

Community Health Assessment 2022





Horizon Public Health

Douglas, Grant, Pope, Stevens, and Traverse Counties

Approved by the Horizon Public Health Community Health Board August 8, 2022



A MESSAGE TO THE COMMUNITY



I am pleased to present the Horizon Community Health Assessment, a collaborative effort of Horizon staff with many community partners and residents. Horizon Public Health has been intentional in seeking to listen to a wide variety of community voices during this assessment process.

The Community Health Assessment provides a data snapshot of the factors that impact health of the people living in the communities which Horizon Public Health serves, including; opinions, observations, and perspectives. Mental and physical well-being, social risk factors, and health equity are all important influences on our health. Together, as a community, our vision is to organize community resources to create upstream solutions to increase health for all.

In partnership with the community, Horizon Public Health will now turn its attention to focus on the development of the Community Health Improvement Plan which creates community-driven solutions to elevate health and well-being. In collaboration with community partners, we will develop priorities and strategies to improve health and well-being, especially for populations who are most at risk.

The 2022 Community Health Assessment contains the most up to date data available at the time of publication, and is intended to be a living document which will be updated as additional data becomes available. We encourage the use of this assessment as a starting place for understanding the health of our communities, working to increase health, and planning for the future.

Healthy regards,

John E Stehe

Ann Stehn, EMPA, PHN Administrator, Horizon Public Health

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MISSION VISION VALUES

MISSION

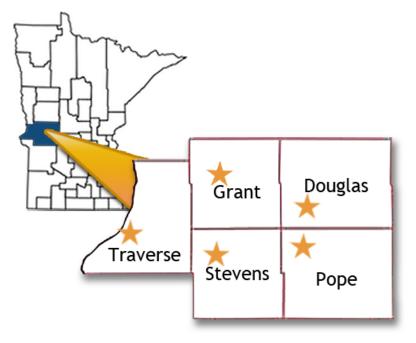
To work in partnership with individuals and communities in creating an environment that promotes health and improves the well-being of all people in Douglas, Grant, Pope, Stevens, and Traverse counties.

VISION

Through a committed, progressive, and diverse workforce, Horizon Public Health is known as a leader and convener, visible in the community, and respected as an engaged collaborator with a broad focus on the health and well-being of all the communities we serve.

VALUES

- COLLABORATION: We cultivate positive relationships both internally and externally. Our partnerships are critical to identifying new opportunities and strategies to meet the needs of our communities.
- DIVERSITY: We promise to respect individual differences in all aspects of our mission.
- INNOVATION: We aspire to the provision of programs, services, and ongoing quality improvement, balancing science and best practices with the wisdom and beliefs of our communities.
- INTEGRITY: We serve the best interests of the public by adhering to the highest standards of professionalism. We earn and preserve trust through our behavior and the quality of our work.



INTRODUCTION

Horizon Public Health is pleased to present its 2022 Community Health Assessment (CHA) to better understand health issues facing the communities of Douglas, Grant, Pope, Stevens, and Traverse counties. Horizon Public Health is a fully-integrated 5-county Local Public Health organization, who is governed by a 13-member Community Health Board, and provides the essential local governmental public health services. Horizon Public Health became a fully accredited health department by the Public Health Accreditation Board (PHAB) in February of 2021.

In mid-2021, Horizon Public Health, together with community partners, collaboratively collected and prioritized data from local and statewide sources as well as input from conversations with community members who have knowledge or expertise in public health, experience health inequities, or are low-income.

Horizon Public Health followed a modified version of the Community Health Improvement Framework "Mobilizing Action for Planning and Partnership" (MAPP) to gather information and develop a Community Health Assessment (CHA) revealing the most pressing health needs across the service area. The data collected was limited by the availability of county-level data, community input, survey responses, and time.

Community partners assisted Horizon Public Health with reviewing the draft CHA using the ORID Framework (Objective, Reflective, Interpretive, and Decisional) through meetings and an online feedback survey. This framework promotes a structured, focused discussion through consideration of data, participant's reaction and responses, possible solutions and agreed future actions.



This framework has assisted with the completion of introductory pages to introduce several sections of the document. These pages introduce the data sections with; key data points and trends, strengths of the community, insights from the data, and community partner observations.

Through this assessment process, Horizon Public Health aims to set the stage for the Community Health Improvement Plan (CHIP). Findings from the CHA will be used to identify, develop, and target initiatives to improve health challenges in the community. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them.

This Community Health Assessment meets Public Health Accreditation Board (PHAB) standards and measures and addresses assessment as identified in the ten essential public health services.

INTRODUCTION

Horizon Public Health utilized a variety of information and data sources and gathered community input to analyze community health issues. The data sources included:

- U.S. Census Bureau
- CDC and U.S. Department of Health and Human Services Data
- County Health Rankings
- American Society for Microbiology
- Minnesota Department of Health
- Minnesota Department of Human Services
- Minnesota Department of Health Electronic Records
- Minnesota Pollution Control Agency
- Minnesota Hospital Discharge Data
- Minnesota Pharmacy Prescriptions Monitoring Program
- Minnesota State Demographic Center
- Minnesota Compass
- Minnesota Student Survey
- Substance Use in Minnesota, SUMN.org
- Data gathered from local focus groups, community dialogues, visioning, and community events.

Thank you to the individuals, organization, and partners who have been involved throughout the health assessment and planning process. A special thank you to Melanie Ferris Consulting for assisting Horizon Public Health with tools to aid and address health inequities and connect the data with meaningful action.

Thank you to the community members of Douglas, Grant, Pope, Stevens, and Traverse Counties for participating in the community survey, and community conversations. The development of this document and final processes would not have been feasible without your partnership.

Horizon Public Health welcomes your continued feedback and engagement. Comments or questions regarding this report can be direct to;

Amy Reineke, Community Health Strategist amyr@horizonph.org, 320-762-3079 www.horizonpublichealth.org

HORIZON PUBLIC HEALTH DEMOGRAPHICS & COMMUNITY CHARACTERISTICS

Strengths of the Community

- Strong sense of community.
- Reduced costs of living (compared to urban areas).
- Easy access to outdoor recreation.
- Resiliency when faced with community challenges.

Key Data Points & Trends

- The population over the past decade across the region has increased at a slower rate than the state of Minnesota (3% compared to 7%).
- Over the next three decades, population growth is expected to increase at the highest rate in Douglas County (+13%) and decrease in the lowest rate in Traverse County (-45%).
- Residents ages 65 and over will continue to become a larger share of the population, growing to nearly 30% of the total population by 2030.
- Four counties (Douglas, Grant, Pope, and Traverse) have a higher percentage of Veteran residents than the state average (6%).
- While not as culturally diverse as the state, the region is home to a growing Hispanic population, particularly in Stevens County.

Insights from the Data

- With the growing aging population, the region may need to find creative, local strategies to address related infrastructure needs in long-term care, transportation, and workforce.
- Improving broadband access and transportation options will become increasingly important to ensure all residents have access to services and supports.
- Ongoing training of public health and health care staff, as well as collaboration with community organizations, will help the region better understand and address the unique health needs of seniors, veterans, the Hispanic population, and their families.

Considerations for Action

- The impact the workforce shortage has on our community.
- The cost of living is increasing at a fast rate.
- Fluctuation of population changes and aging populations across the region.





DEMOGRAPHICS AND COMMUNITY CHARACTERISTICS

Horizon Public Health serves a 5-county rural area that spans 2,987 square miles in West Central Minnesota. The Horizon Public Health's service area reflects much of Minnesota's rural geography, encompassing 5-counties, each of which is comprised of many small communities, some of which are agricultural based, and others known as recreational gems. Within the 5-county geographic area there are 5 local hospitals, one in each county. This community health assessment provides a snapshot of many data points to draw an overall picture of health and the conditions that create it.

Douglas County: Douglas County is the most populated county among the 5 which Horizon Public Health serves. The county consists of rolling hills, heavily dotted with lakes and ponds. Douglas County was first settled in 1858, the same year that Minnesota became a state. Douglas County's oldest claim to fame is the legendary Kensington Runestone. Scholars and scientists have spent numerous hours studying the large flat rock. Another claim to fame is Big Ole. During the World's Fair in New York in 1965 a 28-foot tall, 4-ton statue was designed called 'Big Ole'. After the fair ended, Big Ole was transported to Alexandria and stands in downtown Alexandria. Information taken from Douglas County Historical Societyⁱ.

Grant County: Grant County was established in 1868, and organized a year later. It was named in honor of Ulysses Simpson Grant, whose generalship terminated the civil War in 1865. The county is 24 miles square in size. The eastern part consists of rolling hills and dotted with many lakes and sloughs. The earliest part of history goes back to 1859 when the Minnesota Stage Company built a road from St. Cloud to Fort Abercrombie on the Red River. Both Sioux and Chippewa Indians occupied what is Grant County, this is evidenced in part by Indian burial mounds located mainly in the eastern part of the county. Some of these can still be seen in Tipsinah Mounds Park, which is about 4 miles east of Elbow Lake. Information taken from Grant County Genealogy Trails History Group ⁱⁱ

Pope County: Pope County was named for General John Pope who had traveled through the area in 1849 as a part of an exploration expedition. Pope County was created in 1862, and organized in 1866, it was attached to Stearns County. Numerous streams and lakes are located within this county, the largest is Lake Minnewaska in Glenwood. The growth and settlement of Pope County were increased by the first railroad line in 1881 by the Northern Pacific Railway Company. The line extends from Morris to Little Falls, and makes direct connection with Duluth. Since 1886 the Minneapolis and Pacific Railway now are part of the great 'Soo Line'. Information taken from Pope County Minnesotaⁱⁱⁱ.

Stevens County: Stevens County was established in 1862 and is named after statesman Isaac Ingalls Stevens, who had his county named for him seven years after a legislative clerical error denied him that honor in 1855. In September of 1960, The University of Minnesota- Morris, which is part of the University of Minnesota system, which was founded. UMN Morris is a national leader in green initiatives- wind energy, biomass energy, sustainable food projects, and more. Geographically, the Pomme de Terre River flows south through central Stevens County into the Mississippi River. Information taken from Stevens County Historical Society^{iv}.

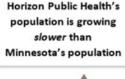
Traverse County: Traverse County takes its name from Lake Traverse, located just west of Wheaton, which has been the county seat since 1886. Traverse County was organized in 1862 and in 1870 the Homestead Act opened the territory to European immigrants who successfully farmed Traverse County's rich soil. Traverse County borders Minnesota and North and South Dakota. Traverse County ranks the lowest by population count of the 87 Minnesota counties. Information taken from Traverse County Genealogy Trails History Group^v.

DEMOGRAPHICS AND COMMUNITY CHARACTERISTICS

Horizon Public Health demographics and community characteristics, such as age, gender, education, and more reveal the changes and anticipated trends that equip us to meet the needs of residents of all ages and all cultures, regardless of where they live in our 5-county region.

Horizon Public Health services a 5-county, largely rural area comprised of many small communities and one larger city, Alexandria, with a population of 69,419 (2020 U.S. Census Bureau, Estimated Population). The 5-county service area contains numerous communities, some agriculturally based, and others known as recreational gems. Between 2010 and 2020 there was a slow growth (3%), across the total regional population. Population growth has not occurred evenly in all counties. It is *estimated* that, only Douglas and Stevens County *will have* population growth in the next decade.

2	2021 Estima	ted Popu	lation by	Age Group		
	Douglas	Grant	Роре	Stevens	Traverse	Horizon
Under 5 years	6%	6%	6%	6%	6%	6%
5-14 years	12%	13%	13%	12%	12%	12%
15-24 years	10%	10%	9%	23%	10%	12%
25-34 years	11%	11%	11%	11%	9%	11%
35-44 years	12%	11%	12%	11%	11%	12%
45-54 years	11%	10%	10%	9%	10%	10%
55-64 years	15%	15%	16%	11%	15%	15%
65-74 years	13%	12%	14%	9%	13%	13%
75-84 years	7%	8%	7%	5%	9%	7%
85 years & older	3%	4%	3%	3%	5%	3%
TOTAL Population	39,238	6,153	11,403	9,700	3,286	69,780
% Change 2010-2020	7.7%	0.9%	2.6%	-0.5%	-5.9%	+5.2%
% Projected +/- 2030	+2.8%	-2.8%	-1.1%	+0.4%	-12.5%	+1.1%
				Source: L	J.S. Census Burea	au, Population





This shifting population causes uncertainty in terms of community or county's ability to attract working-age adults, preserve its vitality and maintain a thriving (or stable) economy. Across all 5-counties, the

population is aging, especially the Baby Boom generation.

Stevens County's median age of 33 can be attributed to the University of Minnesota Morris campus. As a part of the University of Minnesota

system, this campus is home to around 1,500 students. The racial breakdown of the fall UMN-Morris of 2021 enrollment is^{vi}:

- 2% Asian
- 3% Black and African American
- 4% Hispanic
- 28% Native American
- 56% White
- 7% Two or more races

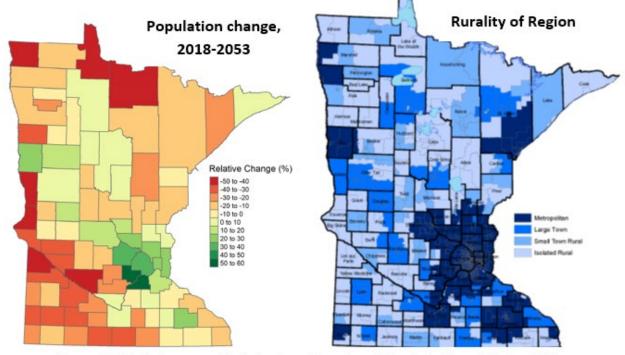
Median Age Life Expectancy 2019* 2022** 44.2 years 79.8 years Douglas 44.9 years 79.6 years Grant 45.8 years 80 years Pope Stevens 33.1 years 81.5 years Traverse 47.5 years 77.2 years Minnesota 38.0 years 79.8 years Source: *2019 U.S. Census Bureau, Media Age Estimates **2022 County Health Rankings Life Expectancy

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DEMOGRAPHICS AND COMMUNITY CHARACTERISTICS

Population Change:

Minnesota is projected to gain nearly 900,000 residents between 2018 and 2053. The 7-county metro region is projected to gain about 924,000 residents, while Greater Minnesota will shrink by approximately 27,000 residents. Minnesota's oldest residents, 85 years and above, are expected to more than double in the next 35 years from 120,000 to over 270,000. Population growth in the state will be driven by communities of color. Within the next decade, the total number of older adults (65 years and older) is anticipated to outnumber children in Minnesota age 0 to 14. In 2033, persons 65 and older will make up 32% of rural MN counties vs. 19% for urban counties.



Source: MN State Demographic Center, Long-Term Population Projections, October 2020

In addition to growth in the 7-county metro area, growth is also projected in counties such as those along the Interstate 94 corridor. Douglas County is projected to experience a double-digit growth of 13% by 2053. ^{vi} (MN State Demographic Center)

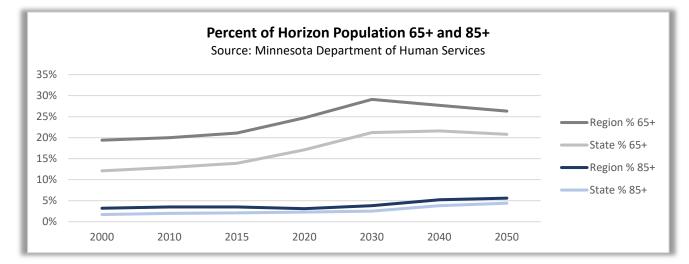
The remaining Horizon Public Health counties are projected to have a smaller change in population, except for Traverse County. There are 60 Minnesota counties expected to decline in population in the coming decades with 13 *projected* to lose more than one-third of their residents. Traverse County is projected to decline by 44.9%.

Geography (2010-2019, per square mile)										
Douglas Grant Pope Stevens Traverse Minnesota										
Land Area	637	548	670	564	574	79,627				
Persons	60	11	17	17	6	71				

Source: U.S. Census Bureau, 2015-2019 American Community Survey/ Minnesota Long-Term Population Projection for Minnesota

DEMOGRAPHICS AND COMMUNITY CHARACTERISTICS

Aging: Horizon Public Health's population of individuals age 65 and older is expected to grow over the next 10 years. This shifting demographic may result in shortages related to workforce, long term care housing, and supportive services.



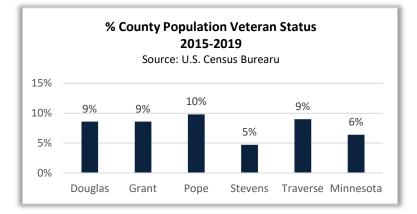
Other changes, such as the elderly dependency ratio (number of persons age 65 and over to every 100 persons ages 15 to 64), impact the anticipated shortages. West Central MN has an elderly dependency ratio of 31:100 in 1995, and will grow to over 60:100 by 2030.

