



HealthPartners®

Amery Hospital & Clinic

Community Health Needs Assessment



CHC

Community Hospital Consulting

Amery Hospital & Clinic

Community Health Needs Assessment Overview

Amery Hospital & Clinic collaborated with five other hospitals in the HealthPartners system and contracted with Community Hospital Consulting to determine the greatest health needs in the communities they serve. These hospitals serve similar communities and have overlapping study areas.

The system's study area is defined as Dakota, Hennepin, Ramsey, Scott and Washington Counties in Minnesota and Polk and St. Croix Counties in Wisconsin. Amery Hospital & Clinic's specific study area is defined as:

- Polk County

Data elements regarding all seven counties in the system's study area are included in this report for comparison and are also provided as an opportunity for the hospitals to work together to meet the needs identified in the overlapping counties.

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Executive Summary

A review of the CHNA process and rationales for the identified health needs



Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for HealthPartners and its hospitals (Regions Hospital, Lakeview Hospital, Hudson Hospital & Clinic, Westfields Hospital & Clinic, Amery Hospital & Clinic, and Park Nicollet Methodist Hospital) by Community Hospital Consulting. This individual CHNA report utilizes relevant health data and stakeholder input to identify significant community health needs in Polk County, the defined study area for Amery Hospital & Clinic. Data from the study areas of the other hospitals (Dakota, Hennepin, Ramsey, Scott and Washington Counties in Minnesota and St. Croix County in Wisconsin) are included in some sections for comparison purposes.

The CHNA Team, consisting of leadership from HealthPartners and its hospitals, met with staff from Community Hospital Consulting on August 24, 2015 to review the research findings and prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the health system and hospital leadership discussed the results and decided to address all of the prioritized needs in various capacities through hospital specific implementation plans.

HealthPartners and hospital leadership developed the following principle to guide this work: **Through collaboration, engagement and partnership with our communities we will address the following priorities with a specific focus on health equity in special populations.**

The final list of prioritized needs, in descending order, is listed below:

- 1. Mental and Behavioral Health**
- 2. Access and Affordability**
- 3. Chronic Disease and Illness Prevention**
- 4. Equitable Care**



Priority #1: Mental and Behavioral Health

- The ratio of the population to mental health providers in Polk County is markedly higher than the state (15:1, compared to 8:1), suggesting that mental health providers are relatively scarce in Polk County, compared to the state as a whole.
- The *Healthiest Wisconsin 2020: Everyone Living Better, Longer* Health Focus Areas include mental health and unhealthy alcohol and drug use.
- On the Community Health Survey, 16% of respondents said they have been diagnosed with depression or a mental health disorder.
- Self-harm is the second leading cause of hospitalization in Polk County.
- The suicide rate in Polk County is nearly twice the state's rate (23 vs. 13 per 100,000).
- Approximately 15% of Polk County youth reported that they seriously considered committing suicide in the past year, which is higher than Wisconsin's rate at 13%.
- Between 2007 and 2009, 17 children were hospitalized in Polk County for self-harm.
- Of the 4% of respondents on the Community Health Survey who reported they have considered suicide, 22% reported that they are doing "nothing" to address these concerns.
- Illegal drug use (particularly prescription drugs, heroin and meth) is gaining the attention of local law enforcement, the judicial system and school officials. The Polk County Sheriff's Department convened a group of key stakeholders around the drug abuse issue and it is likely that communities will work together to impact this problem in Polk County throughout the next 3 years.
- The prevalence of excessive drinking in Polk County (23%) and Wisconsin (24%) far exceeds the national goal of 8%. Approximately 24% of boys and 16% of girls in Polk County report having had their first drink of alcohol before age 13.
- On the Community Health Survey, approximately 30% of respondents reported binge drinking in the past month.
- Motor vehicle crashes are the leading cause of death in Polk County, with a rate more than twice the state's rate. Alcohol is involved in three times as many fatal car crashes than in the state overall.
- Participants in the community conversation conducted by Amery Hospital & Clinic identified access to mental health services as a significant concern in Polk County. It was mentioned that services are limited in Polk County, including inpatient, outpatient and crisis services. It was also mentioned that many people do not want to seek treatment because there is a stigma associated with having a mental health condition. Participants in the community conversation conducted by Amery Hospital & Clinic also identified alcohol and chemical abuse as significant concerns in Polk County. It was noted that there are limited drug and alcohol treatment services and children can be some of those that are most at risk.



Priority #2: Access and Affordability

- Polk County has the lowest median household income out of the seven counties served by HealthPartners' hospital (approximately \$49,000). Polk County's median household income is also lower than Wisconsin's median household income (\$51,974).
- Poverty is a significant barrier in Polk County. For example, 10.5% of overall residents and 15% of children in Polk County are living in poverty (2013).
- Polk County's unemployment rate is 5.9%, compared to 5.5% in Wisconsin.
- Nearly 27% of Wisconsin residents have a Bachelor's Degree or higher, compared to less than 20% in Polk County (2009-2013).
- The *Healthiest Wisconsin 2020: Everyone Living Better, Longer* Infrastructure Focus Areas include: access to quality health services; collaborative partnerships for community health improvement; equitable, adequate, stable public health funding; public health capacity and quality; and systems to manage and share health information and knowledge.
- Participants in the community conversation conducted by Amery Hospital & Clinic identified healthcare system barriers and misuse as a concern in Polk County. This includes barriers such as transportation, medication management and misuse, accessing the appropriate level of care, and community education.

Priority #3: Chronic Disease and Illness Prevention

- The *Healthiest Wisconsin 2020: Everyone Living Better, Longer* Health Focus Areas also include: chronic disease prevention and management; communicable disease prevention and control; physical activity; healthy growth and development; adequate, appropriate, and safe food and nutrition; and tobacco use and exposure.
- In regards to obesity, both Polk County and Wisconsin's rates (28%) exceed the national goal of 25%.
- The increase in annual health care costs for every obese adult exceeds \$1,400.
- Obese youth are more likely to become obese adults, putting them at risk of having lifelong health consequences.
- On the Community Health Survey, just over one-third of respondents described their weight as "healthy", nearly half reported they were "slightly overweight", and 14% said they were "very overweight".
- In the first six months of 2012, approximately 65% of patients were screened for height and weight in medical centers in Polk County. More than 40% of screened patients were obese and nearly 30% were overweight.
- Participants in the community conversation conducted by Amery Hospital & Clinic identified nutrition and physical activity as concerns in Polk County. This includes access to healthy lifestyle resources related to physical activity, information regarding appropriate sugar intake, and populations who may be at the highest risk, such as low income community members.



Priority #4: Equitable Care

- There are approximately 43,437 residents in Polk County. Polk County is the least populated county in HealthPartners' study area, and it experienced a decline between 2010 and 2014.
- The 65 and older population experienced the greatest percentage increase of all age groups in Polk County and in Wisconsin (2010-2014), and Polk County's median age is increasing at 44.7, compared to 39.2 in Wisconsin. Black and Asian populations in Polk County also increased between 2010 and 2014. For example, the Black population increased by 68.8%.
- Participants in the community conversation conducted by Amery Hospital & Clinic noted that medication management may be a concern among the aging population.
- Data indicates that there is inequity among diverse populations. For example, in Wisconsin there are significant disparities in completion rates across racial groups (2013-2014).
 - American Indian/Alaska Native: 79.1%
 - Black: 65.9%
 - Hispanic: 79.1%
 - White: 93.3%
- Overall, 21.8% of children in Polk County are food insecure (2013) and 11% of seniors in Wisconsin are threatened by hunger (2013). Child food insecurity rates are also higher in Polk County than in Wisconsin.
- The *Healthiest Wisconsin 2020: Everyone Living Better, Longer* Infrastructure Focus Areas include: diverse, sufficient, competent workforce that promotes and protects health; health literacy and education; and equitable, adequate, stable public health funding.



Process and Methodology

A detailed description of the process used to conduct this CHNA, the collaboration between hospital staff and Community Hospital Consulting, and the methods of data collection and analysis



Process and Methodology

Background and Objectives

This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014. The objectives of the CHNA are to:

- Meet federal government and regulatory requirements
- Research and report on the demographics and health status of the study area, including a review of state and local data
- Gather input, data and opinions from persons who represent the broad interest of the community
- Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by HealthPartners and its respective hospitals: Regions Hospital, Lakeview Hospital, Hudson Hospital & Clinic, Westfields Hospital & Clinic, Amery Hospital & Clinic, and Park Nicollet Methodist Hospital
- Prioritize the needs of the community served by HealthPartners and its respective hospitals
- Create individual implementation plans that address the prioritized needs for each hospital facility

Amery Hospital & Clinic engaged Community Hospital Consulting in the development of their 2015 Community Health Needs Assessment. The final CHNA relies on the health data findings from the Polk County Community Health Improvement Plan 2014-2016, a demographic analysis conducted by Community Hospital Consulting, and a community conversation conducted by Amery Hospital & Clinic. The CHNA is complemented with an Implementation Plan that addresses the identified health needs.

The additional hospitals in the HealthPartners system required varying levels of assistance in conducting their CHNAs. Regions Hospital, Lakeview Hospital, and Park Nicollet Methodist Hospital engaged the resources of Community Hospital Consulting to conduct a comprehensive six-step Community Health Needs Assessment of their communities, including Dakota, Hennepin, Ramsey, Scott, and Washington Counties in Minnesota and St. Croix County in Wisconsin. The community health needs assessment utilized relevant health data and stakeholder input through community conversations to identify the main community health priorities that HealthPartners and its respective hospitals should seek to address. Hudson Hospital & Clinic and Westfields Hospital & Clinic required assistance in the creation of their hospital specific implementation plans and incorporating their recently conducted county health needs assessments, which the hospitals conducted in collaboration with other organizations. The process culminates with a CHNA for each individual hospital.



Process and Methodology Continued

Scope of CHNA Report

The CHNA components include:

- A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
- A biography of HealthPartners and its hospitals
- A description of each hospital's defined study area
- Definition and analysis of the communities served, including a demographic analysis and a summary of health data collected in the Polk County Community Health Improvement Plan 2014-2016
- Findings from a community conversation and recently conducted studies that collected community input from people who represent a broad interest in the communities, including:
 - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
 - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
- The prioritized community needs and separate implementation plans for each hospital, which intend to address the community needs identified
- An evaluation of the hospital's previous impact
- A list of available health resources in the community
- A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Methodology

HealthPartners and its hospitals provided Community Hospital Consulting with essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and necessary findings from the community conversation and recently conducted community health assessments. Community Hospital Consulting conducted the following research:

- A demographic analysis of the study area, utilizing demographic data from the American Community Survey and other sources
- A summary of the health data analyzed in the Polk County Community Health Improvement Plan 2014-2016
- Facilitated the prioritization process during the CHNA Team meeting on August 24, 2015. The CHNA Team included: Kelly Appeldorn (Community Health Coordinator, Community Relations), Marna Canterbury (Director of Community Health, Lakeview Health Foundation), Christa Getchell (President Park Nicollet Foundation, VP, Park Nicollet Health Services), Libby Lincoln (Program Officer, Park Nicollet Foundation), DeDee Varner (Community Relations Manager), Pakou Xiong (Community Relations Specialist), Patty Willeman (Coordinator- Quality, Wellness, Corporate Health Consultant), and Donna Zimmerman (Sr. Vice President, Government & Community Relations).

Process and Methodology Continued

The methodology for each component of this study is summarized below.

- Hospital Biographies: Background information about HealthPartners and its hospitals, including the mission and vision, was provided by the hospital or taken from its website.
- Study Area Definition: The study area for each hospital is based on inpatient discharge data and discussions with hospital staff.
- Demographics of the Study Area: Population demographics include population by race, ethnicity, age, unemployment and economic statistics. Demographic data sources include, but are not limited to, the American Community Survey, the Kids Count Data Center, the U.S. Census Bureau and the United States Bureau of Labor Statistics.
- Health Data Collection Process: Amery Hospital & Clinic's CHNA relies on health data collected and analyzed in the Polk County Community Health Improvement Plan 2014-2016. A variety of sources, which are all listed in the references section of this report, were utilized in the health data collection process. Other facilities engaged Community Hospital Consulting to complete and full review of the most currently available health data, which can be found in the appendix.
- Review of Current Research: HealthPartners provided Community Hospital Consulting with various studies that have been conducted for each county in the system's study area. Community Hospital Consulting summarized the findings of each study and created an overall matrix of community health needs across all seven counties.
- Community Input: HealthPartners and its hospitals participated extensively in community conversations, collaborative initiatives with local public health departments that included surveys and interviews with required groups. A summary of those efforts is included in this report.
- Prioritization Strategy: Four significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the community input. Three factors were used to rank those needs during the CHNA Team meeting on August 24, 2015.
- Evaluation of Hospital's Impact: IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA. Each hospital has tracked the progress made on previously listed activities and a summary of impact is provided in each facility-specific report.
- Available Community Resources: In addition to the services provided by HealthPartners and its hospitals, other charity care services and health resources available in the community were provided by each hospital. Community Hospital Consulting compiled the lists and included them in each hospital's report.



HealthPartners Background and Hospital Biography

A brief description of HealthPartners and the hospital within the HealthPartners system



About HealthPartners

HealthPartners is an award-winning integrated health care system based in Bloomington, MN, with a team of 22,500 people dedicated to a mission to improve the health of members, patients and the community.

HealthPartners Organization at a Glance

- Founded in 1957 as a cooperative
- Integrated health care organization providing health care services and health plan financing and administration
- Largest consumer governed nonprofit health care organization in the nation
- Serves more than 1.5 million medical and dental health plan members nationwide
- Includes a multispecialty group practice of more than 1,700 physicians
- More than 22,500 people working to deliver the HealthPartners mission

Care Group

- Cares for more than one million patients
- Multispecialty group practice of more than 1,700 physicians
- More than 50 primary care clinics, 750 primary care physicians
- 22 urgent care locations
- Multi-payer
- Primary care and 55 medical and surgical specialties

HealthPartners Health Plan

- Nonprofit, consumer governed health plan
- 1.5 million medical and dental plan members
- Regional network of more than 148,000 doctors and other care providers in Minnesota, western Wisconsin, South Dakota and North Dakota
- HealthPartners and Cigna's combined national network offers nearly 950,000 doctors and other care providers, plus 6,000 hospitals in the United States
- Ranked among the top 30 plans in the nation according to NCQA's Private Health Insurance Plan Rankings 2013-14

Hospitals

- Methodist Hospital, St. Louis Park, MN
- Regions Hospital, Saint Paul, MN
- Lakeview Hospital, Stillwater, MN
- Hudson Hospital & Clinics, Hudson, WI
- Westfields Hospital & Clinic, New Richmond, WI
- Amery Hospital & Clinic, Amery, WI
- St. Francis Regional Medical Center, Shakopee, MN (one-third ownership)



Mission, Vision, Values

- **Mission:** To improve health and well-being in partnership with our members, patients and community.
- **Vision:** Health as it could be, affordability as it must be, through relationships built on trust.
- **Values:** Excellence, Compassion, Partnership, Integrity



About Amery Hospital & Clinic

- Opened in 1956, joined HealthPartners in 2014
- 25 bed critical access hospital in Amery, WI
- 4 clinic locations, 2 fitness centers, dialysis center, wound healing center, 10-bed geriatric mental health center and assisted living facility
- About 1,150 annual inpatient admissions
- About 40 medical staff (many more credentialed and active)
- New onsite MRI, nuclear medicine scanner, CT scanner and mammography unit
- Environmentally friendly facility built in 2007 with rain gardens, green roof, and community walking trail along the Apple River



Study Area

The hospital's defined study area, as well as a snapshot of the counties served by other hospitals in the HealthPartners system



HealthPartners Study Area



Dakota, Hennepin, Ramsey, Scott, Washington (MN), Polk and St. Croix Counties (WI)

*The "H" indicates hospital locations



County	State	Dakota County	Henn. County	Ramsey County	Scott County	Wash. County	Polk County	St. Croix County
Lakeview Hospital	MN			x		x		x
Park Nicollet Methodist Hospital	MN	x	x		x			
Regions Hospital	MN	x		x		x		
Amery Hospital & Clinic	WI						x	
Hudson Hospital & Clinic	WI							x
Westfields Hospital & Clinic	WI							x

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded; CY 2014

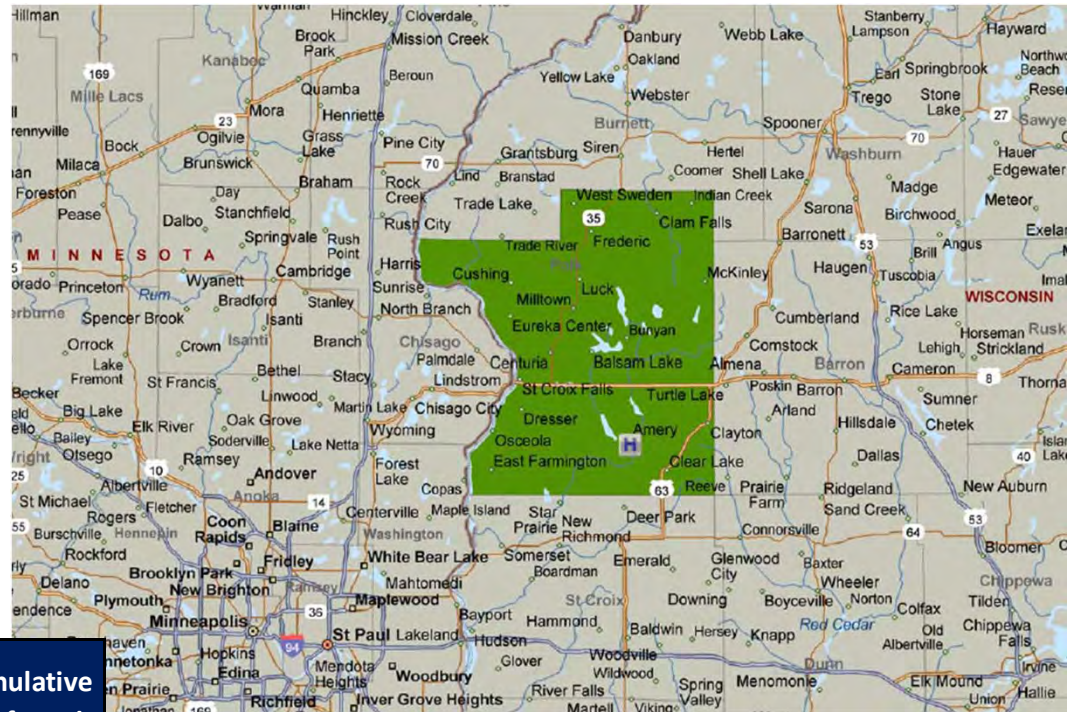


Amery Hospital & Clinic Study Area



Polk County makes up 69% of inpatient discharges

*The "H" indicates the hospital



Amery Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
Polk	WI	776	69.0%	69.0%
Other		349	31.0%	100.0%
Total		1,125	100.0%	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded



Demographic Overview

A demographic analysis of the community served by the hospitals within the HealthPartners system



Demographics Summary

Overall Population

- **Overall Population**
 - According to annual estimates, there are approximately 5.46 million residents in Minnesota and approximately 5.76 million residents in Wisconsin.
 - Hennepin County is the most populated, while Polk County is the least populated.
- **Overall Population Change**
 - Scott County experienced the greatest overall percentage growth (7.0%) from 2010-2014, while Polk County experienced a percentage decrease (-1.6%).
- **Population by Race / Ethnicity**
 - The majority of residents in each county are White.
 - Ramsey and Hennepin Counties are the most racially diverse counties in the study area.
 - There are between approximately 12% - 13% Black or African American residents in both counties.
 - There are approximately 14% Asian residents in Ramsey County.
 - Overall, the White population experienced the least growth, or in some cases a decline, between 2010 and 2014.
- **Population by Age**
 - Ramsey County has the youngest median age, 34.6, while Polk County has the oldest median age, 44.7, out of the 7 counties served by HealthPartners' hospitals.
 - The 65 and older population experienced the most growth between 2010 and 2014.



Demographics Summary

Economic and Social Factors

- **Income Disparities**
 - There are significant income disparities between counties. Scott County has the highest median household income, \$85,481, while Polk County has the lowest, \$49,138.
 - Poverty, particularly childhood poverty, may be a concern in Ramsey County.
- **Food Insecurity**
 - Polk and Ramsey Counties have higher rates of child food insecurity than their respective states.
 - According to Second Harvest Heartland and Feeding America, 1 in 9 individuals in Minnesota and 1 in 8 individuals in Wisconsin are affected by hunger.
 - Ramsey County's overall food insecurity rate is higher than both Minnesota and Wisconsin rates.
 - The percentage of seniors who are threatened by hunger has generally increased for both Minnesota and Wisconsin.
 - Between 2009 – 2013, overall, the percentage of the population in both Hennepin and Ramsey counties that are food insecure has increased.
- **Educational Attainment**
 - Hennepin and Ramsey Counties have lower graduation rates than Minnesota.
 - There are disparities in graduation rates in Minnesota and high school completion rates in Wisconsin across racial/ethnic groups.

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, www.census.gov/did/www/saipe/data/statecounty/data/2013.html; data accessed August 29, 2015

Source: Feeding America, Map the Meal Gap: 2015, Child Food Insecurity by County; <http://map.feedingamerica.org/county/2013/child/>; data accessed May 21, 2015

Source: Minnesota Department of Education, Data Reports and Analytics, w20.education.state.mn.us/MDEAnalytics/Data.jsp; data accessed June 1, 2015

Source: Wisconsin Department of Public Instruction, Wisconsin Information System for Education, Data Dashboard, wisedash.dpi.wi.gov/Dashboard/portalHome.jsp; data accessed June 9, 2015

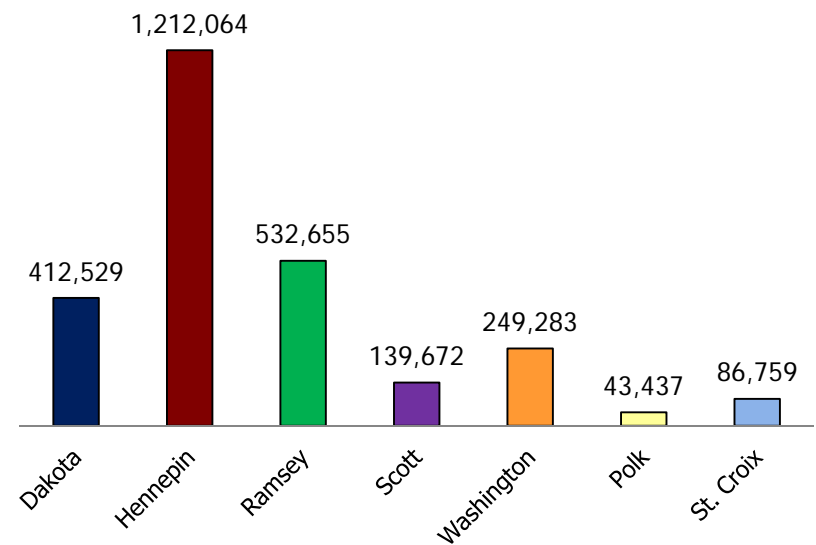
Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecure children are those children living in households experiencing food insecurity.



Overall Population (2014)

- According to annual estimates, there are approximately 5.46 million residents in Minnesota and approximately 5.76 million residents in Wisconsin.
- A total of 2,591,567 people live within the 3,644.06 square mile 7 county area defined for this assessment.
- The population density for these specific 7 counties is estimated at 711.18 persons per square mile, which is higher than the national average of 88.23 persons per square mile.
- Hennepin County has approximately 1.2 million residents, making it the most populated county of the 7 counties served by HealthPartners' hospitals.
- Polk County has approximately 43,400 residents, making it the least populated county of the 7 counties served by HealthPartners' hospitals.

Total Population
Annual Estimates 2014

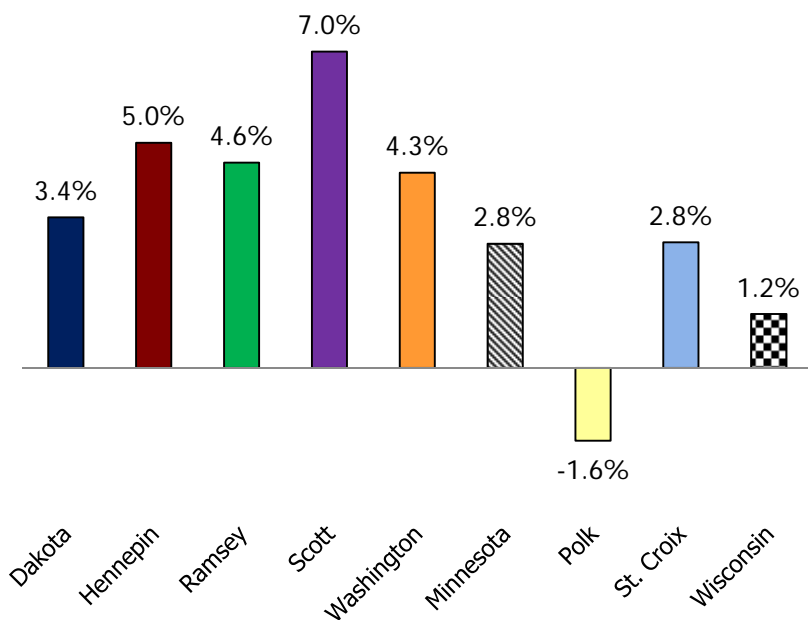


Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 15, 2015

Source: Community Commons, HealthPartners Health Indicators Report, <http://assessment.communitycommons.org/CHNA/report>; data accessed August 28, 2015

Overall Population Change (2010-2014)

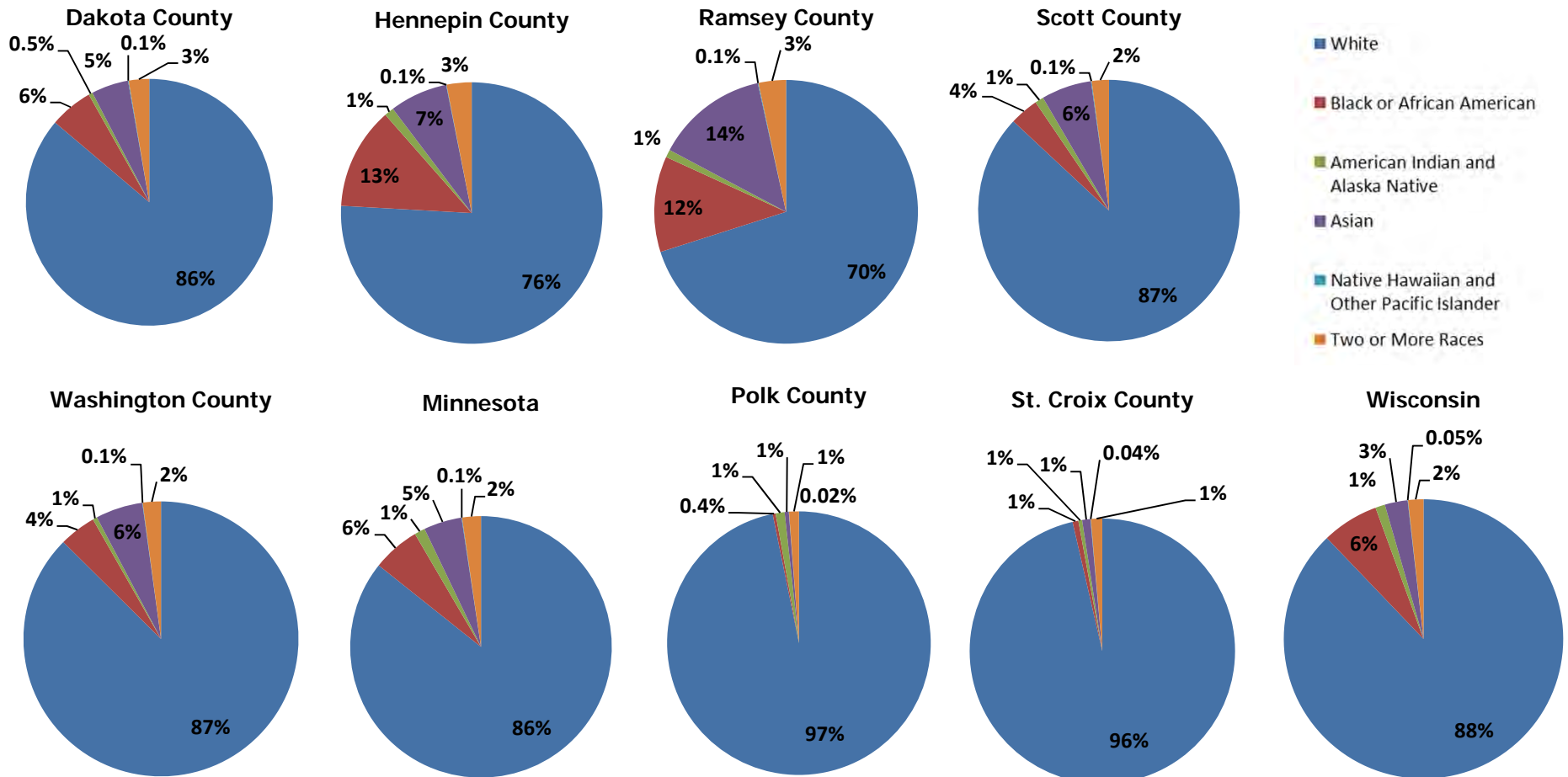
**Population Change
2010 - 2014**



Location	2010	2014	2010-2014 Change	2010-2014 % Change
Dakota	399,146	412,529	13,383	3.4%
Hennepin	1,154,184	1,212,064	57,880	5.0%
Ramsey	509,372	532,655	23,283	4.6%
Scott	130,480	139,672	9,192	7.0%
Washington	238,897	249,283	10,386	4.3%
Minnesota	5,310,418	5,457,173	146,755	2.8%
Polk	44,154	43,437	-717	-1.6%
St. Croix	84,398	86,759	2,361	2.8%
Wisconsin	5,689,268	5,757,564	68,296	1.2%



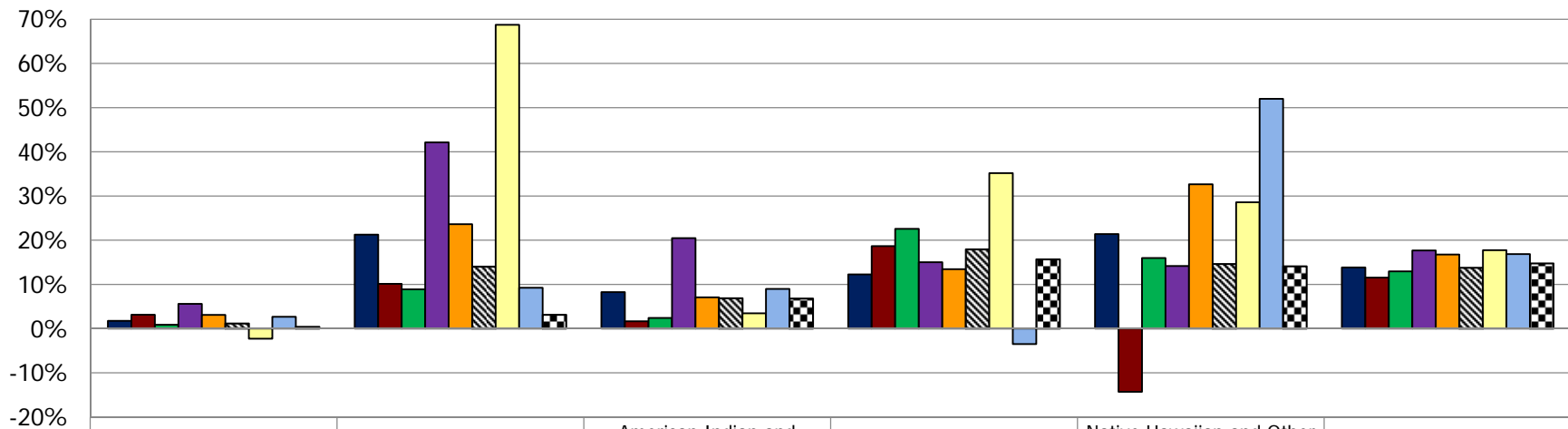
Racial Composition (2014)



Source: U.S. Census Bureau, Population Division; www.census.gov/popest/data/index.html; data accessed August 29, 2015

Population Change by Race (2010-2014)

Population Change by Race
Change from 2010 - 2014



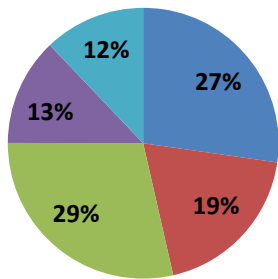
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Two or More Races
■ Dakota	1.8%	21.3%	8.3%	12.3%	21.4%	13.8%
■ Hennepin	3.1%	10.1%	1.7%	18.7%	-14.3%	11.5%
■ Ramsey	0.9%	8.9%	2.4%	22.6%	16.0%	12.9%
■ Scott	5.6%	42.1%	20.5%	15.0%	14.2%	17.7%
■ Washington	3.1%	23.6%	7.1%	13.4%	32.7%	16.8%
■ Minnesota	1.2%	14.1%	6.9%	18.0%	14.6%	13.8%
■ Polk	-2.3%	68.8%	3.5%	35.2%	28.6%	17.8%
■ St. Croix	2.7%	9.3%	9.0%	-3.5%	52.0%	16.9%
■ Wisconsin	0.4%	3.1%	6.8%	15.7%	14.1%	14.8%



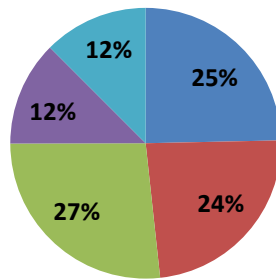
Source: U.S. Census Bureau, Population Division; www.census.gov/popest/data/index.html; data accessed August 29, 2015

Age Composition (2014)

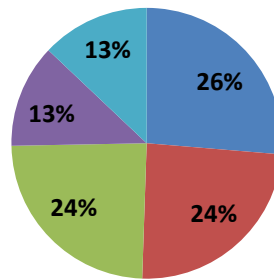
Dakota County



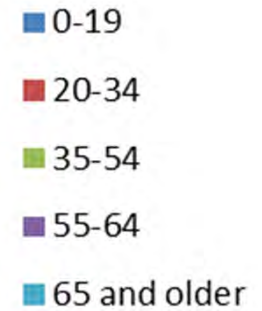
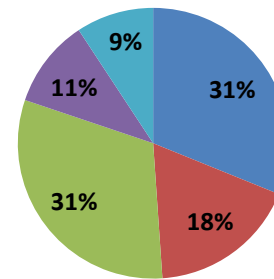
Hennepin County



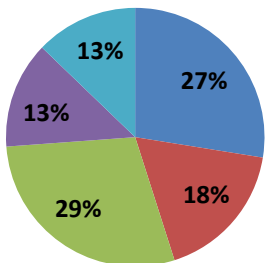
Ramsey County



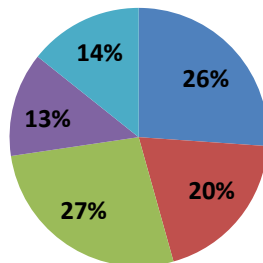
Scott County



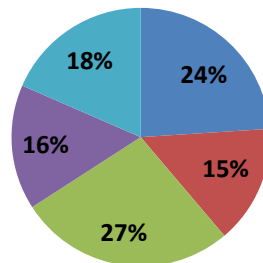
Washington County



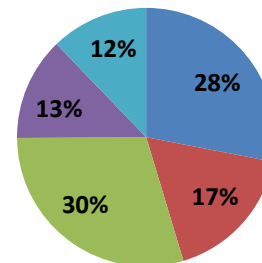
Minnesota



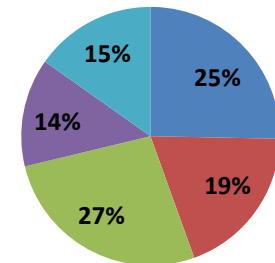
Polk County



St. Croix County

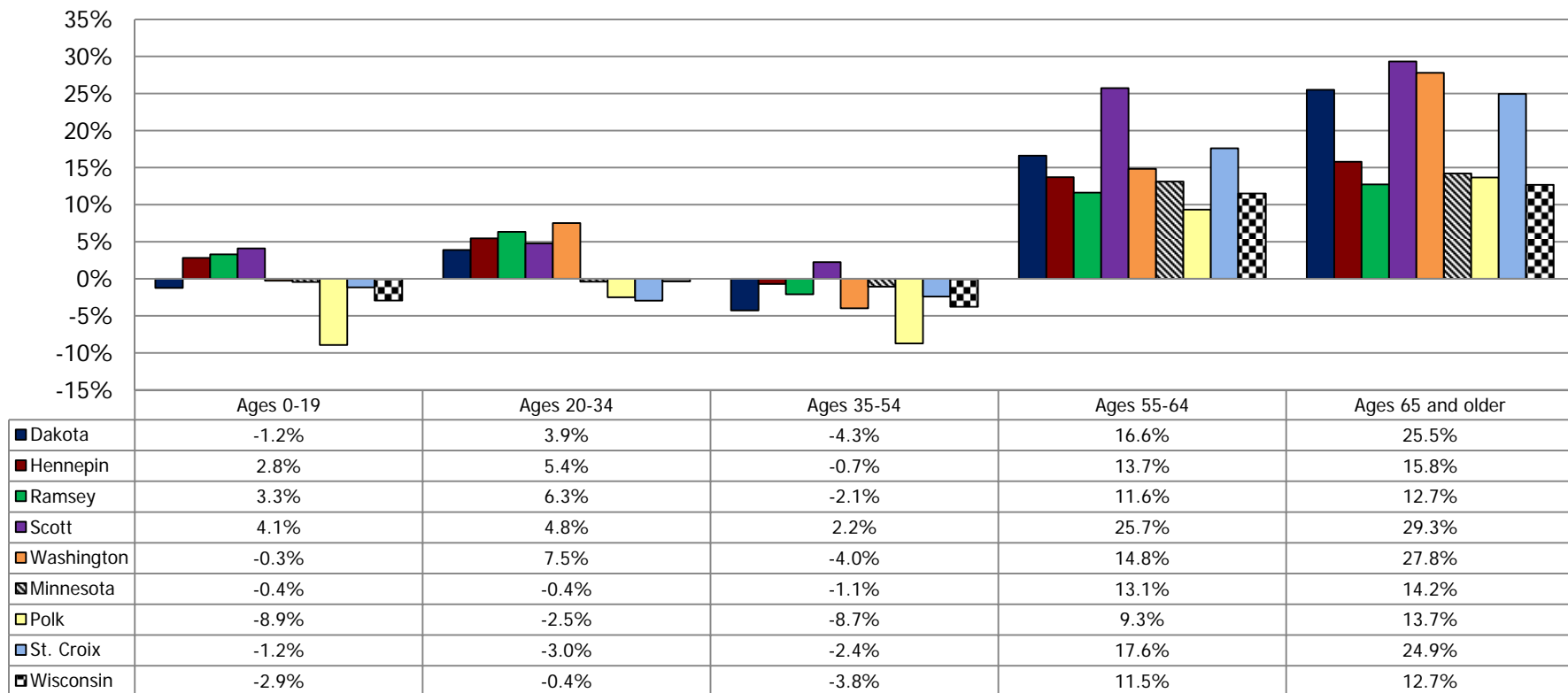


Wisconsin



Population Change by Age (2010-2014)

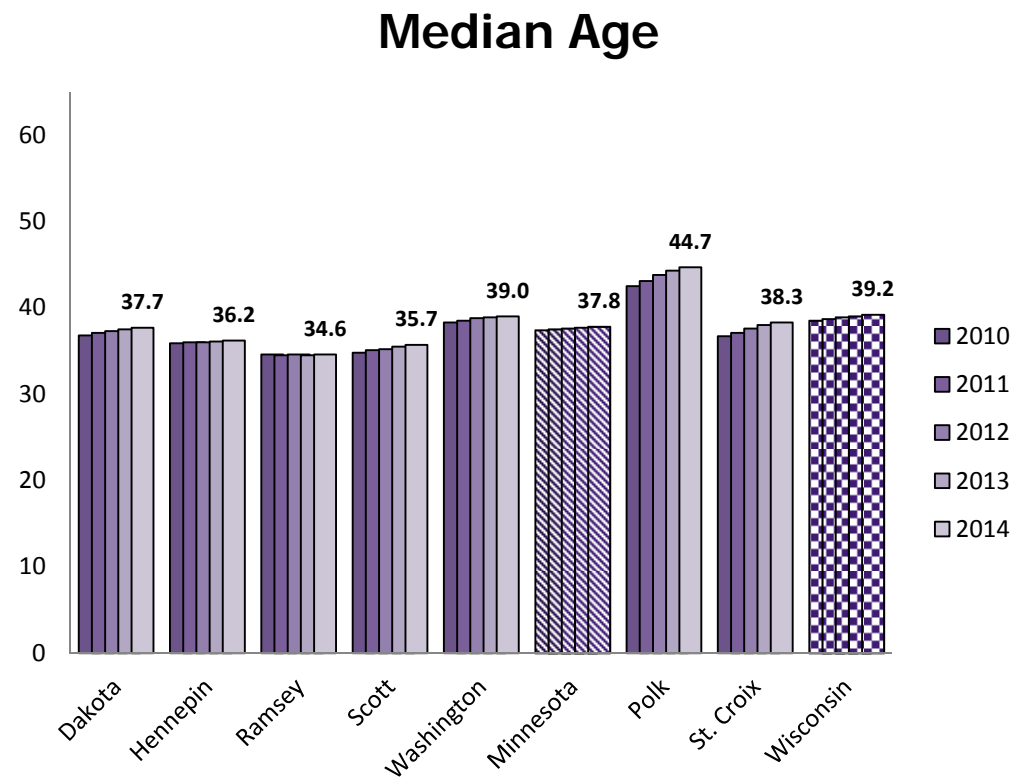
Population Change by Age
Change from 2010 - 2014



Source: U.S. Census Bureau, Population Estimates; www.census.gov/popest/data/index.html; data accessed August 29, 2015

Median Age

- According to annual estimates, the median age in Minnesota is 37.8, compared to 39.2 in Wisconsin.
- Ramsey County has the youngest median age, 34.6, while Polk County has the oldest median age, 44.7, out of the 7 counties served by HealthPartners' hospitals.
- Polk and St. Croix Counties' median ages are increasing, while Ramsey and Hennepin Counties' median ages are relatively stable.

