



HORIZON



Public Health
Prevent. Promote. Protect.

**Community Health Assessment
2017-2021**

Approved by the Horizon Community Health Board 09-10-2018

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A Message to the Community

Horizon Public Health, in collaboration with multiple community partners, is proud to present the 2017-2021 Community Health Assessment. This document represents a comprehensive review and analysis of data regarding health issues and the needs of individuals and communities throughout the 5-county Horizon Public Health service area, which includes the counties of Douglas, Grant, Pope, Stevens and Traverse. The Community Health Assessment also represents the opinions, observations and perspectives of the people that live, work, and play in our communities.

Partnership and collaboration are the essence of this Community Health Assessment and that is truly one of the greatest benefits of compiling this report. The process itself allows us to more closely examine the health status of our population together with our community partners, residents, businesses and other interested persons in order to determine the priority health needs within the Horizon service area. Knowing our health priorities, in turn, helps mobilize organizational and community resources to address these issues.

It is our intent that this Community Health Assessment will provide useful information to public health officials, health care providers, policy makers, and area organizations, community groups, and individuals who are interested in improving the health status of the community. By providing additional insight into our health status, it also has the potential to play a significant role in influencing our course of action supporting health, wellness and prevention in our community.

From here, Horizon Public Health, again in partnership with the community, now begins the process of outlining a Community Health Improvement Plan to address the priority health issues. The Community Health Improvement Plan will provide a vision and lay the groundwork for community partners to come together in implementing a systematic approach to addressing the priority health issues identified in the Community Health Assessment. More importantly, the Community Health Improvement Plan will provide a foundation to stimulate strategic new partnerships and collectively, elevate and maximize the health status of all people in our community.

Please join us in this groundbreaking work as we begin this exciting journey toward better health!

Together toward better health!

Sandra L. Tubbs, PHN, Administrator

Horizon Public Health

Executive Summary

The Horizon Community Health Assessment is an effort to learn about the people and the communities within the 5-county Horizon Public Health service area which includes the counties of Douglas, Grant, Pope, Stevens and Traverse. Beginning in 2017, the Horizon Community Health Board initiated the process to identify and describe the health of the community served, the factors that contribute to our health challenges, and the existing community assets and resources that can be mobilized to improve the community's health. The assessment helps ensure that local resources are directed toward those areas where they can make the greatest and most timely impact. The Community Health Assessment is foundational to improving and promoting the health of a community.

The Community Health Assessment is a collaborative process involving the systematic collection and analysis of data and information to provide a sound basis for decision-making and action. It was conducted in partnership with other organizations and members of the community from the five-counties. The Community Partnership Team, representing hospitals, school districts, mental health providers, the Hispanic Community, child care, social services and early childhood initiatives, among others, met frequently to review and analyze data, hear the results of key informant interviews and community focus groups, and ultimately to consider the priority issues impacting our five-counties.

A community-based view of health implies that real health for all individuals can only be achieved when the community as a whole is healthy. That requires a community that encourages and supports not only physical health, but economic, environmental, social, psychological, and political health as well. In this document, you will find a wide array of indicators and information about the conditions and the factors affecting health, as well as indicators of health status.

Introduction

What is health?

While we all may have our own personal definition of “health”, the World Health Organization’s (WHO) definition is often cited when attempting to describe health. According to WHO, health is “a state of physical, mental and social well-being and not merely the absence of disease or infirmity”. If we support this definition, then anything and everything in our lives that impacts our bodies, our minds, our inner beings, and our surroundings has the potential to impact our health. We can no longer totally support the concept that we are all individually and solely responsible for our own personal health. Rather, we are all in this together. That is exactly the definition of public health....” what we do collectively to assure the conditions in which all people can be healthy”.

As we have collected data and individual and community perspectives about the state of “health” in the 5 west central counties of Douglas, Grant, Pope, Stevens and Traverse, the same message resonated again and again. If we are to reach our optimal state of individual health, then we must join together and take a broad look at our policies, at all of those with whom we interact, and at all that surrounds us. Only then can we hope to create a community and an environment that supports a “state of physical, mental and social well-being” for all.

What creates health?

In 2015, the population of the United States spent an estimated \$3.2 trillion on health care costs. However, despite this expenditure, a study by the U.S. National Research Council, published in 2013, showed that Americans die at a younger age and experience more illness and injury than people in other developed countries. This confirms that access to health care alone clearly does not create health.

So, what does create health? During the past two decades, the public health community's attention has been drawn increasingly to the social determinants of health (SDOH)—the factors apart from medical care that can be influenced by social policies and shape health in powerful ways. The World Health Organization's Commission on the Social Determinants of Health has defined SDOH as “the conditions in which people are born, grow, live, work and age” and “the fundamental drivers of these conditions.” Our health is affected by many factors such as genetics, the environment, the existence or absence of relationships and social networks, where we live, our finances or lack of them, as well as our lifestyle. But while individual behaviors cannot be overlooked, it is the policies and processes that shape the daily circumstances of our lives that really creates health.

What is health equity?

By health equity, we mean everyone has the opportunity to attain their highest level of health and no one is prevented from being healthy by unjust or unfair social policies and practices. *Inequities* are created when barriers prevent individuals and communities from accessing these conditions and reaching their full potential. How do we achieve health equity? We value all people equally. We optimize the conditions in which people are born, grow, live, work, learn

and age. We work with other sectors to address the factors that influence health, including employment, housing, education, health care, public safety and food access. We understand that we all share the responsibility of creating healthy communities where everyone can thrive, instead of each of us being solely responsible for our health. We can only be healthy when the conditions in our community's support everyone's health.

The Community Health Assessment Model, Process and Challenges

The community health assessment model

Preliminary planning for the community health assessment process initially began in the fall of 2016 with exploration of various models commonly used as the framework for community health assessment. Having reviewed several options, the evidence-based model Mobilizing for Action through Planning and Partnerships (MAPP) was selected.

This community-driven strategic planning process includes, as its base, four separate but complimentary assessments:

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

By completing these assessments, a broad perspective of the people, the environment, the political and situational influences, and the state and local public health capacity is obtained. The MAPP process also encourages broad community and stakeholder involvement which further contributes to the validity and integrity of the assessment, in particular when used to develop the community health improvement plan. Given some time restrictions and staff limitations, the Community Partnership Team (CPT) utilized a modified version of the MAPP model in order to complete the assessment.

The community health assessment process

The 2017-2021 Horizon Public Health Community Health Assessment (CHA) process was conducted to identify the current state of health, as well as the priority health issues and challenges facing the community. The community health assessment is a means of learning more about what factors contribute to good health and those that contribute to poorer health status for some in the community. It is also a means of identifying areas which present opportunities for health improvement and the resources that currently exist within the community to address those opportunities. The process was initiated in January 2017 with the formation of a 5 county Community Partnership Team (CPT), comprised of community members, leaders, providers, and partners representing various public and private sectors and organizations within the five-counties. (Members of the Community Partnership Team and the organization/sector represented by each team member can be found on Attachment A). Having previously developed strong cross-sector partnerships through various collaborative initiatives, the CPT became acclimated to the MAPP model and then quickly moved to the data collection and analysis phase of the assessment. Learning and working together, the CPT

reviewed demographic, socioeconomic, behavioral risk factor, environmental and quality of life indicators in order to gain a common understanding of the current state of health.

Between January and July 2017, four face-to-face CPT meetings were convened. Due to the large 5-county geographic area from which the CPT members traveled, the first 3 meetings were replicated in 2 different locations in order to minimize CPT member travel and maximize member participation. In addition to the face-to-face meetings, the CPT members received frequent email communication in which they were provided additional statistical data along with summaries of key informant interviews, focus groups, and listening sessions that were conducted in between the face-to-face meetings. By doing so, CPT members were able to review and gain an understanding of the data prior to the face-to-face meetings. The face-to-face meeting time could then focus more intently on the data analysis and determination of the meaning/relevance of the data to the overall community health assessment as well as the availability of community assets and resources. The final face-to-face meetings of the CPT brought all members together at a single location in order to complete the two-phase prioritization process. The first phase of the process involved the use of a multi-voting process whereby the list of 15 potential community health issues was reduced to the Top Seven:

- Lack of adequate and affordable transportation
- Drug use
- Access to mental health services
- Lack of community member engagement
- Adverse/negative childhood experiences (ACEs)
- Stigma associated with mental health
- Lack of adequate and affordable child care

Following the identification of these top seven issues, the Hanlon prioritization method was then utilized to identify the top two or three community health concerns. The Hanlon method applies an unbiased, objective perspective using a set of scoring criteria to identify the priority areas of focus. Upon completion of the Hanlon method, two issues clearly topped the priority list when the following factors were considered:

- The Size of the Problem
- The Seriousness of the Problem
- The Effectiveness of Interventions/Feasibility/Actionable

Through the use of the two-phase prioritization processes, the community health issues determined to be of greatest significance and therefore, to be addressed in the Horizon Community Health Improvement Plan, were Adverse Childhood Experiences (ACEs) and Drug Use.

The challenges of a community health assessment

Conducting a community health assessment that spans 5 rural counties presents a number of challenges that may be less significant for a local health department that serves a single county, such as:

The challenge of a large geographic area –

Horizon Public Health serves a 5-county rural area that spans 2,987 square miles in West Central MN with the population density ranging from 59.1 per square mile in Douglas County to 5.8 residents per square mile in Traverse County. Travel between county seats can take more than an hour. This poses a significant challenge when bringing community partners together, as the travel becomes a barrier to community partner participation. Likewise, conducting community focus groups or listening sessions can require replicating the same community input sessions 5 times, once in each county, in order to gather broad community involvement in the community health assessment process.

The challenge of coordinating the community health assessment with the community health needs assessments conducted by non-profit hospitals –

Within the 5-county geographic area served by Horizon Public Health, there are 5 local hospitals, one in each county. Coordination of the community health assessment process with the non-profit hospitals' community needs assessment process is both encouraged and desired. Yet achieving that goal is challenging at best. The largest of the 5 hospitals is a county-owned facility and therefore not subject to the community needs assessment requirement. Two of the other hospitals are community-based, and while still required to complete a community needs assessment, both are on different time schedules and have implemented different processes to complete their respective needs assessment. The 2 remaining hospitals are owned by much larger parent organizations that typically dictate both the process and the timeline. Unfortunately, other than sharing the results of our respective community health assessments, true coordination of the process has been virtually impossible.

The challenge of data collection –

While data alone cannot fully tell the story of any community, it is a critical element for informing dialogue among community members, policy makers, and business leaders. Yet the scope and quantity of data available for analysis as part of the community health assessment process can be overwhelming. That challenge becomes even more overwhelming when the county-level data from 5 counties must be compiled and analyzed. In some instances, because of the very small populations, county-level data is not made available due to the potential for individual identification. And frequently, because of the significant variation in the populations of the 5 counties, merging the data into a 5-county composite often does not accurately reflect the meaningfulness of the data. The implication of this is that the data collection and analysis process can be excessively time consuming and can reveal conflicting implications and conclusions from one county to the next.

The challenge of community input –

Bringing the voice of the community to the community health assessment is at the heart of the process. Yet, this becomes more challenging and time-consuming when soliciting community input from five different counties with differing perspectives. Whether bringing the Community

Partnership Team together or gathering community input through focus groups, key informant interviews, or listening sessions, assuring that all voices are heard requires intentionality and time.

So many issues; so little time and resources –

Through the community health assessment process, many important issues and topics that influence the health of our communities were revealed and each of them has an impact on a segment of the population. Yet not every possible issue could be addressed. This community health assessment provides snapshots of many data points to draw an overall picture of health and the conditions that create it. It can only say a little, about a lot of topics.

Data Collection and Analysis

Application of the MAPP assessment model is based on partnership and collaboration among all relevant public health partners, and between the public health system and the community. The Horizon Public Health Community Partnership Team (CPT) served as the core team of community partners that were instrumental in conducting the MAPP assessment. The model applies a 4-pronged assessment process for the collection and analysis of data.

The Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?" As part of this assessment, the Community Partnership Team (CPT) reviewed survey data from a 2015 5-county community health survey conducted by the Horizon Public Health Statewide Health Improvement Partnership (SHIP). The CPT also reviewed survey responses from the Age Friendly Initiative survey of Douglas County Seniors conducted in 2016. Along with the public perspective, the CPT reviewed statistical data from a variety of sources that provided a glimpse at the health status of the community including demographic data, health behavior data, morbidity and mortality data and environmental health data.

The Community Themes and Strengths Assessment provides a deeper understanding of the issues that residents feel is important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health? Together with the results of the 2015 SHIP survey described above, key informant interviews were conducted with representatives of local social service agencies, area high school counselors, domestic violence advocates, child care providers, law enforcement officials, early childhood coordinators, and emergency department managers. A focus group discussion was held with *Conexiones*, comprised of members of the Latino community in Stevens County. The CPT reviewed the public input provided through the surveys and key informant interviews and also conducted an informal SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis to identify the underlying strengths and accepted community norms.

The Local Public Health System Assessment (LPHSA) focused on all of the organizations and entities that contribute to the public's health in the 5-county Horizon Public Health service area.

The LPHSA is intended to answer the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Ten Essential Services being provided to our community?" The Local Public Health System Assessment was conducted by a 7-member subcommittee of the CPT including Horizon Public Health staff, Community Health Board members, a hospital representative and a representative from a local mental health provider. Scoring strongest among the 10 essential services was the system's ability to diagnose and investigate health problems and health hazards (Essential Service 2). Ranking least among the essential services was the system's ability to evaluate effectiveness, accessibility, and quality of personal and population-based health services (Essential Service 9) and research for new insights and innovative solutions to health problems (Essential Service 10).

Finally, the Forces of Change Assessment focused on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment is intended to answer the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Along with a brief and informal SWOT analysis conducted by the CPT, the results of the more extensive Horizon Public Health SWOT analysis conducted as part of its Strategic Planning process were also reviewed.

Primary Quantitative Data Collection

In 2015, the Horizon Statewide Health Improvement Partnership (SHIP) conducted a community health assessment survey of the 5-county area. The mailing to 6,883 randomly selected residents of the 5 counties, consisted of a letter explaining the purpose of the survey, instructions for which household member was to complete the survey (the household member with the most recent birthday) and a paper copy of the 56-question survey. Survey participants received 2 copies of the questionnaire, mailed 1 month apart. Of the 6,883 residents to whom surveys were distributed, 1,833 surveys were returned for a 26.2 % return rate. The data was statistically weighted to account for sample design and differential response by gender and age. In 2016, the survey data was analyzed by the Minnesota Department of Health and the results of that data analysis were returned to the Horizon SHIP staff, who have shared this data extensively with the SHIP Community Partnership Team, the Horizon Community Health Board, and as a vital component of this community health assessment process.

In addition to the 5-county SHIP survey, an aging and disability survey of seniors age 50+ was also conducted in March of 2016 to explore areas that would improve the health and quality of life for older adults in the Douglas County area. A total of 548 survey responses were received via postal mail, representing a response rate of 10.2% from the 50-64-year-old population that was surveyed, 27.9% from the 65-79 age group, and 23.2% from those age 80 and above.

Finally, the County Case Managers serving the elderly and disabled population throughout the five-counties distributed surveys to a sampling of the individuals served to gather their perspectives on the current status of and the unmet needs of the elderly and disabled population, with approximately 15 responses received.

Secondary Quantitative Data Collection

Secondary quantitative data was obtained from national, state and local data sources. Data sources included, but were not limited to, the U.S. Census, Centers for Disease and Control Prevention (CDC), the Behavioral Risk Factor Survey, Minnesota Department of Health County Health Tables, the Minnesota Student Survey and County Health Rankings. These data sources supplemented the primary quantitative data from the 2015 Horizon SHIP survey and the Aging and Disability Survey of Douglas County seniors to provide a broader picture of the health of the five-counties served by the Horizon Community Health Board.

Qualitative Data Collection

In addition to the three surveys, the following key informant interviews, open forums, focus groups and community listening sessions were conducted:

- Key Informant Interviews:
 - Social Services representatives in Pope and Stevens County
 - University of Minnesota Morris Community Engagement Coordinator
 - Early Childhood Initiative Director in Grant County
 - Center-based Child care Director at YMCA
 - Law Enforcement representatives at City and County law enforcement agencies
 - Hospital Emergency Room Director in Douglas County
 - Inpatient Mental Health and Chemical Health Treatment Program Director
 - High school counselors
 - Someplace Safe Director in Douglas County
- Open Forums:
 - Family child care providers attending County Child Care Association meeting
 - Region IV Mental Health Consortium “Conversations” group with representatives from the five Horizon Public Health counties
- Focus Groups:
 - Conexiones group (Represents the Hispanic population in Stevens County, most of whom are non-English speaking)

Summaries of those community input interviews and sessions were compiled, presented to the Community Partnership Team, and analyzed along with the results of the SHIP survey and the Age-Friendly survey throughout the community health assessment process.