Urban vs rural data reveals differences in Social Security dependency, nursing home care payment, and public transportation vii (ruralmn.org)

- 26% of rural MN elderly are dependent on Social Security for their income vs 18% of urban elderly.
- 23% of rural MN elderly would use a government program to pay for nursing home care vs 16% of urban elderly.
- 16% of people 65 and older use public transportation. 89% of those are living in rural MN vs. 74% urban MN.

Veterans: West Central Minnesota has a higher veteran population than urban communities. ^{viii}

- The unemployment rate for Veterans is 3.5% (3% for general population), with younger persons having highest rates.
- 5.3% of Minnesota Veterans are living in poverty, vs 9% of total (all-age) Minnesotans.
- Median income of Minnesota Veterans is \$11,000 lower than non-veterans.
- Housing affordability and availability, is the greatest housing problem among Veterans.



Source: U.S. Census Bureau

DEMOGRAPHICS AND COMMUNITY CHARACTERISTICS

Race and Ethnicity:

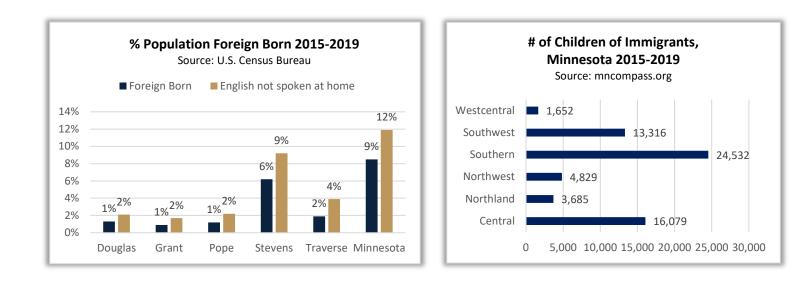
Minnesota has become more racially and ethnically diverse. The greatest growth among populations in the Horizon Public Health region are among Hispanic communities. Many Hispanic families immigrate to West Central Minnesota to work within labor industries or join other family members who previously immigrated to the area.

Race and H	Race and Hispanic Origin 2021, Population change (+/-) 2000-2021								
	Douglas	Grant	Роре	Stevens	Traverse	Minnesota			
2021 Population	39,238	6,153	11,403	9,700	3,286	5,707,390			
White	97% (+)	97% (-)	97% (-)	92% (-)	90% (-)	84% (+)			
Black or African American	.7% (+)	.6% (+)	.5% (+)	1% (+)	.7% (+)	7% (+)			
American Indian or Alaska Native	.4% (+)	.6% (+)	.5% (+)	2% (+)	7% (+)	1% (+)			
Asian or Other Pac. Islander	.5% (-)	.6% (-)	.6% (+)	2% (+)	.5% (-)	5% (+)			
Native Hawaiian or Other Pac. Islander	n/a	.1% (+)	n/a	.1% (+)	.1% (+)	.1% (+)			
Two or More Races	1% (+)	1% (+)	1% (+)	2% (+)	2% (+)	3% (+)			
Hispanic	2% (+)	2% (+)	2% (+)	8% (+)	4% (+)	6% (+)			
Language other than English spoken at home	2%	2%	2%	9%	4%	12%			

Source: U.S. Census Bureau, Population Estimates Program

In Minnesota, people of Color (those who are any race other than White) make up 16% of the total population. Across the Horizon Public Health service area that range varies from 3% to 10%.

All race groups have grown recently in Minnesota but between 2010 and 2018, the state has added five times as many People of Color as non-Hispanic White residents. Between 2010 and 2021, the fastest growing racial group was Black or African American, followed by Hispanic. (All data from 2021 Population Estimates, U.S. Census Bureau)

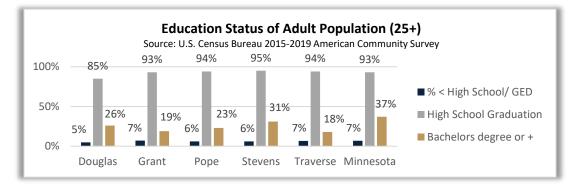


DEMOGRAPHICS AND COMMUNITY CHARACTERISTICS

Economy, Income, and Housing:

Opportunities and our health are strongly connected. Income and homeownership can directly impact your health and well-being on many levels. Additionally, education can be an important predictor of lifelong health.

Graduating from high school is an important personal achievement and essential for an individual's social and economic advancement. Graduation rates can be an important indicator of the performance of an education system.



The below figures show the poverty, economy, income, and housing profiles in the Horizon Public Health counties. Poverty decreases opportunities in education, employment, and living conditions. Poverty may also increase the risk of developing chronic diseases, which can lead to an even lower income.

Poverty and Unemployment Profile, 2019 -2021									
Douglas Grant Pope Stevens Traverse Minnesota									
Below Poverty Level (200%)	8%	10%	7%	12%	10%	9%			
Children under 18 living in poverty**	8%	13%	8%	8%	18%	10%			
18-64 years living in poverty	7%	9%	7%	17%	11%	9%			
65 years and older living in poverty	8%	7%	7%	6%	5%	7%			
Unemployment rate 2021	5%	4%	4%	3%	4%	6%			
(Annual Average), MN DEED									

Source: U.S. Census Bureau 2019, **2022 County Health Rankings

Income & Housing Profile										
Douglas Grant Pope Stevens Traverse Minnesota										
Median Household Income 2020**	\$69,800	\$66,700	\$64,300	\$68,200	\$56,100	\$75 <i>,</i> 500				
Living Wage (hourly wage to cover basic expenses for 1 adult/ 2 child)	\$35.62	\$35.55	\$34.64	\$34.64	\$35.55	\$39.89				
Married-couple household (with or without children)	56%	55%	54%	53%	53%	50%				
Median value of owner-occupied housing (2015-2019)	\$214,800	\$118,700	\$174,300	\$160,100	\$81,400	\$223,900				
Median rent (2015-2019)	\$499	\$503	\$476	\$491	\$477	\$534				
Homeownership rate, 2015-2019	74%	77%	76%	69%	80%	72%				

Source: U.S. Census Bureau, 2015-2019 American Community Survey; **2022 County Health Rankings



HORIZON PUBLIC HEALTH FACTORS INFLUENCING HEALTH

Key Data Points & Trends

- Home values across the region are increasing more quickly than income. Rent is increasing and incomes are not keeping up in Grant and Stevens counties.
- Many residents live in lower-income households; at least 26% and up to 46% of students in school qualify for free or reduced-price school lunch, an incomebased program.
- A smaller percentage of households (78%-80%) have access to broadband internet than in all areas of rural Minnesota (82%).
- Between 2015 and 2020, West Central Minnesota licensed child care spots decreased by almost 600.
- The percentage of residents receiving a routine physical check-up decreased from 74% in 2013 to 67% in 2020.
- Residents delayed medical care because of cost, COVID-19 concerns, and/or because they didn't feel their issue was serious enough to require care.

Strengths of the Community

- Community partners' local passion and perspective contributes to community cohesion and resiliency.
- Telehealth services were extended access across the geographic region.

Insights from the Data

- Telehealth and other online resources support health for many residents.
- Douglas, Pope, and Traverse counties lack dependable broadband internet access.
- Housing insecurity may increase in some areas if rent and housing values continue to outpace increases in income.
- Reductions in child care options present challenges for working parents and may require creative strategies.
- While some delays in health care were the result of COVID-19 precautions, shortages of health care providers, dentists, and mental health professionals also create barriers to accessing health care services.

Considerations for Action

- Increase access for mental health services, specifically for youth and those with ACEs.
- Lack of child care access is negatively impacting; employment, income, and community vitality.
- Increase in alcohol use and abuse.





FACTORS INFLUENCING HEALTH

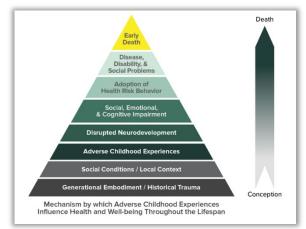


Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves requires hard work and smart lifestyle choices. Health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. These factors influencing health are also called the social determinants of health.

The conditions in which we live explain in part why some individuals are healthier. Factors influencing our health have a major impact on people's health, well-being, and quality of life. The importance of all community members having equal opportunity to make choices that lead them to good health.

Adverse Childhood Experiences:

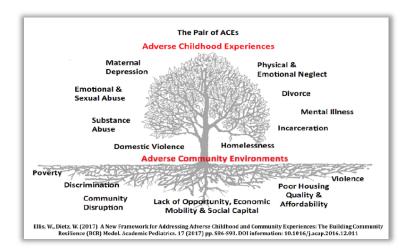
Adverse Childhood Experiences, or ACEs, are preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide. Also included are aspects of a child's environment that can



undermine their sense of safety, stability, and bonding, such as growing up in a household with substance use; mental health problems; or instability due to parental seperation or incarceration of a parent, sibling or other member of the household. (CDC, 2019; Felitti et al.,)^{ix}

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Individuals can also be negatively impacted by community conditions, just as community violence or lack of safe,



affordable housing. The 'Pair of ACEs tree' illistrates how adverse childhood experiences grow out of adverse community environments. (The Building Community Resilience BCR Model, Milken Institute School of Public Health, The George Washington University.) * ACEs are the above ground expression of what is happening beneath the surface. Adverse community environments are the factors influences health or the social determinants of health.

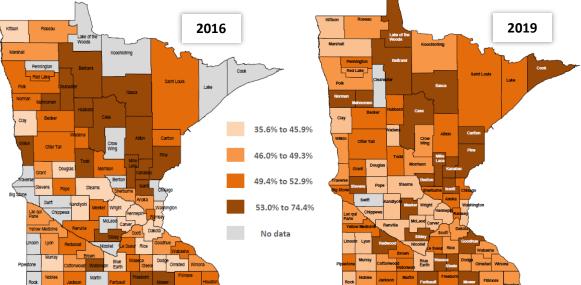
Adverse childhood experiences can increase a person's risk for chronic stress and adverse coping mechanisms and result in lifelong chronic illness such as depression, heart disease, obesity and substance abuse.

FACTORS INFLUENCING HEALTH

The Minnesota Student Survey (MSS) is one of the longest-running youth surveys in the nation. It is a triennial survey that began in 1989. The survey is an anonymous statewide school-based survey conducted to gain insights into the world of students and their experiences and is administered to those in grades five, eight, nine and eleven.

Adverse Childhood Experiences in our Youth:

Over half of Minnesota youth who completed the Minnesota Student Survey in 2019 report one or more ACEs. ACE data presented below is calculated by adding up the number of adverse experiences reported on the survey.



Minnesota Student Survey, % of Minnesota 8th, 9th, and 11th Graders Reporting One+ ACEs

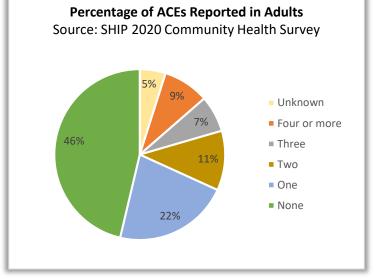
Hosk Jackson Panoaut Nower Housen		NOOK	i anda		Houston				
2019 Minnesota Student Survey ACEs P	2019 Minnesota Student Survey ACEs Prevalence for Horizon Counties and Minnesota								
	Douglas	Grant	Pope	Stevens	Traverse	MN			
Living with someone who is depressed or has a mental health issue(s)	23%	30%	18%	28%	28%	26%			
Having a parent or guardian who is currently in jail, and/ or has been in jail	17%	17%	19%	7%	20%	16%			
Having been verbally abused by a parent or adult in the household	13%	17%	13%	13%	15%	15%			
Living with someone who drinks too much alcohol	11%	10%	11%	17%	12%	11%			
Having been physically abused by a parent or adult in the household	10%	13%	10%	9%	8%	13%			
Witnessing domestic abuse of parents or adults in household	8%	11%	6%	4%	8%	8%			
Having been sexually abused by a family member and/ or a person outside the family	5%	9%	5%	9%	4%	6%			
Living with someone who uses illegal drugs or abuses prescription drugs	4%	6%	4%	7%	8%	5%			

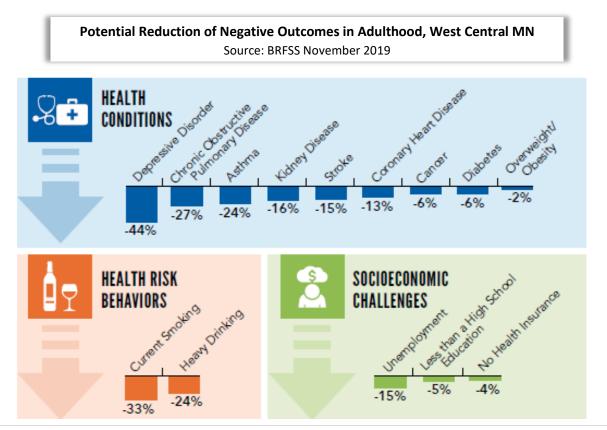
FACTORS INFLUENCING HEALTH

Adverse Childhood Experience in our Adults:

Adverse Childhood Experiences are common and the effects can add up over time. Many people do not realize that exposure to ACEs is associated with an increased risk for health problems across the lifespan. According to the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS) 2019 study, preventing ACEs could reduce a large number of health conditions.

- ✓ 21 million cases of depression
- ✓ 1.9 million cases of heart disease
- ✓ 2.5 million cases of overweight/ obesity





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FACTORS INFLUENCING HEALTH

Educational Access and Quality:

Higher educational attainment is associated with; higher incomes, better employment options, increased social supports, and greater opportunities for healthier choices, all factors that can improve health outcomes and increase life expectancy. Lower education levels are associated with; low health literacy and higher levels of risky behaviors.

	West Central Region, Educational Atta	West Central Region, Educational Attainment among Adults 25 and older 2015-2019						
Healthy People 2030 Goal:	Counties include: Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, and Wilkin							
Increase educational		West Central	Minnesota					
	Less than high school	6%	7%					
opportunities and help	High School diploma or GED	29%	25%					
children and adolescents	Some college or associate degree	38%	23%					
do well in school.	Bachelor's degree	19%	23%					
	Graduate or professional degree	8%	12%					

Source: Minnesota Compass, 2020

	Educational Level: Four-year High School Graduation Rate 2016-2020										
	4-year high		High school drop-out rate, by student characteristics								
	school	All	Free or	Female	Male	Hispanic	White	Special			
	graduation		Reduced meal					Education			
	rate		status**								
Douglas	90%	2%	4%	1%	2%	7%	2%	3%			
Grant	93%	5%	6%	2%	8%	*	4%	8%			
Роре	88%	6%	15%	3%	8%	*	6%	29%			
Stevens	92%	7%	17%	7%	7%	*	5%	6%			
Traverse	95%	0%	*	*	0%	*	0%	*			
Minnesota	84%	4%	7%	3%	5%	8%	3%	7%			

Source: Minnesota Department of Education *data provided in limited categories **Income based program used for lower household socioeconomic status

According to data, people with higher levels of education are more likely to be healthier and live longer, which is why Healthy People 2030 focuses on providing high-quality educational opportunities for children and adolescents. The stress of living in poverty can affect children's brain development, making it harder for them to do well in school. Investment in education can be 'the single most effective intervention we can make to improve health outcomes and tackle inequities'. (Robert Wood Johnson, Egerter, 2011) ^{xi}

Reading and Math Scores in the related table are based on thirdgraders level of performances. A score of 3.5 indicates the thirdgrader is performing half a grade level better than expected for a third grader. Third-grade levels offer an important indicators of students' academic trajectories and an opportunity for targeted interventions with at-risk children while they are still in elementary school.

