We are of this place, not just from it.

COMMUNITY HEALTH NEEDS ASSESSMENT

FY 2020-2022
Essentia Health-Sandstone
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Appendix B – Health Priority Survey Monkey

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Appendix E – Hanlon Matrix Results
Lead Parties on the Assessment

Martina Mellang - Community Health Specialist, Essentia Health
Tanya Christopherson - Clinical Dietitian, Nutrition Services Supervisor, Essentia Health-Sandstone

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.

- Pine County Public Health
- Pine County Health and Human Services
- Sandstone Lion's
- Family Pathway's Food Bank
- East Central Schools
- Meshakwad Community Center
- FirstLight Health Systems
- Pine City Board
- Hinckley-Finlayson School District
- North Pine Area Hospital District Board
- Pine County Veterans Services
- Grand Casino Hinckley
- MDH Center for Public Health Practice
- Jewish Faith Community Rabbi
- Community Connection Allies
- Council on Aging
- Gateway Family Health Clinic
- First Lutheran Church
Executive Summary

Essentia Health-Sandstone 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-Sandston 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 July 2018-April 2019, Essentia Health-Sandstone 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 health
2. Obesity
3. Substance abuse

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

**Mental health goal:** All youth and adults in Pine County experiencing positive mental well-being and resilience.

**Obesity goal:** The community has access to healthy eating and active living opportunities.

**Substance abuse goal:** Youth and adults in Pine County are substance-free.
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-Sandstone is part of Essentia Health. The nine-bed Critical Access hospital opened in May 2017. It serves Sandstone and surrounding areas, including Hinckley, Finlayson, and Askov. Essentia Health-Sandstone is a Level IV Trauma Center and Acute Stroke Ready Hospital. It offers emergency care 24 hours a day, seven days a week and has an urgent care unit. It offers inpatient and outpatient hospital services ranging from cancer rehabilitation to physical therapy.

Essentia Health-Sandstone is a part of the Pine Healthcare Campus. This medical community improves the health of rural areas by providing basic and life-saving health care close to home. Other facilities on the grounds includes the Gateway Family Health Clinic, Thrifty White Pharmacy and the Golden Horizons Senior Living and Memory Care.

**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-Sandstone is a part of the Pine Healthcare Campus. For the purposes of this assessment, community is defined as the Essentia Health-Sandstone planning area combined with the ZIP codes where 80 percent of inpatients resided for fiscal year 2019. This includes the ZIP codes of 55072 (Sandstone), 55037 (Hinckley), 55735 Finlayson, and 55704 (Askov). The community was defined based on the hospital’s ability to have the greatest impact with the available resources. The hospital is committed to building and sustaining partnerships with area organizations in order to extend its reach to all areas within this region.

Other facilities on the Pine County Healthcare Campus include the Gateway Family Health Clinic, Thrifty White Pharmacy and the Golden Horizons Senior Living and Memory Care. Moose Lake has Mercy Hospital, about 25 miles north of Sandstone. Cloquet has Community Memorial Hospital, about 50 miles north of Sandstone. First Light Health System has a hospital in Mora, about 30 miles south of Sandstone.

Due to the region’s rural nature, data for populations smaller than county level are frequently unavailable or of limited value. Therefore, in the following assessment, data are presented at the county and state level to ensure stability of the estimates. When available, ZIP code or census tract level data will supplement the county level information to provide a deeper understanding of the health needs of the community.
Demographics & Socioeconomic Factors

Table A. Overall demographics (2016)

<table>
<thead>
<tr>
<th></th>
<th>Pine County</th>
<th>Sandstone</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>29,067</td>
<td>2,741</td>
<td>5,450,868</td>
</tr>
<tr>
<td>Population age 65 and over (%)</td>
<td>18.30%</td>
<td>10.40%</td>
<td>14.29%</td>
</tr>
<tr>
<td>Poverty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median household income</td>
<td>$45,379</td>
<td>$42,292</td>
<td>$63,217</td>
</tr>
<tr>
<td>People of all ages living in poverty (%)</td>
<td>13.70%</td>
<td>19.90%</td>
<td>10.80%</td>
</tr>
<tr>
<td>People under 18 years living in poverty (%)</td>
<td>17.50%</td>
<td>30.90%</td>
<td>13.69%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>3.70%</td>
<td>2.00%</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>89.40%</td>
<td>80.40%</td>
<td>92.80%</td>
</tr>
<tr>
<td>Population ages 25+ with bachelor’s degree or higher</td>
<td>13.80%</td>
<td>10.60%</td>
<td>34.30%</td>
</tr>
<tr>
<td>Housing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of owner-occupied homes (%)</td>
<td>77.80%</td>
<td>48.70%</td>
<td>71.40%</td>
</tr>
<tr>
<td>Population spending more than 30% of income on rent (%)</td>
<td>48.60%</td>
<td>37.70%</td>
<td>47.30%</td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households with no motor vehicle available (%)</td>
<td>5.40%</td>
<td>7.60%</td>
<td>7.00%</td>
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</table>

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

Table B. Race/Ethnicity Distribution (2016)

<table>
<thead>
<tr>
<th>Race Distribution – Sandstone, MN</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>2,741</td>
<td>100.00%</td>
<td>2,780</td>
<td>100.00%</td>
<td>-1.40%</td>
</tr>
<tr>
<td>One Race</td>
<td>2,654</td>
<td>96.80%</td>
<td>2,716</td>
<td>97.70%</td>
<td>-2.28%</td>
</tr>
<tr>
<td>White</td>
<td>2,026</td>
<td>73.90%</td>
<td>2,099</td>
<td>75.50%</td>
<td>-3.48%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>376</td>
<td>13.70%</td>
<td>362</td>
<td>13.00%</td>
<td>3.87%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>133</td>
<td>4.90%</td>
<td>134</td>
<td>4.80%</td>
<td>-0.75%</td>
</tr>
<tr>
<td>Asian</td>
<td>12</td>
<td>0.40%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>13</td>
<td>0.50%</td>
<td>11</td>
<td>0.40%</td>
<td>18.18%</td>
</tr>
<tr>
<td>Other Race</td>
<td>94</td>
<td>3.40%</td>
<td>110</td>
<td>4.00%</td>
<td>-14.55%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>87</td>
<td>3.20%</td>
<td>64</td>
<td>2.30%</td>
<td>35.94%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>334</td>
<td>12.20%</td>
<td>387</td>
<td>13.90%</td>
<td>-13.70%</td>
</tr>
</tbody>
</table>

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

Pine County residents are increasingly older, have lower incomes and higher rates of poverty compared to the state. The region’s rural nature makes transportation and isolation two barriers to accessing care. Poverty, education, age and race are all factors contributing to inequitable health outcomes. Poverty is not evenly distributed across racial/ethnic groups, ages or educational levels.
Evaluation of 2016–2019 Implementation Plan

During 2016–2019, Essentia Health-Sandstone addressed significant needs identified in the 2016 assessment: mental health and healthy lifestyle choices. 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: Mental Health

Essentia Health-Sandstone is taking an active role in community-based coalitions related to the priorities addressed in the Community Health Needs Assessment.

In 2017, Essentia Health-Sandstone partnered with Grand Casino Hinckley to host the Community Mental Health Forum inspired by and as a follow-up event to an Opioid Forum. Representative Rick Nolan and Interim Chair of the Pine County Chemical Health Coalition Becky Foss requested this forum. More than 250 people attended.

Essentia Health participated in the Region 7E Community Conversation Series that took place from October-December 2018 to discuss ways to remove stigma, increase mental health education, and identify programs for mental health. The Community Conversations were a sequential, progressive four-part series supporting adult mental health in the region.

