We are of this place, not just from it.

COMMUNITY HEALTH NEEDS ASSESSMENT

FY 2020-2022

Essentia Health-St. Mary’s-Detroit Lakes
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Lead Parties on the Assessment

Karen Pifher, Community Health Program Manager

Acknowledgements

This report is based on a collaborative process with the following community members and organizations. Essentia Health would like to express our gratitude to the many steering committee members and community members for their contribution to planning, development, and analysis of community health needs. Additional thanks to the community members who shared their expertise and helped us include the voices of diverse sectors of our community.

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Executive Summary

Essentia Health-St. Mary’s in Detroit Lakes is part of Essentia Health, a nonprofit, integrated health system caring for patients in Minnesota, Wisconsin, North Dakota and Idaho. Essentia Health is called to make a healthy difference in people’s lives. To fulfill that mission, we seek opportunities to both enhance the care we provide and improve the health of our communities.

Every three years, each Essentia Health hospital conducts a Community Health Needs Assessment (CHNA) to systematically identify, analyze and prioritize community health needs. The process is conducted in collaboration with many community partners including other health care systems, local public health departments, and organizations or individuals that represent broad interests in the community, including members of medically underserved, low-income, and populations at higher health risk.

Once priority health needs are identified, Essentia Health-St. Mary’s designed an implementation strategy to address the needs with internal stakeholders and community partners. The plan is designed to leverage existing community strengths and resources available to improve health.

From August to December 2018, Essentia Health-St. Mary’s analyzed data, convened community partners, sought input from community members, and led a process to identify the following priority areas for the 2020-2022 Community Health Needs Assessment:

1. Mental well-being and adverse childhood experiences
2. Substance abuse
3. Access to child care

The 2020-2022 Implementation Plan outlines the multiple objectives, activities and strategies to address each priority area.

**Mental well-being and adverse childhood experiences:** All youth in Becker County are resilient and experience mental well-being

**Substance abuse:** People in Becker County are free from the harmful effects of chemical use and abuse.

**Access to child care:** Parents and caregivers in Becker County have access to childcare
Introduction

Essentia Health is called to make a healthy difference in people’s lives. To fulfill that mission, we seek opportunities to both enhance the care we provide and improve the health of our communities. In conducting the Community Health Needs Assessment, Essentia Health has collaborated with community partners to embrace these guiding principles.
Headquartered in Duluth, Minnesota, Essentia Health combines the strengths and talents of 14,400 employees, who serve our patients and communities through the mission of being called to make a healthy difference in people’s lives.

Essentia Health-St. Mary’s is an 87-bed acute care facility in Detroit Lakes, Minnesota. The hospital has been providing health care to the community since 1886 when Dr. L.C. Weeks set up the first clinic, and part of Essentia Health St. Mary’s retains its Benedictine alignment and Catholic heritage, which began in 1939. Essentia Health-St. Mary’s provides both primary and select secondary patient services, including a 12-bed women’s unit with four birthing rooms, three operating rooms and full imaging and laboratory services. Outpatient and Urgent Care services are provided in our new clinic adjacent to the hospital. Additional satellite clinics are located in Pelican Rapids, Park Rapids, Menahga, Frazee, Mahnomen, and Lake Park. St. Mary’s Therapy Center offers physical, occupational and speech therapy services to all ages and includes a pediatric and outpatient gym, kitchen and sleep center. In providing the full spectrum of care, Essentia Health-St. Mary’s also has home health, senior living, assisted living as well as transitional and long-term care services in a close-knit community. Essentia Health-St. Mary’s has a Level III Trauma designation, is a Primary Stroke Center hospital and has been awarded the Gold Seal of Approval by JCAHO for demonstrated commitment to standards of performance.

**Caring for our Community:** Our commitment to our community’s health and wellness goes well beyond the work of the Community Health Needs Assessment. Through contributions of over $1 million annually to numerous community organizations, we’re working together with our communities to improve the health and vitality of our neighborhoods. In addition, we’re proud to say our employees donated more than 22,000 hours of their time and talents to a variety of programs and outreach efforts. Our community investments are designed to promote better health, help lessen inequities in our communities, improve access to health care and strengthen the fabric of our communities.
Hospital Service Area

Essentia Health-St. Mary’s serves all of Becker County, and portions of the White Earth Indian Reservation, Ottertail, Hubbard, and Mahnomen counties. The service area is defined by the zip codes that represent 80% of hospital admissions. Townships served include Detroit Lakes (56501), Frazee (56544), Park Rapids (56470), Mahnomen (56557), Pelican Rapids (56572), Waubun (56589), Lake Park (56554), Ogema (56569), Menahga (56464), Audubon (56511) and Ponsford (56575).

Existing health care facilities within the region include hospitals in Perham, Fargo/Moorhead, and Fergus Falls. White Earth Indian Reservation provides Indian Health Services and Tribal Health Programs. There are multiple other health agencies that support the continuum of care in the service area including public health, Health Resources, Family Planning Mahube/OTWA clinic, Sanford, Ecumen, Home Instead, Divine House, Hospice of the Red River Valley, Right at Home, Golden Manor and Diamond Willow. In addition, mental health and chemical dependency health facilities include Stellher Human Services, Solutions Inc., White Earth Mental Health, Becker County mental health and chemical dependency, Drake Counseling, Willow Tree Crisis Bed, Lakes Counseling, Moms & Mat’s White Earth Program, Compassion House, White Earth Harm Reduction, Lakeland Mental Health, the Village, Lutheran Social Services, Sanford and Essentia Health. Other organizations that promote programming to improve well-being include Lakes Crisis and Resource Center, the Dove Program, PartnerShip4Health, Father Project, DLCCC, University of Minnesota Extension and Land of the Dancing Sky Area Agency on Aging.
Demographics & Socioeconomic Factors

Table A. Overall demographics (2016)

<table>
<thead>
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<th>Total Population</th>
<th>Detroit Lakes</th>
<th>Becker County</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>9,060</td>
<td>33,375</td>
<td>5,450,868</td>
</tr>
<tr>
<td>Population age 65 and over (%)</td>
<td>22.80%</td>
<td>19.10%</td>
<td>14.29%</td>
</tr>
<tr>
<td>Poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median household income</td>
<td>$37,103</td>
<td>$54,115</td>
<td>$63,217</td>
</tr>
<tr>
<td>People of all ages living in poverty (%)</td>
<td>19.00%</td>
<td>12.80%</td>
<td>10.80%</td>
</tr>
<tr>
<td>People under 18 years living in poverty (%)</td>
<td>27.30%</td>
<td>17.40%</td>
<td>13.69%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>2.10%</td>
<td>2.40%</td>
<td>3.40%</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduate or higher, person’s age 25+ years (%)</td>
<td>92.50%</td>
<td>92.60%</td>
<td>92.80%</td>
</tr>
<tr>
<td>Population ages 25+ with bachelor’s degree or higher</td>
<td>28.90%</td>
<td>23.70%</td>
<td>34.30%</td>
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<tr>
<td>Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of owner-occupied homes (%)</td>
<td>62.10%</td>
<td>79.00%</td>
<td>71.40%</td>
</tr>
<tr>
<td>Population spending more than 30% of income on rent (%)</td>
<td>50.00%</td>
<td>42.40%</td>
<td>47.30%</td>
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<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Households with no motor vehicle available (%)</td>
<td>11.90%</td>
<td>6.00%</td>
<td>7.00%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau 2016, American Community Survey

Table B. Race/Ethnicity Distribution (2016)

<table>
<thead>
<tr>
<th>Race Distribution – Detroit Lakes</th>
<th>2016</th>
<th>Percent</th>
<th>2015</th>
<th>Percent</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>9,060</td>
<td>100.00%</td>
<td>8,897</td>
<td>100.00%</td>
<td>1.83%</td>
</tr>
<tr>
<td>One Race</td>
<td>8,751</td>
<td>96.60%</td>
<td>8,653</td>
<td>97.30%</td>
<td>1.13%</td>
</tr>
<tr>
<td>White</td>
<td>8,165</td>
<td>90.10%</td>
<td>8,030</td>
<td>90.30%</td>
<td>1.68%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>81</td>
<td>0.90%</td>
<td>77</td>
<td>0.90%</td>
<td>5.19%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>381</td>
<td>4.20%</td>
<td>433</td>
<td>4.90%</td>
<td>-12.01%</td>
</tr>
<tr>
<td>Asian</td>
<td>73</td>
<td>0.80%</td>
<td>65</td>
<td>0.70%</td>
<td>12.31%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Another Race</td>
<td>51</td>
<td>0.60%</td>
<td>48</td>
<td>0.50%</td>
<td>6.25%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>309</td>
<td>3.40%</td>
<td>244</td>
<td>2.70%</td>
<td>26.64%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>197</td>
<td>2.20%</td>
<td>266</td>
<td>2.50%</td>
<td>-25.94%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau 2014-2016, American Community Survey

Most residents of this county graduate with their high school diploma, and a quarter go on to receive higher education. Residents experience low unemployment rates and median to low level incomes. Poverty, education, age and race are all factors contributing to the health of the residents in this county. The distribution of race and ethnicity within this county has slightly increased since 2016.
Evaluation of 2016–2019 Implementation Plan

During 2016-2019, Essentia Health addressed significant needs identified in the 2016 assessment: Child care access and mental health provider access. Some activities were led by the hospital, while others were part of larger collaborative efforts with local partners. The following describes significant accomplishments and outcomes.

Priority Area #1: Improve Nutrition and increase activity across the lifespan

Strategy# 1: Increase access to healthy food choices

Partners: University of Minnesota Extension, Mahube/OTWA CAP, Early Childhood Initiative, Becker County Food Pantry, Sanford Health, Farmers Market, MANNA Food Coop, Boys and Girls Club, Chamber of Commerce, City of Detroit Lakes Park and Rec, SNAP Ed, Public Health, Partnership4Health, 4-H of Becker County

Results: Essentia Health hired a National Diabetes Prevention Program (NDPP) educator and launched an employee wellness class called New Reflections. It held community-based NDPP classes each year from 2016-2019. Of the four classes held, 60 people enrolled and had a 61% completion rate. Of those completing the class, the average weight-loss was 7%.

Essentia Health partnered with MANNA Food Co-op and United Way to open the Food Co-op in Detroit Lakes and develop the JEWEL sponsorship program that supported memberships for low-income people. Essentia helped develop and support the business plan to sell co-op shares to businesses to support employee wellness. MANNA was able to sell over 500 shares and opened its doors in record time. The JEWEL program provided memberships to 23 people who otherwise could not afford it.

Essentia Health partnered with the University of Minnesota Extension and the Boys and Girls Club to support three new raised vegetable gardens in 2017 and 2018. Students learned to garden and benefited from fresh vegetables served in the program.

“One Vegetable, One Community” has been a community project each year supported by Essentia Health. In 2016-2019, 750 packets of vegetables seeds were given away along with instructions for planting and recipes for vegetables that are distributed across the community. Cooking demonstrations took place each summer at the park in Detroit lakes to show how to use the featured vegetable.

Essentia Health-St. Mary’s recruited new board members for the Becker County Food Pantry and worked on a feasibility plan to host the food pantry. Although new space at the hospital was not feasible, new board members have helped develop and improve fundraising, which increased donations and bought new software for the food pantry.
Essentia Health partnered with the Early Childhood Initiative, the Becker County Food Pantry and the University of Minnesota Extension program to provide SNAP Education at multiple sites, including the farmers market and the food pantry. Sessions helped educate participants on prepping and cooking foods from the food pantry.