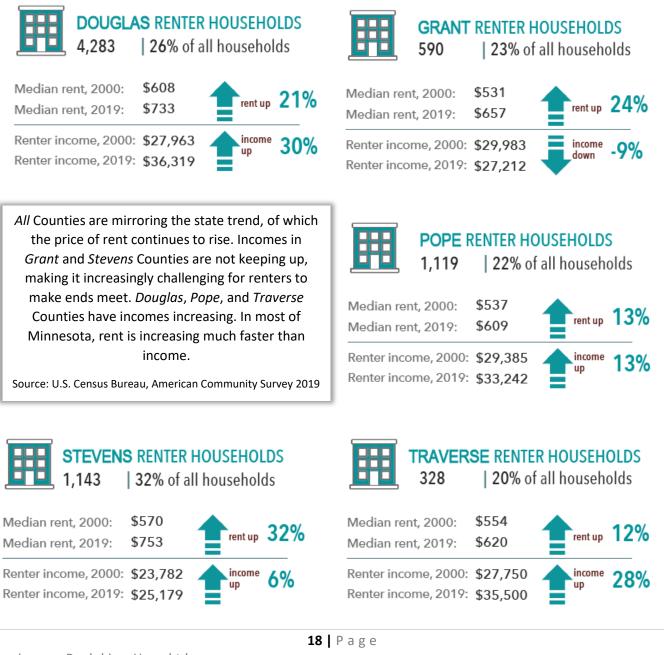
2019 Additional Social & Economic Factors								
	Reading Scores	Math Scores						
Douglas	3.3	3.6						
Grant	3.3	3.4						
Роре	3.2	3.6						
Stevens	3.4	3.8						
Traverse	3.0	3.2						
Minnesota	3.1	3.3						

Source: 2022 County Health Rankings

FACTORS INFLUENCING HEALTH

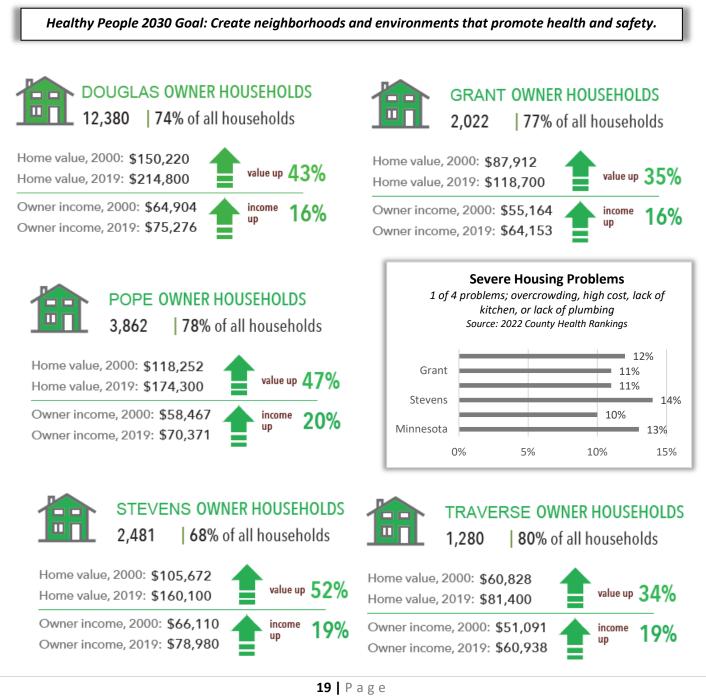
Housing:

Healthy homes can help promote good physical and mental health. Most Americans spend about 90% of their time indoors, and an estimated two-thirds of that time is spent in the home. Over 47% of renter households spend more than 30% of their income on housing costs, and almost 25% spend more than 50% of their income on housing. When household struggle to pay rent, they are at a heightened risk for a host of negative health outcomes^{xii}.



FACTORS INFLUENCING HEALTH

Housing remains a challenge even for Minnesotans who are fully employed. The median earnings for most of the top indemand and high-growth jobs in the West Central region do not cover housing costs at an affordable level, which is 30% more of income on rent/ mortgage payment. Stable, affordable housing helps ensure families can access other resources to support health.



FACTORS INFLUENCING HEALTH

Economic Stability:

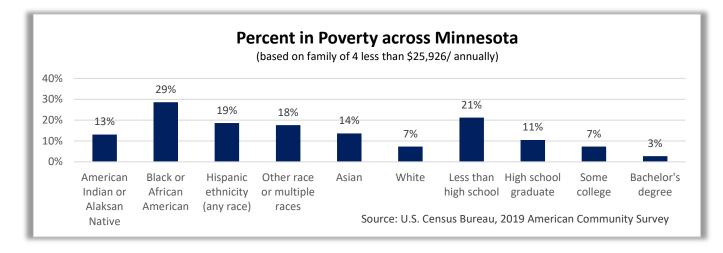
According to Healthy People 2030, people with steady employment are more likely to be healthy, but many people have trouble finding and keeping a job. People with disabilities, injuries, or physical conditions may be especially limited in their ability to work. In addition, many people with steady work still do not earn enough to afford the things they need to stay healthy. (Healthy People 2030) ^{xiii}

Healthy People 2030 Goal: Help people earn steady incomes that allow them to meet their health needs.

	Poverty by Age*, 2020		Approved for Free School		Average Annual Cost of Licensed Center Based	Average Annual Cost of Licensed Family-Based - 2019	
	Under	18-64	65+	Meals 2019-	Preschool -	Preschool	Infant
	18**			2020	2019		Care
Douglas	8%	7%	8%	29%	\$8,000	\$6,450	\$7,300
Grant	13%	9%	7%	36%	n/a	\$6,450	\$6,700
Роре	8%	7%	7%	32%	\$7,750	\$6,600	\$6,600
Stevens	8%	17%	6%	26%	n/a	\$6,400	\$6,650
Traverse	18%	11%	5%	46%	n/a	n/a	n/a
Minnesota	10%	7%	7%	37%	\$11,752	\$8,112	\$8,944

Source: Children's Defense Fund, Minnesota 2020, * U.S. Census Bureau, 2020, ** 2022 County Health Rankings

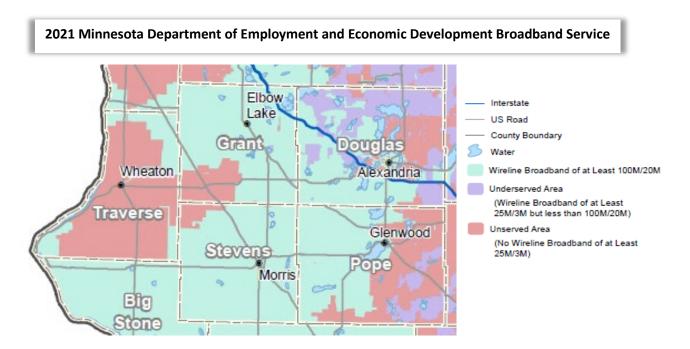
Poverty can be related to health. A high poverty rate can be both a cause and a consequence of poor economic conditions. Poverty decreases opportunities in education, employment, and living conditions. Income shapes where we live, how stable our living arrangements are, what condition our home is in, what schools we attend, what types of recreation we take part in, and what kinds of foods we eat and more.



FACTORS INFLUENCING HEALTH

Broadband Services:

Most adults in the United States use the internet, but many of them do not have access to broadband internet services at home. Increasing access to broadband internet is a critical infrastructure challenge of our time. Across the Horizon Public Health service area, we have large pockets of under and unserved areas.



Many rural communities across Minnesota lack adequate and affordable broadband internet services or do not have access at all creating a gap between individuals, households, businesses and geographic areas at different socioeconomic levels. Extending broadband internet is beneficial for economic growth, enriched educational opportunities, and increased access to healthcare, improved public services and safety, and civic engagement.

% of Households S	% of Households Served by Broadband 2016-2020					
Douglas	78%					
Grant	79%					
Роре	80%					
Stevens	83%					
Traverse	79%					
Minnesota Statewide	87%					
Minnesota Rural	82%					

Source: 2022 County Health Rankings

FACTORS INFLUENCING HEALTH

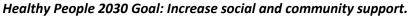
Social and Community Context:

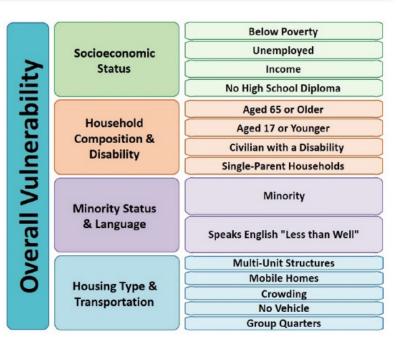
Because health is impacted by multiple factors, summary measures are sometimes used to understand how a variety of issues impact the health of residents.

Social Vulnerability is the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-causes, disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

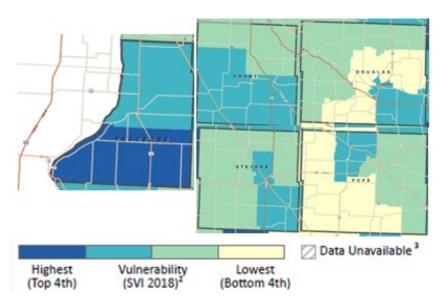
The CDC Social Vulnerability Index (SVI) 2018 groups fifteen census-derived factors into four themes that summarize the extent to which the area is socially vulnerable to disaster.

The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle





access. The county maps below are the CDC Overall Social Vulnerability Index from 2018. (ATSDR, CDC) xiv



The 5-county region includes both areas considered to be highly vulnerable and areas of low vulnerability. Ideally the region can work towards all areas having the services and supports to be considered a low vulnerability area.

Social Vulnerability Index					
0 lowest / 1 highest					
Douglas	0.0446 (low)				
Grant 0.0946 (low)					
Pope 0.0315 (low)					
Stevens 0.2258 (low)					
Traverse0.2602 (low to moderate)					

Source: Agency for Toxic Substances and Disease Registry

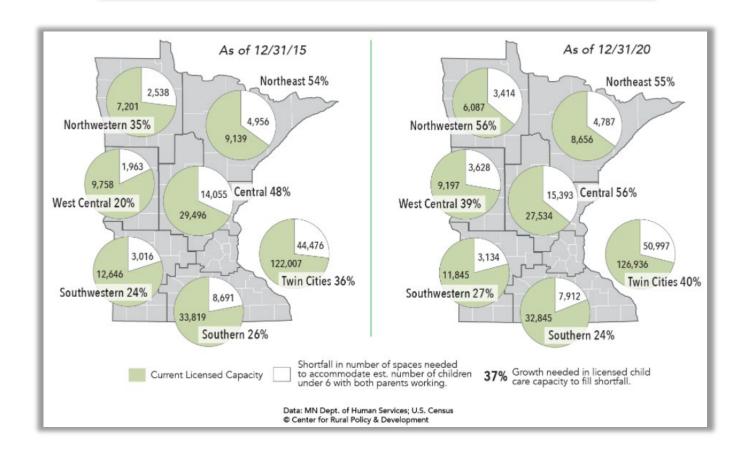
FACTORS INFLUENCING HEALTH

Child Care in Rural Minnesota:

Child care is critical to promoting livable communities and promoting development needs for children. Child care is not just for the parent(s) who will be able to stay in the workforce. Quality child care is a critical component in helping our most vulnerable children get a good start in life.

According to a report by the Center for Rural Policy and Development ^{xv}, an area that has been brought into sharp focus is child care and just how important it is to maintaining a functioning economy. In Greater Minnesota the net loss of child care has been much larger than urban areas. Since 2015 West Central MN has seen an increase of current licensed capacity, however an increase in number of spaced needed to accommodate.

Through community surveys and community conversations, child care gaps exist in access, availability, and affordability of care. During the COVID-19 pandemic providers experienced additional concerns with the loss of child care capacity, providers retiring, loss of family child care, and new rules to allow them to stay open for care.



Rural Reality: Percentage Growth Required to Meet Estimated Capacity Need

FACTORS INFLUENCING HEALTH

Transportation:

Transportation has a critical impact on health but also can affect other health factors by either providing or hindering access to services or destination. Transportation can affect access to healthcare services, social services, employment, educational opportunities, and more. Across rural Minnesota transportation gaps exist, especially communities outside a five-mile radius of a city or town. Through the 2021 Horizon Public

Mean Travel Time to Work, Workers 16+*	Long Commute – Driving Alone, % that Commute more than 30 minutes**
23.7 minutes	18%
18.2 minutes	32%
22.6 minutes	26%
11.4 minutes	6%
17.5 minutes	23%
23.7 minutes	31%
	to Work, Workers 16+* 23.7 minutes 18.2 minutes 22.6 minutes 11.4 minutes 17.5 minutes

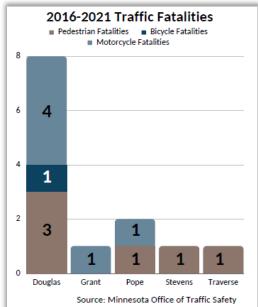
Source: *2020 U.S. Census Bureau Source: **2022 County Health Rankings

Health Survey and numerous Community Conversations, an area of concern was the lack of range of service and availability of public transportation across the entire HPH service area.

The Office of Traffic Safety, A Division of the Minnesota Department of Public Safety, produces MN Motor Vehicle Crash Facts^{xvi}. The data summarizes a variety of information.

- 63% of fatal crashes occur in rural areas
- Speed and alcohol contribute to more serious injuries than inattentive/ distracted driving.
- 1 in 7 MN drivers has a DWI on record. 50% of those will reoffend
- Drivers speeding is the most frequent behavior contributing to a crash
 - Driver distraction plays a role in 9% of all crashes
 - 9% related to alcohol or drug use
- Teens represent 6% of drivers, but 16% of crashes
- Seniors represent 20% of drivers, but 16% of crashes

Source: Minnesota Office of Traffic Safety



	Minnesota Traffic Crash Data									
	2016-2020 Total		2016-2020 Unbelted		2016-2020 Impaired/Alcohol		2016-2020 Speed Factors		2016-2020 Inattentive/ Distraction	
	Serious Injuries	Traffic Fatalities	Serious Injuries	Traffic Fatalities	Serious Injuries	.08 Fatalities	Serious Injuries	Traffic Fatalities	Serious Injuries	Traffic Fatalities
Douglas	84	23	18	6	16	3	21	2	7	3
Grant	15	5	6	2	0	1	1	1	2	0
Роре	27	2	6	2	9	0	7	0	3	1
Stevens	16	6	5	2	7	1	5	0	1	1
Traverse	8	0	0	0	2	0	3	0	0	0
Minnesota	8,590	1,889	2,338	640	1,921	466	1,961	487	986	161

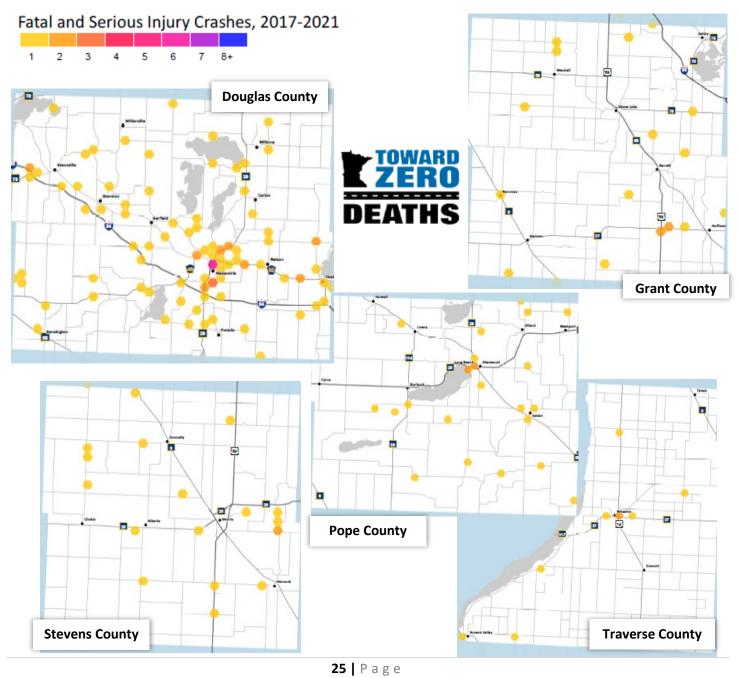
Source: Minnesota Office of Traffic Safety

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FACTORS INFLUENCING HEALTH

Crash Maps from 2015-2019

These maps show the location of fatal and serious injury crashes in each of the 5-counties. Information is put together by the Center for Transportation Studies at the University of Minnesota, as a part of MN Toward Zero Deaths (TZD). ^{xvii} Minnesota TZD is the state's cornerstone traffic safety program, employing an interdisciplinary approach to reducing traffic crashes, injuries, and deaths on Minnesota roads.



Horizon Public Health Community Health Assessment 2022

FACTORS INFLUENCING HEALTH

Health Care Access and Quality:

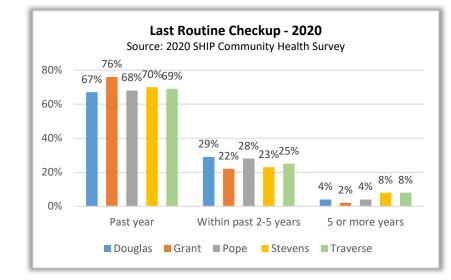
Helping people get high-quality access to health care services can improve health. Access to high-quality health services affects a person's health and well-being. Regular and reliable access can prevent disease and disability, detect and treat illness or other health conditions.

Healthy People 2030 Goal: Increase access to comprehensive, high-quality health care.