Priority Area #2: Healthy Lifestyle Choices

Essentia Health-Sandstone partnered with East Central Schools to provide education and awareness on a variety of health topics. In the fall of 2018, Kristine Crowley, Essentia’s tobacco treatment specialist, completed tobacco education at East Central for 8th-12th graders. Tanya Christopherson, Essentia’s dietitian, educated 8th and 10th graders on healthy eating, physical activity and ways to make healthy lifestyle changes.

In October 2018, Essentia-Health Sandstone partnered with the Lions Family Health Expo. The expo offered free lab tests for cholesterol, A1C, Vitamin D, mammograms, glucose, and flu shots funded by Essentia Health-Sandstone. Free screenings for vision, hearing, blood pressures, BMI, memory, sleep, and depression were also offered.

Essentia Health-Sandstone is a partner with the Pine County Chemical Health Coalition as an executive committee member. One accomplishment was the Sticker Event which involved six liquor establishments. The Prevention Campaign was created to talk about responsible beverage server
training and prevent underage drinking. The coalition will support the 2019 post-prom event to prevent high school students from using alcohol and other substances.

SNAP Rx, a food insecurity screening program, was piloted in the Emergency Department. Essentia Health-Sandstone partnered with Lake and Pines. In this screening, patients were asked three questions to assess food insecurity. If a patient agreed to the SNAP Rx program, they are referred to Lakes and Pines to be connected with resources around food insecurity.

Essentia Health-Sandstone hosts the National Diabetes Prevention Program. A trained lifestyle coach facilitates one class each year. This free lifestyle change program has been offered since 2014 for a total of five completed classes.

In 2017, the respiratory therapist at Essentia Health-Sandstone completed tobacco treatment specialist training to help individuals quit smoking and educate youth on the health dangers from tobacco and vaping devices.
2020-2022 CHNA Process and Timeline

Essentia Health’s Community Health Advisory Committee developed a shared plan for the 15 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.

Timeline

Adoption of implementation strategy:

The Community Health Needs Assessment and Implementation Strategy were approved by the Essentia Health Sandstone Pine Medical Center Board approved on April 16, 2019 and the Essentia Health East Region Board of Directors approved on May 2, 2019.
Assess

Secondary data was collected and analyzed by the Pine County Public Health. The Pine County Public Health Advisory Committee discussed Pine County health data and watched a YouTube clip called “A Tale of Two Zip Codes” to discuss health equity and the social determinants of health. Themes that stuck out from the data presentation included aging, average household income, housing, smoking-related cancers, mental health and chronic stress. Due to the rural nature of the community, data for populations smaller than county level were frequently unavailable or of limited value. In the assessment, data was presented at the county and state level, and when available, ZIP code or census tract. The Minnesota Department of Health Vital Statistics and Minnesota County Health Tables were the source for demographic and socioeconomic trends. Data on the Pine County chronic conditions, adult substance use and adult mental health came from the Minnesota East Central Regional Community Health Survey. The Minnesota Student Survey showed data trends for student substance use and mental health. Please see Appendix A for the Data Presentation PowerPoint.

Data was reviewed and discussed with the Pine County Public Health Advisory Committee representing the broad interests of the community. Agencies represented at the presentations included: FirstLight Health Systems, Pine County Commissioner, Pine County Veterans Services Officer, Family Pathways, North Pine Area Hospital District Board, Pine County Public Health, Jewish Faith Community Rabbi and a student from East Central High School.

Prioritize

To narrow down the list of 23 health indicators from the data assessment, the Pine County Public Health Advisory Committee completed a survey to identify the top eight health indicators. This list of eight health indicators was then put through a formal prioritization process known as the Hanlon method, which takes health priorities based on the criteria. Each member of the committee individual scored the health indicators on the level of influence, seriousness of the problem, size of the problem, interventions that are proven to be effective and unfair health differences. The three health issues with the highest score were then identified as the three focus areas for the 2020-2022 Community Health Needs Assessment. Mental health had the highest score, obesity and substance abuse tied for second, and tobacco came in third. The committee agreed to pair substance abuse and tobacco together. Through this process, three priorities were identified for action.

1. Mental health
2. Obesity
3. Substance abuse

See Appendix B for the survey used to determine the top eight health priorities and Appendix C for the results of the health priorities. See Appendix D and E for the Hanlon Criteria Matrix and Results.

Significant needs not addressed in the CHNA: Other issues identified through the process but not included among the top three priorities included maternal health, access to health care, and older adults and aging. Additionally, Essentia Health already collaborates with local partners to address these specific issues in the communities.
Community Input

After priority issues were identified through reviewing data and the formal prioritization process, Essentia Health-Sandstone solicited broad feedback from the community on the priorities chosen and how to address the needs.

Community input was primarily gathered through focus groups and key informant interviews. Over the course of two months, more than 50 community members provided input on the priority issues in their community. Essentia Health-Sandstone lead focus groups at the schools, Meshakwad Community Center, the Sandstone Food Shelf, and the Sandstone Lion’s Health Event.

Four key questions were asked to discern community strengths, health issues and barriers.

1. Do you confirm the top three priorities?
2. What are the strengths and weaknesses in this community related to those priorities?
3. What partners should be involved to help address the priorities?
4. What are some solutions?

The focus groups used a Results Based Accountability format to get feedback from the community on the strengths and barriers of each of the three priority areas. Each focus group was presented with an indicator or data set to clearly understand the current conditions and where improvements needed to be. This approach helped identify root causes, partners who could be involved and solutions to the three health priority areas. Focus groups were limited to an hour and promoted a safe space to have an open dialogue.

Participants in focus groups or key informant interviews came from the following areas:

- Pine County Health and Human Services
- Sandstone Lions
- Family Pathway’s Food Bank
- East Central Schools
- Meshakwad Community Center
- Hinckley-Finlayson School District
- North Pine Area Hospital District Board
- Community Connection Allies
- Council on Aging
- Gateway Family Health Clinic
- First Lutheran Church
Key Findings

Priority #1 Mental Health

Supporting Data:

- Pine County’s median household income is $46,332 compared to the state of Minnesota at $63,459. (Vital Statistics Report, 2016)
- 8.4% of Pine County adults felt sad, blue or depressed for 10-19 days a month and 1.6% felt sad, blue or depressed all 30 days (Minnesota East Central Regional Community Health Survey, 2015).
- 23% of females in 8th, 9th, and 11th grade in 2016 reported having long-term mental health, behavioral or emotional problems compared to 14% in 2013 (Minnesota Student Survey, 2016 and 2013).
- 15% of males in 8th, 9th, and 11th grade in 2016 reported having long-term mental health, behavioral or emotional problems compared to 10% in 2013 (Minnesota Student Survey, 2016 and 2013).

Community Input:

Some limiting factors that contribute to poor mental health include the lack of mental health providers in Sandstone. Transportation is also an issue to access the needed therapy. The community noted a need for more mental health awareness and stigma prevention efforts. Suggestions to improve social isolation were made to provide more church dinners, community center get-togethers, activities for seniors. Seniors would also benefit from financial aid and lower cost programing. There is a need for more jobs in the area and more career counseling. Students reported fear of mandated reporters and a need for more trusted adults.