**Strategy 2: Increase active living opportunities and active lifestyles**

**Partners:** LAAMBAT, Partnership4Health, Early Childhood Initiative, Kiwanis, Rotary, City of Detroit Lakes, Parks Committee, Becker County Sheriff’s Department, Detroit Lakes Police Department, City of Frazee, Land of the Dancing Sky

**Results:** The development and expansion of environmental changes that assist in improving access to, and encouraging, physical activity included installing the Born Learning Trail at the park in Detroit Lakes and along the school trail in Frazee. Signs promote active play for children.

From 2017-2019, annual bike rodeos offered bike safety to approximately 215 youths and gave six bikes to youth each year.

Matter of Balance, Tai Ji Quan and other classes have been offered in Detroit Lakes through a partnership with Land of the Dancing Sky to improve active senior living and to reduce falls.

**Strategy 3: Promote and Support Healthy Environments**

**Partners:** Clearway, Partnership4Health, Public Health, Sanford Health, Chamber of Commerce, DLCCC, SpringBoard 4 the Arts, City of Detroit Lakes, City of Frazee, Becker County EDA, Frazee EDA, Boys and Girls Club, Detroit Lakes Schools

**Results:** Essentia Health-St. Mary’s, P4H, Becker County Public Health, Boys and Girls Club, and over 600 community members joined efforts to improve tobacco policies at city and county levels. The Tobacco 21 policy failed to pass Detroit Lakes City Council, although hundreds of people signed a petition and 17 people spoke in favor of the ordinance. It sparked a movement in Ottertail County and two presentations were hosted. The Tobacco 21 policy was passed at the county level in Ottertail County in 2018 with a phased-in approach planned over three years.

Essentia Health-St. Mary’s partnered with the Detroit Lakes Park Committee and DLCCC to support two new water stations in City Park and at the LCCC Rec Center. The water stations have saved over 10,000 water bottles and improved access to water consumption in areas with high physical activity.

Essentia Health-St. Mary’s, West Central Initiative, the cities of Detroit Lakes and Frazee, and P4H collaborated to create an online GIS health map of Becker County that highlights hiking, biking, walking and ski trails as well as parks, sports places, fitness centers, and healthy food access points to improve
awareness and planning of trails. The map is available online at http://beckercountyenergize.com under the “map” tab.

The Heartland Trail expansion from Detroit Lakes to Frazee, and through Frazee, has been a priority and Essentia Health testified, provided letters of support to legislators, and advocated for the trail. Funds were allocated by the Minnesota Legislature in 2018. The Frazee City Council also approved a multi-use path to run directly through the community and eventually connect with other portions of the Heartland Trail. These trails and paths will expand biking, hiking and walking across Becker County.

In 2017, the “Walk to the Arts” was developed in collaboration with Essentia Health St. Mary’s and the DLCCC to expand and highlight walking paths in the City of Detroit Lakes and highlight arts and architecture. The 1-mile and a 2-mile walking routes are highlighted and promoted across the community with large maps on display at Essentia Health, the DLCCC and the Chamber.

**Priority Area #2: Improve mental well-being in Becker County**

**Strategy 1: Increase awareness and education of mental wellness**

**Measure:** Calls to the mobile mental health crisis team rose from 200 in 2014 to over 600 in 2018.

**Partners:** Stellher Human Services, Frazee Schools, Lake Park Schools, Detroit Lakes Schools, Partnership4Health, Boys and Girls Club, Headstart, ECI, Mahube/OTWA, Bethlehem Lutheran Church, Sanford, Becker County and White Earth Mobile Crisis Team, White Earth Mental Health, Becker County CD/MH, Essentia Health Behavioral Health, Prairie St. Johns, Lakeland Mental Health, Leighton Broadcasting, Northwest Mental Health Services, Wellness in the Woods, MState Community and Technical College.

**Results:** A new policy and process that improved collaboration between Essentia Health and the mobile mental health crisis team was implemented in 2015 and the team has continued to meet to enhance services, partnership and care coordination over the past four years. The annual number of phone calls to the mobile mental health crisis team increased from 200 in 2015 to over 600 in 2018.

A “Stomp the Stigma” race is held each year in collaboration with Becker County Law Enforcement, Essentia Health, Sanford Health, Stellher, the Mobile Mental Health Crisis Team and Lakeland Mental Health. In 2017, it raised over $3,000 which was donated to Essentia Health-St. Mary’s to address mental wellness initiatives through Becker County Energize. Over 140 people attended the annual event with over 200 attendees in 2018.

“Inside Out: A Step Inside Mental Illness” is a video series aimed at reducing the stigma around mental illness and was launched in 2019 at an event attended by more than 200 people. The series included stories from community members and professionals who talk about signs, symptoms, services and support for various mental illnesses. The series and event were a collaboration between Essentia Health-St. Mary’s, Leighton Broadcasting, Sanford Health, Lakeland Mental Health, White Earth Mental Health, Red River Behavioral Health, Prairie St. Johns, Northwest Mental Health Services, the Mobile Mental
Health Crisis Team, Wellness in the Woods, and MState. A new video was released over eight weeks, and the local newspaper featured an article on a person with the mental illness. In response, a letter to the editor from a mental health professional shared how the project is working because it allows people to have conversations in the community at any space, which helps heal and destigmatize mental illness. We’ve also had people suffering from mental illness say, “I don’t feel alone anymore.” Videos are available on the Becker County Energize website for anyone to watch or use.

DL Thriving was founded at Detroit Lakes High School in 2017. It’s made up of students who host an annual event around mental well-being. They had 200 attendees in 2017 and 41 attendees in 2018 at events focused on reducing the stigma around mental health. The Becker County Energize coordinator was a keynote speaker at the 2018 event, and a partner in 2017 and 2018.

Mental health classes and education were provided through partnership with Wellness in the Woods, Prairie St. Johns, three school districts, and P4H. The effort brought mental health first aid to 78 participants; quarterly professional education on mental health and substance abuse topics to 92 professionals; and trauma sensitive schools training to 300 staff from three school districts, Boys and Girls Club staff, Headstart and Early Childhood educators.

Becker County Energize developed a mental health project with pictures and stories from people in the community that has been displayed at nine events across the community since its creation in 2017.

Columbia Suicide Screening for Becker County residents and a flow chart identifying the process of what resources to call was developed for community members using the CSSR II. The tool has been distributed at community events and is displayed on the Becker County Energize website along with a comprehensive list of chemical dependency and mental health community resources.

An integrated model of care was developed in 2017 within the Essentia Health-St. Mary’s clinic with a licensed social worker embedded with a team of physicians to address mental health, chemical dependency and immediate needs of patients seen in primary care. This improved access to mental health services and offered immediate access to care with four slots open daily to meet patient needs.

Becker County Energize used a $3,000 donation to implement direct secure messaging (DSM) within the community to improve patient data exchange to increase the efficiency and the ability to support patients faster, especially in mental health crisis. Four agencies use DSM for exchange of patient information to improve care coordination.

Priority Area # 3: Build Community Connections

Strategy 1: Improve coalition partnerships that include underserved and minorities

Partners: Sanford Health, Public Health, Mahube/OTWA, DLCCC, Chamber of Commerce, EDA, County Commissioners, ECI, Ecumen, MState Community & Tech College, Detroit Lakes newspaper, Leighton Broadcasting

Results:
Essentia Health hosts an annual health summit each year that includes multiple topics, including mental health, substance abuse, tobacco addiction, and healthy food access. Participants include community members, leaders from health and non-profit organizations, churches, and service organizations. Attendance from 2016-2018 totaled 186 people. Evaluation of the event was 4.7 on a 5.0 scale for 2018. In addition, 38 people signed up to volunteer at the event in 2018.

Becker County Energize focuses on three priorities that supports the work of more than nine committees to develop initiatives to improve health, and each of them focus on engaging people from the community. A specific focus of Becker County Energize is on social justice and ensuring that identifying the needs of those most vulnerable are a priority. Through the process of identifying and developing the initiatives that improve health, people who experience the issue were involved in developing solutions.

**Strategy 2: Increase connections and awareness of available services, programs and events in Becker County**

**Partners:** Mahube/OTWA, Sanford Health, Ecumen, P4H, Moorhead State Community and Technical College, West Central Initiative, 831 Web

**Results:** Becker County Energize website was created in 2017 and is planned to be a “one-stop shop” for resource information. Website development has been supported with grant funding from West Central Initiative to improve volunteerism. Students from MSUM assisted in creating a Becker County Energize brochure to promote the movement in Becker County. In addition, the Becker County Senior Network partners with many senior facilities to support the improved Becker County Care Guide, which has a multitude of resources for seniors. Improvements included larger font, additional services and a section on advanced care planning importance and resources.

**Strategy 3: Promote Becker County Energize movement and the citizen inspired programs and events in the county**

**Partners:** P4H, Sanford Health, Public Health, Detroit Lakes Tribune, Leighton Broadcasting, Chamber of Commerce, Mahube/OTWA CAP

**Results:** Becker County Energize has gained momentum as the number of news articles each year increased from two in 2016 to nine in 2018. Dollars leveraged to support initiatives increased from $0 in 2015 to over $300,000 in 2018. Partners in Community Health increased from 11 partners in 2015 to over 40 partners in 2018 and over 1,000 people involved. A new Facebook site has over 400 likes. Mahube/OTWA assists with developing marketing materials, and all organizations share information on events, initiatives and announcements.
2020-2022 CHNA Process and Timeline

Essentia Health’s Community Health Advisory Committee developed a shared plan for the 5 hospitals within the system. The plan was based on best practices from the Catholic Hospital Association and lessons learned from the 2016-2019 CHNA process. The process was designed to:

- Incorporate input from persons representing broad interests of the community
- Collaborate with local public health and other health care providers
- Utilize multiple sources of public health data to make data-driven decisions

Each individual hospital worked with community partners to carry out the plan in their service area. Aspects of the plan were adapted to meet the unique needs of each location. Hospital leadership teams and local hospital boards received and approved each implementation plan, followed by final approval by the Essentia Health Board of Directors. The following visual describes the assessment steps and timeline.

Adoption of implementation strategy: The Community Health Needs Assessment was approved by the Essentia Health West Region Board of Directors on May 1st, 2019 and the Essentia Health Detroit Lakes Board Essentia Health Detroit Lakes Board of Directors approve through a resolution before June 30th, 2019.
Assess

Two surveys were conducted, an analysis of secondary data completed, and multiple focus groups were held to assess the needs of the community. Surveys were developed in partnership between Essentia Health-St. Mary’s, Partnership4Health, Sanford Health, Becker County Public Health and the Center for Social Research (CSR) at North Dakota State University. A key stakeholder survey identified what leaders in the community perceived as the top issues across eight areas including economics, transportation, substance abuse, mental health, child care, housing and more (Appendix A). A resident survey was distributed by public health and identified personal health behaviors (Appendix B).

The key stakeholder survey was distributed via an online survey tool. Members of Becker County Energize distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. The resident survey was distributed via mail through Qualtrics, a qualified vendor and results were weighted. A presentation of secondary data was prepared by Essentia Health-St. Mary’s that included survey results and included public health data from various secondary sources showing trends of health-related outcomes that were identified as “concerning” (Appendix C). Focus groups were then presented the information and identified their priorities based on the results (Appendix D).

Gaps in information occurred as in the key stakeholder survey over 80% of respondents were female and had higher than average income. In addition, Becker County includes a portion of White Earth Reservation and there is limited access to data.

Prioritize

The presentation outlining all the data from the surveys and secondary sources was presented to eight focus groups reaching 354 people from diverse backgrounds and income levels. Following the presentation, the individuals were asked to write down the top five priorities they feel are most important by ranking them.