Public Input and Distribution

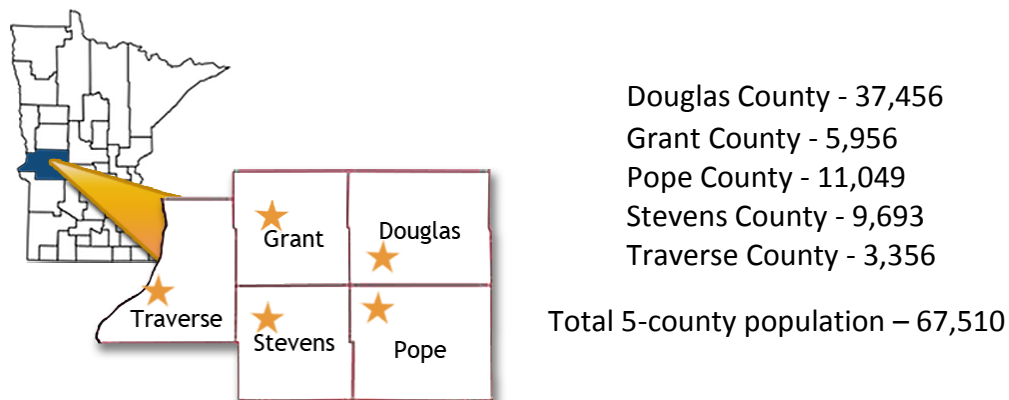
Public input from the community was encouraged and invited throughout the 6-month community health assessment process between February and July 2017. The Horizon Public Health website included announcements of opportunities for public comment along with instructions and contact information for providing public comment. Community Partnership Team members were also asked to share the community health assessment data and process with their respective organizations with an invitation to comment. Upon completion of the Horizon Community Health Assessment, the document will be available on the Horizon Public

Health website for public viewing and comment. The finalized community health assessment document will also be distributed to the members of the Community Partnership Team and to community partner organizations with whom Horizon Public Health frequently collaborates. Horizon Public Health will encourage further distribution, as applicable, by Community Partnership Team members.

The People

Geographically, Minnesota is largely a rural state despite the fact that more than half of the state's population resides in the 7-county Twin Cities metropolitan area in the east-central region of the state. The Horizon Public Health service area reflects much of Minnesota's rural geography, encompassing 5 counties, each of which is comprised of many small communities. It is important to note that the 5-county Horizon service area is not a singular place with a singular fate but rather a patchwork of numerous different communities, some of which are agricultural based, and others known as recreational gems.

The 2016 Minnesota population estimates indicates that Horizon Public Health serves an estimated aggregate population of 67,510 people. By county, the population breakdown is as follows:

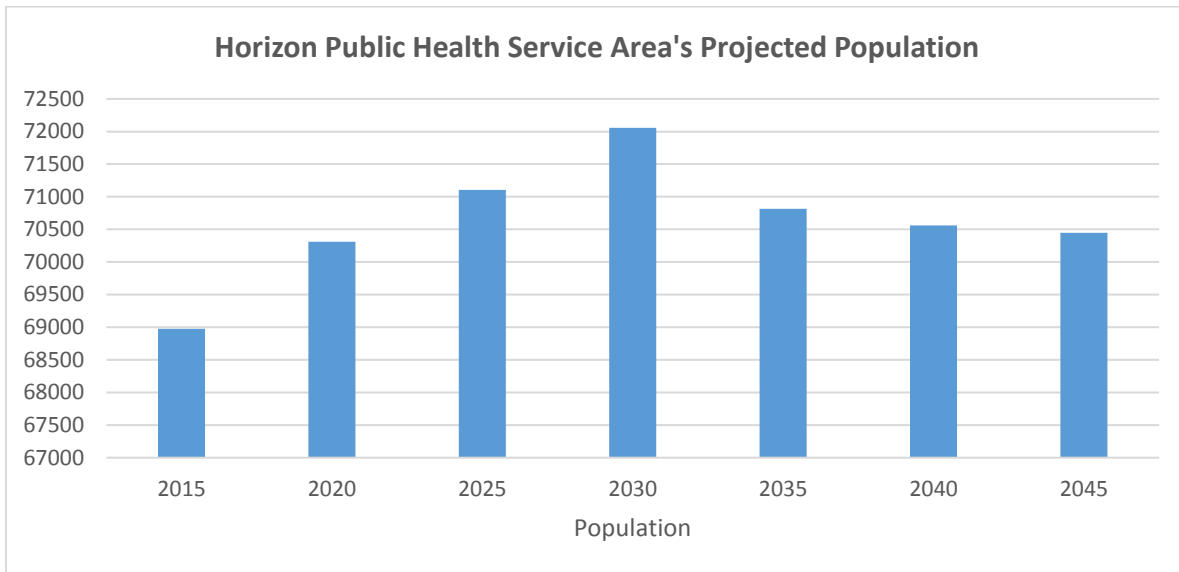


Source: Minnesota County Health Tables, 2016

And while there has been a slow growth in the 5-county total population between the Census periods in 2000 and 2010, this increase was not experienced equally by all 5 counties. Douglas County's population reflected a 9.7% growth over that 10-year period, significantly more than Minnesota's 7.8% increase. However, the remaining four counties actually experienced population decreases ranging from 2.1% to 13.9%. This shifting population landscape causes uncertainty in terms of a community or county's ability to attract and retain working age adults, preserve its community vitality and maintain a thriving (or stable) economy.

It is also important to look at future population projections. The following chart projects the total population of the five individual counties from 2015 to 2045, reflecting a very modest gain in population of 1,918 people over the next 3 decades. However, as the graphs below indicate, while the total population projections show a slow increase up until the year 2030, there is a

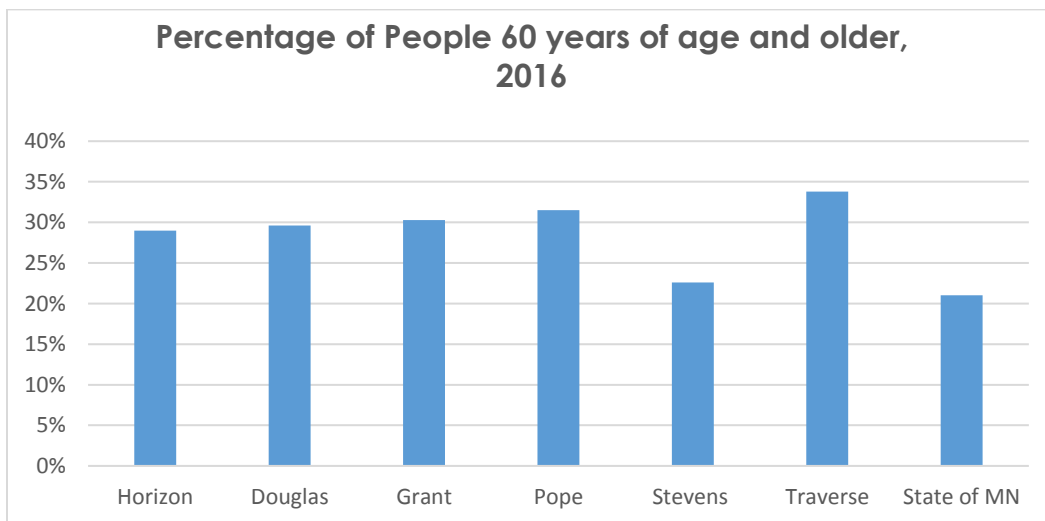
subsequent decline in population following 2030 resulting in nearly steady population projections over the next 30 years.



Source: MN State Demographic Center, 2014

The Aging of the People

According to the 2016 Minnesota County Health Tables, there are 1,175,263 people 60 years of age or older living in Minnesota, equivalent to 21% of the state’s population. The over-60 population distribution for the 5 individual Horizon counties in 2016 is displayed on the graph below. When comparing the Horizon service area counties to the state of Minnesota, the population age 60 and older is substantially higher, with 29% of the current population over 60 years of age. Communities with aging populations will be confronted with challenges, as well as opportunities to identify innovative approaches to meet the unique and diverse needs of aging Minnesotans.



Source: MN Health Statistics, 2016

The Race, Ethnicity and Growing Diversity of the People

Once a very demographically homogenous state, Minnesota’s racial and ethnic diversity is increasing rapidly in some areas as can be identified by the table below. While Minnesota is still far from the most diverse state in the United States, recent trends indicate this may be changing. In Minnesota, more than 80% of the population is comprised of a non-Hispanic white population. However, between years 2000 to 2014, the non-Hispanic white population grew by only 2% (107,000 people) while the combination of all other populations of color grew by 74% (430,700 people).¹

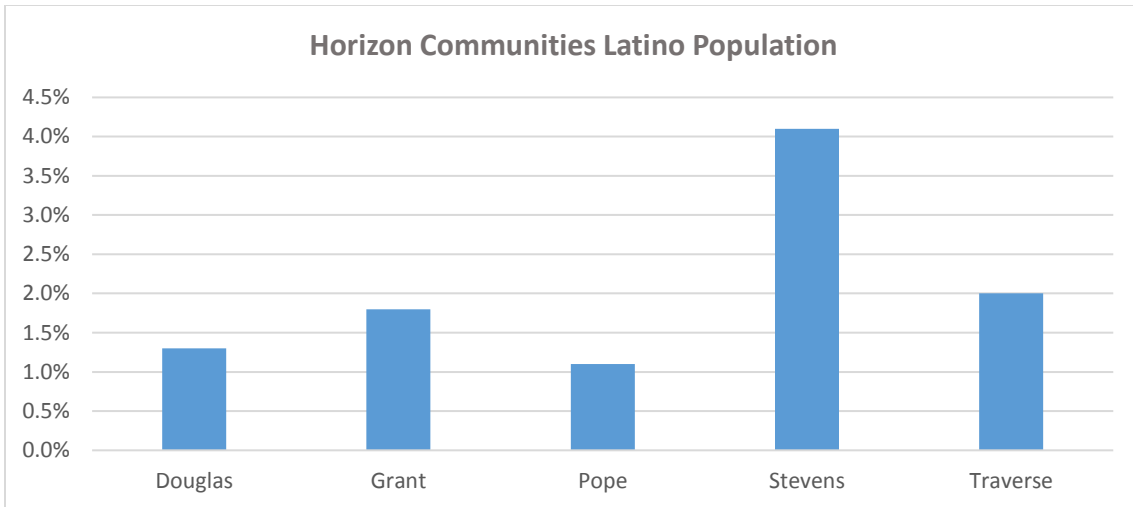
Shown below is a table that lists the populations of certain ethnicities as a proportion of Minnesota’s and the 5-county area’s total population (County Health Rankings, 2015).

In Minnesota, 81.4% of its population is classified as White, while the five Horizon counties all show more than 94% of their populations classified as White. Stevens County has the highest percent of Black or African Americans, Asian, Hispanic or Latino Origin, and Native Hawaiian and Other Pacific Islander population when compared to the other four counties. However, much of this increased racial diversity can be linked to the presence of the University of MN Morris campus, which attracts students and faculty from across the state. Traverse County has the highest percentage of American Indian or Alaskan Native residents.

	Minnesota	Douglas	Grant	Pope	Stevens	Traverse
White	81.4%	98.8%	98.8%	98.2%	95.0%	94.8 %
Black or African American	5.7%	0.9%	0.2%	0.8%	1.3%	1.0%
American Indian or Alaskan Native	1.3%	0.6%	1.3%	0.6%	2.3%	6.1%
Asian	4.7%	0.7%	0.5%	0.6%	2.2%	0.5%
Hispanic or Latino Origin	5.1%	1.3%	1.8%	1.1%	4.1%	2.0%
Native Hawaiian and Other Pacific Islander	0.1%	0%	0%	0%	0.2%	0%

Source: County Health Rankings, 2016

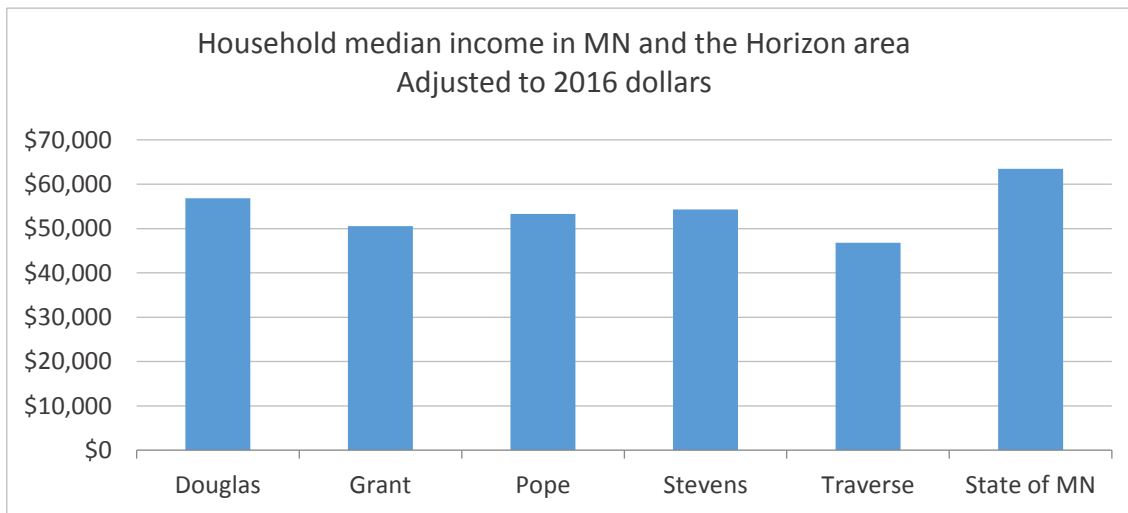
Probably the greatest growth among minority populations in the Horizon region is a result of the influx of Latino individuals and families. This is increasing the diversity of the Horizon communities, as families are immigrating to West Central MN to work within labor industries in the 5-county area or joining other family members who previously immigrated. Still others are moving to West Central MN to attend school. Even though Douglas County has the largest number of Latino residents, Stevens County has, by far, the highest percentage out of the total population as shown in the graph below.



Source: County Health Rankings, 2015

Income

Minnesota has a much higher median income when compared to the Horizon service area, which is not surprising given that the more populous metro areas typically have higher incomes which may drive the statewide average up.



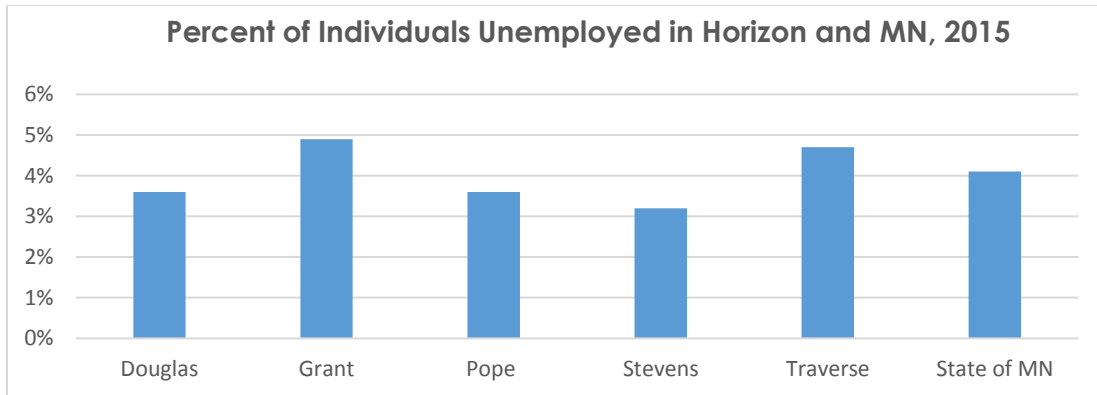
Source: US Department of Commerce, Bureau of Economic Analysis

Nonetheless, the disparity in median income impacts all aspects of the lives of those living in the Horizon service area. In a January 2017 report issued by the Minnesota State Demographic Center, *Greater Minnesota: Refined and Revisited*, researchers found that rural, small town and large town residents who work a full-time schedule are 2 or more times more likely to live in poverty than urban residents who do so.