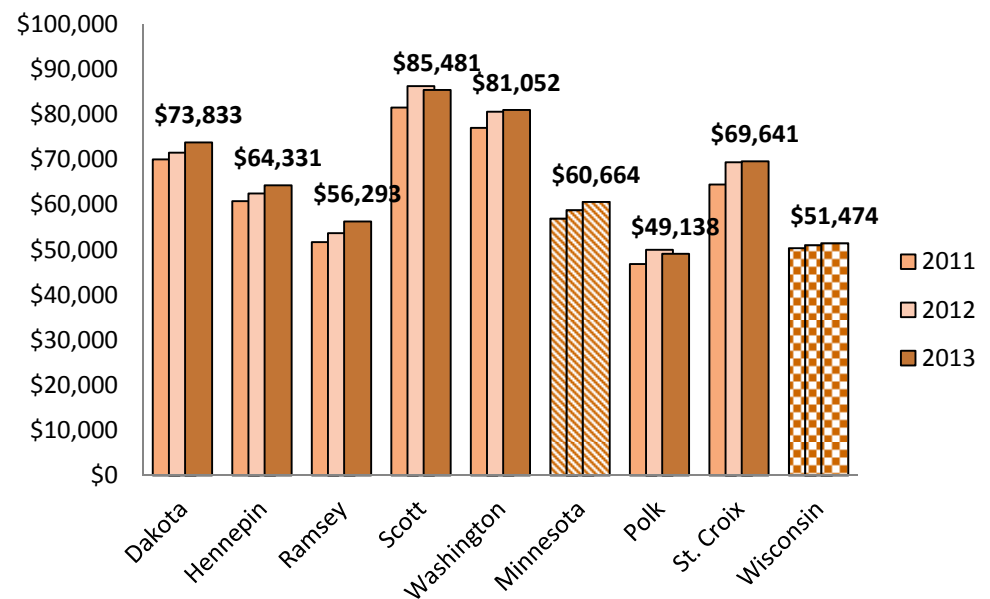


Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 15, 2015

Median Household Income

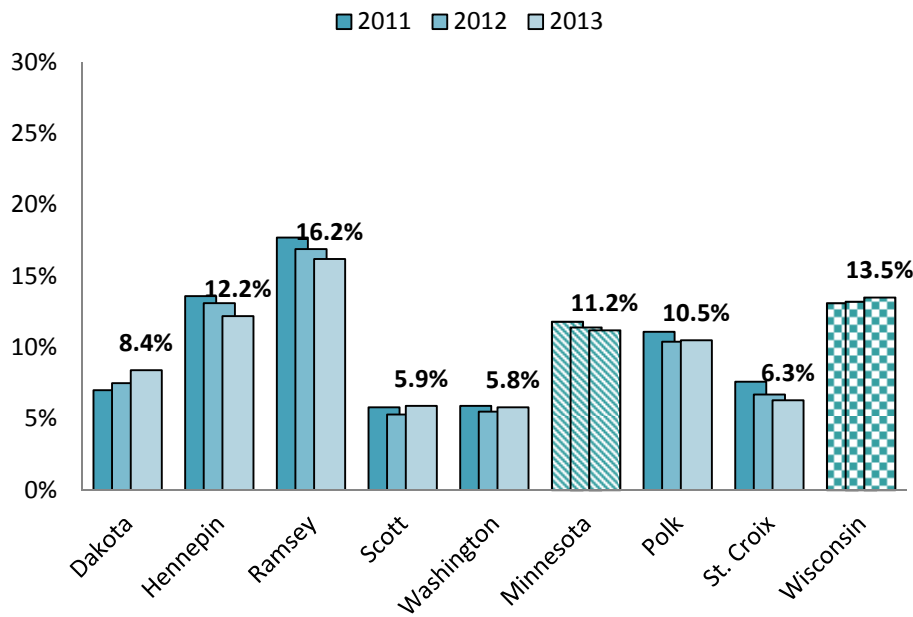
- According to the Small Area Income and Poverty Estimates (SHAPE) Program, the median household income in Minnesota is \$60,664, compared to \$51,474 in Wisconsin.
- There is considerable variability in median household income levels among the 7 counties served by HealthPartners' hospitals. Scott County has the highest median household income, \$85,481, while Polk County has the lowest, \$49,138.

**Median Household Income
2011-2013**

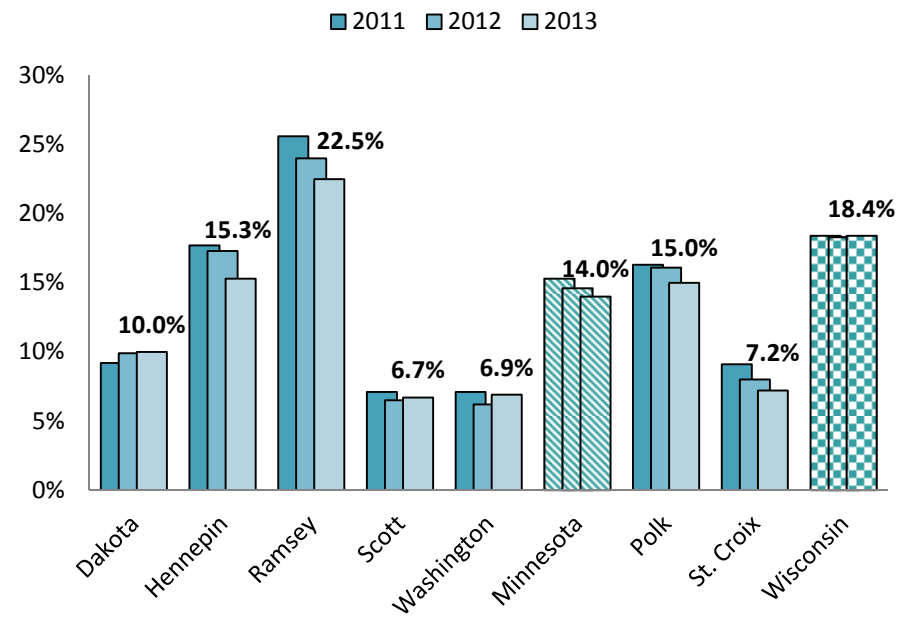


Overall and Child Poverty

Poverty, All Ages 2011-2013 Rates



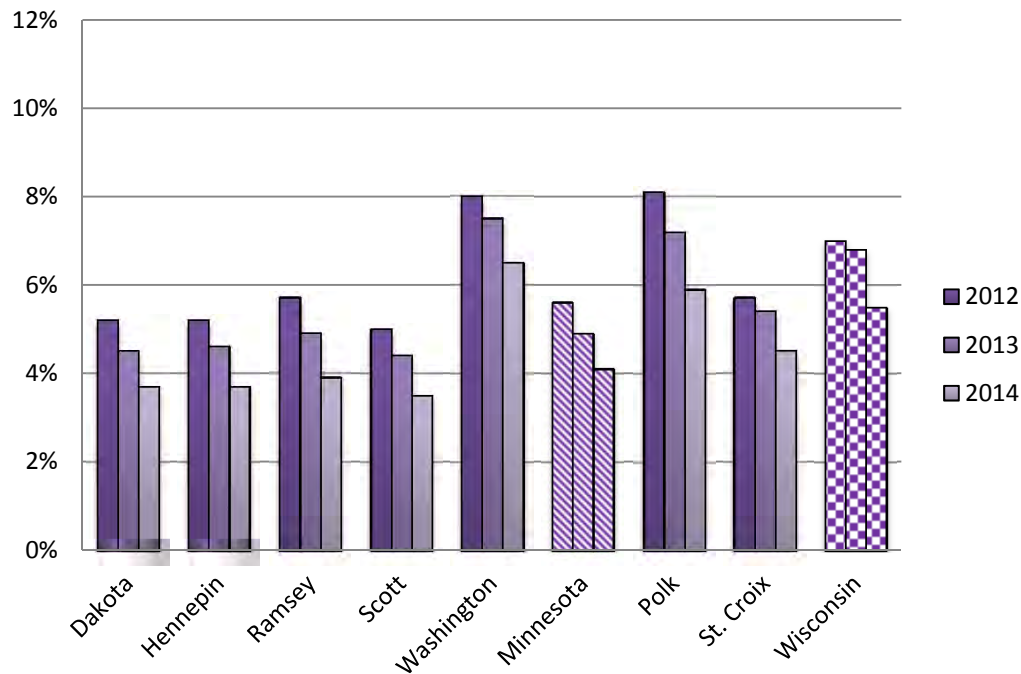
Child Poverty, Under Age 18 2011-2013 Rates



Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, www.census.gov/did/www/saipe/data/statecounty/data/2013.html; data accessed August 29, 2015

Unemployment

Unemployment Rates
2012 - 2014
Bureau of Labor Statistics



- Overall, unemployment rates have decreased in each county, as well as across Minnesota and Wisconsin, since 2012.

Location	2012	2013	2014
Dakota County (MN)	5.2%	4.5%	3.7%
Hennepin County (MN)	5.2%	4.6%	3.7%
Ramsey County (MN)	5.7%	4.9%	3.9%
Scott County (MN)	5.0%	4.4%	3.5%
Washington County (MN)	8.0%	7.5%	6.5%
Minnesota	5.6%	4.9%	4.1%
Polk County (WI)	8.1%	7.2%	5.9%
St. Croix County (WI)	5.7%	5.4%	4.5%
Wisconsin	7.0%	6.8%	5.5%

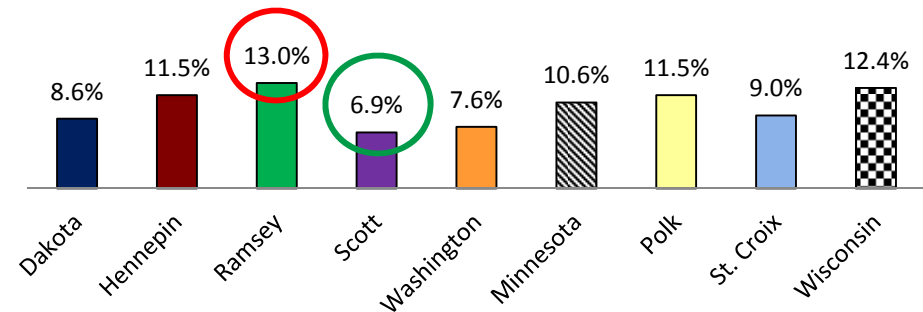


Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; www.bls.gov/lau/#tables; data accessed May 20, 2015

Food Insecurity

- According to Feeding America, 15.8% of U.S. residents are food insecure, compared to 10.6% in Minnesota and 12.4% in Wisconsin.
- In 2013, the average U.S. county food insecurity rate was 15.1%.
- According to Second Harvest Heartland and Feeding America, 1 in 9 individuals in Minnesota and 1 in 8 individuals in Wisconsin are affected by hunger.
- Scott County has the lowest rate of overall food insecurity, while Ramsey County has the highest.
- Of the 7 county area served by the HealthPartners Hospital System, 10.8% is food insecure. Hennepin, Ramsey, and Polk counties are above this rate.

Overall Food Insecurity
2013 Percentages



Source: Feeding America, Map the Meal Gap: 2013 Executive Summary, <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html>; data accessed August 28, 2015

Source: Second Harvest Heartland, Hunger Facts, <http://www.2harvest.org/our-impact/hunger-facts/#.VeCPGfVjWo>; data accessed August 28, 2015.

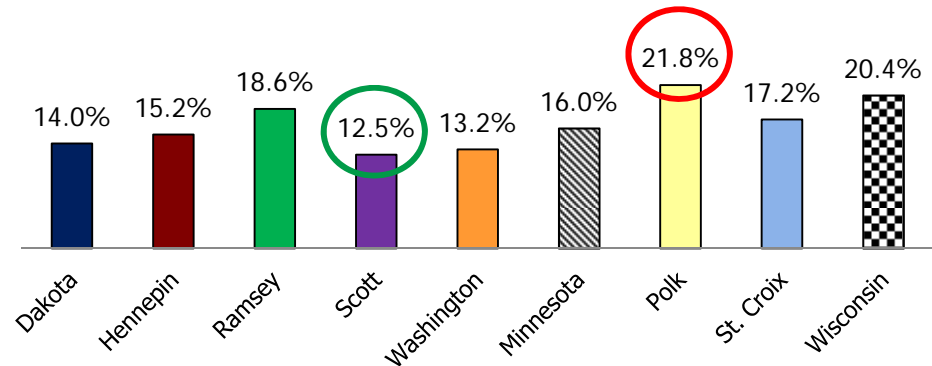
Source: Community Commons, HealthPartners Health Indicator Report, <http://assessment.communitycommons.org/CHNA/report?page=2&id=282>; data accessed August 28, 2015.



Child Food Insecurity

- Nationally, 21.4% of children are food insecure.
- According to Map the Meal Gap: 2015, 16% of children across Minnesota are food insecure, compared to approximately 20% of children across Wisconsin.
- In 2013, the average U.S. county child food insecurity rate was 23.7%.
- Scott County has the lowest rate of child food insecurity, 12.5%, while Polk County has the highest rate of child food insecurity, 21.8%.

Child Food Insecurity
2013 Percentages



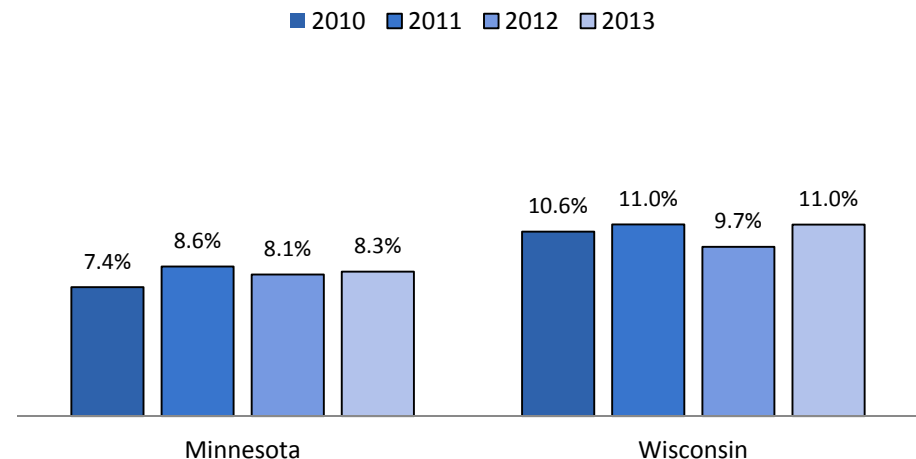
Source: Feeding America, Map the Meal Gap: 2013 Executive Summary, <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html>; data accessed August 28, 2015

Source: Feeding America, Map the Meal Gap: 2015, Child Food Insecurity by County; <http://map.feedingamerica.org/county/2013/child/>; data accessed May 21, 2015
Amery Hospital & Clinic Community Health Needs Assessment
Community Hospital Consulting

Senior Food Insecurity

- Nationally, the threat of hunger for seniors from 2001 to 2013 has increased by 45%, while the number of seniors rose 107%.
- According to the National Foundation to End Senior Hunger (NFESH) 2013 Annual Report, 15.5% of U.S. seniors face the threat of hunger, as compared to 8.3% of Minnesota seniors and 11.9% of Wisconsin seniors.
- Between 2012 and 2013, the rate of change for seniors facing the threat of hunger increased by 2.1% in Minnesota, and 13.2% in Wisconsin.
- Since 2010, the percentage of seniors threatened by hunger has increased in Minnesota, Wisconsin, and the United States.

**Seniors Threatened by Hunger
Percentage
2010, 2011, 2012, 2013**



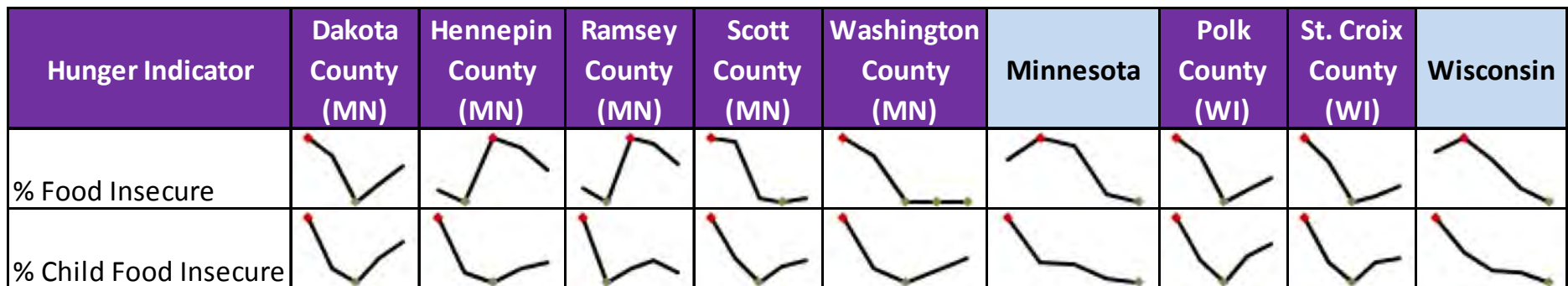
Source National Foundation to End Senior Hunger, 2010, 2011, 2012, 2013 Annual Reports, <http://www.nfesh.org/>; data accessed August 31, 2015

Note: Seniors are defined as individuals aged 60 years or older.

Note: Threat of hunger is the broadest category of food insecurity because it encompasses all three of the characterizations of food insecurity. NFESH and the researchers believe that threat of hunger is the most appropriate measurement to use with regard to the 60+ age cohort.

Hunger Trends

Overall Food Insecurity and Child Food Insecurity by County and State Percentages of Populations 2009, 2010, 2011, 2012, 2013



Note: Directional trends to show general increases or decreases in food insecurity rates from 2009 – 2013. Red dot is highest rate, green dot is lowest rate.

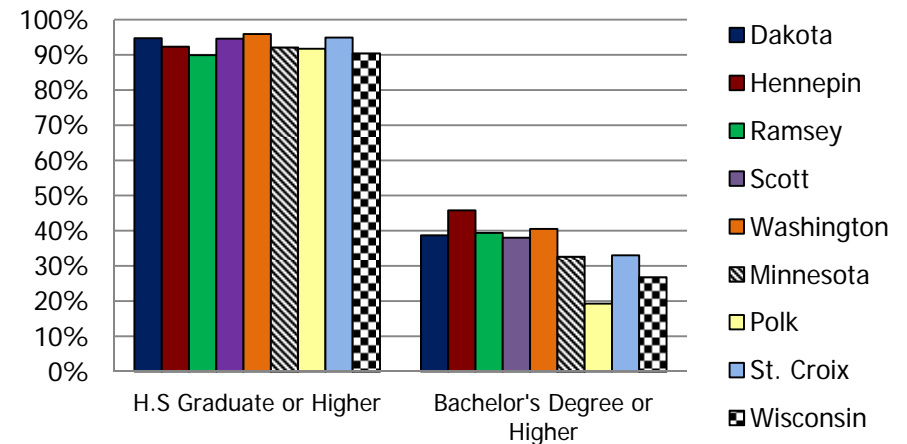


Educational Attainment

Overall Population

- Slightly more than 26% of Wisconsin residents have a Bachelor's Degree or higher, compared to slightly more than 32% in Minnesota.
- The Minnesota Board of Higher Education indicates that:
 - Among Minnesotans age 25 and older with an associate's degree, disparities exist across racial groups with only Asian (51%) and White (45%) Minnesotans exceeding the state average (44%).
 - Minnesota adults age 25 and older with a bachelor's degree had the lowest level of unemployment (2%) in 2013.
 - Minnesota adults age 25 and older with a graduate or professional degree had the highest median annual wage (\$65,317) in 2013.

Educational Attainment 5-Year Estimates (2009-2013) American Community Survey



Location	H.S Graduate or Higher	Bachelor's Degree or Higher
Dakota County (MN)	94.7%	38.7%
Hennepin County (MN)	92.3%	45.8%
Ramsey County (MN)	89.9%	39.4%
Scott County (MN)	94.6%	38.0%
Washington County (MN)	95.9%	40.5%
Minnesota	92.1%	32.6%
Polk County (WI)	91.7%	19.3%
St. Croix County (WI)	94.9%	33.0%
Wisconsin	90.4%	26.8%

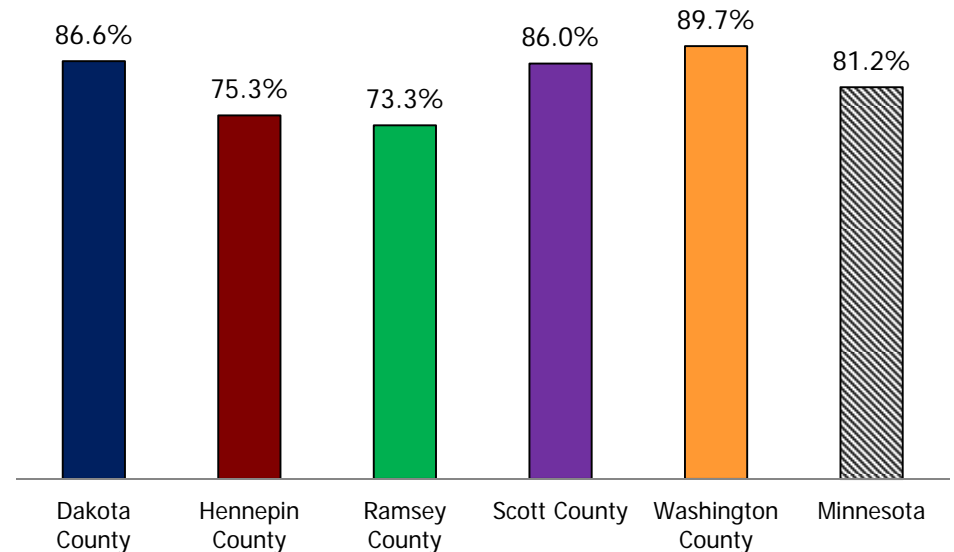
Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 20, 2015
 Source: Minnesota Office of Higher Education, Educational Attainment Data, <http://www.ohe.state.mn.us/fc/1873/pg.cfm>; data accessed September 1, 2015

Educational Attainment

Graduation Rates (Minnesota)

Location and Student Category	Number of Students	Percent of Students
Minnesota	65,937	100.0%
Continuing	7,249	11.0%
Dropout	3,266	5.0%
Graduate	53,524	81.2%
Unknown	1,898	2.9%
Dakota County	5,716	100.0%
Continuing	519	9.1%
Dropout	196	3.4%
Graduate	4,947	86.6%
Unknown	54	0.9%
Hennepin County	13,338	100.0%
Continuing	2,096	15.7%
Dropout	698	5.2%
Graduate	10,045	75.3%
Unknown	499	3.7%
Ramsey County	6,746	100.0%
Continuing	1,064	15.8%
Dropout	521	7.7%
Graduate	4,942	73.3%
Unknown	219	3.3%
Scott County	1,791	100.0%
Continuing	147	8.2%
Dropout	56	3.1%
Graduate	1,541	86.0%
Unknown	47	2.6%
Washington County	3,462	100.0%
Continuing	246	7.1%
Dropout	75	2.2%
Graduate	3,104	89.7%
Unknown	37	1.1%

Four Year Graduation Rates 2013 - 2014



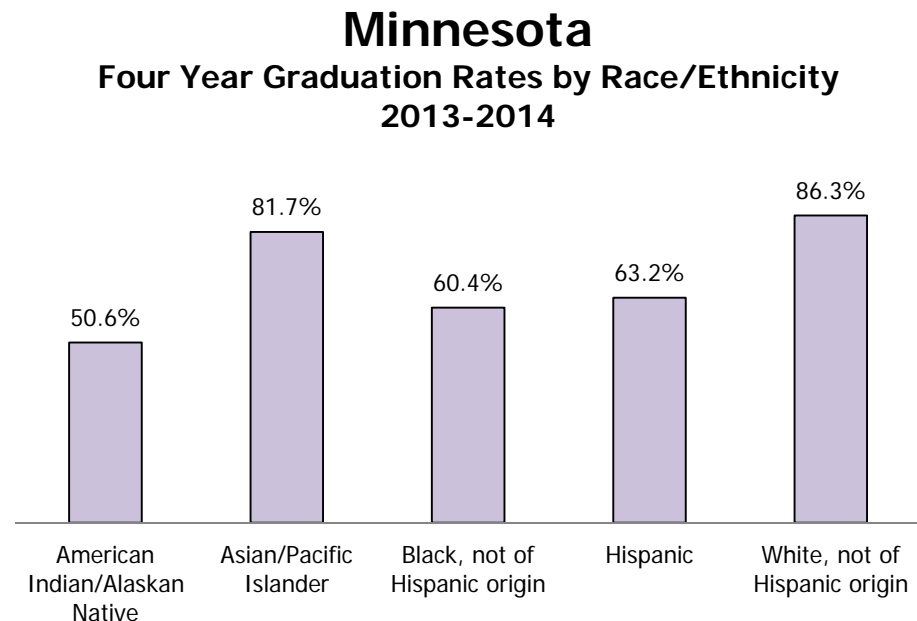
Definition: The Four-Year Graduation Rate is a four-year, on-time graduation rate based on a cohort of first time ninth grade students plus transfers into the cohort within the four year period minus transfers out of the cohort within the four year period. This rate is similar to, but not the same as, the National Governors Association (NGA) Graduation Rate. The NGA Rate allows more time for Special Education students and recent immigrants to graduate.
Source: Minnesota Department of Education, Data Reports and Analytics, w20.education.state.mn.us/MDEAnalytics/Data.jsp; data accessed June 1, 2015



Educational Attainment

Graduation Rates (Minnesota)

- There are disparities in high school completion rates across race/ethnicity in Minnesota.
- For example, American Indian/Alaska Native, Black and Hispanic students have substantially lower graduation rates than their White counterparts.
 - American Indian/Alaska Native: 50.6%
 - Black: 60.4%
 - Hispanic: 63.2%
 - White: 86.3%



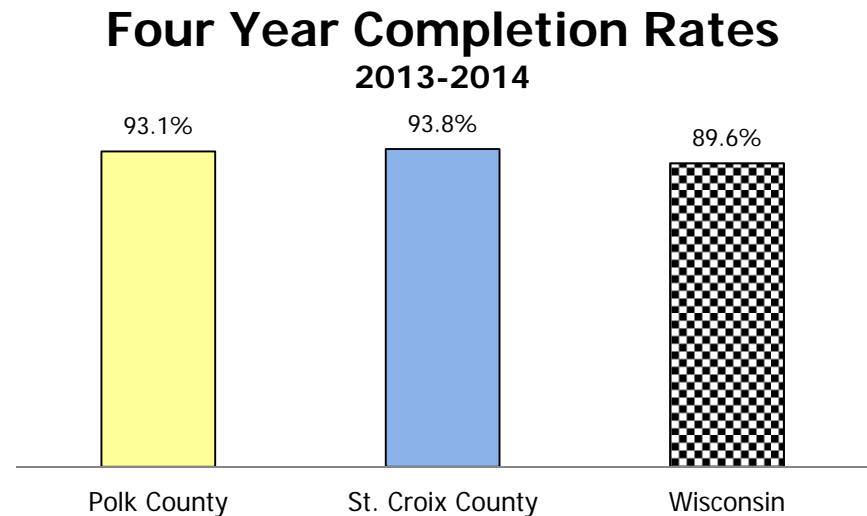
Definition: The Four-Year Graduation Rate is a four-year, on-time graduation rate based on a cohort of first time ninth grade students plus transfers into the cohort within the four year period minus transfers out of the cohort within the four year period. This rate is similar to, but not the same as, the National Governors Association (NGA) Graduation Rate. The NGA Rate allows more time for Special Education students and recent immigrants to graduate.

Source: Minnesota Department of Education, Data Reports and Analytics, w20.education.state.mn.us/MDEAnalytics/Data.jsp; data accessed June 1, 2015



Educational Attainment Completion Rates (Wisconsin)

County, District or State	Cohort Count	Student Count	4-Year Graduation Rate
Polk County			93.1%
Amery	144	133	92.4%
Clayton	32	29	90.6%
Clear Lake	34	30	88.2%
Frederic	36	27	75.0%
Luck	29	27	93.1%
Osceola	144	142	98.6%
Saint Croix Falls	87	83	95.4%
Unity	74	69	93.2%
St. Croix County			93.8%
Baldwin-Woodville Area	123	113	91.9%
Glenwood City	35	33	94.3%
Hudson	432	410	94.9%
New Richmond	195	181	92.8%
St. Croix Central	103	98	95.1%
Somerset	117	108	92.3%
Wisconsin			89.6%



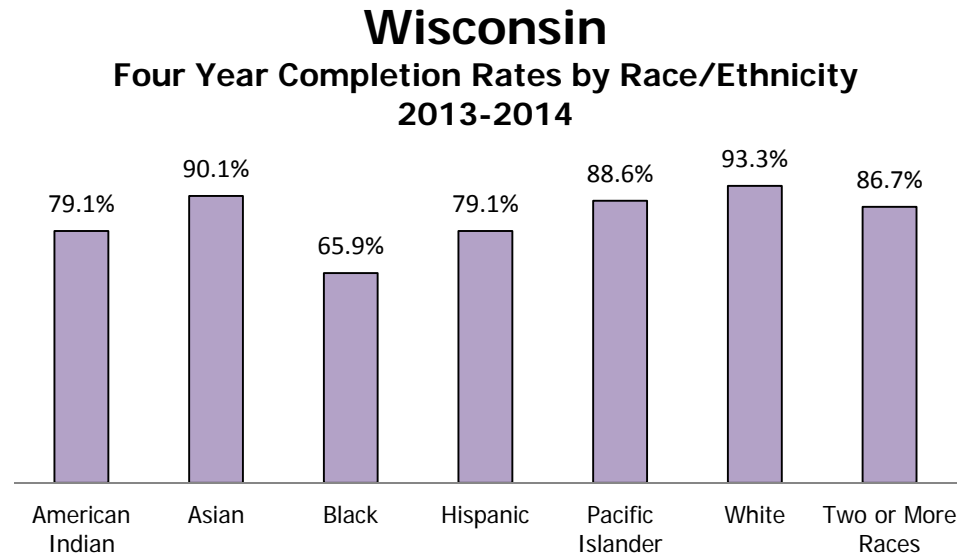
Notes: Rates reflect "completed - regular" high school completion status. The denominator is the total of completers plus non-completers in all credentials and categories in that adjusted cohort. The numerator is the "completed - regular" credential.

Source: Wisconsin Department of Public Instruction, Wisconsin Information System for Education, Data Dashboard, wisedash.dpi.wi.gov/Dashboard/portalHome.jsp; data accessed June 9, 2015



Educational Attainment Completion Rates (Wisconsin)

- There are disparities in high school completion rates across race/ethnicity in Wisconsin.
- For example, American Indian, Black and Hispanic students have lower completion rates than their White counterparts.
 - American Indian: 79.1%
 - Black: 65.9%
 - Hispanic: 79.1%
 - White: 93.3%



Notes: Rates reflect "completed - regular" high school completion status. The denominator is the total of completers plus non-completers in all credentials and categories in that adjusted cohort. The numerator is the "completed - regular" credential.

Source: Wisconsin Department of Public Instruction, Wisconsin Information System for Education, Data Dashboard, wisedash.dpi.wi.gov/Dashboard/portalHome.jsp; data accessed June 9, 2015



Findings from Current Research

A review of recently conducted Community Health Needs Assessments, including community input collected from persons with expert knowledge of public health in the community served by the hospital



Background Information

HealthPartners, as a system of hospitals, clinics, and care providers, has an extensive reach into the communities it serves in numerous localities. Representatives from Amery Hospital & Clinic, as well as staff from the larger HealthPartners system, serve on boards, coalitions and community collaborations to improve the health of residents in the community served by the hospital.

This section of the report serves to document the most key collaborations in Polk County, identifying participation in and results from efforts to collect input from persons who represent the following groups:

- State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community
- Members of medically underserved, low-income and minority populations in the community, or individuals or organizations serving or representing the interests of such populations



Overview

County	Report Name	Public Health Input	Underserved Groups
Polk County	Polk County 2020 Community Health Improvement Plan Version 2014-2016	<ul style="list-style-type: none">• The Polk County 2020 Community Health Improvement Plan was conducted in collaboration with the Polk County Health Department.	<ul style="list-style-type: none">• Community Surveys

Areas of Concern by County

**Counties served by other HealthPartners hospitals are included for comparison purposes*

Area of Concern	Dakota	Henn.	Ram.	Scott	Wash.	Polk	St. Croix
Access to Health Care	x	x	x				
Affordable Housing	x						
Alcohol / Tobacco / Other Drugs	x				x	x	
Chronic Diseases / Conditions (Obesity, Heart Disease, etc.)	x	x		x	x	x	x
Lack of Physical Activity / Nutrition	x	x	x	x	x		x
Maternal and Child Health	x	x		x			
Mental Health / Social & Emotional Wellbeing (Example: Increasing community connectedness)	x	x	x	x	x	x	
Oral Health							x
Public Health Funding	x						
Social Determinants of Health (Income, Poverty, Transportation, etc.)	x	x	x				
Violence Prevention			x				

Source: Healthy People / Healthy Communities: 2013 Dakota County Community Health Needs Assessment; www.co.dakota.mn.us/Government/publiccommittees/CHA/Pages/profiles.aspx; data accessed July 11, 2015

2012-2015 Community Health Improvement Plan for Hennepin County Residents; http://www.hennepin.us/~media/hennepinus/your-government/projects-initiatives/documents/Appendix%20%20MAPP%20Process_20131217.pdf; data accessed July 11, 2015

Scott County Community Health Improvement Plan 2015-2019; <http://www.co.scott.mn.us/HelpingPeopleHealth/PublicHealth/Pages/Community-Health-Improvement-Plan-2015-2019.aspx>; data accessed July 11, 2015

Ramsey County Community Health Improvement Plan 2014-2018; www.co.ramsey.mn.us/ph/docs/CHIP_report_final_2014_2018.pdf; data accessed July 11, 2015

Washington County Community Health Improvement Plan 2014; <http://www.co.washington.mn.us/documentcenter/view/5513>; data accessed July 11, 2015

Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; <http://healthypolkcounty.com/healthy-polk-county-2020/>; data accessed July 11, 2015

St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016; <http://www.healthiertogetherstcroix.org/resources/>; data accessed July 11, 2015

Polk County

Polk County 2020 Community Health Improvement Plan Version 2014-2016

Methodology Summary:

The Polk County Community Health Improvement Plan 2014-2016 was conducted in collaboration with:

- Polk County Health Department
- Amery Hospital & Clinic
- Osceola Medical Center
- St. Croix Regional Medical Center

The assessment was initiated in mid-2012 and included a review of comprehensive health data, an analysis of body mass index information from local clinic records and health and lifestyle data from community surveys.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	• The Polk County 2020 Community Health Improvement Plan was conducted in collaboration with the Polk County Health Department.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	• Community Surveys

Hospital Involvement:

Amery Hospital & Clinic was one of four collaborating organizations that conducted and produced the Polk County Community Health Improvement Plan.



Polk County

Polk County 2020 Community Health Improvement Plan Version 2014-2016

The County Health Rankings compare the health status of the county to other counties across the state. Of the 72 ranked counties in Wisconsin, Polk County ranks:

Category	Polk County
Health Outcomes	33
Health Factors	36
Health Behaviors	19
Clinical Care	64
Social and Economic Factors	33
Physical Environment	53



Polk County (Finding #1 - Mental Health)

Polk County 2020 Community Health Improvement Plan Version 2014-2016

Health Data:

- Self-harm is the second leading cause of hospitalization in Polk County
- The suicide rate in Polk County is nearly twice the state's rate (23 vs. 13 per 100,000)
- Approximately 15% of Polk County youth reported that they seriously considered committing suicide in the past year.
- Between 2007 and 2009, 17 children were hospitalized in Polk County for self-harm.

Community Input:

- On the Community Health Survey, 16% of respondents said they have been diagnosed with depression or a mental health disorder
- The 4% of respondents on the Community Health Survey who reported they have considered suicide, 22% reported that they are doing “nothing” to address these concerns.



Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; <http://healthypolkcounty.com/healthy-polk-county-2020/>; data accessed July 11, 2015

Polk County (Finding #2 – Obesity)

Polk County 2020 Community Health Improvement Plan Version 2014-2016

Health Data:

- Polk County and Wisconsin (28%) exceed the national goal of 25%.
- The increase in annual health care costs for every obese adult exceeds \$1,400.
- Obese youth are more likely to become obese adults, putting them at risk of having lifelong health consequences.

Community Input:

- On the Community Health Survey, just over one-third of respondents described their weight as “healthy”, nearly half reported they were “slightly overweight”, and 14% said they were “very overweight”.
- In the first six months of 2012, approximately 65% of patients were screened for height and weight in medical centers in Polk County. More than 40% of screened patients were obese and nearly 30% were overweight.



Polk County (Finding #3 – Unhealthy Alcohol Use)

Polk County 2020 Community Health Improvement Plan Version 2014-2016

Health Data:

- An estimated 38 million people per year in the United States drink too much.
- The prevalence of excessive drinking in Polk County (23%) and Wisconsin (24%) far exceeds the national goal of 8%.
- Approximately 24% of boys and 16% of girls in Polk County report having had their first drink of alcohol before age 13.
- Motor vehicle crashes are the leading cause of death in Polk County, with a rate more than twice the state's rate. Alcohol is involved in three times as many fatal car crashes than in the state overall.

Community Input:

- On the Community Health Survey, approximately 30% of respondents reported binge drinking in the past month.



Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; <http://healthypolkcounty.com/healthy-polk-county-2020/>; data accessed July 11, 2015

Polk County Priority Comparison

2009 vs. 2014-2016 Priorities

2009 CHNA Health Priorities

- Physical Activity
- Adequate, Appropriate and Safe Nutrition
- Tobacco Use and Exposure
- Mental Health
- Unhealthy Alcohol and Drug Use

2014-2016 CHIP Health Priorities

- Mental Health
- Obesity
- Unhealthy Alcohol Use



Source: Community Health Needs Assessment Report -2009 Polk County Wisconsin

Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; <http://healthypolkcounty.com/healthy-polk-county-2020/>; data accessed July 11, 2015

Polk County Healthy Wisconsin

Healthy Wisconsin Health Plan 2020 Overview

- ***Healthiest Wisconsin 2020: Everyone Living Better, Longer*** represents the third decade of statewide community health improvement planning designed to benefit the health of everyone in Wisconsin and the communities in which they live, play, work, and learn. The vision reflects the plan's twin goals:
 - Improve health across the life span
 - Eliminate health disparities and achieve health equity

Infrastructure Focus Areas

- Access to quality health services
- Collaborative partnerships for community health improvement
- Diverse, sufficient, competent workforce that promotes and protects health
- Emergency preparedness, response and recovery
- Equitable, adequate, stable public health funding
- Health literacy and health education
- Public health capacity and quality
- Public health research and evaluation
- Systems to manage and share health information and knowledge

Health Focus Areas

- Adequate, appropriate, and safe food and nutrition
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Mental health
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure
- Unhealthy alcohol and drug use
- Violence and injury prevention



Source: Community Health Needs Assessment Report -2009 Polk County Wisconsin

Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; <http://healthypolkcounty.com/healthy-polk-county-2020/>; data accessed July 11, 2015

Summary of Community Conversation Conducted by Amery Hospital & Clinic

A review of findings from the community
conversation conducted by Amery Hospital &
Clinic



Background

Amery Hospital & Clinic Community Conversation

- Amery Hospital & Clinic conducted 1 community conversation during the summer of 2015 to gather input from various community members, including those with insight from under-served populations.

Community Conversation #1

Diverse Community Members

Conducted: August 20, 2015

Community Conversation Attendee Organization / Role
Amery EMS
Amery Community Member
AHC Employee
Amery Fire Chief
City of Amery
Amery Community Festival Committee Lead



Summary of Findings

Amery Hospital & Clinic Community Conversation

- Access to Mental Health Services
- Alcohol and Other Chemical Abuse Issues
- Nutrition and Physical Activity
- Healthcare System Barriers / Misuse
- Community Strengths and Leadership

Access to Mental Health Services

Amery Hospital & Clinic Community Conversation

- **Lack of Access to Mental Health Services**
 - Participants noted lack of access to mental health services as one of the biggest health needs in the community.
 - There is “no place to bring [these patients] within Polk County.”
- **Limited Services**
 - Inpatient services are provided at Amery, but they are limited to ages 45+.
 - Outpatient services are provided at Amery Behavioral Health, but it can be difficult to get appointments.
 - There are not any services available for patients in crisis.
- **Many do not want to seek treatment because there is a stigma associated with having a mental health condition.**

Alcohol and Chemical Abuse

Amery Hospital & Clinic Community Conversation

- **Substance Use and Mental Health**
 - Drug and alcohol usage was also noted as one of the biggest health concerns in the community.
 - It was noted that drug and alcohol use can be connected to mental health issues.
- **Limited Services**
 - The closest facility for drug and alcohol treatment is located in Duluth.
- **Children are at Risk**
 - It was mentioned that there is a feeling among youth that drugs are okay if they are “natural.”
 - The internet can provide inaccurate and misleading information.
 - There is a significant familial influence regarding growing up with drugs / alcohol in the home.



Nutrition and Physical Activity

Amery Hospital & Clinic Community Conversation

- **Access to Healthy Lifestyle Resources**
 - There are adequate programs that promote healthy lifestyles, but physical activity was still noted as a significant concern.
 - One person mentioned that a swimming pool might increase access to physical activity resources.
- **Sugar Intake**
 - Community members may need additional information on the risks associated with high sugar consumption.
- **Vulnerable Populations**
 - Low income community members are most at risk for unhealthy lifestyles.



