behavioral/psychiatric issues our rural community is without EMS service for hours. Additionally, participants highlighted a great need for mental health services within the young children and older adult population in our community.

Substance abuse was also frequently mentioned during the focus group sessions. Issues mentioned around substance use and abuse included prevalence of drug use in the community, need for detox centers and other treatment services, especially for those who have cooccurring mental illness and substance use disorder, environmental and economic consequences of drug use in the community. Because of the prevalence of drug use, participants discussed the need for more prevention efforts and education among our youth. There was an acknowledgement that this may not be as easy to accomplish

as there is a prevailing misperception that substance abuse is not a problem in our rural community, unlike the metro area.

The issues of mental health and substance use/abuse were combined because participants discussed that mental health issues are prevalent among the population with addiction issues. They usually go hand in hand in majority of the cases.

I think mental health and substance abuse should be together. There're very few people that have chemical use disorders that do not have mental health disorders. (consensus)...there are more people with mental health disorders that do not have chemical use disorders but not the other way around. It's like 2/3 is the current statistics.

Limited Access to Basic Needs

This category covers issues relating to social determinants of health from poverty to limited transportation, access to affordable housing, childcare and healthy food and its impact on health. Basic needs often take precedence over health needs. When people do not have a place to stay, or cannot pay their rent/mortgage or utilities, or buy food, getting a preventive screening, eating healthy and being physically active go to the bottom of the list. The root of all of these access issues is affordability. A lot of people do not have the means to afford basic necessities, which prevents them from focusing on long-term goals.

Transportation was mentioned quite often. Specific concern revolved around cost of transportation, difficulty scheduling, and need to plan far ahead. This ties in with their inability to access health care services, participate in social and recreational activities, and access other needed resources and services, which all causes health-related issues. Participants emphasized the effect of transportation issues on our elderly residents who do not have families living nearby, cannot afford to have their own car, lives outside the city limits who have issues getting to their appointment resulting in delayed care.

Someone had listed transportation. Transportation in what way...to services, to an appt, to a hospital, to getting food, access to food. Access to things that help us stay healthy, access to social connection. I mean there's so many things that help us stay healthy that is impossible without transportation. I work with a whole gamut of people. When I think of the people that I work with that are homeless and they're having to walk to get food. And sometimes the only affordable housing is away from food, or is away from social connection. You can't afford social connection because that may cost money to go do something. So, all of those things are really interconnected.

Workforce Shortage

Maintaining a robust healthcare workforce is critical to providing access to quality healthcare. Workforce shortage has been a simmering issue in our community, but the COVID-19 pandemic definitely exacerbated and accelerated the workforce challenge. The pressing issue expressed by participants included the resulting lack of capacity to care or serve our community members. Many mentioned that we have the facility, but not the staff, leading to many staying in the Emergency Room longer because there are not enough staff to open more beds, or people staying in the hospital longer

than necessary because the nursing home does not have the staff to care for them. Although workforce shortage in the healthcare sector was highlighted due to the pandemic, this is an issue that is experienced across all industries.

Staffing shortage is a main cause for limited access to services. We may have the facility but without staff, we cannot accept patients. And it creates a chain reaction. When there are not enough nursing home staff, they cannot take in patients, causing patients to unnecessarily stay in the hospital longer than needed which in turn limits new patients the hospital can take care of.

Limited Access to Healthcare Services

Although the availability and accessibility of numerous health care services was a top strength in our community, gaps in services still do exist. Services that were mentioned as lacking in our community during the focus group sessions included Sexual Assault Nurse Examiners (SANEs), mental health care providers, specialists, particularly in the inpatient setting, and EMS. Consequently, many residents have to travel far or wait a long time to access certain services.

“Having to travel for some services..It would be nice to be able to take care of them here.”

Social Isolation

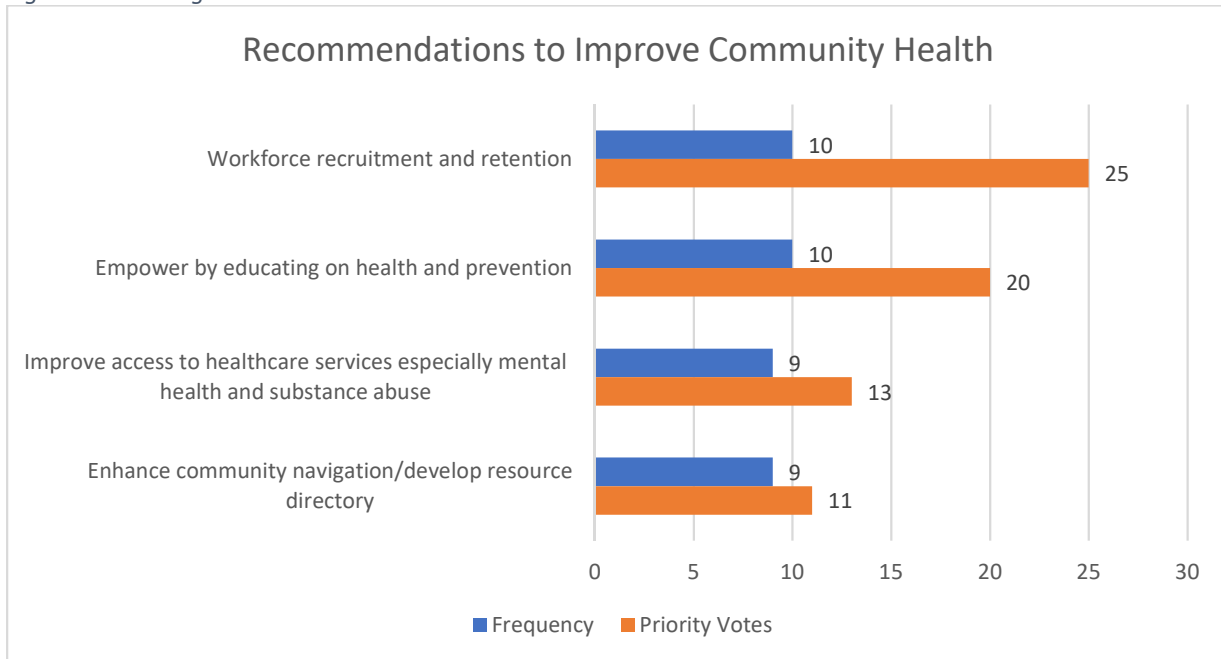
The detrimental effect of lack of in-person connection to our mental health and overall wellbeing whether due to increased use of social media and technology, lack of transportation, the pandemic or political division, was cited quite frequently. This issue crosses all age groups. However, participants emphasized its impact on immigrant women who are unable to work, on children, especially during the height of the pandemic with the closure of in-person learning and, on the elderly who were prevented from seeing family members and friends, and who lost a lot of their loved ones due to COVID. Not being connected to others has taken a toll on a lot of people’s mental, physical and emotional wellbeing.

“What I see, working with adolescents is lack of movement and socialization outside of video games. That in-person socialization is lacking.”

Recommendations

When participants were asked to share recommendations they have to improve the health of the community, it was not surprising that most of the responses related to changing the issues they indicated in the second question or improving upon the strengths of the community. Most prioritized recommendations were workforce recruitment and retention and empowering residents through education on health and preventive care.

Figure 43: Leading Recommendations



Source: LRHC Focus Group Session, 2022.

Workforce Recruitment and Retention

As an employer and community agencies come tougher what can we do to entice people to come here. And move here and live here and work here.

Add community to be involved in that. It’s not just healthcare. It’s all of that. What can we do as a community to entice people. And what can we do to make them stay.

The recommendation rated as the highest priority was recruiting more workers in our area and finding ways to keep them here. There is an understanding that some of the lack of services is due to lack of staffing. The community is invested in working collectively to identify ways to recruit more providers and other front-line workers into our community. Some of the suggestions included investing in our community by providing free education/scholarships for some front-line workers and engaging youth early on to get them interested in the healthcare field. There was also an emphasis on identifying retention strategies and supporting staff to prevent burnout.

Empower by Educating on Health and Prevention

“The education piece is important, so we can empower everyone in the community to have more control over their own health.

Educating and catching things more upstream I think would alleviate lots of other issues

According to focus group participants, providing more health literacy and other educational programs with regards to prevention and overall wellbeing would be beneficial to the community. It would empower individuals to take charge and be more proactive with their health and well-being. Educational topics covered under this category was very broad. It ranged from preventive care, healthy

relationships, spiritual health, mental health and removing stigma associated with it, substance use and nutrition. There is a strong understanding that the earlier we engage children with health, the more apt they are to stick with it. In addition, there was an emphasis on changing the culture and mindset to be more proactive rather than reactive and to focus more on prevention rather than disease management and treatment.

Improve Access to Healthcare Services

Although having access to various health care services was a perceived strength, participants mentioned that there are still gaps in services. There was a particular focus on expanding services for chemical dependency and mental illness. One recommendation is having a public and private partnership to open a detox/holding facility for people with substance use or for those experiencing mental health crisis. This would provide an appropriate setting to care for patients locally, prevent use of first responders for long transfers and really help community members suffering from this illness.

*How to get mental health providers has always been an issue. There's such a waitlist.
And people are in such crisis and (are told) we can't see you till next month.*

Enhance Community Navigation

*I think it helps keep people from getting lost... so many people would not fall through
the cracks;*

An advocate to help you find your way, to navigate

According to focus group participants, improvements in the coordination, collaboration and provision of care and services are needed. Although we have a lot of resources and services, there is a general knowledge deficit for the resources available or how to access them. Suggestions include having a community navigator or a resource directory so residents can efficiently and effectively access resources or refer clients appropriately.

Community Perceptions and Health Need Survey

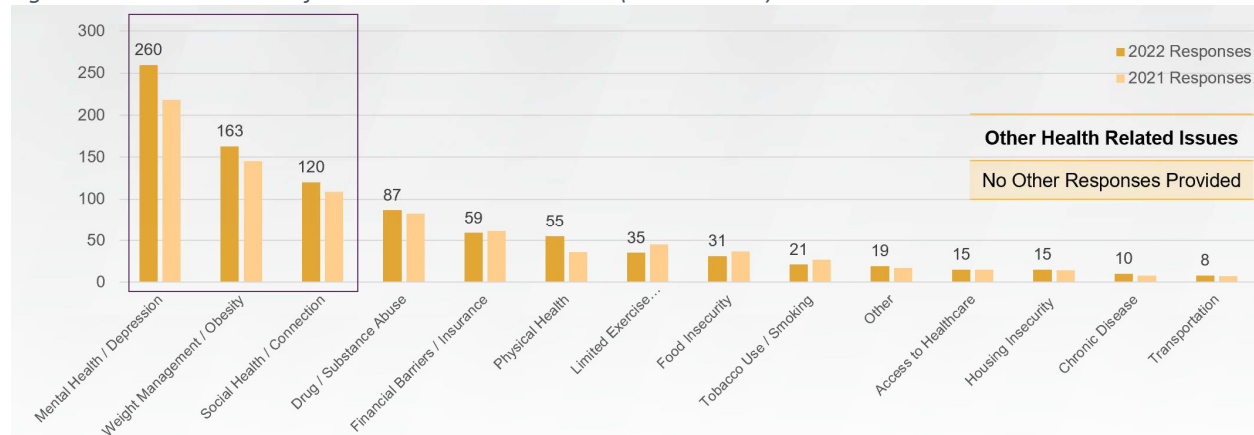
In Summer of 2021 and Spring of 2022, Lake Region Healthcare Corporation in partnership with a national consulting company, conducted a community perceptions and health need survey to identify and better understand the healthcare of the people in our community and drive future planning to address identified needs.

There were 590 total surveys completed (287 in Summer 2021 and 303 in Spring 2022). The median age of respondents was 49 years, ranging from 23 to 85 years old. Majority of the respondents were female, white, with a bachelor’s degree. Of the respondents who completed the survey, 75% were female, 94% identified as white and 38% had a Bachelor’s degree.

Below summarize the themes identified from the survey responses and what the respondents perceived to be the most pressing health-related issues in our community. Key themes that emerged from the survey are as follows.



