

Community Health Needs Assessment and Implementation Plan 2014–2016

SOUTH REGIONAL

Assessment Summary

The Steele County Community Health Needs Assessment (CHNA) was conducted in partnership between Owatonna Hospital, United Way of Steele County, and Steele County Public Health Department using input from community members, community organizations, and key internal stakeholders. These partners assisted in the identification of community health improvement priorities and the development of potential implementation plan strategies.

The health assessment committee partnered with Rainbow Research, a nonprofit 501(c)(3) organization based in Minneapolis, whose mission is to improve the effectiveness of socially concerned organizations through capacity building, research, assessment, and evaluation. Rainbow Research worked with the committee to conduct community health dialogues, key stakeholder interviews, and employee surveys in the Steele County region. Rainbow Research developed the dialogue plan and survey materials, provided technical assistance related to recruitment strategies, facilitated the dialogues with the assistance of table hosts from partner agencies, and synthesized the information into a report. United Way of Steele County has begun distributing the employee survey to local employers, in addition to posting a link to the survey for community input utilizing social media websites.

The United Way of Steele County received significant grant funding to assist with the health assessment. A \$25,000 grant from Blue Cross and Blue Shield of Minnesota helped fund stipends and expenses for the community health dialogues, while a \$200,000 grant from the Bremer Bank Foundation funded the services of Rainbow Research. Part of this grant award will also be used for the implementation of selected strategies.

continued on page 4

LEAD PARTIES ON THE ASSESSMENT

David Albrecht, President, Owatonna Hospital

Natalie Ginter, South Region Community Engagement Lead, Allina Health

Evelina Giobbe, Executive Director, United Way of Steele County

Dee Ann Pettyjohn, Director, Steele County Public Health

Carolyn Wheeler, Lead Hospitalist, Mayo Clinic Health System

Carol Winter, Lead Hospitalist, Mayo Clinic Health System

Nancy Brandl, Health Services Supervisor, Owatonna Public Schools

Hindi Ali, Pre-school and ESL teacher, Owatonna Community

Tanya Paley, Director, Steele County Safe and Drug-Free Coalition

Ernesto Velez Bustos, Executive Director, Centro Campesino

Jennifer Lintz, Registered Dietitian, Hy-Vee, Inc.

TABLE OF CONTENTS

Assessment Summary.....	3
About Owatonna Hospital.....	4
Allina Health Hospitals and Clinics	6
Description of Community Served by Owatonna Hospital.....	7
Assessment Process.....	9
Data Review and Priority-Setting.....	11
Priority Health Needs for 2014–2016	13
Community Health Dialogues	13
Employee Health Surveys.....	13
Action Planning	14
Implementation Plan	15
Conclusion.....	17

2012 Owatonna Hospital Benchmarks

Number of licensed beds: **77**

Number of employees: **347**

Number of physicians with admitting privileges: **163**

Number of RN's: **150**

Volunteer Auxiliary Members: **305**

Babies Delivered: **516**

Emergency Department Visits: **13,677**

Acute inpatient admissions: **2,703**

Occupancy: **56.5%**

Outpatient surgeries: **3,959**

Total outpatient visits: **32,269**

Gross Operating revenue: **\$52,595,000**

Operating income: **\$7,242,000**

Profit margin: **13.8%**

Sleep Studies: **360**

Patient Meals Served: **10,905**

Inpatient Surgeries: **608**

Lab Tests: **117,113**

Radiology Procedures: **14,517**

Uncompensated Care: **\$4.43**

Courage Kenny Rehabilitation Institute Visits: **16,109**

About Owatonna Hospital

2250 NW 26th Street
Owatonna, MN 55060

Owatonna Hospital, part of Allina Health, has a long tradition of providing quality health care for people living in Steele County and its surrounding communities. It's grown from a small city hospital nearly 110 years ago to a comprehensive, high quality, regional medical facility. The two-story hospital is physically connected to Mayo Clinic Health System – Owatonna Clinic and Koda Living Community, an 80-bed long and short-term care facility. The Owatonna Healthcare Campus bridges inpatient and outpatient services within the same medical disciplines to create a seamless approach to patient care.

The current campus of Owatonna Hospital opened in 2009 and offers a full spectrum of services for residents of the region, including core services of inpatient and outpatient orthopedic, general, gynecology, urology, plastic, ENT and ophthalmologic surgery and general medicine, cardiology, mental health and birthing inpatient care. Owatonna Hospital has a comprehensive array of outpatient rehabilitation services including physical therapy, occupational therapy, speech therapy and cardiac rehabilitation through Courage Kenny Rehabilitation Institute-Owatonna.

The Hospital is a designated level IV Trauma emergency department and served by both ground and air transport. Part of Allina Health, Owatonna Hospital brings together expert staff and leading-edge technology in a healing, family-centered environment.

The hospital was designed with patient healing in mind. The Healing Arts Program at Owatonna Hospital seeks to enhance the patient experience by using the arts as positive distractions to reduce pain, anxiety and stress often associated with in a health care environment. Its main mission is to create restorative and calming environments for patients, visitors and staff by integrating the creative arts and aesthetic experiences into purposeful displays that add to the healing process.

Owatonna Hospital has a strong history of working to protect and improve community health. Some examples of initiatives and partnerships include:

- **Community Benefit and Engagement** – Provide resources, partnerships, and programming through Allina Health’s School Health Connection, Neighborhood Health Connection, and Health Powered Kids programs. Participate in the Steele County Fair, STRIVE Run, local Relay for Life events, Free Bikes for Kidz, Steele and Rice County Statewide Health Improvement Programs, and numerous community health events and committees.
- **Healthcare Education** – Provide internship and mentoring opportunities within nursing, pharmacy, mental health, and rehabilitation. Our campus is home to the Riverland Community College Professional Education Center with classrooms and a simulation lab.
- **Sports Medicine Services** – Provide athletic training and sports medicine services to numerous area high schools including Owatonna, Medford, and Blooming Prairie.
- **System Care Coordination** – Partner with South Country Health Alliance, South Central Human Relations Center, and Steele County Human Services to assist patients and families in need by providing social services, consultation, resource referral, and financial assistance for medical necessities.
- **Free Clinic of Steele County** – Owatonna Hospital has played a key role in the development of this community resource. Primary health care and health education services are provided at no charge to residents with limited or no health insurance coverage.
- **Employee Volunteerism** – At Owatonna Hospital, we encourage and support Allina Health employees across the south region to participate in volunteer opportunities where they live, work, and play.

AFFILIATED CLINICS:

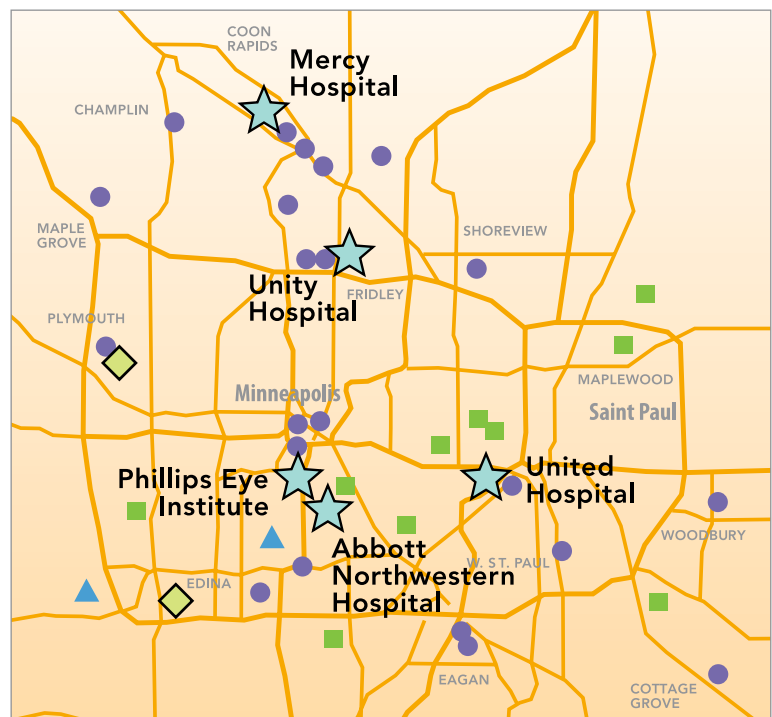
- Mayo Clinic Health System – Owatonna
- Allina Medical Clinic – Faribault
- Allina Medical Clinic – Northfield

Allina Health Hospitals and Clinics

Owatonna Hospital is part of Allina Health, a not-for-profit health system of clinics, hospitals and other health and wellness services, providing care throughout Minnesota and western Wisconsin.

Allina Health cares for patients and members of its communities from beginning to end-of-life through:

- 90+ clinics
- 11 hospitals
- 14 pharmacies
- specialty medical services, including hospice care, oxygen and home medical equipment and emergency medical transportation
- community health improvement efforts

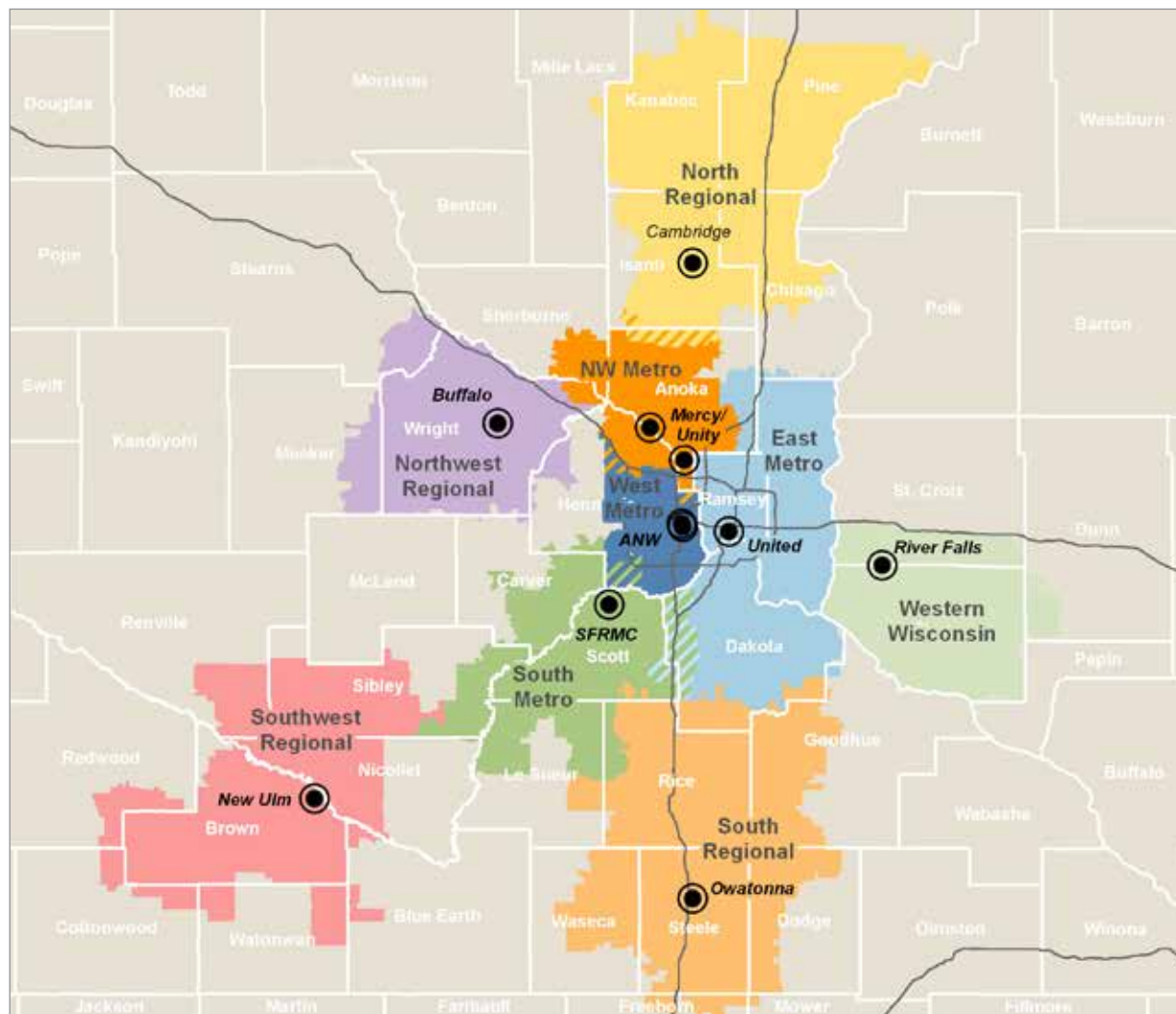


- ★ Allina Health Hospital
- ◇ Allina Health Ambulatory Care Center
- Allina Medical Clinic
- Aspen Medical Group
- ▲ Quello Clinic

Description of Community Served by Owatonna Hospital

For the purposes of community benefit and engagement, Allina Health divides its service area into nine regions.

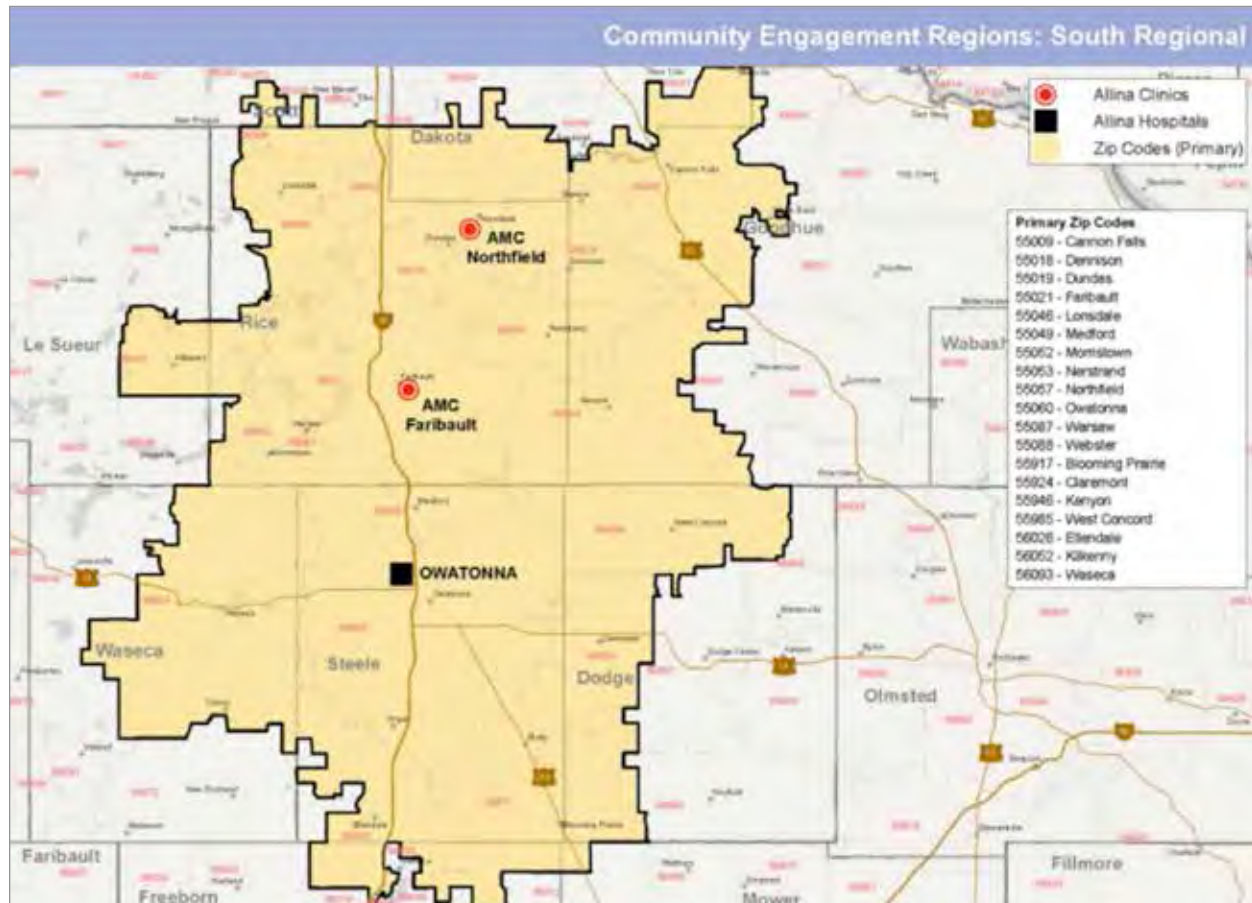
FIGURE 1: COMMUNITY BENEFIT & ENGAGEMENT REGIONAL MAP



The region within Allina Health's service area associated with Owatonna Hospital is known as the South Region and primarily services Steele County, Rice County, western Dodge County and eastern Waseca County. The primary service area population for Owatonna Hospital is approximately 50,000.