Community Strengths and Resources Available:

The Meshakwad Community Center in Hinckley is now open to the public with plans to expand programming and events as well as classes in the fitness center. Many community members reported on the variety of outdoor recreation opportunities to engage in and the local parks to visit. The East Central Minnesota Pride is an annual event supporting the growing LGBTQ community that started in 2005 supporting the rural area that lies between the Twin Cities and Duluth. The 7 County Senior Federation was noted as a benefit to the community serving the aging population. Wellness in the Woods advocates on behalf of individuals experiencing mental health challenges in rural Minnesota by offering training and education opportunities such as Wellness Recovery Action Plan and Mental Health First Aid. Schools in Pine County are working to become trauma-informed. Students noted the benefit of having music and shop classes along with after-school programs. The schools also offer peer-to-peer groups.
Supporting Data:

- 51% of Pine County adults were obese in 2015 compared to 24% of adults in 2005 (Bridge to Health Survey, 2015).
- 16% of 8th, 9th, and 11th graders in Pine County were overweight and obese (Minnesota Student Survey, 2016).
- Almost 9% of Pine County adults report being told by a health care professional that they have diabetes (Minnesota East Central Regional Community Health Survey, 2015).
- Almost 11% of Pine County adults report being told by a health care professional that they have pre-diabetes (Minnesota East Central Regional Community Health Survey, 2015).

Community Input:

Information from the community focus groups found many common themes. The community reported a lack of physical ability to get to food shelves, grocery stores, or medical appointments with a need for more accessible transportation. Some community members reported that there is a lack of motivation to be physically active and live a healthy lifestyle. Along with the barriers of transportation, there is limited access to healthy foods that are affordable. Students reported a need for healthier school lunch options with more varieties of fresh fruit and vegetables.

Community Strengths and Resources Available:

Community conversations highlighted the assets in the county that are readily available. Essentia Health-Sandstone offers the National Diabetes Prevention Program to help those with prediabetes live a healthier lifestyle. Students reported the many opportunities to stay active through sports and the pool at East Central High School. To help ease the burden of food insecurity, the schools offer the Backpack Program. Pine County also is rich in natural habitat and outdoor recreation for people to enjoy year-round.
Priority #3 Substance Abuse

Supporting Data:

- 31% of 9th graders in Pine County used alcohol one or more times in the last 12 months compared to 21% of 9th graders in the state of Minnesota (Minnesota Student Survey, 2016).
- 8% of 9th graders in Pine County smoked cigarettes on one or more days in the last 30 days (Minnesota Student Survey, 2016).
- 25% of Pine County adults reported smoking cigarettes compared to 29% in 1995 (Bridging Health North, 2015).
- In the past 30 days, almost 33% of Pine County adults reported binge drinking (Minnesota East Central Regional Community Health Survey, 2015).

Community Input:

The community felt that when it comes to substance abuse in Pine County, there are many root causes for both youths and adults. It was noted that in general, it is difficult to change habits and stay motivated to choose healthy activities with the pressure of social norms and the stress life brings. Isolation that individuals experience creates mental health issues and may cause more people to abuse substances. There is a perception of substance use among students in Pine County. Students in Pine County also show a low perception of risks in drinking alcohol. There is a lack of safe places for students to go when they feel they are in an unsafe situation. Historical trauma also influences the current substance abuse in Pine County.

Community Strengths and Resources Available:

Essentia Health-Sandstone has a certified tobacco treatment specialist on site to educate and reduce tobacco use among youth and adults. There is a Pine County Chemical Health Coalition and Planning and Implementation grant that drives the Positive Community Norms Campaign through media messages and billboards. The Sticker Shock Project is one of the ways to message underage drinking prevention. Another resource the coalition provides is the community dinner which focuses on youth trends around alcohol use.
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 and wellness
- Substance abuse
- 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/
Sandstone CHNA Advisory Committee

Our Mission: Support a healthier community for all

Sandstone CHNA Advisory Committee will work together to address each aspect of this implementation plan with mutually reinforcing activities. The community stakeholders work together to carry out this implementation plan utilizing a multi-sector coalition-based approach. This approach will support and leverage each other’s efforts, discourage duplication and distribute activities based on areas of expertise. The Essentia Health system has outlined an allocation of resources available to each hospital as a percentage of net revenue to address the priorities set forth in the Community Health Needs Assessments. Progress on goals will be monitored and reported to hospital leaders routinely.

Our Results

- The community has access to healthy eating and active living opportunities
- All youth and adults in Pine County experience positive mental well-being and resilience
- Youth in Pine County are substance-free

Our Indicators

- Adults who are obese in Pine County
- Pine County 8th, 9th, and 11th graders who are overweight and obese
- Adults who felt sad, blue or depressed in the last 30 days
- Pine County 8th, 9th, and 11th graders who report having any mental health, behavioral or emotional problems
- Pine County tobacco use in 9th grade
- Pine County alcohol use in 9th grade
### Obesity: The community has access to healthy eating and active living opportunities

#### Indicators

<table>
<thead>
<tr>
<th>Adults who are Obese</th>
<th>Pine County 8th, 9th, 11th graders weight status according to BMI-overweight and obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Pine County 8th, 9th, 11th graders weight status according to BMI-overweight and obese</td>
</tr>
<tr>
<td>2010</td>
<td>24 22.3 15% 15% 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%</td>
</tr>
<tr>
<td>2015</td>
<td>51.1 16% 16%</td>
</tr>
</tbody>
</table>

Source: Bridge to Health Survey, 2015
Source: Minnesota Student Survey, 2016

### Partners who can help

- Chris’s grocery, SHIP, Food Shelf, Farmer’s Market, School Administration/Food Service Managers, Food Suppliers/ Local Farmers, Student Council/NHS, Sandstone Garden Club, Essentia Health-Sandstone, Fitness Centers/gyms, City Government-Parks and Rec, City Council, County Government, Sheriff’s Department, Tribal government, Civic organizations-Lion’s Club, VFW, American Legions, DAV, Senior Centers, Faith Community, Meals on Wheels- Community Connection Allies, Arrowhead Transit, DNR, Grand Casino, Stephanie Heim-MN Farm to School, University of Minnesota-Extension, Minnesota Dept of Health, Council on Aging

### Story Behind the Data

#### Factors that have contributed to improvements:
- National Diabetes Prevention Program available
- Indoor gym at Baptist church in Askov (unknown if open to community)
- High school sports
- Pool at East Central High School
- School healthy snack policy
- Parks, nature, trails
- School backpack program
- Food pantry in high school

#### Limiting factors:
- Lack of motivation to eat healthy (e.g., fruit/vegetables, eliminate soda)
- Lack of motivation to be physically active
- Transportation
- Access to healthy, affordable food
- Lack of physical ability to get to food shelves, grocery stores, and medical appointments
- Not enough funding for healthy school lunch options
- School lunch food has limited variety of fresh fruits and veggies

### What we are going to do

#### Strategy #1: Increase healthy and local food choices

**Action Steps:**
- A) Partner with 4-H and other youth leadership groups (i.e., National Honor Society) to explore farm-to-school and community garden initiatives
- B) Expand options for healthy food choices (e.g., Farm to School, healthy snacks in classrooms, school gardens)
- C) Explore grants to aid schools with healthy snacks and expanding healthy food choices.

#### Strategy #2: Offer group educational, social, or physical activities that promote social interactions, regular attendance, and community involvement among older adults.