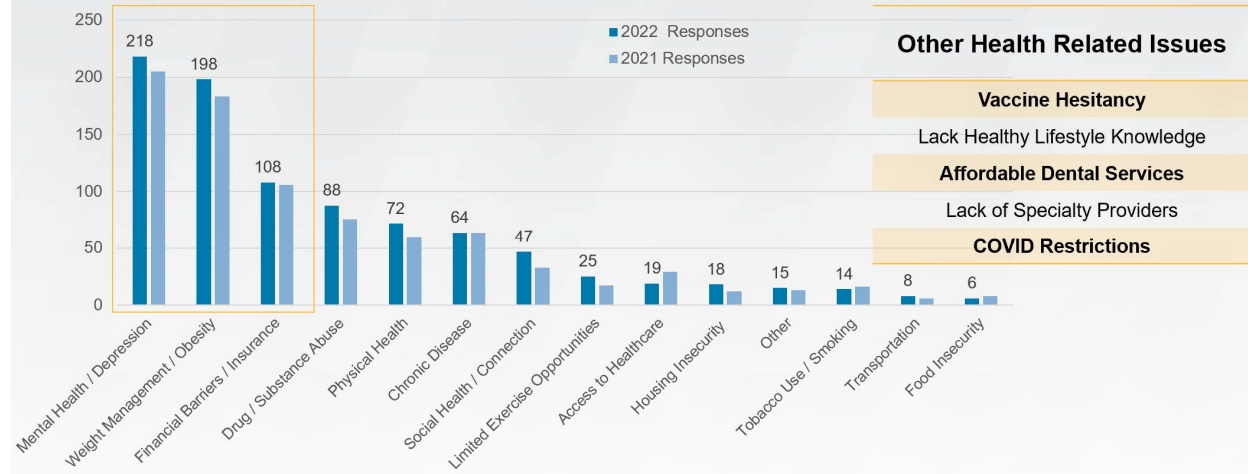
Figure 44: Health Concerns for Children and Adolescents (2021 & 2022)



Source: LRHC Community Perception and Health Need Survey 2021, 2022.

*Question: For children and adolescents, what do you see as the 3 major health or health-related issues?

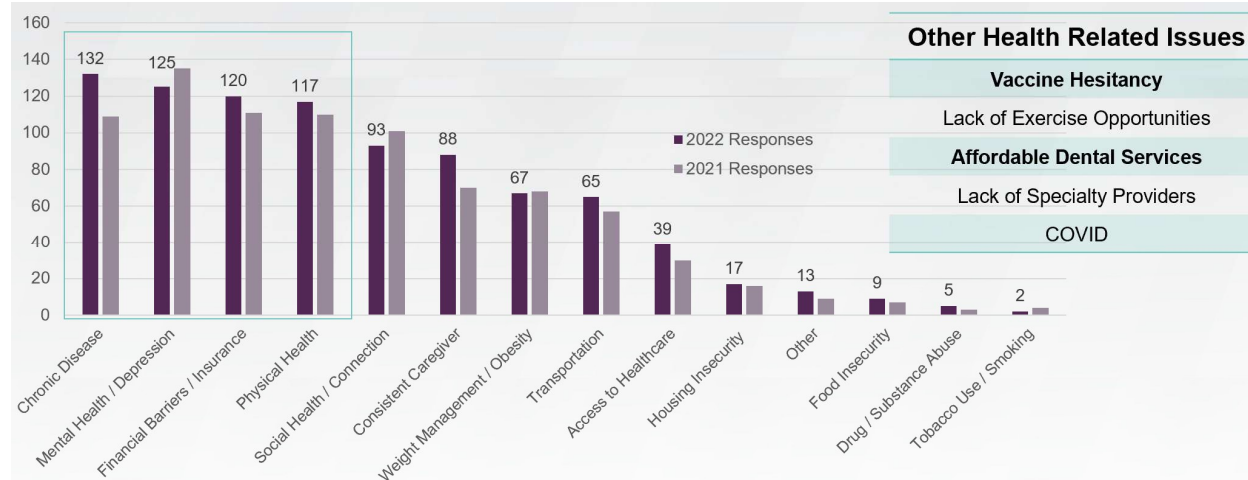
Figure 45: Health Concerns for Adults (2021 & 2022)



Source: LRHC Community Perception and Health Need Survey 2021, 2022.
 *Question: For adults, what do you see as the 3 major health or health-related issues?

Mental health was a huge concern across all age groups according to the survey respondents, which is corroborated by the other data collected in this assessment process. Social health/connection, an issue tied to mental health, was a particular concern for children and adolescents, likely due to the temporary closure of in-person learning caused by the COVID-19 pandemic. Obesity was another top concern for these two age groups, which is supported by the self-reported data shown in Figures 30 and 31. Among adults and seniors, financial barriers/insurance, was a prominent concern. It is notable that there was a wider range of top concerns for seniors compared to the other age groups.

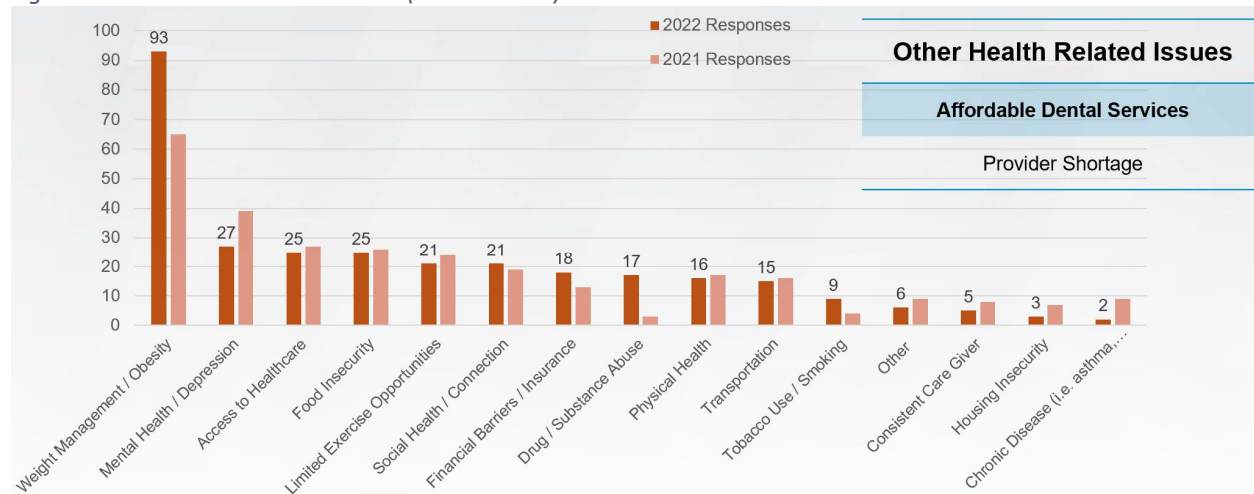
Figure 46: Health Concerns for Seniors (2021 & 2022)



Source: LRHC Community Perception and Health Need Survey 2021, 2022.
 *Question: For seniors 65 years and older, what do you see as the 3 major health or health-related issues?

With regards to preventable health issues, weight management/obesity was the most frequently mentioned. This is followed by mental health/depression, access to healthcare, and food insecurity.

Figure 47: Preventable Health Issues (2021 & 2022)

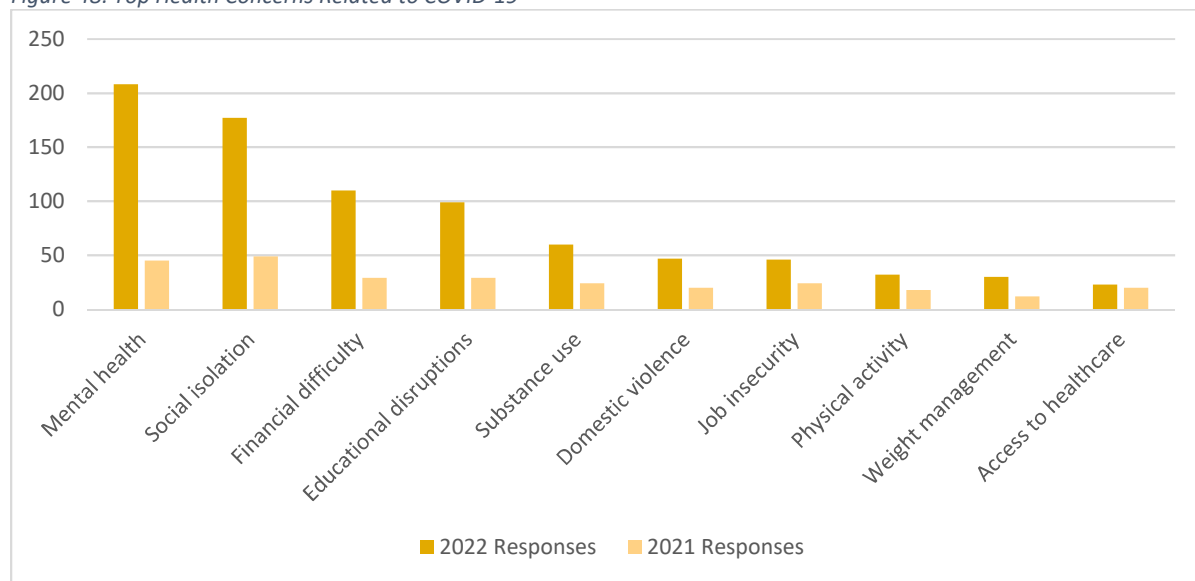


Source: LRHC Community Perception and Health Need Survey 2021, 2022.

*Question: Which health-related issue do you consider to be the most preventable in our community?

When asked what is the biggest barrier to achieving greater health in the community, a significant proportion of the responses related to financial barriers and access to healthcare issues. When specifically asked about the implications of COVID-19, the issues that were perceived to be the most critical were mental health, social isolation, financial difficulty, and substance abuse. These five issues were the same ones in both the 2021 and 2022 survey, just in different order of prevalence. Mental health emerged as the top issue in 2022, surpassing social isolation, which was the top issue in 2021.

Figure 48: Top Health Concerns Related to COVID-19



Source: LRHC Community Perception and Health Need Survey 2021, 2022.

Prioritization

On August 19, 2022, Lake Region Healthcare Corporation's steering committee met to review the results of the needs assessment and begin the prioritization process for the health priorities. The meeting was held at Lake Region Healthcare in Fergus Falls, MN with some members joining remotely via Zoom. The prioritization session was facilitated by consultants from FORVIS.

The following list of potential health needs was drawn from Healthy People 2030 and the data collected from the needs assessment process.

- Nutrition, Physical Activity, and Obesity
 - Addresses gaps in nutritional needs, access to healthy foods, food insecurity, recreational activity, community green spaces/parks, preventive measures related to obesity across all age groups.
- Access to Health and Social Services
 - Focuses on community barriers to accessing or gaps in current healthcare and social services related to improving overall health of individuals and the community (systematic, limited resources, etc.).
- Health Education and Preventive Services
 - Targets current and future health education initiatives whether in the community via health fairs or in the school system, It also includes preventive services such as screenings, routine well visits, etc.
- Substance and Tobacco Use
 - Includes all community needs related to drug, alcohol, tobacco, prescription drug use and abuse.
- Maternal, Infant, and Child Health
 - Encompasses community health needs related to current and expecting mothers and infant and pediatric needs (0-17 years old).
- Reproductive and Sexual Health
 - Focuses on sexual and reproductive community needs across all age groups such as STD/STI, menopause, cancer and disease related to reproduction, health/preventive sexual behaviors, etc.
- Mental Health
 - Includes community needs related to active and preventive mental health services, access to mental health providers and services, community organizations, school and elder needs.
- Oral Health
 - Targets all oral health needs which includes access to providers, insurance coverage, preventive education, etc.
- Built Environment
 - Identifies community needs related to the man-made environment in the community. For example, housing, sidewalks, existing community and government access points, utilities, telecom providers, broadband, etc.

- Injury and Violence
 - Address community safety needs including domestic violence, child abuse/neglect, bullying, violent crime, personal assaults, theft, human trafficking, accidental injuries and deaths, vehicular deaths, falls, etc.
- Workforce Development
 - Focuses on community education, education/certification advancement, unemployment, recruitment, and retention.

Participants were then asked to rate each health need based on two criteria: (1) Significance of the community need which considers the magnitude and severity of the problem and (2) Ability to impact. Using Mentimeter, an interactive presentation platform, participants had to complete two polls anonymously. They arranged the health needs in order of significance (1st being the most significant and 11th the least) and in order of ability to impact (1st being greatest ability to impact and 11th the least). Table 9 shows the results of the polling.

