CentraCare™
Long Prairie

The 2019 Community Health Needs assessment

strategy and Implementation Plan

LEGAL REQUIREMENTS

This document provides documentation of the following legal requirements:
The Minnesota Community Health Services Act (Minn. Stat. § 145A) of 1976, which was subsequently revised in 1987 and 2003, and is now called the Local Public Health Act. This document describes the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP).
The United States Patient Protection and Affordable Care Act of 2010 (PPACA) imposed reporting requirements under new Internal Revenue Code (IRC) § 501(r) for charitable hospitals regarding the fulfillment of their charitable purpose as tax-exempt organizations starting in 2011. This document describes the Community Health Needs Assessment (CHNA) and Implementation Strategy.

Americans with Disabilities Act Advisory:
This information is available in accessible formats to individuals with disabilities and for information about equal access to services, call 320-656-6000 (voice). TTY users place calls through 320-656-6204 (TTY).

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Message to the Community,

In an effort to be more effective in meeting the needs of the community, we have collaborated with the three Public Health Agencies in the counties of Morrison, Todd, and Wadena, along with Tri-County Healthcare, CHI St. Gabriel's Health and Lakewood Health System to develop a regional approach partnership called The Morrison-Todd-Wadena Community Health Board (MTWCHB).

Every three years, CentraCare is required to complete a Community Health Needs Assessment and develop an Implementation Strategy to address identified needs. At the same time, all Local Public Health Agencies in Minnesota are required to complete this same type of assessment and an improvement plan every five years. Going forward, Local Public Health will align with CentraCare and complete this work, as a region, every three years.

This essential collaboration between hospitals and public health is important in order to address population health needs and to decrease the duplicative nature of these two-separate assessment and planning requirements. Therefore, this document serves as the Community Health Needs Assessment and Implementation Strategy for CentraCare—Long Prairie.

Furthermore, this work has not been done in isolation but in collaboration with the community. There have been and will continue to be opportunities for input into the process, the product, and future needs or changes to the document. This is significant because it is not only a guide for these initial partners but is also the plan for interventions by you, the community.

About this report: The Morrison-Todd-Wadena Community Health Board (MTWCHB) prepares a comprehensive assessment of its constituents every three years. This report is considered a living document and is updated periodically.

Executive Summary: Structure of Document, Vision, Background

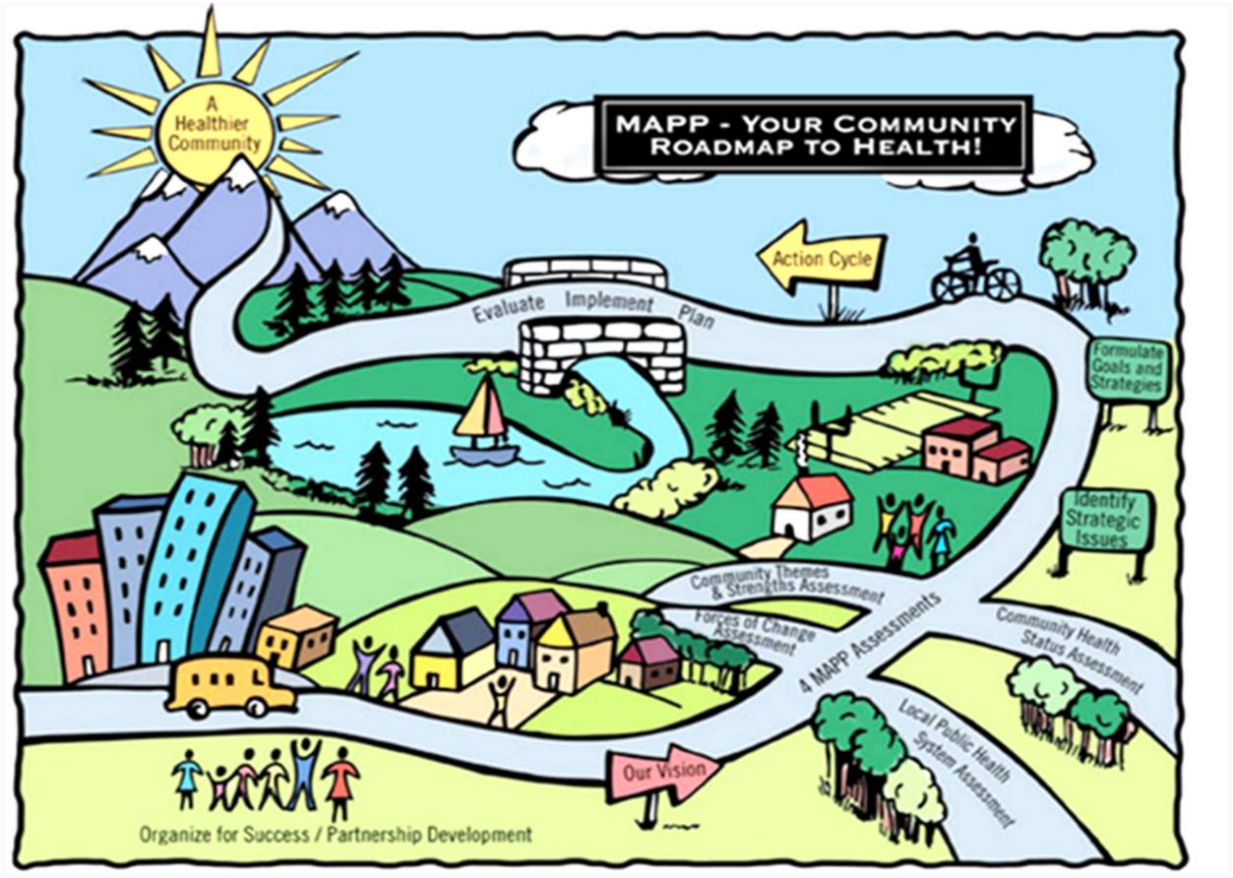


Image title, "MAPP – Your Community Roadmap to Health!"
Image source: National Association of County and City Health Officials (NACCHO); Mobilizing for Action through Planning and Partnerships (MAPP) Handbook

Structure of this Document

CentraCare Long Prairie in collaboration with our partners utilized the MAPP (Mobilizing Action through Planning and Partnerships) process to arrive at an Implementation Strategy to implement for the time period of July 1, 2019 through June 30, 2022. This document describes the process that was used and has two parts. Part 1 describes the process used for the Community Health Needs Assessment. Part 2 is the Implementation Strategy that will be used over the course of the next three years to guide the work of addressing the community priorities that were identified in the Community Health Needs Assessment process.

Our Mission, Vision, and Values

The mission of the Morrison-Todd-Wadena-Community Health Board (MTWCHB)

- *"By working together, the Morrison-Todd-Wadena Community Health Board prevents illness and injury, and promotes and protects the health of our communities."*

The Mission, Vision and Value of CentraCare

- ***Mission:*** *As a Catholic, regional hospital, we improve the health and quality of life for the people we serve in a manner that reflects the healing mission of Jesus.*
- ***Vision:*** *Through our Catholic healing ministry, St. Cloud Hospital will be the leader in Minnesota for quality, safety, service, and value.*
- ***Values:***
    - ***Collaboration*** *– Demonstrated by joining others in furthering our commitment to the common good.*
    - ***Hospitality*** *– Demonstrated by the cordial and generous reception of all persons "so they may truly be served as Christ."*
    - ***Respect*** *– Demonstrated by an affirmation of the inherent dignity of each person.*
    - ***Integrity*** *– Demonstrated by the faithful observance of ethical practices.*
    - ***Service*** *– Demonstrated by a commitment to excellence in all that we do.*
    - ***Trusteeship*** *– Demonstrated by responsible use of all resources.*

CentraCare

CentraCare Health has a rich history of partnering in central Minnesota. Since the early 1990s, CentraCare's hospitals have regularly assessed the changing needs of our communities and responded with appropriate programming and support for special projects. Since adoption of the Community Health Needs Assessment (CHNA) for not-for-profit hospitals was included in the Patient Protection and Affordable Care Act (ACA) those activities have been formalized and coordinated across the hospitals of CentraCare Health.

The CHNAs for CentraCare's six hospitals as of January 1, 2016, were presented individually for each hospital. The Implementation Strategies focused heavily on health metrics as defined by the Community Health Status Indicators (CHSI) 2015 online web application made available by the Centers for Disease Control and Prevention. Throughout the last three years, each hospital has been gaining progress on their respective strategies and a report out will be conducted internally within CentraCare on the progress. With the formation of the Morrison-Todd-Wadena Collaborative (MTWCHB), the CHNA process and prioritization of community health issues is broadly focused on community issues rather than disease conditions specifically. The new framework relies on a mixture of national, state, and local data. The responsibility of coordinating the CHNA process for CentraCare Health now lies with the population health leadership team (PHLT). The team was formed in early 2017 dedicated to provides direction for all risk-based contracts and identify opportunities to increase value, improve quality, improve access, and decrease cost of care for patients.

CentraCare's health condition focus areas in 2019 include the following: diabetes, asthma, hypertension, depression, cardiovascular care (including preventive care and management of Congestive Heart Failure), and preventive care and health screenings (colorectal cancer screening, breast cancer screening, cervical cancer screening, and immunizations). These health condition focus areas will be used as population measures within the Implementation Strategy with appropriate priorities.

Part 1: Community Health Needs Assessment (CHNA)

Regional Collaboration

The Morrison-Todd-Wadena Community Health Board (MTW CHB) began work on the Community Health Needs Assessment process for 2020-2022 in the Summer of 2018. Seven local organizations form this collaborative, as each had the requirement of producing a community needs assessment document. The group, including CentraCare Health—Long Prairie, Lakewood Health System, Tri-County Health Care, CHI St. Gabriel's Health, and Morrison-Todd-Wadena Community Health Board (Todd County Health and Human Services, Morrison County Public Health and Wadena County Public Health), is following the Mobilizing for Action through Planning and Partnerships (MAPP) framework for their continued work.

This group meets bi-monthly to dedicate time in completing the MAPP process. In addition to the collaborative group's efforts of completing a Forces of Change assessment, community input will be represented through a Community Health Survey (goal is 400 completed surveys per county, sent out in January 2019), Community Stakeholder Interviews (following the 12 sector model, each county will select 20-30 names for interviews), and anecdotal self-reported data collection within our targeted population (identified through assessment in our PMAP). Other sources of data collection include local Electronic Medical Record data, IHP and health equity data, county data tables, Minnesota Student Surveys and results from the 2013 and 2016 regional community health survey data.

While each healthcare system has a unique set of priorities the main community health issues from 2013 remained the same for 2017; namely, adult and childhood obesity, mental health, and social determinants of health. Within social determinants of health, the main areas that are being addressed include food insecurity and tobacco use in low income populations. Public health and healthcare staff continue to meet regularly to discuss ways to address community health needs and emerging trends.

Each organization will work on the 2019 Community Health priorities independently, as well as collectively when possible. Identifying priorities together allows the opportunity to make greater strides throughout our area, creating a regional approach rather than organizational approach. Each organization has the freedom to decide how they can most affect each priority based on their resources allotted to this work. The collaborative group will continue to meet to review goals and strategies and update current efforts and measures of success over the designated Community Health Needs Assessment period.

Key Authorities *have the ultimate statutory responsibility for completion of the CHNA and Implementation Strategy.*

Delegated Authorities *set major timelines, monitor the progress, give regular updates to the Key Authorities, and meet quarterly to provide updates of the accomplishments toward the day-to-day work of the work plan. They assist in guiding and engaging the community to accomplish goals.*

Key Authorities consist of:

Todd County Board of Commissioners

- Barb Becker, First District
- Gary Kneisl, Second District
- Rod Erickson, Third District
- David Kircher, Fourth District
- Randy Neumann, Fifth District

Morrison County Board of Commissioners

- Mike LeMieur, First District
- Jeffrey J. Jelinski, Second District
- Randy H. Winscher, Third District
- Mike Wilson, Fourth District
- Greg J. Blaine, Fifth District

Wadena County Board of Commissioners

- Sheldon Monson, First District
- Jim Hofer, Second District
- Bill Stearns, Third District
- Charles Horsager, Fourth District
- Jon Kangas, Fifth District

CHI St. Gabriel's Health Board of Directors

- Steve Smith, Interim President/CFO
- Sr. Mary Pat Burger, OSF
- Jeffrey Drop
- Brian Mackinac, Chair
- Gregory McNamara, MD
- Virgil Meyer, DO
- Mark Moe, MD
- Jon Vetter
- Col. Richard Weaver

Lakewood Health System District Board

- Judy Bjerga, Vice Chair, Finance and Executive Committees
- Linda Dietrich, Home Care Advisory Board
- Sally Grove, Home Care Advisory Board
- Bill Haehnel
- Lana Hansen, Secretary, Executive Committee
- Bev Hoemberg
- Frances Kokett
- Bob Mueller, Member-at-Large
- Barb Peterson, Treasurer, Home Care Advisory Board
- Donald Sirucek
- Ron Storbakken, Compensation Committee
- Mary Theurer, Board Chair, Finance, Governance, and Executive Committees
- Paul Wicht, Finance Committee

Tri-County Health Care Board of Directors

- Dave Fjeldheim
- Matthew Van Bruggen, Chair
- Terry Davis, Vice Chair
- Ryan Anderson, Secretary
- Paul Drange
- Jolene Johannes
- Dave Quincer
- Doug Bjorklund
- John Pate, M.D.
- Shaneen Schmidt, M.D.
- Gerald McCullough, M.D.

CentraCare- Long Prairie Operating Committee

- Pete Berscheit
- Craig Broman, President
- Chuck Eldred
- Sally Hanson, Chairperson
- Norma Orozco
- David Petersen
- Thomas Steinmetz
- Dan Swenson

Delegated Authorities consist of:

Todd County

- Katherine Mackedanz, Community Health Manager

Wadena County

- Cindy Pederson, Public Health Director

Morrison County

- Brad Vold, Public Health, Social Services Director

CentraCare Long Prairie

- Jodi Hillmer, Director of Patient Care Services
- Katie Gruber, Supervisor Community Health and Well-being

CHI St. Gabriel's Health

- Kathy Lange, Foundation Director

Lakewood Health System

- Alicia Bauman, Director of Community Health

Tri-County Health Care

- Miranda Haugrud

Minnesota Department of Health

- Ann Kinney, Senior Research Scientist

Definition of Communities Surveyed

The table below shows service area zip codes within each county that are part of the Todd-Morrison-Wadena CHNA Collaborative.

Morrison County	56314, 56317, 56328, 56338, 56344, 56345, 56364, 56373, 56382, 56384, 56443, 56466, 56475
Todd County	56318, 56336, 56347, 56389, 56437, 56438, 56440, 56446, 56453
Wadena County	56434, 56464, 56477, 56479, 56481, 56482

Morrison County

Morrison County is located in rural central Minnesota with the county seat being Little Falls. The county population is 33,064 with 23.4% of the population within ages 0-17 and 18.9% ages 65 and over. The biggest population cohort is in the 50-64-year range. Morrison county is approximately 49.5% female and 50.5% male with approximately 96.5% of the population identifying as white, 1.2% as people of color, and 1.7% Hispanic. About 89.6% of the population ages 25 and older have attained a high school diploma or GED. There are 30.6% of people of all ages in Morrison County are living at or below 200% of poverty. Out of all the homes in the county, 82.4% are owner-occupied. The total land area of Morrison County is 1,125 square miles and the population per square mile is 29.4. The sources used to collect these statistics were the 2017 Minnesota County Health Tables provided by the Minnesota Department of Health.