For the South Region Community Health Needs Assessment (CHNA), the focus of inquiry was Steele County, which represents 73 percent of Hospital's service area population.

FIGURE 2: SOUTH REGIONAL MAP



About Steele County US CENSUS BUREAU 2013 DATA

Population: 36,576

Median Household Income: \$57,290

Minnesota: \$58,476

Persons Below Poverty Level: 8.8%

Minnesota: 11.0%

High School Graduate or Higher: 90.8%

Minnesota: 91.6%

Bachelor's Degree or Higher: 23.7%

Minnesota: 31.8%

Assessment Process

The Allina Health System Office CHNA Team developed a template plan for the 11 hospitals within the system. This plan was based on a set of best practices for community health assessment developed by the Catholic Health Association with the purpose of identifying two to three regional priority areas to focus on for FY 2014–2016. The process was designed to rely on existing public data, direct engagement from community stakeholders and collaboration with local public health and other health providers. From there, each hospital was responsible for adapting and carrying out the plan within their regions. The Owatonna Hospital President guided the effort for Owatonna Hospital in collaboration with leadership from the United Way of Steele County and Steele County Public Health.

The Community Health Needs Assessment has been conducted in three stages: data review and setting priorities, data collection (key informant interviews, community health dialogues, and employee health surveys), and action planning. The process began in early 2012 with the development of the plan and will be near completion in late fall 2013. A final presentation of the Assessment and Action Plan to the Owatonna Hospital Board of Trustees is planned for September 2013. The following is a description of the assessment steps and timeline.



Data Review and Priority-Setting

The first phase in the process was to review data in order to determine two to three market priority areas. Best practices for community health needs assessments state that this process begins with a systematic look at data related to the health of community members. This allows stakeholders to both understand the demographic profile of the market and compare and contrast the effect of health related issues on the overall well-being of the market. The data review process then allows the stakeholders to make data-driven decisions about the priority opportunities identified.

United Way of Steele County resources target marginalized populations including individuals and families who are economically disadvantaged and/or ethnically diverse. Partnering with the United Way on the Community Health Needs Assessment necessitated that this population be the focus of our work. Therefore, an important step in our process was to enlist the Minnesota Department of Health to assist in identifying health issues specific to the disadvantaged populations of Steele County.

Data Collection and Review

For this phase in the process, Owatonna Hospital and our partners compiled existing public health data to create a set of indicators specific to health in Steele County. CHNA committee members were given this set of indicators, which they reviewed prior to and during meetings, to gain a sense of current health needs. These datasets include:

MINNESOTA COUNTY HEALTH RANKINGS

(Appendix A – See: http://www.countyhealthrankings.org/sites/default/files/states/CHR2013_MN_o.pdf)

According to the 2013 County Health Rankings for Minnesota, Steele County is ranked as the 2nd healthiest county in the state. The 4th healthiest county is Dodge County, which is also within the service area for Owatonna Hospital. Minnesota's top five healthiest counties are Carver, Steele, Waseca, Dodge, and Scott – all of which are south of the Minneapolis-St. Paul metro area.

Published by the University of Wisconsin's Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Health Outcomes ranking represents overall morbidity and mortality rates, both of which are weighted equally in determining the ranking. However, after analyzing several complex factors which can influence the health of a population, Steele County ranked 29th in Health Factors. The Health Factors score is impacted by the following:

- Social and Economic Factors (40%)
- Health Behaviors (30%)
- Clinical Care (20%)
- Physical Environment (10%)

STEELE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

The Health Committee also reviewed the most recent Steele County Community Health Improvement Plan for years 2010 – 2014.

(Appendix B – See: https://www.steelecountymn.gov/community_corrections/comprehensive_plan.php.)

The plan identified five priorities:

1. Obesity in adults and children with the contributing factors of unhealthy eating habits and lack of exercise.
2. Alcohol, tobacco and other drug use by youth with the contributing factors of lack of knowledge regarding lifestyle choices and healthy behaviors, and/or lack of community governance.
3. Poor birth outcomes with contributing factors of teen pregnancy, inadequate parenting skills and fragmented early intervention services for at-risk families and clients.
4. Decreased independence with contributing factors of increased number of aging population and persons with physical or mental impairment.
5. Public Health Emergency Preparedness with contributing factors of increased risk of national terrorism events, continued risk of natural disaster or infectious disease outbreak.

Substantial initiatives have recently been undertaken in the community addressing Tobacco Use and Emergency Preparedness.

MINNESOTA COUNTY-LEVEL INDICATORS FOR COMMUNITY HEALTH ASSESSMENT

(Appendix C – See: http://www.health.state.mn.us/divs/chs/ind/link_indicator.pdf)

The Minnesota County-Level Indicators for Community Health Assessment is a list of indicators across multiple public health categories and from various data sources. This list of indicators was developed by the Minnesota Department of Health to assist local health departments and community health boards with their community health assessments and community health improvement planning processes.

Steele County Indicators identify:

- Deficiency of access to dental care noted by the number of dentists per 100,000 population; Steele County 28 dentists, State Average 61.4 dentists. Most dentists in the market do not accept Medicaid and uninsured low income patients.
- Percent of adults who are obese; Steele County 30%, State average 24.7%.
- Percent of 9th graders who are overweight, but not obese according to BMI; Steele County 16%, State average 13%.
- Heart attack hospitalizations (age adjusted rate per 10,000 people); Steele County 30.9, State Average 27.3.
- Leading cause of death in Steele County is heart disease.

PARTNER HEALTH SERVICE PROVIDERS – OWATONNA DATA

The Health Committee received detailed information from Owatonna Clinic (Mayo Health System), the only organized multispecialty physician clinic in Steele County, identifying the top volume of diagnosis codes of patients seen in the Clinic from August 2009 to August 2012. The top two codes were Routine Child Health Exam and Routine Medical Exam. Following were #3 – Diabetes, #4 – Pre-Natal Care, #5 – Atrial Fibrillation (Heart rhythm), #6 – Acute Pharyngitis (sore throat/tonsils), #7 – Otitis Media (ear infection), and #8 – Hypertension (high blood pressure). Three chronic conditions are found in the top eight diagnoses – all associated with obesity. The other five are either acute interventions or preventive care.

Information was also received from South Central Human Relations Center, a major provider of outpatient mental health services in Steele County. This is a limited sample of December 2012 clients seen. 38.5% of all clients were seen for depression. Depression among clients 17 years old and under represented 18.4% of total diagnoses and 42.4% of adults (18 years old and older).

Based on the review of data over the course of several meetings, the Community Health Needs Assessment group identified the following issues to be considered in the next step of the prioritization process:

1. Access to Health Care
2. Health Literacy
3. Mental Health
4. Physical Activity & Nutrition
5. Demographic Shift
6. Oral Health
7. Maternal & Child Health
8. Adolescent Health
9. Illness
10. Violence & Injury
11. Community Impact
12. Health Funding

Priority Health Needs for 2014–2016

Upon completion of the data review process, stakeholders within the CHNA Committee determined the following three health priority needs for Steele County:

1. Obesity
2. Depression
3. Oral Health

Community Health Dialogues

Rainbow Research, Inc. employed a mix of qualitative and quantitative methodologies to conduct the assessment. The goal of the assessment process is to secure broad-based input on ways income, education and health disparities differentially affect the lives of community members, existing community assets and ideas for change. United Way facilitated the process using scientific methods and best practices that maximize public engagement, community input and buy-in from diverse sectors in our region. These are briefly described below.

LOW-INCOME COMMUNITY DIALOGUES/ FOCUS GROUPS

In May 2013, Rainbow Research, along with partners of the CHNA Committee, held a series of community conversations designed to solicit feedback from the community on how Owatonna Hospital and its partners could most effectively address the selected priority issues. These dialogues were facilitated by Rainbow Research and members from the Committee. A total of 33 people participated in the health-related focus group discussions in Steele County. Of those, 12 were Caucasian, 10 Latino, and 11 were Somali. All focus group participants were low income status.

KEY QUESTION

Participants were asked to answer this basic question, “What is good health?”

KEY FINDINGS

The health focus groups respondents identified “good health” as including:

- Good nutrition
- Physical Activity
- Regular visits to the doctor
- Maintaining good mental health
- Managing existing health problems

Specific health problems identified by respondents included:

- **Mental health issues** – Caucasian and Somali groups talked about receiving treatment. Latino participants requested more information on where to seek help.
- **Chronic disease management** – all groups dealing with hypertension, heart disease, diabetes or pre-diabetes, and asthma.
- **Injury** – Caucasians discussed dealing with chronic pain and mobility issues from accidents or workplace injuries.
- **Family Health** – Caucasians discussed caring for family members – ill parents or children/ grandchildren with special needs or disabilities.

BARRIERS TO GOOD HEALTH

The dialogue participants identified a few key themes when asked about barriers to good health including:

- Insurance (access)
- Cost of treatment and medications
- Access to nutritious foods (too expensive)
- Childcare (limits exercise time)
- Time (find time to exercise)

EMPLOYEE HEALTH SURVEYS

At the time of this report, the employee wellness surveys are being distributed to employers across Steele County. Evaluation of results will take place in fall 2013.

The voice of the working class (particularly blue collar or hourly wage earners) is often not heard in community needs assessments. They are outside the interest of traditional service providers because their income is above the federal poverty level and most often not eligible for government assistance. However, they fall far below the middle class and are left facing barriers to qualify for education, an adequate income and maintaining a healthy lifestyle without support. Owatonna Hospital, along with our CHNA partners and Rainbow Research, have developed an assessment tool to engage this population. (Appendix D – See United Way Employee Health Survey)

Approximately 1,500 – 2,000 employees in Steele County will be surveyed. The survey explores respondents' perspective on important community education, health and economic issues – how they, their families and others in the community are affected and how they feel these can be addressed by the community. The survey is being administered online via social media sites, through employer human resources directors, benefit plan administrators, and small business leaders.

Action Planning

The final phase of the CHNA process is to develop the implementation plan for Owatonna Hospital. Pieces of the implementation plan will be done in collaboration with United Way of Steele County and Steele County Public Health, but will not be developed until after the Employee Health Surveys have been collected and evaluated. A Town Hall style meeting will be conducted to present all findings of the CHNA and begin a community dialogue around implementing specific root cause action steps that can break cycles of declining health, income and education disparities. At the date of this report the employee surveys have been distributed, but evaluation has not occurred and the Town Hall meeting has not been scheduled. These action steps are expected to occur between early September and late October 2013.

Owatonna Hospital has begun identifying actions that the hospital will take in response to the needs already identified through the assessment process.

This action planning was informed by the findings from the Data Review, Stakeholder Interviews, and Community Dialogues.

THE THREE PHASES OF ACTION PLANNING:

1. Choosing key goals, objectives, and indicators related to priority issues.
2. Selecting evidence-based strategies and programs to address the issues.
3. Assigning roles and partners for implementing each strategy.

Part 1: Choosing Key Goals and Objectives

Following Best Practices for Community Health Improvement Planning, as outlined by the CDC, objectives for the Implementation Plan should be evaluated using SMART criteria.

SMART Objectives are:

1. **Specific** – Objectives should provide the “who” and “what”.
2. **Measurable** – The focus is on “how much” change is expected.
3. **Achievable** – Objectives should be attainable within a given time frame.
4. **Realistic** – Objectives are most useful when they accurately address the scope of the issue.
5. **Timely** – Objectives should provide a time frame indicating when the objective will be met.

Part 2: Selecting Evidence-Based Strategies

When looking at strategies to address priority issues, Owatonna Hospital is committed to ensuring the strategies chosen will be designed to create policy, systems, and environmental changes which establish greater sustainability beyond programmatic efforts.

Implementation Plan

The Implementation Plan includes a series of proposed policy, system, and environmental change strategies for improving the health of our region over the next three years. Upon completion of the United Way of Steele County community assessment process in early 2014, Owatonna Hospital will serve as a key partner in developing and implementing health improvement activities. Owatonna Hospital continues to collaborate with local public health agencies, and many other community partners, to address these priority issues. Yearly work plans will be developed to provide detailed actions, accountabilities, evaluation measures, and implementation timelines.

Obesity – Including Physical Activity and Healthy Eating

GOAL: Increase physical activity through policy, system, and environmental changes

INDICATORS

- Percent of adults regularly engaged in recommended levels of physical activity
- Percent of school-age children who meet federal standards for physical activity

STRATEGIES – POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Engage local policy makers and partners in Complete Streets policies
2. Support the establishment and enforcement of physical education standards that meet or exceed federal guidelines
3. Support Safe Routes to School programs and infrastructure changes
4. Implement and support worksite wellness initiatives
5. Financially support local healthy initiatives through charitable contributions and Neighborhood Health Connection grants
6. Continue to provide athletic training services at area high schools

7. Partner and support local walks, runs, and rides which encourage physical activity and employee volunteerism

Healthy Eating

GOAL: Increase the consumption of fruits and vegetables

GOAL: Decrease consumption of less healthy options (elevated sugar, sodium, and trans/saturated fats)

GOAL: Increase breastfeeding education and supports in the community

INDICATORS

- Percent of residents (all ages) eating five or more servings of fruits and vegetables daily
- Percent of schools and worksites that reduce less healthy options in their cafeteria and/or vending machines
- Percent of Steele County infants ever breastfed

STRATEGIES – POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Support the development of community and school gardens
2. Financially support Farmers Markets with “Allina Health Bucks” incentives through charitable giving
3. Advocate for the reduction of processed snacks, desserts, and sugared drinks in local cafeterias, schools, and vending machines
4. Participate in regional or local Healthy Food Policy Councils
5. Through the My Baby and Me initiative, provide community outreach on healthy child development including proper nutrition and breastfeeding
6. Encourage worksite policies and environments that support breastfeeding
7. Continue to financially support local organizations that promote healthy eating through charitable contributions and Neighborhood Health Connection programs.