Table 9: Health Issues Prioritization Scoring

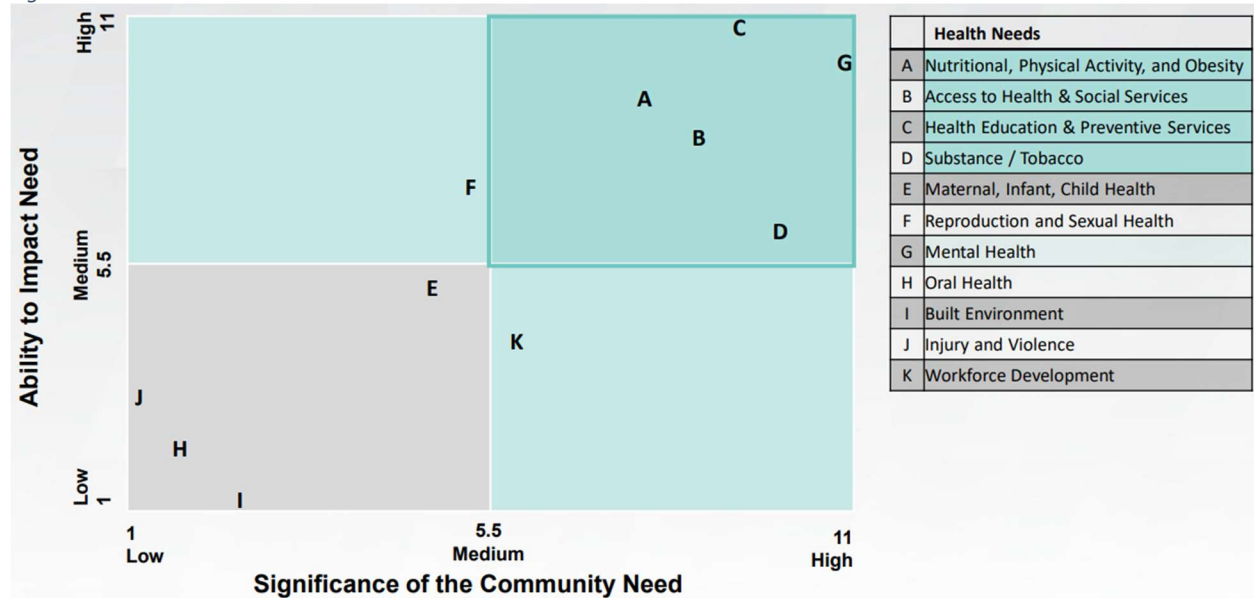
Community Health Need	Score 1 - 11 (11 = highest)	Score 1 - 11 (11 = highest)	Average Score Ranking
	Ability to Impact	Significance	
Nutrition, Physical Activity, and Obesity	9	7	8
Access to Health and Social Services	8	8	8
Health Education and Preventive Services	11	9	10
Substance and Tobacco Use	6	10	8
Maternal, Infant, and Child Health	5	4	4.5
Reproductive and Sexual Health	7	5	6
Mental Health	10	11	10.5
Oral Health	2	2	2
Built Environment	1	3	2
Injury and Violence	3	1	2
Workforce Development	4	6	5

Source: LRHC Prioritization Session, 2022.

Figure 49 is the prioritization grid that outlines the intersection of the seriousness and ability to impact ratings. The issues that are in the upper right quadrant of the grid are those that have the highest ratings across the two criteria. Based on the polling, the following health needs were identified as the priority health issues for Lake Region Healthcare Corporation.

1. Mental Health
2. Health Education and Preventive Services
3. Nutrition, physical activity, and obesity
4. Access to Health and Social Services
5. Substance and Tobacco Use

Figure 49: Prioritization Grid



Source: LRHC Prioritization Session, 2022.

Conclusion

The community health needs assessment for Lake Region Healthcare Corporation utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for our service area. The assessment was further informed with community input from community members as well as persons representing the broad interests of the community. The prioritization process identified (1) Mental Health, (2) Health Education and Preventive Services, (3) Nutrition, Physical Activity, and Obesity, (4) Access to Health and Social Services, and (5) Substance and Tobacco Use as the priority health issues in our service area. From this process, Lake Region Healthcare Corporation will outline how they plan to address these identified prioritized health needs in their Implementation Plan.

References

- [1] Healthy People 2020, US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Determinants of Health. Available: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>. [Accessed 01 08 2022].
- [2] US News and World Report, University of Minnesota Morris. Available: <https://www.usnews.com/best-colleges/minnesota-morris-2389#:~:text=It%20has%20a%20total%20undergraduate,Liberal%20Arts%20Colleges%2C%20%23141>. [Accessed 13 06 2022].
- [3] US Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, Table DP02, Available: https://data.census.gov/cedsci/table?g=0400000US27_0500000US27051,27111,27149_1600000US2703574&tid=ACSDP5Y2016.DP02
- [4] Phillips, K.W. 2017. How diversity makes us smarter. Greater Good magazine. Available: https://greatergood.berkeley.edu/article/item/how_diversity_makes_us_smarter.
- [5] Turner, M.A., & Rawlings, L. 2009. "Promoting Neighborhood Diversity". The Urban Institute. Available: <https://www.urban.org/sites/default/files/publication/30631/411955-Promoting-Neighborhood-Diversity-Benefits-Barriers-and-Strategies.PDF>.
- [6] Healthy People 2030, US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Social Determinants of Health. Available: <https://health.gov/healthypeople/priority-areas/social-determinants-health>.
- [7] University of Wisconsin Population Health Institute. County Health Rankings. Explore the county health rankings model. Available: <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>.
- [8] Bharmal, N., Derose, K.P., Felician, M., & Weden, M.M. 2015. "Understanding the upstream social determinants of health." Available: https://www.rand.org/content/dam/rand/pubs/working_papers/WR1000/WR1096/RAND_WR1096.pdf.
- [9] Hahn, R.A., & Truman, B.I. 2015. "Education improves public health and promotes health equity," *International Journal of Health Services*, vol. 45, no. 4, pp. 657-678. doi: 10.1177/0020731415585986.
- [10] Raghupathi, V., & Raghupathi, W. (2020) "The influence of education health: an empirical assessment of OECD countries for the period 1995-2015." *Archives of Public Health*. Available: [https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-020-00402-](https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-020-00402-0)

5#:~:text=People%20who%20are%20well%20educated,and%20shorter%20survival%20wh
en%20sick.

- [11] American Academy of Family Physicians. "Poverty and Health - The Family Medicine Perspective." Available: <https://www.aafp.org/about/policies/all/poverty-health.html>.
- [12] US Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table B19083. Available: https://data.census.gov/cedsci/table?q=b19083&g=0400000US27_0500000US27051,27111,27149_1600000US2703574&tid=ACSDT5Y2020.B19083.
- [13] MN Department of Labor and Industry. Minimum wage in Minnesota. Available: dli.mn.gov/minwage.
- [14] MN State Demographic Center. "The economic status of Minnesotans 2018." Available: https://mn.gov/admin/assets/MNSDC_EconStatus_2018Report_FNL_Access.pdf_tcm36-362054.pdf.
- [15] Zhang, S., & Xiang, W. (2019). "Income gradient in health-related quality of life - the role of social networking time," *International Journal Equity Health*, vol. 18, no. 22, 2019. doi: 10.1186/s12939-019-0942-1.
- [16] University of Wisconsin Population Health Institute. County Health Rankings. Health Outcomes. Available: <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes>. [Accessed 27 08 2022].
- [17] Yard E, Radhakrishnan L, Ballesteros MF, et al. Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic — United States, January 2019–May 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:888–894. DOI: <http://dx.doi.org/10.15585/mmwr.mm7024e1>.
- [18] American Heart Association. "What is cardiovascular disease?." Available: <https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease>.
- [19] GBD 2019 Cancer Risk Factors Collaborators. (2022). "The global burden of cancer attributable to risk factors, 2010–19: a systematic analysis for the Global Burden of Disease Study 2019." *The Lancet*, vol. 400, no. 10352, pp. 563–591. doi: 10.1016/S0140-6736(22)01438-6.
- [20] Chen, R.C., Haynes, K., & Du, S. (2021). "Association of cancer screening deficit in the United States with the COVID-19 pandemic," *JAMA Oncology*, vol. 7, no. 6, pp. 878–884. doi: 10.1001/jamaoncol.2021.0884.
- [21] Mather, M., & Scommengna, P. (2015). "Up to half of U.S. premature deaths are preventable; behavioral factors key," *Population Reference Bureau*. Available: <https://www.prb.org/resources/up-to-half-of-u-s-premature-deaths-are-preventable->

behavioral-factors-
key/#:~:text=Up%20to%20half%20of%20all,and%20Institute%20of%20Medicine%20report
./

- [22] University of Wisconsin Population Health Institute. County Health Rankings. "Health Behaviors." Available: <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors>. [Accessed 28 08 2022].
- [23] US Department of Health & Human Services, Centers for Disease Control and Prevention. "Binge Drinking." Available: [CDC.gov/alcohol/fact-sheets/binge-drinking.htm](https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm). [Accessed 23 08 2022].
- [24] US Department of Health and human Services, Public Health Service, Office of the Surgeon General. (2014). "The health consequences of smoking - 50 years of progress: a report of the surgeon general." Available: <https://www.cdc.gov/tobacco/sgr/50th-anniversary/index.htm>.
- [25] Adams, J. (2018). "Surgeon General's Advisory on E-cigarette Use Among Youth." Available: <https://e-cigarettes.surgeongeneral.gov/documents/surgeon-generals-advisory-on-e-cigarette-use-among-youth-2018.pdf>.
- [26] Mauro, P., Mauro, C., & Segura, L. (2021). "Perceptions of Risk, Availability Contribute to Cannabis Use." Available: <https://www.publichealth.columbia.edu/public-health-now/news/perceptions-risk-availability-contribute-cannabis-use#:~:text=Combined%20perceptions%20of%20the%20risk,Mailman%20School%20of%20Public%20Health..>
- [27] Trust for America's Health & Robert Wood Johnson Foundation. (2018). "The state of obesity: Better policies for a healthier America - 2018." Available: <https://www.tfah.org/wp-content/uploads/2019/09/TFAH-2018-ObesityReport-FINAL.pdf>.
- [28] Harvard T.H. Chan School of Public Health, "Obesity prevention source." Available: www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/#references.
- [29] Nixon, C. (2014). "Current perspectives: the impact of cyberbullying on adolescent health," *Adolescent Health, Medicine and Therapeutics*, vol. 5, pp. 143-158. doi: 10.2147/AHMT.S36456
- [30] US Department of Health & Human Services, Centers of Disease Control and Prevention, "Adverse Childhood Experiences." Available: <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>.

Lake Region Healthcare Progress

Priority Issue: Mental Health

Age-adjusted suicide rate in Otter Tail County from 2013 through 2017 was 22.8, second highest in the entire state. Research shows that suicide disproportionately affects rural communities more than their urban counterparts. Rural communities face many barriers such as limited access to mental health services, social isolation and stigma associated with seeking help or treatment. The risk of suicide in the community is not limited to adults. Results from the Minnesota Student Survey completed in 2016 indicate high suicide ideation among Otter Tail County youths, particularly among female students. According to the survey, 14.7% of Otter Tail County 11th graders who answered the survey indicated seriously considering attempting to commit suicide in the past year, while 5% actually attempted suicide. Both rates are higher than the state’s average.

Goal: Improve the mental health and wellness of the people in Otter Tail County and the City of Barnesville through prevention, reduction of stigma associated with mental illness and by ensuring access to appropriate and quality mental health services.

Strategy: Promote early identification of mental health needs and access to quality services.						
Objectives: (1) Increase the number of mental health providers. (2) Increase depression screening by primary care providers						
Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Recruit and retain mental health providers	Executive Team, Medical Staff, Psychiatry	CBHH, Lakeland Mental Health, Otter Tail County Human Services, Productive Alternatives, Inc.	Increased number of mental health providers	# of LRH mental health providers	6	6
Implement depression screening protocol	Clinic		Early detection and treatment of mental health issues	Proportion of adults 18 years and older screened for depression	47.1%	98.5%
				Proportion of youth aged 12 to 17 years screened for depression	88.6%	82.4%

Appendix A: Progress on 2019 – 2021 Initiatives

Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Collaborate with community partners to identify opportunities to expand access to mental health	Executive Team, Psychiatry, Medical Staff	Public Health, Human Services, Law Enforcement, Probation, CARE, Northstar, LB Homes, Thrifty White, Probation, CBHH	Improved community partnership; More efficient use of local resources to address mental health needs	# of community meetings	1	12
Train community members on QPR (Question, Persuade and Refer) Gate Keeper Training for suicide prevention	Quality	Productive Alternatives, Schools, Faith Community, Businesses	Suicide prevention through early detection and intervention	# of community members trained	68	0

In 2021 we had 6 psychiatric practitioners which allowed for improved access to mental healthcare. Our psychiatry department works collaboratively with the patient’s primary care provider to provide holistic care.