Todd County

Todd county is centrally located and is home to 9 cities with the county seat being Long Prairie. The total population is 24,515 with 23.6% of the residents ages 0-17 and 21.0% of the residents ages 65 and older. The most populated age range is 50-64 years. The gender distribution is 48.7% females and 51.3% males. Within Todd County, 91.9% of the population identifies as white, 2.2% as people of color, and 5.9% Hispanic. Out of the residents ages 25 and older, 86% have a high school diploma or GED. 34.8% of people of all ages are living at or below 200% of poverty. The homes in Todd County are 84.3% owner-occupied. Todd County covers a total land area of 945 square miles and has a population per square mile of 26. The sources used to collect these statistics were the 2017 Minnesota County Health Tables provided by the Minnesota Department of Health.

Wadena County

Wadena County is located in central Minnesota with Wadena as the county seat. The population of Wadena County is 13,669 with 24.5% of the residents within ages 0-17 and 21.1% ages 65 and older. The largest number of people reside in the 50-64 age range. The gender distribution is 50.5% females and 49.5% males. The racial distribution is 95.0% of people identifying as white, 2.8% as people of color, and 1.8% Hispanic. Of the residents ages 25 and older, 89.4% have a high school diploma or GED. 37.2% of people of all ages are living at or below 200% of poverty. The ratio of owner-occupied houses is 80.9%. Wadena County spans a total land area of 536 square miles and has a population per square mile of 25. The sources used to collect these statistics were the 2017 Minnesota County Health Tables provided by the Minnesota Department of Health.

Table: County Demographic Data Indicators

County Demographic Data Indicators		
Morrison County (2017)	County Seat	Little Falls
	Largest City	Little Falls
	Population	33,064
	Population Growth (2013-2017)	0.63%
	Median Household Income	$52,855
	Poverty Rate	11.4%
	Unemployment Rate	6.9%
Todd County (2017)	County Seat	Long Prairie
	Largest City	Long Prairie
	Population	24,515
	Population Growth (2013-2017)	0.08%
	Median Household Income	$49,213
	Poverty Rate	13%
	Unemployment Rate	4.7%
Wadena County (2017)	County Seat	Wadena
	Largest City	Wadena
	Population	13,669
	Population Growth (2013-2017)	0.21%
	Median Household Income	$45,018
	Poverty Rate	15%
	Unemployment Rate	6.5%

Source: MN Compass

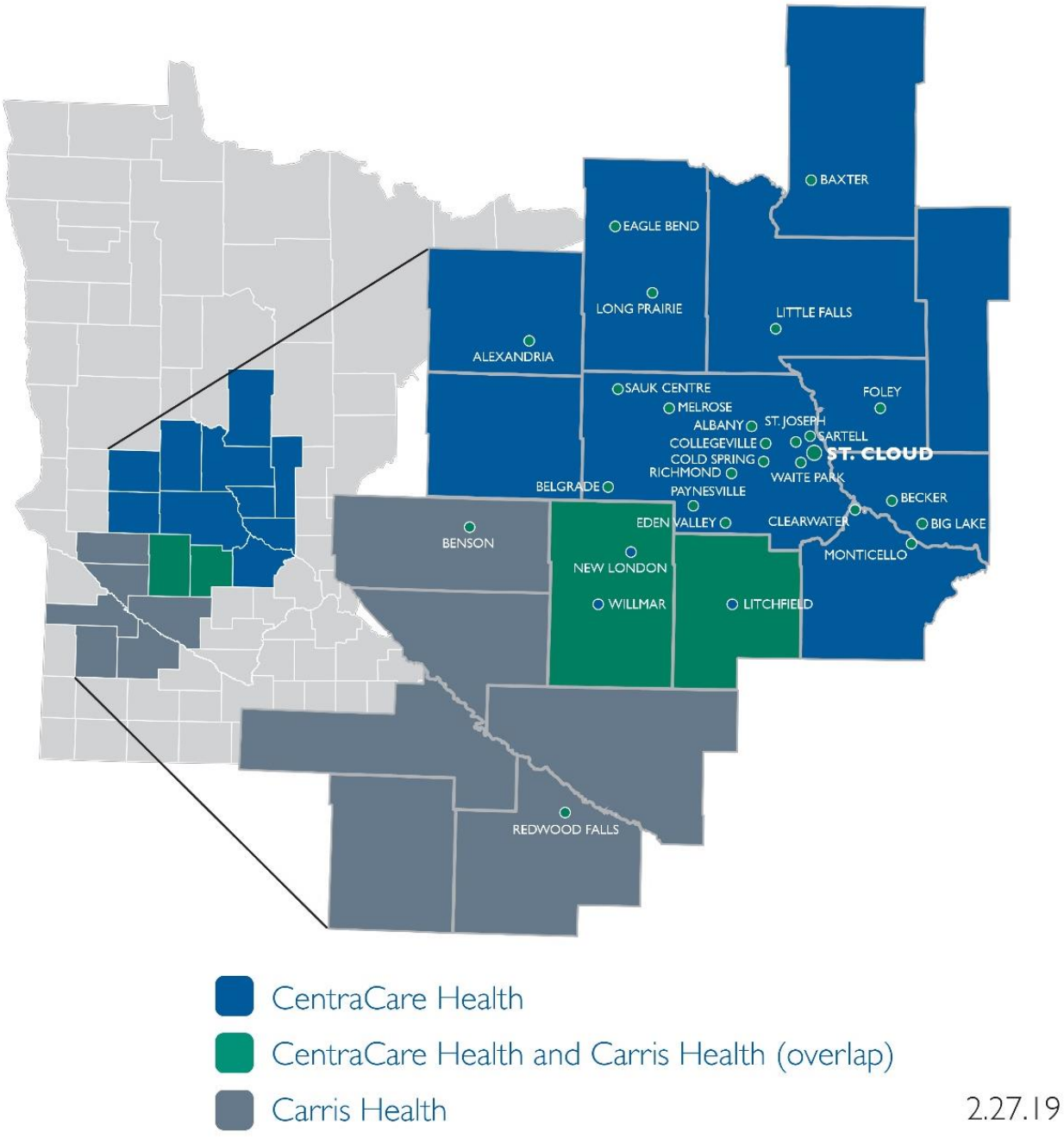
CentraCare Health

CentraCare Health works to improve the health of every patient, every day by providing high quality, comprehensive care to the residents of Central Minnesota. The parent corporation of CentraCare Health was formed in 1995 by a merger of St. Cloud Hospital and the St. Cloud Clinic of Internal Medicine. Over the last twenty-three years, the organization has grown to include not only St. Cloud Hospital and CentraCare Clinic, but hospitals, clinics, and nursing homes/senior living in the communities of Long Prairie, Melrose, Sauk Centre, Monticello, and Paynesville. This wide service area allows us to care for patients in urban, suburban, and rural locations and includes beneficiaries that are underserved. In 2018, CentraCare Health began operating the wholly owned subsidiary of Carris Health, which expanded our service area to West Central and Southwest Minnesota.

St. Cloud Hospital	• Catholic, not-for-profit regional hospital • 489 licensed beds • Largest health care facility in the Region • Magnet-designated hospital since 2004 • Hospital service area consists primarily of Benton, Sherburne, and Stearns Counties

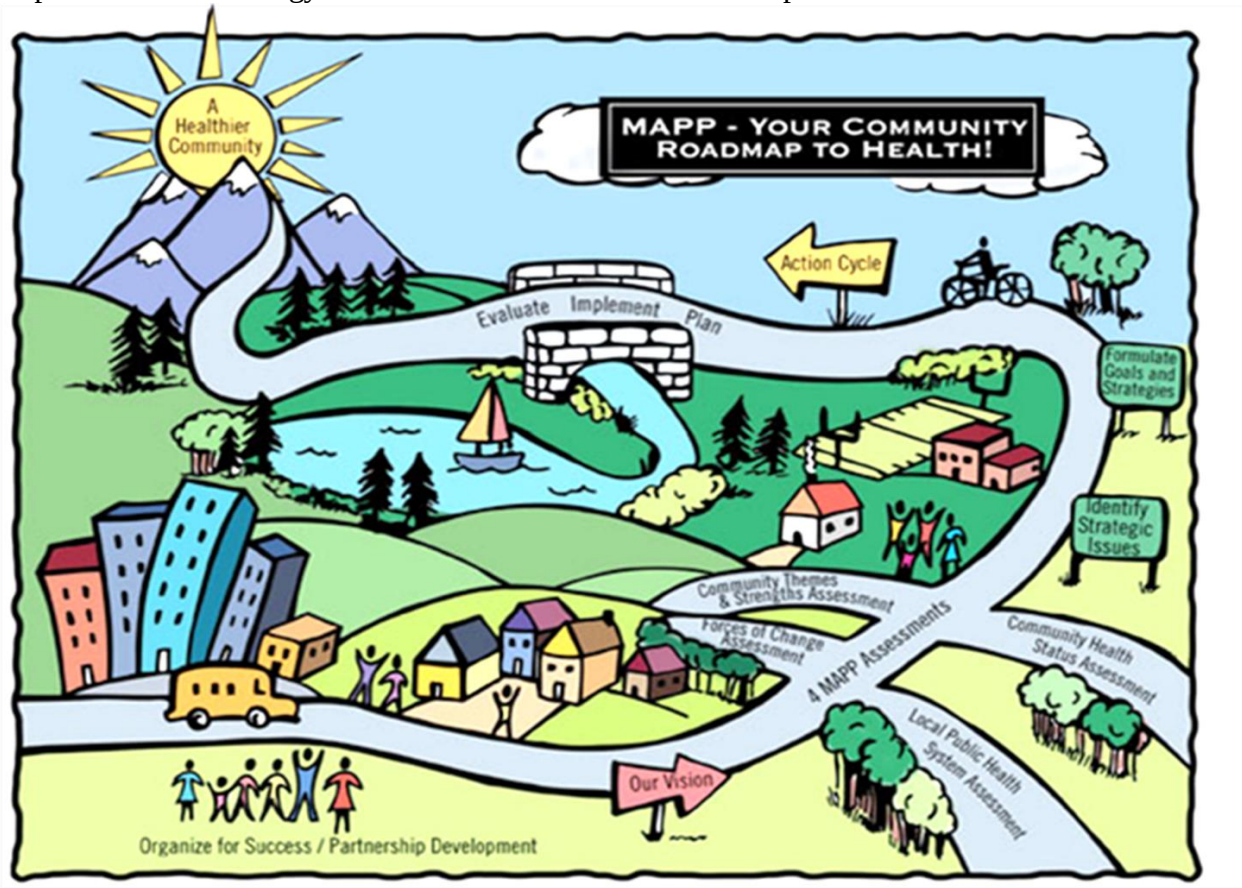
CentraCare Health-Long Prairie	• Not-for-profit • 25-bed critical access hospital, clinic, and 70-bed long-term care facility and senior apartment building/assisted living facility • Primary service area located in the middle of Todd County • Collaborative group including CentraCare Health-Long Prairie, Lakewood Health System, Tri-County Health Care, CHI St. Gabriel's Health, and Morrison-Todd-Wadena Community Health Board, are following the Mobilizing for Action through Planning and Partnerships (MAPP) framework for their continued work
CentraCare Health-Monticello	• Not-for-profit • 25-bed critical access hospital, clinic, cancer center, and 89-bed long-term care facility • Service area primarily in Wright and Sherburne Counties • Collaborative group including CentraCare Health- Monticello, Buffalo Hospital (part of Allina Health), Wright County Community Action, and Wright County Public Health, are following the Mobilizing for Action through Planning and Partnerships (MAPP) framework for their continued work
CentraCare Health-Melrose	• Not-for-profit • 25-bed critical access hospital, clinic, 75-bed long-term care facility, and 61-unit senior apartment building/assisted living facility • Service area primarily consists of western Stearns County
CentraCare Health-Paynesville	• Not-for-profit • Level-4 trauma/critical access hospital, five family medicine clinics, plus long-term care, assisted living and senior housing facilities • Service area primarily consists of the southwestern corner of Stearns County • CentraCare Clinics/hospitals included in the service area: Belgrade, Eden Valley, Richmond, and Paynesville clinics
CentraCare Health- Sauk Centre	• Not-for-profit • 25-bed critical access hospital, clinic, and 60-bed long-term care facility with an adjacent 30-unit independent living facility • Service area primarily consists of the northwestern corner of Stearns County
CentraCare Clinics	• Consists of 360 physicians and 173 advanced practice providers who practice in 35 medical specialties and offer a variety of outreach services in 40 communities
Carris Health	• A wholly-owned subsidiary of CentraCare • Formed in January 2018 to deliver health care to West Central and Southwest Minnesota • Comprised of a partnership between CentraCare Health, Rice Memorial Hospital in Willmar, Redwood Area Hospital in Redwood Falls, and ACMC Health- including 10 clinics in SW Region of the State

CentraCare Health and Carris Health Service Area



Process and Methods to Conduct the CHNA

Todd-Morrison-Wadena CHNA Collaborative agreed to utilize the MAPP (Mobilizing for Action through Planning and Partnerships) process to conduct the Community Health Needs Assessment and prepare the Implementation Strategy. The MAPP Process consists of six phases.



Phase 1: Organize for Success & Partnership Development

As described in the section titled Regional Collaboration, the partnership development for the creation of the Todd-Morrison-Wadena CHNA Collaborative was formalized June,2018.

Phase 2: Visioning

The Core Support Team discussed the Vision at two meetings in April and May of 2018. In-between the two meetings, each agency discussed the vision statement within their agencies to identify if there were missing components. The Delegated Authorities also discussed the vision statement at a meeting in May 2018. The partnership agreed that the statement is a living statement and any member can ask to revisit the Vision to potentially make changes at any time.

The Morrison-Todd-Wadena Community Health Board (CHB) Vision

- *"By working together, the Morrison-Todd-Wadena Community Health Board prevents illness and injury and promotes and protects the health of our communities."*

Phase 3: The Assessments

The assessments gather qualitative and quantitative data to drive the priority selection process. To complete the assessments, Todd and Wadena Counties followed the Mobilizing for Action through Planning and Partnerships process (MAPP). The MAPP process is a community-driven strategic planning tool that includes community visioning, conducting four assessments (community themes and strengths, organization capacity and performance, community health, and forces of change), prioritizing issues, selecting goals and strategies, and developing an action plan. The CHB's community health assessment results include six areas: written/email survey, face-to-face interviews, secondary data sources, directory listing of health system capabilities, summary and conclusions, and three-year action plan.

Community Health Status Assessment

A community health status assessment provides the foundation for improving and promoting the health of a community. It assists in identifying factors that affect the health of a population and determining the availability of resources within the community to adequately address these factors.

Community health assessments are a required function of local public health, and they are also a national standard for accreditation for public health departments. Since the passage of the Community Health Services Act (now called the Local Public Health Act) in 1976, Minnesota Community Health Boards (CHBs) have been required to complete community health assessments and planning. As part of Minnesota's current local public health assessment and planning process, every Minnesota CHB will be required to submit their ten most important community health issues (prioritized from the community health assessment) and community health improvement plan to the Minnesota Department of Health Center for Health Statistics and to coordinate these with strategic and quality organization improvement planning. This requirement is every five years and needs to be completed by the end of 2014 and submitted in early 2015.