Poverty decreases opportunities in education, employment and living conditions. It can significantly increase obesity rates by forcing individuals and families to rely on less expensive sources of food, which tend to be high in calories and low in nutritional value.

Employment and benefits

The average annual unemployment percentages in the Horizon service area do vary. Grant County has the highest annual unemployment rate of the 5 counties at 4.9% in 2015, which was down from 8.8% in 2008. Stevens has the lowest annual unemployment rate with just a 3.2% annual unemployment rate in 2015, down from 5.6% in 2008. Overall, unemployment rates have gone down in all five-counties when compared with 2008 rates.

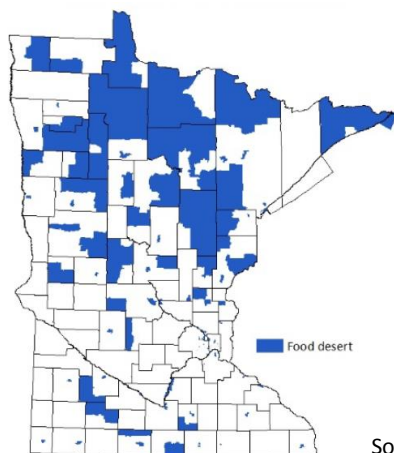


Source: Minnesota Department of Employment and Economic Development

Food Access and Insecurity

Hunger is a significant problem that exists in pockets throughout the five-counties. This is evidenced by the high demand for food packages at the United Way Mobile Food Drops, county food shelves, the school-based food shelves that have been established in a number of area schools and the high usage of the "Back Pack Attack" programs, which provide supplemental food packages for children over the weekend.

In addition to the problem of food shortages, the lack of access to affordable, nutritious, and culturally appropriate foods in underserved and low- and moderate income communities, also known as "food deserts" exist in the Horizon service area. Grant County contains a sizable food desert which engulfs over half of its square miles. The US Department of Agriculture has identified the existence of these food deserts, which are shown in the map below:



Source: USDA Food Access Research Atlas, 2015

Our Children

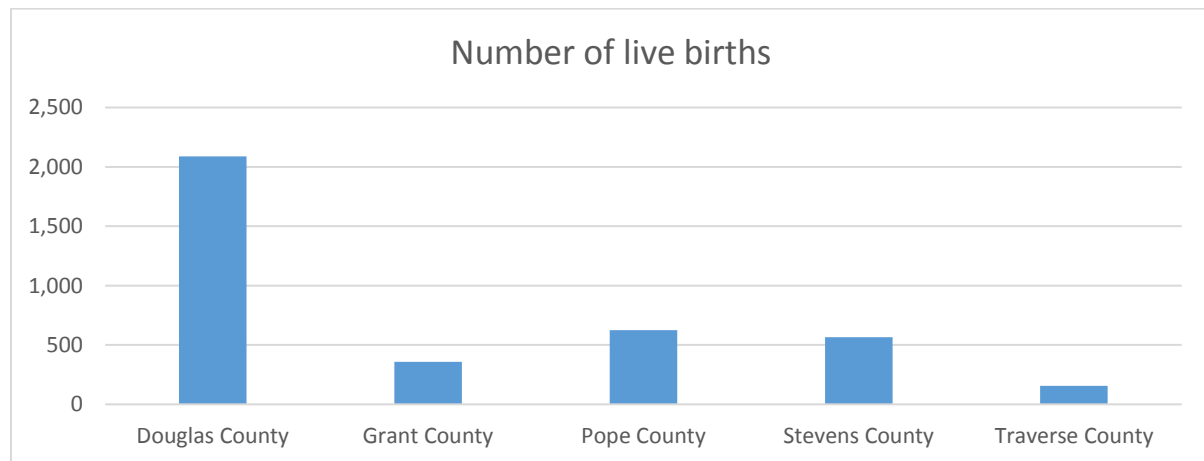
Early childhood is a critical time to maximize the opportunity for a healthy future. Access to and utilization of prenatal care helps to ensure healthy pregnancy outcomes by preventing premature births and low birth rates, both of which can contribute to infant mortality and high costs of care. The concept of prenatal care encompasses several measures including discussing a mother's healthy choices and body changes; prenatal testing and counseling; treating potential medical complications such as gestational hypertension, diabetes and anemia; promoting optimal weight gain; testing for sexually transmitted infections; oral health assessment and treatment; and maternal mental health and substance abuse screening. Below are statistics that show the percentage of adult's women receiving prenatal care in the first trimester. Overall, the percentages have consistently exceeded 80%, with the exception of Traverse County, which has had significant fluctuations, likely due to the very, very small number of births per year. Notwithstanding Traverse County, the remaining four Horizon Public Health counties have prenatal care rates above the MN State average.

Percent of mothers receiving Prenatal Care in the 1st Trimester (2012-2016)

- State of Minnesota – 78.6%
- Douglas County – 90.0%
- Grant County – 85.4%
- Pope County – 85.6%
- Stevens County – 88.3%
- Traverse County – 59.6%

Source: Minnesota Department of Health Vital Statistics Trend Report

Each year, approximately 3,792 births occur in the Horizon Public Health service area. Of those births, the vast majority occur to women residing in the Douglas County area.

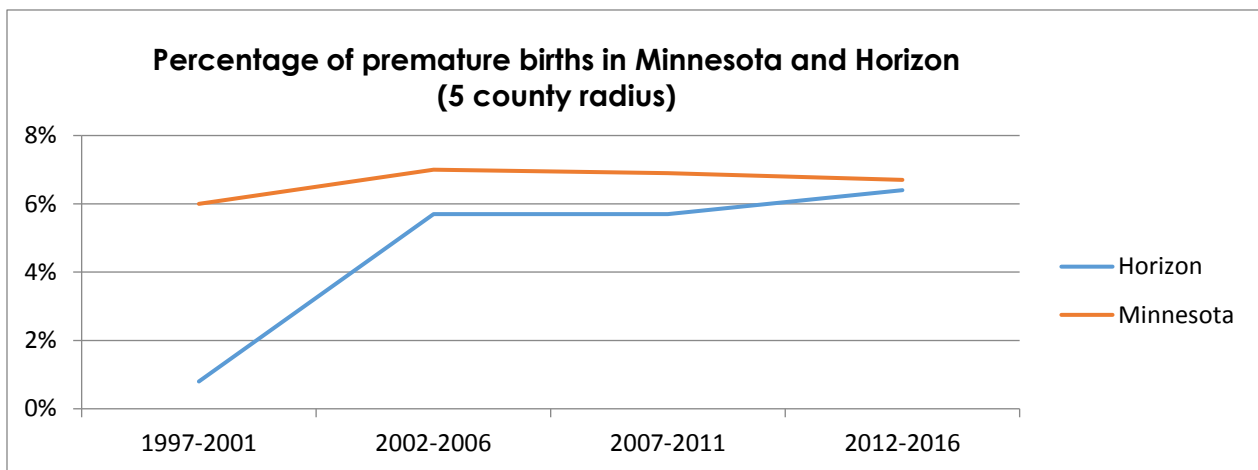


Source: Minnesota Department of Health Vital Statistics Trend Report

Premature Births

Premature births can occur as a result of many different factors. However, premature birth factors may increase for women who are pregnant with more than one child, have poor nutrition, have certain health conditions such as high blood pressure and diabetes, as well as if they have had physical injury or trauma. Premature births are births that occur prior to 37 weeks of pregnancy, with the normal duration of pregnancy being between 37 and 40 weeks. The results of premature births can lead to both short and long-term health issues. These conditions can cause chronic health conditions, as well as an increased likelihood for behavioral and psychological problems.ⁱⁱ

The graph below indicates the percentage of premature births in Minnesota and by county. As the graph indicates, there is a fairly consistent percentage of premature births for the Horizon service area with only a slight increase from the 2007-2011 time span to the 2012-2016 time span. Despite significant fluctuations in Grant and Traverse Counties due to the very small number of births each year, between 2012 and 2016, all five of the counties had premature birth rates that were fairly consistent with the statewide average.



Source: Minnesota Center for Health Statistics, 2017

The State of our Children

One in every five Minnesota families with children has at least one child with a special health need. Estimates of children with special health needs in Minnesota range from 160,000 to 200,000. Children and youth with special health needs are those who have, or who are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition. They also require health and related services of a type or amount beyond that generally required. This definition is purposely broad, inclusive, and not condition specific. It recognizes that all children and youth with special health needs, regardless of their condition, require a well-functioning, community-based system of resources to reach their full potential.

The KIDS COUNT Data Center contains more than 100 measures of child well-being at the national, state, and county level. The table below compares the 5 Horizon counties to the State

of MN for a subset of those measures and provides an overview of the state of well-being of children residing in the Horizon Public Health service area.

	MN	Douglas County	Grant County	Pope County	Stevens County	Traverse County
Demographics 2015						
Total Child Population	1,282,412	7,773	1,274	2,270	2,057	687
Child Population as a % of Total Population	23%	21.2%	22.0%	20.9%	23.3%	20.8%
Economic Well-Being						
% of children living in poverty, age 0-17	13.0%	11.4%	15.1%	13.0%	8.6%	22.7%
% of students receiving free/reduced-price lunches	37.6%	30.1%	35.6%	31.0%	27.7%	48.5%
# of mothers and children receiving WIC	167,796	879	212	290	235	73
% of children without health insurance (ages 0 – 19)	3.0%	2.8%	4.3%	4.2%	3.0%	5.3%
Median household income	\$63,459	\$56,819	\$50,570	\$53,267	\$54,323	\$46,764
Education, Grades K - 12						
# public school enrollment K-12	855,867	5,346	1,073	1,316	1,544	536
% of limited English proficient (LEP) students	7.9%	0.4%	0.5%	0.5%	2.5%	0.7%
% of special education students	13.5%	15.5%	13.7%	21.3%	16.0%	20.7%
% of public school student dropouts	5.5%	8.0%	2.8%	3.7%	1.7%	4.3%
Safety						
Child abuse and neglect rate per 1,000	4.6	11.9	6.9	7.4	2.4	4.3
Child out-of-home placement rate per 1,000	10.6	9.4	6.9	19.6	7.2	21.4
Children arrested for a serious crime rate per 1,000	11.1	14.0	3.5	4.8	1.2	0.0

Kids Count Minnesota: 2017 Fact Sheet

Adverse Childhood Experiences

One factor that has been shown to affect a young person’s mental health is the amount and type of trauma they experience in their life, also known as adverse childhood experiences. An adverse childhood experience (ACE) describes a traumatic experience in a person’s life occurring before the age of 18 that the person remembers as an adult. The nine ACEs are:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Divorce or separation of a parent
- Problematic drinking or alcoholism of a household member
- Mental illness of a household member
- Domestic violence towards a parent
- Incarceration of a household member
- Illegal street or prescription drug use by a household member

In the absence of protective factors, the greater the number of ACEs, the more likely the individual is to have additional stress or other mental health issues.

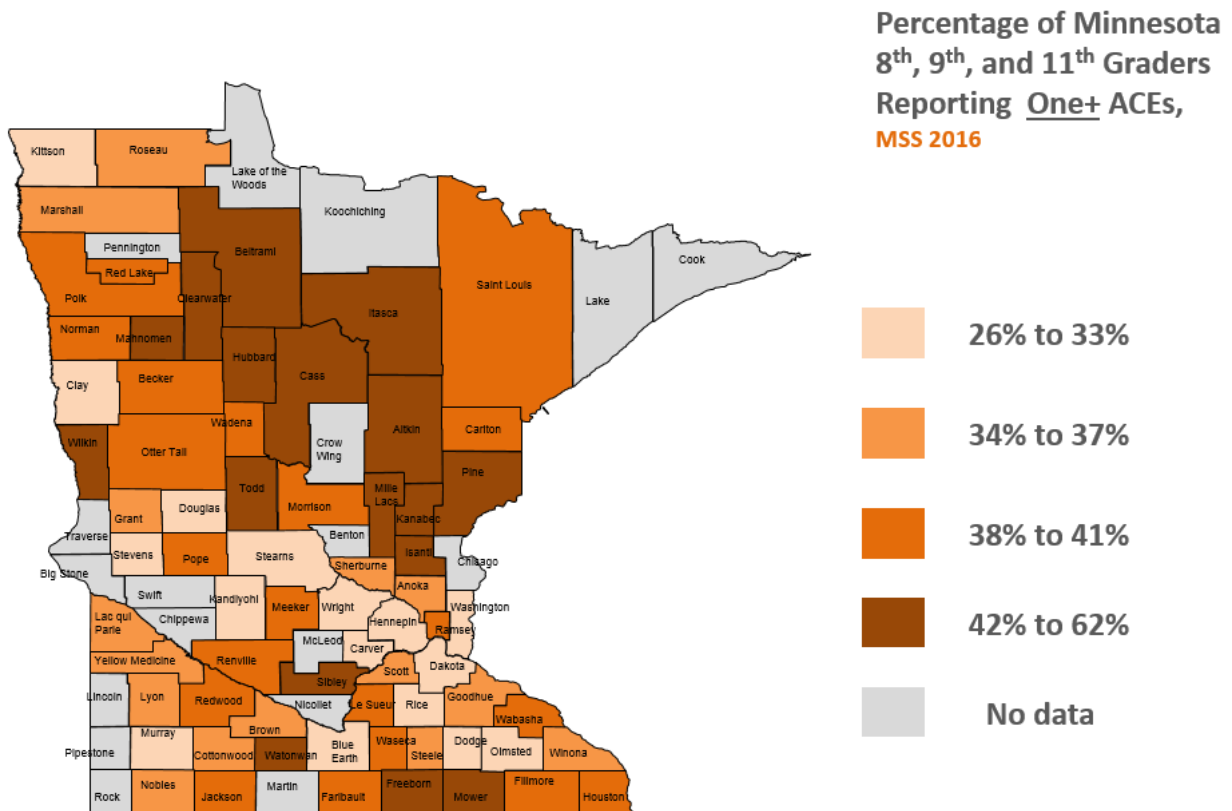
Horizon Communities: Past 30-Day Substance Use among 8th, 9th and 11th Graders by ACE Score	0 ACEs	1 ACE	2+ ACEs
Alcohol Use	10.9%	19%	32.4%
Tobacco Use (Includes cigarettes, chewing tobacco, cigars, e-cigs and/or hookah)	8.28%	17.4%	32.3%
Marijuana Use	4.1%	11.5%	20.7%
Prescription drug misuse	4.1%	9.5%	14.4%

Horizon Communities: Mental Health Problems among 8th, 9th and 11th Graders by ACE Score	0 ACEs	1 ACE	2+ ACEs
Long-term mental, emotional or behavioral problems	8.3%	23.6%	38.4%
Past-year self-harm	7.4%	13.2%	40%
Past-year suicidal ideation	4.5%	14%	31.9%
Past-year suicide attempt	1%	1.2%	12.2%

Source: Minnesota Student Survey 2016

Over half (55%) of Minnesotans responding to ACE module questions reported experiencing at least one ACE in childhood. The five most common ACEs reported by Minnesotans in the survey are: ⁱⁱⁱ

- Emotional abuse (28%)
- Living with a problem drinker (24%)
- Separation or divorce of a parent (21%)
- Mental illness in the household (17%)
- Physical abuse (16%)



Source: Minnesota State Epidemiological Outcomes Workgroup. 2016 Minnesota Student Survey Adverse Childhood Experiences Data ^{iv}

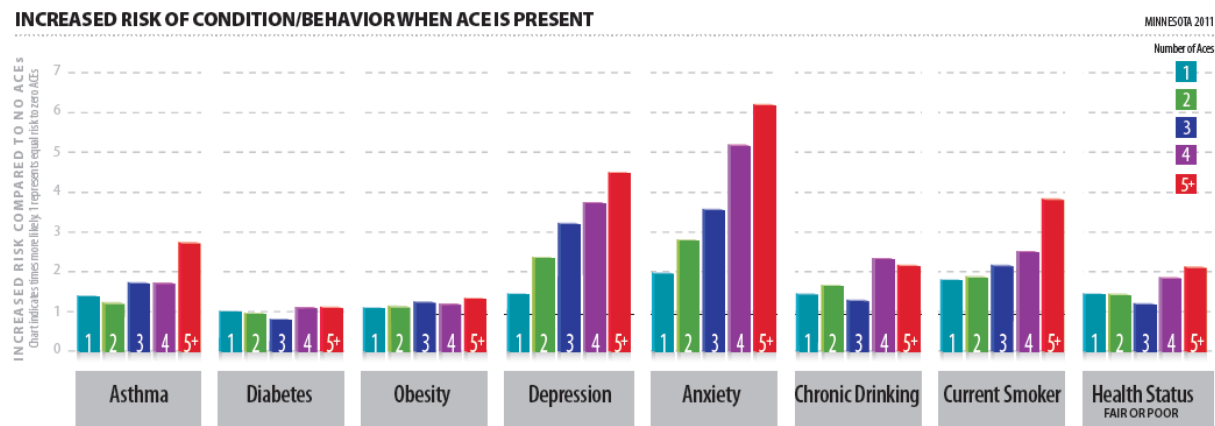
Stress in reasonable doses promotes growth and brain development throughout childhood. Stress is a normal part of daily life and learning how to manage stress and regulate stress responses is critical to a child’s development. However, acute or prolonged stress can become toxic to the developing brain and body. ACEs can cause toxic stress. Children’s stress response systems are immature at birth and therefore vulnerable to maltreatment and neglect. If the adults in a child’s life are not able to buffer the stress or are themselves the source of the stress, the child may begin to experience the world as dangerous and uncertain.