**Action Steps:**
- A) Provide Matter of Balance classes/identify a volunteer program leader
- B) Partner with Community Education to promote social activities
- C) Develop a social norms campaign around physical activity, eating well and the Diabetes Prevention Program
### Mental Health: All youth and adults in Pine County experience positive mental wellbeing and resilience.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Pine County 8th, 9th, 11th graders who report having any long-term mental health, behavioral or emotional problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days felt sad/blue/depressed in the last 30 days</td>
<td>![Graph showing days felt sad/blue/depressed in the last 30 days]</td>
</tr>
</tbody>
</table>

### Partners who can help

**Adult Mental Health**
- Local advisory councils, AA, Recovering Hope, NAMI, TSA, Adult mental health providers, Faith community, Central MN Council on Aging, Briana, Schools, ACE’s trainers, Mental Health First Aid trainers, Law enforcement, emergency response, WINDOW, Dementia friends-through ACT on Alzheimer’s, Adult day program-Lakes and Pines, Senior Centers

**Youth Mental Health**
- Schools, Churches, Students, Boy scouts, girl scouts, FFA, 4H, Tribe, Casino, Businesses, Government, Mental Health providers, NAAMI, Civic organizations, non-profits, WINDOW-domestic abuse issues, Essentia, First Light, Fairview, Law Enforcement, Pregnancy Resource Centers, Parents, families in general

### Story Behind the Data

#### Factors that have contributed to improvements:
- Peer to peer friend groups, school teachers trying to help
- Music and shop classes in schools, after school opportunities
- Education efforts to reduce stigma
- Trauma informed school planning and implementation grant
- Community Center at Mille Lacs Band: Meshakwad
- Parks/outdoor opportunities
- Wellness in the Woods (peer support line, warm line), Text 4 Life, Drop in center
- 7 County Senior Federation
- LGBTQ-Pride Parade (East Central MN Pride)

#### Limiting factors:
- No mental health providers in Sandstone or access/transportation to therapists when needed
- Lack of awareness surrounding mental wellbeing
- Need for more church dinners, community center get-togethers, activities for seniors on limited budgets, financial help for seniors
- Lack of employment opportunities and job training
- Students don’t necessarily feel comfortable talking to school therapists and teachers
- Mandated reporters: fear of getting into trouble.

### What we are going to do

**Strategy #1:** Increase access to mental health services and training opportunities.

**Action Steps:**
- A) Explore opportunities with the tele-health committee and Gateway Clinic
- B) Research Community Health worker model at Ely Clinic

**Strategy #2:** Coordinate and implement training—for first responders, peer helpers, and others—on effective suicide grief support and stress management.

**Action Steps:**
- A) Identify specific needs of first responders for training
- B) Identify funding and training program
- C) Create ongoing training to offer continued support

**Strategy #3:** Establish a program that builds relationships between an older adult and an at-risk child or adolescent; programs are often based in schools, community centers, or faith-based organizations

**Action Steps:**
- A) Research social-emotional learning skills and programs for youth and adults
- B) Utilize current city spaces and buildings to have more opportunities for organized events
- C) Research and identify local programs to establish relationships and potentially partner
**Substance Abuse: Youth in Pine County are substance free.**

### Indicators

- **Smoked cigarettes in the last 30 days**
  - 2004: 30%
  - 2007: 25%
  - 2010: 20%
  - 2013: 15%
  - 2016: 10%

- **Alcohol use in the last 30 days**
  - 2004: 44%
  - 2007: 34%
  - 2010: 30%
  - 2013: 29%
  - 2016: 17%

**Source:** Minnesota Student Survey, 2016

### Story Behind the Data

**Factors that have contributed to improvements:**
- Tobacco Cessation Counselor in Sandstone
- Sticker Shock Project
- Positive Community Norms Campaign - media messages/billboards
- Alcohol education class for DWI offenders - discounted rates for bringing minors
- P&I grant/Community Coalition
- Alcohol compliance checks are happening
- Post Prom implemented to reduce alcohol use

**Limiting factors:**
- Difficulty in changing habits, lack of awareness/motivation
- Providing people with therapy and transportation to therapy/treatments
- No safe place for kids to go to if in an unsafe situation
- Lack of ways to engage or connect with low community events
- Pine County schools/students have the reputation of using drugs/alcohol
- Students have a low perception of the risks in drinking in moderation
- Historical trauma

### Partners who can help

**Adult Substance Abuse**
- Clinics (All), Law enforcement (Sheriff’s dept, police dept), Probation, Courts, School Admin, Briana-Trauma Informed Care, Essentia-grief support groups, Faith community, Tribal community, AA, NA, County-Tribal Coalition, Pharmacies, Sober squad, Meshakwad Community Center,

**Youth Substance Abuse**
- Substance Use Prevention Coalition, Vape shops, Convenience stores, Tobacco cessation counselors-Essentia, City council/county board/tribal govt, Bars/restaurants, Casino, Schools-administrators, health teachers, Athletic directors, Students, Faith community, AA, NA, American Lung Association

### What we are going to do

**Strategy #1:** Increase the age to purchase tobacco to 21 in Pine County (T21).
**Action Steps:**
- A) Educate local government on youth tobacco use
- B) Present to County Board of Commissioners to revise Pine County’s tobacco ordinance regulating the possession, sale and consumption of tobacco (and devices)
- C) Partner with Pine County Health Administrator and the Chemical Health Coalition to educate the community on the importance of supporting T21

**Strategy #2:** Work with Pine County schools to start smoking education younger based on survey results that show when most youth first start smoking.
**Action Steps:**
- A) Develop tobacco prevention education program
- B) Support the creation of a short film on vaping geared towards youth
- C) Recognize and create a tobacco prevention student lead group
- D) Research eCHECKUP TO GO, QR codes for students: apps Project EX, Text to quit

**Strategy #3:** Adopt trauma specific interventions and educate the community about Adverse Childhood Experiences.
**Action Steps:**
- A) Provide Historical Trauma and Cultural Healing education (Briana)
- B) Research trauma informed schools to support Hinkley Finlayson High School
- C) Support Pine County in becoming a trauma informed community
PINE COUNTY

HEALTH INDICATOR DATA
Demographics
Total Population

## State & County Population Estimates by Age and Sex, 2016

<table>
<thead>
<tr>
<th>State, County</th>
<th>Sex</th>
<th>0-9</th>
<th>10-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>80+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
<td>F</td>
<td>348,080</td>
<td>351,164</td>
<td>357,497</td>
<td>366,445</td>
<td>328,404</td>
<td>390,152</td>
<td>317,958</td>
<td>176,707</td>
<td>135,915</td>
<td>2,772,322</td>
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<tr>
<td></td>
<td>M</td>
<td>363,883</td>
<td>365,774</td>
<td>374,830</td>
<td>376,507</td>
<td>335,232</td>
<td>386,721</td>
<td>306,201</td>
<td>153,936</td>
<td>84,546</td>
<td>2,747,630</td>
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<tr>
<td>Pine</td>
<td>F</td>
<td>1,445</td>
<td>1,589</td>
<td>1,211</td>
<td>1,498</td>
<td>1,551</td>
<td>2,195</td>
<td>1,952</td>
<td>1,281</td>
<td>740</td>
<td>13,462</td>
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<tr>
<td></td>
<td>M</td>
<td>1,532</td>
<td>1,801</td>
<td>1,722</td>
<td>2,101</td>
<td>1,944</td>
<td>2,469</td>
<td>2,096</td>
<td>1,165</td>
<td>582</td>
<td>15,412</td>
</tr>
</tbody>
</table>

Source: Minnesota County Health Tables - MDH

<table>
<thead>
<tr>
<th>State/County</th>
<th>Number &lt; 5 years</th>
<th>Percent &lt; 5 years</th>
<th>Number 0-19 years</th>
<th>Percent 0-19 years</th>
<th>Females Ages 15-44</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Minnesota</td>
<td>352,504</td>
<td>6.4</td>
<td>1,428,901</td>
<td>25.9</td>
<td>1,054,708</td>
</tr>
<tr>
<td>Pine County</td>
<td>1,367</td>
<td>4.7</td>
<td>6,367</td>
<td>22.1</td>
<td>4,181</td>
</tr>
</tbody>
</table>