Data showed:

1) Substance abuse, especially the number of children going to foster care due to parental substance abuse, has steeply risen over the past five years.
2) The number of youths reporting mental health related concerns is very high with 18-35% of students reporting seriously considering suicide (variation by sex and school district).
3) Adverse childhood experiences for youth are higher than state averages, resiliency factors are lower, and ACES are a root cause of adverse health conditions.
4) Access to child care is a significant barrier with 648 slots needed immediately.

Significant needs not addressed in the CHNA: A top issue that arose in the focus groups and survey was access to affordable housing. Even though it the second highest issue, there is a housing coalition that Essentia Health is present on and will continue to support. Due to the difficulty in increasing access to housing, it was not chosen as one of the top three priorities.
Community Input

A series of eight focus groups were held with people across the community to look and discuss data trends and then identify their top priorities. Three groups had 90% of participants who experience disparities, including having a mental health diagnosis, chemical dependency, homelessness or domestic violence. The other focus groups reached residents and leaders at large from Becker County. The focus groups involved 354 people. After priorities were tabulated from the focus groups, the results were brought to the Becker County Energize steering committee. The top priorities identified aligned with the survey results and data trends and the steering committee approved the top three priorities as below.

1. Adverse childhood experiences (ACES) and mental well-being
2. Substance abuse
3. Child care access

Key Findings

**Priority #1 Adverse Childhood Experiences and Mental Well-being**

**Supporting Data:**

- 35% of 8th grade students feel that little to no one cares about them in the community (Minnesota Student Survey, 2016)
- 25% of 8th graders have seriously considered suicide in the past 1-2 years (Minnesota Student Survey, 2016)
- 35% of 8th grade students have been bothered by feeling down, depressed or hopeless in the past two weeks (Minnesota Student Survey, 2016)

**Community Input:** People at high exposure to adverse childhood experiences (ACES) believe having a safe space in the community outside of school would make a difference, having access to programs or activities without cost would benefit youth, and programs like kinship or youth groups that develop healthy relationships with adults are meaningful.

**Community Strengths and Resources Available:**

Three out of the four school systems in Becker County have completed trauma sensitive school training. The Early Childhood Initiative, Becker County Children’s Initiative and Becker County Energize all are focusing on ACES as a priority. Lakes Crisis and Resource Center facilitates groups in the school using an ACES curriculum that improves resiliency of youth. The Father Project assists fathers and men and part of the curriculum is on ACES. Mahube/OTWA leads Headstart and early childhood education. Its staff is trauma-sensitive trained and looking at a two-generation approach to support children and families.
Priority #2 Substance Abuse

Supporting Data:

- 945 people enrolled in substance abuse treatment in 2017 (DAANES Report, Becker County, 2017)
- 219 drug-related arrests in 2017, 251 in 2018 (Becker County Sheriffs Department, 2018)
- 23.8% of all meconium cord tissue tests in newborns were positive for chemical use in 2018 (Essentia Health Social Services, 2018)

Community Input: People of all incomes, races, and backgrounds have been touched by substance abuse issues in some way. There is a significant issue with access to resources, especially for youth. Root causes of substance abuse are related to ACES and community factors.

Community Strengths and Resources Available:

Multiple agencies offer chemical dependency services in Becker County: Lakes Counseling, Drake, White Earth Tribal and HIS, Harm Reduction, MOMS & MATS, Essentia Health-St. Mary’s has an OB Suboxone waiver program on the obstetrics unit as well. Regional agencies that serve Becker County include Sharehouse and Prairie St. Johns. There are multiple mental health resources available in the community. The top priority of the CHNA is working on ACES and mental health. The sheriff’s department, police department and first responders are trained and carry naloxone.

Priority #3 Child Care

Supporting Data:

- 650 slots are needed immediately (2018) in Becker County: 232 in Detroit Lakes, 123 in Frazee, 73 in Ogema (First Children’s Finance, 2018)
- 72 child care providers in Becker County (Sourcewell, 2019)

Community Input: Barriers for child care providers include burnout, lack of benefits, state regulations, poor income, difficult families and children. Parents struggle to find affordable child care, quality child care, or care that works for their hours of employment. Employers struggle to support employees who have child care issues.

Community Strengths and Resources Available: Mahube/OTWA CAP manages a pod model of child care where facilities are co-located outside of the home. Area businesses are willing to support developments and changes that need financial capital. West Central Initiative provides funding resources for child care solutions. Early Childhood Initiative provides limited funding for solutions around early childhood programs. Lakes and Prairies supports Child Care Aware services and supports for startups. First Children’s Finance offers business studies and financial resources for child care providers and the RCCIP program. The Chamber and EDA are supportive and can access financial and human resources to resolve community issues.
Design

Essentia Health worked with internal stakeholders as well as community partners to design a strategy to address each of the priority needs identified in the CHNA process. The plan outlines actions that will be taken to respond to the identified community needs including goals and measurable objectives, strategies, tactics, and performance indicators.

The implementation plan is a three-year plan to address priority needs. The implementation plan will be reviewed annually, with progress shared with hospital leadership and the Board of Directors on an annual basis.

Additionally, the following three priorities were determined by the Community Health Advisory Committee (CHAC) at a retreat in January 2019. The retreat included input from Community Health staff from across the Essentia Health system. Prioritization was based on common themes from the 15 Community Health Needs Assessments.

- Mental health & wellness
- Substance use
- Nutrition and physical activity

During the FY2020-FY2022 assessment cycle, some activities will be led by the individual hospitals/markets, while others will be coordinated across the health system. This will help Essentia Health make the greatest impact with available resources.

No written comments were received from the 2013 CHNA. Any comments would have been taken into consideration in this report.

Conclusion

As a nonprofit health system, Essentia Health is called to make a healthy difference in people’s lives. This needs assessment illustrates the importance of collaboration between our hospitals and community partners. By working collaboratively, we can have a positive impact on the identified health needs in our community in FY 2020–2022.

For questions or comments about the community health needs assessment, please contact:
chna.comments@essentiahealth.org

Copies of this plan can be downloaded from our website: https://www.essentiahealth.org/about/chna/
Becker County Energize Steering Committee

Mission: People working together to create a healthier community. Becker County Energize includes over 50 organizations and 1,000 people who are collaborating to create a healthier community. Becker County Energize has a steering committee representing 12 of the 50 organizations. The steering committee will oversee the work of subcommittees to evaluate progress, provide insight on improving processes and outreach, and is tasked with assisting to allocate resources to support the work of the subcommittees. In addition, the steering committee will ensure that people most impacted by the priority areas are engaged in designing solutions.

Our Results

All youth in Becker County are resilient and experience mental well-being

People in Becker County are free from harmful effects of chemical abuse

Parents and caregivers in Becker County have access to child care

Our Indicators

- Percentage of students in 8th grade who have seriously considered suicide
- Percentage of 8th grade students who feel that people in the community care about them
- Percentage of 8th grade students who have felt down, depressed or hopeless in the past two weeks.
- Number of people in treatment in Becker County for chemical dependency
- Number of people in jail for substance-related arrests
- Number of positive drug meconium screens for newborns
- Number of open slots by community in Becker County
- Number of child care providers in Becker County
Result: All youth in Becker County are resilient

Indicators

<table>
<thead>
<tr>
<th>Percentage</th>
<th>2013</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.00%</td>
<td>35.00%</td>
<td>40.00%</td>
</tr>
<tr>
<td>25.00%</td>
<td>30.00%</td>
<td>35.00%</td>
</tr>
<tr>
<td>20.00%</td>
<td>25.00%</td>
<td>30.00%</td>
</tr>
</tbody>
</table>

Minnesota Student Survey

- % of students bothered by feeling down, depressed or hopeless
  - Frazee
  - Lake Park
  - Detroit Lakes

- % of students who feel that little to no one cares about them in the community
  - Frazee
  - Lake Park
  - Detroit Lakes
  - Becker County

Partners who can help

Becker County Energize Partner Organizations, Becker County Human Services, Sanford Health, Mahube/OTWA, Becker County EDA, Public Schools (Frazee, Lake Park, Detroit Lakes, Ogema), Harvest Church, Trinity Lutheran Church, Stellher Human Services, Early Childhood Initiative, Becker County Children’s Initiative, Minnesota Communities Caring for Children, Father Project- CHI, Lakes Crisis and Resource Center, Becker County 4-H, Boys and Girls Club of DL, Becker County & White Earth Mobile Mental Health Crisis Team, Chamber of Commerce, Native American Program, West Central Initiative, city government (Frazee, Lake Park, Detroit Lakes, Ogema) & EDA’s, Rotary, Kiwanis, Jaycees, business owners

Story behind the data

What factors increase the trend lines:
- Exposure to adverse childhood experiences (ACES) and toxic stress
- Poverty
- Racial discrimination
- Cultural dissociation
- Trauma (historical, PTSD, exposure etc)
- Epigenetics
- Lack connection and unhealthy relationships with peers, parents, relatives, adults, teachers
- Lack of self-esteem
- Lack of control over circumstances
- No safe space or safe environment
- Lack of meaningful activities or opportunities

Factors that decrease the trend lines:
- Cultural sensitivity
- Access to programs, activities, resources
- Safe spaces and environments
- Positive relationships
- Positive learning environments with wrap-around services
- Creative outlets
- Physical and mental fitness

Strategies:

Strategy #1: Expand youth mentoring programs and opportunities for youth activities in communities
Action Steps:
- Identify activities, programs and environments that youth desire in the community to improve wellbeing
- Support the development and implementation plan of CornerStone, a Frazee Community & Youth Project, to support activities, mentoring and a safe place in Frazee for youth.
- Expand and support mentoring programs such as Kinship to reach more youth

Strategy #2: Increase education to destigmatize mental illness and improve resiliency
Action Steps:
- Hold adverse childhood experiences (ACES) presentations across the community and with parents
- Host mental health education on various topics with local partners
- Identify tools for parent education and avenues to distribute and expand utilization

Strategy #3: Improve access to services for at-risk youth
Action steps:
- Engage with BCCI and the school districts to identify a pathway for screening and identifying youth who are at risk
- Identify needs of the school districts to serve at-risk youth
- Develop an implementation plan based on needs identified and utilization of community assets
## CHNA 2020-2022 Implementation Plan

### Result: People in Becker County are free from the harmful effects of substance abuse

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Partners who can help</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 945 people were enrolled in substance abuse treatment in 2017 (DAANES Report, Becker County, 2017)</td>
<td>Essentia Institute of Rural Health, White Earth Tribal Health, Harm Prevention, Child Protection, White Earth HIS, Becker County CD/MH, Child Protection, Sanford Health, Father Project, Lakes Crisis and Resource Center &amp; Kinship, Lakes Counseling, Drake Recovery Center, Sharehouse, Prairie St. Johns, MOMS/MATS, Compassion House, NA/AA, School Districts (Frazee, Lake Park/Audubon, DL, Ogema), Stellher, Lakeland MH, Solutions, Mobile Mental Health Crisis Team, churches/faith communities, family health/family planning clinics</td>
</tr>
<tr>
<td>• 219 drug-related arrests in 2017, 251 in 2018 (Becker County Sheriff’s Department, 2018)</td>
<td></td>
</tr>
<tr>
<td>• 23.8% of all meconium cord tissue tests in newborns were positive for chemical use in 2018 (Essentia Health Social Services, 2018)</td>
<td></td>
</tr>
</tbody>
</table>