To help us improve depression management, we implemented a process to increase the depression screening using the Patient Health Questionnaire -9 (PHQ-9) screening tool at all of our clinics. All patients age 12 to 17 years, regardless of risk factors, are screened for depression at every clinic visit. While all adults with a depression diagnosis are screened for depression during primary care visits and all psychiatry visits.

Understanding the extensiveness of the issue of mental health in our community, we wanted to ensure that we continue to collaborate with our community partners and stakeholders to help identify opportunities to improve access to quality mental health care. Currently these discussions are led by Productive Alternatives Inc and Otter Tail County Department of Human Services and includes representatives from law enforcement, other health care systems in Otter Tail county, substance abuse and mental health providers and other interested stakeholders. The group met monthly in 2021 and we plan on continuing to be part of this conversation and help the community have improved access to quality mental health care.

Due to the COVID-19 pandemic, QPR trainings were put on hold in 2021. Moving forward, this effort will be led by Productive Alternatives.

Strategy: Promote positive early childhood development, including positive parenting and violence-free homes.						
Objective: Increase referrals to Home Visiting Program.						
Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Refer appropriate prenatal or postpartum patients to the County's Home Visiting Program	Women's and Children's Health,	OTC Public Health	New and expectant parents receive the support they need; Improved overall health and wellbeing for parents and their children	# of referrals to the Home Visiting Program	236	247

Lake Region Healthcare sends referrals to Otter Tail County Public Health's Family Home Visiting program on each delivery. The Women's and Children's Health department is also working on increasing referrals during the prenatal period for those who are most at risk, in order to provide earlier support and better mitigate adverse childhood experiences and improve maternal and newborn health. The Family Home Visiting program is a service provided by public health nurses, offering home visits to support families during pregnancy and parenting. They help connect the mother and child to early childhood interventions and community supports to promote a healthy pregnancy, a positive parent-child relationship, healthy child development and make a positive impact in the lives of the children and their families.

Strategies: (1) Facilitate social connectedness and community engagement. (2) Provide individuals and families with the support necessary to maintain positive mental well-being.						
Objective: Increase employee engagement.						
Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Promote Thrive and Person-Centered Care activities among LRH staff and providers and the community	Wellness, Quality	PartnerSHIP 4 Health, OTC Public Health	Increased social connectedness; Improved mental wellbeing and resiliency	# of Thrive-related events hosted/facilitated	3	1
				# of LRH staff and providers who attend Person-Centered Care trainings	110 Employees 10 Providers	--
				LRH employee responses to TBD employee engagement survey question	84.1%	*3.68

Appendix A: Progress on 2019 – 2021 Initiatives

Thrive is a proactive movement where members of the community promote health through happiness and meaning by using 5 proven mental health resiliency tools: (1) Expressing Gratitude, (2) Kindness, (3) Finding Your Flow, (4) Social Connections and (5) Values. These tools are rooted in positive psychology which believes that people want to lead meaningful lives, to cultivate what is best within themselves and to enhance their experiences of love, work, learning, worship and play. The Thrive initiative is spreading in our community and is now being led largely by the health educator at Otter Tail County Public Health. Internally, we facilitated 3 Good Things event in November for 2 weeks and had over 1200 responses. The Fergus Falls school district adopted the Thrive components. They focused on staff education and implementation in the first semester and will be focusing on student education and implementation in the second semester. Lake Region Healthcare plans to continue to participate in and promote the Thrive movement throughout the community.

Lake Region Healthcare Enterprise decided not to re-invest in Planetree, the person-centered initiative. However, there is a firm commitment from the organization to continue to focus on patient-centered care using the Planetree principles we have learned and other evidence-based person-centered care approaches to create a high-quality experience for all, including patients, their families, employees and medical staff.

Lake Region Healthcare adopted an enterprise-wide Centered on You initiative in 2020 to uphold its commitment to a person-centered approach and being the best place to give and receive care. One component of this initiative is conducting an Employee Engagement Survey periodically to assist with the organization's growth and improvement. The results of the survey will be used to guide future initiatives and action plans to promote and support employee engagement and to ensure that each employee feels like a valued member of the organization. In 2021, Lake Region Healthcare Enterprise partnered with Press Ganey Associates to administer the Employee Engagement Survey. Due to the change in survey tool, we identified a new measure for CY 2021 that we think best correlates to the particular strategy. The question selected is: *This organization supports me in balancing my work life and personal life*. Survey link was sent out to all employees and medical providers throughout the enterprise and 757 individuals responded. Statement is rated on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Average rating to this statement is 3.68. The next employee engagement survey is scheduled to be sent out on June 2022.

Priority Issue: Substance Abuse

Chemical dependence was one of the concerns frequently brought up in our focus group sessions. Alcohol, tobacco and marijuana are substances most commonly used by adolescents in Otter Tail County according to the 2016 Minnesota Student survey. As is the case across the entire country, addiction to opioids, heroin and methamphetamine is also a growing threat in our community. As part of our response, Lake Region Healthcare is one of eight pilot sites across the state following the Tackling Opioid Use With Networks (TOWN) model funded through the Minnesota Department of Health to help prevent opioid misuse and overdose. The TOWN model integrates prevention and treatment strategies at the health care system and in surrounding community to: (1) create coordinated clinical care teams, (2) improve the prescribing culture by providing education to providers and pharmacists on appropriate opioid and naloxone prescribing and dispensing, (3) increase coordination across community sectors and reduce treatment gaps for individuals with opioid use disorder by strengthening partnerships with law enforcement and other community sectors and (4) increase referrals for needed services by bringing together interdisciplinary and interagency teams to be represented in each community task force.

Goal: Reduce prevalence of substance abuse in Otter Tail County and the City of Barnesville through expansion of prevention, treatment and recovery support services.

Strategies: (1) Improve access to, utilization of and engagement and retention in prevention, treatment and recovery support services. (2) Advance the practice of pain management. (3) Promote proper use, storage and disposal of medications.					
Objectives: (1) Increase the number of waived providers allowed to prescribe buprenorphine. (2) Increase the proportion of patients with chronic opioid prescription(s) with a signed Controlled Substance Care Plan. (3) Decrease the number of patients on chronic opioid therapy.					
Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data 2021 Data
Establish an Opioid Safety Program led by the Opioid Safety Steering Committee	Multi-department		Improved opioid safety practices	Opioid Safety Program established Development of the Opioid Safety Steering Committee subcommittees	Established November 2019 Established November 2019

Appendix A: Progress on 2019 – 2021 Initiatives

Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021
Engage and educate providers on MN and CDC opioid prescribing guidelines	Medical Staff, CSCT	St. Gabriel’s Health Project ECHO	Improved opioid prescribing and alignment of opioid prescribing with current guidelines	# of providers trained on safe opioid prescribing guidelines	93	--
				# of patients on chronic opioid therapy	402	355
Encourage the use of the Controlled Substance Care Plan for patients on chronic opioid therapy or with concomitant use of benzodiazepines	Clinic, CSCT		Increased patient engagement; Mitigate risk for opioid misuse, addiction and overdose	Proportion of patients on chronic opioid therapy with a signed Controlled Substance Care Plan	68%	*45.7%
Collaborate with community partners to identify and implement potential effective environmental strategies to address opioid abuse/misuse through the Otter Tail County Opioid Abuse Prevention Task Force	Quality	Public Health, Human Services, Law Enforcement, Probation, CARE, Northstar, LB Homes, Thrifty White, Probation	Improved capacity to address substance abuse-related needs	# of meetings and participants	2	5

An enterprise-wide (Lake Region Healthcare and Prairie Ridge Healthcare) Opioid Safety Program was established in November 2019 led by a multi-disciplinary Opioid Safety Steering Committee to ensure responsible opioid prescribing and systematic monitoring. The following subcommittees were formed, each tasked with identifying opioid practice patterns and developing procedures and programming to enhance patient safety and mitigate opioid-related risks in their particular domain: (1) Acute Pain Management, (2) Ambulatory Pain Management, (3)

Appendix A: Progress on 2019 – 2021 Initiatives

Substance Use Disorder Services, (4) Non-Pharmacological Pain Management, (5) Controlled Substance Diversion Prevention and (6) Opportunities, Performance Improvement and Education. The work of the steering committee was put on hold to reallocate resources towards COVID-19 response. Currently the program is undergoing review to reevaluate its scope and membership. It is slated to be operative again in CY 2022.

Education on MN and CDC prescribing guidelines were provided in CY 2020 to all medical staff providers as part of their annual education packet. No additional education was provided in 2022.

In CY 2021 we updated this measure to reflect the percentage of patients with an active care plan, which is defined as a care plan that has been created or updated and signed within the last calendar year. This is different from the 2020 data which captured any patients with a signed care plan regardless of when it was last updated.

Lake Region Healthcare formed a Controlled Substance Care Team (CSCT) which consists of physicians, pharmacists, social worker, nurse care coordinator in August 2018. The team implements evidence-based strategies to reduce inappropriate use of opioids through care coordination, addressing unmet social needs, prescriber education and assistance, proper opioid disposal and engaging community partners. In addition, LRH established a Medication for Opioid Use Disorder program in 2018 to provide care for patients with opioid use disorder. We currently have 4 buprenorphine waived providers.

Strategy: Expand access to Naloxone.						
Objective: Increase Naloxone co-prescribing to patients receiving prescription opioids.						
Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Educate providers on recommendations regarding when to prescribe or co-prescribe naloxone	Medical Staff, CSCT		Reduced risks for opioid deaths	# of providers trained on naloxone prescribing recommendation	0	0
Host Community Narcan Training/Opioid Awareness	Marketing, CSCT		Increased knowledge on risks of opioid abuse; Increased access to naloxone	# of trainings/community education held # of participants	0 0	0 0

Resources were diverted to respond to the COVID-19 pandemic and we were not able to prepare and present provider education on Naloxone prescribing guidelines. We are currently working with our Pharmacy Department to develop education materials to be shared with all the providers in 2022.

Appendix A: Progress on 2019 – 2021 Initiatives

Again, due to the COVID pandemic and the restrictions placed on public gathering as well as constrained resources, we were not able to host community trainings on Narcan and Opioid Awareness. Depending on the COVID situation in our community, we hope to be able to work with community partners and facilitate internal and community Naloxone education sessions in calendar year 2022.

Priority Issue: Resource Navigation

In all five focus group sessions we facilitated, the availability of a variety of health care services, community-based resources and social services was highlighted as an asset in the community. However, most community members are not aware of the resources available or do not know how to access them. This limited awareness of services and resources may lead to community members not seeking needed services, impacting health and leading to poorer health outcomes and quality of life.

Goal: Optimize access to health care, social services and other community resources in Otter Tail County and the City of Barnesville through increased collaboration between clinical and social services.

Strategy: Enhance awareness of community resources and health care and support services						
Objective: Increase the number of patients connected to appropriate community resources.						
Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Pilot a monthly Resource Series	Multi-department	Faith leaders, Salvation Army, United Way, West Central Initiatives, Mahube-Otwa, Public Health, Human Services, other healthcare providers and community organizations	More effective community partnerships; Increased awareness of community resources	# of meetings # of participants	0	--
Pilot float social worker program at the clinic	Clinic, Social Services		Increased capacity to address social needs in a primary care setting	# of phone calls received	916	--
Develop a community resource link	Marketing, Social Services, Medical Home	Salvation Army, United Way, West Central Initiatives, Public Health, Human Services, Mahube-Otwa, other healthcare providers and community organizations	Increased awareness of community resources	Community resource link developed and promoted	Promoted the already existing community resources websites.	

Appendix A: Progress on 2019 – 2021 Initiatives

Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Consider screening patients for social needs	Clinic	Salvation Army, United Way, West Central Initiatives, Public Health, Human Services, Mahube-Otwa, other healthcare providers and community organizations	Patients’ needs are identified; Patients are referred to appropriate resources	# of meetings to evaluate feasibility and identify the screening tool and process	0	0

Due to the COVID-19 pandemic, social gathering restrictions were put in place and resources were reallocated to focus on planning, preparing and responding to the pandemic. Therefore, we were not able to coordinate the resource series as we had planned. In addition, workforce shortage continues to impact many sectors in our community this past year further straining our already limited resources. Due to the situation, it was decided that the monthly resource series activity is not feasible at the moment. However, we continue to work with our community partners, connecting and collaborating to educate and inform each other about available community resources and referring patients to appropriate resources.