Source: Minnesota County Health Tables - MDH
<table>
<thead>
<tr>
<th>State/County</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Minnesota</td>
<td>832,228</td>
<td>15.1</td>
</tr>
<tr>
<td>Pine County</td>
<td>5,579</td>
<td>19.3</td>
</tr>
</tbody>
</table>

Source: Minnesota County Health Tables - MDH
Population by race/ethnicity year 2016

Pine County

White: 26,444
African American: 644
American Indian: 1,038
Asian: 179
Latino*: 833

Population per Square Mile 2016

Source: Minnesota County Health Tables, Demographics
Estimated Number of Households

Total Enrollment PreK-12

# Pre-Kindergarten to 12th Grade Enrollment by Race/Ethnicity
## 2016-2017 School Year, October 1, 2016

<table>
<thead>
<tr>
<th>State/County</th>
<th>White</th>
<th>African American</th>
<th>American Indian</th>
<th>Asian</th>
<th>Hispanic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Minnesota</td>
<td>600,739</td>
<td>103,750</td>
<td>21,049</td>
<td>63,880</td>
<td>74,836</td>
<td>859,885</td>
</tr>
<tr>
<td>Pine County</td>
<td>3,282</td>
<td>84</td>
<td>275</td>
<td>38</td>
<td>99</td>
<td>3,778</td>
</tr>
</tbody>
</table>

Source: Minnesota County Health Tables - MDH
Students Eligible for Free or Reduced Meals - Percent, School Year

State of Minnesota

<table>
<thead>
<tr>
<th>Year</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38.5</td>
<td>38.3</td>
<td>38.1</td>
<td>37.6</td>
</tr>
</tbody>
</table>

Pine County

<table>
<thead>
<tr>
<th>Year</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>49.9</td>
<td>50.3</td>
<td>48</td>
<td>47</td>
</tr>
</tbody>
</table>

Students Receiving Special Education - Percent, School Year

Socioeconomics
Unemployed (Annual Average) Percent

<table>
<thead>
<tr>
<th>Year</th>
<th>State of Minnesota</th>
<th>Pine County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>5.6</td>
<td>6</td>
</tr>
<tr>
<td>2013</td>
<td>5.1</td>
<td>5.5</td>
</tr>
<tr>
<td>2014</td>
<td>4.1</td>
<td>5.9</td>
</tr>
<tr>
<td>2015</td>
<td>3.7</td>
<td>6</td>
</tr>
<tr>
<td>2016</td>
<td>3.8</td>
<td>7.5</td>
</tr>
<tr>
<td>2017</td>
<td>8.1</td>
<td></td>
</tr>
</tbody>
</table>

FOOD STAMP UTILIZATION AVG. MONTHLY HOUSEHOLD

Per Capita Income - Adjusted to 2016 Dollars

State of Minnesota
- 2012: 49,348
- 2013: 48,614
- 2014: 49,875
- 2015: 51,848
- 2016: 52,038

Pine County
- 2012: 31,368
- 2013: 31,474
- 2014: 32,510
- 2015: 33,520
- 2016: 34,379

Median Household Income - Adjusted to 2016 Dollars

Percent of All Ages Living in Poverty

Percent of People Under 18 Years Living in Poverty

## Selected Minnesota Socioeconomic Statistics by State and County

### 2012-2016 American Community Survey (Census)

<table>
<thead>
<tr>
<th>State/County</th>
<th>Percent of:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population 25+ years with &lt;= high school education or equivalent</td>
</tr>
<tr>
<td>State of Minnesota</td>
<td>33.1%</td>
</tr>
<tr>
<td>Pine County</td>
<td>52.2%</td>
</tr>
</tbody>
</table>

Source: Minnesota County Health Tables - MDH
Elderly (age 65+) Dependency Ratio per 100 people aged 15-64

Child Dependency Ratio Under 15

State of Minnesota

Pine County

State of Minnesota Pine County

Total Dependency Ratio

Maternal Health & Natality
Number of Births

State of Minnesota Pine County

Birth Rate per, 1,000 Population

Births to Unmarried Women - Percent

Number of Infant Deaths by Birth Year

Mothers who Smoked during Pregnancy – Percent

<table>
<thead>
<tr>
<th>Year Period</th>
<th>State of Minnesota</th>
<th>Pine County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997-2001</td>
<td>11.9</td>
<td>27.5</td>
</tr>
<tr>
<td>2002-2006</td>
<td>10.1</td>
<td>26.2</td>
</tr>
<tr>
<td>2007-2011</td>
<td>10.6</td>
<td>27.5</td>
</tr>
<tr>
<td>2012-2016</td>
<td>13</td>
<td>30.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Notes</th>
<th>Pine</th>
<th>Minnesota</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children tested for lead</td>
<td>Cohort method, under 3 years</td>
<td>74.6%</td>
<td>80.7%</td>
<td>2012</td>
</tr>
<tr>
<td>Children with elevated blood lead levels</td>
<td>Cohort method, 5+ mcg/dL</td>
<td>0.0% †</td>
<td>1.0%</td>
<td>2012</td>
</tr>
<tr>
<td>Children tested for lead (annually)</td>
<td>Annual method, under 6 years</td>
<td>17.0%</td>
<td>20.4%</td>
<td>2015</td>
</tr>
<tr>
<td>Children with elevated blood lead levels (annually)</td>
<td>Annual method, 5+ mcg/dL</td>
<td>0.3% †</td>
<td>0.9%</td>
<td>2015</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>Under 5 years</td>
<td>22.9%</td>
<td>17.2%</td>
<td>2010-2014</td>
</tr>
<tr>
<td>Pre-1950 housing</td>
<td></td>
<td>19.3%</td>
<td>22.2%</td>
<td>2010-2014</td>
</tr>
</tbody>
</table>
# 2016 Child Subjects of Maltreatment Reports

<table>
<thead>
<tr>
<th>State/County</th>
<th>Child Population Ages 0-17</th>
<th>Unique Child</th>
<th>Rate per 1000s</th>
<th>Medical Neglect</th>
<th>Mental Injury</th>
<th>Neglect</th>
<th>Physical Abuse</th>
<th>Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Minnesota</td>
<td>1,284,387</td>
<td>39,736</td>
<td>30.9</td>
<td>379</td>
<td>952</td>
<td>24,185</td>
<td>16,109</td>
<td>4,966</td>
</tr>
<tr>
<td>Pine County</td>
<td>5,972</td>
<td>519</td>
<td>86.9</td>
<td>0</td>
<td>8</td>
<td>394</td>
<td>201</td>
<td>62</td>
</tr>
</tbody>
</table>

Source: Minnesota County Health Tables - MDH
## Children in Out-of-Home Care per 1,000 in the Child Population (0-17 years old), 2016

<table>
<thead>
<tr>
<th>State/County</th>
<th>Child Population Age 0-17</th>
<th>Total Children &lt; 18</th>
<th>Children &lt; 18 Per 1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Minnesota</td>
<td>1,284,387</td>
<td>14,492</td>
<td>11.3</td>
</tr>
<tr>
<td>Pine County</td>
<td>5,972</td>
<td>112</td>
<td>18.8</td>
</tr>
</tbody>
</table>

Source: Minnesota County Health Tables - MDH
Eating Habits, Physical Activity & Chronic Conditions
TOTAL FRUIT AND VEGETABLE SERVINGS
YESTERDAY PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
WEIGHT STATUS ACCORDING TO BODY MASS INDEX
PICKM ADULTS, 2015

Not overweight  | Overweight but not obese  | Obese

PINE  
34.90%  | 29.40%  | 35.70%

ISANTI  
30.80%  | 34.70%  | 34.40%

CHISAGO  
37.20%  | 36.50%  | 26.30%

KANABEC  
28.30%  | 34.20%  | 37.50%

MILLE LACS  
24.90%  | 36.40%  | 38.70%

Source: Minnesota East Central Regional Community Health Survey 2015
30+ MINUTES MODERATE ACTIVITY – DAYS PER WEEK PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
20+ MINUTES VIGOROUS ACTIVITY – DAYS PER \nWEEK PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
Have you ever been told by a health care professional that you had any of the following health conditions?