### Story behind the data

#### Factors that have contributed to improvements:
- Mandatory urine drug screens for all patients in the hospital’s obstetrics unit
- Youth and teen mentorship programs
- State insurance mandates drug screens
- Community collaborations to improve collaborative care and education
- Increased access to health services
- Increase law enforcement presence
- Drug Court
- Prevention programs: coping skills, risk and protective factors, CBT etc.
- Access to treatment and harm reduction programs
- Having caring relationships
- Activities for kids that are accessible and affordable

#### Strategy #1: Increase access to medication-assisted treatment (MAT) services at Essentia Health in Detroit Lakes

**Action Steps:**
- Interested Detroit Lakes staff attend MAT bootcamp training
- Monthly MAT development meeting

### Factors that limit improvements:
- Poor boundaries in relationships
- Increasing divorce rates
- Decreasing moral values/lack of participation in church/spiritual gatherings
- Adverse childhood experiences (ACES)
- Cultural insensitivity
- Availability of drugs
- Less family supports/structures
- Decreasing self-worth
- Increasing isolation
- Trauma – historical, cyclical, PTSD
- Lack of basic needs- housing, food, safe place

#### Strategy #2: Develop a community coalition to address opioid use

**Action Steps:**
- Identify stakeholders and community members interested in addressing opioids and host meetings monthly
- Facilitate development of a community work plan to address opioid use through regional collaborative
- Solidify formal service agreements that support community, system and policy changes between organizations

#### Strategy #3: Improve prevention and awareness efforts in Becker County

**Action Steps:**
- Support and host adverse childhood experiences (ACES) training in the community
- Host cultural sensitivity events and training for professionals and community
- Implement “Handle With Care” protocol between law enforcement, Lakes Crisis Center and school districts
Result: Parents and caregivers in Becker County have access to child care

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Partners who can help</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Childrens Finance- July 2018</td>
<td>Essentia Health, Chamber of Commerce, Child Care Aware- Lakes and Prairies CAP, Sourcewell, Becker County EDA, Child Care Association, Laker Prep</td>
</tr>
<tr>
<td>• 72 child care providers in Becker County</td>
<td>Becker County Commissioners, city governments (DL, Frazee, Lake Park, Ogema), BTD, Lakeshirts, SJE Rhombus, Ecumen, Public Health, school districts, (DL, Frazee, Lake Park, Ogema), MSTate Community and Technical College, MMCDc, West Central Initiative, Wild Rice Co-op, First Children’s Finance, Zion Lutheran Church, True Life Church, First Lutheran Church, Bethlehem Lutheran Church</td>
</tr>
<tr>
<td>• 647 child care slots needed (as of October 2018) in Becker County</td>
<td></td>
</tr>
</tbody>
</table>

Story behind the data

Factors that contribute to improvements:
- More child care facilities across the county
- Access to resources for providers
- Community recognition
- Trained/skilled child care providers
- Services and supports for kids in need
- Providers would have better pay and benefits
- State regulation friendly for child care providers in rural areas

Factors that cause the problem:
- Provider burnout
- State regulations- funding, provider paperwork, substitute options, funding, limits on number of kids, inspections
- Financial/Benefits: poor income for providers and no employee benefits
- Increasing child mental health and behavioral concerns
- Lack of business skills and training
- Access to resources
- Poverty
- Transportation
- Industry needs don’t match hours preferred
- Booming economy equals low unemployment rates

What we are going to do

<table>
<thead>
<tr>
<th>Strategy #1: Develop co-located child care facilities in faith-based organizations, non-profits or businesses and support new facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Steps</strong></td>
</tr>
<tr>
<td>• Develop a work group around the strategy</td>
</tr>
<tr>
<td>• Identify available spaces that tentatively would be open for child care</td>
</tr>
<tr>
<td>• Develop a “process map” of how to start a child care business</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy #2: Develop a child care career pathway and support it for access to start-up resources for private, non-profit, or child care center facility models</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Steps:</strong></td>
</tr>
<tr>
<td>• Develop a work group with the high school, MSTATE Community Tech, Child Care Aware, Sourcewell and child care providers</td>
</tr>
<tr>
<td>• Career pathway is developed and promoted</td>
</tr>
<tr>
<td>• BCE website has “one stop shop” page for child care resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy #3: Develop local one day re-licensing training for child care providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Steps:</strong></td>
</tr>
<tr>
<td>• Explore the options and resources available for training</td>
</tr>
<tr>
<td>• Allocate resources to support training and host training</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy #4: Identify funding sources available to support new and existing child care providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Steps:</strong></td>
</tr>
<tr>
<td>• Identify funding sources to support child care trainings, scholarships for providers for education, capital costs, and subsidies available.</td>
</tr>
<tr>
<td>• Develop a process to make funding available for child care needs</td>
</tr>
</tbody>
</table>
Essentia Health - Becker County, MN
Community Health Needs Assessment
Results from a December 2017 Non-Generalizable Online Survey of Community Stakeholders

February 2018
STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from a December 2017 online survey of community leaders and key stakeholders identified by Essentia Health in Becker County, MN. This study was conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred during the month of December 2017 and January 2018. A total of 139 respondents participated in the online survey.
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Current State of Health and Wellness Issues Within the Community

Using a 1 to 5 scale, with 1 being “no attention needed”; 2 being “little attention needed”; 3 being “moderate attention needed”; 4 being “serious attention needed”; and 5 being “critical attention needed,” respondents were asked to, based on their knowledge, select the option that best describes their understanding of the current state of each issue regarding ECONOMIC WELL-BEING, TRANSPORTATION, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTHCARE AND WELLNESS, and MENTAL HEALTH AND SUBSTANCE ABUSE.

Figure 1. Current state of community issues regarding ECONOMIC WELL-BEING
### Figure 2. Current state of community issues regarding TRANSPORTATION

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean attention needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of public transportation (N=136)</td>
<td>3.38</td>
</tr>
<tr>
<td>Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=136)</td>
<td>3.29</td>
</tr>
<tr>
<td>Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=130)</td>
<td>3.29</td>
</tr>
<tr>
<td>Cost of public transportation (N=128)</td>
<td>2.88</td>
</tr>
<tr>
<td>Availability of walking and biking options (N=136)</td>
<td>2.70</td>
</tr>
<tr>
<td>Driving habits (e.g., speeding, road rage) (N=132)</td>
<td>2.52</td>
</tr>
</tbody>
</table>

**Mean attention needed**

(1=No attention needed; 5=Critical attention needed)
Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

Mean attention needed (1=No attention needed; 5=Critical attention needed)
Figure 4. Current state of community issues regarding the AGING POPULATION

Cost of memory care (N=116) 3.85
Cost of long-term care (N=118) 3.80
Cost of in-home services (N=117) 3.53
Availability of memory care (N=121) 3.36
Availability of resources for grandparents caring for grandchildren (N=118) 3.36
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=122) 3.27
Availability of resources to help the elderly stay safe in their homes (N=121) 3.26
Availability of long-term care (N=121) 3.21
Help making out a will or healthcare directive (N=117) 3.04
Availability of activities for seniors (e.g., recreational, social, cultural) (N=123) 3.01
Cost of activities for seniors (e.g., recreational, social, cultural) (N=119) 2.97

Mean attention needed
(1=No attention needed; 5=Critical attention needed)
Figure 5. Current state of community issues regarding SAFETY

- Abuse of prescription drugs (N=120): 3.88
- Child abuse and neglect (N=112): 3.62
- Culture of excessive and binge drinking (N=115): 3.51
- Domestic violence (N=113): 3.51
- Criminal activity (N=113): 3.31
- Presence of street drugs (N=113): 3.29
- Presence of drug dealers (N=112): 3.27
- Elder abuse (N=107): 3.17
- Sex trafficking (N=106): 2.92
- Presence of gang activity (N=104): 2.68
- Availability of emergency medical services (N=118): 2.64
- Lack of police or delayed response of police (N=113): 2.45

Mean attention needed
(1=No attention needed; 5=Critical attention needed)
### Figure 6. Current state of community issues regarding HEALTHCARE AND WELLNESS

<table>
<thead>
<tr>
<th>Issue</th>
<th>Mean Attention Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to affordable health insurance coverage (N=120)</td>
<td>3.94</td>
</tr>
<tr>
<td>Availability of mental health providers (N=116)</td>
<td>3.91</td>
</tr>
<tr>
<td>Access to affordable healthcare (N=120)</td>
<td>3.86</td>
</tr>
<tr>
<td>Availability of behavioral health (e.g., substance abuse) providers (N=115)</td>
<td>3.86</td>
</tr>
<tr>
<td>Access to affordable dental insurance coverage (N=119)</td>
<td>3.82</td>
</tr>
<tr>
<td>Access to affordable prescription drugs (N=119)</td>
<td>3.76</td>
</tr>
<tr>
<td>Access to affordable vision insurance coverage (N=117)</td>
<td>3.48</td>
</tr>
<tr>
<td>Availability of non-traditional hours (e.g., evenings, weekends) (N=114)</td>
<td>3.42</td>
</tr>
<tr>
<td>Use of emergency room services for primary healthcare (N=108)</td>
<td>3.39</td>
</tr>
<tr>
<td>Availability of specialist physicians (N=115)</td>
<td>3.30</td>
</tr>
<tr>
<td>Timely access to dental care providers (N=113)</td>
<td>3.28</td>
</tr>
<tr>
<td>Coordination of care between providers and services (N=109)</td>
<td>3.26</td>
</tr>
<tr>
<td>Timely access to medical care providers (N=111)</td>
<td>3.13</td>
</tr>
<tr>
<td>Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=111)</td>
<td>3.07</td>
</tr>
<tr>
<td>Availability of doctors, physician assistants, or nurse practitioners (N=118)</td>
<td>3.00</td>
</tr>
<tr>
<td>Timely access to vision care providers (N=109)</td>
<td>2.85</td>
</tr>
<tr>
<td>Access to technology for health records and health education (N=114)</td>
<td>2.78</td>
</tr>
<tr>
<td>Availability of healthcare services for Native people (N=94)</td>
<td>2.77</td>
</tr>
<tr>
<td>Availability of healthcare services for New Americans (N=90)</td>
<td>2.72</td>
</tr>
</tbody>
</table>

Mean attention needed: (1=No attention needed; 5=Critical attention needed)
Figure 7. Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE

Demographic Information

Figure 8. Age of respondents

N=121
*Percentages do not total 100.0 due to rounding.
Figure 9. Biological sex of respondents

N=121

*Percentages do not total 100.0 due to rounding.

Figure 10. Race of respondents

N=122

*Percentages do not total 100.0 due to rounding.

**“Other” responses include “American” and “multi ethnicity”
Figure 11. Whether respondents are of Hispanic or Latino origin

N=120

Figure 12. Marital status of respondents

N=119
Figure 13. Living situation of respondents

N=119  
*"Other" responses include “I live with my boyfriend” and “Live at home with mother”

Figure 14. Highest level of education completed by respondents

N=119
Figure 15. Employment status of respondents

N=120
*Percentages do not total 100.0 due to rounding.