Depression

This area is still in development.

GOAL: Reduce negative social stigma with mental health/illness, specifically depression

GOAL: Increase knowledge of evidence-based interventions for treating depression

GOAL: Increase knowledge of the symptoms and treatment of depression, including post-partum depression

INDICATORS

- Percent of individuals who engage in and continue therapeutic treatments (medication, light therapy, psychotherapy, support groups, etc.)
- Percent of population regularly engaged in moderate exercise, a healthy diet, and other effective preventive behaviors

STRATEGIES – POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Increase awareness of mental health issues, including the full-spectrum of depressive diagnoses, symptoms, and treatment options
2. Educate and promote work-life balance, stress reduction, and healthy behavior strategies including good diet and exercise
3. Advocate for funding and policies which support mental health treatment
4. Through Owatonna Hospital's new My Baby and Me initiative, create an active referral system and support network for moms experiencing post-partum depression

Oral Health

This area is still in development.

GOAL: Reduce oral disease burden and disability, especially in poor and marginalized populations

GOAL: Promote healthy lifestyles and reduce risk factors to oral health that arise from environmental, economic, and behavioral causes

GOAL: Increase access to oral health care services in schools and communities

INDICATORS

- Percent of low income individuals with access to oral health preventive services (including school based fluoride programs and/or fluoridated water, dental hygiene education and evaluation, good nutrition education)
- Percent of dental appointments available for Medicaid-eligible patients

STRATEGIES – POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGES

1. Participate in and support an oral health coalition
2. Form collaborative partnerships between Owatonna Hospital and dental providers
3. Advocate for increased dental treatment reimbursement for Medicaid patients
4. Include oral health prevention and treatment education in community engagement efforts

Conclusion

Owatonna Hospital, a not-for-profit hospital, Steele County Public Health, the United Way of Steele County and other partner agencies are dedicated to improving the health of Steele County, Minnesota. This Community Health Needs Assessment and preliminary implementation plan presented here is intended to demonstrate the Hospital's willingness to create and support policy, systems, and environmental changes which positively impact health on a community-wide scale. In addition, Owatonna Hospital will participate in system-wide efforts, as part of Allina Health, that support and impact community health. There are other ways Owatonna Hospital will indirectly address these priority issues along with other community health needs, through the provision of charity care, support of Medicare and Medicaid programs, and discounts to the uninsured, among other initiatives. Owatonna Hospital, along with United Way of Steele County and Steele County Public Health and other agencies, will continue to engage the broader community to develop this plan and ensure the implementation strategies selected are relevant and effective at improving community health outcomes and the factors within Steele County and our surrounding service area which impact health.



2250 NW 26th Street
Owatonna, MN 55060
507-451-3850

owatonnahospital.com

Appendix A

Minnesota County Health Rankings



County Health Rankings & Roadmaps

A Healthier Nation, County by County

2013 *Rankings* **Minnesota**



Introduction

Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors. We can improve a community's health by implementing effective policies and programs. For example, people who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk. In addition, people who live in communities with safe and accessible park and recreation space are more likely to exercise, which reduces heart disease risk.

However, health varies greatly across communities, with some places being much healthier than others. And, until now, there has been no standard method to illustrate what we know about what makes people sick or healthy or a central resource to identify what we can do to create healthier places to live, learn, work and play.

We know that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods. The *County Health Rankings & Roadmaps* program provides information on the overall health of your community and provides the tools necessary to create community-based, evidence-informed solutions. Ranking the health of nearly every county across the nation, the *County Health Rankings* illustrate **what we know** when it comes to what is making communities sick or healthy. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin

Population Health Institute to bring this groundbreaking program to counties and states across the nation.

The *County Health Rankings & Roadmaps* program includes the *County Health Rankings* project, launched in 2010, and the newer *Roadmaps* project that mobilizes local communities, national partners and leaders across all sectors to improve health. The program is based on this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Counties can improve health outcomes by addressing all health factors with effective, evidence-informed policies and programs.

Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings & Roadmaps* serve as both a call to action and a needed tool in this effort.

Guide to Our Web Site

To compile the *Rankings*, we selected measures that reflect important aspects of population health that can be improved and are available at the county level across the nation. Visit www.countyhealthrankings.org to learn more.

To get started and see data, enter your county or state name in the search box. Click on the name of a county or measure to see more details. You can: Compare Counties; Download data for your state; Print one or more county

snapshots; or Share information with others via Facebook, Twitter, or Google+. To understand our methods, click on Learn about the Data and Methods. You can also take advantage of the Using the *Rankings* Data guide to help you explore the data and figure out more about what is driving your community's health. To learn about what you can do to improve health in your community, visit the *Roadmaps to Health* Action Center. Finally, you can learn what others are doing by reading Communities Stories and visiting the Project Showcase.

County Health Roadmaps

The *Rankings* illustrate **what we know** when it comes to making people sick or healthy. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income and the environment play in how healthy people are and how long we live.

The *County Health Roadmaps* mobilizes local communities, national partners and leaders across all sectors to improve health. The *County Health Roadmaps* show **what we can do** to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this groundbreaking project to cities, counties and states across the nation.

The *Roadmaps* project includes grants to local coalitions and partnerships among policymakers, business, education, public health, health care, and community organizations; grants to national organizations working to improve health; recognition of communities whose promising efforts have led to better health; and customized guidance on strategies to improve health.

Roadmaps to Health Community Grants

The *Roadmaps to Health* Community Grants provide funding for 2 years to thirty state and local efforts among policymakers, business, education, healthcare, public health and community organizations working to create positive policy or systems changes that address the social and economic factors that influence the health of people in their community.

Roadmaps to Health Partner Grants

RWJF is awarding *Roadmaps to Health* Partner Grants to national organizations that are experienced at engaging local partners and leaders and are able to deliver high-quality training and technical assistance, and committed to making communities healthier places to live, learn, work and play. Partner grantees increase awareness about the *County Health Rankings & Roadmaps* to their members, affiliates and allies. As of February 2013, RWJF has awarded partner grants to United Way Worldwide, National Business Coalition on Health, and National Association of Counties.

RWJF Roadmaps to Health Prize

In February 2013, RWJF awarded the first *RWJF Roadmaps to Health* Prizes of \$25,000 to six communities that are working to become healthier places to live, learn, work and play. The *RWJF Roadmaps to Health* Prize is intended not only to honor successful efforts, but also to inspire and stimulate similar activities in other U.S. communities.



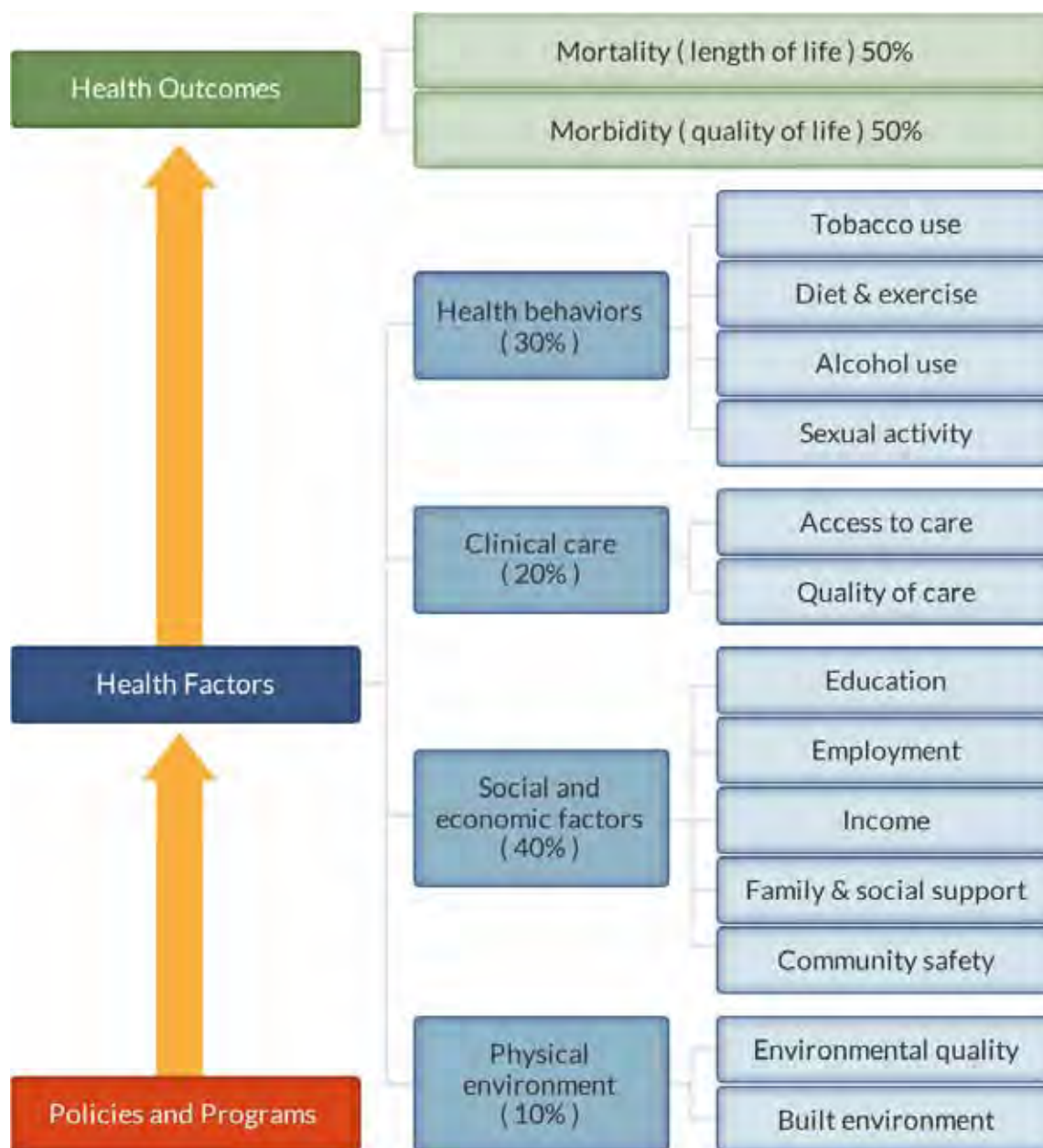
Roadmaps to Health Action Center

The *Roadmaps to Health* Action Center, based at UWPHI, provides tools and guidance to help groups working to make their communities healthier places. The Action Center website provides guidance on developing strategies and advocacy efforts to advance pro-health policies, opportunities for ongoing learning, and a searchable database of evidence-informed policies and programs focused on health improvement: *What Works for Health*. Action Center staff provide customized consultation via email and telephone to those seeking more information about how to improve health. Coaching, including possible on-site visits, is also available for communities who have demonstrated the willingness and capacity to address factors that we know influence how healthy a person is, such as education, income and family connectedness.

County Health Rankings

The 2013 *County Health Rankings* report ranks Minnesota counties according to their summary measures of **health outcomes** and **health factors**. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment. The figure below depicts the structure of the *Rankings* model; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.

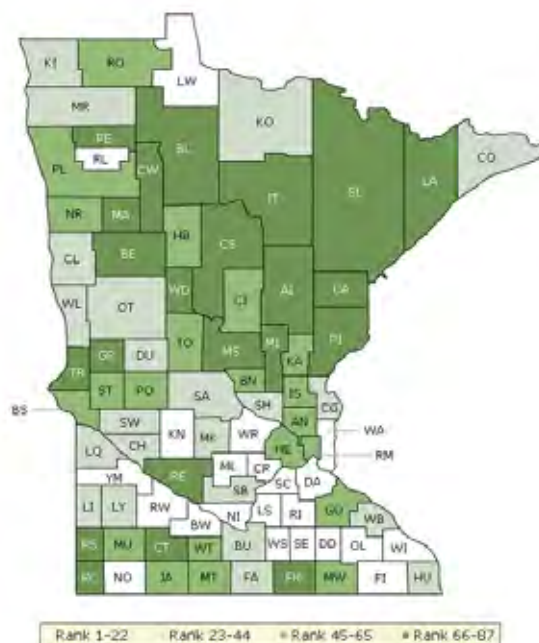


County Health Rankings model ©2012 UWPHI

The maps on this page and the next display Minnesota's counties divided into groups by health rank. Maps help locate the healthiest and least healthy counties in the state. The lighter colors indicate better performance in the respective

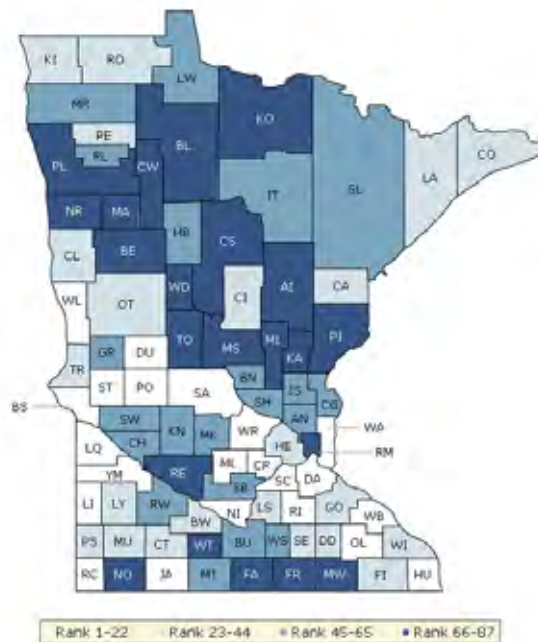
summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

HEALTH OUTCOMES



County	Rank	County	Rank	County	Rank	County	Rank
Aitkin	77	Fillmore	20	Martin	58	Rock	70
Anoka	47	Freeborn	67	McLeod	7	Roseau	49
Becker	76	Goodhue	56	Meeker	30	Scott	5
Beltrami	80	Grant	66	Mille Lacs	85	Sherburne	41
Benton	64	Hennepin	55	Morrison	82	Sibley	44
Big Stone	63	Houston	28	Mower	46	St. Louis	72
Blue Earth	25	Hubbard	53	Murray	52	Stearns	24
Brown	21	Isanti	45	Nicollet	16	Steele	2
Carlton	81	Itasca	69	Nobles	9	Stevens	61
Carver	1	Jackson	51	Norman	62	Swift	23
Cass	87	Kanabec	48	Olmsted	17	Todd	57
Chippewa	37	Kandiyohi	12	Otter Tail	38	Traverse	84
Chisago	35	Kittson	32	Pennington	73	Wabasha	40
Clay	43	Koochiching	42	Pine	71	Wadena	79
Clearwater	68	Lac qui Parle	31	Pipestone	75	Waseca	3
Cook	29	Lake	83	Polk	60	Washington	10
Cottonwood	78	Lake of the Woods	19	Pope	54	Watonswan	59
Crow Wing	50	Le Sueur	11	Ramsey	65	Wilkin	33
Dakota	15	Lincoln	26	Red Lake	14	Winona	6
Dodge	4	Lyon	34	Redwood	18	Wright	13
Douglas	27	Mahnomen	86	Renville	74	Yellow Medicine	8
Faribault	39	Marshall	36	Rice	22		