Healthcare System Barriers / Misuse

Amery Hospital & Clinic Community Conversation

- **Barriers**

- Transportation

- Lack of understanding or knowledge of services may be an issue. For example, the Amery Hospital & Clinic Van service could be advertised as alternative to ambulance after ER visit.

- Medication management may be a concern for the elderly.

- Home visits were suggested to assist with this issue.

- **Misuse**

- Healthcare System

- It was mentioned that community members may “know the system too well.” For example, a patient may wait until the Urgent Care is closed so they don’t have a copay.

- Fire Department

- It was noted that over half of calls are routine calls rather than emergency.

- **Community education** may be helpful.



Community Strengths and Leadership

Amery Hospital & Clinic Community Conversation

- **Strengths**

- Personal touch
- Safe
- Community collaboration
- Support for community projects and fund raisers
- Healthy lifestyle resources
 - Gyms, expert help, nutrition, diabetes and pregnancy counseling

- **Leadership**

- The community needs someone to spearhead issues and support will follow.
- It is important to take on leadership roles and let the community know that there are several people / organizations willing to help or connect you with those that can help.



Polk County's Previous Community Health Priorities

A listing of the health needs identified in the 2013 Polk County Community Health Needs Assessment, which are addressed through the Healthy Polk County 2020 Community Health Improvement Plan 2014-2016



2013 Polk County Priorities

1. Mental Health
2. Obesity
3. Alcohol Use

Overall Summary of Common Themes

A list of common health needs that were identified by evaluating demographic data, health data, and a summary of community input.

Common Themes

- **Mental and Behavioral Health**
 - Mental health services and access
 - Drug and alcohol abuse and dependency
- **Equitable Care**
 - Social determinants of health
 - Disparities among underserved populations
- **Chronic Disease and Illness Prevention**
 - Obesity
 - Heart disease
 - Diabetes
 - Cancer
 - Communicable diseases
- **Access and Affordability**
 - Ease of healthcare use
 - Barriers to access
 - Connections to services and resources
 - Partnerships



Input Regarding the Hospital's Previous CHNA

A review of the community input provided on the hospital's previous CHNA and Implementation Plan



Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- Collaborative efforts were made by each of the hospitals to coordinate with their local counties in creating CHNAs/CHIPs/CHAs. Findings from these existing documents supplemented the 2015 CHNA and Implementation Strategies for the six HealthPartners' hospitals participating in this report.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.

Evaluation of Hospital's Impact

An evaluation of the hospital's impact regarding initiatives detailed in the hospital's previous Implementation Plan



Evaluation of Amery Hospital & Clinic's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- The hospital developed three specific action plans to address its previous health needs (alcohol, obesity, and mental health). Each action plan is included in this section, as well as meeting minutes that serve as a summary of progress and continued community impact.

Polk County Community Health Improvement Plan (CHIP)

Implementation Action Plan

Focus Area: Alcohol Use

Goal 1:	Polk County Sheriff's Department DWI arrests will decrease by 5%.		
Indicators:	Polk County Sheriff's Department DWI arrests (Baseline = 101 in 2012) Number of alcohol related motor vehicle crashes will decrease by 8 (2011 WI Department of Traffic Data Baseline = 78)		
Objective/Strategies	Actions/Activities	Timeframe	Who is Responsible?
1. Increase community awareness around DWI	1.1 Work with law enforcement to compile and analyze Polk County data on DWI arrests	Summer, 2014	Health Dept
	1.2 Conduct mass media campaigns to raise awareness of the social and economic impact of alcohol impaired driving with emphasis on rural communities and high risk groups.	Summer, 2015	Health Dept Medical Centers OWI Task Force
	1.3 Increase participation of community partners on the Polk County DWI Task Force	Spring, 2014	Health Dept Medical Centers; schools; non-profits

Goal 2:	Delay youth initiation of alcohol use		
Indicators:	Percentage of High School Students who drank alcohol (other than a few sips) for the first time before age 13 years will decrease by 3% (YRBS 2013 baseline = 17.4%)		
	Percentage of High School Students who got drunk one or more times in the past 30 days will decrease by 3% (YRBS 2013 baseline = 13.8%)		
Objective/Strategies	Actions/Activities	Timeframe	Who is Responsible?
1. Promote initiatives to reduce underage alcohol use	1.1 Conduct a Parents Who Host Campaign in one community	Spring, 2015	Polk United Healthier Together (PUHT)
	1.2 Increase awareness of underage drinking and its negative consequences through a public information campaign	Spring, 2015	PUHT
	1.3 Explore educational opportunities for parents with local school districts around impact of early initiation of alcohol use	Fall, 2015	PUHT
2. Reduce access to alcohol by minors at community celebrations/events	2.1 Work with 2 event organizers, local law enforcement and community representatives to ensure alcohol venues are restricted to 21 and over	Winter, 2015	PUHT
	2.2 Train event volunteers on protocols to ensure minors are not served	Spring, 2015	PUHT
	2.3 Publicize new process pre and post event	Spring, 2015	PUHT
3. Increase access to counseling services to adolescents with underage drinking violations and to adolescents whose parents are concerned about underage drinking behaviors	3.1 Offer evidence based programming on alcohol and drug diversion to adolescents and their families via court order or parental request.	Spring, 2014	SCRMC PUHT
	3.2 Explore grant funding to support this program to reduce financial barriers for low income families	Fall/Winter 2014-15	

Alcohol Action Plan- Version 07/17/14

4. Expand availability of Alateen resources in Polk County	4.1 Promote expansion of Alateen to at least one additional community in Polk County	Winter, 2015	SCRMC PUHT
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Goal 3:	Decrease Binge Drinking in Polk County		
Indicators:	<p>Percentage of adults reporting excessive drinking will decrease by 3%. Excessive drinking reflects the percent of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. County Health Rankings (BFRSS 2005-2011 baseline=23%)</p> <p>The percentage of HS students who have had 5 or more drinks of alcohol in a row (binge drinking) during the past 30 days will decrease by 3 percent. (Baseline YRBS 2013=13.3%)</p>		
Objective/Strategies	Actions/Activities	Timeframe	Who is Responsible?
1. Increase community awareness around Binge Drinking	1.1 Conduct evidence based mass media campaigns to raise awareness of the social and economic impact of Binge Drinking and to emphasize responsible drinking/moderate drinking levels.	Summer, 2015	Health Dept Medical Centers
2. Increase screening for alcohol use in primary health care settings	2.1 Implement (Audit) alcohol use disorders identification test.	Winter, 2014	SCRMC Behavioral Health Unit
	2.2 Conduct Brief Screening Intervention (BSI) training for healthcare providers in Polk County	Summer, 2015	Health Dept Medical Centers

Alcohol Workgroup – Polk County CHIP
Meeting Minutes March 17th, 2015

Present: Kathy Weeks, Pete Berklund, Gretchen Sampson, Mary Boe, Therese Armour, Nathan Gehring, Donna Johnson, Deven Haas, Adrian Davis

Old Business:

Minutes from the last meeting were reviewed. No changes were made. Minutes approved

Focus Groups: One focus group had been conducted and results were shared. Highlights:

- Getting alcohol from an older person
- Top reason for drinking – it is fun and cool
- Top reason not to drink – illegal

A suggestion was made that for future surveying we include the option under, In your opinion what do people your age consider normal drinking? Option – 2 times per month. We have two more focus groups lined up.

There was continued discussion on a Public Information Campaign.

- Parents Who Host grant materials are delayed looks like end of March for receiving them.
 - We will need volunteers to help distribute the materials once they arrive. Once we receive them at the health department we will notify as soon as we can to get them out in the community. *(Pete has said that he would be willing to help)*
 - We will also be doing some media outreach for this as well via press releases and/or letters to the editor.
- Deven Haas from OneBetter came to answer further questions on Movie Theater PSA.
 - \$4,888 for 12 months at 30 seconds (this includes the production); \$2, 444 for 6 months
 - Film would be viewed 3, 650 times
 - We would have the video for posting on other websites
 - We can do a 6month contract and then give 45 day notice to continue for another 6 months
 - July 25th, 2015 is the next quarter start date and they like to have production crew come 60 days prior
- Thoughts about what type of message
 - Is our audience adults and youth?
 - Positive options
 - Kids are influenced by adults

New Business:

Mary Boe discussed the Community Health Improvement in Action (CHIA) grant that we have been awarded. This grant will be mostly Technical Assistance but does give \$2000 for 18 months toward unhealthy alcohol use initiatives. We have our first call on Friday January 23rd and will update everyone at the next meeting.

Tony Grimm updated that as far as logistics go the sheriff's department is ready to move forward with alcohol age compliance checks.

Next Steps:

1. Please let us know if you have more thoughts on focus group questions or places to hold them.
2. If you have thoughts on the movie trailer for Unhealthy Alcohol Use please e-mail Mary at mary.boe@co.polk.wi.us (we are looking for help with funding as well as ideas of what the ad should look like)
3. Pete has shared that the Masonic Lodge and Lions Club groups are good places to share needs and places to also share information for disseminating.
4. Look at a meeting time in the evening in the future for individuals who are interested, but can't attend during the day.

NEXT MEETING –February 24th, 2015; Polk County Health Department at 10AM

Tentative Agenda Should Include:

1. Follow up on Movie theater advertisement
2. Review public information campaign concept/timeline
3. Review draft of Compliance Check Guidebook

Respectfully Submitted,



Mary Boe

Polk County Community Health Improvement Plan (CHIP)

Implementation Action Plan

Focus Area: Mental Health

Goal1:	Improve the mental health status of Polk County residents		
Indicators:	<ol style="list-style-type: none"> 1. Percentage of students who seriously considered attempting suicide during the past 12 months will decrease by 2 percent (2013 YRBS baseline =12.0%) 2. Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities will decrease by 5 percent (2013 YRBS baseline = 25.1%) 3. Percentage of students who attempted suicide once in the past 12 months will decrease by 2 percent (2013 YRBS baseline = 6.0%) 4. Average number of mentally unhealthy days reported in past 30 days (age adjusted) will decrease to 2 (2012 County Health Rankings baseline 2.7) 5. The Polk County mortality rate from suicide will decrease (Baseline 2011: 29.8/100,000) 6. Percentage of students who agree that harassment and bullying is a problem at their school will decrease by 10 percent. (2013 YRBS baseline =43.4%) 7. Percentage of students who have been bullied on school property in the past 12 months will decrease 10 percent (2013 YRBS baseline = 31.7%) 		
Objective/Strategies	Actions/Activities	Timeframe	Who is Responsible?
1. Polk County residents have knowledge of and access to a Mental Health Services	1.1 Annually update and distribute mental health directory; add online links	Fall, 2014	Mental Health Task Force (MHTF) Project Director (PD) Suicide Prevention Grant (SPG)
	1.2 Educate ancillary service providers and community groups about directory	Fall, 2014	PD-SPG
	1.3 Educate the public about mental health benefits under the Affordable Care Act health insurance exchange plans	Winter, 2014	Health Dept ABC Rural Health

	1.4 Provide mental health services for high risk infants/children/families in the home and school setting	Winter, 2014	MHTF
2. Develop an assessment, referral and follow-up policy for students that are high risk for suicide in Polk County schools	2.1 Research best practice policies for screening, referral and follow-up	Spring, 2014	Health Dept Polk United
	2.2 Develop Polk County specific policy based on best practices	Spring, 2014	Health Dept Schools MHTF
	2.3 Pilot the policy in 1 Polk County school district	Fall, 2014	Health Dept Schools
	2.4 Evaluate the policy implementation process	Fall, 2015	Schools Health Dept
	2.5 Expand to 1 additional school	Fall, 2015	School Health Dept
3. Expand public information campaign to promote awareness that suicide is a public health problem that is preventable	3.1 Research literature for best practice public information campaigns	Winter/Spring, 2014	Health Dept
	3.2 Implement a public information campaign utilizing various media types including social media	Fall, 2014	Polk United: Healthier Together (PUHT)
	3.3 Continue Back of the Door campaign (schools, churches, ARMC, Luck Fitness Center, other)	On-going	MHTF
	3.4 Continue QPR trainings in the schools and community (funding OCHF and SPG, Kinship)	2014-2015	MHTF Osceola Community Health Foundation (OCHF) Kinship
4. Work with primary health care settings to increase the proportion of providers screening patients for depression	4.1 Identity current practice of primary healthcare providers; Establish baseline	Summer, 2014	Health Dept Medical Centers MHTF
	4.2 Develop and consistently produce mental	Fall, 2014	Health Dept

Mental Health Action Plan –Version 071714

	health data reports from Polk County medical centers' electronic health records (EHR)		Medical Centers MHTF
	4.3 Identify barriers to screening and follow-up	Spring, 2015	Health Dept Medical Centers MHTF
	4.4 Encourage consistent screening, referral and follow-up according to clinic best practices	Fall, 2015	Health Dept Medical Centers MHTF
	4.5 Evaluate change in practice	Spring, 2016	Health Dept Medical Centers MHTF
5. Increase protective behaviors of high risk groups	5.1 Work with special populations in Polk County schools to strengthen protective behaviors	Fall, 2013 (1 year completion)	PD-SPG Health Dept
	5.2 Work with Tavern League to implement public awareness of Mantherapy program	Winter, 2014	PD-SPG Tavern League
	5.3 Assess school policies around bullying and align them with evidence-based programs	Fall, 2014	PD-SPG PUHT
	5.4 Provide direct services for therapeutic intervention for high risk infants/children/families in the home and school setting	Fall, 2014	MHTF



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Mental Health Workgroup – Polk County CHIP
Meeting Minutes: February 11th, 2015

Present: Linda Slaikeu, Samantha (student nurse), Corby Stark, Patty Draxler, Donna Johnson, Mary Boe

Updating the Community

- Mary shared an example of Healthier Together St. Croix/Pierce Counties quarterly newsletter on their CHIP. The group liked this format. The group discussed ideas for providing the community with outcomes on what we are doing in Polk County around mental health.
 - Healthy Beginnings
 - Suicide Prevention Grant
 - Mantherapy results
 - Trauma Focused Cognitive Behavioral Therapy
 - AKA Sisterhood
 - Valley Cooperative
 - Jail Services
 - Family Resource Center

Statewide/National Trends in Mental Health

- Mary shared the Healthy People 2020 goals around mental health as well as the Healthiest WI 2020 profile for mental health. Our goals and objectives for Polk County align with these.
- Behavioral Health Barometer Wisconsin, 2014
<http://www.mhawisconsin.org/Data/Sites/1/media/documents/bhbarometer-wi-2015.pdf>

Workgroup Member Updates

- Amery Behavioral Health has finished their sessions for depression in the older adults that were being held at the Amery Senior Center (the last one was the best attended)
- Services are still being held for inmates around depression – the time is less as the grant funding was decreased.
- Healthy Beginnings is creating a steering committee
- MHTF is applying for a Bremer Grant for the Y screen project and have a site visit scheduled
- AKA Sisterhood held an overnight retreat for 12 girls

Other discussion

- Linda S. discussed the importance of Mental Health Screens at the clinics. Patients listen to their providers. They are working on getting the PHQ9 more consistently given at Amery Hospital and Clinic. She will follow-up with other clinics to see what they are doing around depression screening. This is an action item listed in the CHIP workplan.

- Support group for Inmate spouses (there is a desire to get one started)
 - Coping skills
- Mental Health Messaging (Public Information Campaign). We discussed a messaging campaign in regard to firearms and Mental Health. Many people don't understand the importance of not having firearms in the home of someone struggling with mental health issues. In Polk County using a firearm is the top way people are completing suicide.
 - A joint message on firearm safety and mental health from:
 - Law Enforcement
 - Mental Health Professionals
 - Human Services
 - Medical Centers
 - Health Department
- Another creative messaging campaign was discussed for when we know what medical centers are doing around depression screening. We know people listed to the ads and ask about medications so do a twist on that with depression screener. *Feeling down....ask your doctor to give you the PHQ9 screener.*

Next Steps

- Group members start thinking about outcome based information you would like to share for a community update on CHIP progress
- If you find any good public service messages about firearm safety and mental health please share with Mary

Next Meeting Date

- Wednesday, April 8th, 2015 – 3:15pm to 4:15pm Polk County Health Department

Respectfully Submitted,

A handwritten signature in cursive script that reads "Mary Boe".

Mary Boe

Polk County Community Health Improvement Plan (CHIP)

Implementation Action Plan

Focus Area: Obesity

Goal 1:	Work with schools and community to improve the nutritional quality of meals and snacks		
Setting	Schools and community		
Indicators:	<p>Percentage of Polk County adults who eat 5 or more servings of fruits or vegetables a day will increase by 3 % (Baseline: 2012 Polk County Community Health Survey)</p> <p>Percent of Polk County High School Students who eat 5 or more servings of fruit and vegetables will be greater than 15% (NEW – no baseline; develop local survey)</p>		
Objective	Actions/Activities	Timeframe	Who is Responsible?
1. By December 31, 2016 at least 50% of Polk County Schools Districts are implementing best practice school wellness programs	1.1 Create inventory of existing school wellness programs and policies	Spring, 2014	Polk United: Healthier Together (PUHT)
	1.2 Research, identify and share best practices for school wellness programs and policies	Spring, 2014	PUHT
	1.3 Pursue potential funding opportunities based on needs in inventory to support programming associated with best practice school wellness programs	Ongoing	Polk County Health Department (PCHD), PUHT
2. By December 31, 2016 Two initiatives targeting increased fruit and vegetable consumption will be implemented	2.1 Based on inventory initiate or expand school garden programs in at least 2 school districts	Winter, 2014	PUHT
	2.2 Public information campaign Harvest of the Month (Community-wide a food is highlighted for the month. Kids try it at school, grocery stores have it show cased and new recipes shared)	Fall, 2015	PUHT

Goal 2:	Create opportunities for active living		
Setting	Schools and community		
Indicators:	Percent of adults reporting no leisure time physical activity on one or fewer days in a week will decrease by 2% (Baseline: 2012 Polk County Community Health Survey 25%)		
Objective	Actions/Activities	Timeframe	Who is Responsible?
1. Create a campaign to promote existing recreational trails and clubs (running, ski, rock climbing)	1.1 Revise and update the county-wide Recreation Guide and host on the Polk United website	Summer, 2014	PUHT
	1.2 Develop a marketing campaign to promote the Recreation Guide and GIS map (https://www.co.polk.wi.us/recreationviewer/)	Winter, 2014	PUHT
2. Support implementation of best practice programs to increase physical activity at school and in the community	2.1 Create inventory of existing school physical activity programs	Spring, 2014	PUHT
	2.2 Promote and engage school in DHS “Active Schools” program and activities	Fall, 2015	PUHT
	2.3 Partner with schools to implement Safe Routes to Schools	Winter, 2014	PUHT
	2.4 Promote state and national campaigns such as National Bike to School Day and Safe Routes to School	Fall, 2014	PUHT
	2.5 Use the joint use assessment tool to better understand the current status of joint use agreements in our community	Winter, 2015	PUHT, PCHD
	2.6 Educate local decision-makers who have the power to implement joint use agreements about the benefits and process of joint use agreements	Spring, 2016	PUHT, PCHD
	2.7 Based on needs identified in inventory, explore	Ongoing	PUHT

Obesity Action Plan –Version 071714

	grant funding		
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Goal 3:	Strengthen worksite wellness policies		
Setting	Worksite (Worksite is a place of employment with a minimum of ten employees)		
Indicators:	Number of policies (New; baseline will be determined)		
Objective	Actions/Activities	Timeframe	Who is Responsible?
1. Identify, support and pursue policies that will help worksites strengthen their wellness programs	1.1 Create inventory of existing worksite wellness policies	Fall, 2015	PUHT
	1.2 Distribute and assist worksites with implementing Worksite Wellness Toolkit	Spring, 2016	PUHT
	1.3 Promote state and national campaigns such as Diabetes Awareness month such as Bike to work day	Winter, 2015	PUHT
	1.4 Research point of decision prompts (labeling for healthy food options or signage promoting healthy activity – take the stairs rather than the elevator)	Fall, 2016	PUHT

Goal 4:	Strengthen Best Practice in Healthcare Settings around Overweight and Obesity Prevention		
Setting	Healthcare Facilities		
Indicators:	The percent of Polk County adults who are overweight or obese will decrease by 2% (Baseline: 2012 SCRMC and ARMC BMI data collection was 40% obese and 30% overweight)		
Objective	Actions/Activities	Timeframe	Who is Responsible?
1. Work with primary healthcare settings to increase the proportion of providers screening and intervening to address obesity	1.1 Identify current practice of primary healthcare providers; Establish baseline	Spring, 2014	Medical Centers, PCHD
	1.2 Identify barriers to screening and follow-up	Winter, 2014	Medical Centers, PCHD

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	1.3 Encourage consistent screening, referral and follow-up according to clinic best practices	Fall, 2015	Medical Centers, PCHD
	1.4 Evaluate change in practice	Fall, 2016	Medical Centers, PCHD
	1.5 Develop and consistently produce obesity health data reports from Polk County medical centers' electronic health records (EHR).	Spring, 2014	Medical Centers, PCHD

Goal:	Increasing breastfeeding rates in Polk County		
Setting	Worksites, Daycares, WIC, on-line		
Indicators:	Percentage of WIC program infants ever breastfed will increase from 76.1% to 82%; percentage of exclusively breastfed at 3 months will increase from 33.3% to 35%; percentage of breastfeeding duration of at least 6 months will increase from 37% to 40%; and percentage of breastfeeding duration of at least 12 months will increase from 18% to 20%. (Baseline 2013 Polk County WIC data) 1) Evidence of 1 worksite having an established BF policy 2) 3 Daycares will complete steps to be BF friendly 3) 75% of PG and PP women participating in WIC will receive BB Ed 4) Polk Co BF Coalition FB and website will be created		
Objective	Actions/Activities	Timeframe	Who is Responsible?
1. Assist worksites to be breastfeeding friendly, with at least 1 worksite establishing a breastfeeding policy.	1.1 Inform all worksites of the Break Time for Nursing Mothers – a federal law under the Fair labor Standards Act	Summer, 2015	PCHD Breastfeeding Friendly Task Force (PCHD BFTF) in coordination with Polk Co Breastfeeding Coalition (PCBC)
	1.2 Provide worksites with guidance for establishing	Fall, 2015	PCHD BFTF and

Obesity Action Plan –Version 071714

	appropriate policy for pumping		PCBC
	1.3 Develop and offer a contract for lactation consultant services for worksites.	Winter, 2016	PCHD BFTF and PCBC
2. Assist Daycares to be breastfeeding friendly with at least 3 daycares earning the title of Breastfeeding Friendly by completing the 10 steps established by the Wisconsin Department of Health Services	2.1 Establish guidelines for Daycares to complete the 10 steps for Breastfeeding Friendly recognition.	Spring, 2014	PCHD BFTF and PCBC
	2.2 Determine method for training daycare personnel (i.e. WITC, PCHD)	Spring, 2014	PCHD BFTF and PCBC
	2.3 Establish protocol for achieving and maintaining Breastfeeding Friendly recognition	Summer, 2014	PCHD BFTF and PCBC
	2.4 Create public awareness of Breastfeeding Friendly Daycares (i.e. news releases, daycare list includes this achievement)	Winter, 2015	PCHD BFTF and PCBC
3. Provide Baby Behaviors education to WIC mothers.	3.1 Train WIC/PNCC staff in Baby Behaviors Education program.	3/1/14	PCHD WIC Program
	3.2 Implement program with pregnant and early post-partum women enrolled in WIC.	4/1/14	PCHD WIC Program
	3.3 Inform primary care providers about the program.	6/1/14	PCHD WIC Program
4. Increase local breastfeeding support with establishment of Polk County Breastfeeding Coalition website and Facebook page.	4.1 Establish guidelines and protocol for managing the website and Facebook page.	Spring, 2014	Polk Co BF Coalition
	4.2 Initiate, maintain and evaluate use and effectiveness of the website and Facebook page.	Summer, 2014	Polk Co BF Coalition



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CHIP Obesity Workgroup Meeting Minutes
Wednesday, April 15, 2015
Polk County Public Health Department, Room A&B
8:00-9:30 AM

Meeting Purpose: plan Worksite Wellness Toolkit training and progress with HOM planning.

In Attendance: Patty Willeman (AMC), Bonnie Cremin (UW-Extension), Sally Johnson (PCHD), Melanie Mertes (PCHD)

- Member Updates
 - Amery Medical Center (AMC) is preparing for the roll out of Power-up (targeting younger kids) and Yum Power (targeting older kids) next Fall (2015). They will be working with each school district in their service area including Amery, Clear Lake, Turtle Lake and Luck. They then plan to expand this out to all school districts. Osceola school district is doing a smaller version of the program right now and so far Patty reports that kids are taking well to this overall. Below is a link to the website for those interested in checking it out.
 - <http://www.powerup4kids.org/Home>
- Worksite Wellness Toolkit Training Update
 - The planned date for the training will be Thursday, September 17, 2015 at the Holiday Inn in St. Croix Falls. Central Insurance will be hosting the training, open to all worksites in Polk County and the surrounding areas as some networks reach into Taylor's Falls as well. Central Insurance will be supplying the space and meals for attendees, which will not have a cost associated with it.
 - The plan is to have a morning session and an afternoon session as the facility holds about 70 people comfortably. Jonathon Morgan from the WI Department of Health will be coming up to host the presentations. All 3 Medical Centers and the PCHD will be sponsors for the event and reaching out to the contacts in their networks to promote the event.
 -

"Promoting, Protecting and Preserving Health Through Partnerships with People and Communities"

www.polkcountyhealthdept.org

- Potential Funding/Grant Update
 - The Wisconsin Partnership Program grant that would support implementation of the HOM project has been submitted as of 11:30AM on April 10th. A special thanks to Mary Boe, Gretchen Sampson and Andrea Seifert who helped to make the deadline and pull needed materials together.
 - We received Letters of Commitment from the following potential partners for the project: Dick's Fresh Market-Amery, Wayne's Food Plus-Luck, Hungry Turtle Learning Center-Amery, Unity School District-Balsam Lake, Amery School District-Amery. The PCHD will serve as the lead agency for the grant and provide inkind staff support.
 - We also received Letters of support from Amery Hospital and Clinic, Osceola Medical Center, UW-Extension and St. Croix Regional Medical Center, who also supplied a \$500 donation to the project.
- Harvest of the Month (HOM) resources review/Calendar assessment
 - Below is a link to some sample resources that could be used to model Polk County HOM resources around. Examples of the menu slick, educator newsletter, family newsletter and calendar were included in the grant application to show what types of resources we intend to provide to the community.
 - <http://www.harvestofthemonth.cdph.ca.gov/index.asp>
 - The group reviewed the previous HOM calendar using the guidelines that the California WIC program provides. We revisited the produce selection with the goal in mind of what would be familiar to kids and revised a few of the selections. Please see the attached document for the newly updated produce list for 2015. Note we started in September as this is when we intend to roll out the project.
- Next Meeting
 - Our next meeting will be on Wednesday, May 20th at the PCHD room A&B from 8:00-9:30 AM. Please contact me with any agenda items.

Respectfully Submitted,

April 1, 2015

Prioritization

A description of the process used to prioritize the identified health needs, as well as a final list of needs that the hospitals within HealthPartners will seek to address



The Prioritization Process

- On August 24, 2015 leadership from HealthPartners and its respective hospitals met with Community Hospital Consulting to review findings and prioritize the community's health needs.
- Leadership ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity



The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue
<ul style="list-style-type: none"> a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
<ul style="list-style-type: none"> a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. HealthPartners Capacity
<ul style="list-style-type: none"> a. Are people at HealthPartners likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)



Final Priorities

- HealthPartners leadership ranked the four significant health needs based on the three factors discussed, resulting in the following prioritized list:
 - 1. Mental and Behavioral Health**
 - 2. Access and Affordability**
 - 3. Chronic Disease and Illness Prevention**
 - 4. Equitable Care**



Resources in the Community

An extensive list of resources that are available in the community to address the identified health needs



Resources in the Community

- In addition to the services provided by HealthPartners and its hospitals, other charity care services and health resources available in the community are included in this section.

COMMUNITY ASSETS FOR HEALTH		
Facility	Phone Number	Website
MENTAL HEALTH RESOURCES		
Amery Regional Medical Center Behavioral Health	715-268-0060	http://www.amerymedicalcenter.org/404.aspx
Aurora Community Counseling	715-235-1839	http://www.auroraservices.com/index.html
Family Based Therapy Associates	651-257-2733	http://www.fbta.biz/default.aspx
Midwest Psychological Services	715-381-1980	http://www.midwestpsychological.com/
Northwest Counseling & Guidance Clinic	715-327-4402	http://www.nwgcg.com/
Northwest Passage, Ltd	715-327-4402	http://www.nwpltd.org/
Osceola Medical Center	715-294-2111	http://www.myomc.org/
Peace Tree Counseling	715-755-2233	http://www.peacetreecounseling.com/
Polk County Mental Health & Chemical Dependency	715-485-8400	http://www.co.polk.wi.us/humanservices/behavioral-health.asp
St. Croix Regional Medical Center Counseling and Psychological Services	715-483-0243	http://www.scrmc.org/providers/category/counseling-and-psychological-services
<i>*Any additional resources for mental health in Polk County may be found at www.mentalhealthpolk.org.</i>		
OBESITY RESOURCES		
Amery Regional Medical Center	715-268-8000	http://www.amerymedicalcenter.org/
Osceola Medical Center	715-294-2111	http://www.myomc.org/
St. Croix Regional Medical Center	715-483-3221	http://www.scrmc.org/
<i>*Any additional resources for physical activity and nutrition for Polk County may be found at www.healthypolkcounty.com.</i>		
ALCOHOL USE RESOURCES		
Aurora Community Counseling	715-235-1839	http://www.auroraservices.com/index.html
Northwest Counseling & Guidance Clinic	715-327-4402	http://www.nwgcg.com/
Northwest Passage, Ltd.	715-327-4402	http://www.nwpltd.org/
Peace Tree Counseling	715-755-2233	http://www.peacetreecounseling.com/
Polk County Mental Health & Chemical Dependency	715-485-8400	http://www.co.polk.wi.us/humanservices/behavioral-health.asp
St. Croix Regional Medical Center Counseling and Psychological Services	715-483-0243	http://www.scrmc.org/providers/category/counseling-and-psychological-services

COMMUNITY ASSETS FOR HEALTH

Facility	Phone Number	Hours	Description
CRA (Community Referral Agency)	800-261-7233		Provides services and support to victims of domestic violence and sexual assault. Serves Polk and Burnett Counties.
Polk County Human Services	715-485-8400		Adult Protective Services
Wisconsin Division of Quality Assurance	800-642-6552		For reporting allegations of abuse or neglect by facility staff or home health care workers
Amery Memory Care	715-268-4800		Provide specialized, facility-based care
Comforts of Home	715-483-1707		Provide specialized, facility-based care
Golden Age Manor – “Judy’s Cottage”	715-268-7107		Provide specialized, facility-based care
Riverbend Assisted Living	715-268-9949		Provide specialized, facility-based care
Day Break Services	Day Friends 715-485-8762	Weekdays, 7:30-3:30	Day time services provided outside of the home.
Center for Independent Living Western Wisconsin	715-736-1800		Rice Lake, WI office - Serves Polk Co or Voice/TTY 866-419-1260
American Red Cross St Croix Valley Chapter	651-439-0031		Bayport, MN office - Serves Polk County
Interfaith Caregivers of Burnett County	715-866-4970		May be able to provide wood for heating to elderly or disabled in crisis
Polk County Human Services	715-485-8400		
Salvation Army	715-485-1221		Balsam Lake, WI office; Serves Polk County
ADRC of Northwest Wisconsin	877-485-2372		Serves Polk & Burnett Counties and the St Croix Chippewa Indians of WI
AMERY			
Amery Area Food Pantry	715-268-5999	Mon. 9-12, Thurs. 3:00-6:00.	230 Deronda Street (Old hospital) Leave message; Serves Amery school district.
Ruby’s Pantry	715-268-7390		
Congregation Church 201 Harriman Ave North 18			

ADRC of Northwest Wisconsin	877-485-2372	9-10:30am the 2nd Saturday of each month	Serving Polk & Burnett Counties and the St Croix Chippewa Indians of Wisconsin; \$20 donation appreciated. Serves all of Polk County with multiple locations, dates and times.
CLEAR LAKE			
Lifeline Food Pantry 560 5th St. (Old high school)	715-263-3846	Wed. 1-5pm; Thur. 12-4pm	Serves Clayton and Clear Lake school districts
DRESSER			
People Loving People 103 East Main Street	715-501-4657	Mon. 11:00-1:00; Wed. 2:00-5:00; Sat. 11:00-1:00. Open to all.	
FREDERIC			
Family Pathways Food Shelf	715-327-4425	Tuesday and Thursday 9:00am-6:00pm; Saturday 9:00-12:00am	Hwy 35, across from Larsen Chevrolet; Call for appointment
LUCK			
Loaves and Fishes DBS Lions Hall, 300 North 1st Street 19			
ADRC of Northwest Wisconsin	877-485-2372	Tuesdays and Thursdays, 11:00am-1:00pm.	Serving Polk & Burnett Counties and the St Croix Chippewa Indians of Wisconsin; Serves Luck & Unity school districts.
Ruby's Pantry 210 E Park Ave (Home and Away Ministries)	715-268-7390	3rd Tuesday of the even months, 12-1	\$20 donation appreciated
OSCEOLA			
The Open Cupboard 402 2nd Avenue	715-294-4357	Mon. & Wed. 9:00-12:00am; Thursday 11:00-4:00pm.	Serves Osceola and Dresser school districts. Call for appointment

St Croix Falls Food Pantry 2000 US Hwy 8, North Country Mall	715-483-9494	M, T, Th, and F: 9am-5pm, W: 10:30am-6pm, Sat.: 9am-12pm	
United Methodist Church 809 Pine Street		Monday 9:00-11:00 and Thursday 3:00-6:00.	Serves SCF school district and Unity school district
TURTLE LAKE			
Turtle Lake Food Pantry 200 W Martin Ave	715-986-2241	Thursdays 1-3pm	Services Turtle Lake School District
WEBSTER			
Indianhead Community Action Agency	715-866-8151		
FREE COMMUNITY MEALS			
Alliance Church of the Valley 1259 State Rd 35, St. Croix Falls	715-483-1100	4th Tues. of every month, 5-6:30	
United Methodist Church 306 River St., Osceola	715-755-2275	Last Wed. of every month (no meal Nov. & Dec.), 5:30-6:30	
United Methodist Church 135 Reinhart Dr., Shell Lake	715-468-2405	2nd Wednesday of every month, 4:00-6:00	
West Denmark Lutheran Church 2478 170th St., Luck	715-472-2383	Last 2 Sundays of each month, 5:00	Potluck meal for visitors, guest and those unable to bring food

Information Gaps

A description of any information gaps in the demographic or health data collected for this study

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the community conversations and review of current research.
- This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics. For example, 2009-2013 averages were used for mortality rates to give the most recent and accurate data.
- A variety of data sources were used to collect and analyze health behavior data. Due to these differences, direct comparisons between counties and across states should be made with caution. For example:
 - The most recent local overweight and obesity data by county is provided within the 2010 Metro Adult Health Survey for Dakota, Ramsey, Scott, and Washington Counties and within the 2010 SHAPE Survey for Hennepin County. The recently conducted Metro Shape 2014 Survey results will provide overweight and obesity data for all counties mentioned above in October 2015.
 - Senior Food Insecurity is a growing topic and is currently available at the state and national levels through the National Foundation to End Senior Hunger (NFESH) Annual Reports.
 - The 2010 SHAPE Survey for Hennepin County does not contain information on sugar-sweetened beverage consumption, and therefore could not be used to compare to the counties within the 2010 Metro Adult Health Survey.
- Timeframes for select data elements for the United States do not align with the timeframes for the study area but are reflective of the most recent year due to the fact that many data elements for the study area required a multi-year average due to low response volume. These occasions are noted in the “source” section of each data element.

About Community Hospital Consulting

A description of Community Hospital Consulting, which is the organization that collaborated with the hospital to conduct this assessment



About Community Hospital Consulting

- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance.
- For more information about CHC, please visit the website at www.communityhospitalcorp.com.