	2019 Clinical Care Access					
	Uninsured	Ratio of population to	Ratio of	Ratio of population	Rate per/ 100,000	
		Primary Care	population	to Mental Health	of Preventable	
		Physicians	to Dentists	Providers	Hospital Stays	
Douglas	5%	810:1	1,320:1	420:1	2,073	
Grant	6%	2,990:1	3,010:1	6,030:1	2,181	
Роре	6%	750:1	3,760:1	870:1	2,762	
Stevens	6%	1,230:1	1,090:1	570:1	5,568	
Traverse	9%	N/A	3,220:1	N/A	3,083	
Minnesota	6%	1,100:1	1,320:1	340:1	3,073	

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According to results from the 2020 Horizon Public Health, Statewide Health Improvement Partnership (SHIP) Survey, which was sent to residents who live in the counties that Horizon Public Health serves, **68%** of individuals had a routine medical checkup in the past year and **69%** had zero days, in the past 30 days, where physical health was not good.



% of Students who saw a Dentist for a							
checkup in the past 12 months							
	2016	2019					
Douglas/ 5 th Grade	87%	89%					
Douglas/ 9 th Grade	84%	85%					
Douglas/ 11 th Grade	82%	76%					
Grant/ 5 th Grade	81%	87%					
Grant/ 9 th Grade	79%	88%					
Grant/ 11 th Grade	70%	77%					
Pope/ 5 th Grade	77%	90%					
Pope/ 9 th Grade	72%	92%					
Pope/ 11 th Grade	91%	88%					
Stevens/ 5 th Grade	86%	n/a					
Stevens/ 9 th Grade	93%	89%					
Stevens/ 11 th Grade	87%	n/a					
Traverse/ 5 th Grade	82%	77%					
Traverse/ 9 th Grade	82%	97%					
Traverse/ 11 th Grade	79%	n/a					
Minnesota/ 5 th Grade	80%	83%					
Minnesota/ 9 th Grade	82%	84%					
Minnesota/ 11 th Grade	80%	82%					

Source: Minnesota Student Survey

Source: 2022 Minnesota County Health Rankings



HORIZON PUBLIC HEALTH HEALTH & WELLNESS

Key Data Points & Trends

- Heart disease is the leading cause of death, followed by cancer. Statewide, cancer is the leading cause of death, followed by heart disease.
- The percentage of adults with high blood pressure is higher in each county than the statewide average, while diabetes rates are higher than the state average in all but Stevens County.
- At least half of women have received mammogram screenings for breast cancer, similar to statewide rates.
- 2019 adult influenza vaccination rates varied widely by county, from 15% in Traverse County to 60% in Douglas County.

Strengths of the Community

- Mammogram screenings are higher than the state average for most of the region.
- Childhood immunization rates are high across the region.
- Youth dental check-ups rates went up in 2016 to 2019.

Insights from the Data

- With heart disease as the leading cause of death and high blood pressure rates higher than the statewide average, a combination of strategies could be considered to encourage heart health.
- Breast cancer rates are 2-3 times higher than lung cancer rates, highlighting the importance of regular mammograms and breast cancer screening.
- Influenza-related hospitalizations and deaths have been lower in recent years, potentially due to COVID-19 mitigation practices. As these practices ease, outreach and education may be needed to increase influenza vaccination rates to prevent unnecessary illness, particularly in Pope and Traverse counties.

Considerations for Action

- Rising obesity trends, including heart health ramifications.
- Increasing depression rates and the need for mental health self-care education.



HEALTH AND WELLNESS

The data in this section is a snapshot of the overall health and wellness of the community. While health refers to a physical body, wellness is an overall balance of your physical, social, spiritual, emotional, intellectual, environmental, and occupational well-being.

Births and Deaths:

Each year, approximately 750 births occur in the Horizon Public Health service area. Of those, the vast majority occur to women who live in the Douglas County area.

Births and Deaths in Horizon Public Health Counties							
	Births 2015	Births 2019	Birth Rate 2019	Deaths 2015	Deaths 2019	Death Rate 2019	Natural Rate of Increase 2019
Douglas	425	405	11	432	474	12	-2
Grant	73	76	13	69	64	11	2
Роре	124	132	12	128	140	12	-0.7
Stevens	111	129	12	78	99	10	3
Traverse	34	27	13	57	61	19	-10
Minnesota	66,835	66,022	8	42,652	45,499	8	4

Source: Minnesota Department of Health, County Tables

*Total number of live births & deaths per 1,000. *Rate per 1,000 total population

Chronic Diseases:

Primary and secondary data were collected to identify chronic diseases across our 5-counties. Data was collected using the Statewide Health Improvement Partnership's 2020 Community Survey compared to state-level data sources.

Chronic Diseases 2020, Adults 18+							
Douglas Grant Pope Stevens Traverse							
Overweight or Obese	68%	73%	72%	69%	74%	69%**	
Diabetes or Pre-Diabetes	10%	19%	13%	9%	16%	9%	
Currently, have Asthma	6%	11%	7%	10%	7%	8%	
High Blood Pressure/							
Hypertension or Pre-	29%	37%	37%	33%	38%	24%	
hypertension							
High Cholesterol or	27%	28%	29%	25%	27%	26%	
triglycerides							
COPD	4%	5%	4%	3%	6%	4%***	
Depression	23%	19%	18%	14%	18%	20%***	

Source: SHIP 2020 Community Health Survey, * Source: Minnesota Department of Health, Data Stats, ** Source: CDC BRFSS, 2020 ***Source: United Foundation, Annual Report 2019 HEALTH AND WELLNESS

Leading Causes of Death:

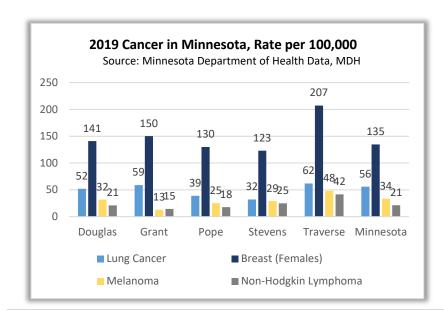
Chronic diseases and injury are among the most common and prevalent health problems facing Minnesotans today. They are among the leading causes of death and years of potential life lost in Minnesota.

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10 Leading Causes of Death* (2015-2019)					
	Horizon Public Health Minnes				
	(Douglas, Grant, Pope,				
	Stevens, Traverse)				
Heart Disease	32%	26%			
Cancer	30%	32%			
CLRD Chronic Lower Respiratory Disease	8%	8%			
Stroke	8%	7%			
Alzheimer's	7%	7%			
Unintentional Injury	6%	9%			
Diabetes	4%	4%			
Influenza/ Pneumonia	3%	2%			
Parkinson's	3%	2%			
Suicide	2%	3%			

*Based on 2,770 deaths, Source: Minnesota Department of Health, County Tables, 2019

Heart disease continues to a leading cause of death in the Horizon Public Health counties and across the state of Minnesota. High blood pressure, high cholesterol and smoking are key risk factors for heart disease.



2015-2019, Premature Deaths (Under age 75) for Leading Causes

by Horizon Public Health Service Area

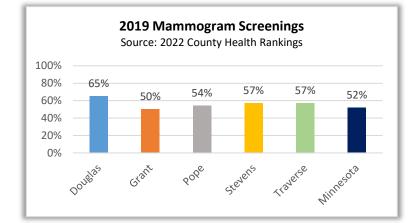
- 1. Cancer
- 2. Heart Disease
- 3. Unintentional Injury
- 4. CLRD
- 5. Suicide
- 6. Diabetes
- 7. Stroke
- 8. Influenza/ Pneumonia
- 9. Alzheimer's
- 10. Parkinson's

Source: 2019 Minnesota County Health Tables, Minnesota Department of Health

Cancer is the leading cause of death in Minnesota and the second leading cause of death in the Horizon Public Health counties. Cancer is much more common than people realize. In Minnesota, about five people out of ten will be diagnosed with some type of cancer at some point in their lifetime.

Although the cancer mortality rate has decreased by nearly 15% in Minnesota over the past 20 years, one out of four Minnesotans die of cancer. Tobacco is still the leading single cause of cancer. Tobacco is responsible for 30% of cancer deaths. ^{xviii} (Minnesota Department of Health)

HEALTH AND WELLNESS



2017-2019 Asthma Related Emergency Department Visit, per 10,000 people						
Douglas	20.7					
Grant	21.3					
Pope	19.3					
Stevens	19.2					
Traverse	n/a					
Minnesota	33.1					
Source: Minnesota Department of Health, Data Portal						

Communicable Disease:

Preventing and controlling the spread of diseases is a core function of public health. There are many ways to prevent the spread of a disease. Vaccination, proper handwashing, staying home when

sick, practicing safe sex, and seeking care when necessary are all part of prevention.

Annual Counts of Communicable Diseases 2014-2019						
	Douglas	Grant	Роре	Stevens	Traverse	
Chlamydia (STD)	467	249	100	165	422	
Gonorrhea (STD)	50	n/a	n/a	n/a	n/a	
Syphilis (STD)	2	1	3	0	0	
Tuberculosis (TB)	1	0	0	0	0	
AIDS (STD)	4	0	1	0	0	
HIV, non AIDS (STD) (*2019-2022)	5	0	1	0	0	

Source: Minnesota Department of Health, Health Statistics

2021 Top 10 Communicable Diseases by Horizon Public Health Service Area

- 1. COVID-19
- 2. Chlamydia
- 3. Campylobacter
- 4. Influenza- hospitalized
- 5. Gonorrhea
- 6. Cryptosporidium
- 7. Strep Group B
- 8. Giardia
- 9. Salmonella
- 10. Escherichia (E.). coli

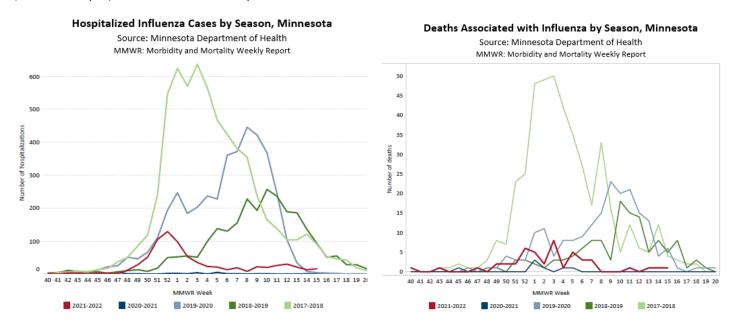
Source: Minnesota Department of Health

Local public health agencies across Minnesota assist in detecting infectious diseases, strive towards developing and implementing prevention activities to hinder disease transmission, and implement actions that can reduce the

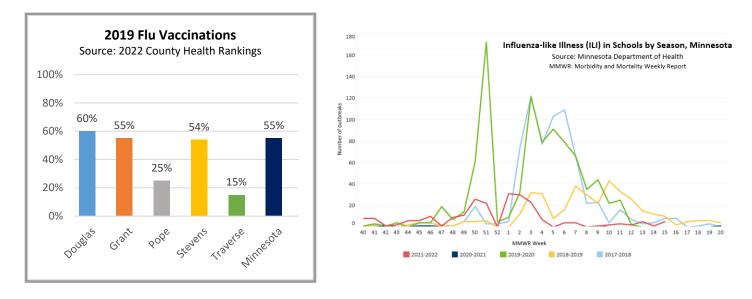
potential of exposure during outbreaks. Communicable diseases are spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or being bitten by an insect.

HEALTH AND WELLNESS

Several influenza surveillance methods are used across the state of Minnesota. Data is summarized by influenza season (October – April), rather than calendar year.



K-12 schools report an outbreak of influenza-like illness (ILI) when the number of students absent with ILI reaches 5% of total enrollment or three or more students with ILI are absent from the same elementary classroom. Below is a summary of the 2019-20 Influenza Season.



HORIZON PUBLIC HEALTH MATERNAL & CHILD HEALTH

Key Data Points & Trends

- The rate of teenage pregnancies is lower than the statewide rate.
- Expecting mothers are more likely to receive prenatal care in their first trimester of pregnancy (83%-90%) than those statewide average (79%).
- Early childhood screening rates decreased in 2018-19 and 2019-20 while statewide rates remained steady.
- Between 2015 and 2019, the rate of child maltreatment reports due to neglect, sexual abuse, and mental injury increased in all counties, like statewide rates.
- Immunization rates for children and adolescents are higher than statewide rates. Minnesota Department of Health reported an overall decrease in vaccination rates during the COVID-19 pandemic.

Strengths of the Community

- Child and adolescent vaccination rates are higher than the state average.
- Prenatal care in the 1st trimester is higher than the state average.

Insights from the Data

- While students have similar physical activity and eating behaviors as peers statewide, they could be encouraged to establish healthy behaviors that carry into adulthood.
- Increased reports of child maltreatment signal a need to complete a deeper dive into local data.
- Additional strategies may be needed to increase immunization and early childhood screening rates, particularly if some families delayed care due to the COVID-19 pandemic.

Considerations for Action

- Rising obesity rates among all ages, as well as an increase of heart related diseases.
- High rates of maltreatment reports and the impact on families and children.

MATERNAL AND CHILD HEALTH

This section will focus on health and wellness-related issues that affect women, infants, children, youth, and children with special healthcare needs.

Birth and Pregnancy:

Access and utilization of prenatal care help to ensure healthy pregnancy outcomes by preventing premature births and low birth rates, both of which can contribute to infant

mortality and high costs of care. Prenatal care encompasses several measures including; discussing a mother's healthy choices, treating potential prenatal complications,

testing for sexually transmitted infections, and screening for substance abuse.

Mothers who use Tobacco Products
(including e-cigs) while Pregnant:
Source: Minnesota Department of Health, County Tables 2019
Horizon Public Health = 12% Minnesota = 7%

Birth and Pregnancy Count 2019						
	Horizon Public Health	Minnesota				
# Birth by 15-19 year olds	19	1,789				
# Pregnancy 15-19 year olds	20	2,543				
% Births to unmarried mothers	26%	32%				
% Preterm singleton (prior 37 weeks gestation)	10%	8%				
% Low Birth weight singleton (< 5.5lbs)	5%	5%				
# of Infant Deaths 2014-2018	20	1,692				

Source: Minnesota Department of Health, County Tables, 2019

Prenatal Care (2015-2019)						
	Douglas	Grant	Роре	Stevens	Traverse	Minnesota
% Prenatal Care in 1 st Trimester	88%	90%	89%	83%	n/a	79%
Source: Minneseta Department of Health, County Tables, 201						

Source: Minnesota Department of Health, County Tables, 2019

Teenage Pregnancy Rate, per 1,000 Population of Women Age 15-19 years				
	2015	2019		
Horizon	17	10		
Minnesota	20	14		

Source: Minnesota Department of Health

Prenatal care is understood to be the medical care a woman receives during her pregnancy. Timely and adequate prenatal care is important because it can help to improve birth outcomes. Early and adequate prenatal care promotes healthy pregnancies and may reduce rates of infant death and long-term disability. Other benefits from prenatal care include the potential to influence healthy behaviors, such as exercise, healthy eating and the support to quit smoking and drinking.

% of Students who have had Sexual Intercourse													
Year	Grade	Dou	glas	Grant		Pope Stevens		ens/	Traverse		Minnesota		
		М	F	М	M F		F	М	F	М	F	М	F
2016	9 th	11%	9%	12	2%	17%	4%	17%	15%	29	%	13%	10%
2016	11 th	39%	36%	47	7%	43%	26%	30%	43%	32	%	36%	35%
2019	9 th	10%	10%	7%	13%	17%	7%	14	1%	30	%	14%	10%
2019	11 th	41%	39%	46%	46%	26%	39%	n,	/a	n/	'a	35%	34%

Source: Minnesota Department of Health - Minnesota Student Survey; M=male, F=female

MATERNAL AND CHILD HEALTH

Breastfeeding:

Breastfeeding has many health benefits, both in the short and the long term, to infants and their mothers. There is an increasing number of studies that report on associations between breastfeeding and long term protection against chronic disease. There are both benefits to infants and mothers, breastfeeding provides unmatched health benefits for babies and mothers.

The clinical standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby. We must do more to create supportive and safe environments for mothers who choose to breastfeed.'