Survey Methodology

Instrument

The survey instrument content was largely taken from a similar survey conducted by these same counties in 2016. Modifications to the survey questions were made by local public health staff with technical assistance from the Minnesota Department of Health Center for Health Statistics. The survey was formatted by the survey vendor, Survey Systems, Inc. of Shoreview, MN, as a self-administered English-language questionnaire.

Sample

A two-stage sampling strategy was used for obtaining probability samples of adults living in each of the three counties. A separate sample was drawn for each county. Additional samples were drawn in each of four cities in the region (Little Falls, Long Prairie, Staples and Wadena). For the first stage of sampling, a random sample of residential addresses was purchased from a national sampling vendor (Marketing Systems Group of Horsham, PA). Address-based sampling was used so that all households would have an equal chance of being sampled for the survey. Marketing Systems Group obtained the list of addresses from the U.S. Postal Service. For the second stage of sampling, the "most recent birthday" method of within-household respondent selection was used to specify one adult from each selected household to complete the survey.

Survey Administration

An initial survey packet was mailed to 6,400 sampled households (1,600 in each county and 400 in each of the oversampled cities) that included a cover letter, the survey instrument, and a postage-paid return envelope on January 25, 2019. One week after the first survey packets were mailed (February 1), a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded.

About two weeks after the reminder postcards were mailed (February 15), another full survey packet was sent to all households that had still not returned the survey. The remaining completed surveys were received over the next four weeks, with the final date for the receipt of surveys being March 13, 2016.

Completed Surveys and Response Rate
Completed surveys were received from 1553 adult residents of the three counties; thus, the overall response rate was 24.3%. County level response rates were 25.7% (Morrison), 22.9% (Todd) and 24.3% (Wadena).

Data Entry and Weighting
The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc. To ensure that the survey results are representative of the adult population of each county and of the three counties combined, the data were weighted when analyzed. The weighting accounts for the sample design by adjusting for the number of adults living in each sampled household, for the disproportionate stratification, and for the city level oversampling. The weighting also includes a post-stratification adjustment so that the gender and age distribution of the survey respondents mirrors the gender and age distribution of the adult population in the three counties according to U.S. Census Bureau American Community Survey 2013-2017 population estimates.

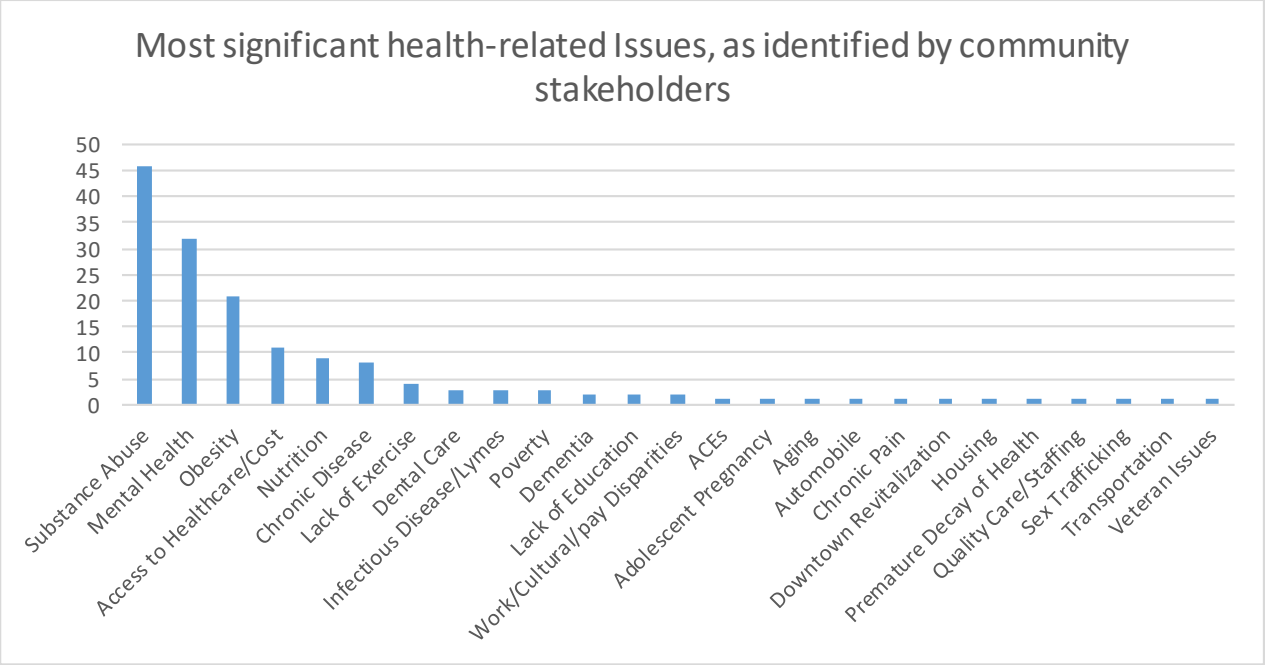
The Community Themes and Strengths Assessment (CTSA)

Overview:
Community stakeholder interviews were conducted with 54 individuals across Morrison, Todd, and Wadena Counties. Interviews were conducted by public health and health care staff utilizing the Community Stakeholder Questionnaire. Interviews were conducted in person and via phone and typically lasted 45 minutes to 1 hour. 22 interviews were conduct in Morrison County, 15 interviews were conducted in Todd County, and 17 interviews were conducted in Wadena County. Community stakeholders were selected from a variety of sectors. Table 1 below shows each sector represented.

Table 1. Community Stakeholder Interviewees by Sector.

Sector	Percent	Number
Healthcare professionals	20%	11
State, local or tribal govt. agencies with expertise in substance misuse	19%	10
Businesses	13%	7
Schools	13%	7
Civic or volunteer groups	9%	5
Law enforcement	7%	4
Youth	7%	4
Media	6%	3
Religious or fraternal orgs.	4%	2
Youth-serving org.	2%	1

Interviewees were asked to identify the three most significant health-related issues in their community. The aggregate list is shown below.



Substance abuse was the most frequently cited health-related issue. Within the area of substance abuse specific substances including e-cigarettes, tobacco products, opioids, alcohol, and marijuana were cited as concerns.

Interviewees were asked to identify specific community projects or initiatives that address these health-related issues and their effectiveness. The following projects and initiatives were identified:

- Jail Suboxone project in Morrison County
- Food insecurity work at the hospitals and schools (e.g., Choose Health, backpack programs, care closets)
- Live Better Live Longer initiative
- Comprehensive re-entry project including a social worker in the jails

Social determinants of health are conditions in the environments that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Examples of social determinants of health include access to health care services, quality of education/job training, transportation options, public safety, social support, and availability of community-based resources. We asked community stakeholders to specifically identify non-healthcare related issues that impact the overall health of their community. The responses that were commented on most frequently are listed below in Table 2.

Table 2. Community stakeholder identified non-healthcare related issues impacting overall health

Responses	**Percentage**	**Number**
Housing	33%	21
Transportation	25%	16
Access to healthy food	17%	11
Education/life skills	9%	6
Childcare	8%	5
Poverty	5%	3
Mental Health	3%	2

Community stakeholders were asked if they were aware of or could identify any ideas, project, or initiatives that would effectively address the identified social determinants of health.

- Housing- renter advocacy program,
- Transportation- state legislation, better coordination across county lines, Uber/Lyft options
- Access to healthy food- Meals on Wheels, Care Closets at Schools, Lakewood's Food Farmacy, Wadena greenhouse project, farmers' market
- Education- promoting life skills programming, addressing ACEs (Adverse Childhood Experiences)
- Childcare- more daycare centers with longer hours, regional licensing model with Sourcewell, expanded before/after school programming

Health equity means achieving the conditions in which all people have the opportunity to attain their highest possible level of health. Structural inequities within our population— such as finance, housing, transportation, education, social opportunities, etc. — may unfairly benefit one population over another population. Community stakeholders were asked to think about those who experience relatively good health and those who experience poor health; and to identify why there might be differences in these two groups.

- Financial status/poverty
- Education
- Routine preventative care / access to care / access to health insurance
- Social support / community connections
- Lifestyle choices / learned behaviors

Interviewees were asked to identify any services that could improve overall health in their community that are currently unavailable or have limited availability- if money was no object.

- Health and fitness centers
- Mental health services
- More transportation services
- Early intervention programs for families/youth at-risk
- Comprehensive services for low income families

Strengthening families is a community health strategy for Morrison, Todd, and Wadena County public health agencies. Community stakeholders were asked what could be done to strengthen families and promote more positive parenting in the community.

- Affordable and accessible childcare
- Education in high schools on parenting
- Promotion of positive parenting and increased social support for parents (e.g., Circle of Parents, Love & Logic, ECFC)
- Free events and classes for families
- Increased involvement with churches and religious organizations

Finally, community stakeholders were asked to identify the best strategies for getting people engaged in improving the health of their community.

- Incentives- free meals, events, etc.
- Identify areas of interest and activities for diverse populations
- Remove barriers to participation (e.g., transportation, childcare)
- Community gatherings for all (e.g., block parties)
- Engaging community members in conversations and projects

The Forces of Change (FoC) Assessment

The Forces of Change (FoC) Assessment identifies forces that may affect a community and opportunities and threats associated with those forces. The FoC team facilitated a conversation on what creates health, forces, trends, factors and events affecting health, and strategies to overcome barriers to healthy living.

Forces	Opportunities	Threats
Increased drug use (i.e., meth, opioids)	IHP work/funding available PH coalition work and grant funding	Displaced children Pregnancy issues Crime Costs to treat and ongoing family costs
Mental health (treatment and prevention)	Increased awareness Increased accessibility of resources Tele-care: new models of care Increased focus on prevention and risk factors (e.g., ACES, resiliency) Available resources to address client's needs MH care coordination Integrated care- Behavioral health and primary care	Lack of available care and providers Lack of funding Too much focus on crisis Lack of collaboration across providers Drives all other health issues Stigma continues to impact access
Health Insurance Market	Consumer savvy- shopping around Platforms allow cost comparisons	Client frustration, confusion and lack of options High deductibles Forgone care and prescriptions Overutilization of emergency department by some populations
Social Determinants of Health	IHP focus; paying attention and funding	Generational poverty- widening gap in middle class Inadequate housing; unsafe rentals Public transit is limited and not coordinated Growing senior population; need more care and services
Political climate		
Workforce issues		
Sexually exploited youth		
Data driven/focus	Population health	

Phase 4: Identify Strategic Issues

After completing the 2019 Morrison-Todd-Wadena Community Health Survey and the interviews with 22 community stakeholders, and after reviewing additional data sources from emergency room statistics to the state's student survey to the U.S. Census Bureau information, and many other sources, the Community Health Needs Assessment team at CentraCare Long Prairie began the work to develop goals, initiatives and strategies to address Todd County's three top health needs as identified by these investigations.

With data in hand, Katie Gruber, Supervisor Community Health and Well-Being and Jodi Hillmer, Director of Patient Care Services, who led the 2019 CHNA work, convened a series of meetings with a strategy team to, first, discuss the issues that seemed of greatest concern to the people of Todd County, and then to focus on each of the top three to explore ways to address those needs and to improve the health of their Community. The strategy team she invited to attend included representatives of organizations who, on a daily basis, address the health concerns of the people who call Todd County home. The team includes representatives from the county's public health office, city council, schools, elderly communities, the county extension office, and CentraCare Long Prairie itself.

The assessments each resulted in a list of community priorities. The lists were shared with the CentraCare—Long Prairie Med Staff and Operating Board in May. In June, the Executive Council was lead through a facilitated exercise using the Vision statement to narrow the priorities to a single list of three. These three—obesity, mental health, and social determinants of health will be addressed in the Implementation Strategy.

Phase 5: Formulate Goals and Strategies

The Strategy Team began work in May, 2019. Prepared with information on the results of the 2019 Community Needs Survey and the stakeholder interviews, they began addressing the issues from their professional perspectives, quickly focusing on obesity and mental health as top concerns, as they had been in the 2016 CHNA. Discussion of these two issues led the team to conclude that other issues identified in the survey, such as parenting skills, and food insecurity were related and that the issues of mental health and social determinants of health are intertwined. The team acknowledged and addressed the fact that the list of issues from which survey respondents had to choose was developed by the MTW Health Board team and were, thus, not self-reported issues. The team members, however, agreed that obesity, causes major health concerns faced by Todd County residents. Obesity rose to the top of their list of health concerns for 2019, followed by mental health and social determinants of health.

The top three topics receiving attention as one of the three concerns named by the people interviewed were obesity, mental health, and social determinants of health. Committee members recognize that within these broad topics are more refined issues on which the hospital may choose to focus as they develop their 2019 strategies and initiatives. Committee members concluded, however, that the stakeholder interviews are, indeed, pointing to those areas with which community members who are actually in need struggle and which cause the greatest hindrances to those people living healthy lives.
The CentraCare Long Prairie team considered the themes and the potential action steps collected at the Med Staff, Operating Board and Executive Council Meetings and built goal statements and performance measures. Regional, community-wide strategies were also developed to address the goals.

Phase 6: Action Cycle

The action cycle for this CHNA will be July 1, 2019 through June 30, 2020

Process to Prioritize the Community Priorities

With the results of the 2019 Morrison-Todd-Wadena Community Health Needs survey in and with the stakeholder interviews complete, Jodi Hillmer presented to the CentraCare Long Prairie Board, to be part of the team that would explore this and other data to develop initiatives and strategies for the coming three years.

The first meetings of this group took place May 8 and May 23, 2019, at CentraCare Long Prairie. Twenty people attended. Hillmer and Dan Swenson, Administrator of CentraCare Long Prairie, conducted the meeting. They provided information from the 2019 Morrison-Todd-Wadena Community Needs survey for the group, and summaries of the responses of the stakeholder interviews to each of the seven questions. Charts included the list of 30 issues from the MTW Community Health Needs survey, issues chosen by the survey planning teams, with those ranked from the greatest number of respondents identifying the issues as minor, moderate, or serious.

Each team member related to the data from the perspectives of their work. All asked questions of the others. As the discussion developed, and as Jodi Hillmer guided the discussions, it became clear that the issues were all interrelated: that if someone does not have food, they cannot focus on mental health or parenting skills; that if someone suffers from a suicidal thoughts that person also suffer from mental health concerns; that obesity and activity levels are involved with each other, with community opportunities, and often with other family issues.

Strategy team members commented on the scope of the health issues identified in the 2019 survey with some trepidation at the magnitude of the problems. However, overall, the team members agreed that Todd County and Long Prairie are safe, friendly, caring communities. They shared a sense that they do have an opportunity to address these issues and that by working together and breaking the problems down into smaller pieces they could devise strategies and initiatives for addressing those problems. They also saw opportunities to share information and data and to share support in addressing the problems of the community.

At the end of the meeting, each person attending the meeting agreed to continue working together to develop strategies for the coming years, with a second meeting planned for late August 2019. They agreed to continue work through the summer and fall.

Community Priorities

Assessing the needs of the people it serves is an ongoing priority of CentraCare Long Prairie and the greater CentraCare system of which it is a part. The people who make up the staff of this hospital focus closely on their mission and vision and work constantly to support the medical needs of Todd County and the people who live in the surrounding areas. For them, seeing an opportunity is a reason to act; seeing a problem is a reason to search for and implement solutions.