Appendix

- Additional Hospital Information and Findings
 - Summary of data sources
 - Demographic data findings
 - Health data findings

Additional Hospital Biographies

A brief description of the other hospitals within
the HealthPartners system



About Regions Hospital

- Established in 1872, joined HealthPartners in 1993
- Teaching and research hospital
- Level I trauma center for adults and children
- Specialty care in trauma, burn, emergency, heart, orthopedics, neurosciences, oncology and mental health
- 454 bed hospital in St. Paul, MN
- 967 physicians and resident physicians
- More than 25,000 annual admissions
- More than 2,500 babies born each year at the Birth Center
- Second largest provider of charity care in Minnesota



About Lakeview Health

- Includes Stillwater Medical Group, Lakeview Hospital and the Lakeview Foundation
- Lakeview Health was formed in 2005, joined HealthPartners in 2011
- Lakeview Hospital is the fifth oldest hospital in Minnesota, dating back to 1880
- Lakeview Hospital is a 97-bed acute-care hospital, with 4,100 inpatient admissions in 2013
- Stillwater Medical Group operates three primary care clinics in Stillwater and Mahtomedi, MN and Somerset, WI and a Clinic at Walmart in Oak Park Heights, MN
- Stillwater Medical Group had 98 provider FTEs in 2013
- Stillwater Medical Group had more than 189,000 patient visits in 2013
- Lakeview Health provided a total system community benefit of more than \$14 million in 2012



About Hudson Hospital & Clinic

- Opened in 1953, joined HealthPartners in 2009
- In 2013, celebrated 60 years in the community
- 1,500 annual inpatient admissions
- More than 10,000 Emergency Center and 10,000 Specialty Clinics patients annually
- Internationally recognized, award-winning Healing Arts Program
- Nationally and locally recognized, award-winning sustainability efforts
- In 2012, contributed nearly \$3 million in community benefits
- About 60 medical staff (many more credentialed and active)
- New medical office building opened in April 2014



About Westfields Hospital & Clinic

- Opened in 1950, joined HealthPartners in 2005
- 25 bed critical access hospital in New Richmond, WI
- 1,100 annual inpatient admissions in 2012
- About 40 medical staff (many more credentialed and active)
- More than 15 medical specialists provide care close to home at the Westfields Specialty Clinic
- In 2013, Westfields Hospital & Clinic expanded to offer primary care when the New Richmond Clinic joined HealthPartners organization
- Westfields Community Pharmacy opened in July 2013
- Westfields Hospital & Clinic is also home to the Cancer Center of Western Wisconsin



About Park Nicollet Methodist Hospital




- Established in 1892 and joined HealthPartners in 2013
- Specialty care includes oncology, cardiology, maternity and neuro-rehabilitation medicine, critical care and bariatrics
- 426 bed hospital located in St. Louis Park, MN, connected to Fraumshuh Cancer Center and Heart and Vascular Center
- Average daily census of 254 patients
- 960 physicians and resident physicians
- More than 25,000 annual admissions, 3,100 births and 50,000 Emergency Center patients treated each year



Study Area

Additional hospital study areas

Regions Hospital Study Area

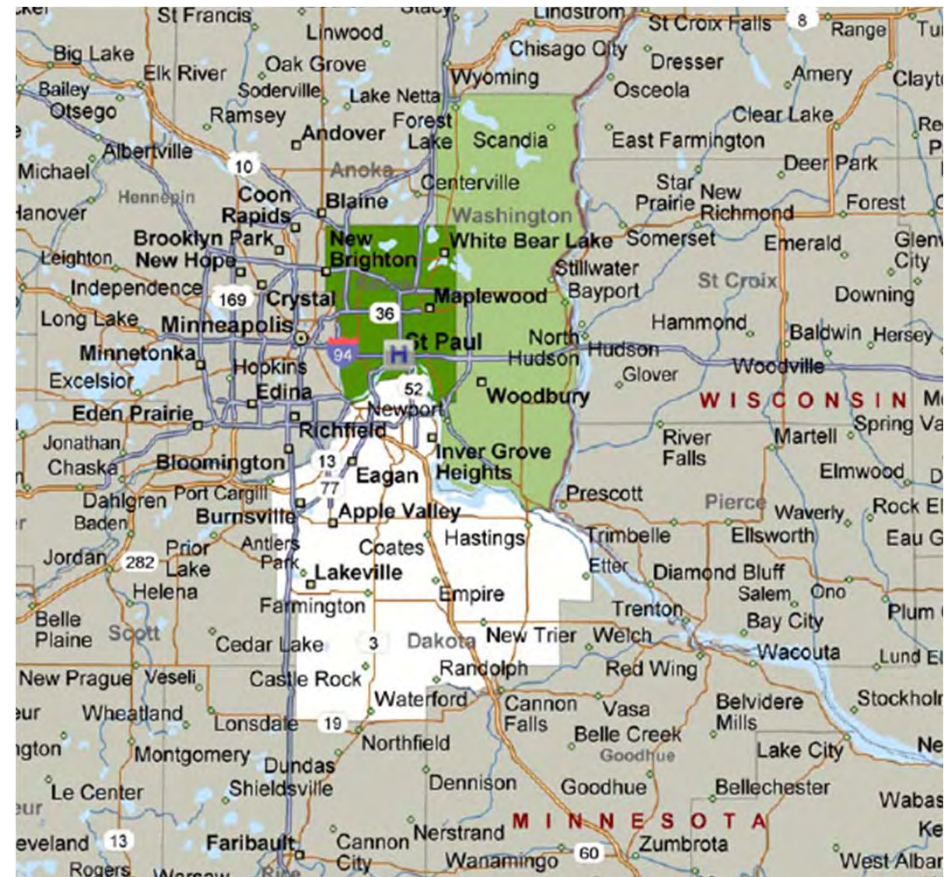
-  Ramsey County makes up 50.2% of inpatient discharges
-  Washington County makes up 11.9% of inpatient discharges
-  Dakota County makes up 11.9% of inpatient discharges

*The "H" indicates the hospital




Regions Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
Ramsey	MN	12,904	50.2%	50.2%
Washington	MN	3,056	11.9%	62.0%
Dakota	MN	3,051	11.9%	73.9%
Other		6,717	26.1%	100.0%
Total		25,728	100.0%	

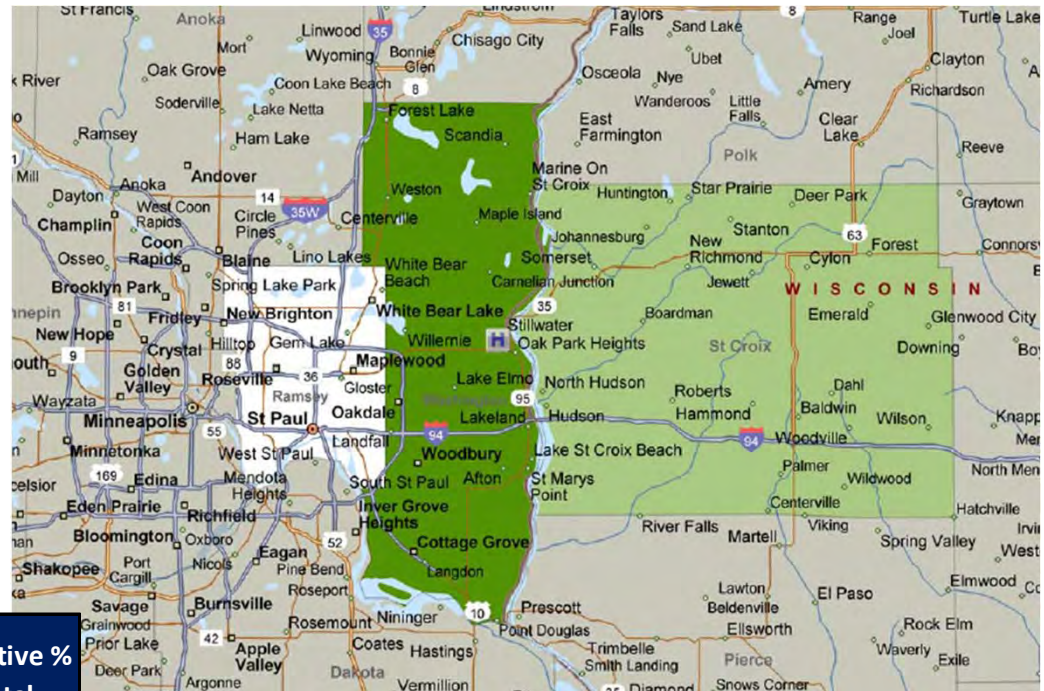
Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded



Lakeview Hospital Study Area

-  Washington County makes up 52.5% of inpatient discharges
-  St. Croix County makes up 16.6% of inpatient discharges
-  Ramsey County makes up 11.8% of inpatient discharges

*The "H" indicates the hospital



Lakeview Hospital Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
Washington	MN	1,988	52.5%	52.5%
St. Croix	WI	627	16.6%	69.1%
Ramsey	MN	446	11.8%	80.8%
Other		726	19.2%	100.0%
Total		3,787	100.0%	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded

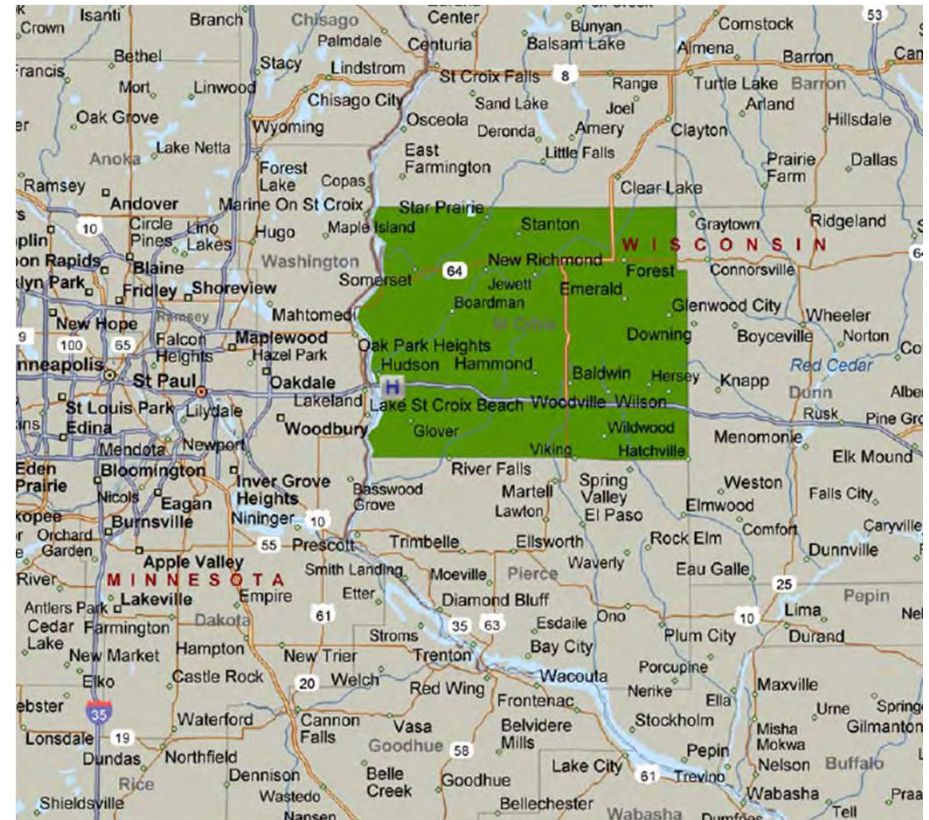


Hudson Hospital & Clinic Study Area



St. Croix County makes up 69.2% of inpatient discharges

*The "H" indicates the hospital



Hudson Hospital & Clinic Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
St. Croix	WI	1,176	69.2%	69.2%
Other		523	30.8%	100.0%
Total		1,699	100.0%	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded

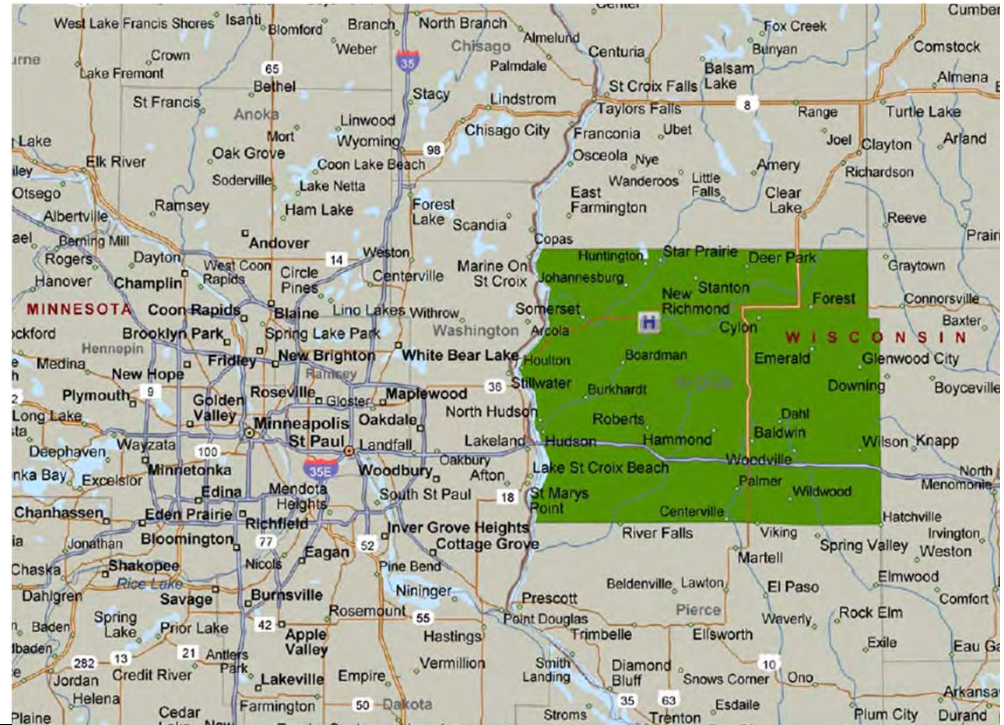


Westfields Hospital & Clinic Study Area



St. Croix County makes up 83.9% of inpatient discharges

*The "H" indicates the hospital






Westfields Hospital & Clinic Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
St. Croix	WI	798	83.9%	83.9%
Other		153	16.1%	100.0%
Total		951	100.0%	

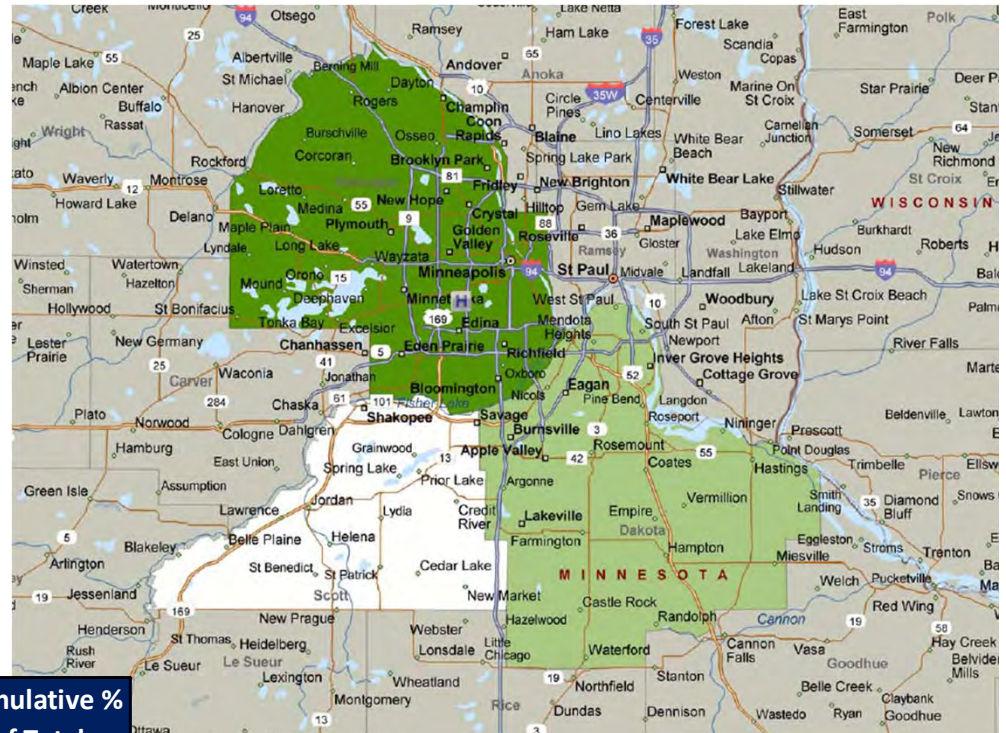
Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded



Park Nicollet Methodist Hospital Study Area

-  Hennepin County makes up 78.1% of inpatient discharges
-  Dakota County makes up 5.9% of inpatient discharges
-  Scott County makes up 3% of inpatient discharges

*The "H" indicates the hospital



**Park Nicollet Methodist Hospital
Patient Origin by County CY 2014**

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
Hennepin County	MN	17,199	78.1%	78.1%
Dakota County	MN	1,310	5.9%	84.0%
Scott County	MN	664	3.0%	87.1%
Other		2,851	12.9%	100.0%
Total		22,024	100.0%	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded



Health Status Overview

Dakota, Hennepin, Scott, Ramsey, and Washington Counties (MN), and St. Croix (WI) County

An analysis of available health data pertaining to Dakota, Hennepin, Scott, Ramsey, and Washington Counties in Minnesota, as well as St. Croix County in Wisconsin.

Introduction

Various counties are included in the health data section. While this hospital's individual study area does not include each of the counties served by the HealthPartners' hospitals, it is important to consider health needs in comparison to other localities.

For comparison, this section of the report includes a health data analysis for the following counties:

- Dakota County, MN
- Hennepin County, MN
- Scott County, MN
- Ramsey County, MN
- Washington County, MN
- St. Croix County, WI



Data Sources and Levels

- The following information outlines specific health data:
 - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and access
- Data Sources include, but are not limited to:
 - Minnesota Department of Health, Minnesota Public Health Data Access
 - Minnesota Student Survey
 - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
 - Metro Adult Health Survey
 - Survey of the Health of All of the Population and the Environment (SHAPE)
 - Wisconsin Department of Health Services, WISH Query
 - Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics
 - Community Commons
- Data Levels: nationwide, state, metropolitan statistical area (MSA) and county level data



Mortality Summary

- Cancer and heart disease are the first and second leading causes of death, respectively, in Dakota, Hennepin, Ramsey, Scott, St. Croix, and Washington Counties, as well as Minnesota and Wisconsin (2009 - 2013 combined rates).
 - Heart disease rates are increasing in Hennepin County, but decreasing in St. Croix County and Wisconsin.
 - Cancer rates are decreasing in Dakota, Hennepin, Ramsey, Scott, and Washington Counties, as well as Minnesota and Wisconsin.
- Hennepin County has higher rates of cirrhosis, nephritis, and unintentional injury than the state.
- Ramsey County has higher rates of cancer, cirrhosis, chronic lower respiratory disease, diabetes, nephritis, and stroke than Minnesota.
 - Overall, unintentional injury rates are increasing in Dakota, Hennepin, and Washington Counties, as well as Minnesota.
- St. Croix County has higher rates of accidents, cerebrovascular diseases, diabetes, and suicide than Wisconsin.
- Washington County has lower mortality rates than the state in each of the top ten leading causes of death.



Mortality

Leading Causes of Death

Leading Causes of Death (Alphabetical Order)

Age Adjusted Death Rates per 100,000, 2009-2013

Cause of Death	Dakota County (MN)	Hennepin County (MN)	Ramsey County (MN)	Scott County (MN)	Washington County (MN)	Minnesota
Cancer	● 157.8	● 160.6	● 168.8	● 153.8	● 157.7	165.5
Chronic Lower Respiratory Disease	● 34	● 34.8	● 39.3	● 32.7	● 36.3	37.4
Cirrhosis	● 6.3	● 8.1	● 8.7	● 4.8	● 5.4	7.5
Diabetes	● 18.9	● 18.4	● 20.7	● 20.1	● 18.6	19.5
Heart Disease	● 108.1	● 107.7	● 120.6	● 116.7	● 110	130
Nephritis	● 12.6	● 14	● 15.5	● 12.3	● 11.2	13.3
Pneumonia and Influenza	● 8.1	● 9.6	● 11.4	● 9.3	● 7	11.7
Stroke	● 35.4	● 36	● 40.4	● 31.8	● 31.5	37.2
Suicide	● 11.4	● 10	● 9.8	● 9.5	● 10.4	11.7
Unintentional Injury	● 42	● 43.4	● 35.5	● 39.1	● 30.1	40.7
All Causes	● 599.3	● 635.2	● 689.8	● 568.6	● 612.5	650.8

Leading Causes of Death (Alphabetical Order)

Age Adjusted Death Rates per 100,000, 2009-2013

Cause of Death	St. Croix County (WI)	Wisconsin
Accidents (unintentional injuries)	● 32.7	42.5
Alzheimer's disease	● 17.2	23.9
Cerebrovascular diseases	● 38.0	37.0
Chronic lower respiratory diseases	● 37.4	38.7
Diabetes mellitus	● 23.0	18.0
Diseases of heart	● 140.0	162.1
Intentional self-harm (suicide)	● 13.5	13.1
Malignant neoplasms	● 157.4	169.7
Nephritis, nephrotic syndrome and nephrosis	● 12.5	15.1
Other causes	● 128.4	115.7
All Causes	● 676.3	712.9

- Green indicates that the county's rate is lower than the state's rate for that disease category.
- Red indicates that the county's rate is higher than the state's rate for that disease category.



Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Mortality

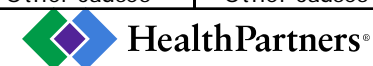
Leading Causes of Death

Leading Causes of Death (Ranked Order)

Utilizing Age Adjusted Death Rates per 100,000, 2009-2013

Rank	Minnesota	Dakota County	Hennepin County	Ramsey County	Scott County	Wash. County	Wisconsin	St. Croix County
1	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Malignant neoplasms	Malignant neoplasms
2	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Diseases of heart	Diseases of heart
3	Unintentional Injury	Unintentional Injury	Unintentional Injury	Stroke	Unintentional Injury	Chronic Lower Respiratory Disease	Accidents (unintentional injuries)	Cerebrovascular diseases
4	Chronic Lower Respiratory Disease	Stroke	Stroke	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Stroke	Chronic lower respiratory diseases	Chronic lower respiratory diseases
5	Stroke	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Stroke	Unintentional Injury	Cerebrovascular diseases	Accidents (unintentional injuries)
6	Diabetes	Diabetes	Diabetes	Diabetes	Diabetes	Diabetes	Alzheimer's disease	Diabetes mellitus
7	Nephritis	Nephritis	Nephritis	Nephritis	Nephritis	Nephritis	Diabetes mellitus	Alzheimer's disease
8	Pneumonia and Influenza	Suicide	Suicide	Pneumonia and Influenza	Suicide	Suicide	Influenza and pneumonia	Intentional self-harm (suicide)
9	Suicide	Pneumonia and Influenza	Pneumonia and Influenza	Suicide	Pneumonia and Influenza	Pneumonia and Influenza	Intentional self-harm (suicide)	Nephritis, nephrotic syndrome and nephrosis
10	Cirrhosis	Cirrhosis	Cirrhosis	Cirrhosis	Cirrhosis	Cirrhosis	Other causes*	Other causes*

*not in ranked order because it includes all other causes of death

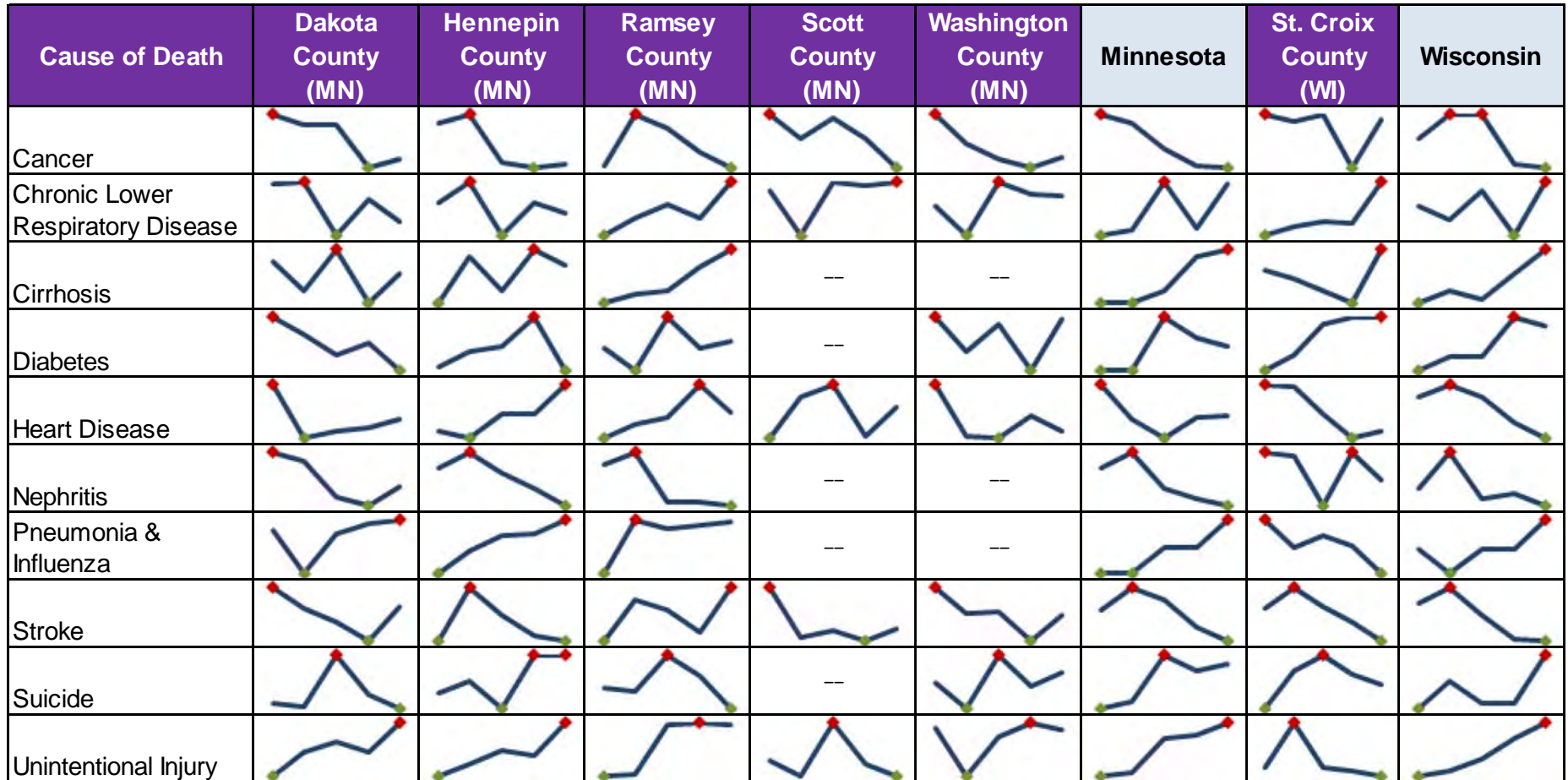


Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Select Mortality Trends

Leading Causes of Death; Age Adjusted Death Rates per 100,000
(2009, 2010, 2011, 2012, 2013)



Note: Directional trends to show general increases or decreases in mortality rates from 2009 – 2013. Red dot is highest rate, green dot is lowest rate.

-- Rates based on 20 or fewer deaths are not calculated.



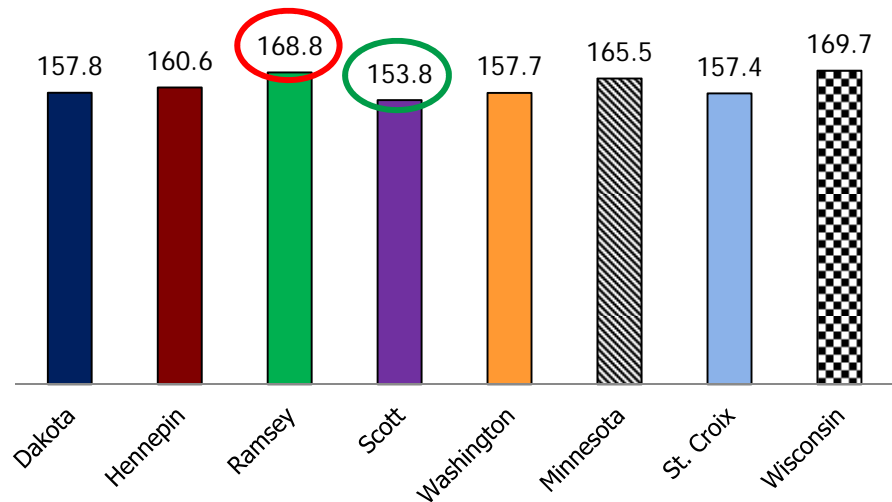
Source: Minnesota Department of Health, Center for Health Statistics, <https://pqc.health.state.mn.us/mhsq/index.jsp/>; data accessed August 19, 2015

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed September 2, 2015

Cancer Mortality

- Overall, cancer rates have declined since 2009. However, cancer is the leading cause of death in Minnesota, Wisconsin and the 7 counties served by HealthPartners Hospitals.
- Ramsey County has a higher cancer mortality rate than Minnesota.
- Scott County has the lowest cancer mortality rate among the 5 Minnesota counties served by HealthPartners' hospitals.
- St. Croix County has a lower cancer mortality rate than Wisconsin.

Cancer Mortality
Age-Adjusted Death Rates, 2009-2013



Note: Wisconsin Department of Health Services uses the term "Malignant Neoplasms," while Minnesota Department of Health uses the term "Cancer."

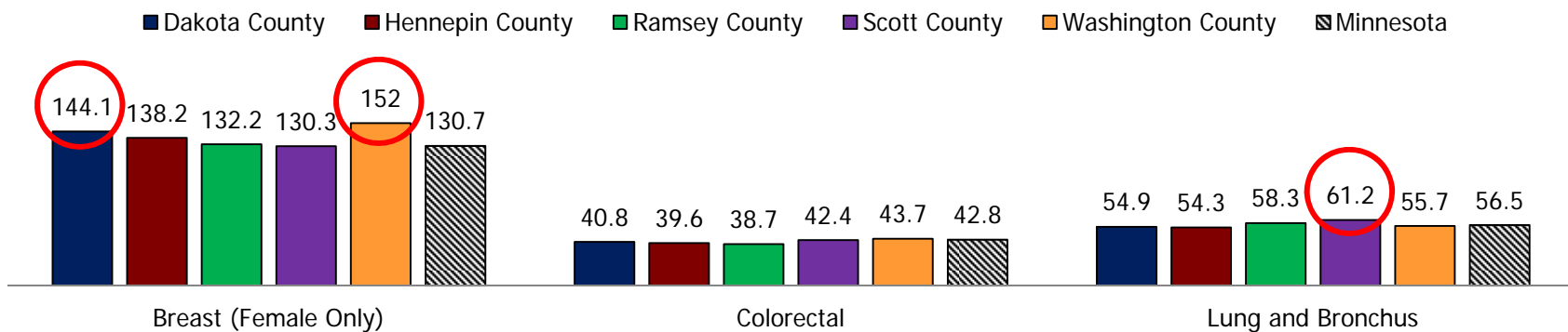


Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

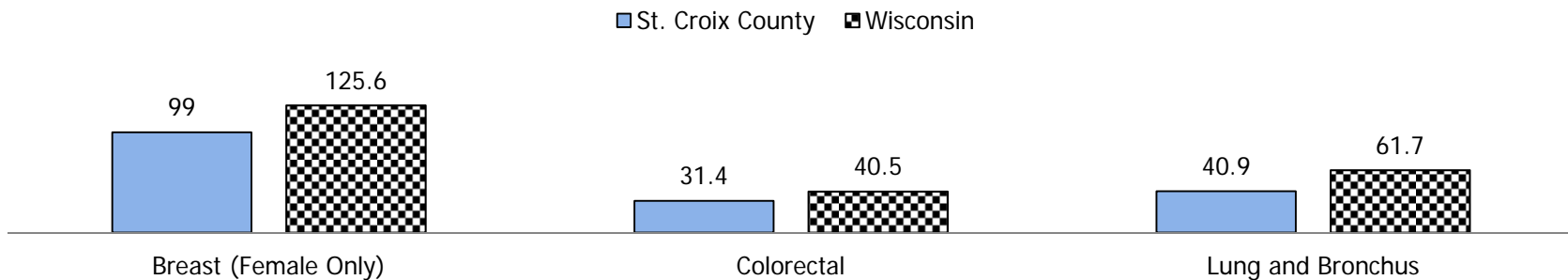
Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Cancer Incidence

Cancer Incidence Rates (MN) Age-adjusted per 100,000, 2007-2011



Cancer Incidence Rates (WI) Age-adjusted per 100,000, 2008-2012



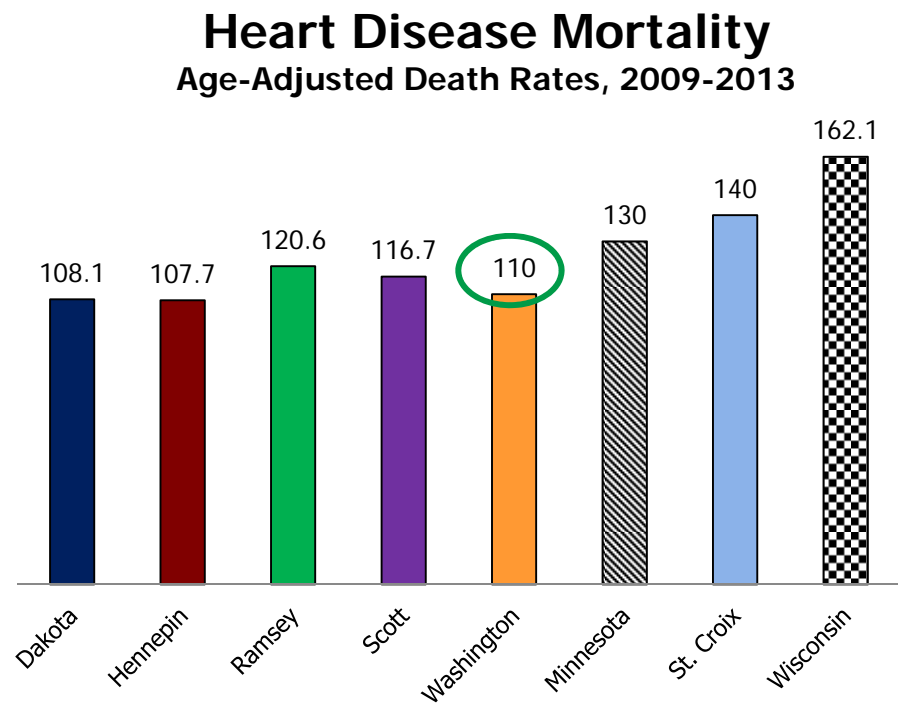
Source: Minnesota Public Health Data Access, Minnesota Environmental Public Health Tracking Program, Minnesota Department of Health, <https://apps.health.state.mn.us/mndata/cancer>; data accessed May 31, 2015

Notes: Rates for "All Ages" are age-adjusted to the standard 2000 U.S. population. Cancer incidence data is collected by the Minnesota Cancer Surveillance System (MCSS). MCSS is an ongoing program at the Minnesota Department of Health and Minnesota's central cancer registry.

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>. Cancer Module. accessed 9/1/2015.

Heart Disease Mortality

- Heart disease is the second leading cause of death in Minnesota and its 5 counties served by HealthPartners' hospitals, as well as Wisconsin and St. Croix County.
- Overall, heart disease rates have increased in Hennepin, Ramsey and Scott Counties since 2009.
- St. Croix County has a much lower heart disease mortality rate than Wisconsin.



Note: Wisconsin Department of Health Services uses the term "Diseases of the Heart," while Minnesota Department of Health uses the term "Heart Disease."



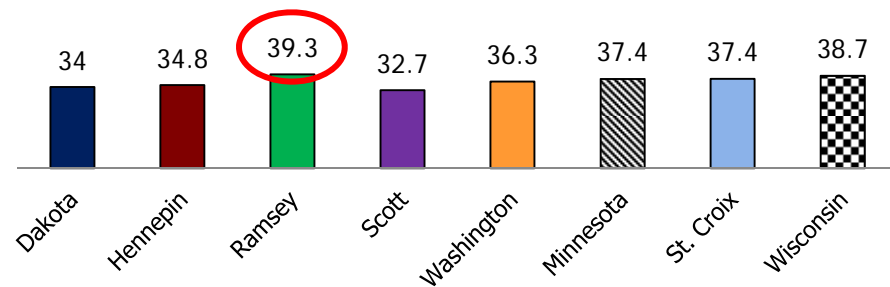
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Chronic Lower Respiratory Disease Mortality

- Chronic lower respiratory disease is the fourth leading cause of death in Minnesota and Wisconsin.
- Ramsey County has a higher chronic lower respiratory disease mortality rate than the state. Ramsey and Scott Counties' rates have also increased since 2009.
- Scott, Dakota and Hennepin Counties have the lowest chronic lower respiratory disease rates among the 5 Minnesota counties served by HealthPartners' hospitals.
- St. Croix County has a slightly lower chronic lower respiratory disease mortality rate than Wisconsin.

Chronic Lower Respiratory Disease Mortality
Age-Adjusted Death Rates, 2009-2013



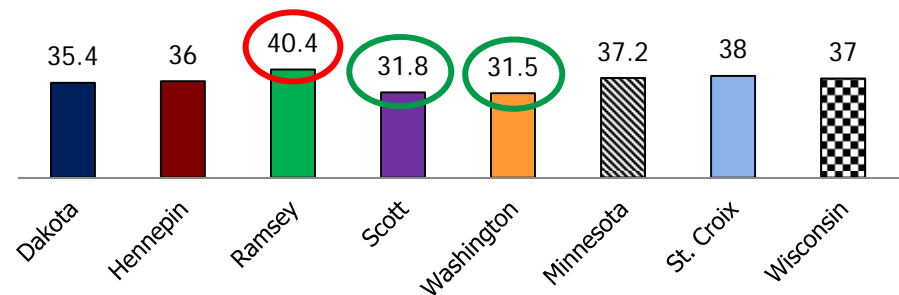
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Stroke Mortality

- Stroke is the fifth leading cause of death in Minnesota and Wisconsin, but the third leading cause of death in Ramsey County and St. Croix County. It is the fourth leading cause of death in Dakota, Hennepin and Washington Counties.
- Overall, stroke rates have fluctuated between 2009 and 2013, but Ramsey County does have a higher stroke mortality rate than the state.
- Scott and Washington Counties have the lowest stroke mortality rates among the 5 Minnesota counties served by HealthPartners' hospitals.
- St. Croix County has a slightly higher cerebrovascular disease mortality rate than Wisconsin.

Stroke Mortality
Age-Adjusted Death Rates, 2009-2013

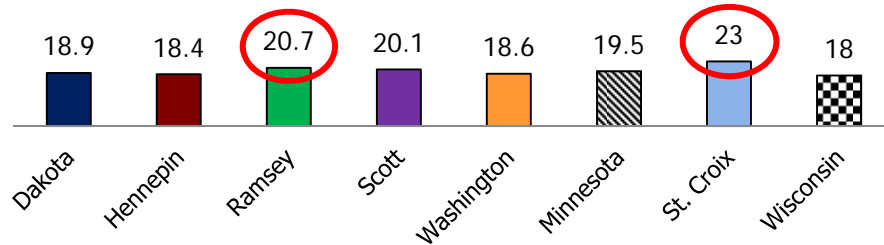


Note: Wisconsin Department of Health Services uses the term "Cerebrovascular Disease," while Minnesota Department of Health uses the term "Stroke."



Additional Causes of Death

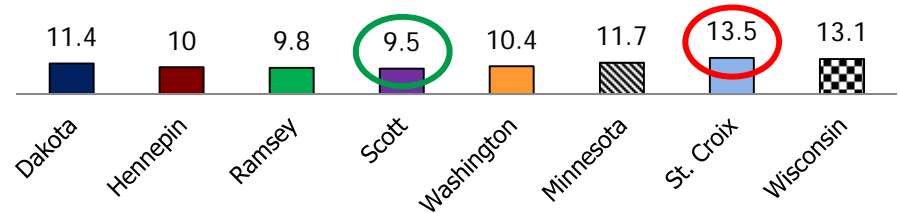
Diabetes Mortality
Age-Adjusted Death Rates, 2009-2013



Note: Wisconsin Department of Health Services uses the term "Diabetes Mellitus," while Minnesota Department of Health uses the term "Diabetes."

- In 2009 – 2013, St. Croix County had the highest diabetes mortality rates, while Hennepin County experienced the lowest rate.

Suicide
Age-Adjusted Death Rates, 2009-2013



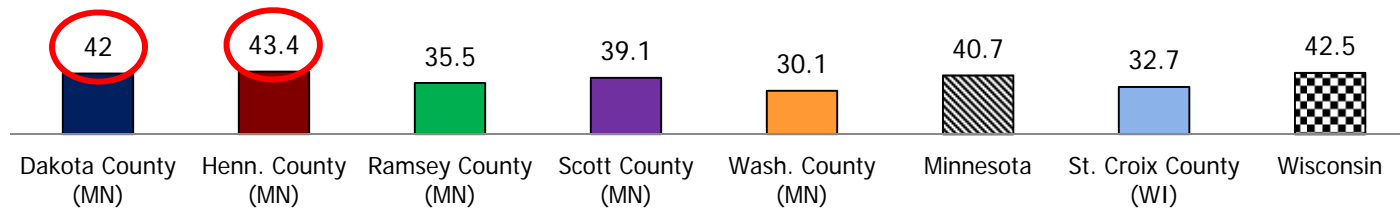
Note: Wisconsin Department of Health Services uses the term "Intentional Self-Harm (Suicide)," while Minnesota Department of Health uses the term "Suicide."

- In 2009 – 2013, St. Croix County had the highest rate of suicide, while Scott County experienced the lowest rate.



Unintentional Injuries

Unintentional Injury Age-Adjusted Death Rates per 100,000 2009-2013



Unintentional Injuries by Type 2009 - 2013

County	Motor Vehicle	Trans. (Not MV)	Accidental Poison.	Accidental Falls	Other
Dakota	136	1	151	345	99
Hennepin	267	13	584	1,217	427
Ramsey	140	8	270	357	167
Scott	56	-	34	77	26
Washington	78	3	71	117	63
Minnesota	2,408	71	2,179	4,400	2213
St. Croix	40	6	18	32	0
Wisconsin	2,995	0	2,965	5,215	1,826

- In the Minnesota counties, the majority of fatal accidental falls for both males (26.3%) and females (31.3%) occur in Hennepin County.
- 56.6% of fatal accidental falls across the 5 Minnesota counties occur within the older (>85 years) population.
- In St. Croix County (WI), fatal accidental falls make up 24% of unintentional injury mortality rates, with nearly 47% of those deaths occurring within the older (>85 years) population.



Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

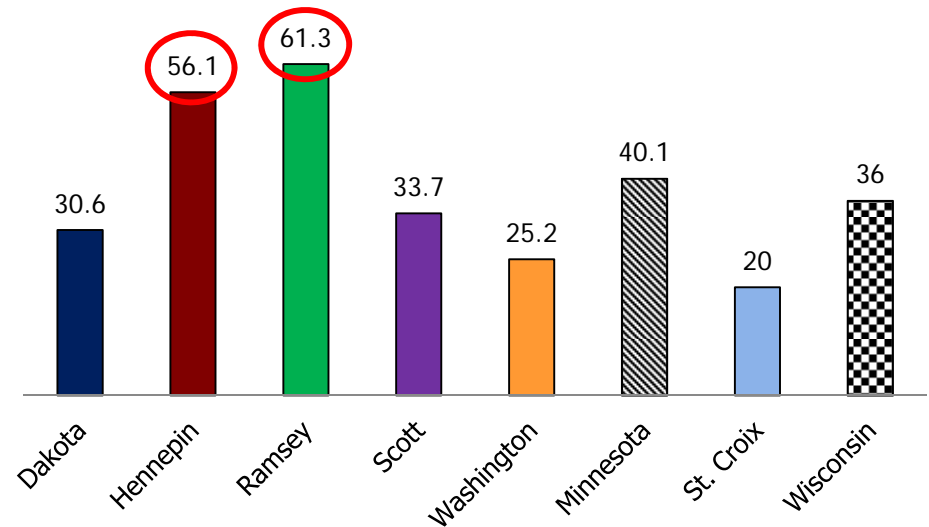
Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Chronic Conditions

Asthma

- Ramsey and Hennepin Counties have higher rates of asthma emergency department visits, compared to the state of Minnesota as well as Dakota, Scott, and Washington Counties.
- Washington County has the lowest rate of asthma emergency department visits among the 5 Minnesota counties served by HealthPartners' hospitals.
- In 2011 – 2013, asthma emergency department visit rates for Dakota, Hennepin, and Ramsey Counties increased, while Washington County and Scott County rates decreased.
- St. Croix County has a lower asthma emergency department visit rate than Wisconsin.

Asthma
Emergency Department Visits 2011-2013
Age-Adjusted Rate (per 10,000)



Source: Minnesota Public Health Data Access, Minnesota Environmental Public Health Tracking Program, Minnesota Department of Health, <https://apps.health.state.mn.us/mndata/asthma>; data accessed August 20, 2015

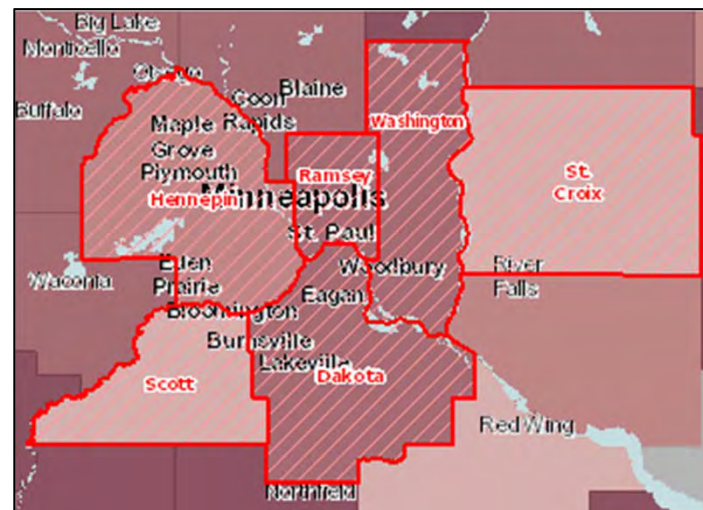
Notes: Emergency department data do not include data from federal and sovereign hospitals (e.g. Veteran's Administration; Indian Health Service) or data on Minnesota residents seen in facilities outside of Minnesota and North Dakota. Records with a missing county have been excluded from county counts, but are included in the state's count.

Source: 2011-2013 Wisconsin Emergency Department Visit Files, Office of Health Informatics, <https://www.dhs.wisconsin.gov/asthma/asthmaedvisits.pdf>; data accessed September 2, 2015

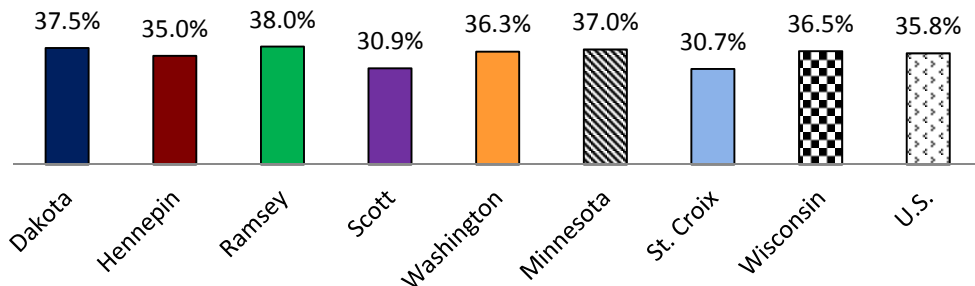
Chronic Conditions: Adult

Adult Overweight

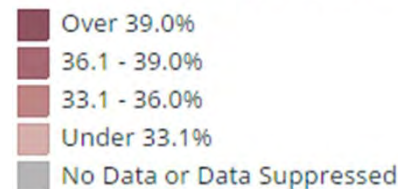
- In 2011 – 2012, both Minnesota and Wisconsin had higher percentages of overweight adults than the United States.
- Dakota, Ramsey, and Washington counties also had percentages higher than 2011-2012 national rates.
- Scott County (MN) and St. Croix (WI) have the lowest percentages of overweight adults out of the 7 counties served by HealthPartners.