Dr. Ruth Petersen, director of CDC's Division of Nutrition, Physical Activity, and Obesity. $^{\rm xix}$

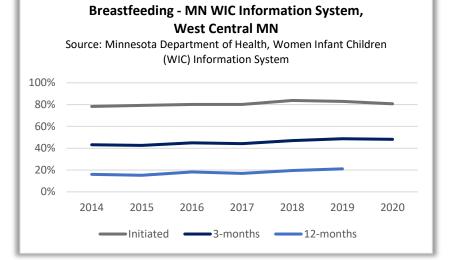
% Obese WIC (Women Infant Children)					
Enrolled Children Ages 2-5, (2019)					
Douglas 11%					
Grant	11%				
Роре	6%				
Stevens	16%				
Traverse	17%				
Minnesota 13%					

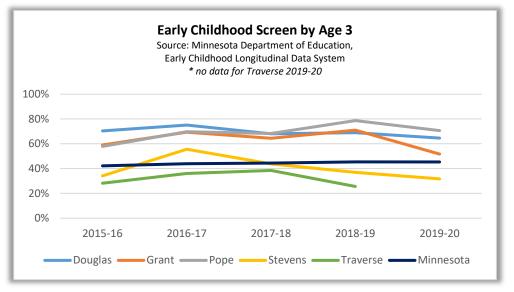
Source: Minnesota Women Infant Child (WIC) Program, Minnesota Public Health Data

Early Childhood Screening (ESC) is a legislatively-required program that leads to

earlier health and education interventions, if needed, and better outcomes for children. ^{xx}

ESC is often a parent's first encounter with a school district and may be the first time they hear about or are referred to early learning programs, scholarships, and services.





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MATERNAL AND CHILD HEALTH

Youth Risk Factors:

The Minnesota Student Survey is one of the longest-running surveys in the nation. The survey is an anonymous statewide school-based survey conducted to gain insights into the world of students and their experiences. The survey is administered every three years to students in grades five, eight, nine, and eleven. (Results from the 2022 survey were not available at the time this report was prepared.)

	Weight	Status, P	hysical A	ctivity & H	lealthy Foods		
	Obese acc Body Ma *5 th grade	veight or cording to ass Index survey did is question	% Students reporting physically active 5+ days, in past 7 days (for a total of 60/min/day)		% Students ate 5+ servings of fruit, fruit juice and vegetables in past 7 days*	% Students in past 7 days ate from fast food, including carry-out (1-3 times/week)	
	2016	2019	2016	2019	2019	2016	2019
Douglas/ 5 th Grade	n/a	n/a	46%	50%	25%	49%	51%
Douglas/ 9 th Grade	24%	28%	53%	52%	15%	63%	66%
Douglas/ 11 th Grade	30%	31%	49%	41%	12%	54%	68%
Grant/ 5 th Grade	n/a	n/a	50%	49%	25%	47%	52%
Grant/ 9 th Grade	24%	36%	51%	67%	11%	51%	58%
Grant/ 11 th Grade	29%	31%	41%	56%	20%	54%	65%
Pope/ 5 th Grade	n/a	n/a	74%	n/a	n/a	46%	53%
Pope/ 9 th Grade	22%	19%	75%	61%	20%	57%	43%
Pope/ 11 th Grade	23%	28%	69%	69%	11%	64%	55%
Stevens/ 5 th Grade	n/a	n/a	72%	n/a	n/a	51%	n/a
Stevens/ 9 th Grade	16%	27%	57%	82%	14%	66%	61%
Stevens/ 11 th Grade	24%	n/a	56%	n/a	n/a	59%	n/a
Traverse/ 5 th Grade	n/a	n/a	72%	44%	26%	37%	53%
Traverse/ 9 th Grade	16%	27%	50%	42%	10%	50%	57%
Traverse/ 11 th Grade	24%	n/a	38%	58%	n/a	48%	n/a
Minnesota/ 5 th Grade	n/a	n/a	49%	42%	24%	50%	53%
Minnesota/ 9 th Grade	24%	25%	52%	52%	15%	60%	62%
Minnesota/ 11 th Grade	24%	26%	41%	41%	13%	61%	66%

Source: Minnesota Student Survey, new question for 2019 data not available for prior years

Body Mass Index (BMI) is a number calculated from a child's self-reported weight and height. BMI is calculated using a standard formula. BMI for age percentiles are used to interpret BMI numbers for children and teens. CDC BMI for age growth charts were used to determine weight status according to BMI for participants in the Minnesota Student Survey.

Not overweight: Less than the 85th percentile Overweight: 85th to less than the 95th percentile Obese: Equal to or greater than the 95th percentile

MATERNAL AND CHILD HEALTH

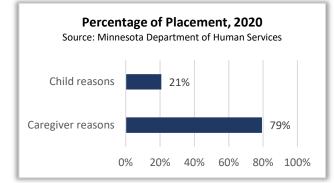
Child Maltreatment:

This section provides an overview of key data points from the intake and investigations of maltreatment reports received by the Minnesota Department of Human Services Licensing Division. Work that happens across Minnesota is to ensure and promote the safety, permanency and well-being of children who may have experienced maltreatment.

ŀ	lorizon Pu	blic Healt	h Child Ma	altreatme	nt Repoi	rt, 2015	& 2019	(total nu	mbers)	
	Total Report		Neglect		Sexual Abuse		Mental Injury		Physica	l Abuse
	Rece	eived								
	2015	2019	2015	2019	2015	2019	2015	2019	2015	2019
Douglas	675	786	214	220	34	51	1	75	63	83
Grant	228	221	61	93	8	6	6	27	40	30
Роре	250	240	78	81	10	11	5	13	43	22
Stevens	135	235	34	78	2	31	2	28	21	16
Traverse	129	152	47	69	2	9	0	22	13	23
Minnesota	78,178	85,918	21,043	22,982	3,841	5,620	416	1,574	10,150	10,112

Source: Minnesota Department of Human Services, Legislative Report 2015/ 2019

Horizo	on Public Healt	h Child Malt	reatment, N	umber of All	leged Victims	, by Race a	nd Ethnicity,	2019
	African American/ Black	American Indian	Asian/ Pacific Islander	Two or more races	Unknown/ declined	White	Hispanic (any race)	Total alleged
Douglas	13	n/a	n/a	81	18	229	24	345
Grant	n/a	n/a	n/a	8	7	106	9	121
Роре	n/a	n/a	n/a	11	7	91	9	113
Stevens	10	15	n/a	17	n/a	80	13	124
Traverse	n/a	45	n/a	7	n/a	32	13	89
Minnesota	7,116	2,648	1,012	5,778	1,923	19,821	4,266	38,298



Minnesota's Out-of-Home Care, Child rate per 1,000								
	2019							
Douglas	9							
Grant	18							
Роре	9							
Stevens	16							
Traverse	22							
Minnesota	11							

Source: Minnesota Department of Human Services, Legislative Report 2019

Source: Minnesota Department of Human Services

MATERNAL AND CHILD HEALTH

Immunizations:

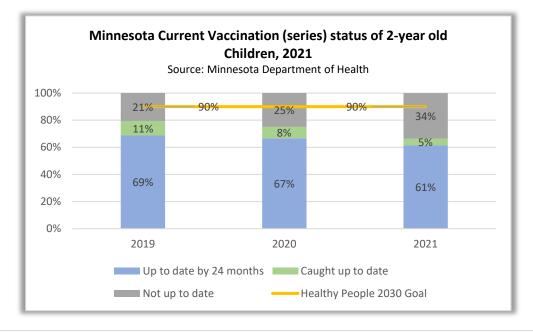
Immunizations is a process used to protect an individual's immune system against specific infectious diseases through vaccination. According to the Centers for Disease Control and Prevention (CDC), there are recommended vaccinations for infants and children. The chart below details the percentage of children who are up-to-date on their immunization schedule:

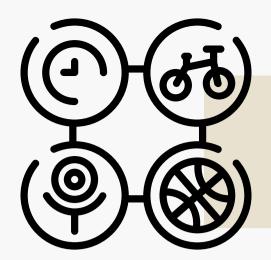
	2021 Minnesota Immunization Rat	e Comparison – Up to Date
	Children by 24 months, Birthdates 1/2019-1/2020	Adolescents 13-17 years of age, Birthdates 1/2004-1/2009
Douglas	66%	54%
Grant	77%	45%
Роре	67%	44%
Stevens	72%	45%
Traverse	69%	62%
Minnesota	63%	43%

Source: Minnesota Department of Health Electronic Records

According to Minnesota Department of Health, childhood and adolescent vaccination rates have decreased during the COVID-19 pandemic.

Healthy People (HP) 2030 Goal is to increase vaccination rates. ^{xxi} Infants and children need to get vaccinated to prevent diseases like hepatitis, measles, and pertussis. Teaching people about the importance of vaccines, sending vaccination reminders, and making it easier to get vaccines can help increase vaccination rates in children, adolescents, and adults.





HORIZON PUBLIC HEALTH COMMUNITY HEALTH BEHAVIORS

Key Data Points & Trends

- Adult obesity rates are higher than the state overall (40%, compared with 31%).
- 29% of adults responding to the 2020 SHIP survey reported exercising 5+ days each week. The cost of gym memberships and other programs was described as "a big problem" and a barrier to physical activity for 15% of residents.
- Among students, physical activity tends to decrease with age, particularly among females.
- In 2019, approximately 10% of residents experienced food insecurity, i.e. they did not have access to or the ability to afford healthy food.
- A greater percentage of residents report using alcohol and binge drinking as compared to the state percentage.
- Over one-quarter of 9th and 11th grade students living in Traverse (28%) and Stevens (33%) counties report using alcohol in the past 30 days, a higher percentage than in other counties in the region.

Strengths of the Community

- The Opioid Taskforce has mobilized a network of community providers to address the impact opioids have had among the community.
- Youth tobacco policy changes reduced youth purchase.

Insights from the Data

- Increasing opportunities for physical activity and access to healthy foods can help youth establish healthy behaviors and reduce obesity rates among adults in the region.
- Adult alcohol use/abuse and admissions to treatment has increased across the region.
- Results from the 2022 Minnesota Student Survey and other local data should be used to determine whether the 2019 increase in student-reported alcohol use is part of an ongoing trend.
- Tobacco use has increased in adults across the region. Strategies may be necessary to determine the cause of the increase and availability of cessation resources.
- How has the impact of COVID-19 affected access to food across the region?

Considerations for Action

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- Youth screen time and its connection to obesity trends.
- Increase in adult tobacco use, while youth-use has decreased (except for e-cigarettes).
- Increase in adult alcohol use and abuse.

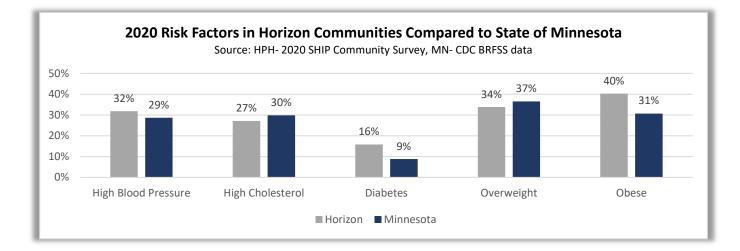


COMMUNITY HEALTH BEHAVIORS

Risk Factors:

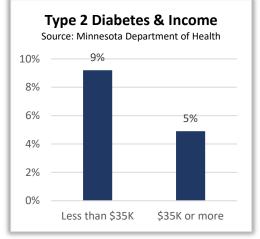
Community health behaviors are made up of a combination of knowledge, practices, and attitudes that together contribute to motivate the actions individuals take regarding their health. A health behavior is an action taken by a person to maintain, attain, or regain good health and/ or to prevent illness. Health behaviors reflects a person's health beliefs. Some common health behaviors are exercising regularly, eating a balanced diet, and obtaining necessary immunizations.

This profile highlights health behaviors of the communities served by Horizon Public Health serves. Much of the data is provided from the Horizon Public Health SHIP Community Health Survey. This mail based survey was conducted in 2015 and again in 2020 to 7,733 addresses within our 5-counties and had 2,245 responses (29% response rate). Categories consisted of: Demographics, Barriers to Receiving Medical Care, General Health Status, Chronic Conditions, Mental Health, Healthy Eating & Food Security, Physical Activity, Alcohol/ Tobacco & Substance Use, and Vehicle Usage.



Diabetes: According to MN Department of Health, much of the increase in *Type 2 Diabetes* prevalance has been among Minnesotans who have an income of less than \$35,000:^{xxii}

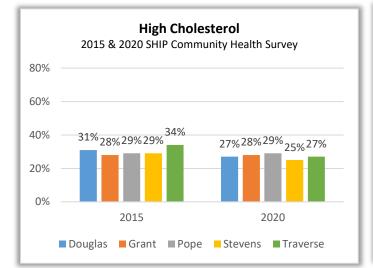
- In 2020, 8.8% of MN adults had been diagnosed.
- 1 in 10 people do not know they have the disease.
- Around 24,000 new cases annually in MN.
- 26% of American Indian/ Alaskan Native meet the optimal care measures compared to 49% of Asian adults.
- 5.2% of adults who have a college degree report having diabetes compared to 8.9% of adults who do not.

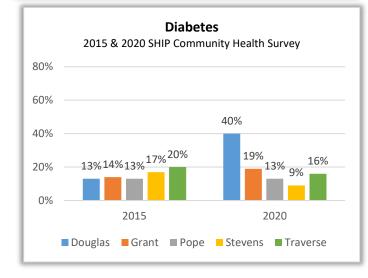


COMMUNITY HEALTH BEHAVIORS

Health Conditions:

These charts represent information collected from the SHIP Community Health Survey, by county and years. Poor physical or mental health prevented 41.8% of Minnesotans who are obese from engaging in their usual activities, according to self-reports and analysis of Minnesota's 2020 data from the Behavioral Risk Factor Surveillance System (BRFSS). Meaning, Minnesotans who are obese were 1.4 times as likely as other Minnesotans to report that poor physical or mental health prevented usual activities for 14 or more days in the past month, according to analysis and the BRFSS survey.^{xxiii}

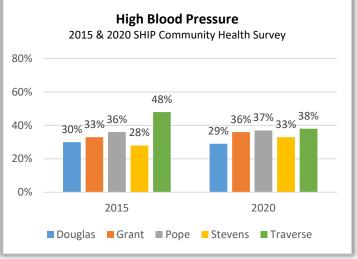


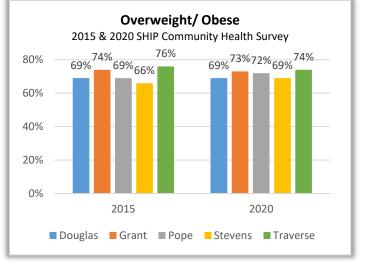




Data Comparison

Minnesota	2015	2020
High Blood Pressure	24%	29%
High Cholesterol	32%	30%
Diabetes	7%	9%
Overweight	37%	37%
Obese	26%	31%
Source: CDC, BRFSS data		



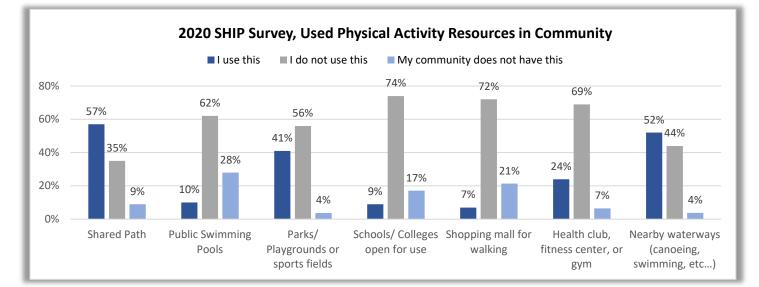


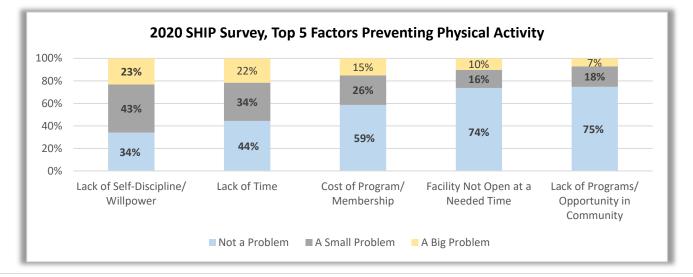
COMMUNITY HEALTH BEHAVIORS

Physical Activity and Adults:

Physical acitvity is anything that gets your body moving. According to the Centers for Disease Control and Prevention, each week adults need 150 minutes of moderate-intensity physical activity and 2 days with a strengthening activity. Data from the 2015 and 2020 SHIP Survey remained the same. 85% of 2020 SHIP Survey Respondents reported getting physical activities or exercise during the past 30 days 29% of 2020 SHIP Survey Respondents reported getting

moderate exercise 5+ days per week

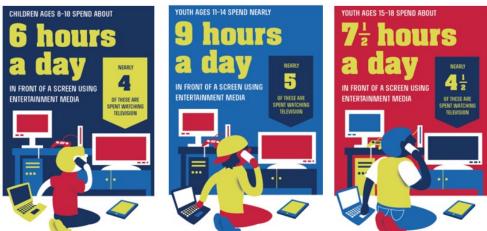




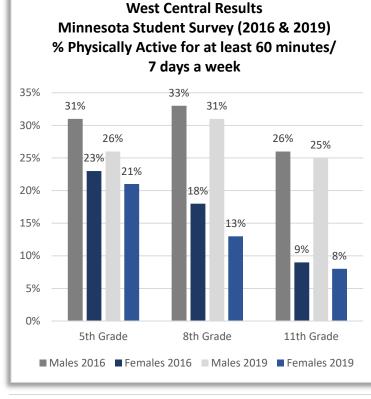
COMMUNITY HEALTH BEHAVIORS

Screen Time vs. Lean Time:

According to Kaiser Family Foundation, kids ages 8-18 now spend, on average, 7.5 hours in front of a screen for entertainment each day, 4.5 of which are spent watching TV.