The work of conducting a Community Health Needs Assessment every three years is simply a way to formalize work they have been doing and will continue to do should the requirements of this process change in the coming years. For this staff at this health care facility reaching out to people before they need to seek a doctor or spend time in a hospital bed is as important as providing that hospital care when it is needed. Their work is intertwined with the lives of the people of Todd County.

Below is the table of priorities in community informed ranking. Due to the newness of the collaboration on this work, a decision was made to focus on the top three priorities for the Implementation Strategy. In the future, the group will assess the capacity to expand the number of priorities being addressed and measured.

The CentraCare Long Prairie (CCLP) Priorities

	Priority	Examples
1	**Obesity**	• Individual/family intervention • Increase daily physical activity • 6 Dimensions of Wellness Focus
2	**Mental Health**	• Awareness • Access • Well-being • Screenings • ACES
3	**Social Determinants of Health (SDOH)**	• Building social connections • Community intervention • Food Insecurity • Access

Progress on 2016 Initiatives

Obesity

The Morrison-Todd-Wadena Community Health Board utilizes the Statewide Health Improvement Partnership (SHIP) grant and its brand 'Health4Life' along with CCLP Vitality Wellness to complete the majority of strategies focused on healthy eating and physical activity.

The goal of the Obesity Community Health Improvement Plan is to, "Prevent and reduce obesity in adults and children by increasing physical activity and healthy eating opportunities through policy, system and environmental changes."

Progress: The attached Implementation Plan outlines the short term and long term indicators that are being tracked for each priority area. The 2019 Community Health Survey became available in March, 2019 and is reported.

The two objectives that were identified to accomplish this goal include:

- By December 2019, increase consumption of fruits and vegetables by 5 percentage points and decrease consumption of sugar sweetened beverages by 5 percentage points for adults and children.
- By December 2019, increase the number of adults and children who meet the recommended guidelines for physical activity by 5 percentage points.

Significant findings include:

- We saw a significant decrease from 2013 to 2016 in the number of adults reporting moderate physical activity five days or more per week (44.7% → 26.4%). The decreasing trend continued in 2019 with 26.1% of adults reporting moderate physical activity five days or more per week.
- From 2013 to 2016, we found a 5 percentage point decrease in the number of adolescents who report consuming daily at least 1 or more can, bottle, or glass of pop/soda daily (48% → 43%). The 2019 student survey data was not available at the time of reporting.
- In 2018, WIC reported that 78% of infants were ever breastfed, an increase from 74% in 2017.

Successes:

- The Hilltop Regional Kitchen completed its construction and opened in January, 2018. The kitchen continues to serve Todd and Wadena seniors and has developed a shipped frozen meal program which will serve any individuals in need of prepared meals across Minnesota.

- Public health staff supported 17 school districts in making policy changes and lunchroom improvements to support healthy food choices.
- Morrison County purchased a Fit Trail system in 2018. The trail will increase access to physical activity opportunities in the community for all ages and abilities.
- Morrison and Wadena Counties are continuing to support One Vegetable, One Community to help increase vegetable consumption among individuals.

Next Steps: In 2019 the focus will be to continue collaborations with schools, worksites, and community groups to advance policy, systems, and environmental changes to increase access to healthy foods and physical activity. In Spring 2019, CentraCare Vitality Wellness opened in Long Prairie, MN—adjacent to the hospital. Our goal is to be working with community partners to increase programming around the 6 Dimensions of Wellness—occupational, physical, social, intellectual, emotional, spiritual. We will be hosting community events to bring awareness to Vitality Wellness and increase utilization of programming and services available.

Mental Health

The Morrison-Todd-Wadena Community Health Board has worked closely with mental health partners in the region to prioritize strategies to address mental health prevention and promotion of mental health services.

The goal of the Mental Health Improvement Plan is to, "Improve education, screenings, awareness and access to community based mental health resources to promote early intervention and treatment of mental health conditions."

The three main objectives that were identified to accomplish this goal include:

- By December 2019, collaborate with regional partners to implement trauma informed care principles and protocols.
- By December 2019, update protocols for depression screening and follow up for women of reproductive age within maternal child health visits, clinics and programs.
- By December 2019, partner with Region Five and NJPA to provide at least five mental health prevention programs or trainings.

Progress: The 2019 Morrison-Todd-Wadena Community Health Survey continues to show a significant portion of the population (25.1%) is dealing with mental health issues and concerns.

- Depression screenings for women of reproductive age has continued to increase and Wadena County has now begun tracking this data. In 2016, 172 PHQ9 screenings were completed in Morrison and Todd Counties, 287 completed in 2017 in Morrison and Todd Counties, and 323 completed in 2018 including Todd, Morrison, and Wadena Counties.

Successes:

- A mental health task force that began in 2017 continues efforts using the public health approach to mental health: promotion, prevention, care advocacy and crisis intervention. A diverse group of disciplines are included in the task force including healthcare, Public Health and Human Service, decisions makers, law enforcement, community advocates, mental health providers, and behavioral health hospitals.
- In Jan 2018, a 15 month trauma informed care collaboration kicked off across Region Five with a two day educational training for social service, public health, and school staff to understand what trauma is, how it impacts our community members, and how we can begin to be more trauma sensitive. Since Jan, each agency meets routinely and has completed an organizational self-assessment, vision

statement, goals, communication plan, and monitors progress. Initial and continued education of staff has been a vital part of advancing our goals. Collaboration between agencies has been beneficial since we often assist the same clients.

Next Steps: The trauma informed care collaboration across Region Five has been a great start to our education, planning, and some implementation of programs. Over the last year it was recommended to focus on two to three of the seven domains of trauma-informed care. Additionally, work will continue to update protocols for depression screening for women of reproductive age. CHB Staff are working to consistently screen for depression and anxiety across all maternal child health programs. CentraCare and Todd County are currently working through a grant to break down mental health barriers in agriculture. They are using an educational approach to suicide awareness for supporting relationships in the farming community.

Social Determinants of Health

The Morrison-Todd-Wadena Community Health Board needs assessment continues to illustrate the need to address social determinants of health to identify and reduce health disparities.

The main goal of the Social Determinants of Health Community Health Improvement Plan is to, "Build and strengthen partnerships with community agencies to address food insecurity and tobacco use/exposure in at-risk populations to reduce health disparities."

The two objectives that were identified to accomplish this goal include:

- By December 2019, decrease the number of adults who report being food insecure in the past 12 months by five percentage points.
- By December 2019, reduce the number of low income (making less than $35,000 annually) adults who report using tobacco products by three percentage points.

Progress: The attached MTW CHB Community Health Improvement Monitoring Plan outlines the revised short term and long-term indicators that are being tracked for each priority area, including food insecurity and tobacco use/exposure.

Successes:

- A health equity data analysis (HEDA) was completed in 2018 which focused on low income tobacco users. All three healthcare systems reported significantly greater tobacco use in their PMAP population compared to their overall clinic population. The greatest tobacco users across all health care systems was within the male PMAP non-Hispanic demographic, with tobacco use as high as 42.8%-49.8%.
- Three health systems, including Lakewood Health System, CentraCare Health-Long Prairie and St Gabriel's Hospital, worked to reduce food insecurity by providing local food shares to families in need. Both CentraCare Health-Long Prairie and Lakewood Health System work with local farmers' markets to provide access to healthy, local foods. As well as promote farmers' market demos and cooking classes for low-income families through UMN Extension.
- The Tobacco Free Communities grant completed the Hispanic tobacco survey in the Long Prairie community. 94% of Hispanic females indicated that they never used tobacco products and by comparison only 46% of Hispanic males stated that they never used tobacco.

Next Steps: Collaboration will continue with health care systems to advance work to address food insecurity in their clinic population. In February 2018, Lakewood Health System opened its 'Food Farmacy', creating a physical space and protocols to address food insecurity in its most vulnerable clinic populations. The Tobacco Free Communities grant continues to address health disparities and identify cessation strategies for low-income, at-risk individuals. In 2019, the TFC grant will continue to work with local communities to update and strengthen their local tobacco ordinances, educate youth about the harms associated with commercial tobacco/electronic cigarette use, and work to educate county residents about cessation resources available at the local and state level. Each hospital- CentraCare Health Long Prairie, Lakewood Health System, and Tri-County Health Care will create a discharge plan process to identify clients at risk for inadequate or poor nutrition post discharge. The 'Meals at Discharge' pilot program will deliver 14 frozen meals to each referred client twice over the course of one month. Meals will be delivered in collaboration with community paramedics, home care, and medical equipment providers to be integrated with existing discharge procedures. A thorough evaluation will be conducted to determine if providing frozen meals to newly discharged clients does reduce hospital readmission and promote increased healing at home. The goal will be to reach 5 clients per week over the course of 36 weeks to have a total of 180 clients across all three health systems.

APPENDIX A

2019 Morrison-Todd-Wadena Community Health Needs Survey

Demographic Results

		Morrison		Todd		Wadena	
		Frequency	Weighted Percent	Frequency	Weighted Percent	Frequency	Weighted Percent
Number		510		512		501	
Gender	Male	198	49.9%	184	51.7%	192	50.3%
	Female	312	50.1%	328	48.3%	309	49.7%
Age Group	18-34	32	23.8%	29	23.4%	24	24.8%
	35-44	44	14.7%	34	11.9%	46	14.1%
	45-54	46	18.4%	65	17.1%	39	16.0%
	55-64	153	19.6%	128	20.5%	115	18.0%
	65-74	128	12.6%	140	15.1%	140	13.6%
	75+	107	10.9%	116	11.9%	137	13.4%
White/Not white	White	501	98.2%	498	97.4%	490	97.4%
	Not white	9	1.8%	14	2.6%	11	2.6%
Education	HS grad/GED or less	193	30.8%	181	31.2%	165	22.6%
	Trade/vocational school, some college or Associate degree	195	43.9%	233	47.9%	202	52.7%
	Bachelor's degree	70	15.7%	63	15.2%	77	16.6%
	Grad/professional degree	46	9.6%	34	5.8%	54	8.2%
Income	<$20,000	70	6.8%	90	12.6%	85	11.3%
	$20,000-$34,999	88	11.0%	99	13.7%	103	14.8%
	$35,000-$49,999	79	15.7%	93	22.8%	81	16.1%
	$50,000-$74,999	95	25.4%	105	26.2%	90	19.9%
	$75,000-$99,999	70	13.7%	45	11.3%	62	24.1%
	$100,000-$149,999	47	21.0%	37	9.3%	32	10.1%
	$150,000+	26	6.4%	16	4.1%	16	3.8%
Relationship status	Married	307	71.1%	300	67.0%	284	72.4%
	Living with a partner	15	6.9%	26	6.4%	15	4.3%
	Divorced	55	6.7%	46	5.3%	50	5.7%
	Separated	4	0.3%	6	0.4%	3	1.0%
	Widowed	79	6.4%	96	7.7%	110	8.8%
	Never married	41	8.5%	36	13.2%	37	7.8%
Veteran status	Veteran	80	14.2%	59	8.6%	60	6.5%
	Non-veteran	425	85.8%	448	91.4%	438	93.5%
Home ownership	Own	423	84.2%	427	86.6%	403	85.2%
	Rent	57	10.3%	58	9.2%	73	12.0%
	Other arrangement	17	5.4%	21	4.2%	18	2.8%

APPENDIX B

2019 Morrison-Todd-Wadena Community Health Needs Survey

General Health Results

Sex	Male	Female	Total
Poor	2.4%	1.4%	1.9%
Fair	7.3%	9.8%	8.5%
Good	36.5%	35.1%	35.9%
Very good	38.8%	41.4%	40.0%
Excellent	15.0%	12.3%	13.7%
Total	100.0%	100.0%	100.0%

Age groups	18-34	35-44	45-54	55-64	65-74	75+	Total
Poor	0.0%	0.0%	4.0%	1.8%	2.6%	3.5%	1.9%
Fair	1.4%	9.3%	7.1%	9.9%	8.5%	21.0%	8.5%
Good	19.0%	34.7%	31.0%	46.0%	43.5%	49.2%	35.9%
Very good	36.4%	51.8%	50.1%	37.2%	42.2%	21.7%	40.0%
Excellent	43.1%	4.2%	7.7%	5.1%	3.2%	4.6%	13.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Education	High school graduate/GED or less	Trade/Voc, Associate degree or some college	Bachelor's degree	Graduate or professional degree	Total
Poor	2.5%	2.3%	0.0%	0.0%	1.9%
Fair	12.9%	6.7%	5.9%	8.3%	8.6%
Good	36.8%	30.0%	51.2%	36.3%	35.7%
Very good	38.5%	41.3%	36.4%	49.1%	40.2%
Excellent	9.3%	19.7%	6.5%	6.4%	13.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

Income	<$20,000	$20,000-$34,999	$35,000-$49,999	$50,000-$74,999	$75,000-$99,999	$100,000-$149,99	$150,000+	Total
Poor	11.3%	0.8%	1.2%	0.0%	0.0%	1.4%	0.0%	2.0%
Fair	19.1%	12.2%	7.4%	5.4%	5.9%	1.5%	0.0%	8.0%
Good	54.3%	49.5%	38.7%	20.3%	14.0%	51.3%	26.1%	35.5%
Very good	13.8%	37.2%	19.7%	57.6%	67.7%	45.8%	65.7%	40.5%
Excellent	1.5%	0.4%	33.0%	16.8%	12.4%	0.0%	8.3%	14.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Obesity Related Results

General

Weight status according to BMI	Todd	MTW CHB
Not overweight	32.5%	26.4%
Overweight but not obese	30.6%	36.0%
Obese	37.0%	37.7%
Total	100.0%	100.0%

Has a doctor ever told you that you were overweight or obese?	Todd	MTW CHB
No	68.7%	68.2%
Yes	31.3%	31.8%
Total	100.0%	100.0%

On average, while you are not at work or school, how many hours per day do you use a computer, tablet, TV, or smart phone?	Todd	MTW CHB
Less than 1 hour per day	11.0%	12.6%
1-2 hours per day	35.5%	36.5%
3-4 hours per day	28.1%	30.1%
More than 4 hours per day	16.4%	15.4%
I don't do any of these activities	8.9%	5.4%
Total	100.0%	100.0%

Obesity Related Results

Physical Activity

During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	Todd	MTW CHB
Yes	63.1%	64.6%
No	36.9%	35.4%
Total	100.0%	100.0%

During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing and heart rate.*	Todd	MTW CHB
0 days	17.1%	16.2%
1-4 days	58.5%	57.7%
5-7 days	24.4%	26.1%
Total	100.0%	100.0%

During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.*	Todd	MTW CHB
0 days	45.2%	44.0%
1-2 days	34.4%	32.7%
3-7 days	20.4%	23.3%
Total	100.0%	100.0%

How much of a problem are the following factors for you in terms of keeping you from being more physically active?