Figure 16. Whether respondents are military veterans

N=119

2017 Community Health Needs Assessment – Essentia Health – Becker County, MN
N=119

Table 1. Zip code of respondents

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N=111
<table>
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<th>Comments</th>
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<tr>
<td>Assistance to any person is needed at times, dependency on free services should not be a lifestyle.</td>
</tr>
<tr>
<td>Community education on such topics and resources is lacking.</td>
</tr>
<tr>
<td>Creating programs to educate our youth about these community concerns is a huge part of preventing these concerns from even starting. I believe it would be helpful to work with the schools and have more frequent visits from community professionals to educate our students in these areas of concerns.</td>
</tr>
<tr>
<td>High need for affordable or free substance abuse treatment.</td>
</tr>
<tr>
<td>I have lived in East Grand Forks for the last year, but before that I lived in the F-M area for 8 years.</td>
</tr>
<tr>
<td>Inpatient care for chemical dependence and psychiatric care – including an 18 month post care program to support successful transitions.</td>
</tr>
<tr>
<td>It is nearly impossible for a single person to afford the luxury of insurance if you want to eat a meal at night or pay a utility bill while making minimum wage. It’s no wonder that our suicide rate, drinking, drug abuse, domestic violence among the young adults is so high.</td>
</tr>
<tr>
<td>Mental health needs are not being addressed, which has great effects on family, friends and society.</td>
</tr>
<tr>
<td>Top issues I see: Housing, Dental Providers, Child Care Options, Substance Abuse and Mental Health for Youth, Supports and Services for Native Americans.</td>
</tr>
<tr>
<td>We are a small town south of a big metro area. All of our responses, except for fire and some emergency response team[s] we have with neighboring towns, are from [the] metro area.</td>
</tr>
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### Appendix Table 1. Current state of health and wellness issues within the community

<table>
<thead>
<tr>
<th>Statements</th>
<th>Mean**</th>
<th>Percent of respondents*</th>
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<tbody>
<tr>
<td><strong>ECONOMIC WELL-BEING ISSUES</strong></td>
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<td></td>
</tr>
<tr>
<td>Availability of affordable housing (N=138)</td>
<td>3.97</td>
<td>0.7 0.7 3.6 24.6 37.7 31.2 31.2 31.2 31.2 100.0</td>
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<tr>
<td>Employment options (N=138)</td>
<td>2.99</td>
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<tr>
<td>Help for renters with landlord and tenants’ rights issues (N=133)</td>
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<tr>
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<tr>
<td>Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=136)</td>
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<tr>
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<td>Hunger (N=136)</td>
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<td>2.9 12.5 44.9 26.5 8.1 5.1 100.0</td>
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<tr>
<td>Maintaining livable and energy efficient homes (N=136)</td>
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<td>Skilled labor workforce (N=135)</td>
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<td><strong>TRANSPORTATION ISSUES</strong></td>
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<td>Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=138)</td>
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<tr>
<td>Availability of public transportation (N=138)</td>
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<td>Availability of walking and biking options (N=138)</td>
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<td>Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=133)</td>
<td>3.29</td>
<td>3.0 22.6 33.1 21.1 18.0 2.3 100.1</td>
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<tr>
<td>Cost of public transportation (N=133)</td>
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<td>5.3 35.3 30.1 17.3 8.3 3.8 100.1</td>
</tr>
<tr>
<td>Driving habits (e.g., speeding, road rage) (N=134)</td>
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<tr>
<td><strong>CHILDREN AND YOUTH</strong></td>
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<tr>
<td>Availability of activities (outside of school and sports) for children and youth (N=129)</td>
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<td>6.2 30.2 41.9 14.7 5.4 1.6 100.0</td>
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<tr>
<td>Availability of education about birth control (N=127)</td>
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<tr>
<td>Availability of quality child care (N=130)</td>
<td>3.70</td>
<td>1.5 7.7 31.5 31.5 23.1 4.6 99.9</td>
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<tr>
<td>Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=128)</td>
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### 2017 Community Health Needs Assessment

#### Services

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<tr>
<th>Statement</th>
<th>Mean**</th>
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<th>2 Little</th>
<th>3 Moderate</th>
<th>4 Serious</th>
<th>5 Critical</th>
<th>NA</th>
<th>Total</th>
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<tbody>
<tr>
<td>Cost of activities (outside of school and sports) for children and youth (N=127)</td>
<td>3.35</td>
<td>3.9</td>
<td>10.2</td>
<td>43.3</td>
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<td>Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=126)</td>
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<td>5.8</td>
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#### The Aging Population

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<th>5 Critical</th>
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<tr>
<td>Availability of activities for seniors (e.g., recreational, social, cultural) (N=125)</td>
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<td>Availability of long-term care (N=125)</td>
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<td>Availability of memory care (N=126)</td>
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<td>Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=127)</td>
<td>3.27</td>
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<td>18.1</td>
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<td>18.9</td>
<td>15.7</td>
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<td>Availability of resources for grandparents caring for grandchildren (N=123)</td>
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<td>Cost of activities for seniors (e.g., recreational, social, cultural) (N=124)</td>
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#### Safety

<table>
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<th>3 Moderate</th>
<th>4 Serious</th>
<th>5 Critical</th>
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<tbody>
<tr>
<td>Abuse of prescription drugs (N=122)</td>
<td>3.88</td>
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<td>25.4</td>
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*Percent of respondents based on the level of attention needed.*

**Mean:** Average value of the data set.
### HEALTHCARE AND WELLNESS

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<th>Mean**</th>
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<th>4 Serious</th>
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<td>Access to technology for health records and health education (N=120)</td>
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<td>Availability of behavioral health (e.g., substance abuse) providers (N=117)</td>
<td>3.86</td>
<td>3.4</td>
<td>6.8</td>
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<td>33.3</td>
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<tr>
<td>Availability of doctors, physician assistants, or nurse practitioners (N=120)</td>
<td>3.00</td>
<td>6.7</td>
<td>24.2</td>
<td>36.7</td>
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<tr>
<td>Availability of healthcare services for Native people (N=110)</td>
<td>2.77</td>
<td>10.0</td>
<td>27.3</td>
<td>27.3</td>
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<td>Availability of healthcare services for New Americans (N=108)</td>
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<td>10.2</td>
<td>24.1</td>
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<tr>
<td>Availability of mental health providers (N=118)</td>
<td>3.91</td>
<td>3.4</td>
<td>8.5</td>
<td>24.6</td>
<td>19.5</td>
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<td>Availability of non-traditional hours (e.g., evenings, weekends) (N=116)</td>
<td>3.42</td>
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<td>Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=116)</td>
<td>3.07</td>
<td>4.3</td>
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<td>Availability of specialist physicians (N=119)</td>
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<td>Coordination of care between providers and services (N=112)</td>
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<td>2.7</td>
<td>16.1</td>
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<td>Timely access to medical care providers (N=113)</td>
<td>3.13</td>
<td>5.3</td>
<td>21.2</td>
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<td>4.3</td>
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### Statements

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<th>Mean**</th>
<th>1 None</th>
<th>2 Little</th>
<th>3 Moderate</th>
<th>4 Serious</th>
<th>5 Critical</th>
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<td>Use of emergency room services for primary healthcare (N=114)</td>
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<td><strong>MENTAL HEALTH AND SUBSTANCE ABUSE</strong></td>
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<td>99.9</td>
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<td>Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=116)</td>
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<td>3.4</td>
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<td>36.2</td>
<td>36.2</td>
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<td>99.9</td>
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<td>Exposure to secondhand smoke (N=117)</td>
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<td>Smoking and tobacco use (N=116)</td>
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<td>19.8</td>
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<td>Stress (N=118)</td>
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<td>Suicide (N=113)</td>
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<td>25.7</td>
<td>34.5</td>
<td>25.7</td>
<td>0.9</td>
<td>100.1</td>
</tr>
</tbody>
</table>

*Percentages may not total 100.0 due to rounding.

**NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflect total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.
Becker CHNA Survey Results

February 27, 2018

Charts Exported by MarketSight®
How would you rate your health?

- Excellent: 11%
- Very Good: 48%
- Good: 39%
- Fair: 2%

Base: Fair (n=2), Good (n=44), Very Good (n=55), Excellent (n=13), Sample Size = 114

(Community = Becker)
BMI

- Obese: 36%
- Overweight: 37%
- Normal weight: 26%
- Underweight: 1%

Base: Underweight (n=1), Normal weight (n=30), Overweight (n=42), Obese (n=41), Sample Size = 114
Servings of Vegetables

Base: None (n=7), 1 (n=14), 2 (n=34), 3 (n=33), 4 (n=15), 5 or more (n=8), Sample Size = 111

(Community = Becker)
Servings of Juice

None 44%
1 32%
2 16%
3 6%
4 2%

Base: None (n=27), 1 (n=20), 2 (n=10), 3 (n=4), 4 (n=1), Sample Size = 62

(Community = Becker)
Servings of Fruit

Base: None (n=7), 1 (n=36), 2 (n=33), 3 (n=11), 4 (n=4), 5 or more (n=2), Sample Size = 93
(Community = Becker)
Appendix B

Servings of Fruit, Vegetables and Juice

Sample Size = Variable

(Community = Becker)
Total Servings of Fruits, Vegetables and Juice

- 5 or more: 47%
- 4: 18%
- 3: 15%
- 2: 9%
- 1: 6%
- None: 4%

Base: None (n=5), 1 (n=7), 2 (n=10), 3 (n=17), 4 (n=20), 5 or more (n=53), Sample Size = 112

(Community = Becker)
Base: Never (n=67), Less than once per week (n=37), Once per week (n=4), 2-4 times per week (n=5), Once per day (n=1), Sample Size = 114

(Community = Becker)
Gatorade, Powerade, etc.

- 61% Never
- 29% Less than once per week
- 5% Once per week
- 3% 2-4 times per week
- 1% 5-6 times per week
- 1% Once per day

Base: Never (n=69), Less than once per week (n=33), Once per week (n=6), 2-4 times per week (n=3), 5-6 times per week (n=1), Once per day (n=1), Sample Size = 113
(Community = Becker)
Soda or Pop

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>46%</td>
</tr>
<tr>
<td>Less than once per week</td>
<td>27%</td>
</tr>
<tr>
<td>Once per week</td>
<td>7%</td>
</tr>
<tr>
<td>2-4 times per week</td>
<td>10%</td>
</tr>
<tr>
<td>5-6 times per week</td>
<td>4%</td>
</tr>
<tr>
<td>Once per day</td>
<td>4%</td>
</tr>
<tr>
<td>2-3 times per day</td>
<td>3%</td>
</tr>
</tbody>
</table>

Base: Never (n=52), Less than once per week (n=31), Once per week (n=8), 2-4 times per week (n=11), 5-6 times per week (n=5), Once per day (n=4), 2-3 times per day (n=3), Sample Size = 114

(Community = Becker)
Energy Drinks

Base: Never (n=103), Less than once per week (n=6), Once per week (n=2), 2-4 times per week (n=1), Sample Size = 112

(Community = Becker)
Sugar Sweetened Drinks

Sample Size = Variable

(Community = Becker)
Worried whether our food would run out before we got money to buy more.

Base: Often True (n=2), Sometimes True (n=11), Never True (n=102), Sample Size = 115

(Community = Becker)
The food that we bought just didn’t last, and we didn’t have money to get more.