Opportunity and Our Health

Horizon Public Health Community Tables:

The county tables reflected in this section include data on the health status of individuals in the Horizon Public Health communities related to weight status, physical activity, nutrition, mental health, alcohol, tobacco and prescription drugs.

As the number of ACEs increases, the risk for health problems increases in a strong graded fashion in areas such as alcohol and substance abuse, depression, anxiety and smoking. The chart below shows the association between ACEs of Minnesotans and chronic health conditions later in life.



ACEs Executive Summary, Minnesota Department of Health 2011

Obesity, Healthy Eating & Physical Activity

Regular physical activity along with healthy eating helps improve overall health and wellness, reduces risk for obesity, and lessens the likelihood of developing many chronic diseases like cancer and heart disease.^v

The national physical activity guidelines recommend that children engage in at least 60 minutes of physical activity each day, including aerobic, muscle strengthening, and bone strengthening activity. Adults need at least two hours of moderate to vigorous-level activity every week, and muscle-strengthening activities on two or more days a week.^{vi}

The Minnesota Department of Health lists that hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, gallbladder disease, depression, osteoarthritis, sleep apnea and respiratory problems, and even some cancers (endometrial, breast, and colon) as a few of the chronic diseases and health conditions one can obtain while being overweight or obese.^{vii} Food directly affects a person's mental, emotional, and physical well-being which affects a person's health and growth as an individual. Eating a balanced diet is essential for maintaining a healthy lifestyle.

Alcohol, Tobacco and Marijuana

Excessive drinking is a risk factor for injury, unplanned pregnancy, poor birth outcomes and child development, violence, infectious diseases, and chronic diseases. The younger a person begins consuming alcohol, the greater the chance they will develop alcoholism, a clinically defined alcohol disorder.

Smoking and other tobacco use are the single greatest preventable cause of death in the United States. Over 440,000 people die each year from smoking.^{viii} According to the Minnesota Department of Health, for the first time since 2000, overall youth tobacco use has increased in Minnesota. The rapid use of electronic cigarettes and other vaping devices has quickly reversed a long-term trend of teen tobacco use.

Substance use can cause significant impairment, including health problems and disability. Marijuana is by far the most used illegal drug among adults and youth.

Prescription Drug Use/Abuse

A growing concern in Minnesota and nationwide is the rising rates of improper prescription use. As a result of these rates, there are an increased number of accidental overdoses from prescription drugs and painkillers. Opioid overdose deaths continue to rise in Minnesota, opioids include prescription pain pills, heroin, fentanyl, and fentanyl analogs. Prescription opioids still account for the greatest number of overdose deaths in Minnesota. Since 2010, Minnesota has seen an increase in heroin-involved deaths, and between 2015 and 2016, a rise in fentanyl-involved deaths.

Through key informant interviews with three law enforcement departments and one hospital Emergency Room department within the five Horizon counties, prescription drug use was mentioned as a growing issue. Many youth find prescription drugs a source of income, as they sell their prescription pills to others, or sell those they have stolen from family or friends. Additionally, of the substance and chemical abuse and misuse that is occurring, law enforcement indicated that prescription pills, along with methamphetamines, are the top two issues they are seeing within the Horizon area. The Douglas County Drug Task Force revealed that opioid misuse and abuse is frequently a contributing factor with many of the child abuse and neglect reports that they receive. Knowing this information, it is important that the local public health system be consciously aware of these conditions and work towards health in all policies to address these growing issues.

Mental Health

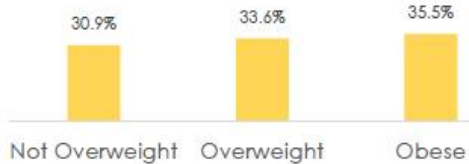
When a person experiences mental or emotional health issues, it can affect his or her everyday functioning. Mental and emotional health struggles can place significant strains on relationships, affect the ability to work, and lead to self-harm. Depression and anxiety can affect a person's ability to participate in health-promoting activities, such as physical activity, and can also disrupt connections to helpful social supports.



DOUGLAS COUNTY ADULT STATISTICS

WEIGHT STATUS

Weight Status According to Body Mass Index (BMI)
(2015 SHIP Survey)



PHYSICAL ACTIVITY

During an average week (5+ days per week), other than your regular job, adults reported getting at least 30 minutes of moderate physical activity (Moderate activities cause only light sweating and a small increase in breathing or heart rate).

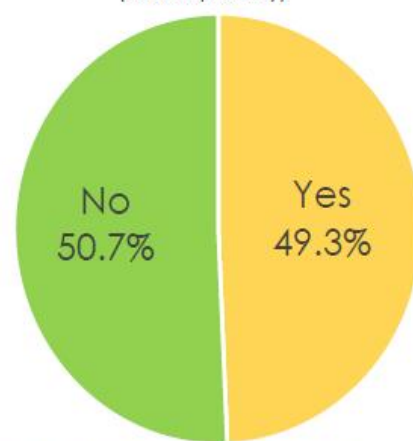
31.7%

HEALTHY EATING

Of those earning less than \$35,000 a year, the percentage of adults that have used a community food shelf during the past 12 months
(2015 SHIP Survey)



Of those earning less than \$35,000 a year, the percentage of adults that reported purchasing food from large grocery stores one or more times per week during the past 12 months
(2015 Ship Survey)



TOBACCO USE

13%

of adults reported they are a current user of tobacco, including e-cigs
(MDH, Vital Statistics 2017)

DRUG USE

2016 Opioid Dispensing Rate, per 1000 Residents
(Association of Minnesota Counties, 2016)

Minnesota

615.2

Douglas County

752.2

CIGARETTE SMOKING DURING PREGNANCY

15.8%

Of pregnant women smoke, 2012-2015
(2017 MDH Vital Statistics)

Quit
for you
Quit
for two

MENTAL HEALTH

20.1%

Adults reported in 30 days they had poor mental health for 1-9 days
(2015 SHIP Survey)

Percentage of adults reporting why they did not get or delayed the care they needed
(2015 SHIP Survey)

38.6%

Did not think it was serious enough

32.8%

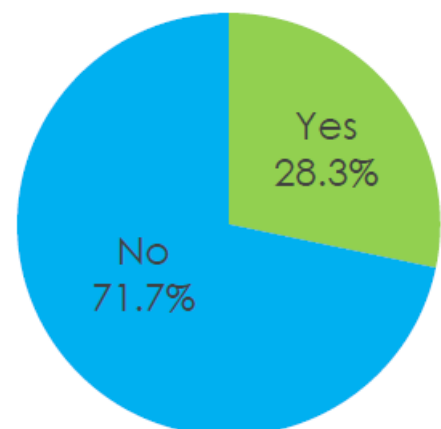
Too nervous or afraid

28.3%

Did not know where to go

ALCOHOL USE

In the past 30 days, adults have reported binge drinking (4+ drinks on one occasion for females) (5+ drinks on one occasion for males)
(2015 SHIP Survey)

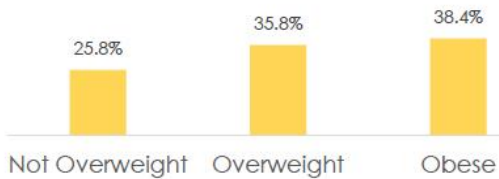




GRANT COUNTY ADULT STATISTICS

WEIGHT STATUS

Weight Status According to Body Mass Index (BMI)
(2015 SHIP Survey)



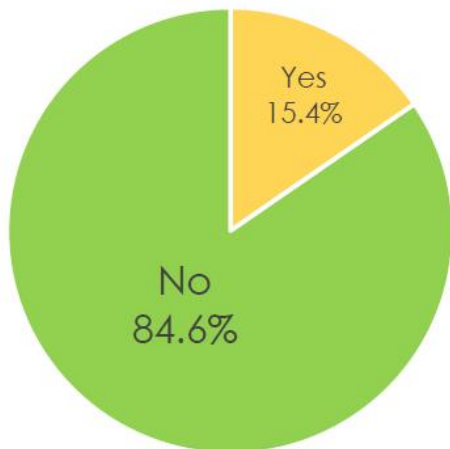
PHYSICAL ACTIVITY

During an average week (5+ days per week), other than your regular job, adults reported getting at least 30 minutes of moderate physical activity (Moderate activities cause only light sweating and a small increase in breathing or heart rate).

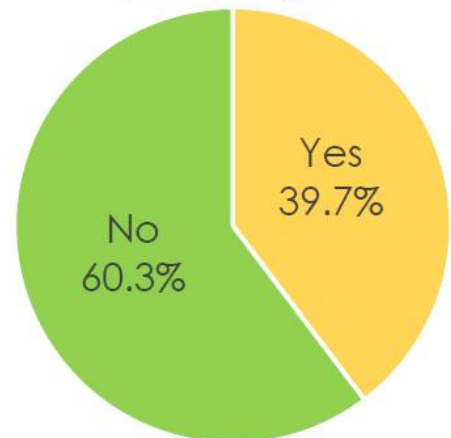
29.8%

HEALTHY EATING

Of those earning less than \$35,000 a year, the percentage of adults that have used a community food shelf during the past 12 months
(2015 SHIP Survey)



Of those earning less than \$35,000 a year, the percentage of adults that reported purchasing food from large grocery stores one or more times per week during the past 12 months
(2015 Ship Survey)



TOBACCO USE

15.3%

of adults reported they are a current user of tobacco, including e-cigs
(MDH, Vital Statistics 2017)

DRUG USE

2016 Opioid Dispensing Rate, per 1000 Residents
(Association of Minnesota Counties, 2016)

Minnesota

615.2

Grant County

788.4

CIGARETTE SMOKING DURING PREGNANCY

12.3%

Of pregnant women smoke, 2012-2015
(2017 MDH Vital Statistics)

Quit
for you
Quit
for two

MENTAL HEALTH

26%

Adults reported in 30 days they had poor mental health for 1-9 days
(2015 SHIP Survey)

Percentage of adults reporting why they did not get or delayed the care they needed
(2015 SHIP Survey)

58.7%

Did not think it was serious enough

21%

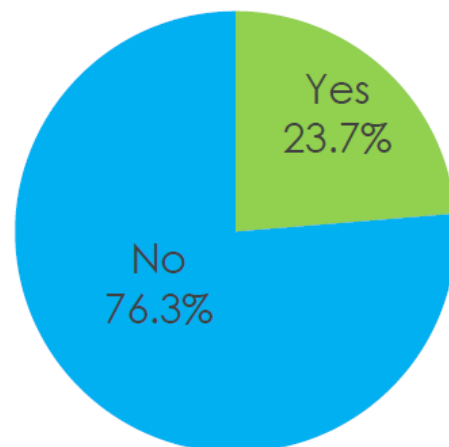
Cost too much

17.2%

Other reason

ALCOHOL USE

In the past 30 days, adults have reported binge drinking (4+ drinks on one occasion for females) (5+ drinks on one occasion for males)
(2015 SHIP Survey)

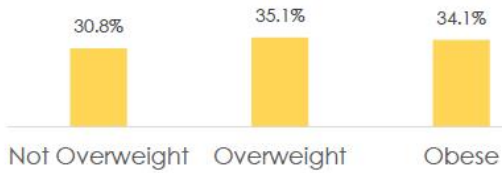




POPE COUNTY ADULT STATISTICS

WEIGHT STATUS

Weight Status According to Body Mass Index (BMI)
(2015 SHIP Survey)



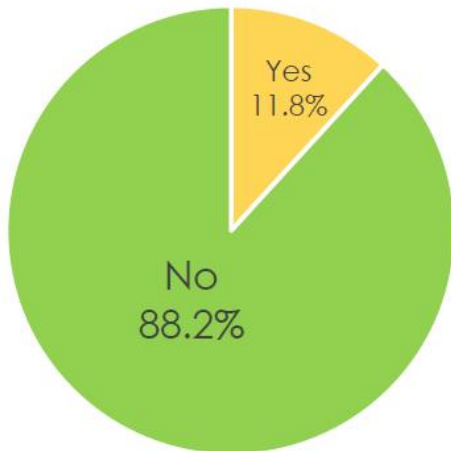
PHYSICAL ACTIVITY

During an average week (5+ days per week), other than your regular job, adults reported getting at least 30 minutes of moderate physical activity (Moderate activities cause only light sweating and a small increase in breathing or heart rate).

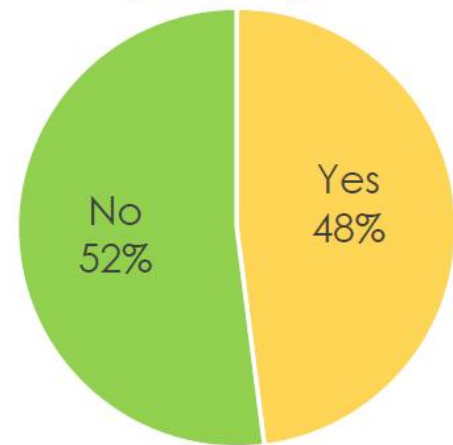
27.1%

HEALTHY EATING

Of those earning less than \$35,000 a year, the percentage of adults that have used a community food shelf during the past 12 months
(2015 SHIP Survey)



Of those earning less than \$35,000 a year, the percentage of adults that reported purchasing food from large grocery stores one or more times per week during the past 12 months
(2015 Ship Survey)



TOBACCO USE

8%

of adults reported they are a current user of tobacco, including e-cigs
(MDH, Vital Statistics 2017)

DRUG USE

2016 Opioid Dispensing Rate, per 1000 Residents
(Association of Minnesota Counties, 2016)

Minnesota

615.2

Pope County

808.1

CIGARETTE SMOKING DURING PREGNANCY

15.1%

Of pregnant women smoke, 2012-2015
(2017 MDH Vital Statistics)

Quit
for you
Quit
for two

MENTAL HEALTH

15.7%

Adults reported in 30 days they had poor mental health for 1-9 days
(2015 SHIP Survey)

Percentage of adults reporting why they did not get or delayed the care they needed
(2015 SHIP Survey)

38.9%

Did not think it was serious enough

28.9%

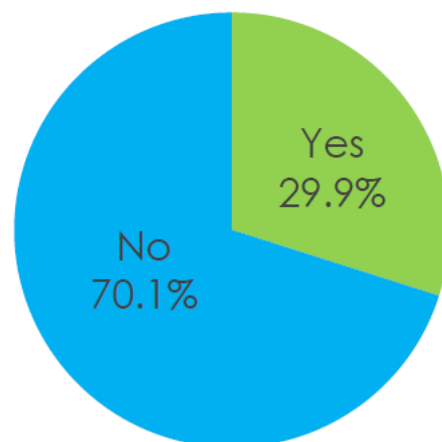
Did not know where to go

16.3%

Other reason

ALCOHOL USE

In the past 30 days, adults have reported binge drinking (4+ drinks on one occasion for females) (5+ drinks on one occasion for males)
(2015 SHIP Survey)

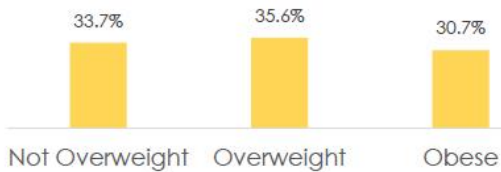




STEVENS COUNTY ADULT STATISTICS

WEIGHT STATUS

Weight Status According to Body Mass Index (BMI)
(2015 SHIP Survey)



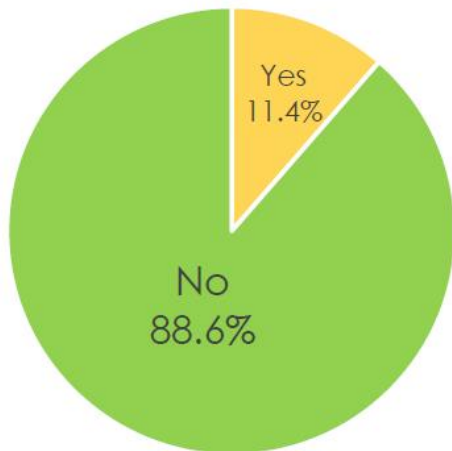
PHYSICAL ACTIVITY

During an average week (5+ days per week), other than your regular job, adults reported getting at least 30 minutes of moderate physical activity (Moderate activities cause only light sweating and a small increase in breathing or heart rate).