Lack of programs, leaders, or facilities	Todd	MTW CHB
Not a problem	44.3%	46.2%
A small problem	26.6%	25.9%
A big problem	29.1%	27.9%
Total	100.0%	100.0%

Lack of support from family or friends	Todd	MTW CHB
Not a problem	81.0%	78.9%
A small problem	15.8%	17.5%
A big problem	3.2%	3.6%
Total	100.0%	100.0%

No one to exercise with	Todd	MTW CHB
Not a problem	66.3%	67.3%
A small problem	24.0%	23.9%
A big problem	9.7%	8.8%
Total	100.0%	100.0%

The cost of fitness programs, gym membership or admission fees	Todd	MTW CHB
Not a problem	52.6%	52.3%
A small problem	28.3%	26.1%
A big problem	19.1%	21.6%
Total	100.0%	100.0%

Public facilities (schools, sports fields, etc.) are not open or available at times I want to use them	Todd	MTW CHB
Not a problem	67.4%	72.5%
A small problem	22.0%	17.0%
A big problem	10.6%	10.5%
Total	100.0%	100.0%

Not having sidewalks	Todd	MTW CHB
Not a problem	74.9%	76.7%
A small problem	13.7%	13.1%
A big problem	11.4%	10.2%
Total	100.0%	100.0%

Long-term illness, injury, or disability	Todd	MTW CHB
Not a problem	73.2%	75.5%
A small problem	14.2%	13.0%
A big problem	12.6%	11.5%
Total	100.0%	100.0%

Fear of injury	Todd	MTW CHB
Not a problem	81.5%	83.1%
A small problem	14.1%	12.6%
A big problem	4.4%	4.3%
Total	100.0%	100.0%

Distance I have to travel to fitness, community center, parks or walking trails	Todd	MTW CHB
Not a problem	60.7%	65.7%
A small problem	22.8%	19.3%
A big problem	16.5%	15.1%
Total	100.0%	100.0%

No safe place to exercise	Todd	MTW CHB
Not a problem	81.9%	86.2%
A small problem	12.6%	10.3%
A big problem	5.5%	3.5%
Total	100.0%	100.0%

Obesity Related Results

Nutrition

A serving of vegetables–not including French fries–is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?	Todd	MTW CHB
0 servings	15.9%	13.9%
1-2 servings	60.4%	63.7%
3-4 servings	19.6%	19.0%
5 or more servings	4.1%	3.3%
Total	100.0%	100.0%

A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?	Todd	MTW CHB
0 servings	53.1%	56.4%
1-2 servings	40.4%	36.2%
3-4 servings	5.2%	6.1%
5 or more servings	1.3%	1.3%
Total	100.0%	100.0%

A serving of fruit is one medium-sized piece of fruit, or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday? (Do NOT include fruit juice.)	Todd	MTW CHB
0 servings	27.3%	27.7%
1-2 servings	53.9%	55.7%
3-4 servings	18.0%	15.3%
5 or more servings	0.9%	1.3%
Total	100.0%	100.0%

How many servings of fruit and vegetables did you have yesterday?	Todd	MTW CHB
0 servings	4.7%	5.5%
1-2 servings	30.3%	26.7%
3-4 servings	28.7%	34.5%
5 or more servings	36.3%	33.3%
Total	100.0%	100.0%

During the past 7 days, how many times did you eat from a fast food restaurant, including carry-out or delivery?	Todd	MTW CHB
0 times	41.2%	36.6%
1-2 times	51.0%	52.7%
3-6 times	6.4%	9.3%
7-10 times	1.1%	1.2%
10 or more times	0.3%	0.2%
Total	100.0%	100.0%

During the past 12 months, how often did you worry that your food would run out before you had money to buy more?	Todd	MTW CHB
Often	3.1%	3.1%
Sometimes	8.3%	6.4%
Rarely	9.2%	8.8%
Never	79.3%	81.6%
Total	100.0%	100.0%

Mental Health Related Results

Have you ever been told by a doctor that you suffered from other mental health issues?	Todd	MTW CHB
No	95.1%	95.2%
Yes	4.9%	4.8%
Total	100.0%	100.0%

How would you rate your overall stress?	Todd	MTW CHB
High	9.4%	10.5%
Medium	61.2%	55.3%
Low	29.5%	34.2%
Total	100.0%	100.0%

During the past 30 days, have you felt sad, blue or depressed?	Todd	MTW CHB
0 days	40.3%	44.1%
1-9 days	44.0%	40.7%
10-19 days	11.4%	9.8%
20-29 days	2.7%	3.3%
All 30 days	1.6%	2.2%
Total	100.0%	100.0%

During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about emotional problems such as stress, depression, excess worrying, troubling thoughts, or emotional problems, but did not or delayed talking with someone?	Todd	MTW CHB
Yes	11.0%	11.8%
No	89.0%	88.2%
Total	100.0%	100.0%

Why did you not get or delay getting the care you thought you needed?

Care needed cost too much	Todd	MTW CHB
Not checked	51.6%	66.3%
Checked	48.4%	33.7%
Total	100.0%	100.0%

Co-pay too expensive	Todd	MTW CHB
Not checked	92.3%	93.4%
Checked	7.7%	6.6%
Total	100.0%	100.0%

Deductible too expensive	Todd	MTW CHB
Not checked	88.0%	85.2%
Checked	12.0%	14.8%
Total	100.0%	100.0%

Insurance did not cover	Todd	MTW CHB
Not checked	93.5%	90.4%
Checked	6.5%	9.6%
Total	100.0%	100.0%

Did not have insurance	Todd	MTW CHB
Not checked	82.2%	91.6%
Checked	17.8%	8.4%
Total	100.0%	100.0%

Too nervous or afraid	Todd	MTW CHB
Not checked	56.8%	65.2%
Checked	43.2%	34.8%
Total	100.0%	100.0%

Could not get an appointment	Todd	MTW CHB
Not checked	91.1%	95.5%
Checked	8.9%	4.5%
Total	100.0%	100.0%

Did not think it was serious enough	Todd	MTW CHB
Not checked	77.2%	57%
Checked	22.8%	43%
Total	100.0%	100.0%

Transportation problems	Todd	MTW CHB
Not checked	98.7%	98.2%
Checked	1.3%	1.8%
Total	100.0%	100.0%

Could not get off work	Todd	MTW CHB
Not checked	97.4%	98.1%
Checked	2.6%	1.9%
Total	100.0%	100.0%

Could not get care for dependent	Todd	MTW CHB
Not checked	96.9%	98.0%
Checked	3.1%	2.0%
Total	100.0%	100.0%

Did not know where to go	Todd	MTW CHB
Not checked	48.8%	72.7%
Checked	51.2%	27.3%
Total	100.0%	100.0%

Other reason	Todd	MTW CHB
Not checked	86.9%	83.8%
Checked	13.1%	16.2%
Total	100.0%	100.0%

Alcohol Related Results

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?	Todd	MTW CHB
No drinking	36.8%	32.7%
Any drinking	63.2%	67.3%
Total	100.0%	100.0%

Considering all types of alcoholic beverages, did you binge drink during the past 30 days? (4+ female, 5+ male)	Todd	MTW CHB
No drinking or no binge	74.7%	70.2%
Any binge drinking	25.3%	29.8%
Total	100.0%	100.0%

During the past 30 days, have you driven when you've had perhaps too much to drink?	Todd	MTW CHB
No drinking or no drinking and driving	97.2%	95.4%
Any drinking and driving	2.8%	4.6%
Total	100.0%	100.0%

Tobacco/Nicotine Related Results

Do you currently smoke, are a former smoker or have never smoked in your life?	Todd	MTW CHB
Current smoker	10.7%	12.7%
Former smoker	28.1%	27.9%
Never smoked	61.3%	59.4%
Total	100.0%	100.0%

If a smoker or former smoker, have you quit during the past 12 months?	Todd	MTW CHB
Yes	52.7%	55.7%
No	47.3%	44.3%
Total	100.0%	100.0%

The last time you tried to quit smoking (or when you quit for good) did you use...

Nicotine Replacement	Todd	MTW CHB
Yes	27.0%	24.7%
No	73.0%	75.3%
Total	100.0%	100.0%

Rx medication	Todd	MTW CHB
Yes	17.4%	12.1%
No	82.6%	87.9%
Total	100.0%	100.0%

Stop-smoking class	Todd	MTW CHB
Yes	4.1%	2.3%
No	95.9%	97.7%
Total	100.0%	100.0%

Telephone help line	Todd	MTW CHB
Yes	2.6%	3.7%
No	97.4%	96.3%
Total	100.0%	100.0%

Online counseling	Todd	MTW CHB
Yes	0.4%	0.8%
No	99.6%	99.2%
Total	100.0%	100.0%

Face to face counseling	Todd	MTW CHB
Yes	4.6%	2.8%
No	95.4%	97.2%
Total	100.0%	100.0%

E-cigarettes or vape products	Todd	MTW CHB
Yes	10.9%	8.1%
No	89.1%	91.9%
Total	100.0%	100.0%

Other program or service	Todd	MTW CHB
Yes	5.7%	4.9%
No	94.3%	95.1%
Total	100.0%	100.0%

None of these	Todd	MTW CHB
Yes	59.0%	58.1%
No	41.0%	41.9%
Total	100.0%	100.0%

In general, do you use the following...

Cigars	Todd	MTW CHB
Non-smoker	94.6%	93.2%
Current smoker	5.4%	6.8%
Total	100.0%	100.0%

Pipe Tobacco	Todd	MTW CHB
Non-smoker	99.0%	99.2%
Current pipe smoker	1.0%	0.8%
Total	100.0%	100.0%

Smokeless Tobacco	Todd	MTW CHB
Non-user	91.1%	89.8%
Current user	8.9%	10.2%
Total	100.0%	100.0%

E-cigarettes	Todd	MTW CHB
Non-user	98.3%	97.0%
Current user	1.7%	3.0%
Total	100.0%	100.0%

Other tobacco products	Todd	MTW CHB
Non-user	97.0%	95.6%
Current user	3.0%	4.4%
Total	100.0%	100.0%

Any tobacco use (incl. e-cig)	Todd	MTW CHB
Current non-user of tobacco	77.9%	76.7%
Current user of tobacco	22.1%	23.3%
Total	100.0%	100.0%

Financial Stress Related Results

During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?	Todd	MTW CHB
Yes	29.4%	28.6%
No	70.6%	71.4%
Total	100.0%	100.0%

Why did you not get or delay getting the medical care you thought you needed?

Care needed cost too much	Todd	MTW CHB
Not checked	53.4%	52.1%
Checked	46.6%	47.9%
Total	100.0%	100.0%

Co-pay too expensive	Todd	MTW CHB
Not checked	84.0%	80.7%
Checked	16.0%	19.3%
Total	100.0%	100.0%

Deductible too expensive	Todd	MTW CHB
Not checked	63.0%	50.6%
Checked	37.0%	49.4%
Total	100.0%	100.0%

Insurance did not cover	Todd	MTW CHB
Not checked	86.0%	77.2%
Checked	14.0%	22.8%
Total	100.0%	100.0%

Did not have insurance	Todd	MTW CHB
Not checked	91.7%	94.8%
Checked	8.3%	5.2%
Total	100.0%	100.0%

Could not get an appointment	Todd	MTW CHB
Not checked	90.7%	91.2%
Checked	9.3%	8.8%
Total	100.0%	100.0%

Did not think it was serious enough	Todd	MTW CHB
Not checked	59.9%	64.4%
Checked	40.1%	35.6%
Total	100.0%	100.0%

Transportation problems	Todd	MTW CHB
Not checked	96.3%	96.7%
Checked	3.7%	3.3%
Total	100.0%	100.0%

Could not get off work	Todd	MTW CHB
Not checked	93.8%	93.4%
Checked	6.2%	6.6%
Total	100.0%	100.0%

Could not get care for dependent	Todd	MTW CHB
Not checked	97.1%	96.3%
Checked	2.9%	3.7%
Total	100.0%	100.0%

Other reason	Todd	MTW CHB
Not checked	89.0%	88.9%
Checked	11.0%	11.1%
Total	100.0%	100.0%

In the past 12 months, which statement best describes medications prescribed to you?	Todd	MTW CHB
No prescriptions	36.0%	37.6%
Had prescriptions and filled them all	58.3%	56.7%
Had prescriptions and did not fill at least one	5.7%	5.7%
Total	100.0%	100.0%

Why did you not fill at least one prescription?

Needed medication cost too much	Todd	MTW CHB
Not checked	26.9%	37.3%
Checked	73.1%	62.7%
Total	100.0%	100.0%

Co-pay too expensive	Todd	MTW CHB
Not checked	77.3%	72.1%
Checked	22.7%	27.9%
Total	100.0%	100.0%

Deductible too expensive	Todd	MTW CHB
Not checked	69.6%	75.9%
Checked	30.4%	24.1%
Total	100.0%	100.0%

Insurance did not cover	Todd	MTW CHB
Not checked	80.0%	73.4%
Checked	20.0%	26.6%
Total	100.0%	100.0%

Did not have insurance	Todd	MTW CHB
Not checked	75.9%	83.6%
Checked	24.1%	16.4%
Total	100.0%	100.0%

Could not get care for dependent	Todd	MTW CHB
Not checked	100.0%	99.3%
Checked	0.0%	0.7%
Total	100.0%	100.0%

Do not like taking medications	Todd	MTW CHB
Not checked	96.9%	92.2%
Checked	3.1%	7.8%
Total	100.0%	100.0%

Did not like side effects	Todd	MTW CHB
Not checked	99.2%	82.4%
Checked	0.8%	17.6%
Total	100.0%	100.0%

Transportation problems	Todd	MTW CHB
Not checked	97.2%	98.4%
Checked	2.8%	1.6%
Total	100.0%	100.0%

No pharmacy services in my community	Todd	MTW CHB
Not checked	100.0%	99.2%
Checked	0.0%	0.8%
Total	100.0%	100.0%

Could not get off work	Todd	MTW CHB
Not checked	95.1%	98.3%
Checked	4.9%	1.7%
Total	100.0%	100.0%

Other reason	Todd	MTW CHB
Not checked	89.7%	82.8%
Checked	10.3%	17.2%
Total	100.0%	100.0%

Which of the following best describes your health insurance status?	Todd	MTW CHB
Currently uninsured	7.7%	3.2%
Currently insured	92.3%	96.8%
Total	100.0%	100.0%

Community Perception Data Results

In your opinion, how much of a problem is each of these issues in your community?