Base: Often True (n=2), Sometimes True (n=10), Never True (n=103), Sample Size = 115

(Community = Becker)
Days Per Week of Moderate Physical Activity

- 7 days: 7%
- 6 days: 4%
- 5 days: 14%
- 4 days: 14%
- 3 days: 23%
- 2 days: 20%
- 1 day: 17%
- None: 2%

Base: None (n=2), 1 (n=18), 2 (n=21), 3 (n=25), 4 (n=15), 5 (n=15), 6 (n=4), 7 (n=7), Sample Size = 107

(Community = Becker)
Days Per Week of Vigorous Physical Activity

- None: 9%
- 1: 3%
- 2: 1%
- 3: 3%
- 4: 26%
- 5: 25%
- 6: 15%
- 7: 9%

Base: None (n=8), 1 (n=31), 2 (n=23), 3 (n=13), 4 (n=8), 5 (n=3), 6 (n=1), 7 (n=1), Sample Size = 88

(Community = Becker)
Days Per Week of Physical Activity

- **Moderate Activity**
- **Vigorous Activity**

- None: 2%
- 1: 14%
- 2: 26%
- 3: 20%
- 4: 14%
- 5: 9%
- 6: 4%
- 7: 1%

Sample Size = Variable

(Community = Becker)
Base: Less than $10,000 (n=1), $15,000 to $24,999 (n=5), $25,000 to $34,999 (n=7), $35,000 to $49,999 (n=4), $50,000 to $74,999 (n=13), $75,000 to $99,999 (n=16), $100,000 to $199,999 (n=19), $200,000 or more (n=2), Sample Size = 67
(Community = Becker)
Past Diagnosis

- Anxiety, stress, etc.: 42%
- High cholesterol: 36%
- Hypertension: 32%
- Arthritis: 26%
- Depression: 25%
- Asthma: 16%
- Panic attacks: 11%
- Diabetes: 8%
- Other mental health problems: 4%
- COPD: 4%
- Stroke: 1%

Base: Anxiety, stress, etc. (n=32), Arthritis (n=20), Asthma (n=12), COPD (n=3), Depression (n=19), Diabetes (n=6), High cholesterol (n=27), Hypertension (n=24), Other mental health problems (n=3), Panic attacks (n=8), Stroke (n=1), Sample Size = 76
(Community = Becker)
Little Interest or Pleasure in Doing Things

- Not at all: 78%
- Several days: 19%
- More than half the days: 3%

Base: Not at all (n=88), Several days (n=22), More than half the days (n=3), Sample Size = 113

(Community = Becker)
Feeling Down, Depressed or Hopeless

- Not at all (79%)
- Several days (19%)
- More than half the days (2%)

Base: Not at all (n=91), Several days (n=22), More than half the days (n=2), Sample Size = 115

(Community = Becker)
Over the past two weeks, how often have you been bothered by either of the following issues?

- Feeling down, depressed or hopeless
- Little interest or pleasure in doing things

Sample Size = Variable

(Community = Becker)
Have you smoked at least 100 cigarettes in your entire life?

- **No**: 48%
- **Yes**: 52%

Base: Yes (n=55), No (n=60), Sample Size = 115

(Community = Becker)
Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?

Base: Yes (n=27), No (n=88), Sample Size = 115

(Community = Becker)
Have you smelled tobacco smoke in your apartment that comes from another apartment?

- No: 94%
- Yes: 6%

Base: Yes (n=7), No (n=105), Sample Size = 112

(Community = Becker)
Exposure to Tobacco Smoke

- Personally smoked at least 100 cigarettes in lifetime? (Yes: 48%, No: 52%, Sample Size = Variable)
- Exposed to cigarettes, cigars or vape pens inside home? (Yes: 23%, No: 77%, Sample Size = Variable)
- Exposed to tobacco smoke in your apartment from another apartment? (Yes: 6%, No: 94%, Sample Size = Variable)

Base: Personally smoked at least 100 cigarettes in lifetime? (n=115), Exposed to cigarettes, cigars or vape pens inside home? (n=115), Exposed to tobacco smoke in your apartment from another apartment? (n=112), Sample Size = Variable (Community = Becker)
Do you currently smoke cigarettes?

- Every day: 12%
- Some days: 4%
- Not at all: 83%

Base: Not at all (n=96), Some days (n=5), Every day (n=14), Sample Size = 115

(Community = Becker)
Do you currently use chewing tobacco?

- Not at all: 98%
- Some days: 1%
- Every day: 1%

Base: Not at all (n=113), Some days (n=1), Every day (n=1), Sample Size = 115

(Community = Becker)
Do you currently use electronics cigarettes or vape?

Base: Not at all (n=114), Some days (n=1), Sample Size = 115

(Community = Becker)
Current Tobacco Use

- Every day: 1% (Electronics cigarettes), 12% (Cigarettes)
- Some days: 1% (Electronics cigarettes), 4% (Cigarettes)
- Not at all: 99% (Electronics cigarettes), 98% (Chewing tobacco), 83% (Cigarettes)

Sample Size = 115
(Community = Becker)
Where would you go for help if you wanted to quit using tobacco products?

- NA / Not a smoker: 76%
- Doctor: 15%
- Quitline: 4%
- Other: 4%
- Pharmacy: 1%

Base: NA / Not a smoker (n=79), Quitline (n=4), Doctor (n=16), Pharmacy (n=1), Other (n=4), Sample Size = 104

(Community = Becker)
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? (Smokers only)

- Yes: 52%
- No: 48%

Base: Yes (n=12), No (n=11), Sample Size = 23

(Community = Becker)
Number of days with at least 1 drink in the past 30 days

<table>
<thead>
<tr>
<th>Days</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>None</td>
<td>12%</td>
</tr>
<tr>
<td>1 to 7</td>
<td>53%</td>
</tr>
<tr>
<td>8 to 14</td>
<td>18%</td>
</tr>
<tr>
<td>15 to 21</td>
<td>9%</td>
</tr>
<tr>
<td>22 to 30</td>
<td>8%</td>
</tr>
</tbody>
</table>

Base: None (n=11), 1 to 7 days (n=50), 8 to 14 days (n=17), 15 to 21 days (n=9), 22 to 30 days (n=8), Sample Size = 95

(Community = Becker)
Average number of drinks per day when you drink

Base: 1 drink (n=21), 2 drinks (n=30), 3 drinks (n=8), 4 drinks (n=11), 5 or more drinks (n=11), Sample Size = 81

(Community = Becker)
Binge Drinking

- Never: 54%
- Once a month: 27%
- Once a week: 12%
- 2-3 times a week: 5%
- Almost every day: 2%

Base: Almost every day (n=2), 2-3 times a week (n=4), Once a week (n=10), Once a month (n=23), Never (n=45), Sample Size = 84

(Community = Becker)
Average Alcohol Use During the Past 30 Days

Number of drinks on average: 2.95

Days with at least 1 drink during the past 30 days: 7.91

Base: Days with at least 1 drink during the past 30 days (n=95), Number of drinks on average (n=81), Sample Size = Variable

(Community = Becker)
Has alcohol use had a harmful effect on you or a family member in the past two years?

- Yes: 18%
- No: 82%

Base: Yes (n=20), No (n=94), Sample Size = 114

(Community = Becker)
Have you ever wanted help with a prescription or non-prescription drug use?

Base: Yes (n=2), No (n=112), Sample Size = 114

(Community = Becker)
Has a family member or friend ever suggested that you get help for substance use?

- No

Base: No (n=114), Sample Size = 114

(Community = Becker)
Has prescription or non-prescription drug use had a harmful effect on you or a family member in the past two years?

- No: 91%
- Yes: 9%

Base: Yes (n=10), No (n=105), Sample Size = 115

(Community = Becker)
Do you have drugs in your home that are not being used?

- No: 77%
- Yes: 23%

Base: Yes (n=27), No (n=88), Sample Size = 115

(Community = Becker)
Drug and Alcohol Issues

- **Do you have drugs in your home that are not being used?**
  - Yes: 23%
  - No: 77%

- **Has alcohol use had a harmful effect on you or a family member in the past two years?**
  - Yes: 18%
  - No: 82%

- **Has prescription or non-prescription (over-the-counter) drug use had a harmful effect on you or a family member in the past two years?**
  - Yes: 9%
  - No: 91%

- **Have you ever wanted help with a prescription or non-prescription (over-the-counter) drug use?**
  - Yes: 2%
  - No: 98%

- **Has a family member or friend ever suggested that you get help for substance use?**
  - Yes: 100%

Sample Size = Variable

(Community = Becker)
Average number of drinks per day when you drink by gender

Male

Female

Base: 1 drink (n=21), 2 drinks (n=30), 3 drinks (n=8), 4 drinks (n=11), 5 or more drinks (n=11), Sample Size = 81

(Community = Becker)
Binge Drinking past 30 days by Age

- Once a month
- Once a week
- 2-3 times a week
- Almost every day

Base: 18-24 (n=3), 25-34 (n=15), 35-44 (n=23), 45-54 (n=15), 55-64 (n=22), 65-74 (n=3), 75+ (n=3), Sample Size = 84

(Community = Becker)
How long has it been since you last visited a doctor or health care provider for a routine checkup?

- Within the past year: 75%
- Within the past two years: 14%
- Within the past five years: 8%
- Five or more years ago: 3%
- Never: 1%

Base: Within the past year (n=85), Within the past two years (n=16), Within the past five years (n=9), Five or more years ago (n=3), Never (n=1), Sample Size = 114 (Community = Becker)
Barriers to Routine Checkup

- Did not need to see a doctor: 47%
- Time not convenient: 23%
- Other (specify): 20%
- Cost: 20%

Base: Cost (n=6), Time not convenient (n=7), Did not need to see a doctor (n=14), Other (specify) (n=6), Sample Size = 30

(Community = Becker)
Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?

- Yes: 82%
- No: 5%
- Don't know / Unsure: 13%

Base: Yes (n=94), No (n=6), Don't know / Unsure (n=15), Sample Size = 115

(Community = Becker)
Has your medical provider allowed you to make a choice about having screenings or preventive services?

- Yes: 79%
- No: 4%
- Don't know / Unsure: 17%

Base: Yes (n=91), No (n=5), Don't know / Unsure (n=19), Sample Size = 115

(Community = Becker)
Has your medical provider reviewed the risks and benefits of screenings and preventive services with you? (n=115), Sample Size = 115

(Community = Becker)
Preventive Procedures Last Year

- **Flu shot**: 90%
- **Blood pressure check**: 81%
- **Dental cleaning or x-rays**: 80%
- **Cholesterol screening**: 63%
- **Blood sugar check**: 57%
- **Women's pelvic exam**: 45%
- **Glaucoma test**: 24%
- **Other immunizations (Tetanus, Hepatitis A or B)**: 21%
- **STD screening**: 12%
- **Hearing test**: 7%
- **Bone density test**: 5%
- **Vascular screening**: 2%

Base: Blood pressure check (n=92), Blood sugar check (n=65), Bone density test (n=6), Cholesterol screening (n=72), Dental cleaning or x-rays (n=91), Flu shot (n=103), Other immunizations (Tetanus, Hepatitis A or B) (n=24), Glaucoma test (n=27), Hearing test (n=8), Women's pelvic exam (n=51), STD screening (n=14), Vascular screening (n=2), Sample Size = 114
Barriers for Preventive Procedures

- I’m up-to-date on all screenings and procedures: 60%
- I haven’t had time: 18%
- Cost: 11%
- Doctor has not suggested the screenings: 11%
- Other (please specify): 6%
- I’m not due this year: 5%
- Fear of the results: 2%
- Fear of the screening or procedure: 2%
- I’m unable to access care: 1%

Base: I’m up-to-date on all screenings and procedures (n=68), Doctor has not suggested the screenings (n=13), Cost (n=13), I’m unable to access care (n=1), Fear of the screening or procedure (n=2), Fear of the results (n=2), I’m not due this year (n=6), I haven’t had time (n=20), Other (please specify) (n=7), Sample Size = 114 (Community = Becker)
Do you have children under the age of 18 living in your household?

- Yes: 57%
- No: 43%

Base: Yes (n=49), No (n=66), Sample Size = 115

(Community = Becker)
Children's Car Safety

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Use seat belts</th>
<th>Use car seat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>90%</td>
<td>92%</td>
</tr>
<tr>
<td>Nearly always</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>Never</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

Sample Size = Variable

(Community = Becker)
Do you have healthcare coverage for your children or dependents?