% Overweight Adults
2011-2012



Overweight (BMI 25.0-29.9), Adults Age 18+, Percent by County, BRFSS 2011-12



Source: Community Commons, HealthPartners Health Indicators Report, <http://assessment.communitycommons.org/CHNA/report?page=6&id=604>; data accessed August 31, 2015

Source: Definition: Adults with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. Calculated by height and weight variables.

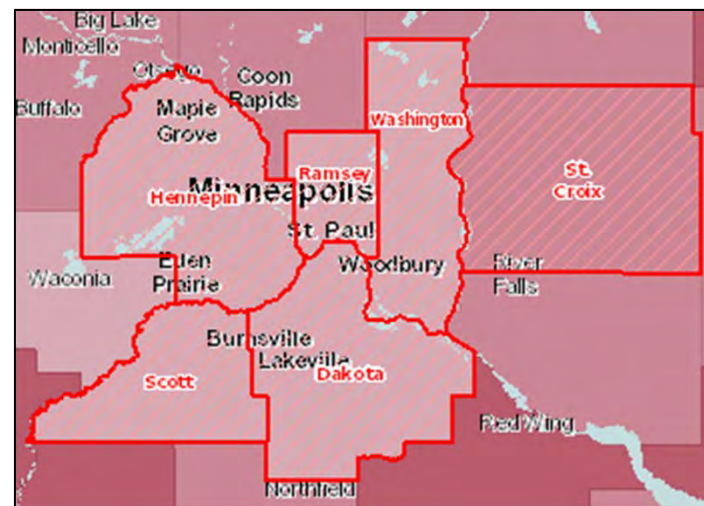
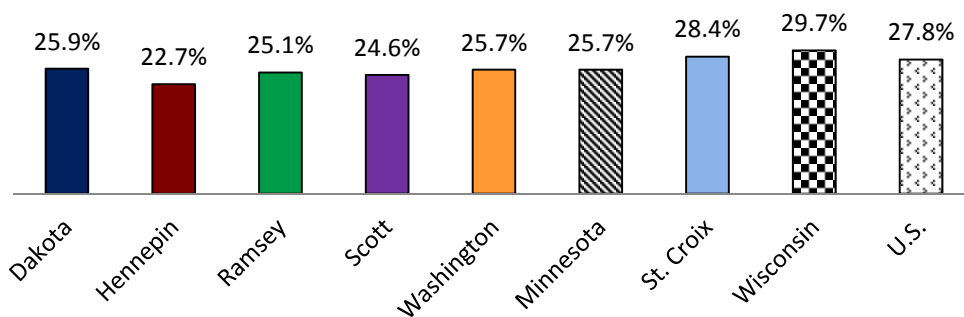
Amery Hospital & Clinic Community Health Needs Assessment
Community Hospital Consulting

Chronic Conditions: Adult

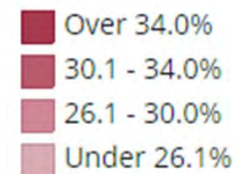
Adult Obesity

- In 2012, Wisconsin had a higher percentage of obese adults than the United States, while Minnesota had a lower percentage.
- St. Croix County (WI) also had a higher percentage than 2012 national rates and all of the Minnesota counties served by the HealthPartners hospital system.
- Hennepin County (MN) had the lowest percentage of obese adults in 2012.

**% Obese Adults
2012**



Obese (BMI ≥ 30, Adults Age 20+, Percent by County, CDC NCCDPHP 2012



Source: Trust for America's Health and Robert Wood Johnson Foundation. <http://stateofobesity.org/files/stateofobesity2014.pdf>; data accessed August 31, 2015

Source: United Health Foundation, America's Health Rankings, <http://www.americashealthrankings.org/ALL/Obesity>; data accessed September 3, 2015

Source: Centers for Disease Control and Prevention, County Data Indicators, http://www.cdc.gov/diabetes/atlas/countydata/County_ListofIndicators.html; data accessed August 31, 2015

Source: Community Commons, BRFSS 2011-2012 Adult Obesity Data, <http://assessment.communitycommons.org/CHNA/report?page=6&id=604>; data accessed September 1, 2015

Source: Definition: Adults with a BMI of 25 to 29.9 are considered overweight. while individuals with a BMI of 30 or more are considered obese. Calculated by height and weight variables.

Amery Hospital & Clinic Community Health Needs Assessment
Community Hospital Consulting

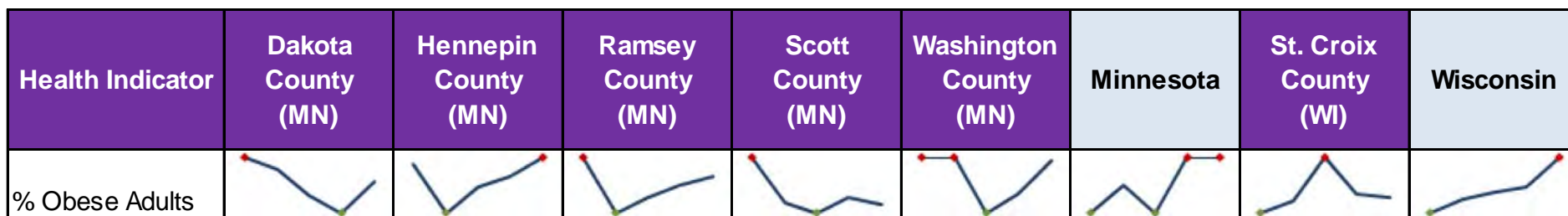


Chronic Conditions: Adult

Adult Obesity Trends

Adult Obesity Trends

Percent of Population
2008, 2009, 2010, 2011, 2012



Note: Directional trends to show general increases or decreases in obesity rates from 2008 – 2012. Red dot is highest rate, green dot is lowest rate

Source: Trust for America's Health and Robert Wood Johnson Foundation. <http://stateofobesity.org/files/stateofobesity2014.pdf>; data accessed August 31, 2015

Source: Centers for Disease Control and Prevention, County Data Indicators, http://www.cdc.gov/diabetes/atlas/countydata/County_ListofIndicators.html; data accessed August 31, 2015

Source: Community Commons, BRFSS 2011-2012 Adult Obesity Data, <http://assessment.communitycommons.org/CHNA/report?page=6&id=604>; data accessed September 1, 2015

Source: Definition: Adults with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. Calculated by height and weight variables.

Amery Hospital & Clinic Community Health Needs Assessment
Community Hospital Consulting



Chronic Conditions: Youth

Youth Overweight / Obesity

Overweight

Minnesota.....

- In Minnesota, there is a higher percentage of overweight 9th grade males than overweight 9th grade females (Minnesota Student Survey, 2013).
- Hennepin, Ramsey, and Scott counties have the highest rates of overweight 9th grade males, while Dakota County has the lowest percentage (Minnesota Student Survey, 2013).
- Ramsey County has the highest rate of overweight 9th grade females, and is also higher than the state percentage (Minnesota Student Survey, 2013).
- Dakota and Hennepin Counties have the lowest percentage of overweight 9th grade females (Minnesota Student Survey, 2013).

Wisconsin.....

- In 2013, the percent of students in grades 9 – 12 who were overweight was 13.0% in Wisconsin, as compared to 16.6% of U.S. adolescents. This percentage has generally decreased in Wisconsin since 2009, with a slight increase in 2011 (Center for Disease Control and Prevention).

Obese

Minnesota.....

- In Minnesota and across all of its counties served by HealthPartners, there is a significantly higher percentage of obese 9th grade males than obese 9th grade females (Minnesota Student Survey, 2013).
- Ramsey County has the highest rate of obese 9th grade males, and is also higher than the state percentage (Minnesota Student Survey, 2013).
- Scott and Washington counties have the lowest rates of obese 9th grade females (Minnesota Student Survey, 2013).

Wisconsin.....

- In 2013, the percent of students in grades 9 – 12 who were obese in Wisconsin was 11.6%, as compared to 13.7% of U.S. adolescents. This percentage has generally increased for both Wisconsin and the U.S. since 2009 (Center for Disease Control and Prevention).

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/; data accessed June 10, 2015

Source: Centers for Disease Control and Prevention, Data, Maps and Trends, <http://www.cdc.gov/obesity/data/databases.html>; data accessed September 8, 2015

Source Definition: Overweight is defined as body mass index (BMI)-for-age and sex \geq 85th percentile but $<$ 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]).

Source Definition: Obese is defined as body mass index (BMI)-for-age and sex \geq 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]).

Health Behaviors

Exercise and Physical Activity

Adult

Minnesota

- The majority of residents in the Minnesota counties served by the HealthPartners participated in some physical activities or exercises other than their regular jobs.
- In 2013, 76.5% of Minnesota residents reported that they participated in physical activity within the past month, as compared to 74.7% of U.S. residents.
- Males in Dakota County had the highest rate of reported participation in physical activity (90.9%), as compared to females in Dakota County who had the lowest rate (85.7%).

Source: 2010 Metro Adult Health Survey & SHAPE Survey

Wisconsin.....

- In 2011, 19% of St. Croix County residents were physically inactive, as compared to 23% of Wisconsin residents (St. Croix Community Health Needs Assessment and Implementation Plan).
- In 2009 – 2011, the percent of adults in Wisconsin who usually biked or walked to work in the last week was 4.0%, compared to 3.4% of U.S. adults. In addition, in 2013, 76.2% of Wisconsin residents reported that they participated in physical activity within the past month, as compared to 74.7% of U.S. residents (Center for Disease Control).

Youth

Minnesota

- Overall, in each county and the state, male 11th grade students compared to female 11th grade students were physically active for 60 minutes or more on a greater number of days (4-7 days compared to 0-3 days) (Minnesota Student Survey, 2013).

Wisconsin.....

- In St. Croix, 25.6% of high school students have 3 or more hours of screen time on an average school day.
- Significantly more male high school students (31.2%) reported using computers for non-school related activities than females (18.1%) in St. Croix County
- In St. Croix, 60.4% of male students and 48.8% of female students participated in physical activities for a total of at least 60 minutes per day on five or more of the 7 days before the survey

Source: St. Croix Community Health Needs Assessment and Implementation Plan

- In 2013, the percent of students in grades 9 – 12 who achieved 1 hour or more of moderate-and/or vigorous-intensity physical activity daily in Wisconsin was 24.0%, as compared to 27.1% of U.S. adolescents (Center for Disease Control).



Health Behaviors

Nutrition

Adult

Minnesota.....

- The majority of individuals in the participating counties consume at least 3 - 4 servings of vegetables per day.
- Dakota County has the highest percent (40.8%) of individuals who consume adequate servings of fruits and vegetables per day (5+ servings), while Washington County has the lowest (37%).
- The majority of adults in Ramsey, Dakota, Scott, and Washington counties do not consume any soda or pop during the day.
- Ramsey County had the highest percent of residents who consume 1 – 2 glasses of soda or pop per day (23%), while Dakota had the lowest (17%).

Source: 2010 Metro Adult Health Survey & SHAPE Survey

Wisconsin.....

- In St. Croix, 79.6% of residents reported consuming insufficient fruit and vegetable intake in 2012, as compared to the Wisconsin average of 77.2%.

St. Croix Community Health Needs Assessment and Implementation Plan

- In 2005 – 2009, 78.8% of the St. Croix adult population reported inadequate fruit and vegetable consumption, compared to 76.9% of the Wisconsin and 75.7% of the U.S.
- In 2014, estimated expenditures for carbonated beverages as a percent of total household expenditures were 4.5% for Wisconsin households and 4.0% for overall U.S. households.

Source: Community Commons

Youth

Minnesota.....

- Overall, in each county and the state, a slightly higher percentage of male 9th grade students (between 7% and 10%), compared to female 9th grade students (between 5% and 7%), did not eat any fruit during the 7 days prior.
- Overall, in each county and the state, a slightly higher percent of male 11th grade students, compared to female 11th grade students, drank at least one soda during the day prior.
- In Dakota County, 50% of 11th grade male students drank at least 1 soda during the prior day, compared to 35% of females.
- More than half of male 11th grade students in Minnesota, compared to less than 40% of female 11th grade students, drank at least one pop or soda during the day prior.

Source: 2013 Minnesota Student Survey

Wisconsin.....

- In 2013, the median intake of fruits and vegetables (times per day) for both Wisconsin and U.S. adolescents was 1.0 for fruits and 1.3 for vegetables.
- In 2013, the percent of students in grades 9 – 12 who drank regular soda/pop at least one time per day was 19.6% in Wisconsin, as compared to 27.0% in the U.S. This percentage has steadily declined in Wisconsin since 2007.

Source: Center for Disease Control



Health Behaviors

Binge Drinking

Adult

Minnesota.....

- Scott County had the highest rate of **binge drinking** (32%) for males, which is higher than both the Minnesota rate and the U.S. average for males (2010 Metro Adult Health Survey SHAPE Survey).
- In 2012, the overall prevalence of **binge drinking** in Minnesota was 29% (Center for Disease Control).
- The national average for **binge drinking** in 2012 was 12.4% for females, and 24.5% for males (Institute for Health Metrics and Evaluation).

Wisconsin.....

- In 2011, 28% of St. Croix County residents responding to the survey participated in **binge drinking** in the last 30 days before the survey, as compared to 23% of Wisconsin (St. Croix County Community Health Needs Assessment and Improvement Plan).

Youth

Minnesota.....

- 14% of female 9th grade students in Scott County reported living in a **household with someone who drinks too much alcohol**, compared to 11% or less in other counties and the state.
- Overall, a higher percentage of female 9th grade students (between 10% and 14%), compared to male 9th grade students (between 8% and 11%), report **living with someone who drinks too much alcohol**.

Source: 2013 Minnesota Student Survey

Wisconsin.....

- In St. Croix, 29% of high school students reported **having consumed alcohol** during the last 30 days.
- 16.2% of St. Croix high school students **reported binge drinking** during the past 30 days before the survey.

Source: St. Croix County Community Health Needs Assessment and Improvement Plan



Health Behaviors

Smoking

Adult

Minnesota

- In 2010, 14.5% of females and 17.7% of males in Minnesota were **current smokers** (Minnesota Adult Tobacco Survey).
- In 2010, Dakota County had the highest rate of **female everyday smokers** (27.0%), compared to Scott County, which had the lowest (24.1%). In addition, in 2010, Washington County had the highest rate of **male everyday smokers** (21.4%), while Scott County had the lowest (12.4%) (2010 Metro Adult Health Survey).

Wisconsin.....

- 21% of St. Croix County and Wisconsin adult residents report that they **currently smoke** in 2010 (Institute for Health Metrics and Evaluation).
- The national average of **smoking prevalence** in 2012 was 22.2% for males, 17.9% for females, and 20% for both sexes (Center for Disease Control).
- More than 915,000 Wisconsinites still **smoke cigarettes** (St. Croix County Community Health Needs Assessment and Improvement Plan).

Youth

Minnesota

- 29% of Washington County 11th grade **males reported using any tobacco products** during the past 30 days, as compared to 9% of female 11th grade students in Hennepin County.
- 33% of Scott County 11th grade females believe that most students in their school **use tobacco** (cigarettes, chew) daily, as compared to 20% of 11th grade males in Hennepin County.

Source: 2013 Minnesota Student Survey

Wisconsin.....

- 29.9% of high school student participants in St. Croix reported having **tried cigarettes**, as compared to 12.9% of students who reported having **smoked cigarettes** during the past 30 days before the survey.
- 6,900 Wisconsin adolescents become **new smokers** each year.

Source: St. Croix County Community Health Needs Assessment and Improvement Plan



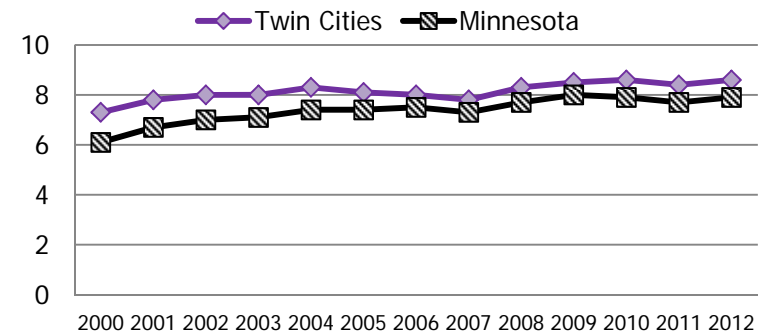
Mental Health

- Across all Minnesota counties and the state, 9th grade females reported higher rates of being **harassed or bullied** once or twice for their weight or physical appearance as compared to males.
- In Minnesota, a higher percentage of female 9th graders, compared to male 9th graders, report having a long-term mental health, behavioral health or emotional problem. Dakota County has the highest percent in the study area.
- In St. Croix, 43.2% of high school students agreed that **harassment and bullying is a problem** at their school.
- Scott County has the most significant **ratio of residents to mental health providers** out of the Minnesota Counties.
- St. Croix County is nearly double the **ratio of residents to mental health providers** in comparison to Wisconsin.

Ratio of Population to Mental Health Providers, 2014

Dakota	Hennepin	Ramsey	Scott	Wash.	Minnesota	St. Croix	Wisconsin
807 : 1	332 : 1	298 : 1	1,345 : 1	544 : 1	529 : 1	1,011 : 1	632 : 1

Rate of Psychiatric Hospital Admissions Per 1,000, 14+, 2000 - 2012



Rate of Psychiatric Hospital Admissions 2012 County Ranking (1=best), Per 1,000, 14+

County	Rank	Rate
Scott County	36	5.5
Washington County	50	6.3
Dakota County	61	7.4
Hennepin County	75	8.9
Ramsey County	85	11.2



Note: See detailed sourcing information for health behaviors in the summary of data sources section

Mental Health

Alcohol-Related Crashes

Motor Vehicle Crashes by County and State 2012

Type of Motor Vehicle Crash	Dakota County (MN)		Hennepin County (MN)		Ramsey County (MN)		Scott County (MN)		Washington County (MN)		Minnesota		St. Croix County (WI)		Wisconsin	
	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed
All Crashes	1,877	19	8,205	33	3,363	19	554	4	1,062	8	29,314	395	429	13	39,370	601
Alcohol-Related	128	3	613	5	261	0	50	1	76	5	2,644	104	36	2	2,907	223
% Alcohol-Related	6.8%	15.8%	7.5%	15.2%	7.8%	0.0%	9.0%	25.0%	7.2%	62.5%	9.0%	26.3%	8.4%	15.4%	7.4%	37.1%

- Hennepin County had the highest number of persons injured in alcohol-related motor vehicle crashes in 2012.
- Both Hennepin County and Washington County had the highest rates of persons killed in alcohol-related motor vehicle crashes in 2012 as compared to the 5 counties served by the HealthPartners hospital system in Minnesota.
- Scott County had the highest percentage of persons injured in alcohol-related motor vehicle crashes, while Washington County had the highest percentage of persons killed in alcohol-related motor vehicle crashes.
- The percentage of Persons Injured in St. Croix County during 2012 is higher than that of Wisconsin, as well as Washington, Ramsey, Hennepin, and Dakota counties in Minnesota.
- The number of persons both injured and killed in 2012 alcohol-related motor vehicle crashes in Wisconsin is significantly higher than those in Minnesota.



Source: Minnesota Department of Public Safety, Minnesota Impaired Driving Facts 2012, <https://dps.mn.gov/divisions/ots/educational-materials/Documents/IMPAIRED-DRIVING-FACTS-2012.pdf>; data accessed September 2, 2015

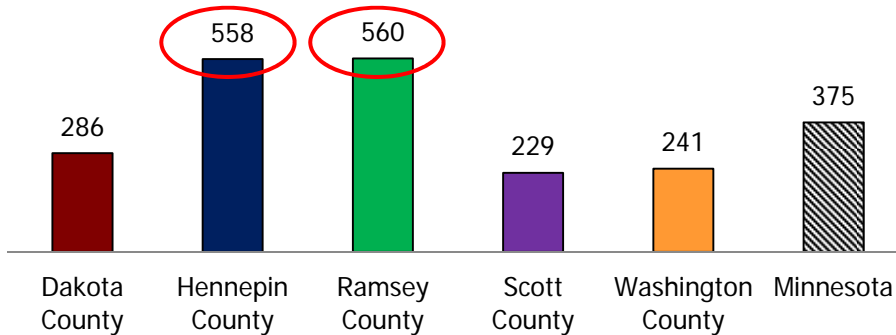
Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Health Analytics Section. Public Health Profiles, Wisconsin 2012 (P-45358-12). August 2014; data accessed September 1, 2015

Communicable Diseases

- From 2008 – 2012, communicable disease rates increased in Dakota, Hennepin, and Ramsey Counties as well as the state of Minnesota, while rates of communicable diseases in Scott and Washington Counties decreased.

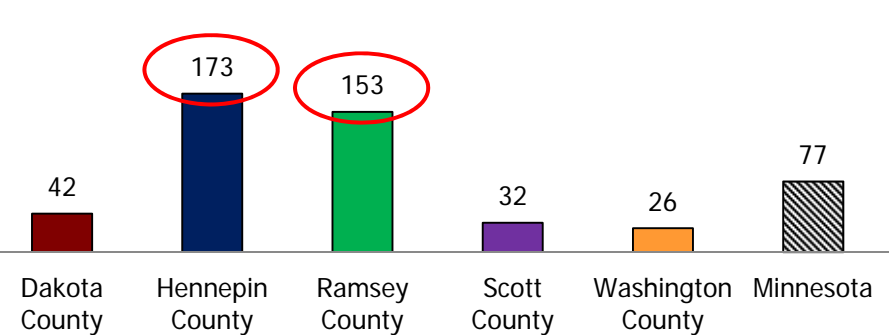
Minnesota Chlamydia Rates

Per 100,000, 2014



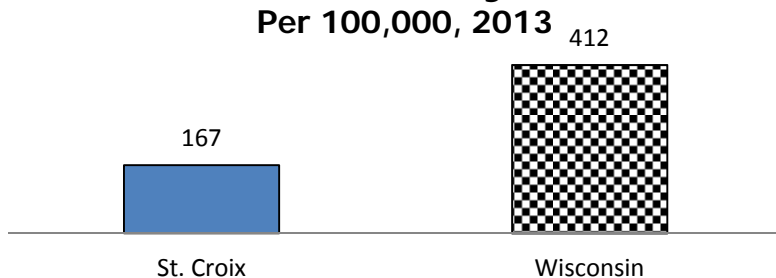
Minnesota Gonorrhea Rates

Per 100,000, 2014



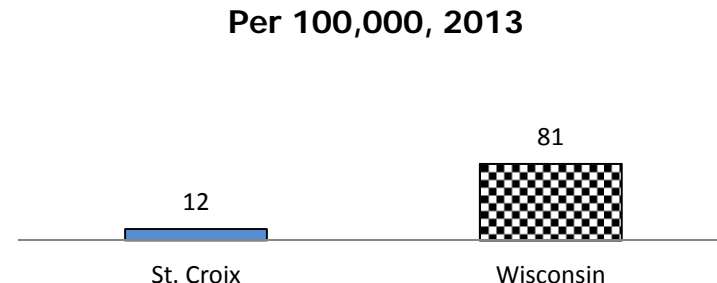
Wisconsin Chlamydia Rates

Per 100,000, 2013



Wisconsin Gonorrhea Rates

Per 100,000, 2013



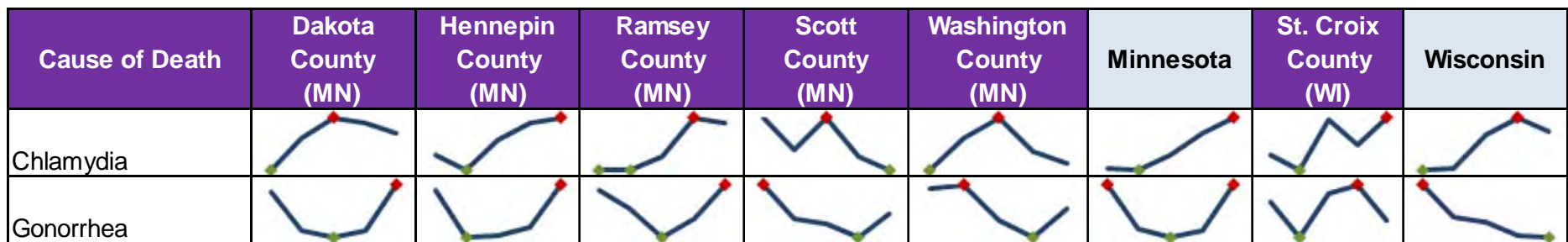
Source: Minnesota Department of Health, STD Surveillance Statistics, Minnesota, Annual Summary of Reportable STDs in Minnesota - 2014, www.health.state.mn.us/divs/idepc/dtopics/stds/stats/index.html; data accessed August 18, 2015

Source: Wisconsin Department of Health Services, Wisconsin County 2013 Profiles – Summary Data, <https://www.dhs.wisconsin.gov/std/2013datamap.htm>; data accessed September 1, 2015

Notes: Data exclude cases diagnosed in federal or private correctional facilities. U.S. Census 2010 data is used to calculate rates. County data missing for 988 chlamydia cases and 151 gonorrhea cases (due to missing residence).

Communicable Diseases Trends

Communicable Diseases: Chlamydia and Gonorrhea Rates per 100,000 (2008, 2009, 2010, 2011, 2012)



Note: Directional trends to show general increases or decreases in communicable disease rates from 2008 – 2012. Red dot is highest rate, green dot is lowest rate.

Source: Minnesota Department of Health, STD Surveillance Statistics, Minnesota, Annual Summary of Reportable STDs in Minnesota - 2014, www.health.state.mn.us/divs/idepc/dtopics/stds/stats/index.html; data accessed August 18, 2015

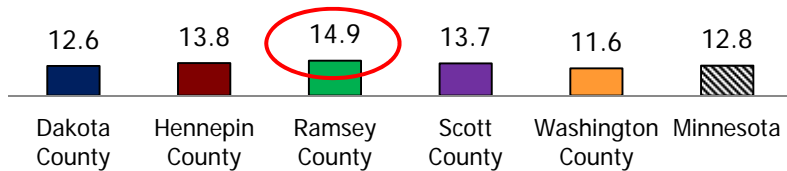
Source: Wisconsin Department of Health Services, Sexually Transmitted Diseases (STDs) – Wisconsin County 2012 Profiles, <https://www.dhs.wisconsin.gov/std/2012datamap.htm>; data accessed September 2, 2015

Notes: Data exclude cases diagnosed in federal or private correctional facilities. U.S. Census 2010 data is used to calculate rates. County data missing for 988 chlamydia cases and 151 gonorrhea cases (due to missing residence).

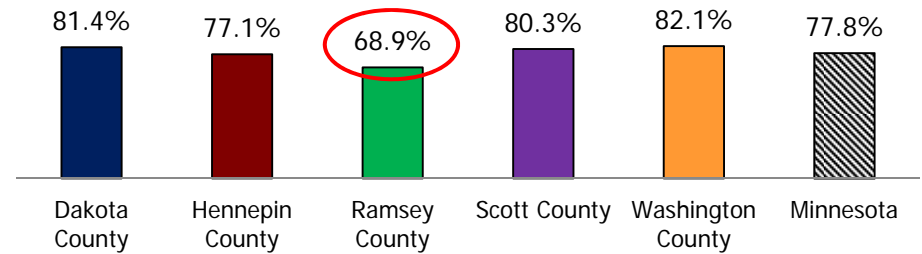
Nativity (Minnesota)

Birth Rates / Preterm and Low Birth Weight Births

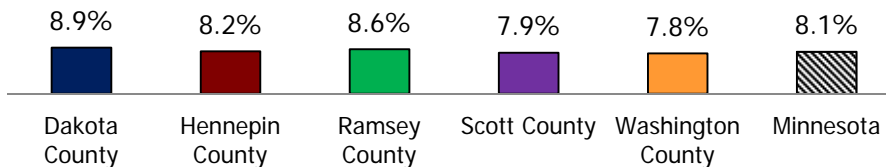
Birth Rates
Per 1,000 Population, 2013



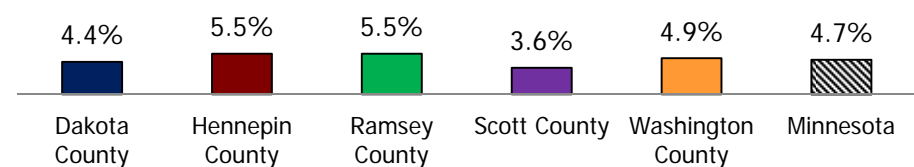
% Received Adequate or Better Prenatal Care
Care Began in 1st Trimester, with Adequate Number of Visits, 2013



% Preterm Births
2013



% Low Birth Weight Births
2013



Preterm Births: Live births of babies who are less than 37 weeks gestation at birth.

Low Birth Weight Births: Live births who are less than 2500 grams at birth.

Adequate or Better: Prenatal care started in the 1st trimester and the woman had an adequate number of visits.

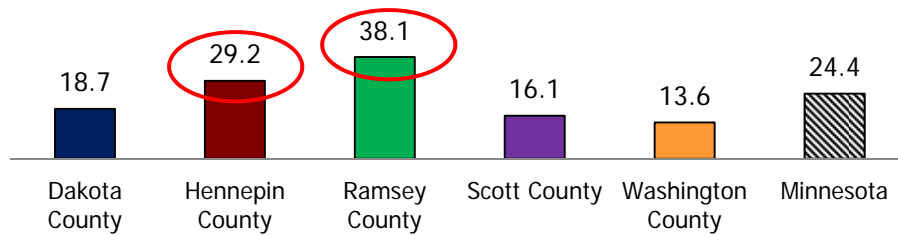
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed June 1, 2015

Source: Wisconsin Department of Health Services, WISH, <https://www.dhs.wisconsin.gov/wish/lbw/form.htm>; data accessed September 1, 2015

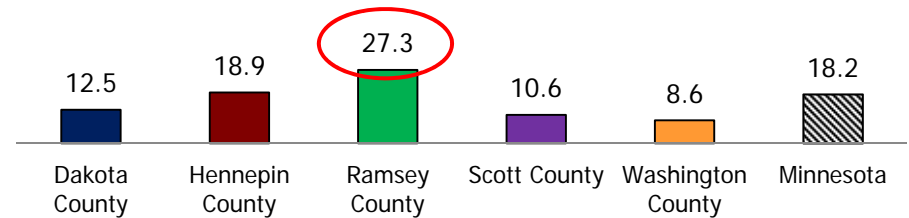
Natality (Minnesota)

Teen Births and Pregnancies

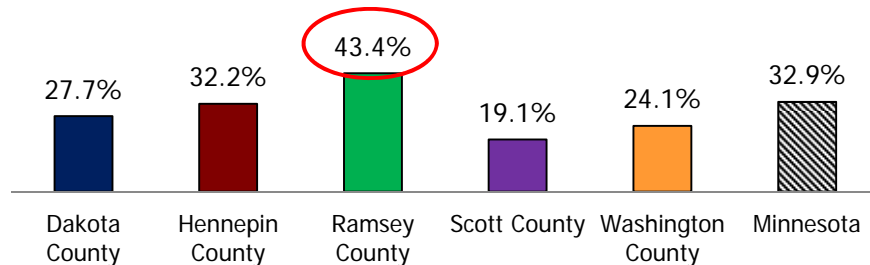
Teen Pregnancy Rates
Ages 15-19, 2011-2013, Per 1,000 Female Pop.



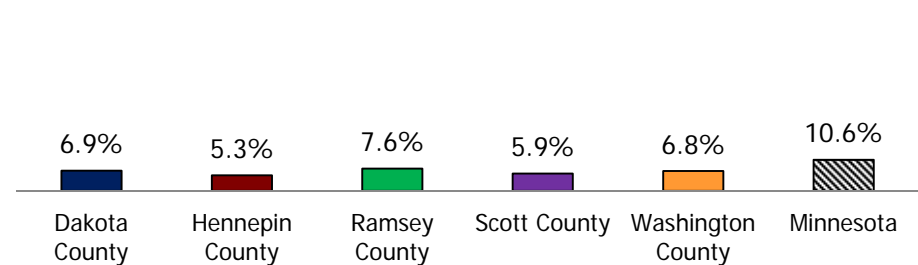
Teen Birth Rates
Ages 15-19, 2011-2013, Per 1,000 Female Pop.



% Births to Unmarried Mothers
2013



% Smoked During Pregnancy
2013



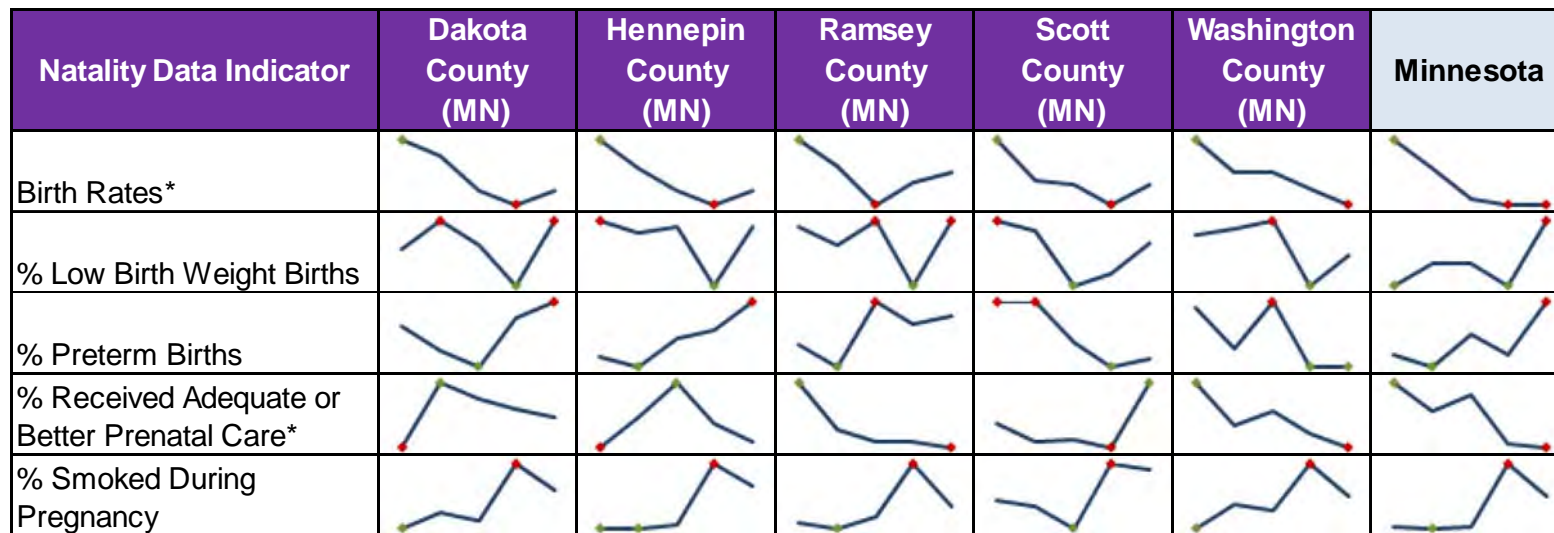
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed June 1, 2015

Source: Wisconsin Department of Health Services, Births to Teens in Wisconsin 2013, <https://www.dhs.wisconsin.gov/stats/births/teenbirths2013.htm>; data accessed September 1, 2015

Nativity Trends (Minnesota)

Nativity Data Indicators

Percentages and Rates (2008, 2009, 2010, 2011, 2012)

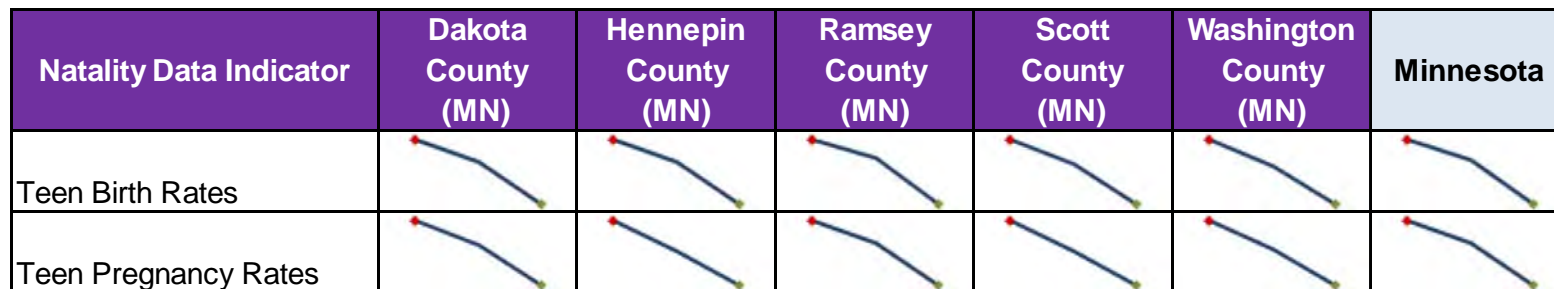


Note: Directional trends to show general increases or decreases from 2008 – 2012. Red dot is highest rate, green dot is lowest rate.

* % Received Adequate or Better Prenatal Care and Birth Rates - green dot is the highest rate and the red dot is the lowest rate.

Nativity Data Indicators

Rates per 1,000 Female Population Ages 15 - 19
2005-2007; 2008-2010; 2011-2013



Note: Directional trends to show general increases or decreases from 2005 – 2007; 2008 – 2010; 2011 – 2013. Red dot is highest rate, green dot is lowest rate.

Natality (Wisconsin)

Birth Rates / Low Birth Weight / Teen Births / Prenatal Care

Birth Rates
Per 1,000 Population, 2013

■ St. Croix County ■ Wisconsin



% Births to Mothers Who Received First-Trimester Prenatal Care
2013

■ St. Croix County ■ Wisconsin



Teen Birth Rates
Ages 15-19, 2011-2013, per 1,000 Females

■ St. Croix County ■ Wisconsin



% Low Birth Weight Births
2013

■ St. Croix County ■ Wisconsin



Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Prenatal Care Module, accessed 9/2/2015

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Low Birthweight Module, accessed 9/2/2015 (note: defined as less than 2,500 grams)

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Fertility Module, accessed 9/2/2015

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Teen Births - Teen Birth Rates Module, accessed 9/2/2015

Nativity Trends (Wisconsin)

- Overall, birth rates for St. Croix County and Wisconsin declined between 2009 – 2013.
- Teen birth rates overall decreased in St. Croix County between 2009 – 2013, while Wisconsin teen birth rates significantly decreased.
- The percent of births to mothers who received first-trimester prenatal care has decreased in both St. Croix County and Wisconsin.
- While the percentage of low birthweight births in Wisconsin has slightly decreased, percentages in St. Croix County have increased.

Nativity Data Indicators

Percentages and Rates (2009, 2010, 2011, 2012, 2013)

Nativity Data Indicator	St. Croix County (WI)	Wisconsin
Birth Rates*		
Teen Birth Rate		
% Births to Mothers Who Received First-Trimester Prenatal Care*		
% Low Birthweight Births		

Note: Directional trends to show general increases or decreases from 2009 – 2013. Red dot is highest rate, green dot is lowest rate.

* % Births to Mothers Who Received First-Trimester Prenatal Care and Birth Rates - green dot is the highest rate and the red dot is the lowest rate.

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Prenatal Care Module, accessed 9/2/2015

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Low Birthweight Module, accessed 9/2/2015 (note: defined as less than 2,500 grams)

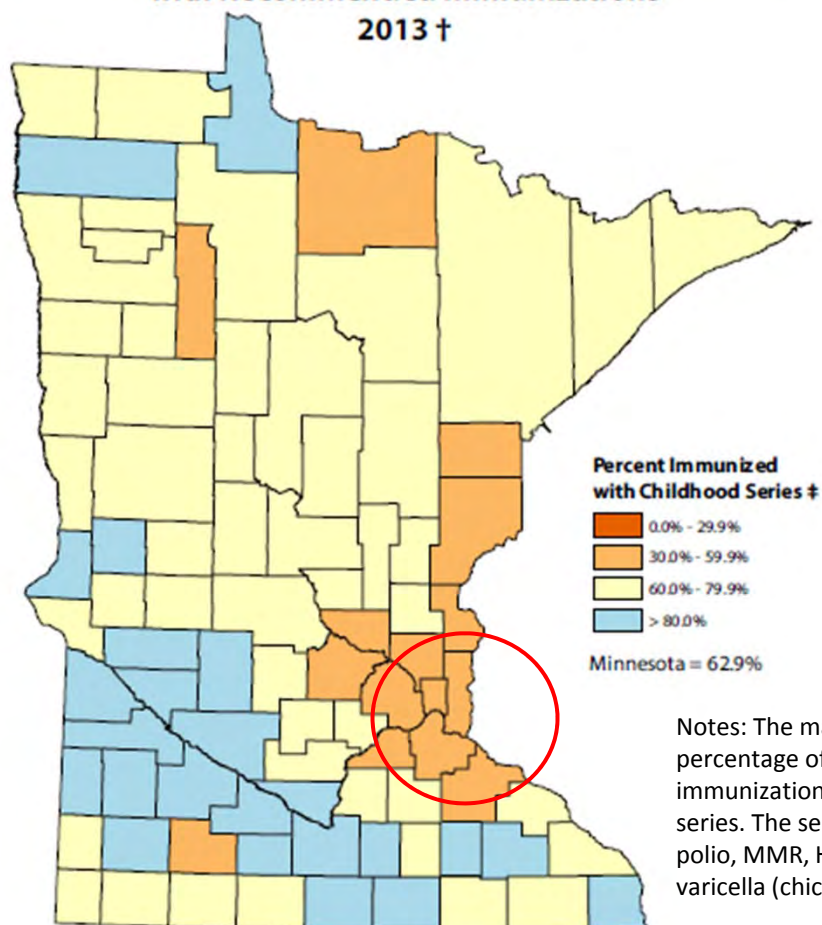
Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Fertility Module, accessed 9/2/2015

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Teen Births - Teen Birth Rates Module, accessed 9/2/2015

Prevention (Minnesota)

Childhood Immunizations

Childhood Immunizations: Percent of Children 24-35 Months with Recommended Immunizations
2013 †



- Between 30% and 59.9% of children ages 24-35 months in the 5 Minnesota counties served by HealthPartners' hospitals have their recommended immunizations, compared to approximately 63% of children in the state.
- Overall, 2010 – 2012 rates of childhood immunizations steadily increased in all counties as well as the state of Minnesota, with slight decreases from 2012 – 2013.