Alcohol abuse among those 21 or over	Todd	MTW CHB
No problem	14.1%	15.3%
Minor problem	39.0%	37.5%
Moderate problem	40.0%	37.2%
Serious problem	6.9%	10.1%
Total	100.0%	100.0%

Alcohol use among those under 21	Todd	MTW CHB
No problem	17.3%	15.8%
Minor problem	38.3%	38.1%
Moderate problem	34.3%	33.5%
Serious problem	10.1%	12.6%
Total	100.0%	100.0%

Bullying in schools/school safety	Todd	MTW CHB
No problem	14.5%	12.8%
Minor problem	42.5%	40.8%
Moderate problem	31.9%	33.5%
Serious problem	11.1%	12.9%
Total	100.0%	100.0%

Child abuse/neglect	Todd	MTW CHB
No problem	18.0%	16.9%
Minor problem	43.7%	40.9%
Moderate problem	30.9%	31.2%
Serious problem	7.4%	10.9%
Total	100.0%	100.0%

Children in poverty	Todd	MTW CHB
No problem	26.7%	21.2%
Minor problem	29.9%	33.3%
Moderate problem	33.1%	31.9%
Serious problem	10.2%	13.6%
Total	100.0%	100.0%

Diabetes	Todd	MTW CHB
No problem	15.9%	17.6%
Minor problem	45.3%	41.0%
Moderate problem	27.4%	30.7%
Serious problem	11.4%	10.7%
Total	100.0%	100.0%

Domestic violence (partner, family)	Todd	MTW CHB
No problem	26.0%	21.6%
Minor problem	44.9%	44.1%
Moderate problem	23.9%	26.8%
Serious problem	5.2%	7.5%
Total	100.0%	100.0%

Eating disorders (bulimia, anorexia)	Todd	MTW CHB
No problem	37.4%	36.8%
Minor problem	50.4%	49.4%
Moderate problem	11.2%	12.5%
Serious problem	1.1%	1.2%
Total	100.0%	100.0%

Heart disease and stroke	Todd	MTW CHB
No problem	19.5%	17.6%
Minor problem	35.2%	36.3%
Moderate problem	38.2%	36.5%
Serious problem	7.2%	9.5%
Total	100.0%	100.0%

Homelessness	Todd	MTW CHB
No problem	48.4%	41.2%
Minor problem	40.1%	44.1%
Moderate problem	9.9%	11.8%
Serious problem	1.6%	2.9%
Total	100.0%	100.0%

Infectious disease (flu, pneumonia, whooping cough)	Todd	MTW CHB
No problem	22.2%	23.0%
Minor problem	58.0%	55.5%
Moderate problem	18.6%	20.1%
Serious problem	1.3%	1.5%
Total	100.0%	100.0%

Illegal drug use (heroin, meth, cocaine)	Todd	MTW CHB
No problem	14.2%	10.7%
Minor problem	23.5%	20.5%
Moderate problem	39.5%	39.6%
Serious problem	22.9%	29.2%
Total	100.0%	100.0%

Lack of access to health care services	Todd	MTW CHB
No problem	47.5%	42.7%
Minor problem	33.3%	35.8%
Moderate problem	12.6%	14.1%
Serious problem	6.6%	7.4%
Total	100.0%	100.0%

Lack of access to healthy foods	Todd	MTW CHB
No problem	45.6%	47.0%
Minor problem	33.0%	32.0%
Moderate problem	12.2%	14.0%
Serious problem	9.2%	6.9%
Total	100.0%	100.0%

Lack of access to mental health services	Todd	MTW CHB
No problem	40.3%	39.8%
Minor problem	32.9%	32.6%
Moderate problem	15.9%	16.2%
Serious problem	10.9%	11.5%
Total	100.0%	100.0%

Lack of access to indoor recreational space	Todd	MTW CHB
No problem	30.8%	30.6%
Minor problem	32.5%	32.1%
Moderate problem	23.3%	24.1%
Serious problem	13.4%	13.2%
Total	100.0%	100.0%

Lack of access to transportation	Todd	MTW CHB
No problem	36.2%	34.2%
Minor problem	30.7%	33.5%
Moderate problem	21.3%	21.3%
Serious problem	11.8%	11.0%
Total	100.0%	100.0%

Lack of safe places to walk or bike	Todd	MTW CHB
No problem	45.4%	47.8%
Minor problem	32.8%	31.8%
Moderate problem	16.0%	16.4%
Serious problem	5.8%	4.0%
Total	100.0%	100.0%

Lack of safe and affordable housing	Todd	MTW CHB
No problem	33.7%	32.6%
Minor problem	35.7%	37.5%
Moderate problem	20.1%	19.3%
Serious problem	10.5%	10.6%
Total	100.0%	100.0%

Obesity among children	Todd	MTW CHB
No problem	16.0%	13.5%
Minor problem	31.7%	34.1%
Moderate problem	40.7%	37.9%
Serious problem	11.6%	14.6%
Total	100.0%	100.0%

Obesity among adults	Todd	MTW CHB
No problem	12.3%	10.4%
Minor problem	23.3%	21.9%
Moderate problem	48.1%	46.6%
Serious problem	16.4%	21.2%
Total	100.0%	100.0%

Marijuana use	Todd	MTW CHB
No problem	22.8%	20.6%
Minor problem	35.7%	33.4%
Moderate problem	26.2%	28.4%
Serious problem	15.3%	17.6%
Total	100.0%	100.0%

Mental health concerns (depression, anxiety)	Todd	MTW CHB
No problem	17.5%	14.9%
Minor problem	33.5%	35.9%
Moderate problem	34.7%	32.4%
Serious problem	14.4%	16.8%
Total	100.0%	100.0%

Parents with inadequate or poor parenting skills	Todd	MTW CHB
No problem	13.6%	10.8%
Minor problem	27.8%	28.5%
Moderate problem	41.2%	37.0%
Serious problem	17.4%	23.6%
Total	100.0%	100.0%

People without health insurance or medical coverage	Todd	MTW CHB
No problem	17.0%	17.6%
Minor problem	37.5%	36.3%
Moderate problem	28.2%	29.6%
Serious problem	17.3%	16.5%
Total	100.0%	100.0%

Prescription drug abuse/misuse (codeine, oxycodone, morphine)	Todd	MTW CHB
No problem	18.0%	15.4%
Minor problem	35.4%	34.7%
Moderate problem	28.3%	26.6%
Serious problem	18.3%	23.3%
Total	100.0%	100.0%

Sex trafficking	Todd	MTW CHB
No problem	46.5%	48.6%
Minor problem	30.7%	32.3%
Moderate problem	18.1%	14.1%
Serious problem	4.7%	5.0%
Total	100.0%	100.0%

Smoking/e-cigarettes/other tobacco use	Todd	MTW CHB
No problem	15.4%	14.5%
Minor problem	23.4%	22.6%
Moderate problem	32.7%	35.8%
Serious problem	28.5%	27.1%
Total	100.0%	100.0%

Unemployment	Todd	MTW CHB
No problem	24.2%	21.5%
Minor problem	44.1%	44.8%
Moderate problem	21.3%	23.5%
Serious problem	10.4%	10.2%
Total	100.0%	100.0%

Unintended injuries (falls, lack of seat belt use)	Todd	MTW CHB
No problem	38.9%	34.0%
Minor problem	45.6%	49.7%
Moderate problem	12.6%	13.1%
Serious problem	2.9%	3.1%
Total	100.0%	100.0%

APPENDIX C

2019 Morrison-Todd-Wadena Community Health Survey

Todd County – Adverse Childhood Experiences (ACEs) Results

AGE

	Morrison		Todd		Wadena	
Age Group	Respondents	Percent	Respondents	Percent	Respondents	Percent
18-34	32	23.8%	29	23.4%	24	24.8%
35-44	44	14.7%	34	11.9%	46	14.1%
45-54	46	18.4%	65	17.1%	39	16.0%
55-64	153	19.6%	128	20.5%	115	18.0%
65-74	128	12.6%	140	15.1%	140	13.6%
75+	107	10.9%	116	11.9%	137	13.4%

County	ACEs	18-34	35-44	45-54	55-64	65-74	75+
Morrison	None	58.5%	27.4%	45.4%	43.5%	50.5%	62.8%
	One	6.6%	24.3%	25.0%	24.4%	14.5%	21.1%
	Two	16.0%	18.6%	7.5%	5.5%	13.8%	5.0%
	Three	7.1%	8.6%	14.5%	9.5%	5.7%	3.6%
	Four or more	11.8%	21.1%	7.7%	17.1%	15.4%	7.5%
Todd	None	60.4%	41.5%	37.4%	46.3%	45.9%	55.0%
	One	10.6%	8.4%	20.3%	26.0%	21.3%	23.4%
	Two	22.1%	14.0%	20.1%	7.6%	15.6%	7.5%
	Three	0.0%	5.8%	2.2%	9.0%	6.1%	7.7%
	Four or more	6.9%	30.4%	20.0%	11.1%	11.1%	6.4%
Wadena	None	18.5%	25.3%	52.1%	46.0%	47.1%	63.6%
	One	45.9%	24.2%	15.7%	26.8%	26.2%	23.8%
	Two	0.8%	15.4%	14.8%	4.4%	8.0%	6.9%
	Three	32.6%	6.3%	11.6%	9.2%	5.5%	1.8%
	Four or more	2.3%	28.9%	5.8%	13.5%	13.2%	3.9%
MTW Community Health Board	None	51.6%	30.8%	43.9%	44.9%	48.0%	60.1%
	One	15.3%	20.0%	21.9%	25.4%	19.5%	22.5%
	Two	15.1%	16.7%	12.9%	6.0%	13.5%	6.3%
	Three	9.6%	7.4%	10.0%	9.3%	5.8%	4.7%
	Four or more	8.4%	25.2%	11.4%	14.4%	13.2%	6.3%

Todd County – Adverse Childhood Experiences (ACEs) Results

Sex

	Morrison		Todd		Wadena	
	Respondents	**Percent**	**Respondents**	**Percent**	**Respondents**	**Percent**
Male	198	49.9%	184	51.7%	192	50.3%
Female	312	50.1%	328	48.3%	309	49.7%

County		Male	Female
Morrison	None	51.6%	44.1%
	One	18.0%	19.2%
	Two	12.2%	10.6%
	Three	9.5%	7.9%
	Four or more	8.8%	18.3%
Todd	None	54.5%	42.4%
	One	18.9%	17.8%
	Two	16.1%	14.0%
	Three	3.2%	6.4%
	Four or more	7.2%	19.4%
Wadena	None	33.0%	45.7%
	One	32.9%	25.0%
	Two	7.3%	7.8%
	Three	15.6%	11.6%
	Four or more	11.3%	9.8%
MTW Community Health Board	None	49.1%	43.8%
	One	21.1%	19.8%
	Two	12.7%	11.2%
	Three	8.5%	8.1%
	Four or more	8.7%	17.1%

Todd County – Adverse Childhood Experiences (ACEs)

Education

	Morrison		Todd		Wadena	
Education	**Respondents**	**Percent**	**Respondents**	**Percent**	**Respondents**	**Percent**
HS grad/GED or less	193	30.8%	181	31.2%	165	22.6%
Trade/vocational school, some college or Associate degree	195	43.9%	233	47.9%	202	52.7%
Bachelor's degree	70	15.7%	63	15.2%	77	16.6%
Grad/professional degree	46	9.6%	34	5.8%	54	8.2%

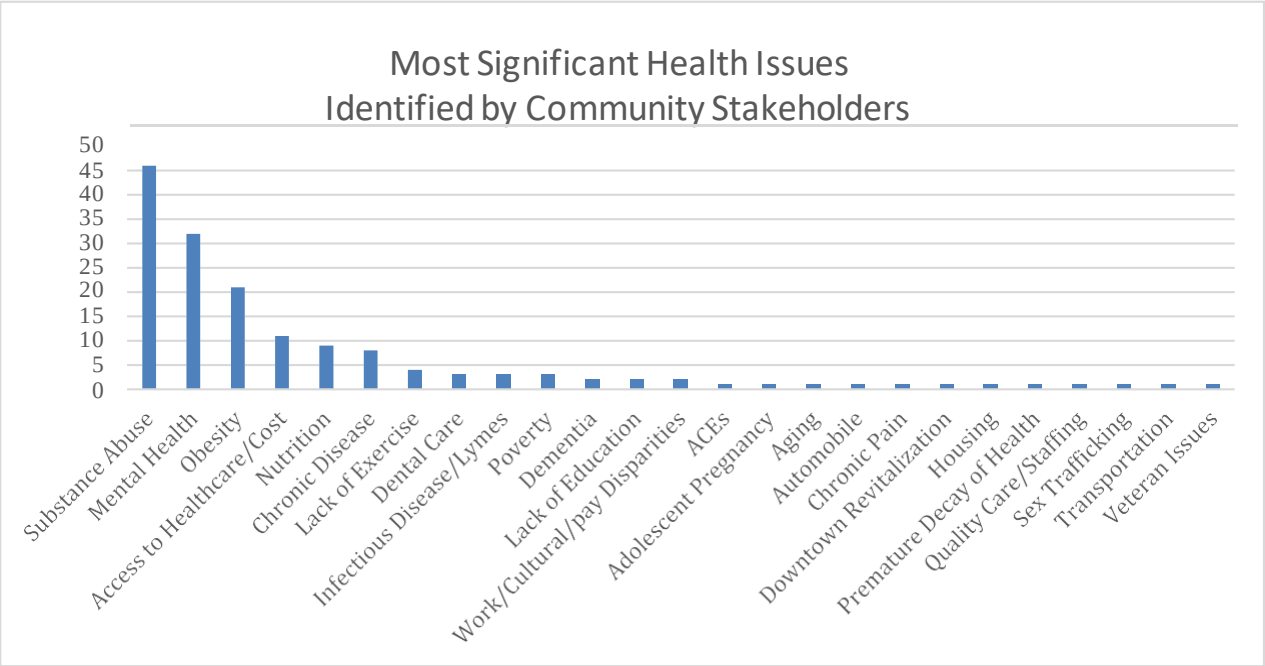
County	ACEs	High school graduate/GED or less	Trade/Voc, Associate degree or some college	Bachelor's degree	Graduate or professional degree
Morrison	None	51.3%	43.0%	66.0%	27.2%
	One	22.4%	16.5%	13.3%	26.4%
	Two	8.6%	14.7%	3.4%	17.6%
	Three	8.7%	10.8%	7.4%	1.9%
	Four or more	9.1%	14.9%	10.0%	26.9%
Todd	None	46.5%	52.1%	41.8%	45.7%
	One	20.8%	20.3%	9.0%	13.3%
	Two	15.3%	9.3%	36.9%	8.4%
	Three	7.7%	3.7%	2.6%	3.6%
	Four or more	9.8%	14.6%	9.7%	28.9%
Wadena	None	45.0%	32.3%	46.9%	53.1%
	One	21.4%	30.5%	31.6%	34.4%
	Two	12.8%	6.7%	4.4%	5.9%
	Three	7.1%	20.2%	6.6%	3.1%
	Four or more	13.6%	10.3%	10.6%	3.4%
MTW Community Health Board	None	48.6%	44.0%	54.6%	36.3%
	One	21.6%	20.8%	15.5%	24.9%
	Two	11.7%	11.1%	14.1%	13.3%
	Three	8.1%	10.2%	5.7%	2.5%
	Four or more	10.0%	13.9%	10.0%	22.9%

APPENDIX D

Morrison-Todd-Wadena Community Health Board

Stakeholder Interviews-Morrison/Todd/Wadena

Selected Responses from Community Stakeholder Results



Non-Healthcare Related Issues Impacting Overall Health
Community Stakeholder Responses

Responses	Number	Percent
Housing	21	33%
Transportation	16	25%
Access to healthy food	11	17%
Education/life skills	6	9%
Childcare	5	8%
Poverty	3	5%
Mental Health	2	3%

Charts from the report "2018-2019 Community Stakeholder Interviews: Thematic Analysis," presented by Katherine Mackedanz, Community Health Manager, Todd County, Minnesota. April 20

APPENDIX E

Morrison-Todd-Wadena Community Health Board

2019 Morrison-Todd-Wadena Community Health Survey

SURVEY INSTRUCTIONS


Correct marks


Incorrect marks

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

1. In general, would you say that your health is:

○ Excellent ○ Very good ○ Good ○ Fair ○ Poor

2. Have you ever been told by a doctor, nurse, or other health professional that you had any of the following health conditions?

	No	Yes	Yes, but only during pregnancy
a. Diabetes	○	○	○
b. Pre-diabetes or elevated blood sugar	○	○	○
c. High blood pressure/hypertension	○	○	○
d. High blood cholesterol	○	○	
e. High triglycerides	○	○	
f. Heart trouble or angina	○	○	
g. Stroke or stroke-related health issues	○	○	
h. Overweight or obesity	○	○	
i. Cancer	○	○	
j. Asthma	○	○	
k. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	○	○	
l. Arthritis	○	○	
m. Depression	○	○	
n. Anxiety or panic attacks	○	○	
o. Other mental health issues	○	○	
p. Dementia or memory loss (including Alzheimer's disease)	○	○	
q. Sexually transmitted disease (including chlamydia, gonorrhea, etc.)	○	○	

3. Since 2016, would you say that your access to medical health care services has:

○ Improved ○ Stayed the same ○ Become worse ○ Did not live in this area in 2016

4. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?