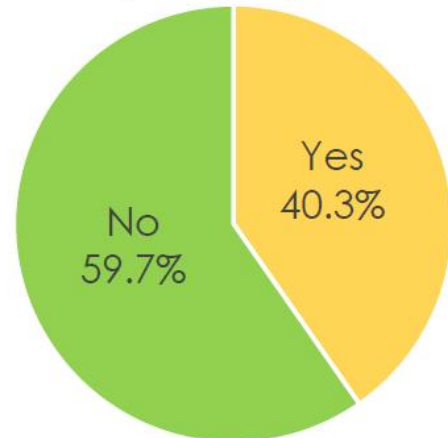
30.4%

HEALTHY EATING

Of those earning less than \$35,000 a year, the percentage of adults that have used a community food shelf during the past 12 months
(2015 SHIP Survey)



Of those earning less than \$35,000 a year, the percentage of adults that reported purchasing food from large grocery stores one or more times per week during the past 12 months
(2015 Ship Survey)



TOBACCO USE

11%

of adults reported they are a current user of tobacco, including e-cigs
(MDH, Vital Statistics 2017)

DRUG USE

2016 Opioid Dispensing Rate, per 1000 Residents
(Association of Minnesota Counties, 2016)

Minnesota

615.2

Stevens County

492

CIGARETTE SMOKING DURING PREGNANCY

8%

Of pregnant women smoke, 2012-2015
(2017 MDH Vital Statistics)

Quit
for you
Quit
for two

MENTAL HEALTH

20.6%

Adults reported in 30 days they had poor mental health for 1-9 days
(2015 SHIP Survey)

Percentage of adults reporting why they did not get or delayed the care they needed
(2015 SHIP Survey)

30.8%

Did not think it was serious enough

27.2%

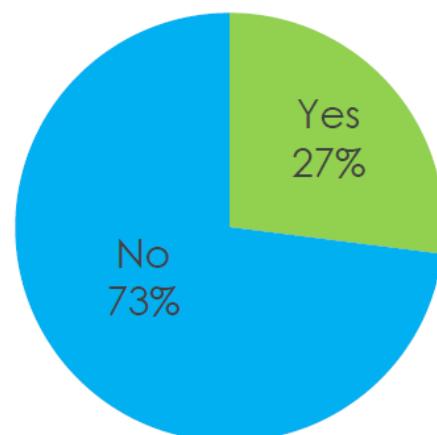
Too nervous or afraid

15.9%

Could not get appointment

ALCOHOL USE

In the past 30 days, adults have reported binge drinking (4+ drinks on one occasion for females) (5+ drinks on one occasion for males)
(2015 SHIP Survey)

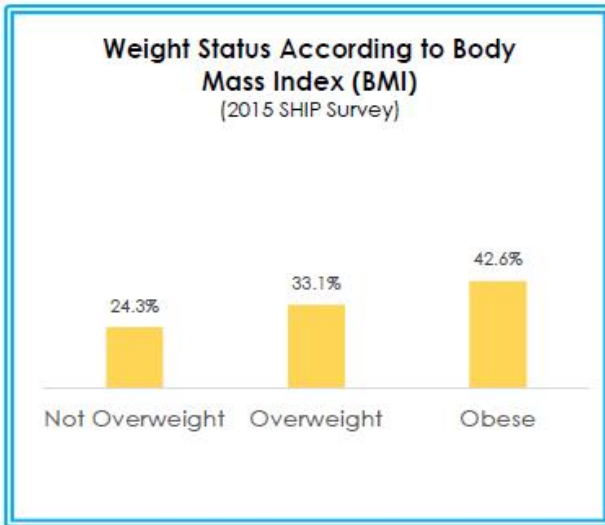




TRAVERSE COUNTY ADULT STATISTICS

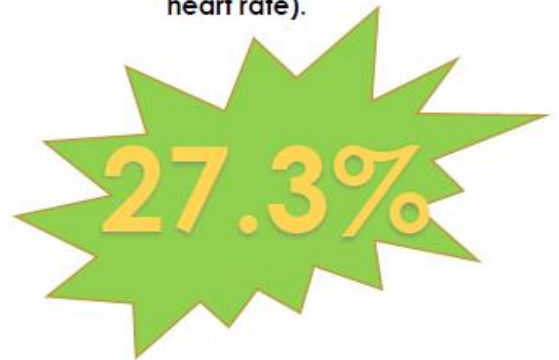
WEIGHT STATUS

Weight Status According to Body Mass Index (BMI)
(2015 SHIP Survey)



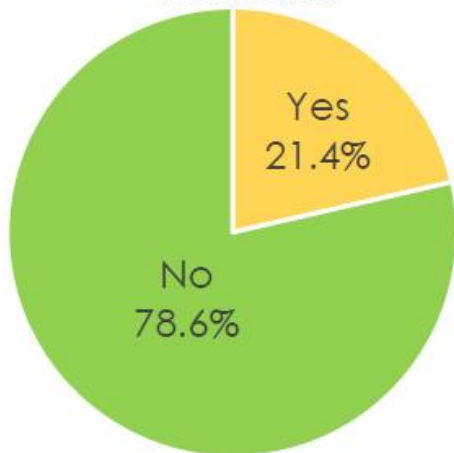
PHYSICAL ACTIVITY

During an average week (5+ days per week), other than your regular job, adults reported getting at least 30 minutes of moderate physical activity (Moderate activities cause only light sweating and a small increase in breathing or heart rate).

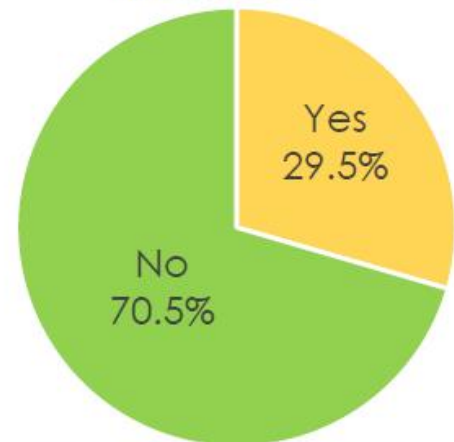


HEALTHY EATING

Of those earning less than \$35,000 a year, the percentage of adults that have used a community food shelf during the past 12 months
(2015 SHIP Survey)



Of those earning less than \$35,000 a year, the percentage of adults that reported purchasing food from large grocery stores one or more times per week during the past 12 months
(2015 Ship Survey)



TOBACCO USE

6.7%

of adults reported they are a current user of tobacco, including e-cigs
(MDH, Vital Statistics 2017)

DRUG USE

2016 Opioid Dispensing Rate, per 1000 Residents
(Association of Minnesota Counties, 2016)

Minnesota

615.2

Traverse County

848.6

CIGARETTE SMOKING DURING PREGNANCY

18.7%

Of pregnant women smoke, 2012-2015
(2017 MDH Vital Statistics)

Quit
for you
Quit
for two

MENTAL HEALTH

13.5%

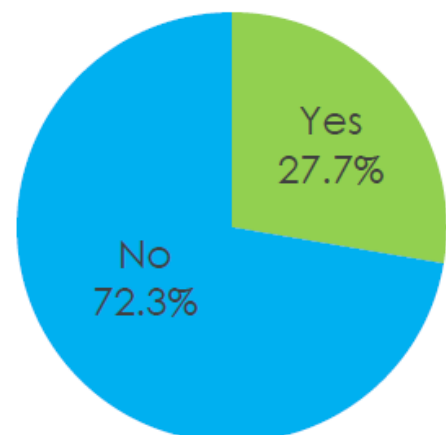
Adults reported in 30 days they had poor mental health for 1-9 days
(2015 SHIP Survey)

Percentage of adults reporting why they did not get or delayed the care they needed
(2015 SHIP Survey)

Unable to obtain due to too little data

ALCOHOL USE

In the past 30 days, adults have reported binge drinking (4+ drinks on one occasion for females) (5+ drinks on one occasion for males)
(2015 SHIP Survey)

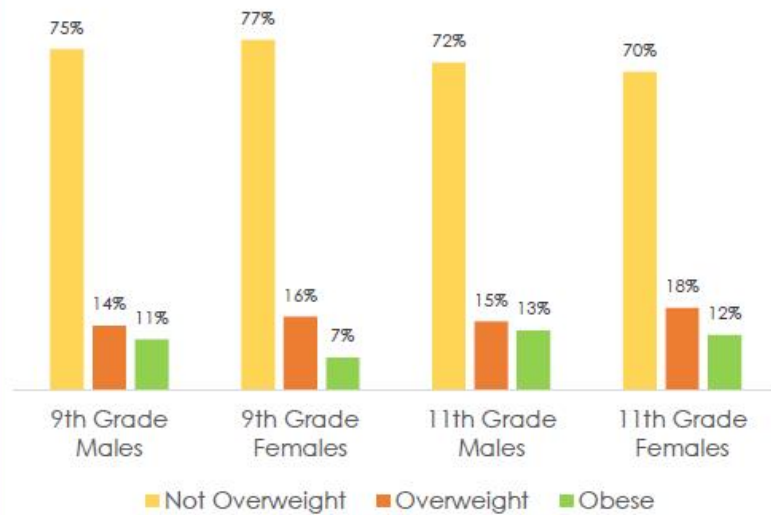




DOUGLAS COUNTY YOUTH STATISTICS

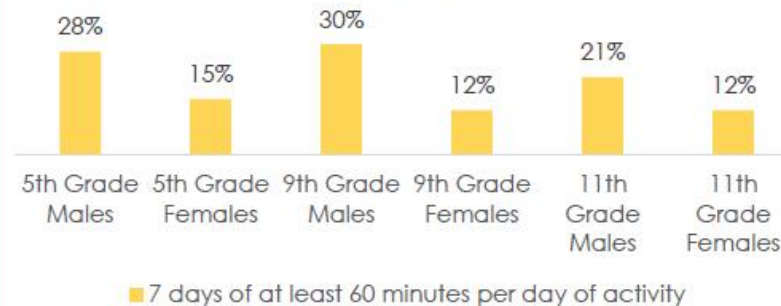
WEIGHT STATUS

Weight Status According to Body Mass Index (BMI)
(2016 MN student Survey)



PHYSICAL ACTIVITY

During the last 7 days, students reported being physically active for a total of at least 60 minutes per day
(2016 MN Student Survey)



WEIGHT STATUS OF CHILDREN 2-5 YRS OF AGE (BMI)

(MDH WIC Program, 2018)

71.58% are
NORMAL WEIGHT

14.39% are
OVERWEIGHT

11.15% are
OBESE



TOBACCO USE

TOBACCO USE AMONG DOUGLAS COUNTY

(2016 MN Student Survey)

9TH GRADE STUDENTS

Smoke Cigarettes **3.6%**

Use E-Cigarettes **7.1%**

Use Smokeless Tobacco **4.5%**

Use Any Tobacco **9.4%**

11TH GRADE STUDENTS

Smoke Cigarettes **14.5%**

Use E-Cigarettes **19%**

Use Smokeless Tobacco **13.4%**

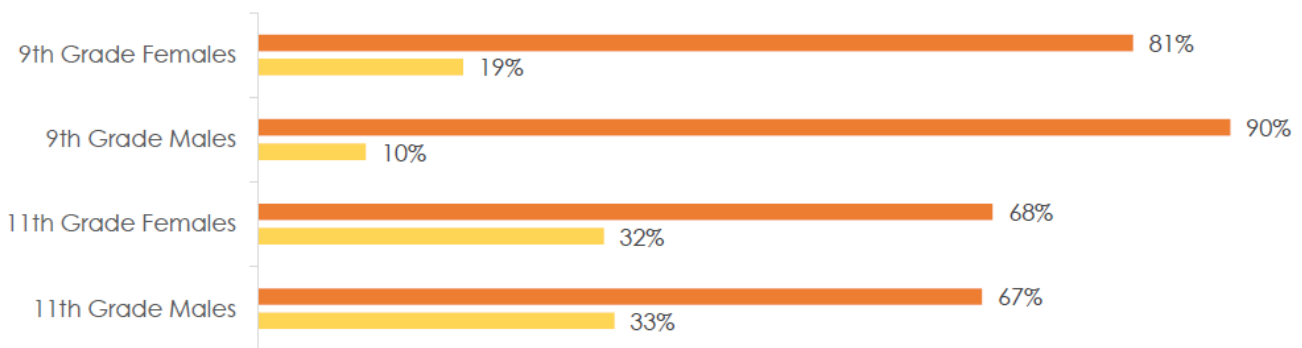
Use Any Tobacco **27.9%**

ALCOHOL USE



During the last 30 days, students reported drinking one or more drinks of an alcoholic beverage
(2016 MN Student Survey)

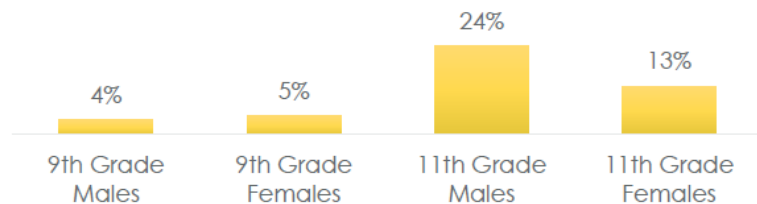
0 drinks 1 or more drinks



MARIJUANA USE

During the last 30 days, students reported using marijuana or hashish (DO NOT count medical marijuana prescribed for you by a doctor)
(2016 MN Student Survey)

SAY NO TO DRUGS



PRESCRIPTION DRUG USE

During the last 30 days, students reported using prescription drugs not prescribed to them
(2016 MN Student Survey)

3% of 9th GRADE MALES

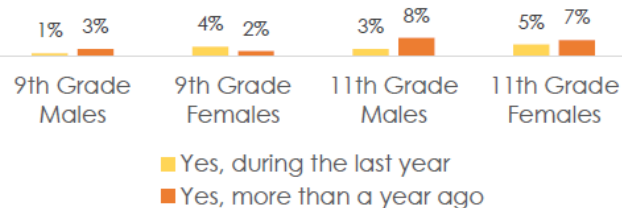
5% of 9th GRADE FEMALES

11% of 11th GRADE MALES

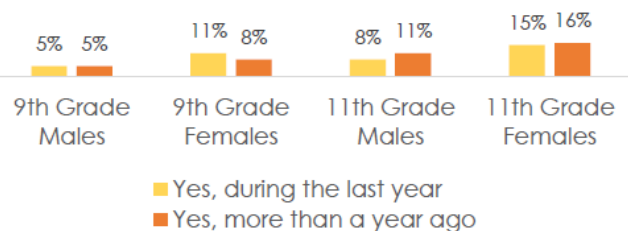
3% of 11th GRADE FEMALES

SELF – INFLICTED INJURY

Have you ever actually attempted suicide?
(2016 MN Student Survey)



Have you ever seriously considered attempting suicide?
(2016 MN Student Survey)