PICKM adults, 2015

- Chronic Lung Disease: 5.80%
- Other Mental Health Issues: 6.50%
- Stroke/Stroke-Related Health Problems: 6.80%
- Diabetes: 9.90%
- Asthma: 10.40%
- Cancer: 11.40%
- Pre-Diabetes: 12.00%
- Pre-Hypertension: 12.00%
- Heart Trouble or Angina: 13.50%
- Obesity: 15.40%
- High Triglycerides: 18.90%
- Anxiety or Panic Attacks: 19.00%
- Depression: 20.90%
- Arthritis: 23.40%
- Hypertension: 27.40%
- High Cholesterol: 29.40%
- Overweight: 37.20%

Source: Minnesota East Central Regional Community Health Survey 2015
EVER TOLD YOU HAD DIABETES OR PRE-DIABETES
PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
EVER TOLD YOU HAD HYPERTENSION OR PRE-HYPERTENSION
PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
EVER TOLD YOU HAD HIGH CHOLESTEROL OR TRIGLYCERIDES
PICKM ADULTS, 2015

<table>
<thead>
<tr>
<th>County</th>
<th>High cholesterol</th>
<th>High triglycerides</th>
</tr>
</thead>
<tbody>
<tr>
<td>PINE</td>
<td>34.1%</td>
<td>22.4%</td>
</tr>
<tr>
<td>ISANTI</td>
<td>31.1%</td>
<td>20.1%</td>
</tr>
<tr>
<td>CHISAGO</td>
<td>26.6%</td>
<td>17.5%</td>
</tr>
<tr>
<td>KANABEC</td>
<td>26.0%</td>
<td>19.8%</td>
</tr>
<tr>
<td>MILLE LACS</td>
<td>29.2%</td>
<td>16.7%</td>
</tr>
</tbody>
</table>

Source: Minnesota East Central Regional Community Health Survey 2015
EVER TOLD YOU HAD HEART TROUBLE OR ANGINA, OR STROKE OR STROKE-RELATED HEALTH ISSUES  
PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
Youth Substance Use
9th Grade Students:
Percent who used alcohol one or more times in the last 12 months

State of Minnesota
- 2004: 43%
- 2007: 38%
- 2010: 32%
- 2013: 24%
- 2016: 21%

Pine County
- 2004: 59%
- 2007: 54%
- 2010: 47%
- 2013: 43%
- 2016: 31%

Source: Minnesota Student Survey – Selected Single Year Results MDH
9th Grade Students:
Percent who used alcohol on one or more days in the last 30 days

Source: Minnesota Student Survey – Selected Single Year Results MDH
9th Grade Students:
Percent who drove a motor vehicle after using alcohol or other drugs one or more times in the last 12 months

Source: Minnesota Student Survey – Selected Single Year Results MDH
9th Grade Students: Percent who smoke cigarettes on one or more days in the last 30 days

State of Minnesota Pine County

Source: Minnesota Student Survey – Selected Single Year Results MDH
9th Grade Students:
Percent who used chewing tobacco, snuff or dip on one or more days in the last 30 days

Source: Minnesota Student Survey – Selected Single Year Results MDH
9th Grade Students:
Percent who used marijuana one or more times in the last 12 months

Source: Minnesota Student Survey – Selected Single Year Results MDH
9th Grade Students:
Percent who used marijuana on one or more days in the last 30 days

Source: Minnesota Student Survey – Selected Single Year Results MDH
Adult Substance Use
CURRENT TOBACCO USE PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
HEAVY ALCOHOL USE IN THE PAST 30 DAYS PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
BINGE DRINKING IN THE PAST 30 DAYS PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
Total Substance Use Treatment Program Admission Percentages by Age

State of Minnesota

- Under 18: 4.30%
- 18-24: 17.60%
- 25-34: 21.10%
- 35-44: 14.00%
- 45-54: 7.80%
- 55+: 5.60%

Pine County

- Under 18: 35.20%
- 18-24: 21.10%
- 25-34: 21.10%
- 35-44: 19.00%
- 45-54: 13.00%
- 55+: 4.10%

Source: 2017 Drug and Alcohol Abuse Normative Evaluation System Report
Total Substance Use Treatment Program Admission Percentages by Race/Ethnicity

Source: 2017 Drug and Alcohol Abuse Normative Evaluation System Report
State of Minnesota

Primary Substance of Abuse

- Alcohol: 35.80%
- Marijuana/Hashish: 13.60%
- Heroin: 12.40%
- Opiates/Synthetics: 14.20%
- Methamphetamine: 11.70%

Pine County

- Alcohol: 24.60%
- Marijuana/Hashish: 5.60%
- Heroin: 12.40%
- Opiates/Synthetics: 11.70%
- Methamphetamine: 6.40%

Source: 2017 Drug and Alcohol Abuse Normative Evaluation System Report
Number 1 Treatment Barrier

Source: 2017 Drug and Alcohol Abuse Normative Evaluation System Report
Mental Health
EVER TOLD YOU HAD DEPRESSION, ANXIETY OR PANIC ATTACKS, OR OTHER MENTAL HEALTH ISSUES PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
DAYS FELT SAD/BLUE/DEPRESSED IN THE LAST 30 DAYS
PICKM ADULTS, 2015

Source: Minnesota East Central Regional Community Health Survey 2015
LIMITED BECAUSE OF MENTAL OR EMOTIONAL HEALTH ISSUE
PICKM ADULTS, 2015

- Need help doing routine things
- Difficulty doing errands alone
- Difficulty doing social activities
- Column1

Source: Minnesota East Central Regional Community Health Survey 2015
## Pine County

<table>
<thead>
<tr>
<th>During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?</th>
<th>8th</th>
<th>9th</th>
<th>11th</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male</strong></td>
<td><strong>Female</strong></td>
<td><strong>Male</strong></td>
<td><strong>Female</strong></td>
</tr>
<tr>
<td><strong>0 times</strong></td>
<td>87%</td>
<td>72%</td>
<td>83%</td>
</tr>
<tr>
<td><strong>1 or 2 times</strong></td>
<td>5%</td>
<td>11%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>3 to 5 times</strong></td>
<td>4%</td>
<td>9%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>6 to 9 times</strong></td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>10 to 19 times</strong></td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>20 or more times</strong></td>
<td>2%</td>
<td>3%</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever seriously considered attempting suicide? (Mark all that apply)</th>
<th>8th</th>
<th>9th</th>
<th>11th</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No</strong></td>
<td>88%</td>
<td>69%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Yes, during the last year</strong></td>
<td>8%</td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Yes, more than a year ago</strong></td>
<td>8%</td>
<td>13%</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you ever actually attempted suicide? (Mark all that apply)</th>
<th>8th</th>
<th>9th</th>
<th>11th</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No</strong></td>
<td>92%</td>
<td>94%</td>
<td>92%</td>
</tr>
<tr>
<td><strong>Yes, during the last year</strong></td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Yes, more than a year ago</strong></td>
<td>6%</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

* 5th grade survey did not ask these questions.