HEALTH FACTORS



County	Rank	County	Rank	County	Rank	County	Rank
Aitkin	78	Fillmore	34	Martin	47	Rock	16
Anoka	51	Freeborn	77	McLeod	22	Roseau	26
Becker	66	Goodhue	27	Meeker	54	Scott	4
Beltrami	86	Grant	56	Mille Lacs	81	Sherburne	48
Benton	45	Hennepin	25	Morrison	75	Sibley	61
Big Stone	8	Houston	14	Mower	73	St. Louis	59
Blue Earth	53	Hubbard	64	Murray	24	Stearns	17
Brown	31	Isanti	62	Nicollet	5	Steele	29
Carlton	36	Itasca	63	Nobles	67	Stevens	11
Carver	2	Jackson	13	Norman	68	Swift	60
Cass	84	Kanabec	80	Olmsted	3	Todd	82
Chippewa	55	Kandiyohi	57	Otter Tail	33	Traverse	42
Chisago	46	Kittson	30	Pennington	35	Wabasha	9
Clay	32	Koochiching	70	Pine	83	Wadena	76
Clearwater	85	Lac qui Parle	15	Pipestone	43	Waseca	50
Cook	23	Lake	28	Polk	79	Washington	1
Cottonwood	38	Lake of the Woods	65	Pope	19	Watonwan	74
Crow Wing	44	Le Sueur	39	Ramsey	69	Wilkin	18
Dakota	6	Lincoln	21	Red Lake	49	Winona	37
Dodge	40	Lyon	41	Redwood	58	Wright	7
Douglas	12	Mahnomen	87	Renville	72	Yellow Medicine	20
Faribault	71	Marshall	52	Rice	10		

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors represent what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Carver	1	Washington
2	Steele	2	Carver
3	Waseca	3	Olmsted
4	Dodge	4	Scott
5	Scott	5	Nicollet
6	Winona	6	Dakota
7	McLeod	7	Wright
8	Yellow Medicine	8	Big Stone
9	Nobles	9	Wabasha
10	Washington	10	Rice
11	Le Sueur	11	Stevens
12	Kandiyohi	12	Douglas
13	Wright	13	Jackson
14	Red Lake	14	Houston
15	Dakota	15	Lac qui Parle
16	Nicollet	16	Rock
17	Olmsted	17	Stearns
18	Redwood	18	Wilkin
19	Lake of the Woods	19	Pope
20	Fillmore	20	Yellow Medicine
21	Brown	21	Lincoln
22	Rice	22	McLeod
23	Swift	23	Cook
24	Stearns	24	Murray
25	Blue Earth	25	Hennepin
26	Lincoln	26	Roseau
27	Douglas	27	Goodhue
28	Houston	28	Lake
29	Cook	29	Steele
30	Meeker	30	Kittson
31	Lac qui Parle	31	Brown
32	Kittson	32	Clay
33	Wilkin	33	Otter Tail
34	Lyon	34	Fillmore
35	Chisago	35	Pennington
36	Marshall	36	Carlton
37	Chippewa	37	Winona
38	Otter Tail	38	Cottonwood
39	Faribault	39	Le Sueur
40	Wabasha	40	Dodge
41	Sherburne	41	Lyon
42	Koochiching	42	Traverse

Rank	Health Outcomes	Rank	Health Factors
43	Clay	43	Pipestone
44	Sibley	44	Crow Wing
45	Isanti	45	Benton
46	Mower	46	Chisago
47	Anoka	47	Martin
48	Kanabec	48	Sherburne
49	Roseau	49	Red Lake
50	Crow Wing	50	Waseca
51	Jackson	51	Anoka
52	Murray	52	Marshall
53	Hubbard	53	Blue Earth
54	Pope	54	Meeker
55	Hennepin	55	Chippewa
56	Goodhue	56	Grant
57	Todd	57	Kandiyohi
58	Martin	58	Redwood
59	Watonwan	59	St. Louis
60	Polk	60	Swift
61	Stevens	61	Sibley
62	Norman	62	Isanti
63	Big Stone	63	Itasca
64	Benton	64	Hubbard
65	Ramsey	65	Lake of the Woods
66	Grant	66	Becker
67	Freeborn	67	Nobles
68	Clearwater	68	Norman
69	Itasca	69	Ramsey
70	Rock	70	Koochiching
71	Pine	71	Faribault
72	St. Louis	72	Renville
73	Pennington	73	Mower
74	Renville	74	Watonwan
75	Pipestone	75	Morrison
76	Becker	76	Wadena
77	Aitkin	77	Freeborn
78	Cottonwood	78	Aitkin
79	Wadena	79	Polk
80	Beltrami	80	Kanabec
81	Carlton	81	Mille Lacs
82	Morrison	82	Todd
83	Lake	83	Pine
84	Traverse	84	Cass
85	Mille Lacs	85	Clearwater
86	Mahnomen	86	Beltrami
87	Cass	87	Mahnomen

2013 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2008-2010
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2005-2011
	Poor physical health days	Behavioral Risk Factor Surveillance System	2005-2011
	Poor mental health days	Behavioral Risk Factor Surveillance System	2005-2011
	Low birthweight	National Center for Health Statistics	2004-2010
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2005-2011
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2009
	Physical inactivity	National Center for Chronic Disease Prevention and Health Promotion	2009
Alcohol Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2005-2011
	Motor vehicle crash death rate	National Center for Health Statistics	2004-2010
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB prevention	2010
	Teen birth rate	National Center for Health Statistics	2004-2010
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2010
	Primary care physicians	HRSA Area Resource File	2011-2012
	Dentists	HRSA Area Resource File	2011-2012
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2010
	Diabetic screening	Medicare/Dartmouth Institute	2010
	Mammography screening	Medicare/Dartmouth Institute	2010
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	Primarily state-specific sources, supplemented with National Center for Education Statistics	State-specific
	Some college	American Community Survey	2007-2011
Employment	Unemployment	Bureau of Labor Statistics	2011
Income	Children in poverty	Small Area Income and Poverty Estimates	2011
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2010
	Children in single-parent households	American Community Survey	2007-2011
Community Safety	Violent crime rate	Federal Bureau of Investigation	2008-2010
PHYSICAL ENVIRONMENT			
Environmental Quality	Daily fine particulate matter ¹	CDC WONDER Environmental data	2008
	Drinking water safety	Safe Drinking Water Information System	FY 2012
Built Environment	Access to recreational facilities	Census County Business Patterns	2010
	Limited access to healthy foods	USDA Food Environment Atlas	2012
	Fast food restaurants	Census County Business Patterns	2010

¹ Not available for AK and HI.

CREDITS

Report Authors

University of Wisconsin-Madison
School of Medicine and Public Health
Department of Population Health Sciences
Population Health Institute

Bridget Booske Catlin, PhD, MHSA
Amanda Jovaag, MS
Patrick Remington, MD, MPH

This publication would not have been possible without the following contributions:

Data

Centers for Disease Control and Prevention: National Center for Health Statistics and Division of Behavioral Surveillance
Dartmouth Institute for Health Policy & Clinical Practice

Research Assistance

Jennifer Buechner
Hyojun Park, MA
Elizabeth Pollock
Jennifer Robinson
Matthew Rodock, MPH
Anne Roubal, MS

Communications and Outreach

Burness Communications
Anna Graupner, MPH
Kate Konkle, MPH
Karen Odegaard, MPH
Jan O'Neill, MPA
Angela Russell, MS
Julie Willems Van Dijk, PhD, RN

Design

Forum One, Alexandria, VA

Robert Wood Johnson Foundation

Abbey Cofsky, MPH –Senior Program Officer
Michelle Larkin, JD, MS, RN – Assistant Vice-President and Deputy Director, Health Group
James S. Marks, MD, MPH – Senior Vice-President and Group Director, Health Group
Joe Marx – Senior Communications Officer

Suggested citation: University of Wisconsin Population Health Institute. *County Health Rankings 2013*.



countyhealthrankings.org



University of Wisconsin Population Health Institute
610 Walnut St, #524, Madison, WI 53726
(608) 265-6370 / info@countyhealthrankings.org



Appendix B

Steele County Community Health Improvement Plan

DODGE/STEELE COMMUNITY HEALTH ACTION PLAN 2010 -2014

Community Description:

Dodge and Steele Counties are located in the Southeast Region of Minnesota. The two counties share a border and together cover a total land area of 869 square miles. Dodge and Steele Counties are ideally located a convenient distance, 30-60 miles, from the metropolitan areas of Minneapolis/St. Paul (North), Rochester (East) and Mankato (West). The county seat of Dodge County is Mantorville and of Steele County is Owatonna. The communities within these counties are predominantly rural with Owatonna making up its limited urban area with over two-thirds of Steele County's population.

Dodge/Steele Counties have a total population, according to the 2008 estimates from the U.S. Census Bureau, of 56,297. The ethnic breakdown for these counties is White not Hispanic 91.5%, Hispanic or Latino origin 4.8%, Black 1.9%, Asian 0.8%, American Indian/Alaskan Native 0.2% and two or more races 0.8%. According to the U.S. Census Bureau in 2000, the foreign born population in Dodge County was 2.5% and in Steele County was 3.5%.

The main employers in the counties are industry/manufacturing, schools and farming. Dodge County borders on Olmsted County and has a large commuter population. Due to the abundance of manufacturing and other industries in Steele County, the majority of the residents work within the county. According to the U.S. Census data from 2000, there are 19,266 household in Dodge and Steele Counties. The median household income in 2007 for Dodge County is \$61,230 and for Steele County \$53,333 with the percentage of those living in poverty in Dodge County 6.6% and in Steele County 7.1%.

There are a total of seven public school districts, six private schools and one charter school in Dodge and Steele Counties. In the 2007-08 school year, there were a total of 10,500 K-12 students in these schools. Of these students, 20.9% in Dodge County and 28.6% in Steele County were eligible to receive free or reduced meals, 4% in Dodge County and 6.5% in Steele County have limited English proficiency and 8.9% in Dodge County and 11.8% in Steele County receive special education. High school graduates, percent of persons age 25+, in 2000 for Dodge County was 86.7% and for Steele County was 86.6%. For Minnesota, in 2000, the percent of persons age 25+ that are high school graduates was 87.9%.

Dodge/Steele Counties have felt the nation's economic crisis. Reduced hours, layoffs, staff reductions are commonplace in all areas-industry, retail, non-profits, schools and government. The unemployment rate in Dodge County in June 2009 was 8.1% up from 4.9% in June of 2008. The unemployment rate in Steele County in June 2009 was 8.8% up from 4.8% in June of 2008.

When considering the top preventable causes of death, and according to the Minnesota Behavioral Risk Factors of Adults 2007, the estimated percentage of obese individuals was 35.9 and overweight individuals was 25.8 in both Dodge and Steele County. The percent of

individuals that engaged in no exercise was 16.6 in Dodge County and 16.9 in Steele County. Current smokers were 16.5% in Dodge County and 16.3% in Steele County.

Dodge/Steele Community Health has a strong history of working collaboratively with communities, healthcare professionals and other organizations to create environments that promote health and prevent disease and disability. These partnerships have created an atmosphere of support and understanding that is “priceless”.

Community Engagement: Submission to MDH required by February 2010

In 2009, a random sample opinion survey was sent to 1100 residents (age 18 or older) in Dodge and Steele Counties- 550 in each county. The purpose of this survey was to receive input from our communities regarding key public health issues and compare the finding to the survey conducted in 2003. In both 2003 and 2009, we worked closely with Dr. Ann Kinney, MDH Health Statistician. The 2009 survey questions were controlled to be able to compare to the 2003 survey findings and the responses were aligned to the Areas of Public Health Responsibility and the Essential Local Public Health Activities. Each person surveyed was asked to give his/her opinion on several issues in the following categories: 1) Chronic Health Problems and Disease; 2) Adult Disability and Aging; 3) Infectious Disease; 4) Environment; 5) Pregnancy and Birth; 6) Injury; 7) Violence; 8) Alcohol, Tobacco and Other Drug Use; 9) Child Growth and Development; 10) Health Care Delivery Systems; and 11) Mental Health. Of the 550 surveys sent to Dodge County residents, 57.6% were returned and of the 550 survey sent to Steele County residents, 45% were returned.

In addition to the community survey, we continually seek formal and informal input from the Dodge/Steele Community Health Advisory Committee, County Commissioners and other key community stakeholders, including our public health staff.

In October 2009, this Action Plan will be presented to the Dodge/Steele Community Health Services Advisory Committee, Dodge/Steele Joint Board of Health, each County’s Board of Commissioners and the Public Health staff. At that time, we will seek input regarding the timing and method of presentation of this information to our communities.

Community Issues:

As a result of the above community engagement the community health priority issues identified for Dodge/Steele Counties are:

- 1) Obesity in adults and children with the contributing factors of unhealthy eating habits and lack of exercise.
- 2) Tobacco use by youth and adults.
- 3) Parents with inadequate/poor quality parenting skills.
- 4) Public Health Emergency Preparedness/Pan Flu/Disease Outbreak.

The 2009 Dodge/Steele Community Health survey results for priority issues greatly mirrored the priority issues identified in the 2003 survey. In the 2003 survey, obesity in adults and children was the number one issue with the contributing factors of lack of exercise and unhealthy eating habits in the top five. Tobacco use in youth and adults was also a top five issue. In the 2009 survey, the following are the issues with the highest percentage of respondents saying it is a moderate or serious problem:

Dodge County

1) Lack of Exercise	79.1%
2) Obesity Overweight Among Adults	76.0%
3) Unhealthy Eating Habits	72.0%
4) Obesity Overweight Among Children	70.5%

Steele County

1) Obesity Overweight Among Adults	84.4%
2) Lack of Exercise	80.9%
3) Unhealthy Eating Habits	80.1%
4) Obesity Overweight Among Children	74.2%

Tobacco use by adults and youth, in the 2009 survey, did not rank as high as in the 2003 survey. This change reflects the success of the work done locally and the statewide Freedom To Breathe law. But there is still much work to be done with this top preventable cause of illness and death. Even though the percentages of ranking tobacco use as a moderate or serious problem went down in our 2009 survey, the percentage still remained between 62% and 67%. Plus, according to the Community Health Status Report 2008, Dodge County continues to have 15.1% and Steele County has 17.2% of their populations who smoke.