- Yes: 98%
- No: 2%

Base: Yes (n=48), No (n=1), Sample Size = 49

(Community = Becker)
Children's Preventative Services

- Medical checkups: 92%
- Dental checkups: 80%
- Vision checkups: 61%
- Hearing checkups: 49%

Base: Dental checkups (n=39), Vision checkups (n=30), Hearing checkups (n=24), Medical checkups (n=45), Sample Size = 49

(Community = Becker)
Where do you most often take your children when they are sick and need to see a health care provider?

- Physician’s office: 43%
- Urgent care: 35%
- Walk-in clinic: 22%

Base: Physician’s office (n=21), Urgent care (n=17), Walk-in clinic (n=11), Sample Size = 49

(Community = Becker)
Have you ever been diagnosed with cancer?

- Yes: 3%
- No: 97%

Base: Yes (n=3), No (n=112), Sample Size = 115

(Community = Becker)
Type of Cancer

Prostate cancer: 33%
Ovarian cancer: 33%
Other skin cancer: 33%

Base: Other skin cancer (n=1), Ovarian cancer (n=1), Prostate cancer (n=1), Sample Size = 3

(Community = Becker)
Do you currently have any kind of health insurance?

- Yes: 98%
- No: 2%

Base: Yes (n=113), No (n=2), Sample Size = 115

(Community = Becker)
Type of Insurance

- Through an employer: 87%
- Medicare Part A (Hospital insurance): 7%
- Medicare Part B (Medical insurance): 6%
- Medicare: 6%
- Individually purchased: 6%
- Minnesota Care: 4%
- Medicare Part D (Prescription insurance): 4%
- Medicaid / Medical Assistance: 3%
- Indian or Tribal Health Service: 3%
- Veteran Benefits (CHAMPUS, TRICARE): 2%

Base: Through an employer (n=98), Individually purchased (n=7), Indian or Tribal Health Service (n=3), Medicare (n=7), Medicare Part A (Hospital insurance) (n=8), Medicare Part B (Medical insurance) (n=7), Medicare Part D (Prescription insurance) (n=5), Medicaid / Medical Assistance (n=3), Minnesota Care (n=4), Veteran Benefits (CHAMPUS, TRICARE) (n=2), Sample Size = 113
Do you have an established primary healthcare provider?

Base: Yes (n=100), No (n=15), Sample Size = 115

(Community = Becker)
In the past year, did you or someone in your family need medical care, but did not receive the care they needed?

88% Yes
12% No

Base: Yes (n=14), No (n=101), Sample Size = 115
(Community = Becker)
Barriers to Receiving Care Needed

- Cost: 69%
- Inability to pay: 46%
- Appointment not at a convenient time: 15%
- Other (specify): 8%
- Fear: 8%
- No transportation: 8%
- No insurance: 8%
- No disability services: 8%

Base: Inability to pay (n=6), Appointment not at a convenient time (n=2), No disability services (n=1), No insurance (n=1), No transportation (n=1), Cost (n=9), Fear (n=1), Other (specify) (n=1)

(Community = Becker)
How long has it been since you last visited a dentist?

- **Within past year**: 86%
- **Within past 2 years**: 7%
- **Within past 5 years**: 3%
- **5 or more years ago**: 3%

Base: Within past year (n=99), Within past 2 years (n=8), Within past 5 years (n=4), 5 or more years ago (n=4), Sample Size = 115

(Community = Becker)
Barriers to Visiting the Dentist

- Time not convenient: 38%
- Cost: 31%
- No insurance: 19%
- Dentist would not accept my insurance: 12%
- Did not need to see a dentist: 6%
- Fear: 6%

Base: No insurance (n=3), Cost (n=5), Fear (n=1), Time not convenient (n=6), Dentist would not accept my insurance (n=2), Did not need to see a dentist (n=1), Sample Size = 16

(Community = Becker)
Do you have any kind of dental care or oral health insurance coverage?

- Yes: 88%
- No: 12%

Base: Yes (n=101), No (n=14), Sample Size = 115

(Community = Becker)
Do you have a dentist that you see for routine care?

- Yes, only one: 81%
- Yes, more than one: 11%
- No: 8%

Base: Yes, only one (n=92), Yes, more than one (n=9), No (n=13), Sample Size = 114

(Community = Becker)
Most Important Community Issues

- Healthcare costs: 30%
- Substance Abuse: 27%
- Healthcare access: 22%
- Mental Health: 16%
- Dental: 8%
- Transportation: 5%
- Other: 4%
- Aging population: 3%
- Prevention: 1%
- Chronic diseases: 1%
- Children and youth: 1%

Base: Transportation (n=4), Children and youth (n=1), Aging population (n=2), Healthcare access (n=16), Mental Health (n=12), Substance Abuse (n=20), Chronic diseases (n=1), Healthcare costs (n=22), Dental (n=6), Prevention (n=1), Other (n=3), Sample Size = 77

(Community = Becker)
Most Important Issue for Family

- Healthcare costs: 50%
- Chronic diseases: 15%
- Insurance cost and coverage: 12%
- Access: 10%
- Mental health: 8%
- Nutrition and Exercise: 6%
- Communicable diseases: 4%
- Other: 2%
- Dental care: 2%

Base: Access (n=5), Chronic diseases (n=7), Communicable diseases (n=2), Healthcare costs (n=24), Dental care (n=1), Nutrition and Exercise (n=3), Insurance cost and coverage (n=6), Mental health (n=4), Other (n=1), Sample Size = 68

(Community = Becker)
What is your biggest concern as you age? (Age 65+)

- Cost of health care: 19%
- Cost of long term care: 17%
- Maintaining physical and mental health: 17%
- Access to long term care: 14%
- Financial problems: 10%
- Affording your medications: 10%
- Transportation: 7%
- Feeling depressed, lonely, sad, isolated: 5%
- Access to health care: 2%

Base: Access to health care (n=1), Cost of health care (n=8), Affording your medications (n-4), Maintaining physical and mental health (n=7), Feeling depressed, lonely, sad, isolated (n=2), Access to long term care (n=6), Cost of long term care (n=7), Financial problems (n=4), Transportation (n=3), Sample Size = 10 (Community = Becker)
Which of these tasks do you need assistance with? (Age 65+)

Base: Socialization (n=1), Sample Size = 1

(Community = Becker)
Do you know where to go to get help with the tasks you need assistance with? (Age 65+)

Base: Yes (n=1), Sample Size = 1

(Community = Becker)
What method(s) would you prefer to get health information?

- Online websites: 48%
- Written materials: 48%
- E-mail: 44%
- Group education workshop/seminar: 19%
- Text messages: 19%
- One-on-one teaching: 18%
- Social media: 6%
- Videos for home use: 2%
- Other (specify): 1%

Base: Written materials (n=52), Videos for home use (n=2), Social media (n=6), Text messages (n=21), One-on-one teaching (n=20), E-mail (n=48), Group education workshop/seminar (n=21), Online websites (n=52), Other (specify) (n=1), Sample Size = 109

(Community = Becker)
Gender

- Male: 15%
- Female: 85%

Base: Male (n=17), Female (n=98), Sample Size = 115

(Community = Becker)
Base: 18-24 (n=4), 25-34 (n=24), 35-44 (n=26), 45-54 (n=19), 55-64 (n=31), 65-74 (n=6), 75+ (n=3), Sample Size = 113

(Community = Becker)
People in Household

- 1: 12% (n=13)
- 2: 40% (n=45)
- 3: 15% (n=17)
- 4: 19% (n=21)
- 5: 11% (n=12)
- 6 or more: 4% (n=5)

Base: 1 (n=13), 2 (n=45), 3 (n=17), 4 (n=21), 5 (n=12), 6 or more (n=5), Sample Size = 113

(Community = Becker)
Children in Household Under 18

Base: None (n=24), 1 (n=18), 2 (n=20), 3 (n=8), 4 or more (n=2), Sample Size = 72

(Community = Becker)
Ethnicity

Base: White (n=108), Asian (n=1), American Indian, Alaska Native (n=2), Other (n=3), Sample Size = 114

(Community = Becker)
Language Spoken in Home

Base: English (n=114), Sample Size = 114

(Community = Becker)
Marital Status

- Married: 71%
- Divorced: 10%
- Never married: 10%
- A member of unmarried couple living together: 4%
- Widowed: 4%

Base: Never married (n=11), Married (n=82), Divorced (n=12), Widowed (n=5), A member of unmarried couple living together (n=5), Sample Size = 115

(Community = Becker)
Current Living Situation

- House, owned: 87%
- Apartment (rental): 7%
- House (rental): 6%

Base: House, owned (n=100), House (rental) (n=7), Apartment (rental) (n=8), Sample Size = 115

(Community = Becker)
Education Level

- Postgraduate degree: 17%
- College graduate (4 or more years): 30%
- Completed technical or vocational school: 24%
- Some college (1-3 years) or technical/vocational school: 25%
- Grade 12 or GED (high school graduate): 3%

Base: Grade 12 or GED (high school graduate) (n=4), Some college (1-3 years) or technical/vocational school (n=29), Completed technical or vocational school (n=28), College graduate (4 or more years) (n=35), Postgraduate degree (n=19), Sample Size = 115
(Community = Becker)
Employment Status

- Employed for wages: 92%
- Retired: 5%
- A student: 1%
- Out of work for less than 1 year: 1%
- Self-employed: 1%

Base: Employed for wages (n=106), Self-employed (n=1), Out of work for less than 1 year (n=1), A student (n=1), Retired (n=6), Sample Size = 115

(Community = Becker)
Base: Open Invitation / Facebook (n=115), Sample Size = 115
(Community = Becker)
Total Household Income

Base: Less than $10,000 (n=1), $15,000 to $24,999 (n=5), $25,000 to $34,999 (n=9), $35,000 to $49,999 (n=9), $50,000 to $74,999 (n=22), $75,000 to $99,999 (n=23), $100,000 to $199,999 (n=31), $200,000 or more (n=4), Sample Size = 104
(Community = Becker)
Vision: People are healthy, active, safe, supported and engaged in Becker County

Mission: People working together to build a healthier community

Meetings
Meetings are held on the 4th Wednesday of the month, at 3:30pm at varying locations.
Contact Karen Pifher for more information
info@beckercountyenergized.org or P: 218-844-8379
Community Health: A collaborative movement that engages and works with the community on optimizing the health and quality of life of all persons who live, work and play there.
Community Health Assessment and Planning Process

1. Assess
2. Prioritize
3. Plan
4. Implement
5. Monitor/Evaluate

CHIP/CHNA → CHIP
CHNA → CHIP
CHIP → CHIP
Demographics

Population = 32,504 (increasing since 1990)

- **Caucasian**: 85.2%
- **Hispanic/Latino**: 5.0%
- **American Indian**: 1.5%
- **Two or More Races**: 2.3%
- **Asian**: 0.3%
- **African American**: 1.1%
- **Asian**: 0.3%

People of Color make up the fastest growing segment of our population and an increasingly large part of our workforce. Many will be future parents, caregivers and leaders. According to mncompass.org, data also show that these members of our communities are:

- More likely to live in poverty
- Less likely to graduate from high school
- Less likely to own their own home
- More likely to suffer from chronic illness

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
<th>Rank of MN Counties, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becker</td>
<td>13.4%</td>
<td>#20</td>
</tr>
<tr>
<td>Hubbard</td>
<td>7.0%</td>
<td>#59</td>
</tr>
<tr>
<td>Mahnomen</td>
<td>54.4%</td>
<td>#1</td>
</tr>
<tr>
<td>Otter Tail</td>
<td>7.2%</td>
<td>#56</td>
</tr>
<tr>
<td>Wadena</td>
<td>5.4%</td>
<td>#74</td>
</tr>
<tr>
<td>MN</td>
<td>16.8%</td>
<td></td>
</tr>
</tbody>
</table>
### MN Child Welfare - 2016

<table>
<thead>
<tr>
<th></th>
<th>BE</th>
<th>HU</th>
<th>MA</th>
<th>OT</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Children in Out-of-Home Care:</td>
<td>182</td>
<td>103</td>
<td>23</td>
<td>124</td>
<td>54</td>
</tr>
<tr>
<td>(Child Rate per 1,000):</td>
<td>21.8</td>
<td>23.0</td>
<td>13.2</td>
<td>9.9</td>
<td>15.6</td>
</tr>
<tr>
<td>Flow of Children in State Guardianship:</td>
<td>24</td>
<td>8</td>
<td>n/a</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>No. of Child Maltreatment Reports:</td>
<td>292</td>
<td>148</td>
<td>16</td>
<td>334</td>
<td>115</td>
</tr>
</tbody>
</table>

*American Indian Children in Out-of-Home Care by Tribe: Am. Indian children are under jurisdiction of Tribal Courts and do not become state wards.*

- 844 White Earth
- 993 Red Lake
- 610 Leech Lake

### Primary reasons for placement into out-of-home care

- Alleged neglect
- Parental drug abuse

- 2013: 27%
- 2014: 25%
- 2015: 23%
- 2016: 21%
40% of 8th, 9th, and 11th graders self-report an ACE score of 1 or higher in Becker County.