The float social worker program has been suspended due to insufficient staffing. However, our social workers continue to assist and support as many patients from the outpatient setting as they can.

We continue to promote already existing sources of information regarding community resources to our patients such as 211.org, the community resource guide prepared by West Central MN Communities Action and information available through the Otter Tail County website.

The clinic continues to screen newly enrolled Health Care Home patients as well as patients enrolled in our Medication for Opioid Use Disorder Program for social needs using the Centers for Medicare & Medicaid Services’ (CMS) Accountable Health Communities Model 10-question screening tool. This tool aims to identify unmet needs across five core domains – housing instability, food insecurity, transportation needs, utility needs and interpersonal safety. For individuals who indicate a positive response for the associated health-related social need, we provide them with information on community resources they can connect with to get help. Due to our planned transition to a new Electronic Health Record system, we have paused the planned roll out of the social needs screening tool to a larger set of our patient population.

Priority Issue: Chronic Diseases

According to the Centers for Disease Control and Prevention, chronic diseases are conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, diabetes and obesity, are among the most common, costly and preventable illnesses in our service area and across the country.

Cancer and heart disease are the top two causes of death in Otter Tail County. The most prevalent cancer diagnosis in the county are lung and colorectal cancers while breast cancer is the most common cancer among women in our community. Obesity which is now recognized as a chronic disease also exacerbates many other chronic diseases, such as cardiovascular disease and diabetes. According to the PartnerSHIP4Health survey conducted in 2018, close to 40% of Otter Tail County adults are considered to be obese while 72.5% are either overweight or obese.

Goal: Encourage health promotion and chronic disease prevention in Otter Tail County and the City of Barnesville.

Strategy: Create healthy environment that promote health and support healthy behaviors in the community.						
Objective (1): Increase the proportion of adults who are at a healthy weight.						
(2): Increase consumption of fruits and vegetables among youths and adults.						
(3): Decrease the proportion of adults who engage in no leisure-time physical activities.						
Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Continue to lead the annual Community Health Expo	Wellness, Marketing, Clinic, Nutrition Services	PartnerSHIP 4 Health, Local restaurants and businesses	Increased community engagement on health and wellness; Increased social connectedness	# of participants	~500	325
Support Live Well Fergus Falls and their initiatives	Wellness	PartnerSHIP 4 Health, Public Health, YMCA	Improved access to healthy food choices and physical activity opportunities	# of meetings	7	0
Expand Shop with the Doc program	Wellness, Providers, Marketing	Service Foods, Cafe 116	Increased knowledge and self-efficacy about healthier food choices and preparation	# of events	1	0
				# of participants	7	0

Appendix A: Progress on 2019 – 2021 Initiatives

Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Establish Walk with the Doc program	Wellness, Providers, Marketing	YMCA, Parks and Recreation, Live Well Fergus Falls, PartnerSHIP 4 Health	Increased access to physical activity opportunities	Program established # of events # of participants	Not established 0	0
Advocate for local businesses to adopt worksite wellness initiatives	Marketing, Wellness	PartnerSHIP4Health	Increased community engagement on health and wellness	# of new and existing businesses engaged	130 participants in the Corporate Cup	14

Lake Region Healthcare’s Wellness Department launched the 8th annual Community Health Challenge on April 4th with the theme, *Do Good + Feel Good*. It was a 6-week challenge that encouraged participants to move more for improved physical health and to do more for the individual’s own wellbeing and the wellbeing of others. There were 325 participants who cumulatively completed 17,267 miles.

Due to the COVID-19 pandemic and resources and staff being diverted to support preparation and response to the pandemic, Shop with the Doc has been temporarily suspended along with the launch of the Walk with the Doc program. We will reassess when these programs should resume once the situation returns to “normal.” Similarly, the Live Well Fergus Falls group temporarily paused their monthly meetings due to COVID-19 restrictions and limited resources.

Lake Region Healthcare along with PartnerSHIP4Health and other members of Live Well Fergus Falls work to promote worksite wellness to other businesses in the community. Lake Region Healthcare coordinated the Fergus Falls Corporate Cup, an event that promotes team building, physical activity, well-being and camaraderie within the workplace. In 2021, Lake Region Healthcare combined the Corporate Cup with the Community Health Challenge and had 14 businesses participate.

Internally, Lake Region Healthcare promoted worksite wellness through various events throughout the year such as the 90-Day Challenge which explores the different facets of wellness, the Maintain Don’t Gain Challenge over the holiday season, Nutrition and Meal Planning class, Self-Care Workshop, and quick stretch sessions via Zoom.

Appendix A: Progress on 2019 – 2021 Initiatives

Strategy: Improve access to quality preventive services.						
Objective: Increase the proportion of people accessing preventive services.						
Activity	LRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Offer I Can Prevent Diabetes classes for free	Wellness	YMCA	Decreased incidence of diabetes; Increase people living at a healthy weight	# of participants who complete the program	2 classes started but not completed.	12
Grow Lifestyle Medicine Program	Wellness, Clinic		Increased physical activity and consumption of health foods; Improve overall health and wellness	# of patients referred	156	82
				# of patients enrolled	93	54
Utilize pre-visit planning for cancer screening reminders	Clinic		Improved health screening uptake	Proportion of patients who are up to date with their breast, colorectal and cervical cancer screenings	Cervical Cancer Screening = 91% Colorectal Cancer Screening = 49% *Breast Cancer Screening = 56%	
Send out targeted mailings to educate parents and promote HPV vaccination	CIS, Clinic		Increased knowledge about the safety and benefits of the HPV vaccine; Improved HPV vaccination rate	# of mailings sent out	None	None
				Proportion of patients age 9-26 years old who had at least one dose of HPV vaccine in CY 2020	7.3%	*16.1%
Send out reminder to improve completion of HPV series	CIS, Clinic		Improved HPV vaccination rate	Proportion of patients age 9-26 years old who had at least one dose of HPV vaccine in CY 2020	7.3%	*16.1%

Lake Region Healthcare offers the 12-month National Diabetes Prevention Program (NDPP) for free to all community members and Lake Region Healthcare employees. Lake Region Healthcare achieved full recognition by the Centers for Disease Control and Prevention in 2019 for their Diabetes Prevention Program. Two shortened NDPP classes were offered in 2021. One started in April and the other in October. Both were held virtually. There were 14 participants in the April class with 7 completing the program, while 5 participants out of 12 completed the October class.

Appendix A: Progress on 2019 – 2021 Initiatives

Another program that Lake Region Healthcare’s Wellness Department offers is Lifestyle Medicine. Through this program, we provide wellness coaching and personal training. The objective the program is to help clients achieve their personal health and fitness goals and get them back to living with intention every day. Clients can get a referral into the program from their healthcare provider which entitles them to receive a free 1-hour wellness coaching visit and 2 free 30-minute personal training sessions. After the free sessions, clients are offered a discounted personal training and/or wellness coaching session package. The certified wellness coach addresses areas of the client’s life that may be inhibiting them from reaching their wellness goals – whether it is physical, emotional, mental or economic. In 2021, the Wellness Department received 82 referrals from providers. Of those referrals 65.9% enrolled into the program.

Some providers use pre-visit checklist to help identify gaps in care such as preventive health screenings and chronic care needs. The use of this tool has helped improve the clinic’s preventive screening rates. Breast cancer screening data indicated in the above table represents breast screening rates among female Medicaid patients between the ages of 52-64 years, attributed to Lake Region Healthcare.

We were not able to implement an educational intervention to increase HPV vaccination acceptance. However, Otter Tail County Public Health sends out mailings to household with age-appropriate adolescents reminding them to schedule their HPV vaccination. To increase HPV vaccine series completion, patients who receive the first dose of the HPV vaccine at one of our clinics are asked to complete a post card with their mailing information which the clinic sends out at the appropriate time to remind the patients to schedule their 2nd dose of the HPV vaccine. The 2021 data indicated in the table above reflects the percentage of adolescent Medicaid patients attributed to Lake Region Healthcare who completed the HPV vaccine series by their 13th birthday.

Prairie Ridge Healthcare Progress

Priority Issue: Mental Health and Chemical Dependence

Based on consensus from partners, it was decided that mental health and chemical dependence should be grouped together because they usually go hand in hand. Mental health encompasses mental illness, brain health, mental well-being and the associated stigma. While chemical dependency is the misuse and abuse of alcohol, tobacco, illicit drugs, prescription medications and other drugs harmful to one’s health and well-being. Both of these issues are extensive and prevalent among youth and adult residents of our community. According to the 2016 Minnesota Student Survey, 12% of 11th graders seriously considered attempting suicide during the past year while 18.7% reported seriously considering attempting suicide more than a year ago. When it comes to substance use, alcohol, tobacco and marijuana are the most prevalent among high school students in Grant and Stevens counties.

Goal: Prevent and treat mental illness and substance abuse and provide supports for people seeking treatment or are in recovery in Grant and Stevens counties.

Strategy: Promote positive early childhood development including positive parenting and violence-free homes.						
Objective: Increase awareness and understanding of ACEs and ways to prevent them.						
Activity	PRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Provide Adverse Childhood Experiences (ACEs) workshops for school administrators, teachers, staff and students	Nursing Providers	Local schools Public Health	Improved understanding and awareness of ACEs	# of people who participated in the ACE workshop	0	0

Prairie Ridge Healthcare facilitated an ACE workshop targeted for providers in October 2019. This workshop was well-received and well-attended. We had planned on facilitating other ACE workshops in our local schools that will be more community-focused. However, due to COVID-19 and the resulting public gathering restrictions and limited resources, this plan was put on hold for the remainder of the implementation period. Prairie Ridge Healthcare is a member of the Grant County Child and Youth Council, a family services collaborative serving the children, teens and families in the Grant County School District. The collaborative has been instrumental in connecting its members to various resiliency-related trainings and documentary screening and discussion opportunities.

Strategies: (1) Facilitate social connectedness and community engagement.						
(2) Provide individuals and families with the support necessary to maintain positive mental well-being.						
Objective: Increase employee engagement.						
Activity	PRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Promote Person-Centered Care activities among PRHHS staff and providers and community	All Staff and Providers	Planetree Lake Region Healthcare (LRH)	Increased social connectedness; Improved mental wellbeing and resiliency	# of PRHHS staff and providers who attend Person-Centered Care trainings PRHHS employee responses to employee engagement survey question	0 70.1%	0 *3.68

Appendix A: Progress on 2019 – 2021 Initiatives

Lake Region Healthcare Enterprise decided not to re-invest in Planetree, the person-centered initiative. However, there is a firm commitment from the organization to continue to focus on patient-centered care using the Planetree principles we have learned and other evidence-based person-centered care approaches to create a high-quality experience for all including patients, their families, employees and medical staff.

Prairie Ridge Healthcare along with Lake Region Healthcare adopted an enterprise-wide Centered on You initiative in 2020 to uphold its commitment to a person-centered approach and being the best place to give and receive care. One component of this initiative is conducting an Employee Engagement Survey periodically to assist with the organization’s growth and improvement. The results of the survey will be used to guide future initiatives and action plans to promote and support employee engagement and to ensure that each employee feels like a valued member of the organization. In 2021, Lake Region Healthcare Enterprise partnered with Press Ganey Associates to administer the Employee Engagement Survey. Due to the change in survey tool, we identified a new measure for CY 2021 that we think best correlates to the particular strategy. The question selected is: *This organization supports me in balancing my work life and personal life*. Survey link was sent out to all employees and medical providers (enterprise-wide) and 757 individuals responded. Statement is rated on a scale from 1 to 5, with 1 being strongly disagree and 5 being strongly agree. Average rating to this statement is 3.68. The next employee engagement survey is scheduled to be sent out on June 2022.

Strategies: (1) Improve access to, utilization of and engagement and retention in prevention, treatment and recovery support services. (2) Advance the practice of pain management.						
Objectives: (1) Increase the number of waived providers allowed to prescribe buprenorphine. (2) Decrease the number of patients on chronic opioid therapy.						
Activity	PRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Establish an Opioid Safety Program led by the Opioid Safety Steering Committee	Multi-department Pharmacy	Lake Region – Enterprise project	Improved opioid safety practices	Opioid Safety Program established	Opioid Safety Program established in November 2019	
				Development of the Opioid Safety Steering Committee subcommittees	Subcommittees were formed in November 2019	
Engage and educate providers on MN and CDC opioid prescribing guidelines	Medical Staff Pharmacy	Lake Region – Enterprise project	Improved opioid prescribing and alignment of opioid prescribing with current guidelines	# of providers trained on safe opioid prescribing guidelines	9 providers (100%)	--
				# of patients on chronic opioid therapy	82	82

Appendix A: Progress on 2019 – 2021 Initiatives

An enterprise-wide (Lake Region Healthcare and Prairie Ridge Healthcare) Opioid Safety Program was established in November 2019 led by a multi-disciplinary Opioid Safety Steering Committee to ensure responsible opioid prescribing and systematic monitoring. The following subcommittees were formed, each tasked with identifying opioid practice patterns and developing procedures and programming to enhance patient safety and mitigate opioid-related risks in their particular domain: (1) Acute Pain Management, (2) Ambulatory Pain Management, (3) Substance Use Disorder Services, (4) Non-Pharmacological Pain Management, (5) Controlled Substance Diversion Prevention and (6) Opportunities, Performance Improvement and Education. The work of the steering committee was put on hold to reallocate resources towards COVID-19 response. Currently, the program is undergoing review to reevaluate its scope and membership. It is slated to be operative again in CY 2022.