Dodge/Steele Community Health will develop an improvement/action plan for obesity in adults and children with the contributing factors of lack of exercise and unhealthy eating habits and an improvement/action plan for tobacco use by youth and adults.

The 2003 and the 2009 Community Health Survey results reflected that more than 50% of the survey respondents felt that Alcohol Use/Abuse, Use of Illegal Drugs, Domestic Abuse, Unplanned Pregnancy, Teen Pregnancy, Adolescents Becoming Sexually Active and Parents with Inadequate/Poor Quality Parenting Skills were moderate to severe problems. These issues have a common thread and that common thread lies in the need for primary prevention and family home visiting activities. Dodge/Steele Community Health is committed to maintaining a primary prevention approach and will continue to address these issues through Maternal/Child/Family Home Visiting Programs. Support is needed for federal legislation that guarantees direct funding to local public health departments to expand or enhance a variety of evidence-based home visiting programs that include public health nurse assessments. It has been proven, that through these evidence based approaches, the issues of concern listed earlier in this paragraph are impacted positively.

Finally, the last issue is Public Health Preparedness/Pan Flu. This was not identified as a high priority issue. A question regarding Pan Influenza was the only added question to the 2009

survey so there is no comparison to with the 2003 survey. The result of the 2009 survey regarding Pandemic Influenza is alarming. This issue was recognized as a moderate/severe issue by only 10% of the survey respondents. We will and MUST continue our efforts in the area of Emergency Preparedness/Pan Flu/Disease Outbreak. We will continue to educate and prepare our communities. It must be noted that this survey was taken prior to the H1N1 Influenza of Spring 2009. We suspect that this percentage may be greater if the survey were completed today.

Dodge/Steele Community Health will not be developing an improvement/action plan in these final two areas of Maternal/Child/Family Home Visiting and Emergency Preparedness/Pan Flu. In both areas, we will continue to “do the best we can” with the limited resources and capacity that we have. It is well known that as issues, for example, H1N1 emerge or even have the potential to emerge, we act at the expense of other essential services. In agencies our size, we do not have the luxury of being specialists. We are generalists.

Please see attached Summary of Issues Worksheet for added details regarding these four issues.

ACTION PLAN

#1 Issue: OBESITY IN ADULTS AND CHILDREN

Area of Public Health Responsibility: Promote Healthy Communities and Healthy Behaviors

Goal: Increase the number of healthy weight children and adults in Dodge/Steele Counties.

Plan: Dodge and Steele County are part of a nine county SE MN collaboration that received Statewide Health Improvement Program (SHIP) funding. This collaboration applied for a Phase I Planning Grant. In each county, there is a local coalition and local staff that will manage the program for the county. The Director or designee along with an appointed member of each local coalition will be part of a regional community leadership team. The nine agency directors will also meet periodically as the governing agents.

Each of the nine counties is at a different point in assigning staff and the development of their local coalitions. Dodge County is in the process of advertising to fill a SHIP position and has a coalition structure in place. Steele County has a staff person and coalition structure in place.

All the local coalitions are in the process of community assessments and selection of the provided research based interventions. See attached Intervention Selection form that is being used by each County to survey key stakeholders. A committee of directors is in the process of hiring a full-time project coordinator.

Implementation activities are scheduled to begin December 1, 2009.

SHIP funding is allowing us to address the issue of obesity in community, worksite, school and healthcare settings in a more aggressive and consistent manner across SE Minnesota. We will be

able to increase capacity through increased staff time and will be able to address this issue through policy, systems and environmental changes more thoroughly.

Our vision for Dodge and Steele Counties mirrors the Minnesota Obesity 2008-2013 Plan's that **"People in Minnesota eat healthy, are physically active and maintain a healthy weight because they live in an environment designed to support healthy lifestyles across the lifespan"**.

Technical assistance needs include training regarding policy, systems and environmental change work versus program development. Some of this training has already started but needs to continue in depth, for example- How to effectively and respectfully approach policymakers. Other needs include assistance in coalition building skills, developing the evaluation process or hiring the most appropriate evaluator, training in working with the media in an effective manner, media tools, and quick response from SHIP staff.

#2 Issue: TOBACCO USE BY YOUTH AND ADULTS

Area of Public Health Responsibility: Promote Healthy Communities and Healthy Behaviors

Goal: Reduce the number of youth and adults using tobacco in Dodge and Steele Counties.

Plan: SHIP funding will be used for reducing the number of youth and adults using tobacco in Dodge and Steele Counties. The structure of the process is the same as described under Issue #1.

Technical assistance needs would be the same as listed in Issue #1 with one addition. That addition is assistance with community awareness of the need to continue to address tobacco use in our communities.

Dodge and Steele Counties have additional resources and therefore capacity in this area. Partnering with two other SE Public Health Agencies (Four Corners Partnership), we applied for and received a two year Clearway grant. This project focus on individuals 18 yrs and older and is committed to mobilizing local coalitions to advance policies to lower tobacco use and reduce the public's exposure to secondhand smoke..

Four Corners Partnership, like SHIP, is in its infant stage. Like SHIP, this project began in July 2009. Each county has a staff person responsible for the work and because of the close relationship with the SHIP all activities will be closely monitored and recorded. We feel these processes will compliment each other.

Some areas that are being considered for the Clearway grant are increased promotion of the BCBS Quit Program, smoke-free post-secondary campuses, database of tobacco retailers and education of the retailers including point of purchase advertising and promotion, and continued support through media, etc. by local community members for Freedom to Breathe or other local policies, etc. Technical assistance for the Clearway grant is supported by Grassroots Solutions.

Intervention Selection Form for Community Health Boards

Tobacco Interventions
Objectives: to reduce tobacco use initiation, increase access to tobacco use cessation and decrease places where tobacco use is permitted through policy systems and environmental changes.

School Setting	
	C-T-S1: Implement a post-secondary school policy of not accepting any funding, curricula, sponsorship, or other materials from any tobacco companies or their front groups for technical schools, community colleges, colleges, and universities
	C-T-S2: Implement a tobacco-free policy to apply to students, staff, and visitors on all post-secondary school grounds, in student housing, and at all school sponsored events on technical school, community college, college, and university campuses
	C-T-S3: Implement a K-12 school policy of not accepting any funding , curricula, or other materials from any tobacco companies or their front groups
	C-T-S4: Implement a tobacco-free policy to apply to students, staff, and visitors on all K-12 school grounds, in school vehicles, and at all school sponsored events
	C-T-S5: Implement mechanisms that connect students of technical schools, community colleges, colleges, and universities with existing cessation services including quitlines, quitting websites, and face-to-face counseling

Community Setting	
	C-T-C1: <i>Multi-grantee Intervention Applications only:</i> Implement a culturally sensitive mass media counter-marketing campaign when combined with local interventions
	C-T-C2: Implement voluntary smoke-free housing policies in multi-unit housing
	C-T-C3: Implement voluntary smoke-free car policies
	C-T-C4: Implement tobacco-free policies for parks, playgrounds, beaches, zoos, fairs, and other recreational settings
	C-T-C5: <i>low impact</i> Implement policies that restrict youth access to tobacco such as sales laws directed at tobacco retailers to reduce illegal sales to minors

Worksite Setting	
	C-T-W1: Implement worksite policies for tobacco-free grounds including parking lots
	C-T-W2: Implement mechanisms that connect people with existing effective cessation services including quitlines, quitting websites, and face-to-face counseling
	C-T-W3: Implement comprehensive cessation benefits as part of benefits package for employees

Health Care Setting	
	C-T-H1: Implement tobacco free grounds policies for hospitals and other health care facilities
	C-T-H2: Implement mechanisms (such as the 5As and fax referral system) that connect people with existing cessation services

Physical Activity Interventions	
Objectives: to increase opportunities for physical activity through policy, systems, and environmental changes.	

School Setting	
	C-PA-S1: Implement policies and practices that create active schools by increasing opportunities for non-motorized transportation (walking and biking to-and-from school) and access to school recreation facilities
	C-PA-S2: Implement policies and practices that support quality school-based physical education

Community Setting	
	C-PA-C1: Implement policies and practices that create active schools by increasing opportunities for non-motorized transportation (walking and biking) and access to community recreation facilities
	C-PA-C2: Implement policies and practices that support physical activity in licensed childcare and pre-school settings
	C-PA-C3 ^{low impact} : Implement signage prompting use of stairs ⁵

Worksite Setting	
	C-PA-W1: Implement policies and practices that create active worksites by increasing opportunities for non-motorized transportation (walking and biking) and access to worksite recreation facilities
	C-PA-W2 ^{low impact} : Implement signage prompting use of stairs ⁵

Nutrition Interventions	
Objectives: to increase access to high quality nutritious foods and increase initiation, exclusivity, and duration of breastfeeding through policy, systems and environmental changes.	

School Setting	
	C-N-S1: Implement comprehensive nutrition policies including: breakfast promotion; healthy lunch and snacks, including classroom celebrations and incentives, fundraising, concessions, and vending; school gardens; and Farm to-School initiatives
	C-N-S2: Implement school policies that encourage and enable staff and older students to breastfeed their children, such as: educate and train about breastfeeding; provided designated private space for breastfeeding or expressing milk; allow flexible scheduling to support milk expression during work; and provide information on resources for obtaining high-quality breast pumps

Community Setting	
	<p>C-N-C1: Implement policies, practices, and environmental changes that improve access to nutritious foods such as fruits and vegetables (limited to):</p> <ol style="list-style-type: none"> Increase availability and affordability of nutritious foods in grocery stores, corner stores, concession facilities, faith institutions, long-term care facilities, social service agencies, and other food vendors (e.g. staple food ordinances, healthy corner store initiatives, and affordable transportation options to grocery stores selling nutritious foods); Require calorie or nutrition labeling on menus; License and facilitate the development of new farmer's markets and promote their use; and Create zoning ordinances that facilitate the development of new community gardens and other

	small scale food productions strategies (e.g. backyard gardening, youth gardening unrelated to schools, etc.) and promote their use
	C-N-C2: Implement policies and practices that support healthy eating in licensed child care and pre-school settings

Worksite Setting

	C-N-W1: Implement policies and practices that support increased consumption of fruits and vegetables and other nutritious foods such as: healthy food service and catering options , healthy vending, and access to community supported agriculture
	C-N-W2: Implement worksite policies that support breastfeeding such as: educate and train about breastfeeding; provide designated private space for breastfeeding or expressing milk; allow flexible scheduling to support milk expression during work; and provide information on resources for obtaining high-quality breast pumps

Health Care Setting

	C-N-H1: Implement breastfeeding practices in maternity care that provides prenatal, birth, and postpartum services, for example: develop a written policy on breastfeeding, provide education and training, encourage early breastfeeding initiation, support cue-based feeding, restrict supplements and pacifiers for breastfed infants, and provide for post-discharge follow-up
--	---

Healthy Weight and Healthy Behaviors Interventions

Objective: to increase opportunities to maintain healthy weight and healthy behaviors through policy, systems, and environmental changes

Worksite Setting

	C-HWHB-W1: Implement a comprehensive employee wellness initiative that provides health assessment with follow-up coaching; ongoing health education, and has policies and environment supports that promote healthy weight and healthy behaviors
--	--

Health Care Setting

	C-HWHB-H1: Support implementations of Institute for Clinical Systems Improvement (ICSI) Guidelines for “Prevention and Management of Obesity” and “Primary Prevention of Chronic Disease Risk Factors” by health care providers for adults and children where applicable.
	C-HWHB-H2: Develop relationships among health care providers and community leaders and build partnerships to facilitate active referral of patients to local resources that increase access to high quality nutritious foods, opportunities for physical activity, and tobacco use cessation
	C-HWHB-H3: Implement client or patient self-management support strategies of information exchange and collaborative decision making in order to motivate and aid clients and patients in making daily decisions to improve their behaviors relating to eating, physical activity, and abstinence from tobacco use

Summary of Issues Worksheet

Submit to MDH

 **Local Public Health Department:**
Date:

Dodge/Steele

		1	2	3	4	5	6
Area of public health responsibility	Community health Issue	Is this a new issue?	LPH will write an improvement plan?	LPH will provide ongoing services or activities	LPH will provide a new program or service	Another organization is addressing	This issue will be addressed regionally
Promote Healthy Communities and Healthy Behaviors	Obesity/Overweight among Adults	NO	YES	YES	YES	YES	YES
Promote Healthy Communities and Healthy Behaviors	Obesity/Overweight among Children	NO	YES	YES	YES	YES	YES
Promote Healthy Communities and Healthy Behaviors	Lack of Exercise	NO	YES	YES	YES	YES	YES
Promote Healthy Communities and Healthy Behaviors	Unhealthy Eating Habits	NO	YES	YES	YES	YES	YES
Promote Healthy Communities and Healthy Behaviors	Tobacco Use Among Children	NO	YES	YES	YES	YES	YES
Promote Healthy Communities and Healthy Behaviors	Tobacco Use Among Adults	NO	YES	YES	YES	YES	YES
Promote Healthy Communities and Healthy Behaviors	Family Home Visiting	NO	NO	YES	NO	YES	State/Fed. Work

Prepare For and Respond To Disasters and Assist Communities in Recovery	Essential Local Public Health Activities Area 5: EP1-EP7	NO	NO	YES	YES	YES	YES
			0				
0	0		0				
0	0		0				
COMMENTS: Obesity, Unhealthy Eating Habits and Lack of Exercise is a partnership with Freeborn, Goodhue, Houston-Fillmore, Mower, Wabasha and Winona CHBs. Tobacco Use includes partnerships with the previously mentioned CHBs for SHIP and with Goodhue and Rice CHBs with Clearway. The CHS Administrator for Dodge/Steele is a member of the State Wide Coalition for Family Home Visiting. SE Region Emergency Preparedness Coordinators and Directors meet regularly to plan.							

Appendix C

Minnesota County-Level Indicators for CHA



Minnesota County-level Indicators for Community Health Assessment

Indicators Sorted by Link to Data

Introduction

The County-level Indicators for Community Health Assessment is a listing of measures across multiple public health categories and from various data sources. Links to these indicators have been gathered together in this document to assist Minnesota's local health departments (LHD) and community health boards (CHB) in their community health assessment and community health improvement planning processes. However, LHD/CHBs **are not required** to use these specific measures, nor are these measures intended to represent the only indicators that LHD/CHB might want or need to examine to do a thorough community health assessment and plan. ***They should be considered as "first round" data sources, potentially leading to second, third, and even more rounds of data collection and analysis on specific issues on an "as needed basis."*** Through this process, the LHD/CHB will not only identify but better understand community health issues and develop an effective community health improvement plan.