### Table 1. ACE-Related Odds of Having a Physical Health Condition

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>0 ACEs</th>
<th>1 ACEs</th>
<th>2 ACEs</th>
<th>3 ACEs</th>
<th>4+ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>100%</td>
<td>130%</td>
<td>145%</td>
<td>155%</td>
<td>236%</td>
</tr>
<tr>
<td>Asthma</td>
<td>100%</td>
<td>115%</td>
<td>118%</td>
<td>160%</td>
<td>231%</td>
</tr>
<tr>
<td>Cancer</td>
<td>100%</td>
<td>112%</td>
<td>101%</td>
<td>111%</td>
<td>157%</td>
</tr>
<tr>
<td>COPD</td>
<td>100%</td>
<td>120%</td>
<td>161%</td>
<td>220%</td>
<td>399%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>100%</td>
<td>128%</td>
<td>132%</td>
<td>115%</td>
<td>201%</td>
</tr>
<tr>
<td>Heart Attack</td>
<td>100%</td>
<td>148%</td>
<td>144%</td>
<td>287%</td>
<td>232%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>100%</td>
<td>123%</td>
<td>149%</td>
<td>250%</td>
<td>285%</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>100%</td>
<td>83%</td>
<td>164%</td>
<td>179%</td>
<td>263%</td>
</tr>
<tr>
<td>Stroke</td>
<td>100%</td>
<td>114%</td>
<td>117%</td>
<td>180%</td>
<td>281%</td>
</tr>
<tr>
<td>Vision</td>
<td>100%</td>
<td>167%</td>
<td>181%</td>
<td>199%</td>
<td>354%</td>
</tr>
</tbody>
</table>
Child Care Access:

2,370 families on the waiting list for Basic Sliding Fee Child Care as of October 2017.

a) 9 Child Care Facilities shut down in 2018

b) Estimated to be short 551 child care slots and need a 45% growth to meet the demand in 2018

c) 94 children ages 0–3 on the waitlist for family childcare, and 15 children ages 3-5 on the waitlist in Becker County.
### Earnings and Gender

<table>
<thead>
<tr>
<th></th>
<th>Minnesota</th>
<th>Becker County, MN</th>
<th>Polk County, MN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median Female Earnings</td>
<td>$27,110</td>
<td>$20,844</td>
<td>$22,176</td>
</tr>
<tr>
<td>Median Male Earnings</td>
<td>$39,212</td>
<td>$33,740</td>
<td>$32,650</td>
</tr>
<tr>
<td>Median Earnings</td>
<td>$32,439</td>
<td>$26,782</td>
<td>$26,501</td>
</tr>
</tbody>
</table>

### Earnings and Education

The charts show the median earnings for different levels of education in Minnesota, Becker County, MN, and Polk County, MN. The data is based on the U.S. Census American Community Survey.
Employment in Becker County

Most Common in Becker County, MN

The most common industries in Becker County, MN by number of employees are Healthcare & Social Assistance; Retail trade; and Manufacturing.

Social Inequities

Cyclical
- High aging population
- Change in population density and percent

Structural
- Poverty
- Education
- Race
- Gender
- Age
Housing in Becker County

Households paying more than 30% of their income for housing
2010 = 23.7%
2015 = 27.1%

The median earnings for the TOP FIVE JOBS IN DEMAND in Minnesota do not all cover actual housing costs, the chart above shows. Minimum wage workers also fall short.

For vacant positions in Becker County and counties nearby, the median hourly wage is $14.84 for full time jobs, which corresponds to $30,867 annually at 40 hours/week. Vacant part time jobs pay only $9.99 per hour.

At the new state minimum wage of $9 per hour, an earner would have to work 55 hours per week to afford the $643 fair market rent for a 2-bedroom apartment in Becker County, without paying more than 30% of income for housing.
### County Demographics

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Becker County</th>
<th>Trend</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>Minnesota</th>
<th>Rank (of 87)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Health Factors

<table>
<thead>
<tr>
<th>Health Behavior</th>
<th>Becker County</th>
<th>Trend</th>
<th>Error Margin</th>
<th>Top U.S. Performers</th>
<th>Minnesota</th>
<th>Rank (of 87)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>18%</td>
<td></td>
<td>17-18%</td>
<td>14%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>33%</td>
<td></td>
<td>28-37%</td>
<td>26%</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Food environment index</td>
<td>7.4</td>
<td></td>
<td></td>
<td>8.4</td>
<td>8.2</td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>23%</td>
<td></td>
<td>19-26%</td>
<td>19%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>55%</td>
<td></td>
<td></td>
<td>91%</td>
<td>84%</td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>20%</td>
<td></td>
<td>19-21%</td>
<td>12%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>40%</td>
<td></td>
<td>26-53%</td>
<td>13%</td>
<td>31%</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>207.6</td>
<td></td>
<td></td>
<td>145.5</td>
<td>367.3</td>
<td></td>
</tr>
<tr>
<td>Teen births</td>
<td>32</td>
<td></td>
<td>28-36%</td>
<td>17%</td>
<td>21%</td>
<td></td>
</tr>
</tbody>
</table>
Livability from AARP

TOTAL INDEX SCORE

55

CATEGORY SCORE

HOUSING
Affordability and access

32
NEIGHBORHOOD
Access to life, work, and play

46
TRANSPORTATION
Safe and convenient options

73
ENVIRONMENT
Clean air and water

45
HEALTH
Prevention, access, and quality

60
ENGAGEMENT
Civic and social involvement

73
OPPORTUNITY
Inclusion and possibilities
Community Health Survey

139 Respondents
Using a 1 to 5 scale, with 1 being “no attention needed”; 2 being “little attention needed”; 3 being “moderate attention needed”; 4 being “serious attention needed”; and 5 being “critical attention needed,”

Top Concerns reported by category

1. Economic Well-Being:
   - Availability of Affordable Housing 3.97
   - Housing accepts people with chemical dependency, mental health, criminal history, or victims of domestic violence 3.72

2. Transportation
   - Availability of public transportation 3.38
   - Availability of door to door transportation for those unable to drive 3.29

3. Children and Youth
   - Cost & availability of quality child care 3.74 & 3.70
   - Availability of services for at-risk youth 3.72
   - Childhood obesity 3.69
4. Aging population
   - Cost of memory care  3.85
   - Cost of long term care  3.80

5. Safety
   - Abuse of prescription drugs 3.88
   - Child abuse and neglect 3.62

6. Healthcare and wellness
   - Access to affordable health insurance coverage 3.94
   - Availability of mental health providers 3.91
   - Access to affordable healthcare 3.86

7. Mental Health and Substance Abuse
   - Drug use and abuse 4.04
   - Depression 3.85
Rural & Native American Health Disparities

- Health statistics are not well known.
  - 20% of babies at EHSM in DL are born with prenatal drug exposure (2018)
  - Drug overdose rates in Becker County have more than doubled since 2016
- Poverty, affordability, cyclical and structural barriers lead to poor health in rural Becker County and specifically in the American Indian population
- Dental care and eye care are often not covered by public insurance, and there is a lack of providers that accept MA- specifically dental care in Becker County
- Culturally responsive and trusted services (all kinds) are lacking
- Transportation challenges reduce access to care
<table>
<thead>
<tr>
<th>Question</th>
<th>11th grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults at my school listen to students</td>
<td>65-76% agree</td>
</tr>
<tr>
<td>If I knew about something unsafe or illegal at my school, I would tell</td>
<td>59-65% agree</td>
</tr>
<tr>
<td>Bullied for size or weight &amp; appearance</td>
<td>19-27% &gt; at least once or twice a week</td>
</tr>
<tr>
<td>Don’t know what programs are available in the community</td>
<td>27%</td>
</tr>
<tr>
<td>Adults in the community care about you</td>
<td>35% A little or not at all</td>
</tr>
<tr>
<td>I was pressured into sex when I didn’t want to</td>
<td>17% of girls</td>
</tr>
<tr>
<td>Do you have any long-term mental health, behavioral or emotional problems?</td>
<td>15-25% yes</td>
</tr>
<tr>
<td>I feel good about myself</td>
<td>45% of girls do not</td>
</tr>
<tr>
<td>In the past two weeks, have you felt down, depressed or hopeless</td>
<td>33-54% yes</td>
</tr>
<tr>
<td>Have you seriously considered attempting suicide</td>
<td>19-30% yes</td>
</tr>
<tr>
<td>Used any tobacco product in the past 30 days</td>
<td>27% yes</td>
</tr>
<tr>
<td>Had sexual intercourse</td>
<td>40% yes</td>
</tr>
</tbody>
</table>
Tobacco & Obesity are Leading Causes of Death

* CDC - 2016 & County Health Rankings 2017
What do you see? What do you think the greatest needs are to address? If we addressed them, which would make the greatest impact and which are the most feasible?

1 = least feasible or impactful, 5 = most feasible and most impactful

List your top 5 concerns

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Most feasible</th>
<th>Most impactful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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Results of greatest change in local trending data:
1. **Mental Health**: Increase in 8th graders seriously considering suicide: 15% increase over 5 years
2. **Drugs**: Increase in prenatal drug exposure (up 15% over 6 years) & drug related child protection cases (up 15% in 5 years)
3. **Daycare**: 647 slots needed immediately, 8 month waiting list for infants, over 2,000 people on waiting list for sliding fee scale
4. **Housing**: Average median home value is $175,000 and 1/3 of county has a median income of <$35,000 & median income of $52,038
5. **Tobacco**: Disparity across the county with poor communities being the highest- but student rate of use for 11th graders in Frazee is 37.8% and all area is on the rise in epidemic proportions (per FDA- expected data in 2019)

Top causes of health disparity:
1. Adverse Childhood Experiences (ACES) is the number one predictor of health outcomes and life expectancy
2. Tobacco is the leading cause of death over suicide, alcohol and drugs combined
3. Obesity is the second highest cause of death

Results of focus group input on local priorities:

![Bar chart showing 2018 CHNA Results](chart.png)

Vision: People in our community are healthy, safe, active, supported and engaged.

Mission: People working together to build a healthier community