Source: Kaiser Family Foundation, Centers for Disease Control and Prevention



West Central Results Minnesota Student Survey (2016-2019) % BMI Overweight or Obese

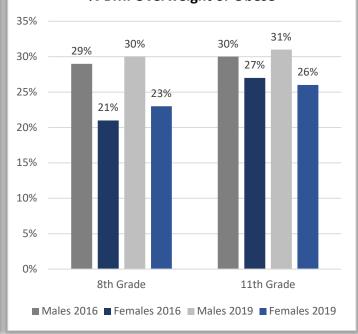
The CDC recommends kids get at

least 60 minutes of physical activity each day. The time kids spend

watching TV, playing video games,

surfing the web, is time they could

be physically active. (CDC, 2021) xxiv



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COMMUNITY HEALTH BEHAVIORS

Access to Healthy Foods:

Access to foods that support healthy eating patterns contributes to an individual's health throughout his or her life. Healthy eating can help lower the risk for chronic disease. Evidence shows that poor nutrition and unhealthy diet are risk factors for high blood pressure, diabetes, and cancer*. *(U.S. Department of Health and Human Services and U.S. Department of Agriculture 2015-2020 dietary quidelines)

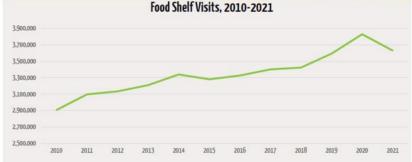
There are barriers and disparities in the accessibility and availability of foods that support healthy eating patterns. According to Healthy People 2030, data shows that the average distance from U.S. households to the nearest supermarket was 2.19 miles.

The number of food shelf visits in each region of the state roughly follow the percentage of the population that lives there. It does not matter if you live in a rural area, a small town, or urban area - hunger exists in every corner of the state. Source: Hunger Solutions Minnesota^{xxv}

Last year, Minnesotans made 3,632,243 visits to food shelves.

2021 brought the number of food shelf visits down to pre-pandemic levels.



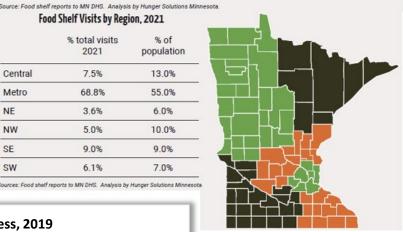


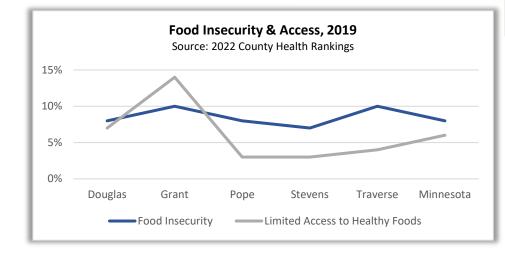
Food Shelf Visits by Region, 2021 % total visits % of 2021 population Central 7.5% 13.0% Metro 68.8% 55.0% NE 3.6% 6.0% NW 5.0% 10.0% 9.0% SE 9.0%

6.1%

Sources: Food shelf reports to MN DHS. Analysis by Hunger Solutions Minnesot

7.0%



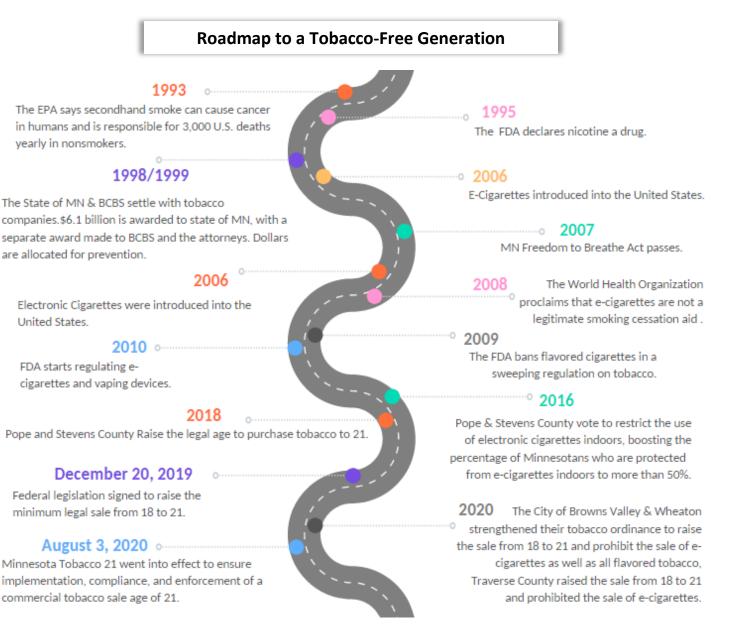


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COMMUNITY HEALTH BEHAVIORS

Tobacco & Electronic Cigarette Use:

Tobacco continues to be the leading cause of preventable disease and death in the United States and is responsible for about one in every five deaths. It puts smokers and those exposed to secondhand smoke at risk for serious health problems, including heart attack, stroke, lung cancer and many other cancers. Although fewer Americans smoke and they are smoking less than in previous years, continued efforts are needed, when as many as one-quarter of adults and nearly 1 in 6 youth are still smoking.



COMMUNITY HEALTH BEHAVIORS

Adult Tobacco Use											
	Any T	ype of	Ciga	Cigarette		Cigar/ Pipe/		eless	E-Cigarette		
	Tobac	co use	U	Use		Other Use		se	U	se	
	2015	2020	2015 2020		2015	2020	2015	2020	2015	2020	
Douglas	13%	15%	7%	8%	8%	9%	4%	3%	.5%	.4%	
Grant	12%	16%	8%	8%	8%	11%	3%	5%	2%	.5%	
Роре	18%	19%	13%	9%	14%	12%	9%	6%	3%	1%	
Stevens	12%	16%	9%	6%	7%	3%	4%	8%	2%	3%	
Traverse	16%	21%	13%	13%	12%	19%	3%	9%	1%	5%	
Minnesota*	21%	19%	14%	14%	5%	5%	4%	3%	6%	6%	

Source: SHIP Community Health Survey/ Minnesota Data*- Minnesota Adult Tobacco Survey (2014/ 2018)

Youth	Youth Tobacco Use in the Last 30 Days, Minnesota Student Survey										
	Cigare	tte Use	Cigar	/Pipe/	Smol	keless	E-Ciga	arette	Any P	roducts	
			Other Use		U	Use		se	Contained Flavors		
	2016	2019	2016	2019	2016	2019	2016	2019	2016	2019	
Douglas/ Males 8 th Grade	5%	2%	3%	1%	6%	3%	7%	8%	6%	2%	
Douglas/ Females 8 th Grade	3%	1%	1%	1%	0%	1%	4%	11%	4%	5%	
Douglas/ Males 11 th Grade	19%	10%	16%	8%	23%	13%	25%	34%	15%	18%	
Douglas/ Females 11 th Grade	9%	5%	2%	3%	2%	1%	12%	28%	10%	10%	
Grant/ Males 8 th Grade	8%	5%	3%	0%	3%	0%	3%	24%	4%	14%	
Grant/ Females 8 th Grade	0/0	8%	570	0%	570	0%	570	18%	4 /0	8%	
Grant/ Males 11 th Grade	21%	21%	11%	7%	9%	21%	19%	34%	12%	24%	
Grant/ Females 11 th Grade	21/0	3%	11/0	3%	570	0%	1970	24%	1270	8%	
Pope/ Males 8 th Grade	2%	7%	0%	0%	7%	3%	5%	7%	7%	7%	
Pope/ Females 8 th Grade	6%	6%	0%	0%	0%	0%	3%	6%	3%	6%	
Pope/ Males 11 th Grade	14%	9%	8%	9%	11%	9%	8%	24%	14%	15%	
Pope/ Females 11 th Grade	8%	0%	4%	0%	0%	0%	12%	21%	0%	15%	
Stevens/ Males 9 th Grade	5%		2%		10%		0%		5%		
Stevens/ Females 9 th Grade	3%	4%	3%	0%	6%	7%	9%	39%	6%	21%	
Stevens/ Males 11 th Grade	3%		3%		6%		0%		9%		
Stevens/ Females 11 th Grade	12%		9%		2%		18%		7%		
Traverse/ 8 th Grade	7%	3%	0%	3%	4%	6%	7%	32%	0%	9%	
Traverse/ 9 th Grade	7%	4%	0%	0%	11%	0%	7%	18%	3%	14%	
MN/ Males 8 th Grade	2%	2%	2%	2%	2%	2%	6%	10%	6%	4%	
MN/ Females 8 th Grade	3%	2%	1%	1%	1%	1%	6%	12%	6%	5%	
MN/ Males 11 th Grade	9%	6%	9%	5%	9%	5%	19%	24%	11%	12%	
MN/ Females 11 th Grade	8%	5%	3%	2%	2%	1%	15%	26%	9%	13%	

Source: Minnesota Student Survey, *Grant, Stevens, & Traverse contain limited data for some sections

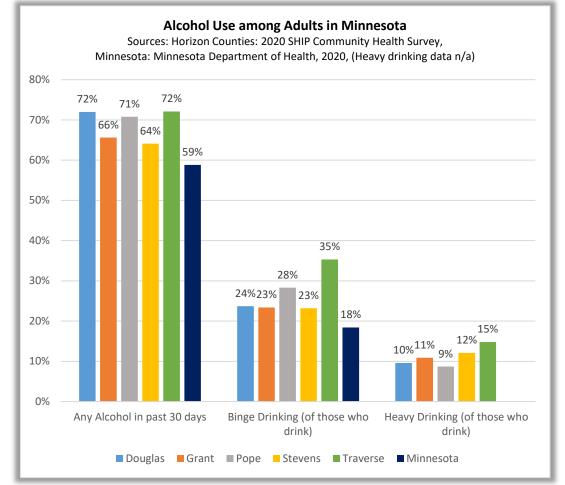
COMMUNITY HEALTH BEHAVIORS

Adult Alcohol Use:

Substance misuse and abuse can have both short and long term, direct and indirect impacts. Substance use can also lead to addiction. There are a number of factors, which can increase or decrease the risk of substance abuse including early substance use in youth. Therefore, a majority of strategies and indicators focus on youth substance use.

Excessive alcohol use can result in harms such as motor vehicle injuries, violence, heart disease, cancer, alcohol poisoning, and poor birth outcomes. Excessive drinking includes binge drinking (4+ drinks on one occasion for women, 5+ for men), heavy drinking (8+ drinks in a week for women, 15+ for men), and any drinking by pregnant women or people under age 21.

- Minnesota had one of the highest binge drinking rates in the nation in 2020.
- More men say they binge drink vs women (Men 23% vs Women 14%)
- Women and men ages 18-44 years were more likely to say they binge drink than those older than 44 years. However, the proportion of women reporting binge drinking increased over time.
- 13% of pregnant women across Minnesota say they drank alcohol in the last month; more than 4% say they binge drank in the past month.



Source: 2020 Minnesota Department of Health

COMMUNITY HEALTH BEHAVIORS

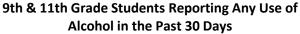
Youth Alcohol Use:

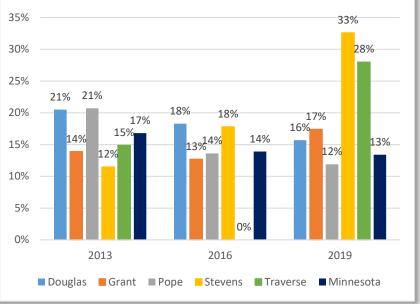
Youth who use alcohol at a young age are more likely to experience alcohol dependence or abuse alcohol later in life than people who begin drinking at or after age 21.

Alcohol-Related Harms:

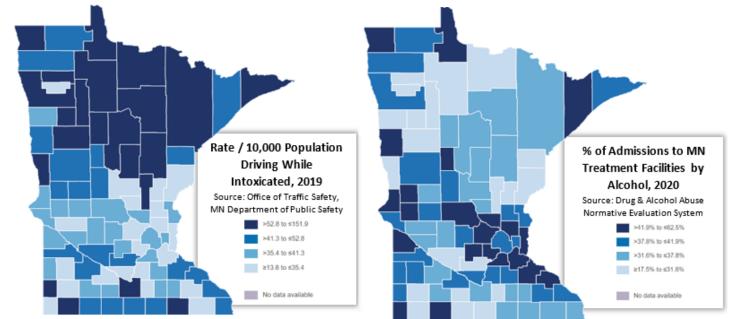
Alcohol is used more often and by more people than any other drug. Alcohol contributes to more deaths, injuries, and illnesses than any other drug.

According to Minnesota Department of Health Statistics, the estimated number of alcohol-related deaths has increased over the past 18 years. These deaths include fully alcohol-attributable deaths such as alcohol poisoning and alcoholic liver disease, as well as partially alcohol-attributable deaths such as motor vehicle crashes and several types of cancers.





Source: Minnesota Student Survey, *2016 Traverse Data n/a



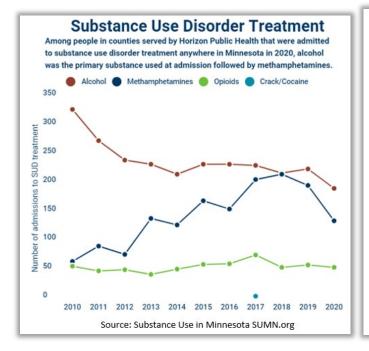
COMMUNITY HEALTH BEHAVIORS

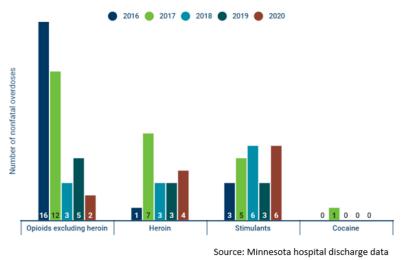
Other Drug Use and Abuse:

In 2017 Alomere Health founded an Opioid Taskforce to address the high number of opioid prescriptions in the area. Many partners from across the Horizon Public Health service area are represented as a stakeholder on the taskforce.

The taskforce has played a crucial role in reducing opioid prescriptions, as well as: 1. Improved monitoring of opioid and controlled substance prescriptions across the region, 2. Increased access to Medication for Opioid Use Disorder (OUD) treatment, and 3. Increased coordination and collaboration across community prevention efforts.

Across the Horizon Public Health Service area, local providers have admitted 119 patients since 2018 for Medication Assistance Treatment Programs to treat OUD.





Emergency room visits for nonfatal overdose among residents of counties served by Horizon Public Health increased for heroin and stimulants from 2019 to 2020.

Horizon - Total Number of Opioid Prescriptions Dispensed since 2016

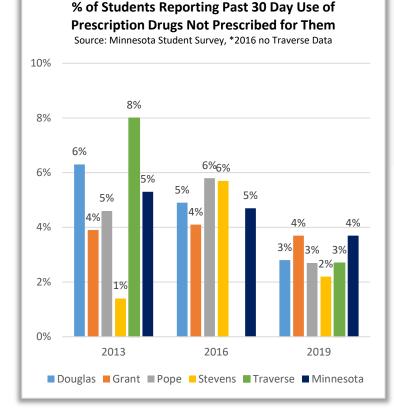
COMMUNITY HEALTH BEHAVIORS

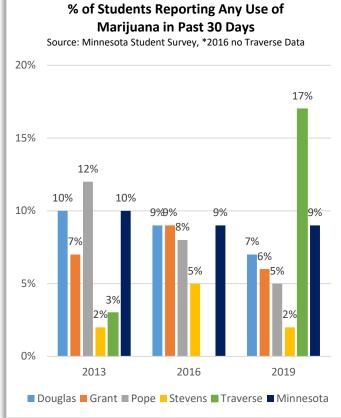
Substance Use among Adolescents:

Although most youth are in good health, some youth are at an increased risk for behaviors that can lead to poor health outcomes, such as high-risk substance use.

According to the CDC, youth who use high-risk drugs are more likely to also:

- Engage in risky sexual behaviors
- Experience violence, such as physical and sexual dating violence, and being bullied, threatened, or injured.
- Be at greater risk for mental health problems and suicide





We can take steps to prevent adolescent drug use that will help them stay healthier for decades to come and perform better in school. A majority of adults with substance abuse disorders and addictions started during their adolescent and young adult years.