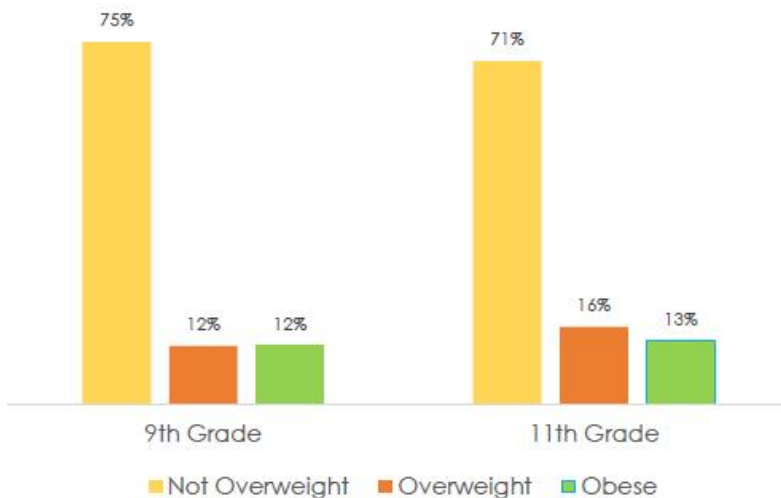




GRANT COUNTY YOUTH STATISTICS

WEIGHT STATUS

Weight Status According to Body Mass Index (BMI)
(2016 MN student Survey)



WEIGHT STATUS OF CHILDREN 2-5 YRS OF AGE (BMI)

(MDH WIC Program, 2018)

66.67% are
NORMAL WEIGHT

13.04% are
OVERWEIGHT

14.49% are
OBESE



TOBACCO USE

TOBACCO USE AMONG GRANT COUNTY

(2016 MN Student Survey)

9TH GRADE STUDENTS

Smoke Cigarettes **6%**

Use E-Cigarettes **9%**

Use Smokeless Tobacco **1.5%**

Use Any Tobacco **10.4%**

11TH GRADE STUDENTS

Smoke Cigarettes **21.1%**

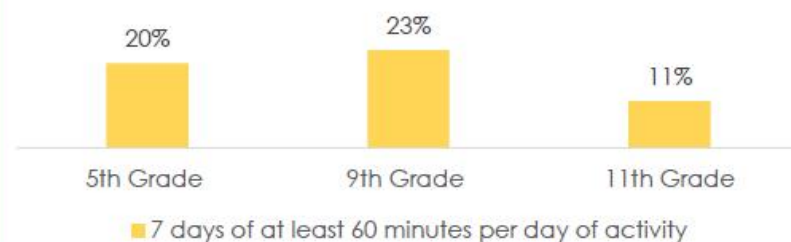
Use E-Cigarettes **19.3%**

Use Smokeless Tobacco **8.8%**

Use Any Tobacco **28.1%**

PHYSICAL ACTIVITY

During the last 7 days, students reported being physically
active for a total of at least 60 minutes per day
(2016 MN Student Survey)



ALCOHOL USE



During the last 30 days, students reported drinking one or more drinks of an alcoholic beverage
(2016 MN Student Survey)

0 drinks 1 or more drinks



MARIJUANA USE

During the last 30 days, students reported using marijuana or hashish (DO NOT count medical marijuana prescribed for you by a doctor)
(2016 MN Student Survey)

**SAY NO
TO DRUGS**



PRESCRIPTION DRUG USE

During the last 30 days, students reported using prescription drugs not prescribed to them
(2016 MN Student Survey)

6% of 9TH GRADE

2% of 11TH GRADE

SELF – INFLICTED INJURY

Have you ever actually attempted suicide?
(2016 MN Student Survey)



Yes, during the last year
Yes, more than a year ago

Have you ever seriously considered attempting suicide?
(2016 MN Student Survey)



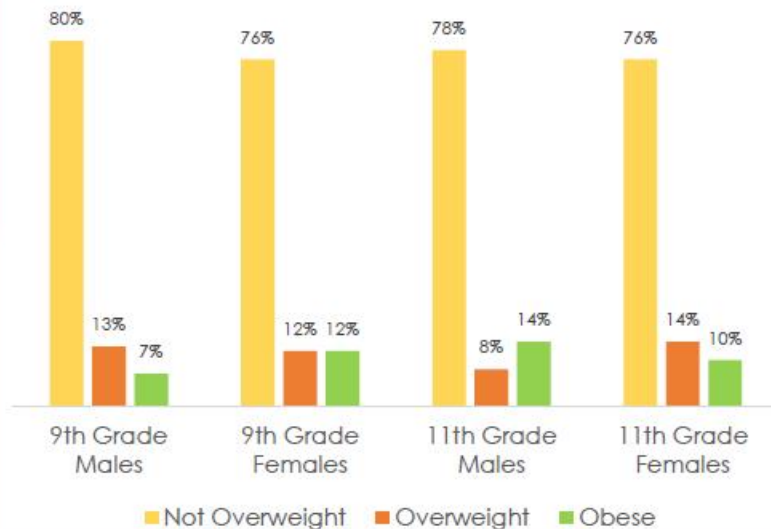
Yes, during the last year
Yes, more than a year ago



POPE COUNTY YOUTH STATISTICS

WEIGHT STATUS

Weight Status According to Body Mass Index (BMI)
(2016 MN student Survey)



WEIGHT STATUS OF CHILDREN 2-5 YRS OF AGE (BMI)

(MDH WIC Program, 2018)

70.51% are
NORMAL WEIGHT

12.82% are
OVERWEIGHT

14.10% are
OBESE



TOBACCO USE

TOBACCO USE AMONG POPE COUNTY

(2016 MN Student Survey)

9TH GRADE STUDENTS

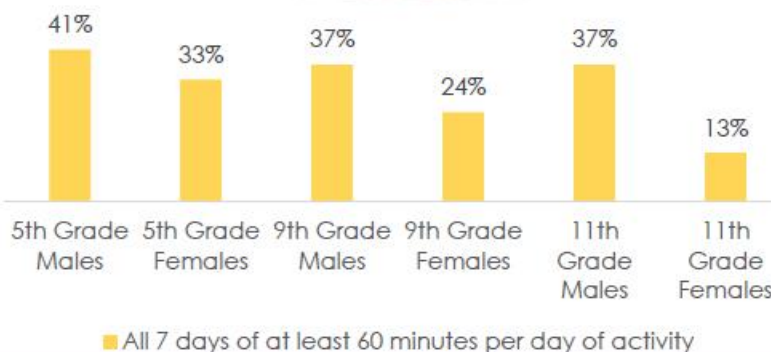
- Smoke Cigarettes **5.5%**
- Use E-Cigarettes **3.6%**
- Use Smokeless Tobacco **5.5%**
- Use Any Tobacco **9.1%**

11TH GRADE STUDENTS

- Smoke Cigarettes **13.1%**
- Use E-Cigarettes **9.8%**
- Use Smokeless Tobacco **6.6%**
- Use Any Tobacco **18%**

PHYSICAL ACTIVITY

During the last 7 days, students reported being physically active for a total of at least 60 minutes per day
(2016 MN Student Survey)

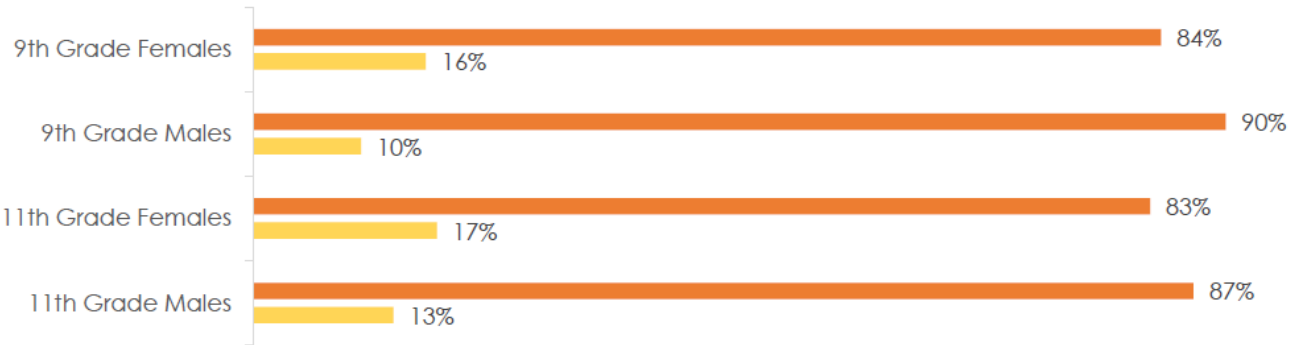


ALCOHOL USE



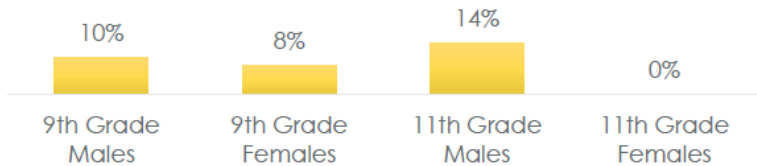
During the last 30 days, students reported drinking one or more drinks of an alcoholic beverage (2016 MN Student Survey)

0 drinks 1 or more drinks



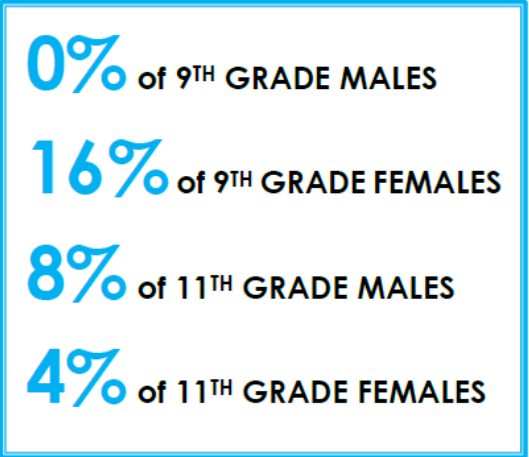
MARIJUANA USE

During the last 30 days, students reported using marijuana or hashish (DO NOT count medical marijuana prescribed for you by a doctor) (2016 MN Student Survey)



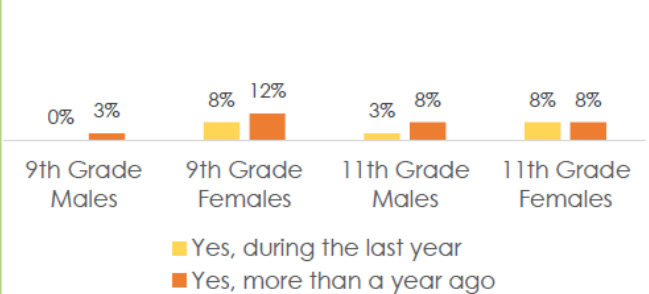
PRESCRIPTION DRUG USE

During the last 30 days, students reported using prescription drugs not prescribed to them (2016 MN Student Survey)

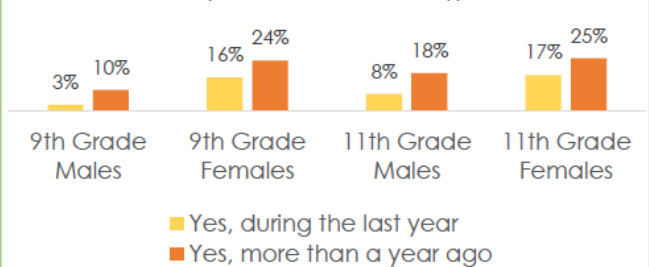


SELF – INFLICTED INJURY

Have you ever actually attempted suicide? (2016 MN Student Survey)



Have you ever seriously considered attempting suicide? (2016 MN Student Survey)

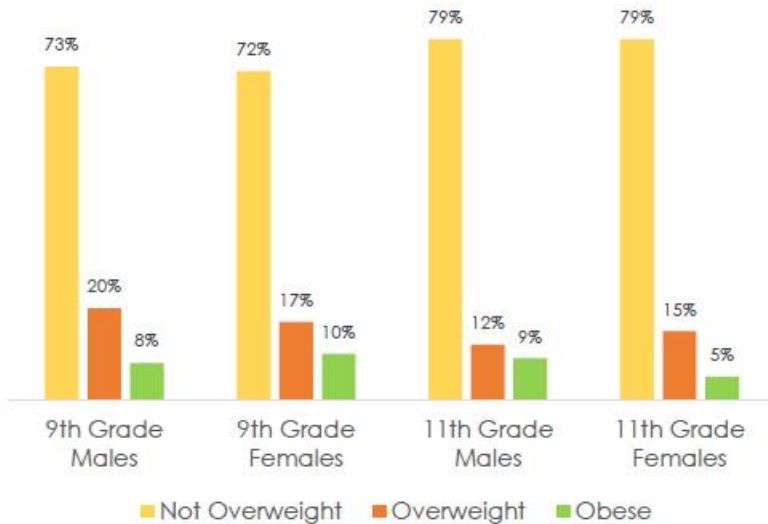




STEVENS COUNTY YOUTH STATISTICS

WEIGHT STATUS

Weight Status According to Body Mass Index (BMI)
(2016 MN student Survey)



WEIGHT STATUS OF CHILDREN 2-5 YRS OF AGE (BMI)

(MDH WIC Program, 2018)

65.52% are
NORMAL WEIGHT

17.24% are
OVERWEIGHT

13.79% are
OBESE



TOBACCO USE

TOBACCO USE AMONG STEVENS COUNTY

(2016 MN Student Survey)

9TH GRADE STUDENTS

Smoke Cigarettes **6.6%**

Use E-Cigarettes **5.3%**

Use Smokeless Tobacco **7.9%**

Use Any Tobacco **11.8%**

11TH GRADE STUDENTS

Smoke Cigarettes **11.7%**

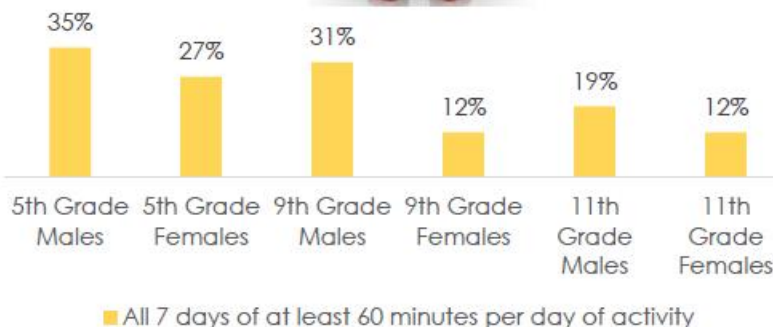
Use E-Cigarettes **10.4%**

Use Smokeless Tobacco **3.9%**

Use Any Tobacco **14.3%**

PHYSICAL ACTIVITY

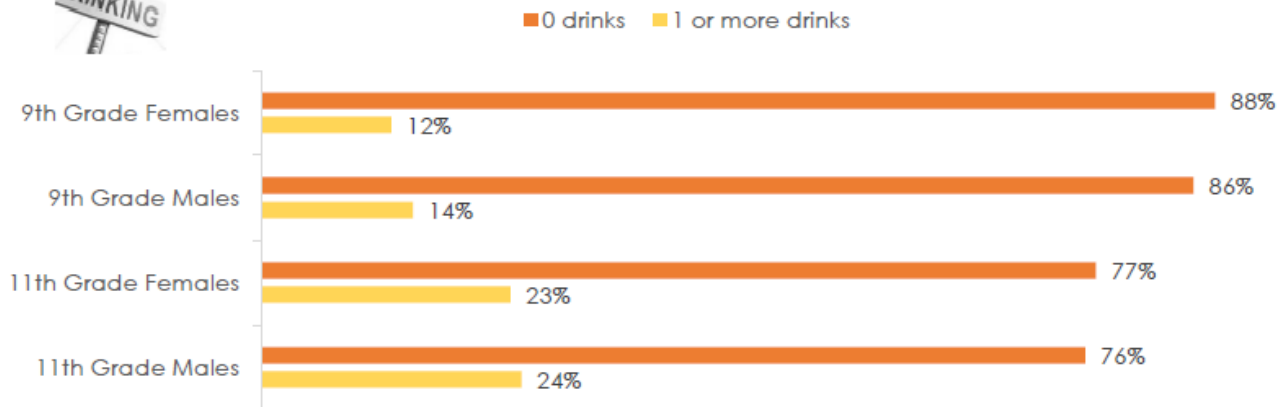
During the last 7 days, students reported being physically active for a total of at least 60 minutes per day
(2016 MN Student Survey)