Education on MN and CDC prescribing guidelines were provided in CY 2020 to all medical staff providers as part of their annual education packet. No additional education was provided in 2022.

Strategies: (1) Expand access to Naloxone. (2) Increase public awareness regarding risks of substance use.						
Objective: Increase Naloxone co-prescribing to patients receiving prescription opioids.						
Activity	PRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Educate providers on recommendations regarding when to prescribe or co-prescribe naloxone	Medical Staff Pharmacy	Drug Task Force Law Enforcement First Responders	Reduced risks for opioid deaths	# of providers trained on naloxone prescribing recommendation	0	0
				# of patients prescribed naloxone % of patients prescribed chronic opioids who are also prescribed naloxone	0%	2.4%
Host Community Narcan Training/Opioid Awareness	Pharmacy Ambulance Director Provider	Drug Task Force Law Enforcement First Responders	Increased knowledge on risks of opioid abuse; Increased access to naloxone.	# of trainings/community education held	0	0
				# of participants	0	0
Educate Community and students on the dangers of substance use.	School Nursing Provider	Public Health	Increased knowledge on risk of vaping and substance abuse.	# of trainings/community education held	0	0
				# of participants	0	0

Appendix A: Progress on 2019 – 2021 Initiatives

Resources were diverted to respond to the COVID-19 pandemic and we were not able to prepare and present provider education on Naloxone prescribing guidelines. We are currently working with our Pharmacy Department to develop education materials to be shared with all the providers in 2022.

After discussion with some members of the CHNA steering committee, we will be revising one of the data collected for the activity, *Educate providers on recommendations regarding when to prescribe or co-prescribe naloxone*, to better capture our progress and impact. Instead of the number of patients prescribed Naloxone, we will be tracking the percentage of patients who are prescribed chronic opioids with a Naloxone prescription.

Due to the COVID pandemic and the restrictions placed on public gathering as well as constrained resources, we were not able to host community trainings on Narcan and Opioid Awareness. Depending on the status of COVID-19 in our community, we hope to be able to work with community partners and facilitate community education sessions in calendar year 2022.

Priority Issue: Socioeconomic Issues

The prevalence of poverty in the community and its impact on health was another issue that was evident throughout the CHNA report. Median household and per capita incomes in Grant and Stevens counties were significantly lower than the state’s average. In 2017, 17.2% of Stevens county residents were living in poverty, which is almost twice that of Grant county at 9.9%. In general, individuals living at or below poverty level struggle to meet their basic needs. Therefore, they tend to be in poorer health, food insecure and experience chronic stress and substandard housing. During the focus group session, participants discussed clients or people they know who struggle to afford food, personal hygiene products, medications and needed medical devices or services, that they often go without.

Goal: Address social determinants of health to create an environment that promotes health and health equity in Grant and Stevens counties.

Strategy: Improve clinical-community linkages.						
Objectives: (1) Reduce food insecurity. (2) Reduce hygiene insecurity.						
Activity	PRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Partner with local church to establish Ruby’s Pantry	PRH Exec Team Dietary	Local Church	Increased access to affordable food	# of food shares collected Ruby’s Pantry established		Established

Appendix A: Progress on 2019 – 2021 Initiatives

Activity	PRH Resources	Partners	Anticipated Impact	Performance Metrics	2020 Data	2021 Data
Partners with area schools to establish a Hygiene Closet	School Nursing PRH Exec Team Purchasing	Area Schools	Students in need get access to hygiene supplies with no judgement; Decreased absenteeism	# of kits donated/provided Establish hygiene closet	0	Established

After discussions about strategies to include in our CHIP, we learned that our local church, Elbow Lake Baptist Church, is sponsoring a Ruby’s Pop-Up Pantry in our community. In 2020, the Pop-Up Pantry was established. It is hosted by Peace Lutheran Church in the city of Barrett, every 3rd Monday of the month between 6:00 – 7:30 PM. Ruby’s Pantry partners with food manufacturers, distributors and producers to gather their surplus and overages. They then sort out the food for distribution and deliver it to Pop-Up Pantry locations across MN and WI. There is no income or residency requirement to receive food bundles. For a \$20 donation a person will receive an abundance of groceries. We do not have access to the number of food shares collected at the site. Therefore, after some discussion with Prairie Ridge Healthcare’s Executive Team, it was decided that the performance metric needs to be revised. Instead of the number of food shares collected, the new metric is that Ruby’s Pantry was established in the community.

We began collecting donations in 2020 for the hygiene closet but ended up donating the items the Food Shelf instead of the schools due to COVID-19 and the resulting transition to virtual schooling. After some discussion we decided that we could best serve our community by establishing a hygiene closet in our clinic first. The hygiene closet was set up in our Elbow Lake location where patients can get items that they need free of charge. After a year, we will assess if this program should expand into our other clinic locations.

Priority Issue: Transportation

Transportation continues to present as a barrier to accessing healthcare and other needed services in our community, thus affecting overall health and wellness. However, due to resource constraints and because it is being addressed by other organizations in our community, Prairie Ridge Healthcare decided not to directly address this issue. We do continue to educate our patients regarding transportation options and assist them in coordinating their transportation to and from Prairie Ridge Healthcare whenever possible.

Focus Group Schedule

Group #	# of Participants	Date	Time	Location
1	3	February 24, 2022	10:30 – 11:30 AM	Cornerstone Church
2	4	March 15, 2022	11 AM – Noon	Zoom
3	4	March 16, 2022	10:30 AM – Noon	Zoom
4	4	March 16, 2022	3:30 – 5 PM	Zoom
5	4	March 17, 2022	10 – 11:30 AM	Zoom
6	4	March 17, 2022	11:30 AM – 1 PM	Zoom
7	7	March 23, 2022	10 – 11:30 AM	Lake Region Healthcare
8	4	March 24, 2022	1:30 – 3 PM	Zoom
9	5	March 30, 2022	3 – 4:30 PM	Zoom
10	8	April 11, 2022	3 – 4:30 PM	Lake Region Healthcare

CHNA Focus Group Guide

Materials:

- Participant Consent
- Demographic Questionnaire
- Name Tent
- Note Card for: Describe your community in one word.
- Flip Chart
- Markers
- Audio Recorder
- Notepad
- Pens
- Incentive: Meal
- Sign-in Sheet

Focus Group Discussion Script

*Collect participant consent prior to starting the focus group discussion.

Welcome:

Good morning/afternoon. I'd like to begin by thanking you for making the time to take part in our focus group discussion on health within Otter Tail, Grant and Stevens counties. My name is Joanna Chua. I am the community health initiatives coordinator for Lake Region Healthcare and Prairie Ridge Healthcare and I will be facilitating the discussion today.

Purpose:

Our discussion should run no more than one hour. Today we will be talking about the health issues that you feel are most important in Otter Tail, Grant and Stevens counties in an attempt to obtain a detailed picture of overall health within our communities.

We will be using the information collected today as part of Lake Region Healthcare and Prairie Ridge Healthcare's joint community health needs assessment. Information gathered from these sessions will be used to supplement quantitative data obtained from other sources. These data will ultimately help determine what health priorities Lake Region Healthcare and Prairie Ridge Healthcare will be focusing on over the next three years.

Ground Rules/Focus Group Set Up:

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

Appendix C: Focus Group Guide

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.
- Answer you provide today will be confidential.
- 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. Results will be reported in aggregate form with no identifying information.

Questions:

1. When thinking about health, what are the greatest strengths in our community?
2. What are the most important health-related issues in our community?
3. What recommendations do you have to improve the health of our community?

Conclusion:

Thank you for participating in the focus group today. I hope you have found the discussion interesting. Your input has provided us with valuable insight into the overall status of health within the communities we serve. We will use the information collected today to make an informed decision about the health priorities over the next three years. 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.

Appendix C: Focus Group Guide

Welcome:

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

Introduction:

I'm Joanna Chua, community health initiatives project coordinator for Lake Region Healthcare and I will be your facilitator. This is Katelyn Strand, she's an intern for Lake Region Healthcare and will be our note taker. 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 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 our community.

On your way in we handed out some documents that we ask you to complete prior to the end of today's session. One is the informed consent which details out the purpose of the focus group and how we plan on using the information we gather today. The second is the demographic questionnaire which asks your age, gender, race, line of work, etc. This data will allow us to include the general characteristics of the focus group participants in the final report. And finally a little note card asking for a one-word description of the community. Write the first thought that comes to your mind when you think about Otter Tail County. We will be collecting these 3 things at the end of the session.

Ground Rules/Focus Group Set Up:

There are multiple ways to run a focus group. For today's discussion we will be using a modified version of the Nominal Group Technique because we want to make sure that everyone's voice is heard. We'll do a round robin process so each participant has an opportunity to respond to the question. Each participant will share one response per turn to the question. There will be two turns per question. You may "pass" your turn at that moment and then add a response at the end if you wish to do so. During the round-robin process there will be no discussions, not even questions for clarification. We just want to get information out of each participant. 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. We will follow this process for each question.

Before we start, I just want reiterate some information mentioned in the consent form...

- 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.
- We will be audio recording the session so we can capture everything you have to say. But no one will be identified by name in the report. Everyone will remain anonymous.

Appendix C: Focus Group Guide

On the board are the three questions we will be asking today. And it will be asked in that order.

Questions:

1. When thinking about health, what are the greatest strengths in our community?
2. What are the most important health-related issues in our community?
3. What recommendations do you have to improve the health of our community?

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 or my supervisor, Abby Drouillard. 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, consent form and the note card requesting for a one-word description of the community.

Focus Group Participant Characteristic

Characteristic	Number	Percentage
Gender		
Female	23	67.6%
Male	11	33.4%
Age		
18-34 years old	6	17.6%
35-44 years old	7	20.5%
45-54 years old	9	26.5%
55-64 years old	6	17.6%
65 years and older	6	17.6%
Sector of Work		
Healthcare	13	38.2%
Faith	3	8.8%
Government	5	14.7%
Education	4	11.8%
Non-Profit	4	11.8%
Public Health	1	2.9%
Public Safety	1	2.9%
Retired	3	8.8%
Area(s) of Expertise*		
Healthcare	7	
Mental Health	4	
Substance Use	4	
Children/Youth	10	
Education	10	
Aging	7	
Domestic Violence	4	
Crime	3	
Immigrants	1	
Disability	1	
Homelessness	2	
Discrimination	1	
Housing	1	
Transportation	1	
Low Income	2	
Food Shelf	1	
Veterans	1	
Community Health and Prevention	1	
County of Residence		
Otter Tail	23	67.6%
Grant	6	17.6%
Stevens	2	5.9%
Douglas	1	2.9%
Clay	1	2.9%
Richland, ND	1	2.9%

Appendix D: Focus Group Participant Characteristic

Characteristic	Number	Percentage
County Served*		
Otter Tail	24	
Grant	8	
Stevens	5	
Clay	2	
Cass	1	
Wadena	1	
Douglas	1	

*Percentage not calculated because participants could choose more than one answer.