Studies show that parental involvement in the lives of adolescents can reduce the chance that they will use high-risk, nonmedical prescription, and illegal drugs. (Hayakawa. 2016, J Adolescent Health) ^{xxvi}



HORIZON PUBLIC HEALTH MENTAL HEALTH

Key Data Points & Trends

- Over one-third of residents (36%-46%) reported experiencing poor mental health one or more days in the past month with 14-23% of adults having experienced depression or anxiety like national data.
- Among adults, 11-20% have experienced a delay in care for a mental health concern.
- Minnesota Student Survey data showed notable changes in self-reported mental health between 2016 and 2019, including divergent trends that require additional exploration. There are some counties where self-reported feelings of depression were lower in 2019 than in 2016, but where suicidal ideation increased.
- Preventable deaths due to suicide in Minnesota have remained relatively stable since 2016; drug overdoses continued to increase during that timeframe, taking the lives of over 1,000 Minnesota residents in 2020.

Strengths of the Community

- Increased awareness of the importance of good mental health and positive well-being.
- Stigma reduction around accessing mental health care.

Insights from the Data

- Mental health is a critical component of overall health, but may not be discussed as openly as physical health.
 Our region may consider ways to expand the opportunity to talk about mental health at all ages and stages.
- Multiple strategies may be needed to ensure individuals experiencing a mental health challenge can connect with others easily for support and treatment.
- Local data may help our region better understand the degree to which drug overdoses contribute to premature deaths.

Considerations for Action

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- The impact(s) of delayed mental health care.
- The emotional well-being of youth.
- Does the increase in mental health awareness cause increased in the data related to mental health?



MENTAL HEALTH

Adult Mental Health:

When a person experiences mental or emotional health issues, it can affect every day functioning. Mental and emotional health struggles places significant strains on relationships, the ability to work, and can lead to self-harm. In 2020, over one-third of residents, in each county, who completed this survey reported having 1 day in the past 30 days when their mental health was not good. Depression and anxiety can affect a person's ability to participate in health-promoting activities, such as physical activity, and also disrupt connections to helpful social supports.

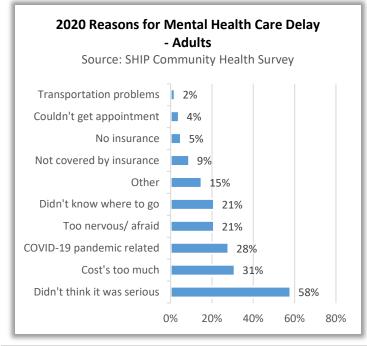
2021 Maximum Travel Distance to closest mental health provider								
Douglas	14.6 miles							
Grant	18.5 miles							
Роре	10.9 miles							
Stevens	13 miles							
Traverse	16.5 miles							

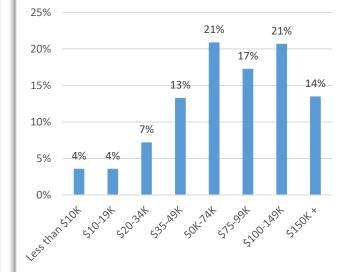
Source: PrimeWest Health, Access to Care Survey

Source: SHIP Community Health Survey

	2015 / 2020 SHIP Survey Mental Health Data – Adults											
	More the	an 1 day, in	Hav	e had	Hav	ve had	Have	had an	Mental Health			
	past 30	days that	Depres	sion as a	Anxie	Anxiety/ Panic		' Mental				
	Mental	Health was	menta	l health	Attacks as a mental		Health health		care delay during			
	not	t good	con	dition	health	condition	cond	condition		past 12 months		
	2015	2020	2015	2020	2015 2020		2015	2020	2015	2020		
Douglas	30%	36%	11%	23%	12%	18%	5%	4%	8%	11%		
Grant	34%	37%	14%	19%	13%	20%	4%	7%	9%	13%		
Роре	28%	38%	18%	18%	14%	17%	5%	4%	12%	11%		
Stevens	31%	46%	18%	14%	16%	14%	3%	4%	10%	20%		
Traverse	23%	36%	18%	19%	13%	20%	5%	5%	8%	13%		

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2020 SHIP Survey Respondents Annual

Income

MENTAL HEALTH

Youth Mental Health:

Children and youth experience various types of emotional distress as they develop and mature. As with physical health, mental health is not merely the absence of disease or a mental health disorder. The presence or absence of various combinations of protective and risk factors contribute to the mental health of youth. Youth with mental health disorders may face challenges in their homes, school, community, and interpersonal relationships.

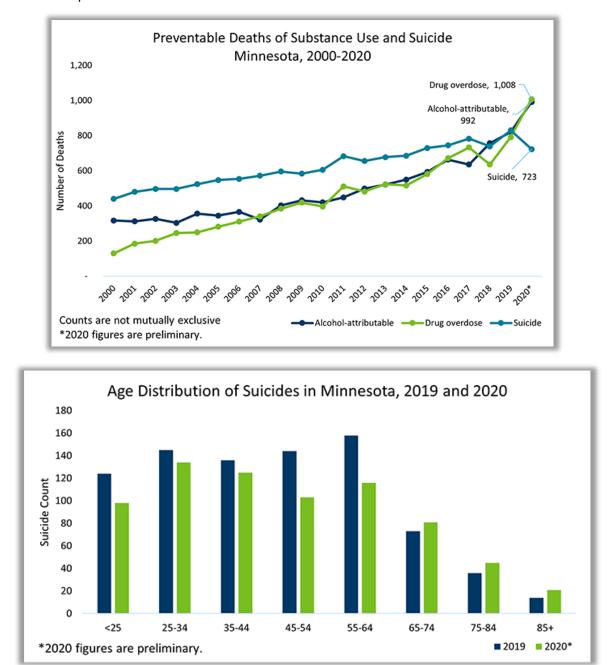
Emotional	Well-B	eing and	Distre	ss, Minne	sota Stud	lent Survey	(2016 &	2019)		
	my (very) extrem	od about yself , often, mely or : always) 2019	appred ot (very extre	alued & iated by hers , often, mely or : always) 2019	wee do depi hoj	r past 2 ks, felt own, ressed, oeless han 1 day) 2019	atter sui	idered npting cide ast year) 2019	atter suicid	ually npted e (w/in st year) 2019
Douglas/ Males 8 th Grade	81%	84%	72%	80%	28%	8%	8%	8%	3%	3%
Douglas/ Females 8 th Grade	67%	69%	73%	75%	41%	16%	13%	13%	4%	4%
Douglas/ Males 11 th Grade	75%	80%	69%	77%	34%	11%	8%	8%	3%	3%
Douglas/ Females 11 th Grade	66%	55%	66%	58%	50%	22%	15%	14%	5%	3%
Grant/ Males 8 th Grade Grant/ Females 8 th Grade	69%	75% 36%	66%	63% 71%	38%	8% 39%	9%	8% 42%	3%	3% 13%
Grant/ Males 11 th Grade Grant/ Females 11 th Grade	56%	65% 53%	55%	56% 56%	42%	13% 27%	9%	21% 17%	4%	0% 5%
Pope/ Males 8 th Grade	78%	79%	64%	73%	14%	6%	9%	14%	2%	7%
Pope/ Females 8 th Grade	78%	75%	69%	74%	19%	9%	22%	11%	9%	3%
Pope/ Males 11 th Grade	66%	77%	63%	79%	19%	17%	8%	6%	3%	0%
Pope/ Females 11 th Grade	46%	49%	59%	71%	29%	25%	17%	11%	8%	7%
Stevens/ Males 8th Grade	83%		71%		4%		7%		0%	
Stevens/ Females 8th Grade	77%	57%*	85%	47%*	17%	19%*	14%	14%*	3%	0%*
Stevens/ Males 11th Grade	80%	(9 th grade)	72%	(9 th grade)	15%	(9 th grade)	3%	(9 th grade)	0%	(9 th grade)
Stevens/ Females 11th Grade	63%		64%		25%		19%		5%	
Traverse/ 8 th Grade	62%	57%	66%	51%	17%	16%	21%	16%	3%	9%
Traverse/ 11 th Grade	52%	43%	64%	n/a	21%	n/a	7%	n/a	0%	n/a
MN/ Males 8 th Grade	81%	75%	73%	70%	10%	11%	7%	8%	2%	2%
MN/ Females 8 th Grade	61%	53%	63%	59%	21%	12%	16%	18%	5%	6%
MN/ Males 11 th Grade	75%	70%	69%	67%	13%	14%	8%	10%	2%	3%
MN/ Females 11 th Grade	56%	48%	60%	57%	22%	24%	16%	16%	4%	4%

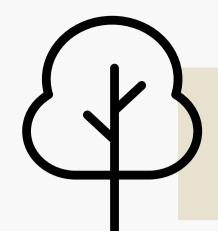
Source: Minnesota Student Survey, *Grant, Stevens, & Traverse contain limited data for some sections

MENTAL HEALTH

Substance and Suicide:

The Minnesota Department of Health released a Suicide 2020 Report. For the past 20 years, the number of suicides in Minnesota has steadily increased, mirroring patterns across the United States. The charts below shows these trends, source: Minnesota Department of Health. ^{xxvii}





HORIZON PUBLIC HEALTH ENVIRONMENTAL HEALTH FACTORS

Key Data Points & Trends

- Although few children have tested positive for elevated blood lead levels (EBLLs), many of the homes in the region (47%-66%) were built before 1980 and may have lead-based paint (restrictions were put in place in 1978).
- Data show average statewide temperatures have increased 3 degrees since data first reported in 1895, impacting the growing season and snow cover.
- Air quality has improved across the state and in the region, a trend expected to continue.

Strengths of the Community

• Grant dollars and community funding to support programs and education related to environmental health.

Insights from the Data

- Radon is prevalent public health educational efforts need to remain strong on testing. There is a need for affordable treatment measures for positive radon test results that require mitigation.
- Climate change will impact agriculture, economies, and the environment. Ongoing education can help assess impact and prepare for changes.
- Additional environmental health indicators are limited; local stakeholders may have additional insights into air and water quality and other environmental indicators to aid regional prioritization.

Considerations for Action

- The need to collect and monitor data regarding environmental changes and trends.
- Further education to community about the resources already available.



ENVIRONMENTAL HEALTH FACTORS

Our environment is connected with all aspects that may affect human health. Creating good health requires the practice and study of well-being related to preventing illness and injury. Environmental health includes the assessment and control of factors in our environment, which can potentially affect health.

Radon:

Radon is a colorless and odorless gas that comes from the soil. The gas can accumulate in the air we breathe. Radon gas decays into fine particles that are radioactive. When inhaled these fine particles can damage the lungs. Exposure to radon over a long period can lead to lung cancer.

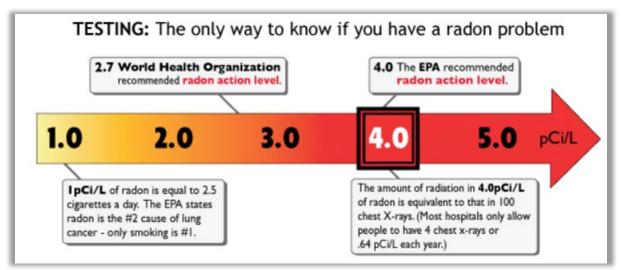
Radon levels are measured in picocuries per liter (pCi/L). There is no safe level of exposure. It is recommended to have the lowest levels possible to reduce the risks of lung cancer. The U.S. Environmental Protection Agency (EPA) says 'Radon poses a greater health risk to children than to adults'. ^{xxviii}

	Radon Leve	ls 2010-202	0							
	Annual tests Results > Results 4									
	per 10,000 2 pCi/L pCi/L and									
Douglas	76	84%	62%							
Grant	50	86%	66%							
Роре	141	77%	51%							
Stevens	77	83%	61%							
Traverse	42	88%	63%							

Source: Minnesota Department of Health, Indoor Air program

Lifetime Risk of Lung	g Cancer Death from	Radon Exposure (per	r 1,000 people)
Average Radon	People who	People who	U.S. general
Level (pCi/L)	never smoked	currently smoke	population
20	36	260	110
10	18	150	56
4*	7	62	23
2	4	32	12

Source: Minnesota Department of Health * Environmental Protection Agency (EPA) Action Level



ENVIRONMENTAL HEALTH FACTORS

Lead:

Childhood lead exposure is dangerous for young children. Elevated Blood Lead Levels* (EBLLs) in young children are linked with adverse health effects, including learning problems, behavioral problems, and even death if exposures are very high. Children less than 6 years of age living in homes built before 1978 are most at risk for lead exposure because many houses had lead-based paint.

Childhood Lead Exposure, Among Children Under 3 years (2016 Birth Year)												
	% tested	# Children with	% of total	% of total								
	under 3	Elevated Blood	homes build	homes build								
		Lead Levels*	prior to 1950	prior to 1980								
Douglas	97%	1	14%	47%								
Grant	94%	1	37%	67%								
Роре	81%	1	31%	63%								
Stevens	55%	0	29%	66%								
Traverse	100%	1	31%	58%								
Minnesota	82%	458	21%	56%								

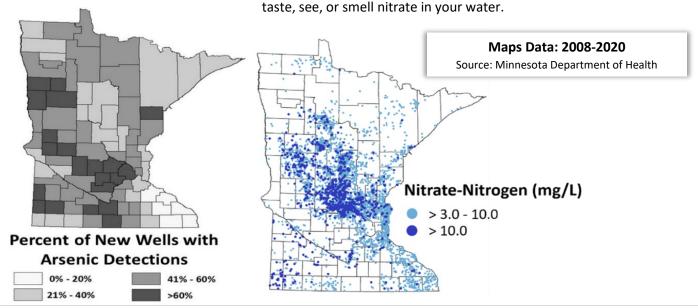


Arsenic and Nitrate:

Arsenic has been detected in about 40 percent of new wells drilled since 2008 in Minnesota. About 10 percent of Minnesota's private wells have arsenic levels higher than 10ug/L. Arsenic is in groundwater throughout the state, but it is more likely in some areas. Long-term exposure to arsenic from drinking water can cause cancer and skin lesions.

Source: Minnesota Department of Health, 2019

Nitrate is a compound that occurs naturally and has many human-made sources. Nitrate is in some lakes, rivers, and groundwater in Minnesota. When nitrate is found in Minnesota groundwater, it is usually at very low concentrations. However, some groundwater has nitrate concentrations that present a health risk – especially for babies. You cannot



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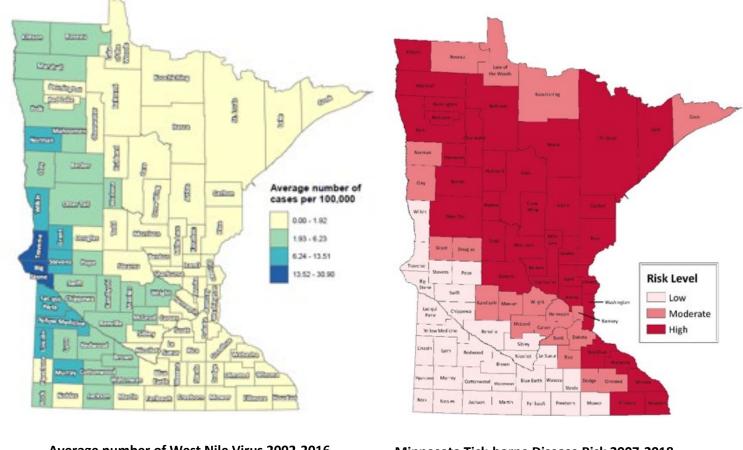
ENVIRONMENTAL HEALTH FACTORS

Vector Diseases:

Vectors are mosquitoes, ticks, and fleas that spread pathogens. A person who is bitten by a vector and gets sick has a vector-borne disease. The data below represents a variety of diseases that may be spread by mosquitoes and ticks.

West Nile Virus is a disease transmitted to people, horses, and birds. It is the most commonly reported mosquito-borne disease in Minnesota. Most people infected with West Nile Virus show no symptoms or flu-like symptoms, but some (primarily elderly) have a more severe illness.

In Minnesota, there are about a dozen different types of ticks. Not all of them spread disease. The most common tick, which spreads disease, is the dog tick (commonly known as the wood tick) and the blacklegged tick (commonly known as the deer tick).



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Average number of West Nile Virus 2002-2016 Rates per 100,000 Source: Minnesota Department of Health/ Environmental Public Health Tracing Minnesota Tick-borne Disease Risk 2007-2018 Rates per 100,000 Source: Minnesota Department of Health

ENVIRONMENTAL HEALTH FACTORS

Climate:

Minnesota's climate is changing and will continue to change in the future. Temperatures are increasing, especially in the winter, and larger, more frequent precipitation events are occurring.