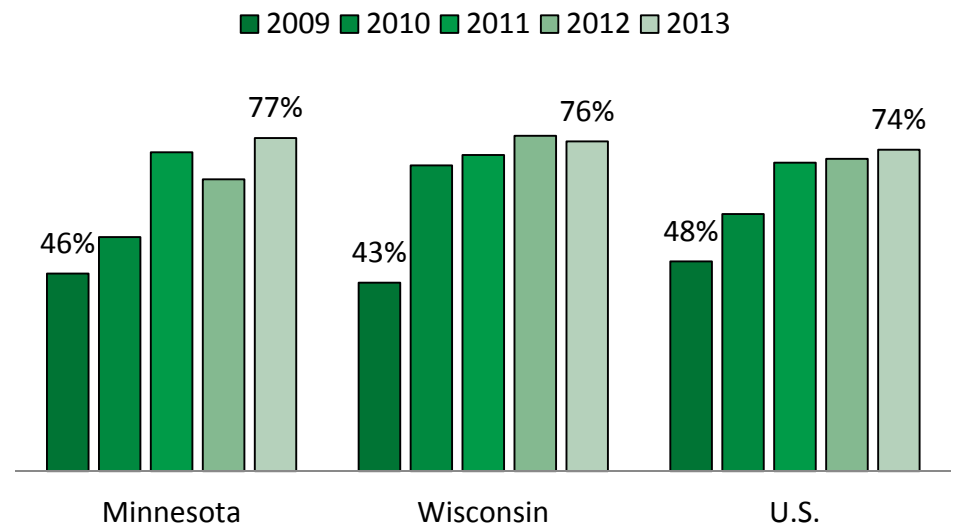


Prevention

Childhood Immunizations

- Between 2009 – 2013, the percent of 24 month old children who were immunized increased in Minnesota, Wisconsin, and the United States.
- In 2013, Minnesota had the highest percent of 24 month olds who were immunized, as compared to Wisconsin and the United States.

**24 Month Olds Who Were Immunized
2009 - 2013**



Source: Kids Count Data Center, 2 Year Olds Who Were Immunized 2009 – 2013, <http://datacenter.kidscount.org/data/Tables/8001-2-year-olds-who-were-immunized?loc=1&loct=2#detailed/2/2-52/false/36,868,867,133,38/any/15387>; data accessed September 3, 2015

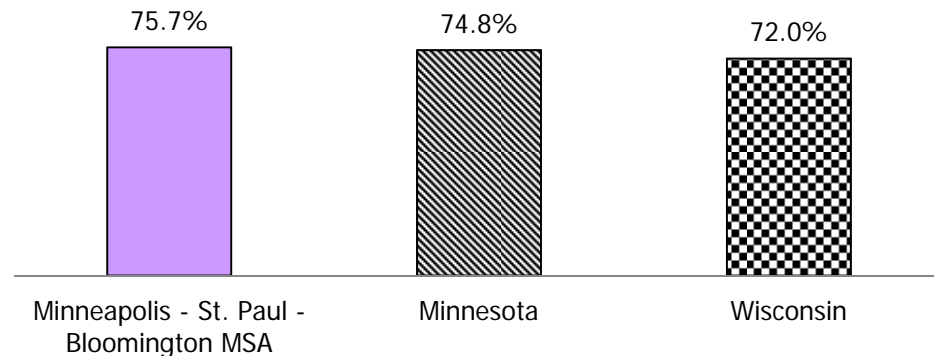
Definitions: 4:3:1:3:3:1 immunization coverage. Depending on the brand of vaccine used, a child would either get 3 doses of Hib plus a booster, or 2 doses of Hib plus a booster; at the state-level, the CDC no longer reports Hib simply as 3 or more doses but instead specifies that the “full series” was received.

Between December 2007 and September 2009 there was a shortage of the Hib vaccination which lead to a temporary suspension of the booster shot for most children in the U.S. This explains the dip in full-coverage in 2009 and 2010, which rebounded by 2011.

Oral Health

- Approximately 75.7% of respondents in the Minneapolis – St. Paul – Bloomington MSA visited the dentist or dental clinic within the past year for any reason, compared to 74.8% in Minnesota and 72.0% in Wisconsin.
- In 2012, 67.2% of U.S. adults reported visiting the dentist or dental clinic within the past year for any reason.

Oral Health
Visited the Dentist or Dental Clinic within the Past Year for any Reason
2012, Ages 18 and Older



Source: Centers for Disease Control and Prevention, SMART Behavioral Risk Factor Surveillance System Survey Data, apps.nccd.cdc.gov/BRFSS-SMART/; data accessed June 10, 2015

Note: The following counties are represented in the Minneapolis - St. Paul - Bloomington, MN - WI Metropolitan Statistical Area: Anoka County, MN; Carver County, MN; Chisago County, MN; Dakota County, MN; Hennepin County, MN; Isanti County, MN; Le Sueur County, MN; Mille Lacs County, MN; Pierce County, WI; Ramsey County, MN; Scott County, MN; Sherburne County, MN; Sibley County, MN; St. Croix County, WI; Washington County, MN; Wright County, MN



Health Insurance Access

Uninsured Trends

Percentages of State and National Populations
2009, 2010, 2011, 2012, 2013

Health Care Coverage Indicator	Minnesota	Wisconsin	United States
% of Uninsured Residents Under Age 65			

Note: Directional trends to show general increases or decreases 2009 - 2013. Red dot is highest rate, green dot is lowest rate.

- In 2013, Ramsey County had the highest rate of uninsured residents under age 65, while Washington County had the lowest rate.
- According to the University of Minnesota State Health Access Data Assistance Center (SHADAC), uninsured rates in both Minnesota and Wisconsin have steadily declined since 2010.

Residents Under Age 65 Without Health Insurance 2013

County	% Uninsured
Dakota County	7.7%
Hennepin County	10.2%
Ramsey County	11.8%
Scott County	7.7%
Washington County	6.3%
Minnesota	9.5%
St. Croix	7.0%
Wisconsin	10.6%
United States	16.6%

Source: U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE) Program, <http://www.mncompass.org/health/health-care-coverage#7-7468-g>; data accessed September 1, 2015

Source: University of Minnesota State Health Access Data Assistance Center, Maps and Charts, <http://datacenter.shadac.org/map/236/coverage-type-total#1/77/458>; data accessed September 1, 2015

Source: MNSure, Quick Facts, <https://www.mnsure.org/learn-more/fact-sheets/quick-facts.jsp>; data accessed August 28, 2015

Amery Hospital & Clinic Community Health Needs Assessment
Community Hospital Consulting



County Health Rankings (2015)

Category	Dakota County	Henn. County	Ramsey County	Scott County	Wash. County
Health Outcomes	19	46	63	8	7
Length of Life	8	32	52	3	4
Quality of Life	47	65	78	44	27
Health Factors	6	28	58	5	3
Health Behaviors	6	9	20	4	5
Clinical Care	13	9	22	23	2
Social and Economic Factors	14	65	76	1	2
Physical Environment	63	55	58	82	64

Category	St. Croix County
Health Outcomes	9
Length of Life	11
Quality of Life	10
Health Factors	6
Health Behaviors	8
Clinical Care	31
Social and Economic Factors	2
Physical Environment	57

- The **County Health Rankings** rank **87** counties in Minnesota (1 being the best ranking, 87 being the worst ranking).

- The **County Health Rankings** rank **72** counties in Wisconsin (1 being the best ranking, 72 being the worst ranking).

Please note that various factors go into these rankings, and they are not an absolute judgment on the health status of the each community. The County Health Rankings should be used as only one piece of the overall assessment. Please visit the appendix for additional information about indicators involved in the rankings.



Findings from Current Research for Additional Hospitals

A review of recently conducted Community Health Needs Assessments, including community input collected from persons with expert knowledge of public health in the community served by the hospital



Dakota County

Healthy People / Healthy Communities:

2013 Dakota County Community Health Assessment

Methodology Summary:

The Healthy Dakota Initiative utilized an adapted version of the Mobilizing for Action through Partnerships and Planning (MAPP) model. The Healthy Dakota Initiative Steering Committee completed the following three assessments: Community Themes and Strengths Assessment, Forces of Change Assessment, and Community Health Status Assessment. This process included an extensive review of available data indicators, as well as the systematic collection of community input.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

- The Dakota County CHA was conducted and produced by the Dakota County Public Health Department, spearheaded by Bonnie Brueshoff (Public Health Director, Dakota County Public Health Department).

2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

- Two members of the Steering Committee were from the Dakota County Human Services Advisory Committee
- The Community Health Opinion Survey
- Follow-up version of the Community Health Opinion Survey

Hospital Involvement:

Connie Marsolek, representative from Park Nicollet Clinic - Burnsville, served as one of the 11 members of the Healthy Dakota Initiative Steering Committee.

Elizabeth Lincoln, Program Officer from the Park Nicollet Foundation, served on the Mental Health Action Team for the Healthy Dakota Initiative.

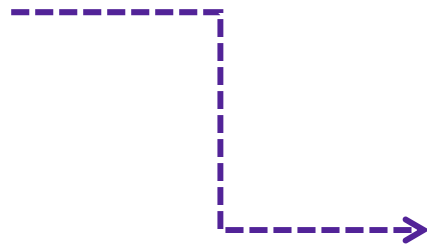


Dakota County

Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment

Community Input Findings:

- Safety
- Tobacco, alcohol, and other drug use
- Chronic disease and conditions
- Physical activity
- Mental health



Overall Health Needs Identified:

- Mental Illness
- Physical activity / eating habits / obesity
- Use of alcohol, tobacco, and other drugs
- Promoting mental health
- Public health funding
- Preventing / managing chronic conditions
- Income / poverty / employment
- Healthy start for children and adolescents
- Access to health care
- Affordable housing



Hennepin County

2012-2015 County Community Health Improvement Plan for Hennepin County Residents

Methodology Summary:

The Community Health Improvement Plan for Hennepin County was a collaboration of five local community health boards and multiple community partners. Together, this diverse partnership conducted a survey, an analysis of available health data, and three community health forums to identify top priorities and develop strategies to address important health goals.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	<ul style="list-style-type: none">• The Hennepin County Human Services and Public Health, Minneapolis Department of Health and Family Support, and Bloomington Division of Public Health for the Community Health Boards of Bloomington, Edina and Richfield served as the convening partners for the project.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	<ul style="list-style-type: none">• CHIP Survey• Three CHIP Forums

Hospital Involvement:

Deanna Varner and Donna Zimmerman, both representatives from HealthPartners, were members of the CHIP Leadership Group for the Hennepin County Community Health Needs Assessment.



Source: 2012-2015 Community Health Improvement Plan for Hennepin County Residents; http://www.hennepin.us/~media/hennepinus/your-government/projects-initiatives/documents/Appendix%20%20MAPP%20Process_20131217.pdf; data accessed July 11, 2015

Hennepin County

2012-2015 Community Health Improvement Plan for Hennepin County Residents

CHIP Survey Findings:

Characteristics of a Healthy Community:

- Access to affordable quality health care
- Access to affordable opportunities to be physically active
- Safe places / reduced crime
- Access to affordable healthy foods
- Social and community connectedness
- Engaged, committed, motivated, and informed residents

Changes to Make:

- Improve local access to affordable health care
- Improve local opportunities for affordable physical activities
- Improve local access to affordable health foods

CHIP Forum Findings:

Characteristics of a Healthy Communities:

- Safety
- Environments that foster health
- Community connectedness & engagement
- Economic vitality
- Equitably accessible high quality infrastructure
- Basic needs are met
- Quality educational opportunities
- Good physical and mental health
- Multi-sector leaders promote the common good
- Active participation in creating health

Strategic Health Issues and Goals:

- **Maternal and Child Health:** Increase childhood readiness for school.
- **Nutrition, Obesity and Physical Activity:** Increase regular physical activity and proper nutrition through improvements to the physical environment.
- **Social and Emotional Wellbeing:** Increase community and social connectedness.
- **Health Care Access:** Develop health care access strategies that will help achieve the targeted goals above.
- **Social Conditions that Impact Health:** Develop health care access strategies that will help achieve the targeted goals above.



Source: 2012-2015 Community Health Improvement Plan for Hennepin County Residents; http://www.hennepin.us/~media/hennepinus/your-government/projects-initiatives/documents/Appendix%20%20MAPP%20Process_20131217.pdf; data accessed July 11, 2015

Ramsey County

Ramsey County Community Health Improvement Plan 2014-2018

Methodology Summary:

The Ramsey County Community Health Improvement Plan was produced by the Saint Paul - Ramsey County Public Health Department in collaboration with several community partners, represented on the CHIP Committee (CHIPC). The CHIPC dedicated time to regularly scheduled meetings, reviewed available health data, examined external "forces of change", conducted the Community Health Concerns Survey, and identified priority health issues and themes.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

- The Ramsey County Community Health Improvement Plan (CHIP) was conducted and produced by Saint Paul - Ramsey County Public Health.

2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

- More than 80 residents and community leaders from the public, private and nonprofit sectors met from April - November 2013
- Community Health Concerns Survey

Hospital Involvement:

HealthPartners was a Committee Member Organization for the Ramsey County Community Health Improvement Plan (CHIP), devoting regular meeting time to CHIP work and serving as a key participant in the planning process.



Ramsey County

Ramsey County Community Health Improvement Plan 2014-2018

Strategic Health Issues and Goals:

(Rated as 1 or 2 – indicated high need – by at least 1 group)

- Safety
- Distracted Driving
- Lack of Health Insurance
- Poverty
- Lack of Medical Services that are low/no cost
- Tobacco use by youth
- Alcohol use by underage youth
- Driving under the influence of drugs
- Unemployment
- Youth gang activity
- High blood pressure
- Alcohol abuse among adults
- Language/communication barriers in accessing health care services

Overall Health Needs Identified:

- Social Determinants of Health
- Nutrition, Weight and Active Living
- Access to Health Services
- Mental Health / Mental Disorders / Behavioral Health
- Violence Prevention



Scott County

Scott County Community Health Improvement Plan 2015-2019

Methodology Summary:

The Scott County Public Health Department facilitated in, conducted, and participated in the Scott County Community Health Improvement Plan 2015-2019. The process included an analysis of publicly available data and the systematic collection of community input from key community stakeholders and representatives of underserved populations. The Community Health Steering Committee went through a multi-step process to identify priorities. Six priority health issues were identified, and three final health priorities were selected.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	<ul style="list-style-type: none">• The Scott County Community Health Improvement Plan was conducted and produced by the Scott County Public Health Department.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	<ul style="list-style-type: none">• Public Forums• Discussions within the Scott County Health Care Systems Collaborative• Survey on Mental Health Issues

Hospital Involvement:

Libby Lincoln, a representative from the Park Nicollet Foundation, served on the Scott County Health Matters: Statewide Health Improvement Program Community Leadership Team and the Scott County Health Care System Collaborative Team.



Scott County

Scott County Community Health Improvement Plan 2015-2019

Initial Health Priorities:

- Strengthen Early Identification of Infants and Toddlers: Health Development
- Mental Health
- Chronic Disease Prevention: Through Healthy Eating and Physical Activity
- Sexually Transmitted Infections
- Teen Alcohol Use
- Exposure to Second Hand Smoke



Three Final Health Priorities:

- **Chronic Disease Prevention:** Healthy Eating & Physical Activity
- **Identifying at Risk Infants and Toddlers:** Healthy Development
- **Mental Health:** Healthy Communities



Washington County

Washington County Community Health Improvement Plan 2014

Methodology Summary:

The 2014 Washington County Community Health Improvement Plan utilized elements of the Mobilizing for Action through Partnerships and Planning (MAPP) model. This process included a review of available health data, as well as the systematic collection of community input.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	<ul style="list-style-type: none">• The Washington County Community Health Improvement Plan was conducted and produced by Washington County Department of Public Health and Environment.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	<ul style="list-style-type: none">• Washington County Residential Survey• Washington County Community Health Opinion Survey• Key Informant Interviews• Adult Listening Sessions• Youth Listening Sessions

Hospital Involvement:

Lakeview Health Foundation participated in and provided input for the Washington County Community Health Improvement Plan.



Washington County

Washington County Community Health Improvement Plan 2014

Initial Categories of Health Issues: (Used for Prioritization)

- Obesity, Nutrition and Physical Activity
- Chronic Disease and Conditions
- Mental Health
- Substance Abuse
- Tobacco Use
- Injury and Violence
- Environmental Health
- Access to Health Services
- Maternal and Child Health
- Infectious Diseases



Overall Health Needs Identified:

- **Obesity** in children and adults due to poor nutrition and physical activity.
- Premature death and disability from **chronic diseases** due to tobacco use.
- **Behavioral health problems** among children and adults due to substance abuse and mental illness.



St. Croix & Washington County PowerUp/Family Community Survey

Description of PowerUp and Family Community Survey

- PowerUp is an evidence-based, comprehensive approach to create community change through improving youth health in the St. Croix Valley over 10 years in partnership with schools, businesses, health care, civic groups, families, kids, and the entire community.
- The Family Community Survey is an online survey distributed at 2 year intervals over the course of the initiative that is targeted towards families with children under the age of 18 to gather data concerning awareness, attitudes and behaviors related to PowerUp.
- Two comparison groups are included in the study:
 - 2013: Stillwater, Mahtomedi, Somerset Areas
 - 1,825 surveys mailed, 273 responses (15% response rate)
 - 2014: Hudson, New Richmond Areas
 - 1,925 surveys mailed, 222 responses (13% response rate)

What do parents need to help PowerUp their families? Top 5:

- Coupons/Price Discounts
- Physical Activity during the school day
- Access to free/low cost places to be physically active
- Physical Education in Schools
- Better foods and beverages served at community events



St. Croix County

St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016

Methodology Summary:

Healthier Together – St. Croix County is a community collaboration working together to improve the health of residents in St. Croix County. The coalition is a partnership between:

- Baldwin Area Medical Center
- Hudson Hospital & Clinic
- River Falls Area Hospital
- Westfields Hospital & Clinic
- St. Croix County Public Health

The coalition engaged in a joint community health planning process that culminated in a Community Health Needs Assessment and Implementation Plan.

The first phase – “Data Collection” and “Community Input” – was conducted between July and December of 2013. This section summarizes those findings.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

• St. Croix County Public Health is an integral part of the Healthier Together collaborative, serving as one of five partners on the coalition.

2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

• Community Health Assessment and Group Evaluation (CHANGE) Assessment
• Transform Wisconsin Public Opinion Poll
• Community Health Needs Assessment (CHNA) Survey

Hospital Involvement:

Hudson Hospital & Clinic and Westfields Hospital & Clinic are an integral part of the Healthier Together collaborative, serving as two of five partners on the coalition.



St. Croix County

St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016

Health Data Findings:

Youth Risk Behavior Surveillance System (YRBSS):

- 43.2% of students said harassment / bullying is a problem at their school
- 12.6% of students have considered attempting suicide in the last 6 months
- 29.9% of students have tried cigarette smoking and 29% reported drinking alcohol during the last 30 days
- 21.3% have tried marijuana
- 36.1% reported ever having sexual intercourse
- 25.6% of students reported watching television 3 or more hours per day on an average school day

Additional Data Indicates:

- Poverty and food insecurity are concerns in St. Croix County
- Homelessness, domestic violence and lack of public transportation are issues facing families in St. Croix County
- Excessive alcohol consumption is one of Wisconsin's largest public health issues
- Leading causes of death are cancer and heart disease (2012)

Community Input Findings:

Community Health Assessment and Group Evaluation (CHANGE) Assessment:

- Community-at-large sector: increased access to active living, access to healthy food options, and promotion of healthy eating, as well as breastfeeding awareness.
- Healthcare sector: improvements needed in a referral system to community-based resources for physical activity.
- School sector: need for environmental and policy changes for improved physical activity and nutrition opportunities in the school systems.

Transform Wisconsin Public Opinion Poll:

- At random, 300 St. Croix adults completed the survey.
- Results indicated that 82% of respondents believe that childhood obesity is a serious problem in Wisconsin (31% reported it as a "very serious" problem).
- Respondents almost unanimously agreed that promoting active schools and opening recreational facilities for public use are common-sense steps to promoting increased physical activity.

Community Health Needs Assessment (CHNA) Survey:

- A total of 434 individuals responded to the survey.

Top Health Priorities:

- Obesity and Lack of Physical Activity
- Access to Primary and Preventative Health Services
- Adequate and Appropriate Nutrition
- Alcohol and Other Substance Use and Addictions
- Tobacco Use and Exposure



St. Croix County Priority Comparison

2009 vs. 2014-2016 Priorities

2009-2014 CHIP Health Priorities

- Access to Primary and Preventative Health Services
- Adequate and Appropriate Nutrition
- Overweight, Obesity, and Lack of Physical Activity
- Alcohol and Other Substance Use and Addiction
- Tobacco Use and Exposure

2014-2016 CHNA and Improvement Plan Health Priorities

- Healthy Foods
- Oral Health
- Physical Activity



Summary of Community Conversations Conducted by Regions Hospital

A review of findings from the community
conversations conducted by Regions Hospital



Background

Regions Hospital Community Conversations

- Regions Hospital conducted 2 community conversations during the summer of 2015 to gather input from under-represented groups in the community, including linguistically diverse populations.

Community Conversation #1

Interpreters from various Organizations, 10 Attendees
Conducted: June 16, 2015

Organization & Language Represented
<u>Park Nicollet</u> : Somali, Spanish
<u>Language Banc</u> : Oromo/Amharic, Somali
<u>Itasca Interpretation Services</u> : Karen
<u>Kim Tong</u> : Vietnamese, Spanish
<u>Regions</u> : Oromo/Amharic, Vietnamese

Community Conversation #2

Community Organizations, 11 Attendees
Conducted: July 14, 2015

Organization Represented
African American Breast Cancer Alliance
Impetus - Let's Get Started LLC
Neighborhood House
Open Cities Health Center
Union Gospel Mission
Vital Aging Network



Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Summary of Findings

Regions Hospital Community Conversations

- Access to Mental Health Services
- Access to Dental Services
- Healthcare System Barriers
- Focus on Prevention and Education
- Access to Healthy Lifestyle Resources
 - Contributing to obesity and diabetes
- Barriers to Care for Diverse Populations
- Community Connectedness



Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Survey Summary

Regions Hospital Community Conversations

- A brief survey was conducted to rank the top health care initiatives. The top five issues were:
 1. Improving access to health care for populations with limited services
 2. Promoting positive health habits
 3. Promoting change in negative habits
 4. Improving access to preventive care
 5. Increasing the proportion of residents who have access to medical insurance coverage

If you were in charge of improving the health of the communities that you serve, what is the one thing you would do?



Access to Mental Health Services

Regions Hospital Community Conversations

- **Cultural Stigma Towards Mental Health**
 - Many Vietnamese community members remain in denial about their mental health.
 - Mental health diagnoses/medication are sometimes viewed as ‘offensive.’
 - Spanish and Somali populations have difficulty navigating the system due to lack of education or lack of access to a computer.
 - Somali participants believe parental awareness of the system is crucial. If a parent doesn’t understand the system, they can’t be an advocate for their child.
 - Isolated older adults may develop depression and anxiety, but many deny it or do not want to discuss it.
 - Strengthen mental health through peer and community support. These are as important as the traditional medical model of service delivery.
- **Culturally Sensitive Education About Available Services**
 - Many populations are afraid to ask questions.
- **Lack of Timely Healthcare Access**
 - Appointments are weeks out, which is too long to wait for someone in crisis.
 - Many insurance policies don’t cover mental health services.



Access to Dental Services

Regions Hospital Community Conversations

- **Limited Dental Care Affordability**
 - Misunderstandings and cost barriers are prevalent in certain communities.
 - Somali participants described copays as too expensive.
 - Spanish interpreters described dental check-ups as accessible.
 - It is more difficult to access specialty dental care (geographic gap between specialists and clinics), and it is worse for pediatric specialty care.
- **Limited Dental Care Access**
 - Access to affordable dental care is severely limited for Medicare patients.
 - Oromo representatives reported a fear regarding dental care. Many are afraid the dentist may take out their teeth or damage their teeth with deep cleaning.
 - Many insurance companies don't provide dental insurance, or providers don't accept the insurance people do have.



Healthcare System Barriers

Regions Hospital Community Conversations

- **Lack of Access to Appropriate Level of Care**
 - There is confusion regarding appropriate access of different levels of care (Primary Care vs. Urgent Care vs. Emergency Room).
 - The primary care system does not seem to be accommodating. Patients will choose the Emergency Room because it is open and no appointment is needed.
 - Many feel that access to the Emergency Room is less complicated.
- **Higher Expectation of Emergency Rooms**
 - Many representatives (Oromo, Vietnamese, Spanish, Hmong) believe that there is more equipment and more thorough testing in the Emergency Room.
 - Somali representatives believe that there aren't enough doctors in the urgent care setting. They will end up sending you to the Emergency Room, so going to the hospital is better.



Healthcare System Barriers Cont.

Regions Hospital Community Conversations

- **Cultural Sensitivity and Humility**
 - There can be stereotypes from healthcare providers about age/people of color/etc.
 - Providers need to learn to communicate more effectively with patients, and provide immigrants with access to culturally competent care in their own language.
 - Providers should practice cultural humility with patients and the community in order to connect the medical and community models.
 - Encourage providers to approach patients and communities with cultural humility.
- **Lack of a Holistic Approach**
 - Especially with diabetes and food choice that are culturally appropriate.
- **“Advocating for Yourself” is Difficult**
 - Some patients feel there is a power differential between doctors and patients.



Prevention and Education

Regions Hospital Community Conversations

- **Need for Increased Focus on Prevention and Education**
 - There seems to be a lack of belief, or focus, on preventive care.
 - For example, people tend to only go to the dentist or doctor when something hurts, but do not usually go as a preventative measure.
- **Community Education on Healthcare Access is Necessary**
 - Many people do not know which healthcare resources are available to them, and navigating the healthcare system can be overwhelming.
 - There can be a lack of follow-up with patients who need it.
- **Encouragement to Seek Care**
 - Fear of a diagnosis and/or stigma surrounding a diagnosis can prevent people from seeking treatment.
 - There is a need to stress importance of early diagnosis.



Access to Healthy Lifestyle Resources

Regions Hospital Community Conversations

- Limited Access to Healthy, Affordable Foods
 - Obesity and diabetes are of particular concern.
- Lack of Adequate Education/Understanding Regarding Nutrition
 - There is a lack of understanding about how to control diabetes.
 - Regarding childhood diabetes, full family involvement is crucial, particularly in the Spanish-speaking community.
- Culturally-tailored Nutrition Education
 - Food education needs to be in primary language if possible, with photos of portion sizes.
- Community Support
 - Role models and community support are critical: “If others you know attend programs, you will too.”
 - The community must own it and feel responsible for it to flourish.



Access to Healthy Lifestyle Resources Cont.

Regions Hospital Community Conversations

- **Healthy Lifestyle Promotion**
 - Need for advertising where people go for information (i.e., church, bus stops, etc.)
 - Vietnamese representatives suggested family-based programs as a motivation for people to attend healthy lifestyle programs.
 - Hmong representatives believe that people will not go to healthy lifestyle programs unless they are introduced at special events.
- **Monetary and Programming Support (noted specifically by community organizations)**
 - Grant funding is an asset to the community, but cycles may need to be extended past 12 months
 - There was mention about the medical community investing in the community and grand providers meeting with the community to set goals

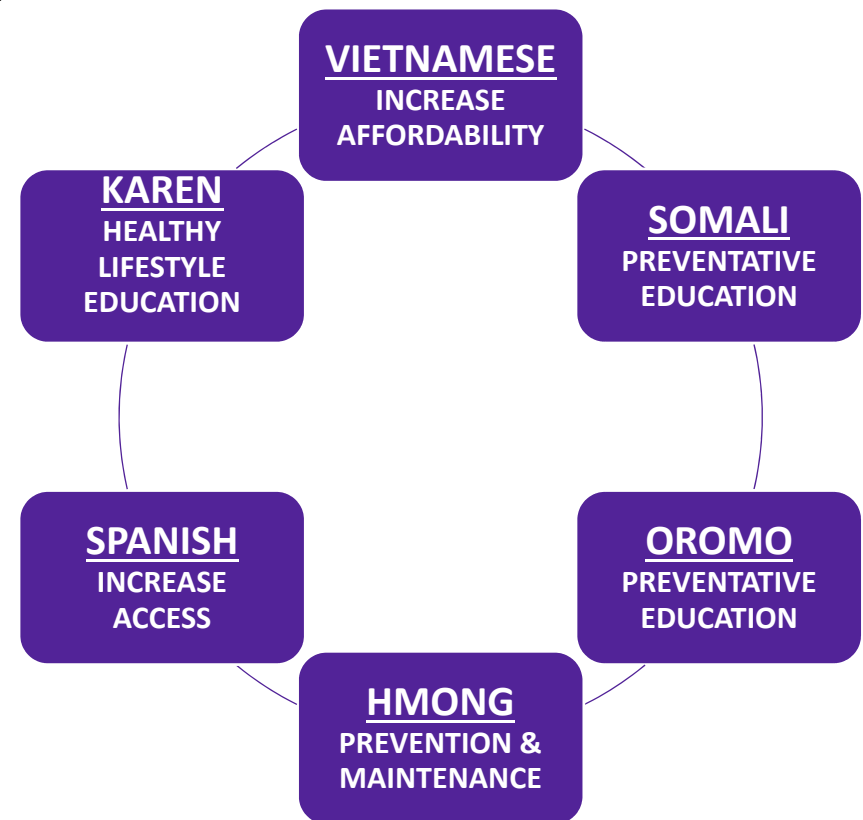


Barriers to Care for Diverse Populations

Regions Hospital Community Conversations

- Linguistically diverse populations are at an increased risk of facing access barriers and receiving inadequate care.
- Additional populations that are at an increased risk are:
 - Low-income
 - Immigrants
 - Elderly who are fragile and isolated
 - LGBTQ population
 - Homeless youth
 - Unemployed
 - People who did not complete school
- Concerns include:
 - Transportation
 - Medication management
 - Limited medical coverage
 - Cost barriers
 - Culturally appropriate care

If you were in charge of improving the health of the communities that you serve, what is the one thing you would do?



Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Community Connectedness

Regions Hospital Community Conversations

- **Integration of Medical and Community Models**
 - Build partnerships across the medical and local communities by capitalizing upon existing assets and engaging residents.
- **Community Members as Resources**
 - Residents have time, desire, connections, and creative ideas, but not always enough resources to see those ideas through.
 - Train community members to provide information to others, so medical providers do not necessarily need to be present (EX: Latino community churches).
 - Somali representatives suggested a need for community health workers who follow up with patients and explain the benefits of a prescribed medication.
- **Linguistically Diverse Community Assets**
 - There are many Hmong (Hmong American Partnership – joined with Karen groups), Oromo, Vietnamese (Vietnamese Family Services), and Somali programs within the community.
 - Wellness programs for people aged 50+.



Summary of Community Conversations Conducted by Lakeview Hospital

A review of findings from the community
conversations conducted by Lakeview Hospital



Background

Lakeview Hospital Community Conversations

- Lakeview Hospital conducted 2 community conversations during the summer of 2015 to gather input from various groups in the community, including representatives of under-served populations.

Community Conversation #1

Members of Community Health Action Team
Conducted: May 15, 2015

Name	Role
Cheryl Hale	Nursing, Stillwater Area Public Schools
Shelly Rock	Parish Nursing, Lakeview
Susan Whalen	Private Practice Psychologist
Allie Schmidt	Pregnancy Counselor, Evolve Adoption
Diane Cragoe	School Programs Coordinator, Family Means
Jean Streetar	Washington County Public Health
Cathy Dyball	Community Thread
Jen Kowalsky	Community Member

Community Conversation #1

Members of Health and Wellness Advisory Committee
Conducted: July 15, 2015

Name	Role
Sue Hedlund	Retired Public Health Deputy Director
Lowell Johnson	Director of Public Health, Washington County
Rick Robbins	Community Member & Marketing Professional
Denise Pontrelli	Superintendent of Schools, Stillwater
Ron Phillippo	Community Member & Retired Boy Scout Executive



Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015

Summary of Findings

Lakeview Hospital Community Conversations

- Access to Mental Health Services
- Chemical and Substance Abuse Issues
- Access to Adequate Nutrition and Physical Activity
- Need to “connect people to services and to each other”

Survey Summary

Lakeview Hospital Community Conversations

- A brief survey was conducted to rank the top health care initiatives. The top health care needs were:
 - Promoting change in negative habits
 - Promoting positive health habits
 - Improving access to health care for populations with limited services
 - Increasing the proportion of residents who have access to health coverage
 - Promoting chronic disease management

If you were in charge of improving the health of the communities that you serve, what is the one thing you would do?



Access to Mental Health Services

Lakeview Hospital Community Conversations

- **Top Priority**
 - Five out of eight community conversation members reported mental health as the top need in the community.
- **Mental Health Stigma & Gaps in Access**
 - There is a need to decrease stigma and close the gap in access to services.
 - There is a continued need to work on stigma, and create resources that people are confident in.
 - Connecting providers with needs can be difficult. There is an overall need to connect “need” with the “help.”
- **Preventive Education**
 - Education is necessary to help people identify early signs of mental illness and next steps for treatment.
- **Lack of Resources**
 - The community does not have facilities to take people with mental health issues. The ambulance will not take them, so the sheriff has to bring them to Regions Hospital.



Chemical and Substance Abuse Issues

Lakeview Hospital Community Conversations

- Substance Abuse
 - Abuse of prescription medications, opiates in particular, is a concern in the community.
 - The community lacks continuing alcohol and tobacco education, including e-cigs and non-smoking forms.
 - There is an increase in drug use among high school students and young adults in the Stillwater area.
 - There is a problem with marijuana’s increasing acceptance and the perception that it is low risk, including a “weed justification” of “it’s okay because it’s okay in other states.”
- Parental Education
 - There is a need to educate adults and guardians about new forms of common substances. For example, weed wax and other non-traditional forms of marijuana are common.
 - There are now “how-to” drug use apps.



Nutrition and Physical Activity

Lakeview Hospital Community Conversations

Assets

- *PowerUp* is an important and visible resource in the area.

Needs

- Health Literacy
 - Lack of health and wellness literacy is a problem in the community.
- Lack of Healthy Food for Specific Populations
 - There is food inequity in the area, and access to nutritious foods for the elderly is severely limited.
- Lack of Resources
 - The community lacks a recreation department and facilities that are available are being under utilized.
 - *PowerUp* open gyms help with this issue.
 - Additional partnerships between Washington County/Stillwater Schools/Lakeview Hospital might be beneficial on this front.
 - “It might be a coordination problem, not a facilities problem.”
- School Wellness
 - New policies are being proposed to the school board.
 - Budget cuts are impacting schools’ abilities to staff nurses.



Create Connections

Lakeview Hospital Community Conversations

- **Establishing Community Connections**
 - “Connecting people to services and to each other” was a recurring theme in both community conversations conducted by Lakeview Hospital.
 - This need is applicable across conditions and communities, including mental health.
 - Lakeview Hospital can be influential by continuing to connect patients to available services.
 - Lakeview can continue to collaborate with partners to share resources and increase awareness of resources.
- **Building a Healthier Community**
 - Increasing access to necessary resources and connecting community members who share similar experiences will increase the health and quality of life of the whole community.



Summary of Data Sources

Summary of Data Sources

Demographics

- This study utilizes demographic data from the United States Census Bureau, as well as the American Community Survey. This data can be accessed at <http://www.census.gov/popest/>.
- Feeding America, Map the Meal Gap is used to evaluate overall and child food insecurity. Data can be accessed at <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/2013>.
- The National Foundation to End Senior Hunger (NFESH) commissions research from national authorities in fields of aging, healthcare, and senior hunger, and additionally conducts their own in-house research and analysis that have or will have an impact on the aging population and prevalence of senior hunger. Data can be accessed at <http://www.nfesh.org/research/>.
- Graduation data was collected from the Minnesota Department of Education, Data Reports and Analytics and the Wisconsin Department of Public Instruction, Wisconsin Information System for Education, Data Dashboard.
 - Minnesota: w20.education.state.mn.us/MDEAnalytics/Data.jsp
 - Wisconsin: wisedash.dpi.wi.gov/Dashboard/portalHome.jsp
- The United States Bureau of Labor Statistics, Local Area Unemployment Statistics provides unemployment statistics by county and state. This data can be accessed at <http://www.bls.gov/lau/#tables>.
- This study also used demographic data collected by Community Commons, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at <http://www.communitycommons.org/>.



Summary of Data Sources

Health Data

Health Data

- The County Health Rankings are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. This data can be accessed at <http://www.countyhealthrankings.org/>.
- The Minnesota Department of Health, Minnesota Public Health Data Access was used to collect various statistics, including asthma, childhood immunizations, etc. Data can be found at <https://apps.health.state.mn.us/mndata/>.
- The Minnesota Student Survey was used to provide information on student health behaviors and student perceptions on a variety of indicators. Information about the survey and data can be found at <http://www.health.state.mn.us/divs/chs/mss/>.
- The 2010 Metro Adult Health Survey data was used to collect and analyze adult health behaviors such as physical activity, fruit and vegetable consumption, sugar-sweetened beverage intake, binge drinking, and tobacco use in Dakota, Ramsey, Scott, and Washington Counties in Minnesota. Information about the survey and data can be found at <https://sites.google.com/site/publichealthdata/Home/metro-adult-health-survey>.
- The 2010 Survey of the Health of All the Population and the Environment (SHAPE) data was used to provide information on adult health behaviors such as physical activity, fruit and vegetable consumption, sugar-sweetened beverage intake, binge drinking, and tobacco use in Hennepin County in Minnesota. Information about the survey and data can be found at <http://www.hennepin.us/your-government/research-data/shape-surveys>.
- The Wisconsin Department of Health Services, WISH Query was used to collect and analyze a variety of health data statistics for St. Croix County and Wisconsin, including mortality data, birth data, cancer incidence, etc. Data can be accessed at <https://www.dhs.wisconsin.gov/wish/index.htm>.



Summary of Data Sources

Health Behaviors Detailed Sourcing

Exercise and Physical Activity

Source: Minnesota Department of Health, Metro Adult Health Survey Data Book 2010, <https://sites.google.com/site/publichealthdata/Home/metro-adult-health-survey>, data accessed August 28, 2015

Definition: During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, aerobics, golf, gardening, or walking for exercise?

Source: Hennepin County, SHAPE Survey, <http://www.hennepin.us/SHAPE>; data accessed August 28, 2015

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

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/; data accessed June 10, 2015

Source: Centers for Disease Control and Prevention, BRFSS Chronic Health Indicators, <https://chronicdata.cdc.gov/browse?q=county&sortBy=relevance&utf8=%E2%9C%93>; data accessed September 2, 2015

Source: Centers for Disease Control and Prevention, Data, Maps and Trends, <http://www.cdc.gov/obesity/data/databases.html/>; data accessed September 8, 2015

Source: St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016; <http://www.healthiertogetherstcroix.org/resources/>; data accessed August 31, 2015

Nutrition

Source: Minnesota Department of Health, Metro Adult Health Survey Data Book 2010, <https://sites.google.com/site/publichealthdata/Home/metro-adult-health-survey>, data accessed August 28, 2015

Definition: Total servings of fruit and vegetables eaten yesterday

Definition: How many glasses of each of the following did you drink yesterday? Think of a "glass" as a 12-oz serving. (Pop or soda [regular])

Source: Hennepin County, SHAPE Survey, <http://www.hennepin.us/SHAPE>; data accessed August 28, 2015

Definition: Total servings of fruits and vegetables consumed yesterday

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/; data accessed August 28, 2015

Definition: Males having five or more drinks on one occasion, females having four or more drinks on one occasion

Definition: Proportion of the population who currently smokes everyday

Source: Institute for Health Metrics and Evaluation, US County Profiles, <http://www.healthdata.org/us-county-profiles>; data accessed September 2, 2015

Source: Centers for Disease Control and Prevention, BRFSS Chronic Health Indicators, <https://chronicdata.cdc.gov/browse?q=county&sortBy=relevance&utf8=%E2%9C%93>; data accessed September 2, 2015

Source: St. Croix County Community Health Needs Assessment and Improvement Plan, <http://www.healthiertogetherstcroix.org/resources/attachment/complete-ht-chna-chip-2014-2016/#>; data accessed September 2, 2015



Summary of Data Sources

Health Behaviors Detailed Sourcing

Binge Drinking and Smoking

Definition: Males having five or more drinks on one occasion, females having four or more drinks on one occasion

Metro Adult Health 2010 Survey: Among those who have smoked at least 100 cigarettes in their entire lives: do you now smoke cigarettes everyday, some days, or not at all?