Focus Group Responses and Coding

Strengths

Group	Responses	Session Grouping	Votes	Coding
1	Organizations help EMG get Lukas machines, vents	Collaboration and willingness to help	2	O
	Willingness to help - Giving Hearts Day			B
	United Way, Salvation Army, Someplace Safe, Ruby's Pantry, Food Shelf, volunteers			L
	Major health needs are met locally, especially emergencies	Healthcare available locally	2	A
	Hospital a blessing			A
	Cancer Center (echoed by all participants)			A
	Outdoor activity all year round		0	C
	Lot of church options		2	R
	Increasing diversity		0	G
2	Lake Region Healthcare	Healthcare options including mental health supports	4	A
	Healthcare in all counties			A
	Options for healthcare - PRH, LRH, local clinics, Sanford, Alec			A
	Healthcare in all counties			A
	Expertise in providers - LRH can take care of a lot of needs of the community			A
	Mental health supports - accessible and convenient			A
	Hospitals, mental health, OTC Public Health - Facilities have connection with schools and communities they serve	Available resources and ability to navigate/refer people in need	1	A
	Ability to navigate and refer people in need			M
	Affordable housing		0	F
	Strong schools		2	E
	Strong county presence		0	D
	Recreational opportunities		1	C
	Plentiful jobs	Plentiful employment opportunities	0	H
	Options where they went to work			H
	Fewer jobs within the community but many that is within drivable distance			H
	Connectedness, circle of people to hang with		0	B
Law enforcement and emergency services (fire dept, rescue squad)		0	I	
Churches - supportive of the community		0	R	

Appendix E: Focus Group Responses and Coding

	Strong community programs and groups that look out for the best interest of the community - Ashby Legacy groups	Strong community programs, service groups	0	L
	Service groups carried out by volunteers			L
	United Way, Lions Club, Salvation Army, Kiwanis			L
3	Local access to healthcare close to home	Access to local affordable healthcare (exclude dental and mental health)	4	A
	Local access to healthcare and other health-related opportunities (gym)			A
	Availability of healthcare for all incomes			A
	Availability of affordable healthcare (exclude dental and mental health)			A
	Having touchpoint to make connection on resources	Having touchpoint to make connection on resources	1	M
	Being aware of what the clients in the community needs			M
	Listen to clients and connect them to appropriate resources			M
	Many churches			R
	Having trained specific professionals to meet client's needs - Specialists		0	A
	Having local resource collaborating	Having local resource collaborating	3	O
	Work with NSI to provide affordable low-cost healthy food			O
	Work with schools to have meals (for kids) when not in school			O
	Collaborate on a greenhouse - students learn, provide affordable produce			O
Livestock grant - butchering - opportunity to learn a skill and nutrition	O			
4	Plethora of resources	Plethora of resources	2	L
	Mental health, Human Services, Mahube, advocacy			A
	Healthcare, social and supportive services			A
	Safety net resources - food shelf, immigrant services in Morris and Pelican, West Central Community Action			L
	Strong spiritual services, churches		0	R
	Strong public health presence - local physical access and overarching topics covered and services provided		1	D
	Local access to comprehensive healthcare system	Local access to comprehensive healthcare system	2	A
	2 clinics in Stevens county			A
local clinics - local access	A			

Appendix E: Focus Group Responses and Coding

	Very comprehensive healthcare system			A
	A lot of education around health topics		0	N
	Basic needs are covered where we live - access to local providers, clean water - especially for people who didn't grow up here (things that may be taken for granted by others)		0	C
	Education system - everyone has access to strong school system		0	E
	Early childhood initiatives - physical, mental health, child development	Collaboration of different organizations, interagency groups	2	O
	LACs, family service collaborative, children's service collaborative			O
	Multiple organizations sit at the table to talk about the system as a whole			O
	Physical Environment	Physical Environment	1	C
	Outside space accessible, Nature			C
	Lack of pollution, clean part of the world			C
	Clean water, clean air			C
	Access to local grown food - farmer's markets, grocery stores		0	Q
5	Communication amongst partners are strong	Collaboration amongst partners	4	O
	Great discussion about building the infrastructure and promoting services that we have			O
	Very strong partnerships			O
	Relationships with stakeholder are invested and strong			O
	Faith communities in Grant are very involved and invested in the services provided assisting client directly, taking on family for Christmas, hosting events)			R
	Variety/breadth of services - cancer center, specialists, post-acute services	Variety and breadth of services	3	A
	Options regarding healthcare services, meals on wheels, transportation			A
	Someplace Safe - fiscally responsible director, well-grounded, able to provide myriad			L
	Quality of providers			A
	Health promotion and prevention - family home visiting, SHIP, Thrive	Health Promotion	1	N
Strong emphasis on mental health being important to overall health	N			
Natural environment/green spaces	C			
6	Clinic and hospitals available in each county - Grant and Stevens	Availability of Care	4	A

Appendix E: Focus Group Responses and Coding

	Clinics available in OTC, even in small towns			A
	Telehealth especially during Covid			A
	Accessible services provided by clinics - e.g. vaccination in smaller areas			A
	Opportunities for physical activity	Emphasis on and opportunities for physical activity	1	C
	Availability of affordable programs for people to be active indoors and outdoors - walking path, silver sneakers program			C
	Multitude of activities for physical health both indoor and outdoor			C
	Outreach education - Dentist, LMHC, LRH a lot of providers out in the community, teaching or reading		2	N
	Number of options of health providers outside of health systems - eye health, therapies, independent providers		0	A
	Mental health services for children and adults - LRH, LMHC, school-based mental health (Ashby, Battle Lake, Fergus, EL, Kennedy, ALC), practitioners traveling in OTC		1	A
	Otter Express - opened up ability to travel and get together, go to clinics, stores, homes - (impact on) emotional and mental health and (allowing) social connection		0	J
7	Small community - tight knit, clinic services collaborate well		3	O
	Access to healthcare is pretty easy - geographically	Availability of healthcare services locally	6	A
	Good continuum of care - different healthcare services			A
	Broad range of specialties			A
	High quality providers across continuum of care			A
	Community support (outside of healthcare facility) - families to help get to appointments, (serve as) support system	Community support and values	0	B
	A lot of providers from around the area - same values, familiar faces. (helps with) connection and help with patient-provider relationship			B
	A lot of professionals that care about the community - (do) a lot of community work			B
	Resource-rich - outdoors, nature, educational materials for different health-related topics		5	C
8	Having a local hospital in our community		3	A

Appendix E: Focus Group Responses and Coding

	Strong group of first responders - ambulance, volunteers willing to do first responders work, quality public health, regional hospitals		3	I
	Strong public health agency		0	D
	Opportunities - jobs, religion, healthy area		2	H
	Covered by Air Care - quick access to higher level of care		0	A
	Crisis team for mental health, sheriff's department working with mental health-related calls		0	A
	Open space - not crowded		0	C
	Assisted living, nursing homes, communities for the elderly		0	L
	We all know each other, we look out for each other		0	B
9	Varied providers with stake/vested in our community	Availability of providers	4	A
	Quality providers			A
	Strong EMS provider service			I
	Quick access to local specialists and relationship with Fargo providers			A
	Growing diversity of the community - Connexiones and businesses support			G
	Availability of specialists			A
	Community collaboration - nonprofits, businesses very generous and support the community	Community collaboration	2	O
	Collaboratives - city-council collaborative, opioid taskforce, vulnerable adult multi-disciplinary			O
	Opportunities for healthy lifestyle	Opportunities for healthy lifestyle - exercise and healthy food	2	C
	Strong array of classes, groups for elderly if they choose to participate			L
	Variety of health clubs - YMCA, Mehl Center - to promote healthy lifestyle			L
	A lot of farmer's markets - availability of fresh produce			Q
	Access to grocery stores and basic necessities			Q
	Local livestock producer provided access especially during Covid and is ongoing			Q
	Outdoor recreation/space			C
	Providers, local businesses, schools responded well to Covid. Adapted well to meet community's needs	Covid Response	2	P

Appendix E: Focus Group Responses and Coding

	Community leadership calls in Stevens county during Covid - to know what resources are available and to have support			P
	public health, clinic, pharmacy - timely access to vaccine - came to nursing home			P
	Access for our community especially during Covid - clinics, hospital bed			P
10	Clinics around the area		0	A
	Networking of professionals - providers, nurses, lab techs	Collaboration of resources, partners	5	O
	Resources in our community network and work well			O
	Community partnerships			O
	Specialists we have especially for size of our community	Specialists	1	A
	Specialists on staff			A
	Proximity to larger facilities - Fargo and St. Cloud	Proximity to larger facilities/higher level of care	0	A
	Having helicopter to transfer patients			A
	Person-centered care and relationships formed with patients	Person-Centered care and relationships formed with patient	7	K
	Ability to know who the doctor is			K
	Nurses know who you are, recognize you, you are a person to them			K
	PA, nurse calls and checks up on you - know that they're looking out for me			K
	Not difficult to get a referral			K
	Number of resources across health spectrum/wellness - including food shelf, nursing homes, assisted livings, gyms, financial advisor, places of worship	Physical Health Resources	3	L
	Opportunities that promote physical health - gyms, parks, trails, lakes			C
	PFAC - invite patients to meet with staff to talk about concerns, etc.		0	K
	Great volunteer services - EMS, Fire Dept, First responders	Community Involvement	0	I
Volunteer services at LRH and PRH	B			
Strong service groups - Kiwanis, Lions	B			

Issues

Group	Responses	Grouping	Votes	Coding
1	Mental Health, especially inpatient	Mental Health	3	A
	Psych transfers take a long time			A
	Pushing meds instead of identifying the root cause			A
	Stigma with mental health			A
	All things happening that increases mental health issue/anxiety			A
	Finding services - counseling, scheduling appt		1	C
	High cost of healthcare	High cost of healthcare	0	D
	Disconnect between how much care costs vs what the patient knows it costs - need more transparency			D
	Problems with youth - drugs and alcohol		1	B
	Increasing elderly population		0	X
	Influence of social media		1	E
2	Mental Health, especially inpatient		4	A
	Drug Abuse/Substance Abuse		1	B
	Lack of strength in family unit		0	AC
	Income discrepancy - Ashby attracts a lot of low-income individuals who struggle to have basic needs met		3	Z
	Social services will not take needed action		0	Z
	Social health - very polarizing times, various beliefs have created divisiveness		0	F
3	Access to affordable healthy food	Access to affordable food and other basic needs	4	Q
	Housing			H
	Transportation to access services			I
	Access to skilled care housing to meet care needs - nursing care		0	X
	Access to affordable dental care for all especially for those with no dental insurance or MNCare program		0	J
	Drug problem - prevalence and lack of education on prevention	Prevalence of Substance Abuse and Mental Health and limited access to affordable treatment	4	B
	Mental health - lack of support which could lead to drug abuse			A
	Lack of access to mental health - cost and lack of providers			A
Lack of access to drug treatment programs (including alcohol)	V			
4	Referral process pipeline - lose people along the way		0	K
	Mental health		4	A

Appendix E: Focus Group Responses and Coding

	Stigma from community, providers, self to mental health prevents people from getting help	Mental health - prevalence, timely access to treatment (emergent need)		A
	Children psychiatry - not enough providers			A
	Women in immigrant community feel isolated - not a lot of opportunities (some can't legally work - at home a lot, especially during winter)			L
	Lack of social connection - in all different demographic groups			L
	Lack of coordination of services - for the individual needing the service	Barriers to accessing healthcare - language, culture, transportation	4	K
	Limited transportation to accessing healthcare, food, social connection, things that allow us to stay healthy, basic needs			I
	Affordable housing			H
	People being treated poorly by staff at Steven's County and people going elsewhere for their medical needs			O
	Financial			G
	Education on how to navigate healthcare			P
	Aging population - less opportunities for social connection, transportation option			0
	Covid-related health issues - mental and physical health. Delayed preventive care. Anxiety and stress related to Covid. Missing in-person school	COVID-related health issues	0	M
	Covid long-hauler - health-related issues that will stay long-term			M
5	Access to dental health services - lack of providers	Limited access to healthcare services		J
	Mental health options			A
	More substance abuse treatment options			B
	Lack of SANEs			C
	Having to travel for some services - heart issues, would be nice if we would be able to care for them locally			C
	Limited affordable housing			H
	Transportation especially in Grant County	Limited access to social determinants of health		I
	Lack of informal supports			Y
	Income and poverty levels - disparity, changes in income having to make decisions about accessing basic needs and finances impacting overall health			G
	Staffing shortage			4
Drug Use	Drug use and mental health, resiliency concerns	4	B	
Drug use			B	
Mental health, resiliency			A	
6	More education about healthy relationships			P