○ Yes ○ No → **IF NO, GO TO QUESTION 6**

5. Why did you not get or delay getting the medical care you thought you needed? *(Mark ALL that apply)*

○ The care I needed cost too much
○ My co-pay was too expensive
○ My deductible was too expensive
○ My insurance did not cover it
○ I did not have insurance
○ I could not get an appointment
○ I did not think it was serious enough
○ I had transportation problems
○ I could not get off work
○ I could not get help for someone I care for in my home
○ Other reason _____

6. **During the past 12 months, was there a time when you thought you needed dental care but did not get it or delayed getting it?**

○ Yes ○ No → **IF NO, GO TO QUESTION 8**

7. **Why did you not get or delay getting the dental care you thought you needed?** *(Mark ALL that apply)*

- ○ The care I needed cost too much
- ○ My co-pay was too expensive
- ○ My deductible was too expensive
- ○ My insurance did not cover it
- ○ I did not have insurance
- ○ I was too nervous or afraid
- ○ I could not get an appointment
- ○ I did not think it was serious enough
- ○ I had transportation problems
- ○ I could not get off work
- ○ I could not get help for someone I care for in my home
- ○ There are no dentists in my area
- ○ Other reason _____

8. **How would you rate your overall level of stress?**

○ High ○ Medium ○ Low

9. **During the past 30 days, for about how many days have you felt sad, blue, or depressed?** →

Write the number in the boxes, then fill in the appropriate circle beneath each box. ▶

Number of Days

○ 0	○ 0
○ 1	○ 1
○ 2	○ 2
○ 3	○ 3
	○ 4
	○ 5
	○ 6
	○ 7
	○ 8

10. **During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about emotional problems such as stress, depression, excess worrying, troubling thoughts, or emotional problems, but did not or delayed talking with someone?**

○ Yes ○ No → **IF NO, GO TO QUESTION 12**

11. **Why did you not get or delay getting the care you thought you needed?** *(Mark ALL that apply)*

- ○ The care I needed cost too much
- ○ My co-pay was too expensive
- ○ My deductible was too expensive
- ○ My insurance did not cover it
- ○ I did not have insurance
- ○ I was too nervous or afraid
- ○ I could not get an appointment
- ○ I did not think it was serious enough
- ○ I had transportation problems
- ○ I could not get off work
- ○ I could not get help for someone I care for in my home
- ○ I did not know where to go
- ○ Other reason _____

12. **In the past 12 months, which statement best describes medications prescribed to you?**

- ○ I had no medications prescribed for me → **GO TO QUESTION 14**
- ○ I had medications prescribed for me and I filled them all → **GO TO QUESTION 14**
- ○ I had medications prescribed for me and I did not fill at least one of them

13. **Why did you not fill at least one prescription?** *(Mark ALL that apply)*

- ○ The medication I needed cost too much
- ○ My co-pay was too expensive
- ○ My deductible was too expensive
- ○ My insurance did not cover it
- ○ I did not have insurance
- ○ I could not get help for someone I care for in my home
- ○ I do not like taking medications
- ○ I did not like the side effects
- ○ I had transportation problems
- ○ Pharmacy services are not available in my community
- ○ I could not get off work
- ○ Other reason _____

2

14. Which of the following types of health insurance do you have? *(Please mark yes or no for each.)*

	Yes	No
a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer	○	○
b. Health insurance or coverage bought directly by yourself or your family	○	○
c. Indian or Tribal Health Service	○	○
d. Medicare	○	○
e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)	○	○
f. MinnesotaCare	○	○
g. CHAMPUS, TRICARE, or Veterans' benefits	○	○
h. Other health insurance or coverage *(please specify)*: _____	○	○

15. A serving of vegetables–not including French fries–is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ servings

16. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ servings

17. A serving of fruit is one medium-sized piece of fruit, or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday? (Do NOT include fruit juice.)

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ servings

18. How often did you drink the following beverages in the past week?

	Never or less than 1 time per week	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 or more times per day
a. Fruit drinks (such as Snapple,flavored teas, Capri Sun, and Kool-Aid)	○	○	○	○	○	○	○
b. Sports drinks (such as Gatorade or PowerAde); these drinks usually do not have caffeine	○	○	○	○	○	○	○
c. Regular soda or pop (include all kinds such as Coke, Pepsi, 7-Up, Sprite, root beer)	○	○	○	○	○	○	○
d. Energy drinks (such as Rockstar, Red Bull, Monster, and Full Throttle); these drinks usually have caffeine	○	○	○	○	○	○	○
e. Diet soda or pop (include all kinds)	○	○	○	○	○	○	○
f. Milk	○	○	○	○	○	○	○
g. Water	○	○	○	○	○	○	○

19. During the past 7 days, how many times did you eat from a fast food restaurant, including carry-out or delivery?

○ 0 times ○ 1-2 times ○ 3-6 times ○ 7-10 times ○ 11-14 times ○ 15 or more times

20. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

○ Often ○ Rarely ○ Sometimes ○ Never

21. On average, while you are not at work or school, how many hours per day do you use a computer, tablet, TV, or smart phone?

○ Less than 1 hour per day ○ 1-2 hours per day ○ 3-4 hours per day ○ More than 4 hours per day
○ I don't do any of these activities

22. During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

○ Yes ○ No

23. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing and heart rate.*

○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days

24. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.*

○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days

25. How much of a problem are the following factors for you in terms of keeping you from being more physically active?

	Not a problem	A small problem	A big problem
a. Lack of time	○	○	○
b. Lack of programs, leaders, or facilities	○	○	○
c. Lack of support from family or friends	○	○	○
d. No one to excercise with	○	○	○
e. The cost of fitness programs, gym membership or admission fees	○	○	○
f. Public facilities (schools, sports fields, etc.) are not open or available at times I want to use them	○	○	○
g. Not having sidewalks	○	○	○
h. Long-term illness, injury, or disability	○	○	○
i. Fear of injury	○	○	○
j. Distance I have to travel to fitness, community center, parks or walking trails	○	○	○
k. No safe place to exercise	○	○	○
l. I don't like to exercise	○	○	○
m. Lack of self -discipline or willpower	○	○	○
n. Other reasons _____	○	○	○

26. How often do you feel safe in your community?

○ Always ○ Often ○ Sometimes ○ Never

27. Are you in a relationship where you are (or have ever been) physically hurt, threatened, or made to feel afraid?

○ Yes ○ No

28. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

○ Yes ○ No ▶ IF NO, GO TO QUESTION 33

29. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? → Days

0 0
1 1
2 2
3 3
4
5
6
7
8
9

30. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? *(A drink is one can of beer, one glass or wine, or a drink with one shot of liquor.)*

○ 1 drink ○ 5 drinks ○ 9 drinks
○ 2 drinks ○ 6 drinks ○ 10 drinks or more
○ 3 drinks ○ 7 drinks
○ 4 drinks ○ 8 drinks

31. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES: 4 or more drinks on one occasion	FOR MALES: 5 or more drinks on one occasion
Times	Times
0 0 1 1 2 2 3 3 4 5 6 7 8 9	0 0 1 1 2 2 3 3 4 5 6 7 8 9

32. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? → Days

0 0
1 1
2 2
3 3
4
5
6
7
8
9

33. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

○ Yes ○ No ▶ IF NO, GO TO QUESTION 37

34. Do you now smoke cigarettes every day, some days, or not at all?

○ Every day ○ Some days ○ Not at all

35. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

○ Yes ○ No

36. The last time you tried to quit smoking (or when you quit for good) did you use...

	Yes	No
a. ... any nicotine replacement product, such as gum, a patch, a nasal spray, an inhaler or lozenges	○	○
b. ... a prescription medication like Zyban, Wellbutrin, or Chantix	○	○
c. ... a stop-smoking clinic or class (e.g., Freedom from Smoking)	○	○
d. ... a quit-smoking telephone help line (e.g., Quit Plan, Become an Ex)	○	○
e. ... an online counseling service or mobile app	○	○
f. ... face-to-face counseling with a health care provider	○	○
g. ... e-cigarettes or vape products	○	○
h. ... other:_____	○	○
i. ... I quit without any help from any of these	○	○

37. In general, how often do you...	Every day	Some days	Never
a. ...smoke cigars, cigarillos, or little cigars?	○	○	○
b. ...smoke pipes?	○	○	○
c. ...use snuff, snus or chewing tobacco?	○	○	○
d. ...use e-cigarettes or vape products?	○	○	○
e. ...use any other tobacco product?	○	○	○
f. ...use prescription drugs that are not prescribed for you	○	○	○

38. Looking back before you were 18 years of age:	Yes	No
a. Did you live with anyone who was depressed, mentally ill, or suicidal?	○	○
b. Did you live with anyone who was a problem drinker or alcoholic?	○	○
c. Did you live with anyone who used illegal street drugs or who abused prescription medications?	○	○
d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	○	○
e. Were your parents separated or divorced?	○	○
f. Did you often or very often feel that no one in your family loved you or thought you were important or special, or that your family members didn't feel close to or look out for each other?	○	○
g. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, had no one to take you to the doctor if you needed it, or had no one to protect you or take care of you?	○	○

39. Looking back before your were 18 years of age:	Never	Once	More than once
a. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	○	○	○
b. How often did parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	○	○	○
c. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	○	○	○
d. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	○	○	○
e. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	○	○	○
f. How often did anyone at least 5 years older than you or an adult, force you to have sex?	○	○	○

40. If you had questions about general health care, whose advice would you be likely to seek? *(Mark ALL that apply)*

- ○ Health plan or health insurance company
- ○ Doctor or other clinic or hospital staff
- ○ Pharmacist
- ○ Alternative health specialist (such as chiropractor and/or homeopathic provider)
- ○ My employer
- ○ Family or friends
- ○ Internet sites
- ○ Nurse line

41. Are you:

○ Male ○ Female ○ Other/Unspecified

42. Your age group:

○ 18-24 years
○ 25-34 years
○ 35-44 years
○ 45-54 years
○ 55-64 years
○ 65-74 years
○ 75+ years

43. How many adults (including yourself) and children live in your household?

Number of adults age 18 or older (including yourself):
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

Number of children under age 18:
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

44. How tall are you (without shoes)?

Feet: ⓪ ① ② ③ ④ ⑤ ⑥ ⑦

Inches: ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪

45. How much do you weigh (without shoes)?

Pounds: ⓪⓪⓪ ①①① ②②② ③③③ ④④④ ⑤⑤⑤ ⑥⑥⑥ ⑦⑦⑦ ⑧⑧⑧ ⑨⑨⑨

46. Are you Hispanic or Latino/Latina?

○ Yes ○ No

47. Which of the following best describes you?
(Mark ALL that apply)

○ American Indian or Alaska Native
○ Asian or Pacific Islander
○ Black or African American
○ African Native
○ White
○ Other: _____

48. Which of the following best describes your current relationship status?

○ Married
○ Living with a partner
○ Divorced
○ Separated
○ Widowed
○ Never married

49. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

○ Yes ○ No

50. What is the highest level of education you have completed?

○ Did not complete 8th grade
○ Did not complete high school
○ High school graduate/GED
○ Trade/Vocational school
○ Some college
○ Associate degree
○ Bachelor's degree
○ Graduate/Professional degree

51. What was your household's total income from all earners and all sources in 2018?

○ Less than $20,000
○ $20,000 - $34,999
○ $35,000 - $49,999
○ $50,000 - $74,999
○ $75,000 - $99,999
○ $100,000 - $149,999
○ $150,000 or more

52. Do you own or rent your home:

○ Own ○ Rent ○ Other arrangement

GO TO THE LAST PAGE

53. In your opinion, how much of a problem is each of these issues in your community? *Please answer based on your knowledge of community concerns, not on your personal situation.*

		No problem	Minor problem	Moderate problem	Serious problem
a.	Alcohol abuse among those age 21 or over	○	○	○	○
b.	Alcohol use among those under age 21	○	○	○	○
c.	Bullying in schools/school safety	○	○	○	○
d.	Child abuse/neglect	○	○	○	○
e.	Children in poverty	○	○	○	○
f.	Diabetes	○	○	○	○
g.	Domestic violence (partner, family)	○	○	○	○
h.	Eating disorders (bulimia, anorexia)	○	○	○	○
i.	Heart disease and stroke	○	○	○	○
j.	Homelessness	○	○	○	○
k.	Infectious disease (flu, pneumonia, whooping cough)	○	○	○	○
l.	Illicit drug use (heroin, meth, cocaine)	○	○	○	○
m.	Lack of access to health care services	○	○	○	○
n.	Lack of access to healthy foods	○	○	○	○
o.	Lack of access to mental health services	○	○	○	○
p.	Lack of access to indoor recreational space	○	○	○	○
q.	Lack of access to public transportation	○	○	○	○
r.	Lack of safe places to walk or bike	○	○	○	○
s.	Lack of safe and affordable housing	○	○	○	○
t.	Obesity among children	○	○	○	○
u.	Obesity among adults	○	○	○	○
v.	Marijuana use	○	○	○	○
w.	Mental health concerns (depression, anxiety)	○	○	○	○
x.	Parents with inadequate or poor parenting skills	○	○	○	○
y.	People without health insurance or medical coverage	○	○	○	○
z.	Prescription drug abuse/misuse (codeine, oxycodone, morphine)	○	○	○	○
aa.	Sex trafficking	○	○	○	○
bb.	Smoking/e-cigarettes/other tobacco use	○	○	○	○
cc.	Unemployment	○	○	○	○
dd.	Unintended injuries (falls, lack of seat belt use)	○	○	○	○

Thank you for your participation!

APPENDIX F

2019 Morrison-Todd-Wadena Community Health Needs Assessment

2019 Community Health Needs Assessment Stakeholder Interview Questions

1. What do you think are the three most significant health-related issues in the community? Please prioritize those top three issues and explain why you put them in that order?
2. What non-health care related issues do you see impacting the overall health in the community (e.g., housing, education, transportation, public safety, access to food, etc.)
3. Think about those who experience relatively good health and those who experience poor health. Why do you think there is a difference?
4. If you could add services to improve overall health in the community that are currently unavailable or have limited availability – money was no object – what would your top choices be?
5. Strengthening families is a community health strategy. What can be done to strengthen families and promote more positive parenting in the community?
6. In your opinion, what are some of the best strategies for getting people engaged in improving the overall health in the community?
7. Are there any other comments or suggestions you would like to make that you believe are important to improving the health of the community?

Part 2: CC—Long Prairie Implementation Strategy

Priority Area #1: Obesity

Goal: To prevent and reduce obesity in adults and children by increasing healthy eating and physical activity opportunities based on the 6 Dimensions of Wellness.