Source: Minnesota Student Survey 2016
### 2016 Minnesota Student Survey

#### TABLE 27A

**EMOTIONAL WELL-BEING AND DISTRESS**

<table>
<thead>
<tr>
<th>Pine County</th>
<th>Grade</th>
<th>8th</th>
<th></th>
<th>9th</th>
<th></th>
<th>11th</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

* 5th grade survey did not ask these questions.
^ Both questions on this table were new in 2016.

Source: Minnesota Student Survey 2016
### Pine County

<table>
<thead>
<tr>
<th>Thinking back the last 30 days, how much do you agree or disagree with the following statements?</th>
<th>Grade 5th</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>I worry a lot</td>
<td>Strongly agree</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td>13%</td>
</tr>
<tr>
<td>I sometimes feel bad without knowing why</td>
<td>Strongly agree</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>Neither agree nor disagree</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Disagree</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Strongly disagree</td>
<td>11%</td>
</tr>
</tbody>
</table>

* Only 5th grade survey asked these questions.

Source: Minnesota Student Survey 2016
Causes of Death
Number of Deaths

Crude Death Rate per 100,000 Population

State of Minnesota
- 1997-2001: 778.7
- 2002-2006: 918.3
- 2007-2011: 729
- 2012-2016: 762.8

Pine County
- 1997-2001: 926.7
- 2002-2006: 1,108.90
- 2007-2011: 844.1
- 2012-2016: 976.2

Age Adjusted Death Rate per 100,000 Population

State of Minnesota Pine County

Age Adjusted Death Rate - Females

State of Minnesota Pine County

Age Adjusted Death Rate - Males

Cancer, Age Adjusted Death Rate

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Notes</th>
<th>Pine</th>
<th>Minnesota</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancer types combined</td>
<td>Age-adjusted rate per 100,000</td>
<td>460.2</td>
<td>458.6</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Bladder</td>
<td>Age-adjusted rate per 100,000</td>
<td>21.3</td>
<td>22.2</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Brain and other nervous system</td>
<td>Age-adjusted rate per 100,000</td>
<td>5.3 (UR)</td>
<td>6.8</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Breast</td>
<td>Age-adjusted rate per 100,000</td>
<td>128.3</td>
<td>130.2</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Chronic lymphocytic leukemia</td>
<td>Age-adjusted rate per 100,000</td>
<td>7.1</td>
<td>6.5</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Colorectal</td>
<td>Age-adjusted rate per 100,000</td>
<td>41.3</td>
<td>39.6</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Esophagus</td>
<td>Age-adjusted rate per 100,000</td>
<td>4.1 (UR)</td>
<td>4.8</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Kidney</td>
<td>Age-adjusted rate per 100,000</td>
<td>15.3</td>
<td>15.5</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Larynx</td>
<td>Age-adjusted rate per 100,000</td>
<td>4.9</td>
<td>2.9</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Leukemia</td>
<td>Age-adjusted rate per 100,000</td>
<td>15.4</td>
<td>16.1</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Liver and bile duct</td>
<td>Age-adjusted rate per 100,000</td>
<td>6.7</td>
<td>5.4</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Lung and bronchus</td>
<td>Age-adjusted rate per 100,000</td>
<td>66.8</td>
<td>55.5</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Age-adjusted rate per 100,000</td>
<td>19.6</td>
<td>27.7</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Mesothelioma</td>
<td>Age-adjusted rate per 100,000</td>
<td>2.1 (UR)</td>
<td>1.3</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>Age-adjusted rate per 100,000</td>
<td>16.3</td>
<td>22.5</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Oral and pharyngeal</td>
<td>Age-adjusted rate per 100,000</td>
<td>18.5</td>
<td>11.9</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Age-adjusted rate per 100,000</td>
<td>13.5</td>
<td>11.3</td>
<td>2009-2013</td>
</tr>
<tr>
<td>Thyroid</td>
<td>Age-adjusted rate per 100,000</td>
<td>18.4</td>
<td>12.6</td>
<td>2009-2013</td>
</tr>
</tbody>
</table>

Source: Minnesota Public Health Data Access
Heart Disease, Age Adjusted Death Rate

Stroke, Age Adjusted Death Rate

Top 10 Leading Causes of Death 2012-2016

State of Minnesota

Mortality Table 5: Minnesota Premature Deaths (Under age 75) compared to All Deaths by Number and Age Adjusted Death Rates by State and County, 2012-2016

<table>
<thead>
<tr>
<th>Cause</th>
<th>Rank</th>
<th>All Deaths</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>1</td>
<td>48,386</td>
<td>152.8</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>10</td>
<td>2,644</td>
<td>8.4</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>4</td>
<td>11,378</td>
<td>36.0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6</td>
<td>3,998</td>
<td>18.8</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>2</td>
<td>38,333</td>
<td>116.6</td>
</tr>
<tr>
<td>Nephritis</td>
<td>9</td>
<td>3,220</td>
<td>9.9</td>
</tr>
<tr>
<td>Pneumonia and Influenza</td>
<td>8</td>
<td>3,514</td>
<td>10.0</td>
</tr>
<tr>
<td>Stroke</td>
<td>5</td>
<td>10,712</td>
<td>32.7</td>
</tr>
<tr>
<td>Suicide</td>
<td>7</td>
<td>3,497</td>
<td>12.5</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>3</td>
<td>12,566</td>
<td>41.5</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Health, Center for Health Statistics

Pine County

Mortality Table 5: Minnesota Premature Deaths (Under age 75) compared to All Deaths by Number and Age Adjusted Death Rates by State and County, 2012-2016

<table>
<thead>
<tr>
<th>Cause</th>
<th>Rank</th>
<th>All Deaths</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>1</td>
<td>380</td>
<td>183.4</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>10</td>
<td>21</td>
<td>10.5</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>4</td>
<td>98</td>
<td>48.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6</td>
<td>51</td>
<td>24.6</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>2</td>
<td>251</td>
<td>124.4</td>
</tr>
<tr>
<td>Nephritis</td>
<td>9</td>
<td>22</td>
<td>11.5</td>
</tr>
<tr>
<td>Pneumonia and Influenza</td>
<td>8</td>
<td>24</td>
<td>12.5</td>
</tr>
<tr>
<td>Stroke</td>
<td>5</td>
<td>69</td>
<td>34.4</td>
</tr>
<tr>
<td>Suicide</td>
<td>7</td>
<td>28</td>
<td>19.2</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>3</td>
<td>90</td>
<td>55.7</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Health, Center for Health Statistics
Top 15 Leading Causes of Death: Pine County - 2016

<table>
<thead>
<tr>
<th>Cause</th>
<th>Rank</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's disease</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Benign Neoplasms</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Cancer</td>
<td>1</td>
<td>80</td>
</tr>
<tr>
<td>Chronic lower respiratory dis.</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Heart disease</td>
<td>2</td>
<td>61</td>
</tr>
<tr>
<td>Hypertension</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Nephritis</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Parkinsons</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Pneumonia and influenza</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Septicemia</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Stroke</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Suicide</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Unintentional injury</td>
<td>4</td>
<td>15</td>
</tr>
</tbody>
</table>