Appendix E: Focus Group Responses and Coding

	Mental health of children and adults especially with (addition of) Covid	Impact of Covid on health	4	A
	COVID-related health issues - toll on physical, mental and emotional health			M
	Lack of preventive screenings over the past 2 years - mental and physical			M
	People are still hesitant to go out see doc due to COVID			M
	Lack of movement and socialization outside of social media		4	E
	Lack of in-person socialization			L
	Physical inactivity		0	AA
	Social isolation - young kids do not know how to socialize with others their own age		0	L
	Connectedness with elder population		0	L
7	Trust within the medical profession - misinformation, people making health decision from inaccurate information		0	R
	Chronic disease	Access to care	2	W
	Cost of care - preventive mental health care (not always covered by health insurance)			D
	People waiting longer to get services and supports = higher acuity			P
	Emergency care - lack of EMS service, MI, CD take up too much time in ER			C
	Not a lot of access to specialty care in inpatient setting			C
	Mental health - all stages including CD, high acuity, committed, no timely available treatment			Mental health and substance use - prevalence of disease and lack of treatment services
	Patients are more ill - mental health	A		
	Lack of detox availability, alternative care (not ER)	B		
	No treatment centers that would treat MH and CD at the same time	B		
	Substance use disorder, complex mental health = dual diagnoses	B		
	Timely appts for mental health services	B		
	Child welfare - children in vulnerable pop (spectrum, cognitive disabilities) - usually guardians/parents have CD/MH issues	U		
	Transportation especially after hours	Social determinants of health	0	I
	Child welfare/abuse			U
Burnout especially related to COVID with healthcare workers	Staffing and capacity	5	N	
Capacity to meet community needs			N	

Appendix E: Focus Group Responses and Coding

	Capacity - clinic appts, getting to see providers, timeliness across continuum of care			C
	Staff shortage - have beds but no staff			N
	Recruiting and retention of employees			N
8	Not a lot of access to specialty care in the inpatient setting			C
	Mental health cases in the ED	Increase in prevalence of mental health and addiction issues and lack of treatment	3	A
	More calls related to mental health and addiction			A
	Limited availability of mental health care, programs. Some people are in jail but do not necessarily belong there			A
	Economic health - lower income a concern. Elderly living on SS alone and it impacts their health	Low income and health	2	G
	Accessibility to healthy food options - distance to grocery stores for fruits and vegetables especially in some areas in Grant County			Q
	Lack of transportation		2	I
	Access to dental care options, especially MA		0	J
9	Running out of volunteers to help with first response - staffing issue		1	N
	Behavioral and mental health - lack of providers including addiction in all population	Mental health and chemical use	4	A
	Lack of substance abuse providers - inpatient/outpatient			B
	Treatment facilities for kids - bed and distance they have to go			A
	Substance use and abuse			B
	Lack of mental health facilities/beds/providers			A
	Lack of dental care for lower income, especially elderly patients	Lack of services	2	J
	Transportation			I
	Lack of specialists - especially in Morris (don't come often enough or at all)			C
	Lack of assisted living services for seniors who are low income			X
	Lack of childcare			S
	Lack of foster care homes			T
	Lack of local training for foster home families to care for more difficult/complex child			T
	Workforce shortage across the board especially PCA, home health, front line workers	Workforce shortage	4	N
Lack of nursing home beds - patients staying at hospitals waiting longer	X			

Appendix E: Focus Group Responses and Coding

	Limiting access to services and development of additional services across the board - including mental health and chemical use			A
	Health literacy/misinformation			R
10	Rising rates of obesity, diabetes, chronic disease - impacting day-to-day lives	Chronic Disease	0	W
	Mental health epidemic and limited access to resources	Lack of dual diagnoses resources for mental health and substance use	6	A
	Addiction resources lacking			B
	Lack of resources of sever mental illness (e.g. commitment)			A
	Lack of education on addiction especially in schools and prevention. Perception ≠ Reality			P
	Lack of support for families of individuals suffering from mental health and substance use			AB
	Healthcare workforce shortage - how are we able to support needs of comm			Workforce shortage
	Long term care access is limited - lack support staff	N		
	Long wait in the ED		1	V
	Obesity - not enough physical activity, poor diet - and chronic disease that comes with it		0	W
	Physical therapy is getting too broad - long wait time, equipment needs to be updated		1	V
	Breakdown in support system	Social determinants of health	4	AC
	Finances - inability to afford healthcare, basic needs			G
	Transportation - especially elderly, no family living nearby, limited transportation, cost of owning a car			I
	Social health - less in-person social interaction and effects of social division = division			L

Appendix E: Focus Group Responses and Coding

Codes	Categories	#	Priority Votes
A	Mental health	25	28
B	Substance use and abuse	13	13
C	Limited access to healthcare services	8	3
D	Affordability of care	3	
E	Social media	2	1
F	Divisiveness in the community	1	
G	Limited access to basic needs - Poverty	4	12
H	Limited access to basic needs - Affordable housing	3	
I	Limited access to basic needs - Transportation	7	2
Q	Limited access to basic needs - Healthy food	2	4
S	Limited access to basic needs - Affordable child care	1	
J	Limited access to affordable dental care	4	
K	Lack of coordination of services/Referral process is not closed	2	
L	Social isolation and lack of social connection	6	4
M	Impact of Covid on health	5	4
N	Workforce shortage and employee burnout	9	18
O	Lack of Cultural Awareness in Healthcare	1	
P	Lack of health education and focus preventive health	4	
R	Misinformation and lack of trust	2	
T	Lack of foster care homes	2	
U	Child welfare/abuse	2	
V	LRHC facility-specific concerns	3	2
W	Rising prevalence of chronic disease	3	
X	Lack of programs and services for elderly population	5	
Y	Lack of informal support	1	
Z	Limited capacity/resources to support community need	2	3
AA	Physical inactivity	1	
AB	Lack for support for families	1	
AC	Breakdown of family/support system	2	

Recommendations

Session	Response	Grouping	Votes	Coding
1	Education - printed materials, social media, public forum, provider Lunch n Learn	Education	3	A
	Have conversations - respectful and open			AA
	Educate on the connection between spiritual wellbeing and overall wellbeing			A
	Taking ownership for your own health - promote it		3	A
2	Stronger paying jobs		3	B
	Living wage jobs			B
	More recreation opportunities			C
	Affordable housing			D
	Maintain strong schools			E
	Access to affordable childcare		1	F
	Access to healthcare, mental healthcare and substance abuse care		1	G
	Stronger understanding of income inequities	Allocate resources appropriately and connect people to needed services	3	I
	Resource to talk about services provided/offered in the region - a service-oriented directory			J
	A lot of services are available but we don't know how to access them			J
3	Keep open communication between all agencies - create a list of available resources	More collaboration among different agencies	4	J
	Streamlined referral process			J
	More proactive and preventive vs. reactive. Catch things more upstream			M
	More health advocates to help navigate the system	More providers	4	J
	More providers - skilled nursing, mental health, dental			N
4	Respect and kindness	Build community resilience	4	AA
	Increasing access to local foods. Building capacity among local producers (especially immigrant communities)			O
	Increase walkability and bikeability in communities			C
	Address social determinants of health - meet basic needs before they can think about health			P
	Address ACEs and basic needs. Need to feel safe in order to go forward			AC
	Reduce barriers - e.g. increase transportation options	Enhance collaboration -	4	Q

Appendix E: Focus Group Responses and Coding

	system change - billing (be able to see providers on the same day - cut transportation need)	identify gaps/problems then find a solution		S
	Mental health urgent care			H
	More healthcare system hiring bilingual and culturally competent staff			R
	Expanding community navigation (need an entry point) - similar to CCRC patient navigator			J
	More education - navigating healthcare			J
	Navigator			J
	Immediate access navigator			J
5	Education campaign about drugs - include meth	Education	4	A
	Earlier education with our youth			A
	Education of families and kids around health relationships - families at risk of losing children due to domestic violence or addiction			A
	More topic-specific support (e.g. grief support group, asthma, allergies, domestic violence)			AB
	Restoration of trust in our pillars of health - public health and healthcare - through messaging and education			U
	Encouragement for healthier lifestyle - eating and exercise - offer that program/service		1	C
	More transportation options		0	Q
	Bringing families together to learn from each other		0	Y
	Policy changes - e.g. telehealth, staffing, wages	Policy changes	3	S
	More staff			N
6	Respect for all - communicate on difference in opinion	Respect for all	3	AA
	Bring community back together - made more obvious by COVID			AA
	Retaining staff within the agencies providing care and services (employees burning out)	Retain and recruit staff	3	N
	Recruiting new staff in our rural community			N
	People to be more connected to PCP - getting preventive screenings done in time to find problems earlier on and get them the help they need		0	A
	More services available in rural areas - mental health, home care, nursing services, in home care services is hard to find and to qualify for	Improve availability and accessibility to care	2	G
	More accessibility to mental healthcare - lack of providers, transportation			H

Appendix E: Focus Group Responses and Coding

7	Open detox/holding facility for MH - public/private partnership	Expand CD/MI care	7	H
	Changing structure/expansion of Bridgeway services - get support especially financially			H
	Preventive mental health promotion (e.g. coping skills - education and partnership			A
	geriatric psychiatry			H
	Expanding care coordinator program - public/private partnership			V
	Copy family home visiting program into mental health home/stable visits			V
	Treat people outside healthcare setting. Long-term check in to keep patient stable especially those without support network	Community outreach	2	V
	Health fair - especially schools			A
	Community paramedic, mobile mental health - using existing services more			V
	Address families refusing medications to address mental health (social media, misinformation)			U
	Rebuild trust between community and providers/organizations/government			U
	Transportation to get people home from hospital - after hours	Workforce and resources	5	Q
	What can we do collectively to recruit/retain people - e.g. partner w/ schools, international recruitment			N
	Have specialists take calls to reduce transfer and keep patients locally			N
	Respite care	Informal/family care giver supports	0	W
Adult daycare	W			
8	MA to pay for mileage		0	S
	Expand free education to encourage people to join field in our community - CNA, LPN, Paramedics		3	N
	Have people be more involved in the community to increase volunteers. Change their mindset		2	T
	Ensure schools have tools to educated kids		1	E
	Improving availability and strength of broadband to help with telehealth, virtual opportunities not available in person		0	X
	Increase mental health services available		2	H
9	Need more funding for mental health, preventive care, workforce (e.g. free training for CNA's	Funding	5	N

Appendix E: Focus Group Responses and Coding

	Put more funding/education and focus on preventive care			M
	Educate funders about rural health/needs - needs are different from urban. Provision of rural services are more expensive than urban due to transportation			I
	Increase wages			B
	Educate policy makers, funders, etc	Education	4	I
	Changing the culture - health is health. How mental health is viewed differently from physical health.			A
	Educate, acknowledge, support ACEs. Teach resiliency			AC
	More programming for school-aged kids. E.g. kids visit farmer's market and teach them about healthy eating			A
	Healing - income gaps, political division especially due to the pandemic			AA
	Address childcare issues		0	F
	Work with healthcare system to get specialists to come to other clinics		1	G
	Providers for patients who don't speak English - especially if they have dementia	Assistance for non-English speakers	0	R
	Help non-English speakers navigate			R
	More opportunities to teach English for non-English speakers			L
10	Health education starting from young age - owning health and empowering them to do that	Education	6	A
	Empower healthcare consumers - shared decision making			A
	Recruit people for healthcare careers from a young age	Provider recruitment to improve access	7	N
	Involve community to identify what we can do to entice people to come to our community, work and stay here - across all industries			N
	Pool community resources and solve problems		2	K
	Increase transparency. Allow community to voice opinions without retaliation		1	Z

Appendix E: Focus Group Responses and Coding

Codes	Categories	#	Priority Votes
A	Education on health, prevention, accountability	13	20
B	Living Wage Jobs	3	3
C	More Recreation Opportunities	3	1
D	More Affordable Housing	1	
E	Maintain Strong Schools	2	1
F	Access to Affordable Childcare	2	1
G	Improve Access to Healthcare	3	2
H	Improve Access to Mental Health Care/Substance Use and Abuse Treatment	6	11
I	Allocate Resources Appropriately	3	
J	Resource Directory and Community Navigation	9	11
K	More Collaboration	1	2
L	English speaking class	1	
M	Focus on prevention and upstream interventions	2	5
N	Recruit and Retain Providers and other workers	10	25
O	Access to healthy foods locally	1	
P	Address SDOH - Basic Needs	1	4
Q	Transportation	3	
R	Bilingual and Culturally Competent Staff	3	
S	System/Policy Change - Billing structure to allow same day appts	3	
T	More community involvement	1	2
U	Restore Trust in Pillars of Health by fighting misinformation	3	
V	Expand Care Coordination	4	2
W	Strengthen Informal Supports	2	
X	Improve Broadband	1	
Y	Improve family wellbeing	1	
Z	Increase Transparency and Provide Opportunity for Community to Voice Opinions	1	1
AA	Communicate and treat others with kindness and respect	5	3
AB	More support groups	1	
AC	Address ACEs. Build resiliency	2	