ALCOHOL USE

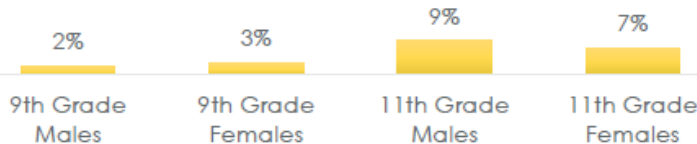


During the last 30 days, students reported drinking one or more drinks of an alcoholic beverage
(2016 MN Student Survey)



MARIJUANA USE

During the last 30 days, students reported using marijuana or hashish (DO NOT count medical marijuana prescribed for you by a doctor)
(2016 MN Student Survey)



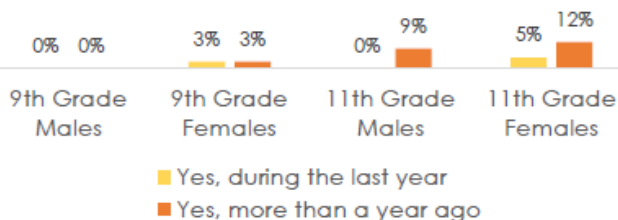
PRESCRIPTION DRUG USE

During the last 30 days, students reported using prescription drugs not prescribed to them
(2016 MN Student Survey)

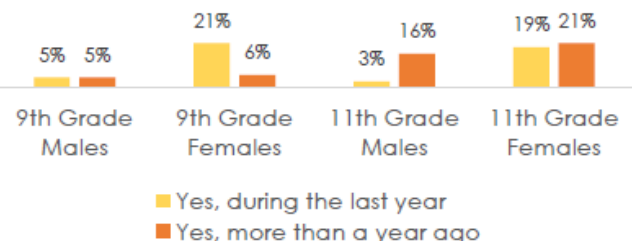
5% of 9th GRADE MALES
0% of 9th GRADE FEMALES
6% of 11th GRADE MALES
12% of 11th GRADE MALES

SELF – INFLICTED INJURY

Have you ever actually attempted suicide?
(2016 MN Student Survey)



Have you ever seriously considered attempting suicide?
(2016 MN Student Survey)

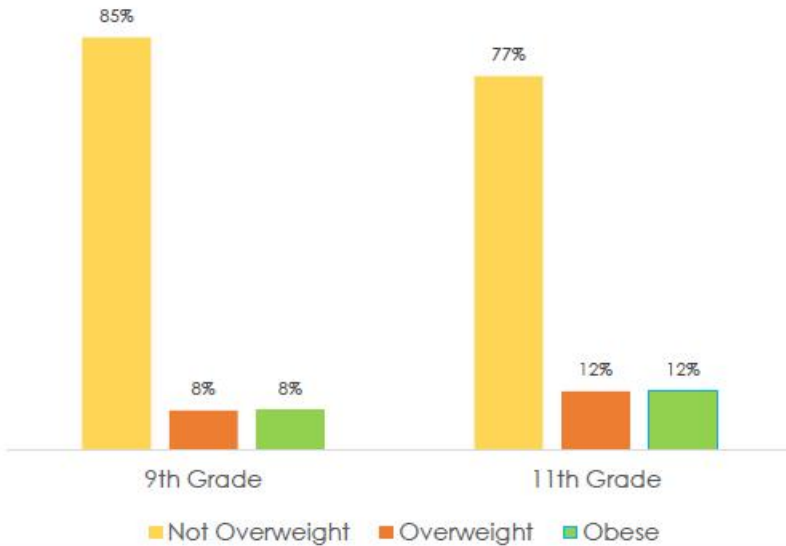




TRAVERSE COUNTY YOUTH STATISTICS

WEIGHT STATUS

Weight Status According to Body Mass Index (BMI)
(2016 MN student Survey)



WEIGHT STATUS OF CHILDREN 2-5 YRS OF AGE (BMI)

(MDH WIC Program, 2018)

68% are
NORMAL WEIGHT

12% are
OVERWEIGHT

16% are
OBESE



TOBACCO USE

TOBACCO USE AMONG TRAVERSE COUNTY

(2016 MN Student Survey)

9TH GRADE STUDENTS

Smoke Cigarettes **4.3%**

Use E-Cigarettes **9.3%**

Use Smokeless Tobacco **2.2%**

Use Any Tobacco **11.6%**

11th GRADE STUDENTS

Smoke Cigarettes **8.4%**

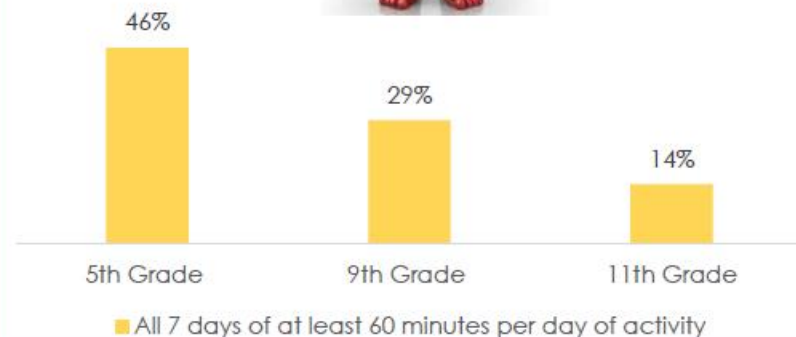
Use E-Cigarettes **17.1%**

Use Smokeless Tobacco **5.1%**

Use Any Tobacco **21.8%**

PHYSICAL ACTIVITY

During the last 7 days, students reported being physically
active for a total of at least 60 minutes per day
(2016 MN Student Survey)

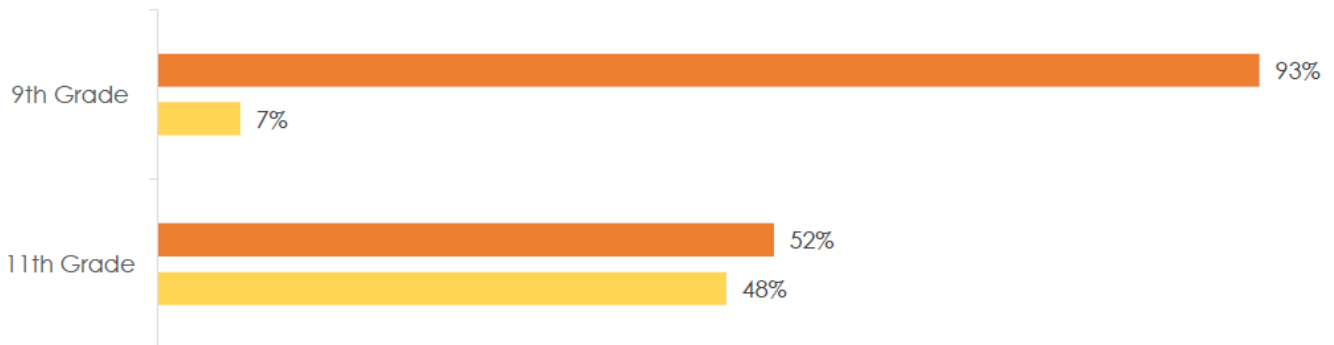


ALCOHOL USE



During the last 30 days, students reported drinking one or more drinks of an alcoholic beverage
(2016 MN Student Survey)

0 drinks 1 or more drinks



MARIJUANA USE

During the last 30 days, students reported using marijuana or hashish (DO NOT count medical marijuana prescribed for you by a doctor)
(2016 MN Student Survey)



PRESCRIPTION DRUG USE

During the last 30 days, students reported using prescription drugs not prescribed to them
(2016 MN Student Survey)

0% of 9th GRADE

0% of 11th GRADE

SELF – INFLECTED INJURY

Have you ever actually attempted suicide?
(2016 MN Student Survey)



Yes, during the last year
Yes, more than a year ago

Have you ever seriously considered attempting suicide?
(2016 MN Student Survey)



Yes, during the last year
Yes, more than a year ago

Chronic Disease and Leading Causes of Death

Chronic Disease:

Chronic diseases and injury are among the most common and prevalent health problems facing Minnesotans today. They are among the leading causes of death and years of potential life lost in Minnesota, and they also contribute significantly to long-term disability and poor quality of life. Chronic diseases affect large numbers of adults in Minnesota and the number of adults who experience more than one chronic condition is growing.^{ix}

Many chronic diseases, such as heart disease, stroke, or diabetes, are preventable health conditions that are often linked to poor diet or lifestyle choices, which are environmental rather than genetic factors. These chronic diseases can compromise a person's quality of life and can lead to disability or death. Some of the ways that individuals in the Horizon community can work towards preventing chronic disease include staying physically active, maintaining a healthy weight, avoiding tobacco use, and eating a healthy diet.^x

Leading Cause of Death:

According to the Minnesota Department of Health, Center for Health Statistics data from 2016, the leading cause of death in Minnesota is cancer, while the leading cause of death in the Horizon Communities is Heart Disease. The following tables provide the leading causes of death:

Leading cause of death in Horizon Communities: 2016 (based on 768 deaths)	
<i>Cause of Death</i>	<i>Count</i>
Heart Disease	181 deaths (23.5%)
Cancer	166 deaths (21.6%)
Stroke	40 deaths (5.2%)
CLRD – Chronic Lower Respiratory Disease	36 deaths (4.6%)

Leading cause of death in State of Minnesota: 2016 (based on 43,050 deaths)	
<i>Cause of Death</i>	<i>Count</i>
Cancer	9,845 deaths (22.8%)
Heart Disease	7,823 deaths (18.1%)
Unintentional Injury	2,661 deaths (6%)
CLRD – Chronic Lower Respiratory Disease	2,368 deaths (5.5%)

Source: Minnesota Department of Health, Center for Health Statistics 2016

Heart Disease:

Heart disease is the leading cause of death in the Horizon communities and the second leading cause of death in Minnesota. Heart disease death rates are higher in men than in women, for all racial and ethnic groups. High blood pressure, high cholesterol and smoking are key risk factors for heart disease. Several studies have shown that physical inactivity increases the risk of heart disease anywhere from 1.5 to 2.4 times – comparable to the risk observed in high

blood cholesterol, high blood pressure, or cigarette smoking. Fewer than 23% of Minnesota adults get the recommended amount of aerobic and strength exercise (2015), and 18% of adults in Minnesota are not physically active at all (2016).^{xi}

Cancer:

Cancer is the leading cause of death in Minnesota and the second leading cause of death in the Horizon Communities. According to the American Cancer Society, the lifetime risk of developing cancer is somewhat higher in Minnesota because the life expectancy in the state is higher, and therefore more people live to develop cancer. The most commonly diagnosed cancers in Minnesota are lung cancer, colorectal, breast and prostate cancer. Cancer can be caused by both external factors (tobacco, infectious organisms, chemicals, and radiation) and internal factors (inherited mutations, hormones, immune conditions, and mutations that occur from metabolism). It can be caused from a single factor or a variety of factors mentioned above. “According to the American Cancer Society, the risk of death from cancer is influenced by poverty more than by race. People in poverty are more likely to smoke and to be obese, two major risk factors for cancer. In addition, poverty may expose people to unhealthy environments, limit awareness of health promotion messages and lead to seeking medical care at a later stage of illness, when treatment options are limited and the potential for death is much higher.”^{xii}

Unintentional Injury:

Unintentional injuries such as falls, traffic crashes and other events called ‘accidents’ are another leading cause of death, disability and economic loss in Minnesota and the United States. While deaths from heart disease and stroke have declined, unintentional injury deaths as a whole have increased. Falls, motor vehicle injuries and poisoning are the leading causes of unintentional injury death in Minnesota. Minnesota’s rate of fall deaths among older adults is one of the highest in the nation.^{xiii} Falls and poisoning have been on the rise, fueled respectively, in part, by our aging population and abuse/misuse of prescription drugs.^{xiv}

Stroke:

According to the Minnesota Department of Health, Center for Health Statistics, strokes kill more women than men, and are disproportionately fatal for individuals over the age of 75. As with heart disease, stroke mortality rates are higher in rural areas of Minnesota. Individuals with high cholesterol and high blood pressure are at greater risks for a stroke. Controlling your blood pressure and high blood cholesterol by making healthier choices and taking medications decrease your chances of having a stroke.

Chronic Lower Respiratory Disease (CLRD):

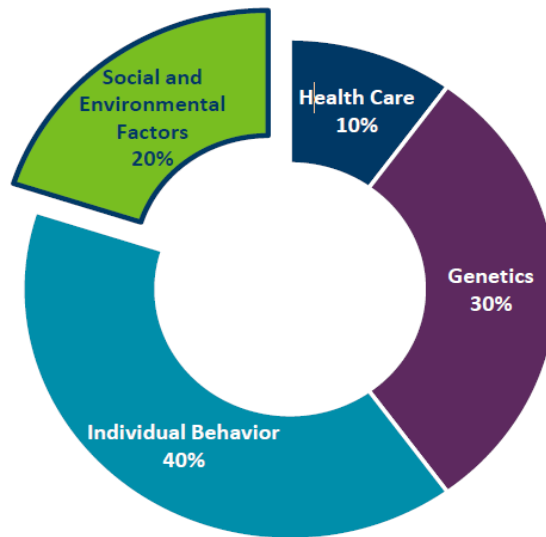
Chronic Lower Respiratory Disease (CLRD) is a serious illness affecting millions of people. CLRD is a lung disease in which blockage of the airways in the lungs makes breathing difficult. The obstruction is irreversible in chronic bronchitis and emphysema; reversible in asthma. Before 1999, CLRD was called Chronic Obstructive Pulmonary Disease (COPD). Chronic bronchitis and

emphysema are the most important conditions that make up CLDR. The major risk factor for CLDR is cigarette smoking; however, not all patients with CLDR are current or former smokers. Exposure to second hand smoke, air pollution, dust and chemicals in the workplace are also risk factors for CLDR.^{xv}

Belonging and Our Health

Health is a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity. Social, economic and environmental factors as well as individual behaviors and biology work together to create health.

Figure 3. Determinants of Health



Source: Schroeder, 2007 reproduced by Kaiser Family Foundation, 2015. [Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity.](#)

To promote optimum health, people at all stages of life need to have social connections. These social connections can come through healthy relationships with family, friends, or neighbors and can positively impact and improve quality of life. In addition to social connections, the physical environment can also promote or mitigate social connectedness. When these physical environments are supportive and healthy, this can promote and strengthen the ability of individuals and communities to come together.

Civic and community engagement, as well as community involvement are all important for individual, family, and community health. Additionally, research on adolescent brain development supports the need for youth to learn how to become part of the broader community, and to explore their unique contributions within that community. Positive experiences in the community can help individuals have social learning experiences and help them develop a healthy social identity.

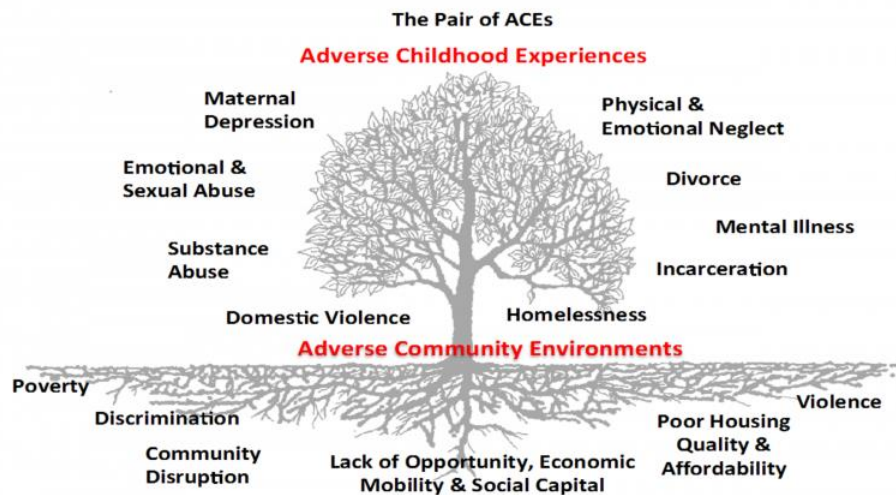
Through the Community Partnership Team discussions, key informant interviews, and open forum, social support and social associations were identified as important for overall health.

Inadequate family support, decreased social interactions, as well as limited involvement in the community can be associated with increased morbidity, as well as early mortality.^{xvi}

Community engagement promotes interactions between community members in a meaningful way. The University of Minnesota, Morris promotes community engagement between students and the community. Another group, known as Conexiones, is a non-profit organization recently formulated to help meet the needs of the Latino Population in the Stevens County community. One of their goals is to work with other community partners and providers to help bring people together and increase community engagement opportunities for individuals and their families. It was also noted that there is a need for increased physical activity opportunities, such as having places to dance, to engage more families in the community.