SHAPE Survey: Current Smoking Status

Source: Minnesota Department of Health, Metro Adult Health Survey Data Book 2010, <https://sites.google.com/site/publichealthdata/Home/metro-adult-health-survey>, data accessed August 28, 2015

Source: Centers for Disease Control and Prevention, BRFSS Chronic Health Indicators, <https://chronicdata.cdc.gov/browse?q=county&sortBy=relevance&utf8=%E2%9C%93>; data accessed September 2, 2015

Source: Institute for Health Metrics and Evaluation, US County Profiles, <http://www.healthdata.org/us-county-profiles>; data accessed September 2, 2015

Source: Hennepin County, SHAPE Survey, <http://www.hennepin.us/SHAPE>; data accessed August 28, 2015

Source: Minnesota Adult Tobacco Survey, 2010 Update, <http://www.health.state.mn.us/divs/chs/tobacco/mats2010finalfeport.pdf>; data accessed September 2, 2015

Source: Minnesota Student Survey 2013, <http://www.health.state.mn.us/divs/chs/mss/statewidetables/statetablesbygrade13.pdf>; data accessed September 3, 2015

Definition: Males having five or more drinks on one occasion, females having four or more drinks on one occasion

Definition: Proportion of the population who currently smokes everyday

Source: Institute for Health Metrics and Evaluation, US County Profiles, <http://www.healthdata.org/us-county-profiles>; data accessed September 2, 2015

Source: Centers for Disease Control and Prevention, BRFSS Chronic Health Indicators, <https://chronicdata.cdc.gov/browse?q=county&sortBy=relevance&utf8=%E2%9C%93>; data accessed September 2, 2015

Source: St. Croix County Community Health Needs Assessment and Improvement Plan, <http://www.healthiertogetherstcroix.org/resources/attachment/complete-ht-chna-chip-2014-2016/#>; data accessed September 2, 2015

Mental Health

Source: Minnesota Student Survey 2013, <http://www.health.state.mn.us/divs/chs/mss/statewidetables/statetablesbygrade13.pdf>; data accessed September 3, 2015

Source: St. Croix County Community Health Needs Assessment and Improvement Plan, <http://www.healthiertogetherstcroix.org/resources/attachment/complete-ht-chna-chip-2014-2016/#>; data accessed September 2, 2015

Source: MN Compass, Minnesota Hospital Association, Center for Disease Control National Center for Health Statistics, www.mncompass.org/health/mental-health-admissions#7-4471-d; data accessed June 12, 2015

Source: County Health Rankings, Minnesota and Wisconsin 2015, http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2015_MN_0.pdf; data accessed September 3, 2015

Notes: Psychiatric hospital admissions includes all instances in which the primary diagnosis/reason for treatment is mental illness. Admissions refers to the number of admittances and not individual patients. It is possible that some individuals were admitted for psychiatric illness more than once within a given year. Counties refer to the home address of the patient, not the location of the hospital where the patient was admitted. Chemical dependency, which can also affect a person's mental state, is tracked separately. The Twin Cities includes the following counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington

Note: Mental health providers is the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health care.



Summary of Data Sources

Previous and Current Research

- The following reports were summarized and incorporated into this report.
 - Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment
 - 2012 - 2015 Community Health Improvement Plan for Hennepin County Residents
 - Ramsey County Community Health Improvement Plan 2014-2018
 - Scott County Community Health Improvement Plan 2015-2019
 - 2014 Washington County Community Health Improvement Plan
 - Polk County 2020 Community Health Improvement Plan Version 2014-2016
 - St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016
 - PowerUp Family Community Survey (St. Croix and Washington Counties)



Summary of Data Sources

Community Conversations

- Community Hospital Consulting provided community conversation agendas, conversation guides, and other materials for community conversations that were conducted by the following facilities:
 - Regions Hospital: June 16, 2015 & July 14, 2015
 - Lakeview Hospital: May 15, 2015 & July 15, 2015
 - Amery Hospital & Clinic: August 20, 2015

Demographic Data Findings

Total Population

Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014

Location	2010	2014	2010-2014 Change	2010-2014 % Change
Dakota	399,146	412,529	13,383	3.4%
Hennepin	1,154,184	1,212,064	57,880	5.0%
Ramsey	509,372	532,655	23,283	4.6%
Scott	130,480	139,672	9,192	7.0%
Washington	238,897	249,283	10,386	4.3%
Minnesota	5,310,418	5,457,173	146,755	2.8%
Polk	44,154	43,437	-717	-1.6%
St. Croix	84,398	86,759	2,361	2.8%
Wisconsin	5,689,268	5,757,564	68,296	1.2%

Source: U.S. Census Bureau, Population Division; factfinder.census.gov; data accessed May 15, 2015

Total Population

Community Commons

Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Report Area	3,644	711
Dakota	562	716
Hennepin	553	2,115
Ramsey	152	3,389
Scott	356	373
Washington	384	628
Polk	914	48
St. Croix	722	118
Minnesota	79,605	67
Wisconsin	54,143	105
United States	3,530,998	88

Source: Community Commons, HealthPartners Health Indicator Report, <http://assessment.communitycommons.org/CHNA/report>; data accessed August 28, 2015

Population Change by Race

Annual Population Estimates

Race	2010									
	Dakota	Hennepin	Ramsey	Scott	Washington	Minnesota	Polk	St. Croix	Wisconsin	
White	349,371	891,799	370,074	115,035	211,394	4,623,461	43,032	81,448	5,036,923	
Black or African American	19,301	139,229	57,465	3,507	8,728	280,949	96	562	367,021	
American Indian and Alaska Native	2,032	13,898	4,960	1,232	1,201	67,325	463	368	60,100	
Asian	17,857	73,213	59,888	7,535	12,190	217,792	162	916	131,828	
Native Hawaiian and Other Pacific Islander	257	812	376	120	98	2,958	7	25	2,505	
Two or More Races	9,734	33,474	15,877	2,499	4,525	111,440	445	1,026	88,609	
Total	398,552	1,152,425	508,640	129,928	238,136	5,303,925	44,205	84,345	5,686,986	

Race	2014									
	Dakota	Hennepin	Ramsey	Scott	Washington	Minnesota	Polk	St. Croix	Wisconsin	
White	355,488	919,703	373,242	121,458	217,966	4,677,716	42,044	83,623	5,057,797	
Black or African American	23,403	153,314	62,566	4,985	10,790	320,423	162	614	378,526	
American Indian and Alaska Native	2,200	14,129	5,079	1,484	1,286	71,960	479	401	64,192	
Asian	20,046	86,888	73,400	8,667	13,827	256,896	219	884	152,512	
Native Hawaiian and Other Pacific Islander	312	696	436	137	130	3,391	9	38	2,858	
Two or More Races	11,080	37,334	17,932	2,941	5,284	126,787	524	1,199	101,679	
Total	412,529	1,212,064	532,655	139,672	249,283	5,457,173	43,437	86,759	5,757,564	

Source: U.S. Census Bureau, Population Division; www.census.gov/popest/data/index.html; data accessed August 29, 2015

Population by Ethnicity

2009-2013 American Community Survey 5-Year Estimates

Ethnicity	Dakota	Hennepin	Ramsey	Scott	Washington	Minnesota	Polk	St. Croix	Wisconsin
Hispanic or Latino (of any race)	24,825	78,843	37,150	5,987	8,527	257,144	688	1,745	345,866
Not Hispanic or Latino	377,481	1,091,780	478,582	126,787	232,788	5,090,596	43,217	83,167	5,361,005
Total	402,306	1,170,623	515,732	132,774	241,315	5,347,740	43,905	84,912	5,706,871

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 15, 2015

Population by Ethnicity (%)

2009-2013 American Community Survey 5-Year Estimates

Ethnicity	Dakota	Hennepin	Ramsey	Scott	Washington	Minnesota	Polk	St. Croix	Wisconsin
Hispanic or Latino (of any race)	6.2%	6.7%	7.2%	4.5%	3.5%	4.8%	1.6%	2.1%	6.1%
Not Hispanic or Latino	93.8%	93.3%	92.8%	95.5%	96.5%	95.2%	98.4%	97.9%	93.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 15, 2015

Population Change by Age

Annual Population Estimates

Age	2010								
	Dakota	Hennepin	Ramsey	Scott	Washington	Minnesota	Polk	St. Croix	Wisconsin
0-19	113,912	290,665	135,728	41,768	68,825	1,431,211	11,438	24,628	1,502,196
20-34	76,118	271,754	121,313	23,704	40,684	1,071,237	6,607	15,466	1,108,246
35-54	123,246	325,434	131,503	42,718	74,655	1,488,992	12,888	26,256	1,599,419
55-64	45,460	133,758	58,915	11,722	28,988	629,364	6,208	9,527	699,811
65 and older	39,816	130,814	61,181	10,016	24,984	683,121	7,064	8,468	777,314
Total	398,552	1,152,425	508,640	129,928	238,136	5,303,925	44,205	84,345	5,686,986

Age	2014								
	Dakota	Hennepin	Ramsey	Scott	Washington	Minnesota	Polk	St. Croix	Wisconsin
0-19	112,502	298,816	140,183	43,476	68,650	1,424,995	10,416	24,341	1,457,969
20-34	79,078	286,545	128,987	24,834	43,740	1,067,065	6,442	15,008	1,104,272
35-54	117,970	323,145	128,748	43,672	71,675	1,473,135	11,762	25,626	1,539,084
55-64	53,013	152,082	65,763	14,738	33,290	711,836	6,787	11,204	780,371
65 and older	49,966	151,476	68,974	12,952	31,928	780,142	8,030	10,580	875,868
Total	412,529	1,212,064	532,655	139,672	249,283	5,457,173	43,437	86,759	5,757,564

Source: U.S. Census Bureau, Population Division; www.census.gov/popest/data/index.html; data accessed August 29, 2015

Median Age

Annual Estimates

Location	2010	2011	2012	2013	2014
Dakota	36.8	37.1	37.3	37.5	37.7
Hennepin	35.9	36.0	36.0	36.1	36.2
Ramsey	34.6	34.5	34.6	34.5	34.6
Scott	34.8	35.1	35.2	35.5	35.7
Washington	38.3	38.5	38.8	38.9	39.0
Minnesota	37.4	37.5	37.6	37.7	37.8
Polk	42.5	43.1	43.8	44.3	44.7
St. Croix	36.7	37.1	37.6	38.0	38.3
Wisconsin	38.5	38.7	38.9	39.0	39.2

Source: U.S. Census Bureau, Population Division; www.census.gov/popest/data/index.html; data accessed August 29, 2015

Median Household Income

2011-2013 Annual Estimates

Location	2011	2012	2013
Dakota	\$70,064	\$71,574	\$73,833
Hennepin	\$60,811	\$62,500	\$64,331
Ramsey	\$51,719	\$53,707	\$56,293
Scott	\$81,586	\$86,324	\$85,481
Washington	\$77,069	\$80,647	\$81,052
Minnesota	\$56,944	\$58,828	\$60,664
Polk	\$46,872	\$50,026	\$49,138
St. Croix	\$64,490	\$69,436	\$69,641
Wisconsin	\$50,401	\$51,063	\$51,474

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, www.census.gov/did/www/saipe/data/statecounty/data/2013.html; data accessed August 29, 2015

Educational Attainment

2009-2013 American Community Survey 5-Year Estimates

Location	H.S Graduate or Higher	Bachelor's Degree or Higher
Dakota	94.7%	38.7%
Hennepin	92.3%	45.8%
Ramsey	89.9%	39.4%
Scott	94.6%	38.0%
Washington	95.9%	40.5%
Minnesota	92.1%	32.6%
Polk	91.7%	19.3%
St. Croix	94.9%	33.0%
Wisconsin	90.4%	26.8%

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 20, 2015

Unemployment Rates

2012-2014 Rates

Location	2012	2013	2014
Dakota	5.2%	4.5%	3.7%
Hennepin	5.2%	4.6%	3.7%
Ramsey	5.7%	4.9%	3.9%
Scott	5.0%	4.4%	3.5%
Washington	8.0%	7.5%	6.5%
Minnesota	5.6%	4.9%	4.1%
Polk	8.1%	7.2%	5.9%
St. Croix	5.7%	5.4%	4.5%
Wisconsin	7.0%	6.8%	5.5%

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; www.bls.gov/lau/#tables; data accessed May 20, 2015

Overall Food Insecurity

Feeding America and Community Commons, 2013

Overall Food Insecurity	Food Insecurity Rate	Est. # Food Insecure Individuals (Rounded)
Report Area	10.8%	276290
Dakota	8.6%	34400
Hennepin	11.5%	135020
Ramsey	13.0%	66950
Scott	6.9%	9170
Washington	7.6%	18390
Polk	11.5%	5030
St. Croix	9.0%	7640
Minnesota	10.6%	572760
Wisconsin	12.4%	714000

Source: Feeding America, Data by County in Each State, <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html>; data accessed August 28, 2015

Source: Community Commons, HealthPartners Health Indicator Report, <http://assessment.communitycommons.org/CHNA/report?page=2&id=282>; data accessed August 28, 2015.

Child Food Insecurity

Child Food Insecurity Rate in 2013

Location	2013
Dakota	14.0%
Hennepin	15.2%
Ramsey	18.6%
Scott	12.5%
Washington	13.2%
Minnesota	16.0%
Polk	21.8%
St. Croix	17.2%
Wisconsin	20.4%

Source: Feeding America, Map the Meal Gap: 2015, Child Food Insecurity by County; <http://map.feedingamerica.org/county/2013/child>; data accessed May 21, 2015

Senior Food Insecurity

National Foundation to End Senior Hunger, 2010 - 2013

	Minnesota	Wisconsin	U.S.
2010	7.4%	10.6%	14.9%
2011	8.6%	11.0%	15.2%
2012	8.1%	9.7%	15.3%
2013	8.3%	11.0%	15.5%

Source National Foundation to End Senior Hunger, 2010, 2011, 2012, 2013 Annual Reports, <http://www.nfesh.org/>; data accessed August 31, 2015

Note: Seniors are defined as individuals aged 60 years or older.

Note: Threat of hunger is the broadest category of food insecurity because it encompasses all three of the characterizations of food insecurity. NFESH and the researchers believe that threat of hunger is the most appropriate measurement to use with regard to the 60+ age cohort.

Hunger Trends Data

CHILD FOOD INSECURITY										
	Dakota	Hennepin	Ramsey	Scott	Washington	Minnesota	Polk	St. Croix	Wisconsin	
2009	15.2%	17.1%	20.3%	15.0%	15.2%	18.3%	23.3%	20.3%	22.6%	
2010	12.8%	14.8%	18.3%	12.6%	12.7%	16.7%	20.8%	16.9%	21.4%	
2011	12.1%	14.4%	18.7%	11.2%	12.0%	16.6%	19.5%	15.3%	20.8%	
2012	13.2%	15.0%	19.0%	12.1%	12.6%	16.1%	21.0%	16.8%	20.7%	
2013	14.0%	15.2%	18.6%	12.5%	13.2%	16.0%	21.8%	17.2%	20.4%	
OVERALL FOOD INSECURITY										
	Dakota	Hennepin	Ramsey	Scott	Washington	Minnesota	Polk	St. Croix	Wisconsin	
2009	8.9%	11.3%	12.6%	8.3%	8.7%	11.2%	13.2%	10.6%	13.1%	
2010	8.7%	11.2%	12.4%	8.2%	8.4%	11.5%	12.4%	9.8%	13.3%	
2011	8.2%	11.8%	13.4%	6.9%	7.6%	11.4%	10.5%	8.5%	13.0%	
2012	8.4%	11.7%	13.3%	6.8%	7.6%	10.7%	11.0%	8.7%	12.6%	
2013	8.6%	11.5%	13.0%	6.9%	7.6%	10.6%	11.5%	9.0%	12.4%	

Source: Feeding America, Data by County in Each State, <http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html>; data accessed August 28, 2015

**Overall Poverty
Poverty Rates, 2011-2013**

Location	2011	2012	2013
Dakota	7.0%	7.5%	8.4%
Hennepin	13.6%	13.1%	12.2%
Ramsey	17.7%	16.9%	16.2%
Scott	5.8%	5.3%	5.9%
Washington	5.9%	5.5%	5.8%
Minnesota	11.8%	11.4%	11.2%
Polk	11.1%	10.4%	10.5%
St. Croix	7.6%	6.7%	6.3%
Wisconsin	13.1%	13.2%	13.5%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, www.census.gov/did/www/saipe/data/statecounty/data/2013.html; data accessed August 29, 2015

**Child Poverty (Under Age 18)
Poverty Rates, 2011-2013**

Location	2011	2012	2013
Dakota	9.2%	9.9%	10.0%
Hennepin	17.7%	17.3%	15.3%
Ramsey	25.6%	24.0%	22.5%
Scott	7.1%	6.5%	6.7%
Washington	7.1%	6.2%	6.9%
Minnesota	15.3%	14.6%	14.0%
Polk	16.3%	16.1%	15.0%
St. Croix	9.1%	8.0%	7.2%
Wisconsin	18.4%	18.3%	18.4%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, www.census.gov/did/www/saipe/data/statecounty/data/2013.html; data accessed August 29, 2015

Health Data Findings

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Minnesota	Dakota (DA)	Hennepin (HE)	Ramsey (RM)	Scott (SC)	Washington (WA)
Health Outcomes		19	46	63	8	7
Length of Life		8	32	52	3	4
Premature death	5,038	4,319	4,946	5,621	3,769	3,915
Quality of Life		47	65	78	44	27
Poor or fair health	11%	10%	9%	11%	9%	9%
Poor physical health days	2.8	2.7	2.7	2.8	2.6	2.9
Poor mental health days	2.6	2.5	2.5	2.6	2.5	2.2
Low birthweight	6.5%	6.3%	7.3%	7.2%	6.3%	5.9%
Health Factors		6	28	58	5	3
Health Behaviors		6	9	20	4	5
Adult smoking	16%	15%	14%	15%	13%	15%
Adult obesity	26%	25%	22%	25%	25%	25%
Food environment index	8.3	8.9	8.1	7.7	9.3	9.0
Physical inactivity	19%	16%	17%	18%	18%	18%
Access to exercise opportunities	85%	97%	99%	99%	93%	93%
Excessive drinking	19%	20%	19%	16%	22%	21%
Alcohol-impaired driving deaths	31%	25%	29%	23%	28%	26%
Sexually transmitted infections	336	248	492	518	182	161
Teen births	24	17	26	34	16	12
Clinical Care		13	9	22	23	2
Uninsured	9%	8%	10%	11%	7%	6%
Primary care physicians	1,113:1	1,489:1	871:1	953:1	1,669:1	884:1
Dentists	1,529:1	1,559:1	1,144:1	1,272:1	2,287:1	1,451:1
Mental health providers	529:1	807:1	332:1	298:1	1,345:1	544:1
Preventable hospital stays	45	44	39	39	52	39
Diabetic monitoring	88%	92%	90%	89%	91%	92%
Mammography screening	66.7%	65.3%	61.8%	62.2%	71.0%	65.9%
Social & Economic Factors		14	65	76	1	2
High school graduation	78%	81%	66%	71%	88%	89%
Some college	73.3%	77.7%	78.6%	71.4%	79.3%	79.8%
Unemployment	5.1%	4.7%	4.7%	5.0%	4.7%	4.6%
Children in poverty	14%	10%	15%	23%	7%	7%
Income inequality	4.3	3.7	4.8	4.7	3.3	3.5
Children in single-parent households	28%	25%	32%	35%	16%	23%
Social associations	13.2	8.4	10.7	11.7	7.4	8.3
Violent crime	229	120	431	461	126	74
Injury deaths	56	48	58	52	41	38
Physical Environment		63	55	58	82	64
Air pollution - particulate matter	12.0	12.3	12.4	12.3	12.5	12.1
Drinking water violations	1%	0%	0%	0%	4%	0%
Severe housing problems	15%	13%	17%	19%	12%	13%
Driving alone to work	78%	82%	74%	75%	83%	83%
Long commute - driving alone	29%	34%	26%	26%	41%	38%

St. Croix (SC)

	St. Croix County	Error Margin	Top U.S. Performers*	Wisconsin	Rank (of 72)
Health Outcomes					9
Length of Life					11
Premature death	4,899	4,349-5,449	5,200	5,881	
Quality of Life					10
Poor or fair health	9%	6-13%	10%	12%	
Poor physical health days	3.0	2.1-3.9	2.5	3.2	
Poor mental health days	2.2	1.6-2.7	2.3	3.0	
Low birthweight	5.8%	5.3-6.3%	5.9%	7.0%	
Health Factors					6
Health Behaviors					8
Adult smoking	15%	11-20%	14%	18%	
Adult obesity	29%	23-35%	25%	29%	
Food environment index	9.1		8.4	8.0	
Physical inactivity	19%	15-24%	20%	21%	
Access to exercise opportunities	82%		92%	83%	
Excessive drinking	30%	24-37%	10%	24%	
Alcohol-impaired driving deaths	24%		14%	39%	
Sexually transmitted infections	143		138	414	
Teen births	13	12-15	20	27	
Clinical Care					31
Uninsured	8%	7-9%	11%	10%	
Primary care physicians	1,982:1		1,045:1	1,215:1	
Dentists	2,096:1		1,377:1	1,631:1	
Mental health providers	1,011:1		386:1	623:1	
Preventable hospital stays	62	55-68	41	51	
Diabetic monitoring	91%	82-99%	90%	90%	
Mammography screening	65.3%	57.3-73.3%	70.7%	70.2%	
Social & Economic Factors					2
High school graduation	95%			88%	
Some college	77.1%	73.3-80.8%	71.0%	65.9%	
Unemployment	4.8%		4.0%	6.7%	
Children in poverty	7%	5-9%	13%	18%	
Income inequality	3.6	3.3-3.9	3.7	4.3	
Children in single-parent households	24%	21-27%	20%	31%	
Social associations	11.7		22.0	11.8	
Violent crime	60		59	255	
Injury deaths	50	43-56	50	63	
Physical Environment					57
Air pollution - particulate matter	11.9		9.5	11.5	
Drinking water violations	3%		0%	5%	
Severe housing problems	13%	11-15%	9%	15%	
Driving alone to work	82%	81-83%	71%	80%	
Long commute - driving alone	43%	41-46%	15%	26%	

* 90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

2015

Asthma Emergency Department Visits (Minnesota)

Age-adjusted, 2011-2013

Location	Count	Total Population (person-years)	Age-Adjusted Rate (per 10000)	95% Confidence Interval
Dakota	3,629	1,215,603	30.6	(29.6 - 31.6)
Hennepin	19,128	3,551,785	56.1	(55.3 - 56.9)
Ramsey	9,283	1,561,562	61.3	(60.0 - 62.5)
Scott	1,365	404,940	33.7	(31.9 - 35.6)
Washington	1,768	731,971	25.2	(24.0 - 26.4)
Minnesota	62,411	16,144,380	40.1	(39.7 - 40.4)

Source: Minnesota Public Health Data Access, Minnesota Environmental Public Health Tracking Program, Minnesota Department of Health, <https://apps.health.state.mn.us/mndata/asthma>; data accessed June 10, 2015

Notes: Emergency department data do not include data from federal and sovereign hospitals (e.g. Veteran's Administration; Indian Health Service) or data on Minnesota residents seen in facilities outside of Minnesota and North Dakota.

Asthma Emergency Department Visits (Wisconsin)

Age-adjusted, 2011-2013

Location	Number of Visits (2011-2013)	ED Visit Rate per 10,000 (2011-2013)	95% Confidence Interval
St. Croix County	486	20	(17.9 - 21.4)
Wisconsin	-	36	(35.6 - 36.4)

Source: 2011-2013 Wisconsin Emergency Department Visit Files, Office of Health Informatics, <https://www.dhs.wisconsin.gov/asthma/asthmaedvisits.pdf>; data accessed September 2, 2015

Oral Health

Oral Health: Visited the dentist or dental clinic within the past year for any reason

Location	% Yes	CI	n
Minneapolis - St. Paul - Bloomington MSA	75.7%	74.3-77.2	6,168
Minnesota	74.8%	73.7-75.9	9,403
Wisconsin	72.0%	70.1-73.8	3,871

Source: Centers for Disease Control and Prevention, SMART Behavioral Risk Factor Surveillance System Survey Data, apps.nccd.cdc.gov/BRFSS-SMART/; data accessed June 10, 2015

Note: % = Percentage, CI = Confidence Interval, n = Cell Size; Percentages are weighted to population characteristics.

Note: The following counties are represented in the Minneapolis - St. Paul - Bloomington, MN - WI Metropolitan Statistical Area: Anoka County, MN; Carver County, MN; Chisago County, MN; Dakota County, MN; Hennepin County, MN; Isanti County, MN; Le Sueur County, MN; Mille Lacs County, MN; Pierce County, WI; Ramsey County, MN; Scott County, MN; Sherburne County, MN; Sibley County, MN; Saint Croix County, WI; Washington County, MN; Wright County, MN

Breast Cancer Incidence (Minnesota)

Breast Cancer (Female only) 2007-2011, All Ages

Location	Number of new cancers	Incidence rate (per 100000)	Lower 95% confidence bound	Upper 95% confidence bound
Minnesota	19,485	130.7	128.9	132.6
Dakota County	1,516	144.1	136.8	151.8
Hennepin County	4,306	138.2	134	142.4
Ramsey County	1,861	132.2	126.1	138.5
Scott County	374	130.3	117	144.8
Washington County	968	152	142.3	162.1

Source: Minnesota Public Health Data Access, Minnesota Environmental Public Health Tracking Program, Minnesota Department of Health, <https://apps.health.state.mn.us/mndata/cancer>; data accessed May 31, 2015

Notes: Rates for "All Ages" are age-adjusted to the standard 2000 U.S. population. Cancer incidence data is collected by the Minnesota Cancer Surveillance System (MCSS). MCSS is an ongoing program at the Minnesota Department of Health and Minnesota's central cancer registry.

Colorectal Cancer Incidence (Minnesota)

Colorectal Cancer 2007-2011, All Ages

Location	Number of new cancers	Incidence rate (per 100000)	Lower 95% confidence bound	Upper 95% confidence bound
Minnesota	12,096	42.8	42.1	43.6
Dakota County	733	40.8	37.8	43.9
Hennepin County	2,272	39.6	38	41.3
Ramsey County	1,012	38.7	36.3	41.2
Scott County	201	42.4	36.5	49.1
Washington County	486	43.7	39.8	47.9

Source: Minnesota Public Health Data Access, Minnesota Environmental Public Health Tracking Program, Minnesota Department of Health, <https://apps.health.state.mn.us/mndata/cancer>; data accessed May 31, 2015

Notes: Rates for "All Ages" are age-adjusted to the standard 2000 U.S. population. Cancer incidence data is collected by the Minnesota Cancer Surveillance System (MCSS). MCSS is an ongoing program at the Minnesota Department of Health and Minnesota's central cancer registry.

Lung and Bronchus Cancer Incidence (Minnesota)

Lung and Bronchus Cancer 2007-2011, All Ages

Location	Number of new cancers	Incidence rate (per 100000)	Lower 95% confidence bound	Upper 95% confidence bound
Minnesota	15,698	56.5	55.6	57.4
Dakota County	951	54.9	51.3	58.6
Hennepin County	2,971	54.3	52.4	56.4
Ramsey County	1,465	58.3	55.3	61.4
Scott County	265	61.2	53.7	69.3
Washington County	587	55.7	51.1	60.5

Source: Minnesota Public Health Data Access, Minnesota Environmental Public Health Tracking Program, Minnesota Department of Health, <https://apps.health.state.mn.us/mndata/cancer>; data accessed May 31, 2015

Notes: Rates for "All Ages" are age-adjusted to the standard 2000 U.S. population. Cancer incidence data is collected by the Minnesota Cancer Surveillance System (MCSS). MCSS is an ongoing program at the Minnesota Department of Health and Minnesota's central cancer registry.

Breast Cancer Incidence (Wisconsin)

Breast Cancer (Female only) 2008-2012, All Ages

Location	Cancer Incidence	Population	Cancer Incidence Rate (Age-Adjusted per 100,000)	95% Confidence Interval
Wisconsin	21,047	14,322,728	125.6	123.9 - 127.4
St. Croix County	212	210,508	99	85.8 - 113.5

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>. Cancer Module, accessed 9/1/2015.

Colorectal Cancer Incidence (Wisconsin)

Colorectal Cancer 2008-2012, All Ages

Location	Cancer Incidence	Population	Cancer Incidence Rate (Age-Adjusted per 100,000)	95% Confidence Interval
Wisconsin	13,077	28,436,092	40.5	39.8 - 41.2
St. Croix County	115	421,815	31.4	25.8 - 37.8

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>. Cancer Module, accessed 9/1/2015.

Lung and Bronchus Cancer Incidence (Wisconsin)

Lung and Bronchus Cancer 2008-2012, All Ages

Location	Cancer Incidence	Population	Cancer Incidence Rate (Age-Adjusted per 100,000)	95% Confidence Interval
Wisconsin	19,886	28,436,092	61.7	60.8 - 62.6
St. Croix County	155	421,815	40.9	34.5 - 48.0

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>. Cancer Module, accessed 9/1/2015.

Mortality Data (Minnesota)

All Deaths by Number and Age Adjusted Death Rates, 2009-2013

Cause of Death	Dakota County (MN)		Hennepin County (MN)		Ramsey County (MN)		Scott County (MN)		Washington County (MN)	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Cancer	2,853	157.8	9,258	160.6	4,502	168.8	742	153.8	1,747	157.7
Cirrhosis	129	6.3	510	8.1	238	8.7	29	4.8	70	5.4
Chronic Lower Respiratory Disease	548	34	1,931	34.8	1,032	39.3	135	32.7	358	36.3
Diabetes	326	18.9	1,056	18.4	550	20.7	84	20.1	188	18.6
Heart Disease	1,777	108.1	6,064	107.7	3,209	120.6	476	116.7	1,109	110
Nephritis	201	12.6	774	14	410	15.5	48	12.3	110	11.2
Pneumonia and Influenza	129	8.1	529	9.6	303	11.4	35	9.3	68	7
Stroke	568	35.4	2,001	36	1,070	40.4	126	31.8	309	31.5
Suicide	235	11.4	616	10	261	9.8	61	9.5	128	10.4
Unintentional Injury	732	42	2,507	43.4	943	35.5	193	39.1	331	30.1

Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytalbes/; data accessed May 21, 2015

Mortality Data (St. Croix County)

Age-adjusted Rate (deaths per 100,000 population)

Ranked Broad Causes of Death	2011		2012		2013		2009-2013	
	Number of Deaths	Age-adjusted Death Rate	Number of Deaths	Age-adjusted Death Rate	Number of Deaths	Age-adjusted Death Rate	Number of Deaths	Age-adjusted Death Rate
Malignant neoplasms	130	163.79	111	138.41	128	160.87	612	157.4
Diseases of heart	108	137.54	92	107.24	95	115.86	549	140.0
Cerebrovascular diseases	35	41.2	29	33.58	20	24.59	148	38.0
Chronic lower respiratory diseases	27	36.06	27	35.41	37	51.17	134	37.4
Accidents (unintentional injuries)	27	31.73	26	31.07	26	30.32	134	32.7
Diabetes mellitus	20	24.8	22	25.75	22	25.91	91	23.0
Alzheimer's disease	17	22.65	17	19.35	10	12.89	66	17.2
Intentional self-harm (suicide)	16	19.02	12	14.46	11	12.38	57	13.5
Nephritis, nephrotic syndrome and nephrosis	8	10.2	11	12.6	9	11.8	47	12.5
Other causes	80	101.05	121	145.5	108	136.17	500	128.4
All Causes	525	657.4	530	640.3	520	652.1	2,635	676.3

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Mortality Data (Wisconsin)

Age-adjusted Rate (deaths per 100,000 population)

Ranked Broad Causes of Death	2011		2012		2013		2009-2013	
	Number of Deaths	Age-adjusted Death Rate	Number of Deaths	Age-adjusted Death Rate	Number of Deaths	Age-adjusted Death Rate	Number of Deaths	Age-adjusted Death Rate
Malignant neoplasms	11516	174.3	11185	165.6	11396	165	56,210	169.7
Diseases of heart	11233	163.4	11249	160.6	11310	158.9	55,672	162.1
Accidents (unintentional injuries)	2615	41.8	2789	44.3	2927	46.2	13,259	42.5
Chronic lower respiratory diseases	2628	39.7	2505	36.9	2785	40.3	12,847	38.7
Cerebrovascular diseases	2546	37.1	2506	35.9	2523	35.8	12,672	37.0
Alzheimer's disease	1806	25.3	1642	22.6	1663	22.7	8,483	23.9
Diabetes mellitus	1179	17.6	1275	18.8	1278	18.5	5,993	18.0
Influenza and pneumonia	981	14.2	1000	14.2	1112	15.4	4,942	14.3
Intentional self-harm (suicide)	737	12.6	734	12.6	853	14.4	3,840	13.1
Other causes	7825	114.2	8235	118.3	8686	122.8	39,551	115.7
All Causes	48,101	717.2	48,225	706.5	49,917	719.7	239,053	712.9

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Minnesota Mortality Trends

Minnesota Department of Health

Mortality Trends	Cancer	Chronic Lower Respiratory Disease	Cirrhosis	Diabetes	Heart Disease	Nephritis	Pneumonia & Influenza	Stroke	Suicide	Unintentional Injury
DAKOTA COUNTY										
2009	167.6	35.3	6.8	22	119.7	17.2	7.3	37	10.4	34.9
2010	162.8	35.6	5.9	19.7	93.9	15.7	*	33.9	10.1	39.4
2011	162.9	30.7	7.2	17.2	96.9	9.6	6.9	32	15.5	41.2
2012	143.6	33.9	5.5	18.8	99.3	8.1	8.5	29.1	11.2	39.3
2013	147.4	31.9	6.4	15.3	103.4	11.2	9.3	34.1	9.8	44.7
HENNEPIN COUNTY										
2009	166.1	33.2	7.4	16.5	94.4	13.9	6.2	30.4	9.8	37
2010	169.5	34.9	8.5	17.6	93.1	16	7.7	36.2	10	39
2011	150.7	30.7	7.7	17.9	97.4	13.3	8.7	33.2	9.5	41.1
2012	148.6	33.2	8.7	20.1	97.5	11.1	8.8	30.9	10.5	40.2
2013	150.2	32.4	8.3	16.2	102.7	8.9	9.7	30.4	10.5	45.4
RAMSEY COUNTY										
2009	158.8	33.2	6.9	19.3	104.2	16.6	6.2	34	9.9	30.9
2010	173.4	36.7	7.6	15.5	107.1	18	11.5	38.3	9.8	31.1
2011	169.3	39.3	7.9	24.7	108.6	12.4	10.6	37.3	11	35.9
2012	162.3	36.7	9.9	19.4	115.2	12.5	10.9	35	10.3	36.1
2013	158	43.6	11.4	20.5	109.6	12	11.3	39.6	9.2	35.9
SCOTT COUNTY										
2009	175	29.3	*	*	100.1	*	*	40.7	*	37.5
2010	152.4	*	*	*	115.3	*	*	27.2	*	32.9
2011	171.4	35.4	*	*	119.7	*	*	29	*	48.6
2012	150.9	32.9	*	*	100.8	*	*	26.3	*	36.3
2013	123.9	35.7	*	*	111.2	*	*	29.6	*	32.7
WASHINGTON COUNTY										
2009	187.1	34.6	*	21.7	114.3	16.5	*	37.2	10.2	31.5
2010	160.7	27.2	*	15.7	100.5	15.5	*	29.7	8.9	21.3
2011	147.5	40.6	*	20.5	99.8	*	*	30.3	11.7	29.8
2012	139.6	37.5	*	12.3	105.7	10.6	*	21.8	10.1	32.7
2013	149.3	37	*	21.2	101.5	*	*	29.3	10.8	31
MINNESOTA										
2009	169.1	34.9	7	17.7	121.8	13.6	9.7	34.1	10.9	36
2010	166.9	35.1	7	17.7	118.7	15	9.7	35.8	11.1	36.4
2011	160.4	37.2	7.3	20	116.9	11.6	10.6	34.8	12.5	39.7
2012	156.1	35.2	8.1	19.1	118.8	10.8	10.6	32.7	12	40
2013	155.4	37.1	8.3	18.7	118.9	10.1	11.6	31.7	12.2	41.3

*Rates based on 20 or less deaths are not produced.

Source: Minnesota Department of Health, Center for Health Statistics, https://pqc.health.state.mn.us/mhsq/index.jsp/; data accessed August 19, 2015

St. Croix and Wisconsin Mortality Trends

Wisconsin Department of Health Services, 2009 - 2013

Mortality Trends	Accidents (Unintentional Injuries)	Cerebrovascular Diseases	Chronic Lower Respiratory Diseases	Cirrhosis	Diabetes Mellitus	Diseases of Heart	Influenza	Intentional Self-Harm (Suicide)	Malignant Neoplasms	Nephritis
ST. CROIX COUNTY										
2009	31.7	40.3	30.5	6.5	17.7	174.8	18.6	6.7	164.1	13.6
2010	38.8	51.1	33.8	5.4	20	171.2	11.5	15.5	160.8	13.3
2011	31.7	41.2	36.1	3.7	24.8	137.5	14.8	19	163.8	10.2
2012	31.1	33.6	35.4	1.9	25.8	107.2	12.1	14.5	138.4	13.6
2013	30.3	24.6	51.2	9.7	25.9	115.9	5.3	12.4	160.9	11.8
WISCONSIN										
2009	39.7	14.2	37.8	38.7	17.2	163.3	12.4	169.9	7.8	15.1
2010	40.3	13.2	38.6	37.9	17.6	164.7	13.4	174.3	8.1	17.4
2011	41.8	14.2	37.1	39.7	17.6	163.4	12.6	174.3	7.9	14.4
2012	44.3	14.2	35.9	36.9	18.8	160.6	12.6	165.6	8.5	14.8
2013	46.2	15.4	35.8	40.3	18.5	158.9	14.4	165	9.1	14

Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health Data Query System, <http://dhs.wisconsin.gov/wish/>; data accessed August 31, 2015

Adult Overweight

Community Commons, 2011 - 2012

% Overweight Adults	Dakota (MN)	Hennepin (MN)	Ramsey (MN)	Scott (MN)	Washington (MN)	Minnesota	St. Croix (WI)	Wisconsin	United States
2011-2012	37.5%	35.0%	38.0%	30.9%	36.3%	37.0%	30.7%	36.5%	35.8%

Source: Community Commons, HealthPartners Health Indicators Report, <http://assessment.communitycommons.org/CHNA/report?page=6&id=604>; data accessed August 31, 2015

Adult Obesity

% Obese Adults	Dakota (MN)	Hennepin (MN)	Ramsey (MN)	Scott (MN)	Washington (MN)	Minnesota	St. Croix (WI)	Wisconsin	United States
2012	25.9%	22.7%	25.1%	24.6%	25.7%	25.7%	28.4%	29.7%	27.8%

Source: Trust for America's Health and Robert Wood Johnson Foundation, <http://stateofobesity.org/files/stateofobesity2014.pdf>; data accessed August 31, 2015

Source: United Health Foundation, America's Health Rankings, <http://www.americashealthrankings.org/ALL/Obesity>; data accessed September 3, 2015

Source: Centers for Disease Control and Prevention, County Data Indicators, http://www.cdc.gov/diabetes/atlas/countydata/County_ListofIndicators.html; data accessed August 31, 2015

Source: Community Commons, BRFSS 2011-2012 Adult Obesity Data, <http://assessment.communitycommons.org/CHNA/report?page=6&id=604>; data accessed September 1, 2015

Source: Definition: Adults with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. Calculated by height and weight variables.

Adult Obesity Trends

% Obese Adults	Dakota (MN)	Hennepin (MN)	Ramsey (MN)	Scott (MN)	Washington (MN)	Minnesota	St. Croix (WI)	Wisconsin
2008	26.9%	22.5%	25.6%	28.2%	25.8%	25.3%	27.6%	26.0%
2009	26.4%	21.2%	24.2%	24.7%	25.8%	25.5%	28.2%	26.9%
2010	25.4%	21.9%	24.6%	24.0%	24.3%	25.3%	30.5%	27.4%
2011	24.7%	22.2%	24.9%	25.1%	24.8%	25.7%	28.6%	27.7%
2012	25.9%	22.7%	25.1%	24.6%	25.7%	25.7%	28.4%	29.7%

Source: Trust for America's Health and Robert Wood Johnson Foundation, <http://stateofobesity.org/files/stateofobesity2014.pdf>; data accessed August 31, 2015

Source: United Health Foundation, America's Health Rankings, <http://www.americashealthrankings.org/ALL/Obesity>; data accessed September 3, 2015

Source: Centers for Disease Control and Prevention, County Data Indicators, http://www.cdc.gov/diabetes/atlas/countydata/County_ListofIndicators.html; data accessed August 31, 2015

Source: Community Commons, BRFSS 2011-2012 Adult Obesity Data, <http://assessment.communitycommons.org/CHNA/report?page=6&id=604>; data accessed September 1, 2015

Source: Definition: Adults with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. Calculated by height and weight variables.

Minnesota Weight Status According to Body Mass Index (BMI)

2013 Minnesota Student Survey, 9th Grade, 2013

Location	Not Overweight		Overweight		Obese	
	Male	Female	Male	Female	Male	Female
Dakota County	77.0%	84.0%	13.0%	10.0%	10.0%	6.0%
Hennepin County	75.0%	85.0%	15.0%	10.0%	10.0%	6.0%
Ramsey County	70.0%	78.0%	15.0%	14.0%	14.0%	7.0%
Scott County	75.0%	83.0%	15.0%	12.0%	10.0%	5.0%
Washington County	77.0%	84.0%	14.0%	12.0%	10.0%	5.0%
Minnesota	73.0%	81.0%	15.0%	12.0%	12.0%	6.0%

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/; data accessed June 10, 2015

Source Definition: Overweight is defined as body mass index (BMI)-for-age and sex \geq 85th percentile but < 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]).

Source Definition: Obese is defined as body mass index (BMI)-for-age and sex \geq 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]).

Percent of Students in Grades 9 - 12 who are Overweight or Obese

Centers for Disease Control and Prevention, 2009, 2011, 2013

Year	Wisconsin		United States	
	Overweight	Obese	Overweight	Obese
2009	13.9%	9.3%	15.6%	11.8%
2011	15.0%	10.4%	15.2%	13.0%
2013	13.0%	11.6%	16.6%	13.7%

Source: Centers for Disease Control and Prevention, Data, Trends and Maps, <http://www.cdc.gov/obesity/data/databases.html>; data accessed September 8, 2015

Source Definition: Overweight is defined as body mass index (BMI)-for-age and sex \geq 85th percentile but < 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]).