"Round One" Data Gathering and Analysis

According to the national standards for local health departments (PHAB Standard 1.1.2 T/L), a community health assessment must include descriptions of community demographics, health issues, and contributing causes of community health issues, based on an analysis of community health data. This document directs local health departments to initial sets of county level data from **five main data sources**:

- Minnesota County Health Tables (MCHT)
- Minnesota Student Survey Selected Single Year Results (MSS SY)
- Minnesota Vital Statistics State, County and Community Health Board Trends (VS Trends)
- Minnesota Public Health Data Access System (MPHDA)
- Local Surveys

There are six tables in this document: one for each of the five main data sources mentioned above and one additional table containing the remaining six indicators that are from other data sources. At the beginning of each section, there is a link to the data source and a short description of the data source.

Each table describes the indicators, provides the original source of the data, and indicates where the data are located within the main data source. In addition, the tables specify in which theme of [The Health of Minnesota: 2012 Statewide Health Assessment](#) (SHA) the indicator may fit. The SHA themes are:

- People and Place
- Opportunity for Health
- Healthy Living
- Chronic Disease and Conditions
- Infectious Disease
- Injury and Violence

Example: The first table contains all the indicators found in the Minnesota County Health Tables (MCHT). The first indicator in this table is “Population by age and sex” (Column 1). These data are originally from the Census (Column 2) and can be found in the MCHT Demographic Table 1 (Column 3). This indicator would fit in the SHA theme “People and Place” (Column 4).

The list of indicators is also available in a separate document that is **sorted by Statewide Health Assessment theme**. It contains the exact same information but is sorted differently. This document is located on the [Minnesota County-level Indicators for Community Health Assessment](#) website.

Round Two (and more) Data Gathering and Analysis

A wealth of additional data is available throughout the MDH website in virtually every program area, for conducting second, third and more “rounds” of data gathering and analysis to take a more in-depth look at specific issues. Each LHD/CHB should check the MDH website and feel free to contact MDH programs as desired for more information. The MDH public health nurse consultants can help LHD/CHBs make these connections; technical assistance with data is also available from MDH Center for Health Statistics staff Kim Edelman (kim.edelman@state.mn.us) and Ann Kinney (ann.kinney@state.mn.us).

Data Source	Page Number
Minnesota County Health Tables (MCHT).....	1
Minnesota Student Survey Selected Single Year Results (MSS SY).....	4
Minnesota Vital Statistics State, County and Community Health Board Trends (VS Trends)	8
Minnesota Public Health Data Access System (MPHDA).....	11
Local Surveys	11
Remaining indicators	14

Minnesota County Health Tables (MCHT)

Minnesota County Health Tables are a compilation of public health data for Minnesota and its 87 counties.

Link to Data: [MCHT](#)

Minnesota County Health Tables (MCHT)			
Indicator	Original Source	Location within MCHT	Statewide Health Assessment Theme Name
Population by age and sex	Census	Demographics Table 1	People and Place
Number of females aged 15-44	Census	Demographics Table 3	People and Place
Number and percent of children under age 5	Census	Demographics Table 3	People and Place
Number and percent of children aged 0-19	Census	Demographics Table 3	People and Place
Number of prekindergarten – 12 th grade students by race/ethnicity	MDE	Demographics Table 9	People and Place
Number and percent of people aged 65 years older	Census	Demographics Table 4	People and Place
Percent of households in which the resident is 65 and over and living alone	Census	Demographics Table 4	People and Place/Opportunity for Health
Percent of population aged 25 years and older with less than or equal to high school education or equivalent (e.g. GED)	Census	Demographics Table 6	Opportunity for Health
Percent of people of all ages living at or below 200% of poverty	Census 5 yr ACS	Demographics Table 6	Opportunity for Health
Percent of housing occupied by owner	Census 5 yr ACS	Demographics Table 6	Opportunity for Health

County-level Indicators Sorted by Link to Data
Minnesota Department of Health, Center for Health Statistics, April 2012

Minnesota County Health Tables (MCHT)			
Indicator	Original Source	Location within MCHT	Statewide Health Assessment Theme Name
Percent of children under 18 living in single parent-headed households	Census 5 yr ACS	Demographics Table 6	Opportunity for Health
Percent of households in which the resident is 65 and over and living alone	Census	Demographics Table 4	Opportunity for Health/People and Place
Number of children under 18 years arrested for violent crimes (Part 1) per 1,000 population 10 - 17 years old	MN DPS	Morbidity Table 5	Opportunity for Health
Rate of children in out of home care per 1,000 (aged 0-17)	MN DHS	Demographics Table 11	Opportunity for Health/Healthy Living
Percent of children age 24-35 months up to date with immunizations (vaccine series)	MDH MIIC	Morbidity Table 2	Healthy Living
Rate of children in out of home care per 1,000 (aged 0-17)	MN DHS	Demographics Table 11	Healthy Living/Opportunity for Health
Percent of WIC children under aged 2-5 years who are obese according to BMI	MDH WIC	Morbidity Table 10	Chronic Diseases and Conditions
STD numbers (e.g. chlamydia, gonorrhea)*	MDH IDEPC	Morbidity Table 3	Infectious Disease
Number of tuberculosis cases*	MDH IDEPC	Morbidity Table 4	Infectious Disease
Vector borne diseases (e.g. Lyme disease, West Nile virus)*	MDH IDEPC	Morbidity Table 4	Infectious Disease
Years of potential life lost before age 65 (e.g. due to injury or violence)	MDH MCHS	Mortality Tables 1 and 3	Injury and Violence
Percent of motor vehicle injuries and deaths that are related to alcohol	MN DPS	Chemical Health Table 1	Injury and Violence
Rate of children maltreatment per 1,000 children aged 0-17	MN DHS	Demographics Table 10	Injury and Violence

County-level Indicators Sorted by Link to Data
Minnesota Department of Health, Center for Health Statistics, April 2012

Minnesota County Health Tables (MCHT)			
Indicator	Original Source	Location within MCHT	Statewide Health Assessment Theme Name
Suicide deaths	MDH MCHS	Mortality Tables 1 and 4	Injury and Violence
Percent currently uninsured (under age 65)	Census SAHIE	Morbidity Table 22 (2012 only)	Opportunity for Health

*It is recommended that you contact your field services epidemiologist to review additional data related to STI, infectious diseases and vector borne diseases. Contact information on these MDH staff can be found at [MDH Field Services Epidemiologists](#)

Acronyms

Census 5 yr ACS - Census 2005-2009 American Community Survey Results

MDE - Minnesota Department of Education Data Center

MDH IDEPC - Minnesota Department of Health, Infectious Disease Epidemiology, Prevention and Control

MDH MCHS - Minnesota Department of Health, Minnesota Center for Health Statistics

MDH MIIC - Minnesota Department of Health, Minnesota Immunization Information Connection

MDH ORHPC - Minnesota Department of Health, Office of Rural Health and Primary Care

MDH WIC - Minnesota Department of Health, Women, Infants and Children

MN DHS - Minnesota Department of Human Services

MN DPS - Minnesota Department of Public Safety

Census SAHIE – Census Small Area Health Insurance Estimates

County-level Indicators Sorted by Link to Data

Minnesota Department of Health, Center for Health Statistics, April 2012

Minnesota Student Survey Selected Single Year Results (MSS SY)

The Minnesota Student Survey (MSS) has been administered every three years to 6th, 9th, and 12th grade students in regular public elementary and secondary schools, charter schools, and tribal schools since 1989. The MSS includes questions about a wide variety of youth behaviors, including risk behaviors such as alcohol, tobacco and other drug (ATOD) use, violence and sexual activity, as well as positive behaviors and connection to family, school and community.

The results found in this document are single year results that are also found in the state and county standard MSS tables. This document differs from the report Minnesota Student Survey 1992-2010 Trends. The statewide results found in the Trends report include only those school districts that participated in each of the last seven administrations of the survey. While this data restriction is useful at the state level when examining results over time, restricting results at the county level to consistently participating schools districts results in too much missing data. Because this restriction is not in place, users of the Single Year Results document should be aware that apparent changes over time at may be at least partly due to the differing participation of school districts between survey years. Users are urged to review the list of participating school districts by year found at the end of each county's report to determine if district participation has changed over time in that county.

Link to Data: [MSS SY](#)

Minnesota Student Survey Selected Single Year Results (MSS SY)			
Indicator	Original Source	Location within MSS SY	Statewide Health Assessment Theme Name
Percent of 9th graders who have changed schools at least once since the beginning of the school year	MSS	Section 1: Academics, School Connectedness, School Safety and Time Use	Opportunity for Health
Percent of 9th graders who skipped school one or more days in the last 30 days due to feeling unsafe at or on the way to school	MSS	Section 1: Academics, School Connectedness, School Safety and Time Use	Opportunity for Health
Percent of 9th graders who report that a student kicked, bit, or hit them on school property in the last 12 months	MSS	Section 1: Academics, School Connectedness, School Safety and Time Use	Opportunity for Health
Percent of 9th graders who report that they have hit or beat up another person one or more times in the last 12 months	MSS	Section 2: Violent and Anti-Social Behavior	Opportunity for Health

County-level Indicators Sorted by Link to Data
Minnesota Department of Health, Center for Health Statistics, April 2012

Minnesota Student Survey Selected Single Year Results (MSS SY)			
Indicator	Original Source	Location within MSS SY	Statewide Health Assessment Theme Name
Percent of 9th and 12th graders who participate in religious activities one or more times per week	MSS	Section 1: Academics, School Connectedness, School Safety and Time Use	Healthy Living
Percent of 9th graders who ate five or more servings of fruit, fruit juice, or and vegetables yesterday	MSS	Section 7: Other Health Behaviors	Healthy Living
Percent of 9th graders who drank three or more glasses of pop or soda yesterday	MSS	Section 7: Other Health Behaviors	Healthy Living
Percent of 9th graders who were physically active for 30 minutes or more on at least five of the last seven days	MSS	Section 7: Other Health Behaviors	Healthy Living
Percent of 9th graders who engaged in strenuous exercise for at least 20 minutes on at least three of the last seven days	MSS	Section 7: Other Health Behaviors	Healthy Living
Percent of 9th graders who spend six or more hours per week watching TV, DVDs or videos	MSS	Section 1: Academics, School Connectedness, School Safety and Time Use	Healthy Living
Percent of 9th graders who engaged in binge drinking in the last two weeks	MSS	Section 6: Alcohol, Tobacco and Other Drugs	Healthy Living
Percent of 9th graders who used alcohol one or more times in the last 12 months	MSS	Section 6: Alcohol, Tobacco and Other Drugs	Healthy Living
Percent of 9th graders who used alcohol one or more times in the 30 days	MSS	Section 6: Alcohol, Tobacco and Other Drugs	Healthy Living
Percent of 9th and 12th graders who drove a motor vehicle after using alcohol or drugs one or more times in the last 12 months	MSS	Section 6: Alcohol, Tobacco and Other Drugs	Healthy Living
Percent of 9th graders who rarely or often ride with friends after those friends have been using alcohol or drugs	MSS	Section 6: Alcohol, Tobacco and Other Drugs	Healthy Living
Percent of 9th graders who smoked cigarettes during the last 30 days	MSS	Section 6: Alcohol, Tobacco and Other Drugs	Healthy Living

County-level Indicators Sorted by Link to Data

Minnesota Department of Health, Center for Health Statistics, April 2012

Minnesota Student Survey Selected Single Year Results (MSS SY)			
Indicator	Original Source	Location within MSS SY	Statewide Health Assessment Theme Name
Percent of 9th graders who used chewing tobacco, snuff, or dip during the last 30 days	MSS	Section 6: Alcohol, Tobacco and Other Drugs	Healthy Living
Percent of 9th graders who used marijuana one or more times in the last 12 months	MSS	Section 6: Alcohol, Tobacco and Other Drugs	Healthy Living
Percent of 9th graders who used marijuana one or more times in the last 30 days	MSS	Section 6: Alcohol, Tobacco and Other Drugs	Healthy Living
Percent of 9th and 12th graders who have ever had sexual intercourse	MSS	Section 9: Sexual Behavior	Healthy Living
Among sexually active students: percent reporting always using a condom	MSS	Section 9: Sexual Behavior	Healthy Living
Percent of 9th graders who report always wearing a seatbelt when riding in a car	MSS	Section 7: Other Health Behaviors	Healthy Living
Percent of 9th graders who have felt nervous, worried, or upset all or most of the time during the last 30 days	MSS	Section 4: Mental Health	Healthy Living
Percent of 9th graders who feel that people care about them very much or quite a bit (parents, other adult relatives, teacher/other adults, religious or spiritual leaders, other adults in the community, friends)	MSS	Section 8: Families and Social Connections	Healthy Living
Percent of 9th graders who felt sad all or most of the time in the last month	MSS	Section 4: Mental Health	Healthy Living
Percent of 9th graders who report that a student/students have made fun of or teased them in the last 30 days	MSS	Section 1: Academics, School Connectedness, School Safety and Time Use	Healthy Living
Percent of 9th graders who report that a student pushed, shoved, or grabbed them on school property in the last 12 months	MSS	Section 1: Academics, School Connectedness, School Safety and Time Use	Healthy Living

Minnesota Student Survey Selected Single Year Results (MSS SY)			
Indicator	Original Source	Location within MSS SY	Statewide Health Assessment Theme Name
Percent of 9th graders who report that they have made fun of or teased another student in the last 30 days	MSS	Section 1: Academics, School Connectedness, School Safety and Time Use	Healthy Living
Percent of 9th graders who had suicidal thoughts in last year	MSS	Section 4: Mental Health	Healthy Living
Percent of 9th graders who tried to kill themselves in the last year	MSS	Section 4: Mental Health	Healthy Living
Percent of 9th graders who are overweight but not obese according to BMI	MSS	Section 7: Other Health Behaviors	Chronic Diseases and Conditions
Percent of 9th graders who are obese according to BMI	MSS	Section 7: Other Health Behaviors	Chronic Diseases and Conditions
Percent of 9th graders who report that someone they were going out with has ever hit, hurt, threatened or forced them to have sex	MSS	Section 3: Experiencing Violence	Chronic Diseases and Conditions

Minnesota Vital Statistics State, County and Community Health Board Trends (VS Trends)

The Minnesota Vital Statistics State and County Trend Report contains demographic, natality and mortality on four blocks of 5-year trends for Minnesota, its 87 counties and Community Health Boards. This report provides information on several indicators including poverty, school drop outs, low birth weight, prenatal care, and selected causes of death.