***Contributing causes of these health challenges -
Adverse community environments including poverty, homelessness, violence, housing***

Factors including income, employment, and education can influence where people live and the opportunity they have to be healthy.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Education

Education is an important predictor of lifelong health because it can shape and positively impact a person’s life. Investment in education can be “the single most effective intervention we can make to improve health outcomes and tackle inequities.”^{xvii}

Health can affect learning at all ages, from early childhood through adolescence, to adulthood. “Early reading and literacy stimulate brain development in young learners, help develop their analytical and communication skills, and influence their intellect and behavioral patterns.”^{xviii} These events then can construct future opportunities and achievements for individuals.

Improving school achievement will lead to higher levels of income that will then influence other health factors such as access to healthy foods, clinical care, and quality housing.

Location:	High school graduate or higher, percent of persons age 25 years +, (2012-2016)	Bachelor's degree or higher, percent of persons age 25 years +, (2012-2016)
Douglas	94.8%	25.1%
Grant	92.8%	19.6%
Pope	93.5%	22.5%
Stevens	91.6%	28.2%
Traverse	90.7%	18.1%
State of Minnesota	92.6%	34.2%

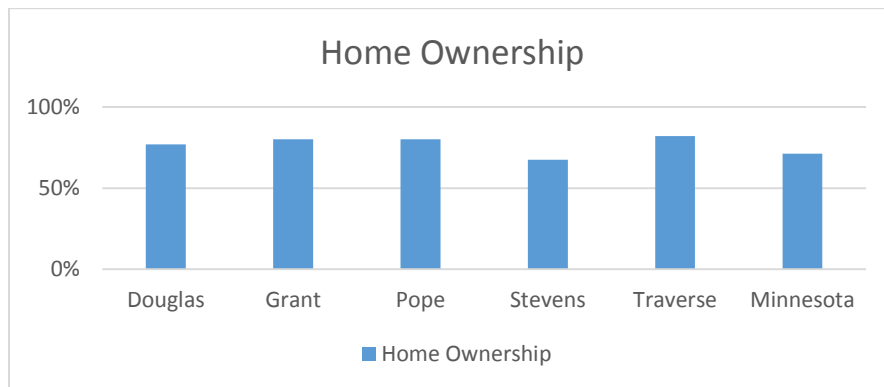
Source: US Department of Commerce, 2017

Housing

A person's environment, including their housing, is a key component in health. Our communities need stable neighborhoods where families can establish roots. Children need safe, stable homes and neighborhoods to flourish.^{xix}

Stable housing creates a foundation for healthy living. Unhealthy housing is a near-guarantee of poor health outcomes, but healthy housing can be a contributing factor in making and keeping a person healthy.

- Many people are concerned about the housing costs which can exceed 30 percent of their income.
- The high cost of renting makes it difficult for many to save money to acquire homeownership.



Source: Minnesota Compass.org, 2016

Low income and ethnic minorities are at risk for housing inequities. Of these populations, some individuals and families may have the opportunity to live in housing managed by the housing redevelopment authority (HRA), however, this is not always the case. Poor living environments and neighborhoods can increase the burden on a person's health, rate of disease, as well as access to healthcare.

Child Care

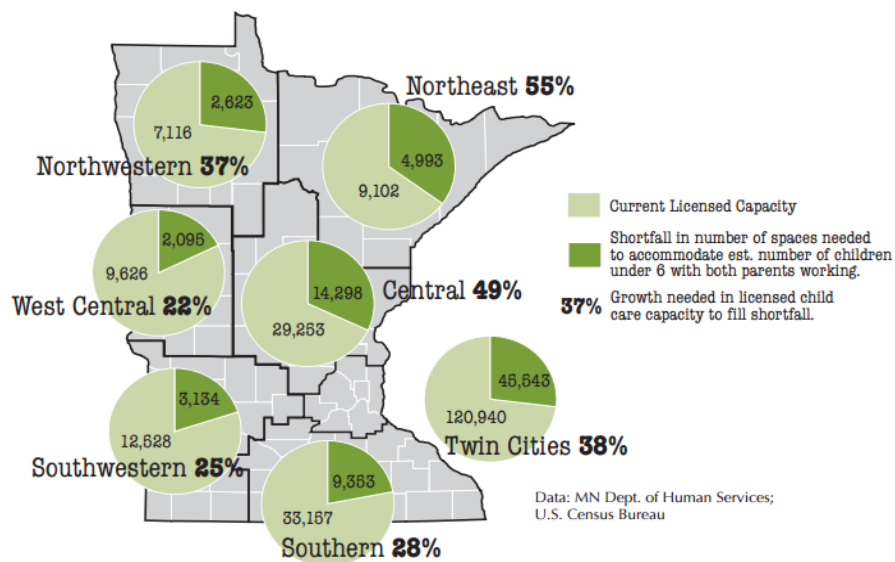
Child care is critical to promoting livable communities and promoting developmental needs for children. Without adequate and affordable child care options, parents face financial and social barriers. In addition to parent’s potential barriers for not having child care, children also have educational and developmental needs that can be met through quality child care.

Through key informant interviews and open forums with both family and center-based child care providers in the Horizon community, it is noted that child care gaps exist in;

- Access: particularly for the infant and toddler age groups in the Horizon communities.
- Supply and Demand: Decreasing number of child care providers, particularly family-based, as well as an ongoing and growing need for child care.
- Reimbursement: Concerns about reimbursement rates for infants, toddlers, and preschoolers, as well as reimbursement rates from food support.

There has been additional conversation with some employers about offering employer-sponsored child care centers. These efforts have been considered based on the benefits of reducing turnover, absenteeism, and recruitment costs, ultimately improving parents’ abilities to contribute to their family income, while supporting local employers.^{xx}

Rural Reality: Child care shortage.

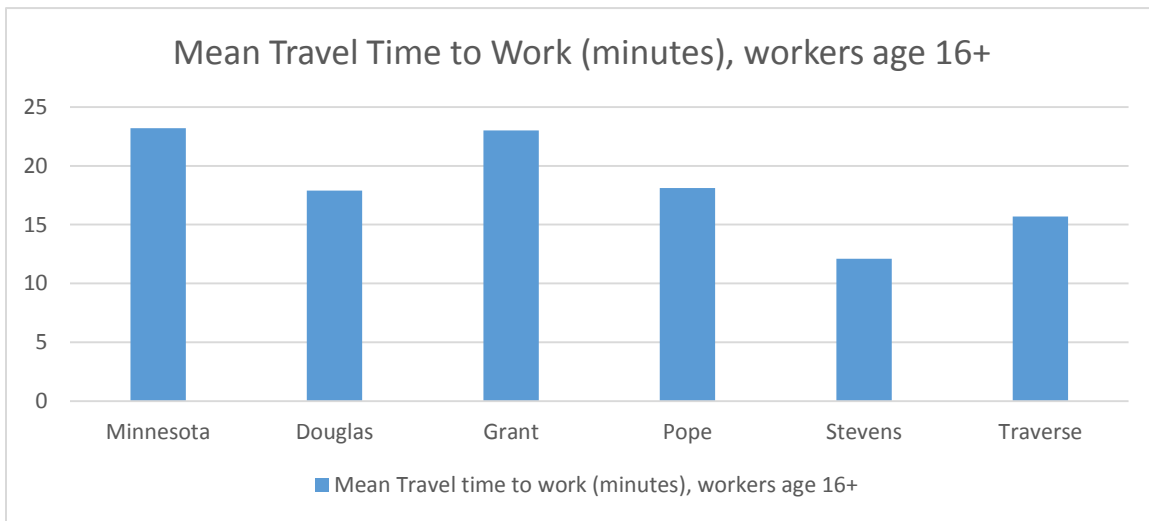


Center for Rural Policy and Development; 2015

Transportation

The lack of adequate transportation services for individuals who do not have a personal vehicle, is also a barrier for many people, especially in Horizon’s rural communities. The lack of

adequate transportation interferes with people meeting basic personal needs, as well as healthcare needs, particularly non-emergency medical appointments.



Source: US Department of Commerce 2017

Two of the five-counties, Douglas and Stevens, have a taxi service. Stevens County has a curb to curb transit system, but not all counties have similar systems. Rainbow Rider is a public transportation system that serves all five-counties for medical transportation, but availability is often based on volunteer drivers, an ongoing issue related to recruiting adequate volunteer drivers.

Violence

While crime rates across the Horizon communities are not particularly high, it is imperative in access violence and personal safety during the community assessment process. When community members do not feel safe, this can affect relationships and social connections that are made. Some communities have implemented neighborhood crime watches to help increase awareness of different issues in the community, while bringing the community together.

Additionally, social services has indicated that a growing number of adult protection cases are related to self-neglect and financial exploitation. Self-neglect can be mitigated when there is adequate informal and formal social support and services for the individual. Financial exploitation also is a growing concern, which can interfere with an individual's safety.

Public Health Infrastructure

Public health departments in Minnesota are collectively working together to promote, protect, and improve the health of the communities they serve. Public health departments and their respective community health boards, in partnership with community partners and providers, help support the health of the community, by providing the ten essential public health services. These include:

- Monitoring the health status of the community
- Diagnosing and investigating health problems and health hazards
- Informing, educating, and empowering people about health issues
- Mobilizing community partnerships and action to identify and solve health problems
- Developing policies and plans which support individual and community health efforts
- Enforcing laws and regulations that protect the community's health and safety
- Linking people to needed personal health services
- Assuring a competent public and personal healthcare workforce
- Evaluating effectiveness, accessibility, and quality of personal and population-based health services
- Completing research for new insights and innovative solutions to health problems

The Public Health Accreditation Board (PHAB) released voluntary accreditation performance standards in 2011. This voluntary accreditation option is intended to assure that state, tribal, and local public health departments have the capacity to meet these ten essential public health functions. Horizon Public Health is currently taking steps in preparation for seeking national public health accreditation. The Minnesota Department of Health is also currently accredited by PHAB.^{xxi}

Conclusion

While this Community Health Assessment cannot possibly compile and analyze all of the available data and statistics that describe and/or contribute to the overall health status of the 5-county Horizon Public Health service area, it does contain a wealth of information that captures a snapshot of the health of the Horizon population. It also represents the opinions, perspectives, and experience of a multitude of community partners that contributed their time and expertise to the development of this document. Looking ahead, the Community Health Assessment will now serve as the basis for the development of the Community Health Improvement Plan or CHIP.

The challenge before us is great, but the challenge before us is not insurmountable. With the combined knowledge, creativity, innovation and expertise of the Community Partnership Team working together with Horizon Public Health, we will now forge a path in the creation of a Community Health Improvement Plan that addresses the two priority community health issues, adverse childhood experiences (ACEs) and drug misuse and abuse. Our growing understanding of the strong linkage between the Social Determinants of Health and the health status of our community will stimulate innovative and broad approaches that will slowly begin to undermine the negative impact of ACEs and drug use in our communities. Through system and policy level action, we shall strive to improve equity in health status and outcomes throughout our five-counties.

Questions about this Community Health Assessment or related data can be directed to the Community Health Strategist or the Administrator at Horizon Public Health.

Alone we can do so little. Together we can do so much. -Helen Keller

COMMUNITY PARTNERSHIP TEAM

Membership – January 2017

<u>Name</u>	<u>Agency</u>
Bob Kopitzke	Stevens County Commissioner
Carl Vaagenes	Alomere Health
Deb Hengel	Grant County Early Childhood Initiative/Elected Official
Deb Rapp	Grant County Social Services
Dustin Sperr	Prairie Ridge Hospital and Health Services
Jani Helm	RUSC Kinship
Jason Breuer	Stevens Community Medical Center
Jessica Boyer	West Central Area Community Action – Head Start
Jessica Kirwin	Stevens & Traverse County HRA
Jim Haugen	West Central Community Action Head start
Joan Spaeth	Riverview LLP
Karen Folkman	Traverse Early Childhood Coalition
Kathy Werk	Horizon Public Health
Kelsey Peterson	Horizon Public Health
Kesha Anderson	Region IV South Mental Health Consortium
Louis Folkman	Stevens County Human Services
Lynn Siegel	Traverse County Emergency Management
Marcia Schroeder	Horizon Public Health
Margaret Kalina	Alomere Health
Matt Konz	Riverview Dairy
Mike Burke	Alexandria Opportunities Center
Minette Stahlheim-Johnson	Chokio Alberta and Lutheran Campus Ministry

Nicole Fernholz

Alexandria Economic Development

Nicole Names

Pope County Human Services

Sandy Tubbs

Horizon Public Health

Sara Peterson

YMCA Child care

Sara Suchy

Minnewaska Area Elementary School

Val Trumm

Alexandria First Lutheran Church



COMMUNITY ASSETS AND RESOURCES AVAILABLE TO ADDRESS PRIORITY PUBLIC HEALTH ISSUES

PUBLIC HEALTH ISSUE	COMMUNITY ASSETS AND RESOURCES
Lack of adequate and affordable transportation	<ul style="list-style-type: none"> • Social Service Departments in Douglas, Grant, Pope, Stevens and Traverse Counties • Rainbow Rider (public transportation system) in 5 counties, which includes volunteer driver services • Morris Transit System in Stevens County • Transportation Advisory Committee in Douglas County • Taxi-cab services in Alexandria area (Douglas County)
Drug Use – Prescription and street drugs	<ul style="list-style-type: none"> • County Sheriffs’ Departments in Douglas, Grant, Pope, Stevens and Traverse Counties • City Police Departments throughout the 5 counties • West Central Drug Task Force • Douglas County Opioid Abuse Prevention Task Force • Prescription drop-off programs in all 5 counties • Stevens County Drug Court • Pope County Drug Free Community Coalition • Hospital Emergency Departments in the 5 counties • New Visions Treatment Program in Douglas County • DARE programs at select school districts in the 5 counties • Social Service Departments in the 5 counties (Rule 25 Chemical Dependency Assessments)
Access to mental health services	<ul style="list-style-type: none"> • Social Service Departments in Douglas, Grant, Pope, Stevens and Traverse Counties • Region IV South Adult Mental Health Initiative serving Douglas, Grant, Pope, Stevens and Traverse Counties • Mental health providers including Lakeland Mental Health, Lutheran Social Services, Village Family Services, Stevens Community Medical Center’s behavioral health program, and counseling services • Acute mental health care providers including Behavioral Health Hospital and Emergency Departments at hospitals located in all 5 counties

	<ul style="list-style-type: none"> • Douglas County Children’s Mental Health Collaborative • Family Service Collaboratives in Grant, Pope, Stevens and Traverse Counties • Socialization Drop-in Centers in all 5 counties • Local Advisory Councils in all 5 counties • Post-secondary counseling services at University of MN Morris and Alexandria Community and Technical College
Lack of community member engagement	<ul style="list-style-type: none"> • Conexiones, a Stevens County Initiative to enhance the integration of the Hispanic community into the general population • Community Expos or Family events in Grant, Pope and Stevens Counties • “Community Night Out” events in the 5 counties • YMCA in Douglas County • Area churches including sponsorship of free community meals • Love in the Name of Christ (Love Inc) in Douglas County • Mentorship programs/book clubs/public library events • Annual community celebrations
Adverse/negative childhood experiences (ACEs)	<ul style="list-style-type: none"> • Early Childhood Initiatives in Douglas, Grant, Pope, Stevens and Traverse Counties • Douglas County Children’s Mental Health Collaborative • West Central Community Action Head Start • Horizon Public Health and County Social Service Programs • Raise Up Stevens County (RUSC) Kinship Program • Someplace Place for victims of domestic violence • Intensive in-home treatment programs • ACEs cohort training opportunities and community-based ACEs training • School district programming including ECFE
Stigma associated with poor mental health	<ul style="list-style-type: none"> • Region IV South Adult Mental Health Initiative serving the counties of Douglas, Grant, Pope, Stevens and Traverse • Drop-in Socialization Centers located in each of the 5 counties • Local Advisory Councils in all 5 counties • School counselors and other staff providing education within the school district
Lack of adequate and affordable child care	<ul style="list-style-type: none"> • Existing family-based and center-based child care providers in the 5 counties • Knute Nelson Child Care Center in Alexandria, a new child care center in final stages of development • Chamber of Commerce/area businesses throughout the 5 counties

Resources

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