Source Definition: Obese is defined as body mass index (BMI)-for-age and sex \geq 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]).

Minnesota Adult Physical Activity (Metro Adult Health Survey 2010 & SHAPE Survey)

% Participated in Physical Activity Outside of Work within the past 30 days, 2010

% Participated in Physical Activity	Dakota County (MN)		Hennepin County (MN)		Ramsey County (MN)		Scott County (MN)		Washington County (MN)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
2010	90.9%	85.7%	89.2%	87.2%	88.7%	87.0%	88.3%	87.3%	90.0%	89.0%

Source: Minnesota Department of Health, Metro Adult Health Survey Data Book 2010, <https://sites.google.com/site/publichealthdata/Home/metro-adult-health-survey>, data accessed August 28, 2015

Definition: During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, aerobics, golf, gardening, or walking for exercise?

Source: Hennepin County, SHAPE Survey, <http://www.hennepin.us/SHAPE>, data accessed August 28, 2015

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

During the past month, did you participate in any physical activities?

BRFSS, 2013

% Participated in Physical Activity	Minnesota	Wisconsin	United States
2013	76.5%	76.2%	74.7%

Source: Centers for Disease Control and Prevention, Chronic Disease and Health Promotion Data & Indicators, <https://chronicdata.cdc.gov/Behavioral-Risk-Factors/BRFSS-Table-of-Physical-Activity/urh8-82n7>, data accessed August 28, 2015

During the last 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

2013 Minnesota Student Survey, 11th Grade, 2013

Location	0 Days		1 Day		2 Days		3 Days		4 Days		5 Days		6 Days		7 Days	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Dakota County	9.0%	14.0%	6.0%	12.0%	9.0%	14.0%	12.0%	15.0%	10.0%	10.0%	16.0%	13.0%	11.0%	25.0%	11.0%	11.0%
Hennepin County	11.0%	17.0%	7.0%	12.0%	10.0%	14.0%	12.0%	15.0%	11.0%	11.0%	15.0%	13.0%	12.0%	9.0%	20.0%	9.0%
Ramsey County	13.0%	19.0%	8.0%	13.0%	10.0%	15.0%	13.0%	15.0%	11.0%	9.0%	15.0%	13.0%	10.0%	7.0%	21.0%	9.0%
Scott County	9.0%	13.0%	9.0%	13.0%	11.0%	15.0%	12.0%	17.0%	9.0%	12.0%	16.0%	12.0%	12.0%	10.0%	21.0%	9.0%
Washington County	10.0%	13.0%	8.0%	13.0%	11.0%	15.0%	11.0%	16.0%	10.0%	13.0%	18.0%	12.0%	11.0%	9.0%	21.0%	10.0%
Minnesota	10.0%	14.0%	7.0%	12.0%	9.0%	15.0%	11.0%	15.0%	10.0%	11.0%	16.0%	14.0%	12.0%	9.0%	24.0%	9.0%

GROUPED DATA

Location	0-3 days		4-7 days	
	Male	Female	Male	Female
Dakota County	36.0%	55.0%	64.0%	46.0%
Hennepin County	40.0%	58.0%	58.0%	42.0%
Ramsey County	44.0%	62.0%	57.0%	38.0%
Scott County	41.0%	58.0%	58.0%	43.0%
Washington County	40.0%	57.0%	60.0%	44.0%
Minnesota	37.0%	56.0%	62.0%	43.0%

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/, data accessed June 10, 2015

% of Wisconsin Adults who usually Biked or Walked to Work in the last week

Centers for Disease Control and Prevention, 2009 - 2011

% Biked / Walked to Work in past 7 days	Minnesota	Wisconsin	United States
2009 - 2011	3.5%	4.0%	3.4%

Centers for Disease Control and Prevention, Nutrition, Physical Activity and Obesity: Data, Trends and Maps, <http://www.cdc.gov/obesity/data/databases.html>, data accessed September 8th, 2015

% of 9 - 12th Grade Students Who Watched 3+ Hours of Television Each School Day

Centers for Disease Control and Prevention, 2013

% Watched 3+ Hours of T.V. Each School Day	Wisconsin	United States
2013	22.5%	32.5%

Centers for Disease Control and Prevention, Nutrition, Physical Activity and Obesity: Data, Trends and Maps, <http://www.cdc.gov/obesity/data/databases.html>, data accessed September 8th, 2015

% of 9 - 12th Grade Students Who Achieved 1 Hour or More of Moderate-and/or Vigorous-Intensity Physical Activity Daily

Centers for Disease Control and Prevention, 2013

% Physically Active at least 1 hr. Daily	Wisconsin	United States
2009 - 2011	24.0%	27.1%

Centers for Disease Control and Prevention, Nutrition, Physical Activity and Obesity: Data, Trends and Maps, <http://www.cdc.gov/obesity/data/databases.html>, data accessed September 8th, 2015

Total Servings of Fruits and Vegetables Eaten Yesterday

2010 Metro Adult Health Survey and 2010 SHAPE Survey

	Dakota County (MN)	Ramsey County (MN)	Scott County (MN)	Washington County (MN)
0 Servings	4.2%	4.5%	4.5%	3.4%
1-2 Servings	21.2%	20.5%	17.7%	26.4%
3-4 Servings	33.8%	36.5%	40.2%	33.1%
5 or More Servings	40.8%	38.5%	37.6%	37.0%

Source Definition: Total servings of fruit and vegetables eaten yesterday.

Source: Minnesota Department of Health, Metro Adult Health Survey Data Book 2010, <https://sites.google.com/site/publichealthdata/Home/metro-adult-health-survey>, data accessed August 28, 2015

Source Definition: Total servings of fruit and vegetables consumed yesterday.

Source: Hennepin County, SHAPE Survey, <http://www.hennepin.us/SHAPE>, data accessed August 28, 2015

Sugar Sweetened Beverage Consumption

2010 Metro Adult Health Survey

	Dakota County (MN)	Ramsey County (MN)	Scott County (MN)	Washington County (MN)
0 Glasses	78.0%	74.0%	72.0%	75.0%
1-2 Glasses	17.0%	23.0%	23.0%	21.0%
3-4 Glasses	3.0%	2.0%	3.0%	4.0%
5-6 Glasses	2.0%	1.0%	1.0%	0.0%
7+ Glasses	1.0%	0.0%	2.0%	0.0%

Source Definition: How many glasses of each of the following did you drink yesterday? Think of a "glass" as a 12-oz serving. (Pop or Soda [regular])

Source: Minnesota Department of Health, Metro Adult Health Survey Data Book 2010, <https://sites.google.com/site/publichealthdata/Home/metro-adult-health-survey>, data accessed August 28, 2015

% Adults with Inadequate Fruit / Vegetable Consumption

Community Commons, 2005 - 2009

Report Area	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Report Area	1856357	1419224	76.5%
Dakota	286043	227690	79.6%
Hennepin	875378	660910	75.5%
Ramsey	382558	288831	75.5%
Scott	88647	69765	78.7%
Washington	164308	125203	76.2%
St. Croix	59423	46825	78.8%
Minnesota	3926248	3066400	78.1%
Wisconsin	4279113	3290638	76.9%
United States	227279010	171972118	75.7%

Source: Community Commons, HealthPartners Health Indicators Report, <http://assessment.communitycommons.org/CHNA/report>, data accessed September 3, 2015

During the last 7 days, how many times did you eat fruit?

2013 Minnesota Student Survey, 9th Grade, 2013

Location	None		1 to 3		4 to 6	
	Male	Female	Male	Female	Male	Female
Dakota County	7.0%	6.0%	25.0%	26.0%	20.0%	19.0%
Hennepin County	8.0%	5.0%	23.0%	23.0%	21.0%	18.0%
Ramsey County	9.0%	7.0%	30.0%	29.0%	19.0%	19.0%
Scott County	9.0%	6.0%	27.0%	28.0%	20.0%	23.0%
Washington County	10.0%	7.0%	26.0%	27.0%	20.0%	22.0%
Minnesota	9.0%	6.0%	28.0%	28.0%	20.0%	21.0%

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/, data accessed June 10, 2015

How many cans, bottles or glasses of each of the following did you drink yesterday? - Soda

2013 Minnesota Student Survey, 11th Grade, 2013

Location	0		1 to 2		3 to 4		5 to 6		7 or more	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Dakota County	49.0%	65.0%	39.0%	30.0%	7.0%	4.0%	2.0%	1.0%	2.0%	0.0%
Hennepin County	55.0%	70.0%	36.0%	25.0%	6.0%	3.0%	2.0%	1.0%	1.0%	1.0%
Ramsey County	51.0%	60.0%	37.0%	32.0%	8.0%	5.0%	2.0%	1.0%	3.0%	1.0%
Scott County	55.0%	66.0%	34.0%	28.0%	7.0%	4.0%	3.0%	1.0%	1.0%	1.0%
Washington County	53.0%	69.0%	36.0%	27.0%	7.0%	3.0%	3.0%	1.0%	2.0%	0.0%
Minnesota	47.0%	63.0%	38.0%	31.0%	9.0%	5.0%	3.0%	1.0%	2.0%	1.0%

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/, data accessed June 10, 2015

GROUPED DATA: at least 1 soda/pop during the day		
	Male	Female
Dakota	50.0%	35.0%
Hennepin	45.0%	30.0%
Ramsey	50.0%	39.0%
Scott	45.0%	34.0%
Washington	48.0%	31.0%
Minnesota	52.0%	38.0%

Estimated Expenditures for Carbonated Beverages as a % of Total Household Expenditures

Community Commons, 2014

Report Area	State Rank	Z-Score (US)	Z-Score (State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Area	no data	0.41	-0.75	\$255.19	4.3%
Dakota	80	0.39	-0.33	suppressed	suppressed
Hennepin	79	0.39	-0.33	suppressed	suppressed
Ramsey	53	0.52	-0.09	suppressed	suppressed
Scott	85	0.29	-0.52	suppressed	suppressed
Washington	86	0.29	-0.52	suppressed	suppressed
St. Croix	59	0.64	-0.34	suppressed	suppressed
Minnesota	no data	0.55	0	\$259.72	4.4%
Wisconsin	no data	0.8	0	\$256.84	4.5%
United States	no data	no data	no data	\$236.04	4.0%

Source: Community Commons, HealthPartners Health Indicator Report, <http://assessment.communitycommons.org/CHNA/report?page=5&id=301>, data accessed September 3, 2015

Median Intake of Fruits and Vegetables (times per day) for Wisconsin Youth

Centers for Disease Control and Prevention, 2013

Median Intake per Day	(Times)	Wisconsin		United States	
		Fruits	Vegetables	Fruits	Vegetables
2013		1	1.3	1	1.3

Source: Centers for Disease Control and Prevention, State Indicator Report 2013, <http://www.cdc.gov/nutrition/downloads/State-Indicator-Report-Fruits-Vegetables-2013.pdf>; data accessed September 8, 2015

% of 9 - 12th Grade Students Who Drank Regular Soda/Pop at least 1 time per day

Centers for Disease Control and Prevention, 2013

% Drank Regular Soda/Pop at least 1x per day	Wisconsin	United States
2007	25.0%	33.8%
2009	23.1%	29.2%
2011	23.1%	27.8%
2013	19.6%	27.0%

Centers for Disease Control and Prevention, Nutrition, Physical Activity and Obesity: Data, Trends and Maps, <http://www.cdc.gov/obesity/data/databases.html>; data accessed September 8th, 2015

Prevalence of Binge Drinking by County

2010 Metro Adult Health Survey & SHAPE Survey

	Dakota County (MN)		Hennepin County (MN)		Ramsey County (MN)		Scott County (MN)		Washington County (MN)		Minnesota	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
2012	30.0%	18.0%	29.0%	17.0%	28.0%	16.0%	32.0%	18.0%	30.0%	17.0%	29.0%	16.0%

Source Definition: Males having five or more drinks on one occasion, females having four or more drinks on one occasion

Source: Minnesota Department of Health, Metro Adult Health Survey Data Book 2010, <https://sites.google.com/site/publichealthdata/Home/metro-adult-health-survey>, data accessed August 28, 2015

Minnesota Prevalence of Binge Drinking

Centers for Disease Control and Prevention, 2012

	Minnesota
2012	29.0%

Source Definition: Males having five or more drinks on one occasion, females having four or more drinks on one occasion

Source: Centers for Disease Control and Prevention, BRFSS Chronic Health Indicators, <https://chronicdata.cdc.gov/browse?q=county&sortBy=relevance&utf8=%E2%9C%93>; data accessed September 2, 2015

National Prevalence of Binge Drinking

Institute for Health Metrics and Evaluation, 2012

	United States	
	Male	Female
2012	24.5%	12.4%

Source Definition: Males having five or more drinks on one occasion, females having four or more drinks on one occasion

Source: Institute for Health Metrics and Evaluation, US County Profiles, <http://www.healthdata.org/us-county-profiles>; data accessed September 2, 2015

Do you live with anyone who drinks too much alcohol?

2013 Minnesota Student Survey, 9th Grade, 2013

Location	Yes		No	
	Male	Female	Male	Female
Dakota County	9.0%	11.0%	91.0%	89.0%
Hennepin County	8.0%	10.0%	92.0%	90.0%
Ramsey County	11.0%	12.0%	89.0%	88.0%
Scott County	9.0%	14.0%	91.0%	86.0%
Washington County	9.0%	11.0%	91.0%	89.0%
Minnesota	10.0%	12.0%	90.0%	88.0%

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/; data accessed June 10, 2015

% of Current Smokers

Minnesota Adult Tobacco Survey, 2010

	Minnesota	
	Male	Female
2010	17.7%	14.5%

Source Definition: Proportion of the population who currently smokes everyday.

Source: Minnesota Adult Tobacco Survey, 2010 Update, <http://www.health.state.mn.us/divs/chs/tobacco/mats2010finalreport.pdf>; data accessed September 2, 2015

Current Smoker Rates

2010 Metro Adult Health Survey

	Dakota County (MN)		Ramsey County (MN)		Scott County (MN)		Washington County (MN)	
	Male	Female	Male	Female	Male	Female	Male	Female
2012	18.7%	27.0%	17.8%	26.1%	12.4%	24.1%	21.4%	24.5%

Source Definition: Among those who have smoked at least 100 cigarettes in their entire lives: do you now smoke cigarettes everyday, some days, or not at all?

Source Definition: Current Smoking Status

Source: Minnesota Department of Health, Metro Adult Health Survey Data Book 2010, <https://sites.google.com/site/publichealthdata/Home/metro-adult-health-survey>, data accessed August 28, 2015

Use of Any Tobacco Products During the Past 30 Days

2013 Minnesota Student Survey, 11th Grade, 2013

Location	Yes		No	
	Male	Female	Male	Female
Dakota County	21.0%	11.0%	79.0%	89.0%
Hennepin County	21.0%	9.0%	79.0%	91.0%
Ramsey County	18.0%	11.0%	82.0%	89.0%
Scott County	25.0%	11.0%	75.0%	89.0%
Washington County	29.0%	14.0%	71.0%	86.0%

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/; data accessed August 28, 2015

% of 11th Grade Students Who Believe that Most Students in their School Use Tobacco (cigarettes, chew) Daily

2013 Minnesota Student Survey, 11th Grade, 2013

Location	Daily	
	Male	Female
Dakota County	25.0%	29.0%
Hennepin County	20.0%	23.0%
Ramsey County	30.0%	32.0%
Scott County	26.0%	33.0%
Washington County	33.0%	32.0%

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/; data accessed August 28, 2015

During the last 30 days, how often have other students harassed or bullied you for any of the following reasons? - Your weight or physical appearance

2013 Minnesota Student Survey, 9th Grade, 2013

Location	Never		Once or Twice		About Once a Week		Several Times a Week		Every Day	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Dakota County	82.0%	76.0%	11.0%	16.0%	3.0%	4.0%	2.0%	2.0%	2.0%	2.0%
Hennepin County	83.0%	77.0%	11.0%	15.0%	3.0%	3.0%	2.0%	2.0%	2.0%	2.0%
Ramsey County	82.0%	76.0%	12.0%	16.0%	3.0%	3.0%	2.0%	2.0%	2.0%	2.0%
Scott County	82.0%	76.0%	10.0%	17.0%	3.0%	4.0%	3.0%	2.0%	2.0%	1.0%
Washington County	83.0%	75.0%	11.0%	17.0%	3.0%	4.0%	2.0%	2.0%	1.0%	2.0%
Minnesota	81.0%	74.0%	12.0%	18.0%	3.0%	4.0%	2.0%	2.0%	2.0%	2.0%

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/; data accessed June 10, 2015

Current Smokers in St. Croix County (WI)

Institute for Health Metrics and Evaluation, 2010

	St. Croix County	Wisconsin
2010	21.0%	21.0%

Source Definition: Proportion of the population who currently smokes everyday

Source: Institute for Health Metrics and Evaluation, US County Profiles, <http://www.healthdata.org/us-county-profiles>; data accessed September 2, 2015

National Average of Smoking Prevalence

Centers for Disease Control and Prevention, 2012

	United States		
	Male	Female	Both
2012	22.2%	17.9%	20.0%

Source Definition: Males having five or more drinks on one occasion, females having four or more drinks on one occasion

Source: Centers for Disease Control and Prevention, BRFSS Chronic Health Indicators, <https://chronicdata.cdc.gov/browse?q=county&sortBy=relevance&utf8=%E2%9C%93>; data accessed September 2, 2015

Health Insurance Access: Uninsured Trends (<65 years of age)

University of Minnesota State Health Access Data Assistance Center, 2009 - 2013

% of Population Under Age 65 Without Health Insurance	Minnesota	Wisconsin	United States
2009	10.2%	10.5%	17.2%
2010	10.1%	10.9%	17.6%
2011	9.9%	10.6%	17.2%
2012	9.4%	10.6%	16.8%
2013	9.5%	10.4%	16.6%

Source: University of Minnesota, State Health Access Data Assistance Center, <http://datacenter.shadac.org/map/236/coverage-type-total#1/3/458>; data accessed September 1, 2015

Selected Minnesota Natality Statistics (Minnesota)

2013

State/County	Number of Births	Fertility Rate	Birth Rate	Number of Deaths	Death Rate	Natural Rate of Increase
Dakota County	5,148	64.4	12.6	2,320	5.7	6.9
Hennepin County	16,584	65.2	13.8	8,130	6.8	7.1
Ramsey County	7,833	69.3	14.9	3,981	7.6	7.3
Scott County	1,880	67.1	13.7	566	4.1	9.6
Washington County	2,857	62.1	11.6	1,471	6.0	5.6
Minnesota	69,183	65.9	12.8	40,981	7.6	5.2

Source: Minnesota Department of Health, Center for Health Statistics and the US Census, www.health.state.mn.us/divs/chs/countytables/; data accessed June 1, 2015

Fertility Rate: The number of live births per 1,000 women in the population of age 15 - 44 years.

Birth Rate: The number of live births per 1,000 population.

Death Rate: The number of deaths per 1,000 population.

Natural Rate of Increase: The difference in the birth rate and death rate.

Prematurity and Low Birth Weight of Singleton Births in Minnesota

By State and County, 2013

State/County	Number Preterm Births	Percent Preterm Births	Number Low Birth Weight	Percent Low Birth Weight	Percent Very Low Birth Weight 2011-2013	Percent Small for Gestational Age
Dakota County	428	8.9%	219	4.4%	1.3	4.0
Hennepin County	1,269	8.2%	864	5.5%	1.2	4.7
Ramsey County	607	8.6%	417	5.5%	1.3	5.2
Scott County	138	7.9%	64	3.6%	1.0	2.8
Washington County	204	7.8%	135	4.9%	0.6	3.6
Minnesota	5,156	8.1%	3147	4.7%	1.1	4.0

Source: Minnesota Department of Health, Center for Health Statistics and the US Census, www.health.state.mn.us/divs/chs/countytables/; data accessed June 1, 2015

Preterm Births: Live births of babies who are less than 37 weeks gestation at birth.

Low Birth Weight Births: Live births who are less than 2500 grams at birth.

Very Low Birth Weight Births: Live births who are born weighing less than 1500 grams.

Prenatal Care (Minnesota)

By State and County, 2013

State/County	Percent of Prenatal Care Received in 1st Trimester	Percent Adequacy of Prenatal Care, GINDEK		
		Adequate or Better	Intermediate	Inadequate or None
Dakota County	84.2%	81.4%	15.4%	3.2%
Hennepin County	81.2%	77.1%	18.3%	4.6%
Ramsey County	74.8%	68.9%	24.8%	6.3%
Scott County	84.0%	80.3%	16.8%	2.9%
Washington County	87.9%	82.1%	15.5%	2.4%
Minnesota	83.0%	77.8%	18.2%	4.0%

Source: Minnesota Department of Health, Center for Health Statistics and the US Census, www.health.state.mn.us/divs/chs/countytables/; data accessed June 1, 2015

GINDEK: A prenatal care index determined by combining measures of the month or trimester prenatal care began, the number of prenatal visits, and the gestational age of the infant/fetus at the time of birth. The GINDEK includes gestational age over 36 weeks, and number of prenatal visits greater than nine to impute adequacy of prenatal care.

Adequate or Better: Prenatal care started in the 1st trimester and the woman had an adequate number of visits.

Intermediate: Prenatal care started in the 1st or 2nd trimester and the woman had an intermediate range of visits.

Inadequate or None: No prenatal care or the prenatal care started in the 3rd trimester or the woman had an inadequate range of visits, regardless of when prenatal care began.

Teen Birth and Pregnancy Rates (Minnesota)

By State and County, 2011-2013

State/County	Teen Birth Rates (TBR)			Teen Pregnancy Rates (TPR)		
	TBR 15-17 Years	TBR 18-19 Years	TBR 15-19 Years	TPR 15-17 Years	TPR 18-19 Years	TPR 15-19 Years
Dakota County	4.8	27.7	12.5	7.8	40.0	18.7
Hennepin County	9.3	32.7	18.9	14.4	50.6	29.2
Ramsey County	14.5	42.0	27.3	19.9	59.1	38.1
Scott County	4.5	23.2	10.6	6.6	35.9	16.1
Washington County	4.1	17.7	8.6	6.7	27.3	13.6
Minnesota	8.2	32.6	18.2	11.3	43.3	24.4

Source: Minnesota Department of Health, Center for Health Statistics and the US Census, www.health.state.mn.us/divs/chs/countytables/; data accessed June 1, 2015

Teen Birth Rate: The number of live births to a specific age group per 1,000 female population of the specific age group.

Teen Pregnancy Rate: The number of pregnancies to a specific age group per 1,000 female population of the specific age group.

**Socio-Demographic Factors Related to Birth Outcomes (Minnesota)
By State and County, 2013**

State/County	Percent - Births to Unmarried Mothers	Percent - No Father on Birth Certificate	Percent - Mothers Smoked during Pregnancy
Dakota County	27.7	12.0	6.9
Hennepin County	32.2	13.8	5.3
Ramsey County	43.4	15.5	7.6
Scott County	19.1	7.2	5.9
Washington County	24.1	7.9	6.8
Minnesota	32.9	12.2	10.6

Source: Minnesota Department of Health, Center for Health Statistics and the US Census, www.health.state.mn.us/divs/chs/countytables/; data accessed June 1, 2015

**Minnesota Natality Trend Data
Minnesota Department of Health Services, 2008 - 2012**

Location	DAKOTA COUNTY				
	Birth Rates	% Low Birth Weight Births	% Preterm Births	% Received Adequate or Better Prenatal Care	% Smoked During Pregnancy
2009	14.2	4.3%	7.5%	79.3%	6.1%
2010	13.8	4.8%	7.2%	81.2%	6.7%
2011	13	4.4%	7.0%	80.7%	6.4%
2012	12.7	3.7%	7.6%	80.4%	8.7%
2013	13	4.8%	7.8%	80.2%	7.6%
HENNEPIN COUNTY					
2009	14.5	5.5%	8.0%	78.4%	4.9%
2010	14.1	5.3%	7.9%	79.8%	4.9%
2011	13.8	5.4%	8.2%	81.4%	5.1%
2012	13.6	4.5%	8.3%	79.5%	8.6%
2013	13.8	5.4%	8.6%	78.7%	7.3%
RAMSEY COUNTY					
2009	15.5	5.7%	8.3%	78.8%	9.3%
2010	15	5.4%	8.0%	71.2%	9.1%
2011	14.3	5.8%	8.9%	69.2%	9.6%
2012	14.7	4.7%	8.6%	69.1%	11.8%
2013	14.9	5.8%	8.7%	68.3%	10.0%
SCOTT COUNTY					
2009	16	4.3%	7.5%	77.1%	5.6%
2010	14.9	4.2%	7.5%	74.3%	5.2%
2011	14.8	3.7%	7.0%	74.6%	4.1%
2012	14.3	3.8%	6.7%	73.4%	7.5%
2013	14.8	4.1%	6.8%	83.7%	7.2%
WASHINGTON COUNTY					
2009	12.6	4.2%	7.9%	89.6%	6.2%
2010	12	4.4%	7.2%	85.1%	7.8%
2011	12	4.6%	8.0%	86.7%	7.4%
2012	11.7	2.9%	6.9%	84.3%	10.4%
2013	11.4	3.7%	6.9%	82.9%	8.3%
MINNESOTA					
2009	13.9	4.7%	7.9%	80.4%	10.0%
2010	13.4	4.8%	7.8%	79.4%	9.9%
2011	12.9	4.8%	8.1%	80.0%	10.0%
2012	12.8	4.7%	7.9%	78.3%	14.2%
2013	12.8	5.0%	8.4%	78.2%	12.0%

Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed August 20, 2015

Minnesota Teen Natality Trend Data

Minnesota Department of Health Services, 2005 - 2007; 2008 - 2010; 2011- 2013

Location	DAKOTA COUNTY	
	Teen Pregnancy Rates	Teen Birth Rates
2005 - 2007	30.7	20.2
2008 - 2010	26.1	17.5
2011 - 2013	18.7	12.5
HENNEPIN COUNTY		
2005 - 2007	49.2	31.3
2008 - 2010	41.5	26.9
2011 - 2013	32.4	18.9
RAMSEY COUNTY		
2005 - 2007	55.2	38.8
2008 - 2010	49	35.5
2011 - 2013	38.1	27.3
SCOTT COUNTY		
2005 - 2007	29.2	18.8
2008 - 2010	22.8	15.8
2011 - 2013	16.1	10.6
WASHINGTON COUNTY		
2005 - 2007	26.1	15.9
2008 - 2010	20.4	12.8
2011 - 2013	13.6	8.6
MINNESOTA		
2005 - 2007	37.9	27.5
2008 - 2010	33.2	24.6
2011 - 2013	24.4	18.2

Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed August 20, 2015

Births to Mothers Who Received First-Trimester Prenatal Care - 2013 (Wisconsin)

Location	Number of Births With First-Trimester Prenatal Care	Total Number of Births	Percent of Births With First-Trimester Prenatal Care	95% Confidence Interval
St. Croix County	824	1,031	79.9%	77.3 - 82.3
Wisconsin	50,309	66,566	75.6%	75.2 - 75.9

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Prenatal Care Module, accessed 9/2/2015

Low Birthweight (less than 2,500 grams) - 2013 (Wisconsin)

Location	Number of Low Birthweight Births	Total Number of Births	Percent Low Birthweight	95% Confidence Interval
St. Croix County	57	1,031	5.5%	4.3 - 7.2
Wisconsin	4,665	66,566	7.0%	6.8 - 7.2

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Low Birthweight Module, accessed 9/2/2015

Very Low Birthweight (less than 1,500 grams) - 2013 (Wisconsin)

Location	Number of Very Low Birthweight Births	Total Number of Births	Percent Very Low Birthweight	95% Confidence Interval
St. Croix County	16	1,031	1.6%	0.9 - 2.6
Wisconsin	854	66,566	1.3%	1.2 - 1.4

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Low Birthweight Module, accessed 9/2/2015

Birth Rate (Births per 1,000 Population) - 2013 (Wisconsin)

Location	Number of Births	Total Population	Birth Rate	95% Confidence Interval
St. Croix County	1,031	85,645	12.0	11.3 - 12.8
Wisconsin	66,566	5,730,937	11.6	11.5 - 11.7

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Fertility Module, accessed 9/2/2015

Teen Birth Rate (Births per 1,000 Females Ages 15-19) - 2011-2013 (Wisconsin)

Location	Number of Births to Females Age <20	Number of Females Ages 15-19	Teen Birth Rate	95% Confidence Interval
St. Croix County	88	8,095	10.9	8.6 - 13.1
Wisconsin	12,483	571,352	21.8	21.5 - 22.2

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Teen Births - Teen Birth Rates Module, accessed 9/2/2015

Wisconsin Natality Trend Data

Wisconsin Department of Health Services, 2008 - 2013

Location	St. Croix County				Wisconsin			
	Birth Rates	Teen Birth Rate	% Births Prenatal Care	% Low Birthweight	Birth Rates	Teen Birth Rate	% Births Prenatal Care	% Low Birthweight
2009	14	10	86.7%	5.4%	13	30	83.4%	7.1%
2010	13	16	86.8%	6.1%	12	27	84.2%	7.0%
2011	13	11	81.9%	6.9%	12	24	75.6%	7.2%
2012	12	13	81.3%	5.2%	12	22	76.5%	7.2%
2013	12	9	79.9%	5.5%	12	20	75.6%	7.0%

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Prenatal Care Module, accessed 9/2/2015

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Low Birthweight Module, accessed 9/2/2015 (note: defined as less than 2,500 grams)

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Fertility Module, accessed 9/2/2015

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhs.wisconsin.gov/wish/>, Teen Births - Teen Birth Rates Module, accessed 9/2/2015

Percent of 2 Year Olds (24 Months) Who were Immunized by State

National KIDS COUNT, 2009 - 2013

% 24 Month Olds Immunized	Minnesota	Wisconsin	United States
2009	45.5%	43.4%	48.3%
2010	53.9%	70.4%	59.2%
2011	73.4%	72.8%	71.0%
2012	67.2%	77.2%	71.9%
2013	76.7%	75.9%	74.0%

Source: Kids Count Data Center, 2 Year Olds Who Were Immunized 2009 - 2013, <http://datacenter.kidscount.org/data/Tables/8001-2-year-olds-who-were-immunized?loc=1&loc=2#detailed/2/2-52/false/36,868,867,133,38/any/15387>; data accessed September 3, 2015

Definitions: 4:3:1:3:3:1 immunization coverage. Depending on the brand of vaccine used, a child would either get 3 doses of Hib plus a booster, or 2 doses of Hib plus a booster; at the state-level, the CDC no longer reports Hib simply as 3 or more doses but instead specifies that the "full series" was received. Between December 2007 and September 2009 there was a shortage of the Hib vaccination which led to a temporary suspension of the booster shot for most children in the U.S. This explains the dip in full-coverage in 2009 and 2010, which rebounded by 2011.

Chlamydia, Number of Cases and Rates (per 100,000 persons) (Minnesota)

Data by County of Residence, 2014

Location	Cases	Rate
Dakota County	1,138	286
Hennepin County	6,426	558
Ramsey County	2,847	560
Scott County	298	229
Washington County	574	241
Minnesota	19,897	375

Gonorrhea, Number of Cases and Rates (per 100,000 persons) (Minnesota)

Data by County of Residence, 2014

Location	Cases	Rate
Dakota County	168	42
Hennepin County	1,997	173
Ramsey County	777	153
Scott County	42	32
Washington County	66	26
Minnesota	4,073	77

Source: Minnesota Department of Health, STD Surveillance Statistics, Minnesota, Annual Summary of Reportable STDs in Minnesota - 2014, www.health.state.mn.us/divs/idepc/dtopics/stds/stats/index.html; data accessed June 10, 2015

Notes: Data exclude cases diagnosed in federal or private correctional facilities. U.S. Census 2010 data is used to calculate rates. County data missing for 988 chlamydia cases and 151 gonorrhea cases.

Wisconsin Communicable Disease Trends

Wisconsin Department of Health Services, 2008 - 2013

Location	St. Croix County		Wisconsin	
	Chlamydia	Gonorrhea	Chlamydia	Gonorrhea
2008	98	9	368	107
2009	88	5	370	92
2010	119	10	407	90
2011	104	11	426	84
2012	121	7	411	83
2013	167	12	412	81

Source: Wisconsin Department of Health Services, Sexually Transmitted Diseases (STDs) - Wisconsin County 2012 Profiles, <https://www.dhs.wisconsin.gov/std/2012datamap.htm>; data accessed September 2, 2015

Source: Wisconsin Department of Health Services, Wisconsin County 2013 Profiles - Summary Data, <https://www.dhs.wisconsin.gov/std/2013datamap.htm>; data accessed September 1, 2015

Do you have any long-term mental health, behavioral or emotional problems? Long-term means lasting 6 months or more.

2013 Minnesota Student Survey, 9th Grade, 2013

Location	Yes		No	
	Male	Female	Male	Female
Dakota County	9%	17%	91%	83%
Hennepin County	11%	15%	89%	85%
Ramsey County	10%	15%	90%	85%
Scott County	13%	15%	87%	85%
Washington County	15%	17%	85%	83%
Minnesota	14%	17%	86%	83%

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/; data accessed June 10, 2015

Rate of psychiatric hospital admissions per 1,000 residents age 14+
Twin Cities 7-county region and Minnesota, 2000-2012

Category	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Twin Cities													
Rate of psy	7.3	7.8	8	8	8.3	8.1	8	7.8	8.3	8.5	8.6	8.4	8.6
Number of	15,345	16,532	17,109	17,410	18,129	17,813	17,819	17,588	18,767	19,580	19,950	19,703	20,482
Total popu	2,104,897	2,132,878	2,150,435	2,166,568	2,183,662	2,200,362	2,223,234	2,247,210	2,270,245	2,293,709	2,312,877	2,341,808	2,370,893
Minnesota													
Rate of psy	6.1	6.7	7	7.1	7.4	7.4	7.5	7.3	7.7	8	7.9	7.7	7.9
Number of	24,254	26,948	28,241	29,009	30,477	30,700	31,206	30,794	32,703	34,132	33,947	33,464	34,598
Total popu	3,947,736	3,996,151	4,036,775	4,075,348	4,112,822	4,147,030	4,188,549	4,226,608	4,261,567	4,291,289	4,318,605	4,355,333	4,387,465

Source: MN Compass, Minnesota Hospital Association, Center for Disease Control National Center for Health Statistics, www.mncompass.org/health/mental-health-admissions#7-4471-d; data accessed June 12, 2015

Notes: Psychiatric hospital admissions includes all instances in which the primary diagnosis/reason for treatment is mental illness.

Admissions refers to the number of admittances and not individual patients. It is possible that some individuals were admitted for psychiatric illness more than once within a given year.

Counties refer to the home address of the patient, not the location of the hospital where the patient was admitted.

Chemical dependency, which can also affect a person's mental state, is tracked separately.

The Twin Cities includes the following counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington

Rate of Psychiatric Hospital Admissions per 1,000 Residents Age 14+

Rank of counties, Minnesota, 2012

Rank	Counties (1=best)	2012
1	Hubbard	2.2
2	Houston	2.3
3	Lake of the Woods	2.9
4	Becker	3.1
5	Morrison	3.2
6	Clearwater	3.3
7	Norman	3.3
8	Benton	3.4
9	Pope	3.4
10	Todd	3.4
11	Kittson	3.7
12	Le Sueur	3.7
13	Clay	3.8
14	Douglas	3.8
15	Otter Tail	3.8
16	Sibley	3.8
17	Swift	4.0
18	Jackson	4.1
19	Watonwan	4.2
20	Cook	4.4
21	Polk	4.5
22	Carver	4.7
23	Chippewa	4.7

Rank	Counties (1=best)	2012
24	Stevens	4.7
25	Big Stone	4.8
26	Cass	4.9
27	Marshall	4.9
28	Yellow Medicine	4.9
29	Wilkin	5.0
30	Beltrami	5.2
31	Fillmore	5.2
32	Nicollet	5.2
33	Murray	5.3
34	Stearns	5.4
35	Aitkin	5.5
36	Scott	5.5
37	Martin	5.6
38	Freeborn	5.7
39	Itasca	5.7
40	Lac qui Parle	5.7
41	Meeker	5.7
42	Wright	5.7
43	Wadena	5.8
44	Crow Wing	5.9
45	Roseau	6.0
46	Goodhue	6.1

Rank	Counties (1=best)	2012
47	Waseca	6.1
48	Blue Earth	6.3
49	Grant	6.3
50	Washington	6.3
51	Cottonwood	6.6
52	Kandiyohi	6.7
53	Mahnomen	6.7
54	Rice	6.8
55	Wabasha	7.0
56	Faribault	7.1
57	Pipestone	7.1
58	Renville	7.1
59	Koochiching	7.2
60	Winona	7.3
61	Dakota	7.4
62	Rock	7.4
63	Sherburne	7.4
64	Red Lake	7.6
65	Chisago	7.7
66	Lincoln	7.7
67	Carlton	7.8
68	Nobles	7.8
69	Lake	8.1

Rank	Counties (1=best)	2012
70	Dodge	8.2
71	Traverse	8.2
72	Brown	8.4
73	McLeod	8.8
74	Redwood	8.8
75	Hennepin	8.9
76	Anoka	9.1
77	Pine	9.1
78	Mower	9.3
79	Isanti	9.6
80	Kanabec	9.7
81	Mille Lacs	10.0
82	Olmsted	10.0
83	Steele	10.3
84	Lyon	10.4
85	Ramsey	11.2
86	Pennington	11.5
87	St. Louis	13.9

Source: MN Compass, Minnesota Hospital Association, Center for Disease Control National Center for Health Statistics, www.mncompass.org/health/mental-health-admissions#7-4471-d; data accessed June 12, 2015

Notes: Psychiatric hospital admissions includes all instances in which the primary diagnosis/reason for treatment is mental illness.

Admissions refers to the number of admittances and not individual patients. It is possible that some individuals were admitted for psychiatric illness more than once within a given year.

Counties refer to the home address of the patient, not the location of the hospital where the patient was admitted.

Chemical dependency, which can also affect a person's mental state, is tracked separately.

Residents under age 65 without health insurance

Rank of counties, Minnesota, 2013

Rank	Counties (1=lowest)	2013
1	Carver	6.3%
2	Washington	6.3%
3	Sherburne	7.1%
4	Nicollet	7.2%
5	Steele	7.4%
6	Wright	7.4%
7	Dodge	7.6%
8	Dakota	7.7%
9	Scott	7.7%
10	Douglas	7.8%
11	McLeod	7.9%
12	Olmsted	7.9%
13	Pennington	7.9%
14	Chisago	8.0%
15	Brown	8.3%
16	Wilkin	8.4%
17	Jackson	8.5%
18	Wabasha	8.5%
19	Clay	8.7%
20	Houston	8.7%
21	Anoka	8.8%
22	Goodhue	8.8%
23	Isanti	8.8%

Rank	Counties (1=lowest)	2013
24	Kittson	8.8%
25	Swift	8.8%
26	Lake	8.9%
27	Le Sueur	8.9%
28	Waseca	8.9%
29	Lac qui Parle	9.1%
30	Stearns	9.1%
31	Benton	9.3%
32	Martin	9.3%
33	Pope	9.3%
34	Roseau	9.3%
35	Blue Earth	9.4%
36	Stevens	9.4%
37	St. Louis	9.5%
38	Lyon	9.6%
39	Murray	9.6%
40	Rock	9.6%
41	Meeker	9.7%
42	Otter Tail	9.7%
43	Winona	9.8%
44	Cottonwood	9.9%
45	Grant	9.9%
46	Carlton	10.0%

Rank	Counties (1=lowest)	2013
47	Polk	10.0%
48	Yellow Medicine	10.0%
49	Crow Wing	10.1%
50	Rice	10.1%
51	Hennepin	10.2%
52	Renville	10.2%
53	Big Stone	10.3%
54	Faribault	10.3%
55	Kandiyohi	10.3%
56	Lincoln	10.4%
57	Marshall	10.5%
58	Norman	10.5%
59	Chippewa	10.6%
60	Kanabec	10.6%
61	Morrison	10.7%
62	Freeborn	10.9%
63	Redwood	11.0%
64	Sibley	11.1%
65	Wadena	11.1%
66	Itasca	11.3%
67	Fillmore	11.4%
68	Mille Lacs	11.4%
69	Pipestone	11.4%

Rank	Counties (1=lowest)	2013
70	Red Lake	11.5%
71	Becker	11.8%
72	Ramsey	11.8%
73	Koochiching	12.0%
74	Traverse	12.0%
75	Lake of the Woods	12.1%
76	Hubbard	12.3%
77	Pine	12.3%
78	Aitkin	12.6%
79	Mower	12.7%
80	Clearwater	13.0%
81	Cass	13.7%
82	Cook	13.9%
83	Mahnomen	14.2%
84	Todd	14.2%
85	Beltrami	14.3%
86	Watonwan	15.3%
87	Nobles	15.9%

Notes:

The SAHIE program models health insurance coverage by combining survey data with population estimates and administrative records. The estimates are based on data from the following sources: the Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS); demographic population estimates; aggregated federal tax returns; participation records for the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp program; County Business Patterns; Medicaid and Children's Health Insurance Program (CHIP) participation records; and Census 2000.

In November 2012, the U.S. Census Bureau revised and re-released the 2009 health insurance figures due to a processing error present in the October 2011 release. The data above reflect those revisions, and so may differ from the 2009 figures previously presented on Compass. For more information see <http://www.census.gov/did/www/sahie/about/faq.html#13>.

Sources:

U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE) program.
<http://www.census.gov/did/www/sahie/>
 Data downloaded from <http://www.mncompass.org> on 06/12/2015

Questions or Comments?

Please address written comments on the CHNA and Implementation Plan and requests for a copy of the CHNA and Implementation Plan to:

Amery Hospital & Clinic
Attn: Community Health
265 Griffin Street East
Amery, WI 54001

Please find the most up to date contact information on Amery Hospital & Clinic's website.

www.amerymedicalcenter.org/community_health_needs_assessment.aspx



Thank you!

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