Strategies / Activities	Lead / Role / Partners	Tracking and Performance Measurement
Increase access to, and consumption and availability of healthy foods • Continue to integrate community-based referral systems with evidence-based chronic disease prevention programs (I Can Prevent Diabetes). • Work with CC—Dietitian and partners to increase healthy food knowledge and food preparation skills in high-risk population groups, such as seniors, low-income families, individuals with chronic health conditions. • Facilitate the planning, implementation, and evaluation of the Long Prairie Farmer's Market—including Market Bucks, PoP Club, U of M Extension programs, and FFA programs. • Provide support to area schools in implementing USDA guidelines and additional policy, system and environmental changes that increase student consumption of healthy foods (Smarter Lunchroom, Universal Breakfast, School Wellness)	CC—Vitality Wellness; CC--Dietitian; U of M Extension educators CC—Vitality Wellness; CC--Dietitian; U of M Extension educators CC—Vitality Wellness; CC--Dietitian; U of M Extension educators; Long Prairie Wellness Network; Long Prairie Farmer's Market Leadership Team Support Role	Short-Term Outputs: Increased nutrition programming at Vitality Wellness, vendors at the Long Prairie Farmer's Market; number of seniors reached; number of referrals; Medium-Term Indicators: Increase number of adults who consume at least five servings of fruits and vegetables from 36.3 % -Community Health Survey Long-Term Indicators: Decrease the percentage of overweight and obese adults 67.6% - Community Health Survey

Increase access to physical activity opportunities • Increase availability of physical activity programming for adults and children	CC—Vitality Wellness	Short-Term Outputs: Number of physical activity programs implemented; number of children/adults/seniors reached; number of student/family/senior memberships, number of partners providing children/family/senior programming in CCVW
• Provide support to local schools in implementing active school strategies (active classrooms, active recess, health fundraisers, increased activity before/after school)	CC—Vitality Wellness, LPGE Schools, U of M extensions, Health4Life	Medium-Term Indicators: Reduce the number of adults who report no participation in physical activity in the past 30 days from 36.9% - Community Health Survey
• Support community wide active transportation and safe pedestrian plans (Safe Routes to School, regional trail expansion, active transportation plans)	Support role	Decrease the barrier of "lack of programs, leaders or facilities to exercise from 35.9% - Community Health Survey
• Implement provider-based referral systems for Wellness/physical activity at Vitality Wellness.	CC—Vitality Wellness; CC--Rehab; CC—Clinic/Hospital	Long-Term Indicators: Decrease the percentage of overweight and obese adults 67.6% -Community Health Survey
• Support, participate and contribute in continued collaboration with local government, business community, and local school districts in advancing community wellness.	Collaborative role	

Priority Area #2: Mental Health

Goal: To improve education, awareness, and community-based interventions for mental and behavioral health resources for individuals, families, employers, and youth.		
Strategies / Activities	**Lead / Role / Partners**	**Tracking and Performance Measurement**
Increase awareness and education of mental health • Offer and promote ongoing education and outreach on stigma, depression, suicide prevention, and other mental health issues across the community—specifically in the agricultural profession. • Increase access to Question, Persuade, and Respond (QPR) trainings to train agriculture support entities and provide free QPR training to identify and refer a person struggling with mental health symptoms and/or suicidal thoughts.	CentraCare—Long Prairie; Northern Pines Mental Health Center; CC—Vitality Wellness; Sourcewell CentraCare—Long Prairie; Northern Pines Mental Health Center; CC—Vitality Wellness; Sourcewell	Short-Term Outputs: Number of trainings; number of agricultural partners reached; number of stakeholders reached; number reached via communication campaign Medium-Term Indicators: Increase number of persons referred that are struggling with mental health issues and/or suicidal thoughts Long-Term Indicators: Decrease stigma of mental health in farming communities. Reduce deaths by suicide in the agricultural profession in Central Minnesota.

Improve access to mental and behavioral health services • Increase access to Behavioral Health Consultation and Assessment via telemedicine at CentraCare—Long Prairie. • Assess and expand the availability of evidenced-based mental health services across Todd County	CentraCare—Long Prairie; CentraCare St. Cloud CentraCare—Long Prairie	Short-Term Outputs: Expanded scope and reach of mental health service lines. number of visits for behavioral health consultations; Medium-Term Indicators: Reduce the rate of respondents who reported feeling sad, blue or depressed in the past 30 days from 59.7% Long-Term Indicators: Decrease the rate of mental health problems identified by primary care providers from 24.1%

Priority Area #3: Social Determinants of Health

Goal: To build and strengthen partnership with community agencies that address the social determinants of health, and work toward collective impact solutions.		
Strategies / Activities	**Lead / Role / Partners**	**Tracking and Performance Measurement**
Facilitate community-based strategies that improve the availability, accessibility, affordability and infrastructure of food and physical activity opportunities in our region. • Evaluate the 3-year Share Health CSA pilot project with Feeling Good MN. • Implement a Financial Assistance program at CC—Vitality Wellness to all eligible community members.	CC—Long Prairie, Feeling Good MN CC—Vitality Wellness, CentraCare	Short-Term Outputs: Evaluation impact of 3-year pilot project—biometric numbers improved, A1c levels improved, number of participants impacted, increase in produce consumption—CSA pre/postsurvey Medium-Term Indicators: Reduce the percentage of programs/memberships being a barrier for physical activity from 47.4%-Community Health Survey Long-Term Indicators: Reduce the percentage of adults worrying about running out of food from 20.6%.-Community Health Survey
Improve access to nutritious meals for at risk clients at discharge. • Create a discharge plan process to identify clients at risk for inadequate or poor nutrition post discharge. • Collaborate with Todd County Health and Human Services to identify eligible clients and to incorporate the Meals at Discharge program into existing discharge planning processes. • Set up meal delivery system to ensure meals are delivered timely and effectively to the intended clients. Collaborate with existing client supports from each hospital including care coordinator, community paramedic, home care agency, or medical equipment delivery provider. • Create evaluation forms to monitor referrals, document client satisfaction, track hospital readmission rates, and assess cost effectiveness of the Meals at Discharge program.	CentraCare—Long Prairie; Todd County Health & Human Services; Lakewood Health System, Tri-County Health Care	Short-Term Outputs: Reach 5 clients per week over three health systems—180 clients total, positive client satisfaction survey results Medium-Term Indicators: Hospital readmission rate for clients served vs control, client satisfaction, cost effectiveness Long-Term Indicators: Reduce hospital readmission rate, increased patient healing at home

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Existing Community Resources

These lists are in no way meant to be exhaustive. If you would like another resource to be added to this list, contact any member of the Delegated Authorities.

Existing Community Resources

- A Lakeside Lodge - Osakis
- A Touch of Home - Eagle Bend
- AARP Member Services Center
- AIDS Case Reports – MN Dept of Health
- Al Anon – Staples
- Al-Anon Family Group Headquarters
- Alcohol & Drug Helpline
- Alcoholics Anonymous
- Alisha's Care Center – Well Child Visits
- Alzheimer's Disease Hotline
- American Cancer Society - Midwest MN Contact
- American Diabetes Association
- American Red Cross MN Chapter
- Anna Marie's Alliance
- Appletree Dental—Little Falls
- Arthritis Foundation MN Chapter
- Asthma and Allergy's Foundation
- Attorney General Office in Minnesota
- Autism Society of Minnesota
- Becky's on the Lake - Osakis
- Bertha Medical Clinic
- Bertha Senior Citizens Center
- Bertha-Hewitt Community Education
- Better Business Bureau of Minnesota
- Bridgewell Terrace Heights/Westview - Osakis
- Browerville Community Education
- Browerville DAC - Thread Shed
- Camphill Village – Long Prairie
- Cancer Information Service Spanish Available
- CDC National HIV/AIDS Hotline
- Cedar Cove Assisted Living
- Celebrate Recovery
- Central Lakes College—Staples Campus
- Central Region Food Access Network
- Central Region Food Access Network
- Charities Review Council
- ChildcareCenter.us
- Circle of Parents
- Clarissa Dental Clinic PA
- Clarissa Senior Citizens Center
- Colonial Terrace Apartments - CTCCC
- Copeland Center
- Copeland Center
- Dietitian Nutrition Counseling
- Disability Hub MN
- Disability Hub MN
- Disease Control and Prevention
- Dr. Susan Wasson – Osakis
- Drug and Alcohol Addiction Information
- Eagle Bend Library
- Eagle Bend Senior Citizens Center
- Eagle Valley Clinic
- Eagle Valley Community Education
- Eagle's Crossing – Grey Eagle
- Early Childhood Family Education
- Effective Living Center
- Emotions Anonymous International
- Employment Enterprises, Inc.
- Essentia Health – Groups
- Fair Oaks Lodge
- Fairway Pines Sauk Centre
- Family Medical Center - Little Falls
- Fare for All
- Food and Drug Administration
- Food Shelves—Long Prairie, Staples, Browerville, Little Falls, Wadena, Pierz, Motley
- Food Stamp Nutritional Educational Program
- Foster Grandparent Program
- Freshwater Drug and Violence Prevention
- Freshwater Education ISD #6004
- Friendly Rider
- Gamblers Anonymous
- Getty Street Sauk Centre
- Grey Eagle Library
- Grief Recovery Help Line
- Grief Support Group - Staples Hospital
- Habitat for Humanity of Morrison County
- Hands of Hope Resource Center
- Haven Road Recovery Center – Little Falls
- Healthy Children.org
- Hewitt Senior Center
- Hidden Acres - Long Prairie
- Hope Center

- Housing Support for Adults with Serious Mental Illness (HSASMI)
- Jefferson Bus Lines
- Lakewood Health System
- Lakewood Health System
- Lakewood Manor Staples
- Lakewood Pines - Staples
- Licensed Day Care Provider information
- Little Falls – First Avenue Dental
- Little Falls Community Schools ISD #482
- Little Falls Taxi
- Local Contact Services for the Blind – Margie St Cloud
- Long Prairie Dental Clinic
- Long Prairie Housing and Redevelopment Authority (HRA)
- Long Prairie Library
- Long Prairie Memorial Nursing Home
- Long Prairie—Grey Eagle ISD #2753
- Long Prairie/Grey Eagle Community Education
- Love Lines Crisis Center, Inc.
- LSS Caregiver Support and Respite Program
- Lutheran Social Service- Behavioral Health Services
- Lutheran Social Services HOPE Housing
- Lutheran Social Services—Employment First
- Lutheran Social Services—Food
- Mahube Community Council
- Maple Hill – Browerville
- MDH - Carbon Monoxide Poisoning
- Medi-Van
- Menagha ISD #821
- Mental Health America
- Mid-Minnesota Diabetes Nutrition Center
- Midwest Dental Benefits
- Minnesota AIDS Project (MAP)
- Minnesota AIDSLINE
- Minnesota Autism Center
- Minnesota Center for Chemical and Mental Health
- Minnesota Children with Special Health Needs
- Minnesota Department of Education
- Minnesota Department of Human Services
- Minnesota Food Helpline
- Minnesota Food Pantries Organization
- Minnesota State High School League
- MinnesotaHelp.info
- MN Board of Aging
- MN Department of Employment and Economic Development
- MN Department of Health - AIDS/STD Prevention
- MN Department of Human Services—Food and Nutrition
- Mom's Meals
- Morrison County Housing and Redevelopment Authority (HRA)
- Morrison County Housing Guide
- Morrison County Veterans Services
- NAMI Minnesota
- NAMI Minnesota – Support Groups
- NAMI National
- Narcotics Anonymous
- National Association for Children of Alcoholics
- National Center for Missing and Exploited Children
- National Child Safety Council Childwatch
- National Clearing House for Drug and Alcohol Info.
- National Empowerment Center, Inc.
- National Library Service for the Blind
- New Pathways Shelter
- Next Step Treatment Center
- Nicotine Anonymous
- North Central Community Resources & Assistance
- Northern Psychiatric Associates
- Nutrition Assistance Program for Seniors (NAPS) 60+
- Oakridge Homes—Todd County
- Oakridge Homes—Wadena County
- Oakridge SILS Home
- Oasis Central—Fare for All Partnership
- Oasis Central—Fix a Home
- Oasis central—Share a meal
- Office of the Ombudsman—North Central Region
- Ombudsman for Older Americans
- Osakis Dental Clinic
- Osakis Medical Clinic
- Osakis Senior Citizens Center
- Overeaters Anonymous

- Peaceful Valley/Juanita Mitchell - Hewitt
- People's Express
- People's Express
- Pierz Public Schools #484
- Pillager Country Dental – Dr. Daniel Rose
- Planned Parenthood Alexandria HIV/STD testing
- Prairie Community Services
- Productive Alternatives, Inc.—Little Falls
- Project Turnabout
- PsychCentral
- RAAN - Rural AIDS Action Network
- Rainbow Rider
- Recovery Connections
- REM (Robert E Miller)
- Ronald McDonald House Charities - Mpls
- Royalton Public Schools #485
- RSVP Retired Senior Volunteer Program
- Ruby's Pantry
- Seasons Adult Foster Care
- Senior LinkAge Line
- Senior Linkage Line
- Sexually Transmitted Disease Hotline - Mpls.
- Sexually Transmitted Disease Hotline - National
- Smile Again Ministries
- Smile Center - Deerwood
- Sober Nation
- Social Security Administration
- Spanish Speaking Line - National
- SPROUT Growers and Makers Marketplace
- St. Cloud Emergency Shelter
- St.Gabriels Hospital
- Staples Community Education
- Staples High Rise
- Staples Housing and Redevelopment Authority (HRA)
- Staples Library
- Staples Senior Citizens Center
- Staples—Motley ISD #2170
- Substance Abuse Mental Health Services Administration
- Swanville School District #486
- The Salvation Army
- Todd County Council on Aging
- Todd County Health and Human Services
- Todd County Housing and Redevelopment Authority (HRA)
- Todd County Senior Volunteer Transportation Program
- Todd County Veterans Services
- Tri-Cap Transportation
- Tri-County Community Action
- Tri-County Community Action
- Tri-Cunty Community Action
- U.S. Department of Veterans Affairs
- United Cerebral Palsy of Central MN
- United Way of Morrison County
- University of Minnesota | Extension—Food
- Upsala ISD #487
- Upsala Senior Citizens Center
- Valley View Estates - Long Prairie
- Volunteer Transportation Program
- Wadena County Veterans Services
- Wadena Housing and Redevelopment Authority (HRA)
- Wadena Medical Center
- Wadena—Deer Creek ISD #2155
- West Central Education District
- West View Assisted Living Apartments – Osakis
- Women's Center of Mid-Minnesota
- Women's Center of Mid-Minnesota
- Workforce Center—Little Falls
- Workforce Center—Wadena

Existing Community Resources for Mental Well-Being

- Alliance for the Ill/MN
- Central MN Mental Health Center
- Community Behavior Health
- Crisis Line
- Douglas County Hospital
- Fast—Tracker
- Finding Help—Minnesota
- First Call for Help
- Friendship Haven
- Hands of Hope Resource Center
- Karla Nornberg, LICSW
- John Avery, LICSW
- Lakewood Health Systems
- Life Steps Counseling
- Lutheran Social Services

- Mental Health Association
- Mental Health Consumer/Survivor Network of MN
- MN Mental Health Association
- Morrison County Drop In Center
- Morrison County Sheriff's Department
- Morrison County Social Services
- National Institute of Mental Health
- National Youth Crisis Hot Line
- Neighborhood Counseling Center
- New Leaf
- Northern Pines Mental Health Center
- Nystroms & Associates, LTD
- Oakridge Woodview Support Services
- Prairie St. Johns
- Safe Harbor—Crisis Stabilization Services
- SAVE
- Senior Behavioral Health Unit
- St. Cloud Hospital
- Teri Heidgerken, LICSW
- The Centre for Mental Health Solutions
- The Insight Network
- Tri-County Health Care Psychiatry
- True Balance Counseling
- Wadena County Human Services
- 24-Hour National Hopeline Network

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