Link to Data: [VS Trends](#)

Vital Statistics State and County Trends (VS Trends)			
Indicator	Original Source	Location within VS Trends	Statewide Health Assessment Theme Name
Total population	Census	Demographic Section	People and Place
Number of births	MDH MCHS	Natality Section	People and Place
Birth rate	MDH MCHS	Natality Section	People and Place
School enrollment for prekindergarten – 12th grade	Census	Education Section	People and Place
Child (under 15 years) dependency ratio (per 100 population 15-64)	Census	Demographic Section	People and Place
Number of households	Census	Demographic Section	People and Place
Number of deaths	MDH MCHS	Mortality Section	People and Place
Total population by race and ethnicity	Census	Demographic Section	People and Place
Percent of prekindergarten – 12 th grade students with limited English proficiency	MDE	Education Section	People and Place

Vital Statistics State and County Trends (VS Trends)			
Indicator	Original Source	Location within VS Trends	Statewide Health Assessment Theme Name
Elderly (65+ years) dependency ratio (per 100 population 15-64)	Census	Demographic Section	People and Place
Four year high school graduation rate	MDE	Education Section	Opportunity for Health
High school dropout rate	MDE	Education Section	Opportunity for Health
Percent of prekindergarten – 12th grade students receiving special education	MDE	Education Section	Opportunity for Health
Unemployed rate - annual average	MN DEED	Socioeconomic Section	Opportunity for Health
Total per capita income	Census	Socioeconomic Section	Opportunity for Health
Percent of prekindergarten – 12th grade students eligible for free and reduced meals	MDE	Education Section	Opportunity for Health
Percent of people under 18 years living in poverty	Census	Socioeconomic Section	Opportunity for Health
Percent of all ages living in poverty	Census	Socioeconomic Section	Opportunity for Health
Percent of births to unmarried mothers	MDH MCHS	Natality Section	Opportunity for Health
Percent of mothers who initiated prenatal care in the 1 st trimester	MDH MCHS	Natality Section	Opportunity for Health/Healthy Living
Birth rate per 1,000 population	MDH MCHS	Natality Section	Healthy Living
Number of births	MDH MCHS	Natality Section	Healthy Living

Vital Statistics State and County Trends (VS Trends)			
Indicator	Original Source	Location within VS Trends	Statewide Health Assessment Theme Name
Percent of births by race/ethnicity of mother	MDH MCHS	Natality Section	Healthy Living
Percent of mothers who smoked during pregnancy	MDH MCHS	Natality Section	Healthy Living
Percent of births to unmarried mothers	MDH MCHS	Natality Section	Healthy Living
Percent of mothers who initiated prenatal care in the 1st trimester	MDH MCHS	Natality Section	Healthy Living/Opportunity for Health
Percent of births that were born premature, less than 37 weeks gestation (singleton births)	MDH MCHS	Natality Section	Healthy Living
Percent of birth born low birth weight, less than 2,500 grams (singleton births)	MDH MCHS	Natality Section	Healthy Living
Number of infant deaths	MDH MCHS	Natality Section	Healthy Living
Teen birth rate per 1,000 females aged 15-19 years	MDH MCHS	Natality Section	Healthy Living
Leading causes of death - age adjusted rates per 100,000 (e.g. cancer, heart disease, stroke)	MDH MCHS	Mortality Section	Chronic Diseases and Conditions
Unintentional injury death - age adjusted rate per 100,000	MDH MCHS	Mortality	Injury and Violence

Acronyms

MDE - Minnesota Department of Education Data Center

MDH MCHS - Minnesota Department of Health, Minnesota Center for Health Statistics

MN DEED - Minnesota Department of Employment and Economic Development, Local Area Unemployment Statistics

County-level Indicators Sorted by Link to Data

Minnesota Department of Health, Center for Health Statistics, April 2012

Minnesota Public Health Data Access System (MPHDA)

The Minnesota Public Health Data Access (MPHDA) website is an electronic gateway to Minnesota health and environment data. This web-based information system provides a "one stop shop" for data about health, the environment, and other risk factors. MNPH Data Access can be used to gather information about health and environment trends over time, and to conduct queries of state and county-level data in Minnesota about diseases and conditions, such as asthma, cancer and heart attacks. Once on the site to get to county-level data, click either "query the data" or "map the data".

Link to Data: [MPHDA](#)

Minnesota Public Health Data Access (MPHDA)			
Indicator	Original Source	Location within MPHDA	Statewide Health Assessment Theme Name
Carbon monoxide poisoning (hospitalizations and ED visits age adjusted rates per 100,000)	MNHDD	MPHDA – CO Poisoning	Opportunity for Health
Percent of birth cohort tested with elevated blood lead levels	MDH Lead	MPHDA – Blood Lead	Opportunity for Health
COPD hospitalizations (age adjusted rate per 10,000)	MNHDD	MPHDA-COPD	Chronic Diseases and Conditions
Asthma hospitalizations (age adjusted rate per 10,000)	MNHDD	MPHDA - Asthma	Chronic Diseases and Conditions
Breast cancer incidence (age adjusted rate per 100,000)	MDH MCSS	MPHDA - Cancer	Chronic Diseases and Conditions
Cancer incidence per (all cancer types combined, age adjusted per 100,000)	MDH MCSS	MPHDA - Cancer	Chronic Diseases and Conditions
Heart attack hospitalizations (age adjusted rate per 10,000)	MNHDD	MPHDA - Heart Attacks	Chronic Diseases and Conditions

Acronyms

MDH Lead - Minnesota Department of Health, Lead Poisoning Prevention Program

MDH MCSS - Minnesota Department of Health, Minnesota Cancer Surveillance System

MNHDD - Minnesota Hospital Discharge Data maintained by the Minnesota Hospital Association

County-level Indicators Sorted by Link to Data

Minnesota Department of Health, Center for Health Statistics, April 2012

Local Surveys

Some Minnesota Counties have conducted local surveys that may provide data for these indicators. Listed below the table are the local surveys that were most recently conducted along with the counties for which results are available.

Link to Data: [Local Surveys](#)

Local Surveys		
Indicator	Original Source	Statewide Health Assessment Theme Name
Percent of adults who consumed five or more servings of fruits and vegetables per yesterday	Local Surveys	Healthy Living
Percent of adults who reported 30+ minutes of moderate physical activity on five or more days per week	Local Surveys	Healthy Living
Percent of adults who are binge drinkers	Local Surveys	Healthy Living
Percent of adults who are current smokers	Local Surveys	Healthy Living
Exposure to second hand smoke	Local Surveys	Healthy Living
Colorectal cancer screening	Local Surveys	Healthy Living
Breast cancer screening	Local Surveys	Healthy Living
Percent of adults who are overweight according to BMI	Local Surveys	Chronic Diseases and Conditions
Percent of adults who are obese according to BMI	Local Surveys	Chronic Diseases and Conditions
Heart disease prevalence	Local Surveys	Chronic Diseases and Conditions

Local Surveys		
Indicator	Original Source	Statewide Health Assessment Theme Name
Stroke prevalence	Local Surveys	Chronic Diseases and Conditions
Diabetes prevalence	Local Surveys	Chronic Diseases and Conditions

Local Survey Websites

[Bridge to Health 2005 and 2010](#)

Results for Aitkin County, Carlton County, Cook County, City of Duluth, Itasca County, Koochiching County, Lake County, Pine County, St. Louis County, St. Louis County without Duluth

[Southwest South Central Adult Health Survey 2010](#)

Results for Big Stone County, Blue Earth County, Brown County, Chippewa County, Cottonwood County, Jackson County, Kandiyohi County, Lac qui Parle County, Le Sueur County, Lincoln County, Lyon County, Murray County, Nicollet County, Pipestone County, Redwood County, Renville County, Swift County, Waseca County, Yellow Medicine County

[Metro Adult Health Survey 2010](#)

Results for Anoka County, Carver County, Dakota County, Ramsey County, Scott County, Washington County

[Survey of the Health of All the Population and the Environment \(SHAPE\) 1998, 2002, 2006, 2010](#)

Results for Hennepin County

For Other Counties: [2010 MCHT, Morbidity and Utilization Tables 11 and 12](#)

If your county is not listed, you can go to the Minnesota County Health Tables (MCHT) website listed above for synthetic estimates of selected risk behaviors. Note that synthetic estimates are statewide estimates (percentages) from the BRFSS that are statistically adjusted using the age and sex distributions for each county. These estimates indicate the percentage of adults at risk for a particular health behavioral risk factor in a county given 1) the statewide percentage for that behavior and 2) that county's age and sex composition. These estimates do not indicate the percentage of adults in that county who actually engage in the risk behavior.

Remaining indicators

Indicator	Original Source	Link to Data	Location within Link	Statewide Health Assessment Section Name
Arsenic levels in MN	Arsenic MDH	MDH Arsenic	Arsenic Groundwater Map	People and Place
Radon levels by zone (low, moderate, high)	US EPA	US Environmental Protection Agency	Map is located halfway down website	People and Place
Percent of dwellings built before 1940	Census 2000	Atlas Online	Housing	Opportunity for Health
Number of physicians per 10,000 population	MDH ORHPC	Atlas Online	Health	Opportunity for Health
Number of dentists per 10,000 population	MDH ORHPC	Atlas Online	Health	Opportunity for Health

Acronyms

MDH Arsenic - Minnesota Department of Health, Well Management

MDH ORHPC - Minnesota Department of Health, Office of Rural Health and Primary Care

US EPA - US Environmental Protection Agency

The Minnesota Center for Health Statistics collects, analyzes and disseminates data on the health of Minnesotans to help develop public health policies and programs.

For more information, contact the Center for Health Statistics at (651) 201-3504 or healthstats@state.mn.us. This issue, as well as other Center for Health Statistics publications, can be found on our website: www.health.state.mn.us/divs/chs

*Minnesota Department of Health
Center for Health Statistics
PO Box 64882
St. Paul, MN 55164-0882*



Appendix D

Steele County United Way Employee Survey

Steele County United Way Community Survey

Page One

Greetings!

Your Steele County United Way invites you to participate in an important 10 minute survey. We hope to learn how differences between us in our health, education and income affect the well-being of people in our community. Over the next six weeks you and hundreds of others in Steele County will be taking this survey where you work or get services, at your home or at a library. What you tell us, will help the United Way better meet our community's needs.

If you choose take this survey you can enter a drawing for a cash prize. First Prize is \$50, and the Grand Prize is \$100. Directions on how to enter are at the end of the survey.

Taking this survey is voluntary. Skip any question you don't care to answer. Your answers are private and cannot be traced back to you. Our report will sum up what you and others tell us.

First, a few simple directions:

- **Please take the survey one time. If you have already filled one out, kindly exit the survey now.**
- **This survey is for adults 18 years of age and older. If you are under 18 years of age, please close the survey now.**
- **You can move back and forth through the questions using the arrows at the bottom of the survey page.**
- **Please finish the survey once you have started it. After you exit, you won't be able to return to your own survey or change your responses.**

Special thanks go to the Bremer Foundation that has funded this community needs assessment and to Rainbow Research, Inc. (www.rainbowresearch.org) for designing and administering the survey.

Most importantly – Thank you for participating in our survey!

Question 1

Education

The first section of the survey covers education. It is for parents of children 18 years of age and younger. If you do not have any children this age you will be immediately transferred to questions relevant to your situation

1) Do you have any children aged 18 or younger?

☐ Yes

☐ No

Question 2

2) From the menu below, please select the number of children you have under the age of 6.

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

Question 3

3) Did you read to your youngest child in the past three days?

☐ Yes

☐ No

Question 4

4) From the menu below, please select the number of your children under 6 years of age that are in a pre-school program.

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

Question 5

5) Listed below are reasons people don't enroll their children in pre school programs. Please tell us how much you agree or disagree about whether each reason matches your own.

	Strongly agree	Agree	Dis agree	Strongly disagree	Don't know	Does not apply
I'm not interested in sending my child to a pre school program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't have enough money to pay the fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are no pre school programs in my area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre school hours conflict with my job or other commitments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There aren't any providers who speak our language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no way of getting my child to a pre school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My children are too young to be in a pre school program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write any other reasons you have for not enrolling your child in a pre school program in the box below.

Question 6

6) From the menu below, please indicate how many children you have aged 6 to 13

☐ 0

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9

From the menu below, please indicate how many children you have aged 14 to 18

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

Question 7

7) The following questions are about your involvement with your child's school, teachers and school work. In the past school year have you:

	Yes	No	Don't know	Does not apply
Visited at least one of your children's schools?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Met with at least one of your children's teachers to discuss progress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contacted at least one of your children's teachers by phone, email or note?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reviewed at least one of your children's most recent report cards with them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped at least one of your children with a history day, science fair or other school projects?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helped your children with their homework on a regular basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 8

8) Following is a list of problems parents commonly face when trying to get more involved in their children's education. Please tell us how much of a problem each of these has been to your getting more involved.

	Serious Problem	Moderate problem	Minor problem	Not a problem	Does not apply
Lack of time	()	()	()	()	()
Timing of school activities conflicts with my work schedule and other responsibilities	()	()	()	()	()
Lack of transportation	()	()	()	()	()
Limited English	()	()	()	()	()
Lack of an interpreter at school	()	()	()	()	()
Feel uncomfortable going to my child's school	()	()	()	()	()
Don't understand how the school system works	()	()	()	()	()
Haven't had enough education to help my child at school	()	()	()	()	()

Question 9

9) To what extent do you agree or disagree with the following statements about your youngest school-aged child's school experience?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Does not apply
My child's teachers really care about her/him	()	()	()	()	()	()
My child feels welcome at school	()	()	()	()	()	()
My child feels safe in school	()	()	()	()	()	()

Question 10

10) Listed below are after-school activities. Please enter the number of your children involved in each of these activities by age group. If your children are involved in other activities, please describe them in the spaces provided.

	6-13	14-18
Boys/Girl Scouts	_____	_____
Big Brothers/Big Sisters	_____	_____
Boys and Girls Clubs	_____	_____
4H Club	_____	_____
Future Farmers of America (FFA)	_____	_____
School clubs	_____	_____
Music or art programs	_____	_____
Organized sport teams	_____	_____
Church programs	_____	_____

Daycare		
Working at home/farm		
Working at a job		

Question 11

Our next series of questions are about computers you may have at home.

11) Do you have a working computer in your house?

☐ Yes

☐ No

Question 11a

Do you have internet access?

☐ Yes

☐ No

Question 11c

For each statement listed below, please tell us how much you agree or disagree that this is a reason you don't have a computer in your home.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Does not apply
Limited English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers are too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet fees are too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know how to use a computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 11d

For each statement listed below, please tell us how much you agree or disagree that this is a reason you don't have a computer in your home. In the space provided (other) please enter any other reasons you don't have a computer.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	Does not apply
My children are too young to use a computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is too difficult to control my child's computer use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't want my children surfing the internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 12

Health

The next set of questions asks about your own health and nutritional status.

12) Would you say that in general your health is...?

- ☐ Excellent
 - ☐ Very good
 - ☐ Good
 - ☐ Fair
 - ☐ Poor
 - ☐ Don't know
-

Question 13

13) Does anyone living in your household smoke?

- ☐ Yes
 - ☐ No
-

Question 13a

Do they smoke inside your home?

- ☐ Yes
 - ☐ No
-

Question 14

14) How often do you have an alcoholic beverage?

- ☐ Never
 - ☐ Monthly or less
 - ☐ 2 to 4 times a month
 - ☐ 2 to 3 times a week
 - ☐ 4 or more times a week
-

Question 15

15) On a day when you drink, how many alcoholic beverages would you typically have?