Source: Minnesota Department of Health, Center for Health Statistics
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Notes</th>
<th>Pine</th>
<th>Minnesota</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asthma emergency department visits</strong></td>
<td>Per 10,000, age-adjusted</td>
<td>51.1</td>
<td>40.6</td>
<td>2012-2014</td>
</tr>
<tr>
<td><strong>Asthma hospitalizations</strong></td>
<td>Per 10,000, age-adjusted</td>
<td>8.4</td>
<td>6.1</td>
<td>2012-2014</td>
</tr>
<tr>
<td><strong>COPD hospitalizations</strong></td>
<td>Per 10,000, ages 25+, age-adjusted</td>
<td>20.8</td>
<td>15.8</td>
<td>2012-2014</td>
</tr>
<tr>
<td><strong>Carbon monoxide poisoning emergency department visits</strong></td>
<td>Per 100,000, age-adjusted</td>
<td>11.9 (UR)</td>
<td>5.1</td>
<td>2012-2014</td>
</tr>
<tr>
<td><strong>Carbon monoxide poisoning hospitalizations</strong></td>
<td>Per 100,000, age-adjusted</td>
<td>0.0 (UR)</td>
<td>0.4</td>
<td>2012-2014</td>
</tr>
<tr>
<td><strong>Heart attack hospitalizations</strong></td>
<td>Per 10,000 ages 35+, age-adjusted</td>
<td>31.7</td>
<td>26.7</td>
<td>2011-2013</td>
</tr>
<tr>
<td><strong>Heat-illness emergency department visits</strong></td>
<td>Per 100,000, Age-Adjusted</td>
<td>19.2</td>
<td>16.9</td>
<td>2010-2014</td>
</tr>
<tr>
<td><strong>Heat-illness hospitalizations</strong></td>
<td>Per 100,000, Age-Adjusted</td>
<td>1.9 (UR)</td>
<td>1.5</td>
<td>2005-2014</td>
</tr>
</tbody>
</table>
Infectious Disease
Vaccine Preventable Diseases
Childhood Immunizations 2017

- Hep A: Pine County 36.70%, State of Minnesota 42.60%
- Rotavirus: Pine County 67.70%, State of Minnesota 75.40%
- PCV: Pine County 77.50%, State of Minnesota 77.50%
- Varicella: Pine County 82.50%, State of Minnesota 82.50%
- Hep B: Pine County 79.90%, State of Minnesota 82.40%
- Hib: Pine County 77.70%, State of Minnesota 77.70%
- MMR: Pine County 80.30%, State of Minnesota 80.30%
- Polio: Pine County 81.70%, State of Minnesota 81.00%
- DTaP: Pine County 60.90%, State of Minnesota 67.90%

Complete Immunization Series: Pine County 61.30%, State of Minnesota 67.90%

Source: Minnesota Public Health Data Access [https://mndatamaps.web.health.state.mn.us/interactive/immunizations.html](https://mndatamaps.web.health.state.mn.us/interactive/immunizations.html)
Sexually Transmitted Diseases
Pine County Sexually Transmitted Diseases 2014-2016

Injuries
Unintentional Injury, Age Adjusted Death Rate

State of Minnesota

1997-2001: 35.4
2002-2006: 35.6
2007-2011: 37.2
2012-2016: 41.5

Pine County

1997-2001: 54
2002-2006: 48.7
2007-2011: 48.3
2012-2016: 55.7

Appendix A

Unintentional Injury, Number

All Crashes – Pine County 2011-2015

Source: Minnesota Department of Public Safety, Office of Traffic Safety
Pine County DWI’s 2011-2015

Source: Minnesota Department of Public Safety, Office of Traffic Safety
Minnesota Crash Statistics - Pine County

Source: Minnesota Department of Public Safety, Office of Traffic Safety
Environmental
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Notes</th>
<th>Pine</th>
<th>Minnesota</th>
<th>Year(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average rate of properties tested</td>
<td>Per 10,000 parcels</td>
<td>6.8</td>
<td>16.7</td>
<td>2010-2016</td>
</tr>
<tr>
<td>Percent of properties tested 2 pCi/L</td>
<td></td>
<td>60.8%</td>
<td>73.5%</td>
<td>2010-2016</td>
</tr>
<tr>
<td>Percent of properties tested 4 pCi/L</td>
<td></td>
<td>29.3%</td>
<td>44.1%</td>
<td>2010-2016</td>
</tr>
</tbody>
</table>

Source: Minnesota Public Health Data Access
Your participation of this survey will help determine this communities areas of opportunities and challenges. Once the most pressing problems are identified, this team will address them through community action.

1. Full Name


2. Email address


3. Please select the **FIVE most important ‘health problems’** in Pine County. (Those problems that have the greatest impact on overall community health)

- [ ] Maternal, fetal, and infant health (prenatal care, teen birth rate, smoking during pregnancy)
- [ ] Sexual health (STDs/STIs, reproductive health care)
- [ ] Injury prevention (drowning, falls, helmet and car seat safety)
- [ ] Child maltreatment, abuse and neglect
- [ ] Violence prevention (interpersonal violence, intimate partner violence, sexual violence)
- [ ] Cancer
- [ ] Firearm safety
- [ ] Oral health
- [ ] Suicide
- [ ] Heart health (heart disease, stroke, high blood pressure)
- [ ] Clean water/environment
- [ ] Diabetes
- [ ] Access to health care and preventative services
- [ ] Obesity
- [ ] Active living and healthy eating
- [ ] Substance abuse/illicit drug use
- [ ] Older adults and aging
- [ ] Tobacco
- [ ] Immunization and infectious disease
- [ ] Mental Health
- [ ] Housing
- [ ] Motor vehicle collisions
- [ ] Other (please specify)
4. What do you think are the **FIVE most important** factors that define a "Healthy Community" (Those factors that most affect the quality of life in a community)

- Inclusive, equitable and broad community participation
- Equity (lack of disparities)
- Low crime/Safe neighborhoods
- Low levels of child maltreatment, abuse and neglect
- High Quality Schools
- A strong economy and employment opportunities (lack of poverty)
- Access to health care and preventative services
- A stable, sustainable ecosystem and environment
- High quality public spaces (parks and recreation)
- Access to religious/spiritual support
- Affordable housing
- Strong family support/social connectedness
- Opportunities for healthy behaviors and lifestyles
- Access to transportation
- Arts and cultural events
- Low death and disease rate
- Access to healthy food
- Other (please specify)
Q3 Please select the FIVE most important 'health problems' in Pine County. (Those problems that have the greatest impact on overall community health)
Hanlon Criteria Matrix

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Control</th>
<th>Serious</th>
<th>Size</th>
<th>Interventions</th>
<th>Health Equity</th>
<th>Total</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE</td>
<td>1-10</td>
<td>1-10</td>
<td>1-10</td>
<td>1-10</td>
<td>1-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>2. Substance Use</td>
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<td>3. Older adults</td>
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<td>4. Housing</td>
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<td>5. Access to health</td>
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<tr>
<td>6. Tobacco</td>
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<td>7. Obesity</td>
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<td>8. Maternal health</td>
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</tbody>
</table>

where 1 is poor/low/not serious and 10 is good/high/serious

**Control:** Having the power to influence or direct behavior. Level of resources available to leverage.

**Seriousness:** Impact on others, death rate, premature mortality, hospitalizations, disability

**Size:** What percent of the local population is affected by the particular health problem?

**Intervention:** Is there a proven strategy? How effective is the given strategy?

**Health Equity:** Are some groups affected more than others? Inequities are types of unfair health differences closely linked with social, economic or environmental disadvantages that adversely affect groups of people.

**KEY:**

Scale 1-10
### Hanlon Calculator

<table>
<thead>
<tr>
<th>Individual total scores:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Total Score</th>
</tr>
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<td>41</td>
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<td>31</td>
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<td>39</td>
<td>32</td>
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<td>34</td>
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<td>37</td>
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<tr>
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</table>

This is the calculator used at the Pine County Public Health Advisory Committee used to prioritize the top eight health indicators. Everyone scored the health indicators on the level of influence, seriousness of the problem, size of the problem, interventions that are proven to be effective and unfair health differences. Once committee members filled out their individual matrix, this spreadsheet was completed at the meeting to show total scores. There was a total of nine committee members who participated in the prioritization process.