- ☐ 1 or 2
 - ☐ 3 or 4
 - ☐ 5 or 6
 - ☐ 7, 8 or 9
 - ☐ 10 or more
-

Question 16

16) During the past 4 weeks how often were you bothered by feelings of anxiety or depression?

- ☐ Never
 - ☐ Almost never
 - ☐ Sometimes
 - ☐ Fairly often
 - ☐ Very often
-

Question 17

17) In the past 4 weeks did feelings of anxiety, depression or irritability interfere with doing your usual work?

- ☐ Not at all
- ☐ Very little
- ☐ Somewhat
- ☐ Quite a lot

☐ Could not do daily work

Question 18

18) Below is a list of common causes of stress. Please tell us how often each has been a source of stress for you in the last 90 days. If you have experienced another cause of stress in the last 90 days, please describe it in the box below.

	Very Often	Fairly Often	Sometimes	Almost Never	Never	Don't Know	Does not apply
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separation or divorce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living in a different culture than my own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being the victim of a crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with the criminal justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 20

19) From the list below, please select the number of days in the past week that you had to skip a meal because you didn't have enough money.

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ Can't remember

20) How many days in the past week did you eat the following? Please select your answers from the drop down lists below

Fresh or frozen green vegetables

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

- ☐ 6
- ☐ 7
- ☐ Can't remember

Fresh or frozen fruit

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ Can't remember

Beans or lentils

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
 - ☐ 6
 - ☐ 7
 - ☐ Can't remember
-

Question 21

21) From the list below, please select the number of days in the past week that you exercised for 30 minutes or more.

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4
 - ☐ 5
 - ☐ 6
 - ☐ 7
 - ☐ Can't remember
-

Question 22

Insurance

Now we will ask a set of questions about health insurance and your access to health care.

22) Do you currently have health insurance?

- ☐ Yes
 - ☐ No
-

Question 23

23) Listed below are common barriers to having health insurance. Please tell us how much of a barrier each of these is to your being insured?

	Extreme Barrier	Moderate barrier	Somewhat of a barrier	Not a barrier	Does not apply
Unemployed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dropped by health insurance company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer doesn't provide insurance plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer provides insurance but I do not qualify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer contribution is too small to make it affordable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ineligible for Medicaid/Medical assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too young to enroll in Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COBRA coverage ended	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting for the changes in the new health care programs before getting health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-existing condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High copay and/or high deductible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 24

24) Do you have a family doctor?

- ☐ Yes
☐ No
☐ Don't know

25) Have you had a medical checkup with a doctor in the past five years?

- ☐ Yes
☐ No
☐ Don't know

26) Have you had your teeth cleaned at a dentist's office in the past 12 months?

- ☐ Yes
☐ No
☐ Don't know

27) Have you been sick or injured in the past 12 months?

- ☐ Yes
☐ No
☐ Don't know

Question 28

28) Did you seek medical care for your most recent injury or illness?

- ☐ Yes
☐ No
☐ Don't know
-

Question 28a

Did insurance pay for at least half of the cost of your medical care?

- ☐ Yes
☐ No
☐ Don't know
-

Question 28b

Following is a list of reasons people might avoid seeking medical care for a serious injury or illness. For each of these, please tell us whether you agree or disagree that this was a reason you didn't seek medical care for your injury or illness.

	Agree	Disagree	Don't know	NA
Health problem was not serious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took care of the problem myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack medical insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High deductible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No ride to get to the doctor/hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Couldn't take time off from work and other responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limited English	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of interpreter services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a traditional healer or herbalist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 33**Income**

In this section we will ask questions about your household's financial situation and your attitudes around poverty.

30) To what extent is your income below, above, or equal to your monthly expenses?

- ☐ A lot below
☐ A little below
☐ About the same
☐ A little above
☐ A lot above
☐ Don't know
-

Question 36

31) Did you pay all your credit card balances off last month?

- ☐ Yes
☐ No
☐ Don't know
☐ I don't have credit cards
-

32) Do you have a checking account?

- ☐ Yes

- ☐ No
☐ Don't know

33) Do you have a savings account?

- ☐ Yes
☐ No
☐ Don't know

Question 39

34) About how many weeks could you and your family get by without any money coming in? Please fill in the number of weeks in the box below.

- ☐ Weeks:: _____
☐ Don't know

Question 40

35) If you had 4 weeks, how likely could you come up with an extra \$2,000 to take care of an emergency?

- ☐ Not at all likely
☐ Somewhat likely
☐ Very likely
☐ Don't know

Question 41

36) How many automobiles, vans, trucks or motorcycles do you have at home that are in working condition? _____

Question 42

37) In the past 12 months how frequently has a member of your household done any of the following to meet your household's basic needs?

	Very frequently	Frequently	Occasionally	Rarely	Never	Don't know	Does not apply
Pawned items for cash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Borrowed cash from family/friends/employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applied for short term loans over the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed car payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed rent/mortgage payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Missed utility payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delayed essential medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skipped meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 43

38) In the past 12 months, has anyone in your household experienced financial problems related to the following?

	Yes	No	Don't know	Does not apply
Divorce or separation	()	()	()	()
Being a victim of a serious crime	()	()	()	()
Having a problem with alcohol or drug abuse	()	()	()	()
Damage due to storm, flood or fire.	()	()	()	()
Injury or illness	()	()	()	()

Question 44

39) In the past 12 months has anyone in your household used any of the following assistance programs?

	Yes	No	Don't know
Emergency cash assistance (General Assistance)	()	()	()
Energy/Heat assistance	()	()	()
Car fuel assistance	()	()	()
Section 8 rental assistance	()	()	()
SNAP/ Food assistance	()	()	()
Minnesota Family Investment Program (MFIP)	()	()	()
Free or reduced price school lunches	()	()	()
Daycare assistance	()	()	()
Nonprofit health and human services	()	()	()

Question 45

40) In the past 12 months how frequently have you provided any of the following types of assistance to anyone other than your own children or spouse (for example, an older parent, a disabled sibling, nephews/nieces, friend, etc.)?

	Very frequently	Frequently	Occasionally	Rarely	Never	Don't know	Does not apply
Housing	()	()	()	()	()	()	()
Food	()	()	()	()	()	()	()
Cash loan	()	()	()	()	()	()	()
Transportation	()	()	()	()	()	()	()
Interpreting or translating for someone who can't speak English	()	()	()	()	()	()	()
Cleaning	()	()	()	()	()	()	()
Household maintenance	()	()	()	()	()	()	()
Shopping	()	()	()	()	()	()	()

Question 46

41) In the past 12 months how often have you...?

	Very frequently	Frequently	Occasionally	Rarely	Never	Don't know
Donated to an organization to help people who live in	()	()	()	()	()	()

poverty						
Volunteered with a group, church or other organization that helps people who live in poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted an individual or family living in poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacted a public official about problems faced by poor people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 47

42) We're interested in your opinion about why people are poor. Of the 5 statements below mark the one that comes closest to your opinion.

- ☐ Because they have been unlucky
- ☐ Because they are lazy or lack willpower
- ☐ Because there is much injustice/inequality in our society
- ☐ Because it's an unavoidable result of modern progress
- ☐ Because they lack training/skills/education
- ☐ I have no opinion

Question 48a

Employment

The next set of questions is about employment and covers both your current job situation and the challenges people face in trying to find a job.

43) Please check each box that describes your current situation. (You may select more than one answer.)

- ☐ A student
- ☐ Retired
- ☐ On disability and can't work
- ☐ A homemaker or stay at home parent/caregiver
- ☐ None of the above

44) Are you currently employed?

- ☐ Yes
- ☐ No

Question 49

45) About how many hours did you work in an average week over the past 3 months?

- ☐ Hours per week:: _____
- ☐ Don't know

46) How many jobs do you have?

47) How much do you make on average per month in your current jobs(s) (including salary, wages and tips)?

- () S: _____
 () Don't know
-

Question 52

48) Is your main job permanent or temporary?

- () Permanent
 () Temporary
 () Don't know
 () Does not apply

49) Is your main job full time or part time?

- () Full time
 () Part time
 () Don't know
 () Does not apply
-

Question 54

50) How do you usually get to work? (Select all that apply)

- ☐ Car, truck, or van
☐ Carpool
☐ Bus
☐ Taxicab
☐ Motorcycle
☐ Bicycle
☐ Walk
☐ Work at home
-

Question 55

51) In your opinion, how important is each of the following barriers to people who are looking for a job in Steele County?

	Important	Not at all important	Don't know
Lack of skills	()	()	()
Lack of appropriate training	()	()	()
Lack of education (HS diploma/GED, etc.)	()	()	()
Limited English	()	()	()
Disabilities (blind, deaf, have mobility impairments, mental disability, cognitive impairment)	()	()	()
Health problems	()	()	()
Cost of child care	()	()	()
Cost of transportation/distance	()	()	()
Certification/training requirements	()	()	()
Age discrimination	()	()	()
Racial discrimination	()	()	()
Gender discrimination	()	()	()

Question 56

52) Have you ever had a job?

☐ Yes

☐ No

Question 57

53) How many months ago did your last job end? _____

Question 58

54) Was the job permanent or temporary?

☐ Permanent

☐ Temporary

☐ Don't know

☐ Does not apply

55) Was the job full time or part time?

☐ Full time

☐ Part time

☐ Don't know

☐ Does not apply

56) About how much were you making per month in your last job?

☐ \$: _____

☐ Don't know

57) Was this enough to live on?

☐ Not enough

☐ Enough

☐ More than Enough

☐ Don't know

Question 62

58) Are you currently receiving unemployment benefits?

☐ Yes

☐ No

☐ No, my unemployment benefits are used up

Question 63

59) Are you currently looking for a job?

☐ Yes

☐ No

Question 64

60) How many months have you been looking for a job?

☐ Less than 1 month

☐ Number of months: _____

☐ Don't know/can't remember

Question 65

61) How often have you used each of the following employment strategies to find a job?

	Never	Almost Never	Sometimes	Fairly Often	Very Often	Don't Know	Does Not Apply
Apply at an employer	()	()	()	()	()	()	()
Apply at a temp agency	()	()	()	()	()	()	()
Apply over the internet	()	()	()	()	()	()	()
Respond to a job posting in a newspaper or magazine	()	()	()	()	()	()	()
Expand job search to include other occupations	()	()	()	()	()	()	()
Expand job search to include part time or temporary employment	()	()	()	()	()	()	()
Ask friends, family and acquaintances about openings where they work	()	()	()	()	()	()	()
Barter or trade work for food or housing	()	()	()	()	()	()	()

Question 66

62) Here is a list of barriers that people often experience when trying to find a job. How much of a barrier has each of these been to you during your current job search?

	Extreme Barrier	Moderate barrier	Somewhat of a barrier	Not a barrier	Don't know
Lack of available jobs in the area that pay a living wage	()	()	()	()	()
Lack of skills	()	()	()	()	()
Lack of appropriate training	()	()	()	()	()
Lack of education (HS diploma/GED, etc.)	()	()	()	()	()
Limited English	()	()	()	()	()
Disabilities (blind, deaf, have mobility impairments, mental disability, cognitive impairment)	()	()	()	()	()
Health problems	()	()	()	()	()
Cost of child care	()	()	()	()	()
Cost of transportation/distance	()	()	()	()	()
Certification/training requirements	()	()	()	()	()
Age discrimination	()	()	()	()	()
Racial Discrimination	()	()	()	()	()
Gender discrimination	()	()	()	()	()

Question 67

The next set of questions has to do with housing

63) Which best describes the home you currently live in?

- () Mobile home
- () Single-family house detached from any other house
- () Single-family house attached to one or more houses

- ☐ Building with 2 or more apartments or units
- ☐ Recreational Vehicle or camper
- ☐ Homeless shelter
- ☐ Hotel/Motel
- ☐ Car or van
- ☐ Nursing home/assisted living
- ☐ Other: _____

64) How much do you pay for housing each month? Please fill in the dollar amount in the box below.

- ☐ \$: _____
 - ☐ Don't pay for housing
 - ☐ Don't know/ not sure
-

Question 68

65) Do you know anyone in our community who has lost their housing in the past 12 months?

- ☐ Yes
 - ☐ No
 - ☐ Don't know
-

Question 69

66) What did they do when they lost their housing?

	Yes	No	Don't know
Stayed at a homeless shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used a housing voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couch surfed with friends or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spent one or more nights in a car, truck or camper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camped out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moved in with a friend/relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rented an apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchased a house or condo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 70

Demographics

Finally, we would like to ask some general questions about you and the household you live in.

67) What is your gender?

- ☐ Male
 - ☐ Female
 - ☐ Other
-

Question 71

68) What is your age?

- ☐ Under 18
- ☐ 18 to 24
- ☐ 25 to 34
- ☐ 35 to 44

- ☐ 45 to 54
 - ☐ 55 to 64
 - ☐ 65 to 74
 - ☐ 75 or older
 - ☐ Don't know
-

Question 72

69) Which of the following most closely describes your race/ethnicity?

- ☐ American Indian/Alaska Native
 - ☐ Asian/Asian American
 - ☐ Black/African American
 - ☐ Hispanic/Latino
 - ☐ Native Hawaiian/Pacific Islander
 - ☐ White/European American
 - ☐ Multi-Racial
 - ☐ Some other race
 - ☐ Unsure
-

Question 73

70) What is your marital status?

- ☐ Married
 - ☐ Widowed
 - ☐ Divorced
 - ☐ Separated
 - ☐ Never married
 - ☐ Cohabiting
-

Question 74

71) How many people live in your household? _____

Question 75

72) What is the highest level of education you completed?

- ☐ Did not attend school
 - ☐ Some elementary school
 - ☐ Completed elementary school
 - ☐ Some high school
 - ☐ High school graduate
 - ☐ Community or Technical College/Trade School
 - ☐ Some undergraduate college
 - ☐ College graduate
 - ☐ Some post-graduate
 - ☐ Master's degree or higher
 - ☐ Not sure
-

Question 76

73) Are you a US citizen?

- ☐ Yes, born in the US, Puerto Rico, Guam, the US Virgin Islands or Northern Marianas

- ☐ Yes, born abroad of US citizen parent or parents
 - ☐ Yes, US citizen by naturalization
 - ☐ No, not a US citizen
-

Question 77

74) If you were born outside the US, in what year did you come to live in the US? _____

75) What is your country of origin? _____

Question 78

76) In 2012 what was your annual household income?

- ☐ \$15,000 or less
 - ☐ \$15,001 to \$25,000
 - ☐ \$25,001 to \$35,000
 - ☐ \$35,001 to \$50,000
 - ☐ \$50,001 to \$75,000
 - ☐ \$75,001 to \$100,000
 - ☐ \$100,001 to \$150,000
 - ☐ Over \$150,000
 - ☐ Don't know
 - ☐ Prefer not to say
-

Thank You!

Thank you for taking this survey. Your answers to these items will help United Way of Steele County in it's planning to address the needs of our residents.

Please click on this link to enter your name into a drawing to win a prize. United Way will randomly pick two winners for a First Prize of \$50 and a Grand Prize of \$100.