According to data from the University of Minnesota and MN Climate Adaption Partnership, Minnesota is warming. The average annual temperature across the state has increased 3 degrees Fahrenheit since the late 1800s, with Minnesota outpacing the average rate of warming.

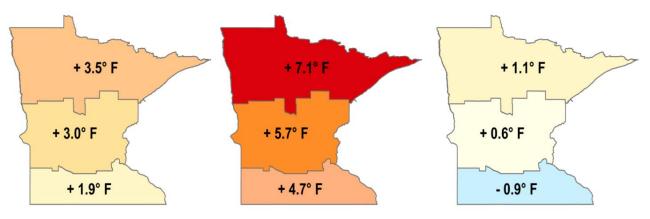
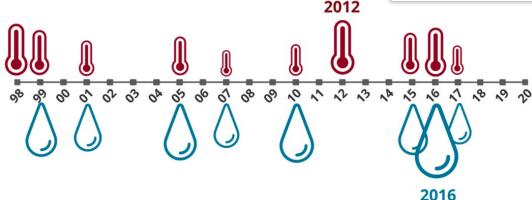


Image - total temperature change between 1895 and 2019 in Minnesota. Temperature changes are shown for the average of the entire year (left), the average winter low (center), or the average summer high (right). Note that the northern part of the state and the winters have warmed the most. Source: Minnesota Department of Natural Resources

According to research by the University of Minnesota, together with the Minnesota Department of Natural Resources, in the future, we can expect that winters will continue to warm and the number of days with snow cover will decrease. We can also expect the growing season to continue to lengthen as the spring thaw moves earlier and the first freeze in fall shifts

later.



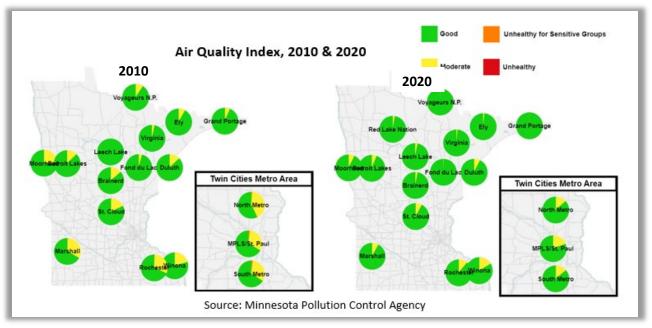
The 10 warmest and wettest years in Minnesota since record-keeping began have occurred since 1998. 2016 was simultaneously the warmest and wettest: no wet year was quite as warm, and no warm year was quite as wet.

(Source: MN DNR)

ENVIRONMENTAL HEALTH FACTORS

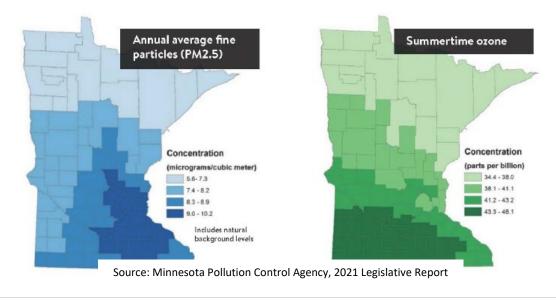
Air Quality:

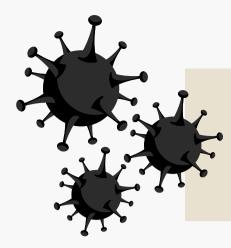
Minnesota's air quality is good overall, but it is not the same in all parts of the state and does not affect all Minnesotans equally.



Overall pollution levels have been going down and this trend is expected to continue. However, people in some areas experience pollution levels that are high enough to worsen health conditions or are exposed to pollutants that don't have federal or state standards. ^{xxix} (2021 MPCA Report)

The number of Air Quality Index (AQI) days in each category varies by region of the state. Typically, areas in the northern half of the state have the highest number of good days. The below chart represents 2010 on the left 2020 on the right. The size of the pie chart reflects the number of days with available monitoring data.





HORIZON PUBLIC HEALTH COVID-19 PANDEMIC

Key Data Points & Trends

- COVID-19 was confirmed in March 2020. As of March 2022, there have been 18,834 confirmed cases and 170 COVID-19 related deaths in the region as reported by the Minnesota Department of Health.
- Minnesota lost approximately 300,000 jobs in the early stages of the pandemic due to shutdowns and changes in service delivery, and is on track to return to pre-pandemic job levels in 2022.
- Across multiple health professions, job vacancies have increased since pre-pandemic levels in Minnesota. Mental health and substance abuse counseling vacancies have increased from 8% in 2019 to 26% in 2021.
- Although graduation rates did not decline during the pandemic, there was a decrease in reading proficient among young learners (3rd grade) in the state and across the region.
- Mental Health has had an impact in the prevalence of anxiety and depression.

Strengths of the Community

- Outdoor recreation and activities resources are thriving because of the COVID-19 pandemic.
- COVID-19 vaccination rates for the region follow a similar trend when compared to the state rates.
- High school graduation rates did not decline.

Insights from the Data

- Additional information is needed to understand how the COVID-19 pandemic led to delays in care, including missed preventive care visits and delays in seeking mental health or substance abuse services.
- Multiple strategies are needed to address rural workforce shortage gaps potentially exacerbated by the COVID-19 pandemic.
- COVID-19 continues to have an impact on mental health.

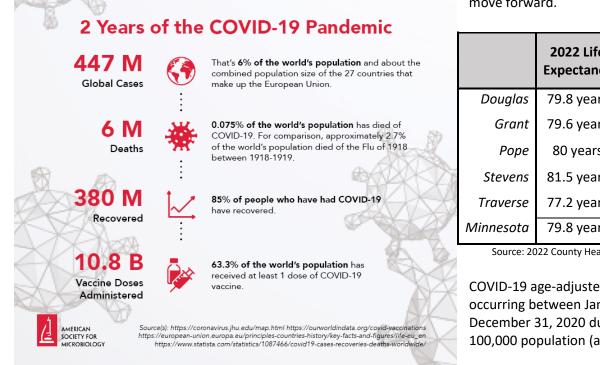
Considerations for Action

- The effect the pandemic has had on youth.
- How will the projected decrease in rural health workforce impact our communities?
- A need to increase mental health resources.
- Relationship between pandemic and maltreatment.



COVID-19

The COVID-19 pandemic has had unprecedented, widespread impacts on households across America. In March of 2020, Horizon Public Health saw its first confirmed COVID-19 case. This section is to assess how different aspects of our community have been impacted by the pandemic. Findings are organized into five areas of impact: education, economic stability, health care and access, neighborhood and built environment, and social and community context. With two years of the pandemic behind us, we know there is more ahead for our communities as we continue to bounce back and

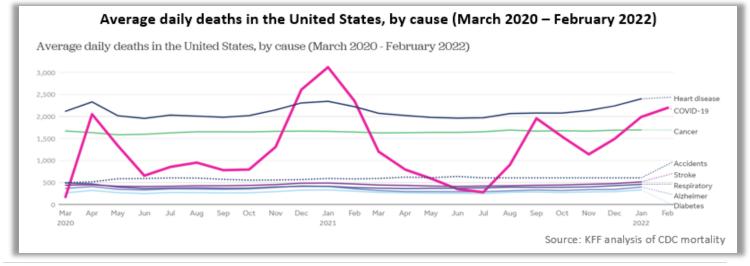


move forward.

	2022 Life Expectancy	2022 COVID-19 Age Adjusted Mortality
Douglas	79.8 years	
Grant	79.6 years	72 years
Pope	80 years	(only multi- county data
Stevens	81.5 years	available)
Traverse	77.2 years	
Minnesota	79.8 years	72 years

Source: 2022 County Health Rankings, Life Expectancy

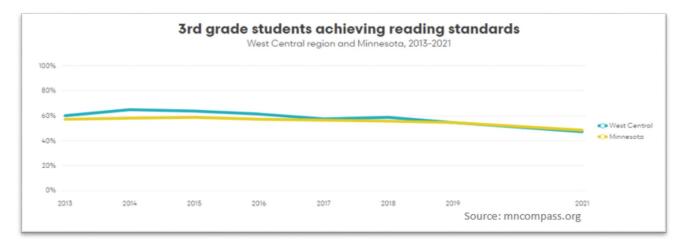
COVID-19 age-adjusted mortality: All deaths occurring between January 1, 2020 and December 31, 2020 due to COVID-19, per 100,000 population (age-adjusted).



COVID-19

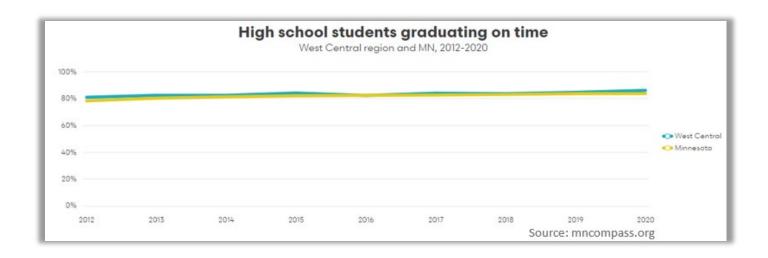
Education:

The impacts of COVID-19 on education were shaped by a number of factors. For school-age children, this included the initial move to remote learning in Spring of 2020, followed by schools reopening with COVID-19 mitigation protocols in place. For younger children, child care and preschool facilities faced challenges as workforce needs shifted, and some facilities closed in both 2020 and 2021.



A similar share of West Central region third graders are proficient in reading compared to MN third graders as a whole. Both the state and the region saw a drop of 7% in reading proficiency from 2019 to 2021.

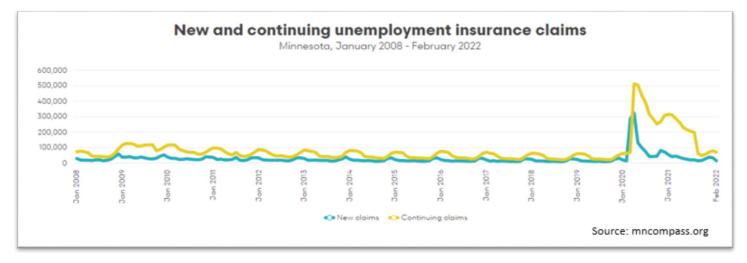
A larger share of West Central region student's graduate on time from high school compared to Minnesota students as a whole. The West Central region's graduation rate has increased in recent years.



COVID-19

Economic Stability:

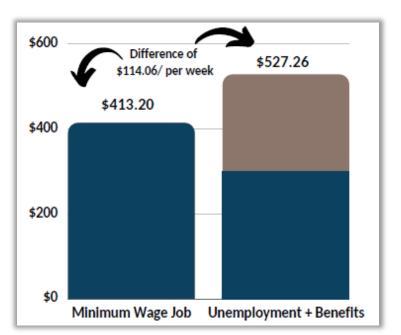
COVID-19 has an impact on unemployment with a huge increase of unemployment recipients in the spring of 2020. Continuing unemployment claims dropped sharply in September 2021 as many benefit programs ended, although claims remain higher than before the COVID-19 pandemic.



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After an initial increase of \$600 per week to unemployment benefits in the spring of 2020, employment recipients continued to be eligible for an additional \$300 per week on top of their typical benefits of 55% of previous wages until September 4, 2021. For some, unemployment wages were higher than wages for a minimum wage job, but not everyone who was getting unemployment was working a minimum wage job.

Starting September 4, 2021, some unemployment recipients who remained eligible for benefits chose between receiving 55% of their previous earnings in unemployment, or returning to a job which pays considerably less than the amount determined to be necessary to thrive during the pandemic, and less than the Essential Income of \$17.50/ per hour.^{xxx}



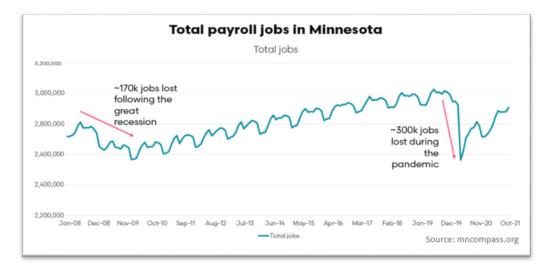
COVID-19

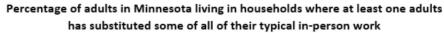
Employment:

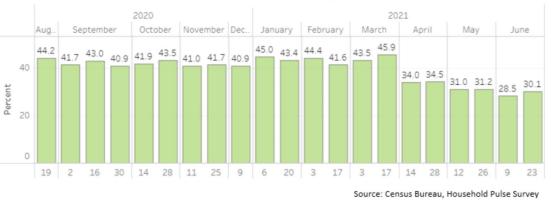
COVID-19 job loss was comparable to the 2008 recession with a 10% drop in jobs in 2020. Recovery was much faster. 2022 is on track to show job numbers at or above 2019 levels.

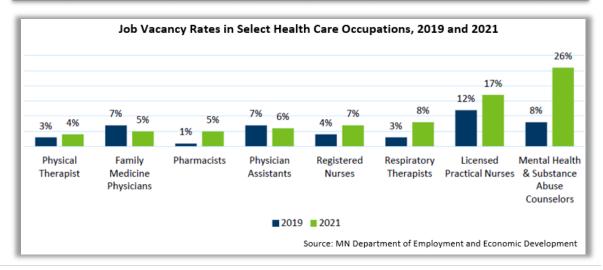
Job vacancies have increased in nearly all health professions since their pre-pandemic levels. The largest increases are in mental health and substance abuse.

Projected workforce losses in Minnesota's small towns and rural areas are even more alarming than they were before COVID: nearly one in five rurallybased health care providers say they plan to leave their profession within the next five years.







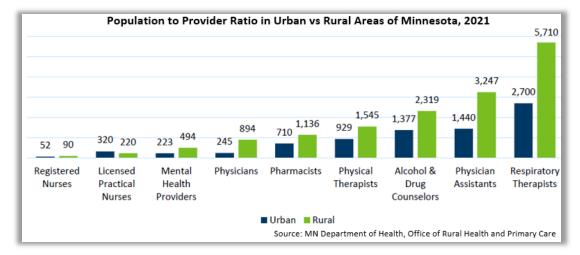


COVID-19

Health Care and Access:

The largest projected losses are among physicians. One out of every three rural physician's report they are planning to leave their profession within the next five years. ^{xxxi}

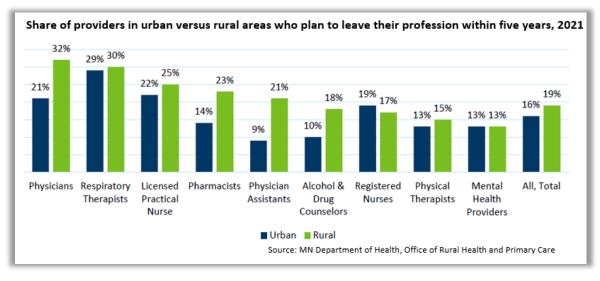
COVID-19 has not improved the situation for rural providers. Rural providers are all more likely to report that they plan to leave their profession within the next five years. Minnesota could lose nearly one-third of its rural



physicians and one-fifth of its rural physician assistants, leaving gaps in care that would be extremely challenging to fill.

According to a recent poll conducted by the Robert Wood Johnson Foundation and National Public Radio, roughly 20% of U.S. adults said they or a household member delayed receiving medical care or were unable to get care due to the

pandemic. Of those who delayed care, 57% said they experienced negative health consequences. While financial barriers were reported in the study, a majority of respondents reported experiencing nonfinancial



barriers such as difficulty getting an appointment, finding a physician, or accessing the clinic or hospital where care would be provided. (Robert Wood Johnson Foundation, 2020) ^{xxxii}

COVID-19

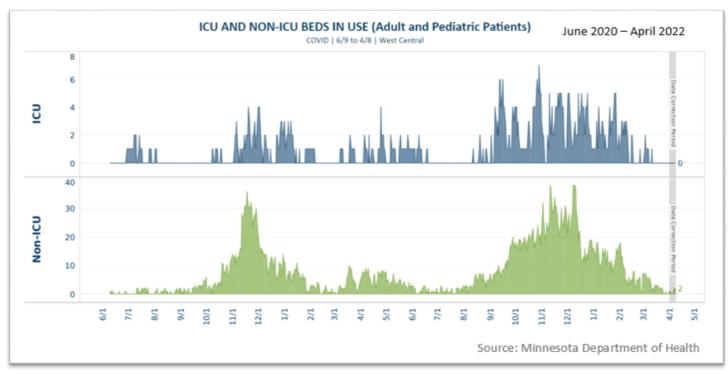
Hospitalization and ICU:

COVID-19 surges stressed hospital systems and healthcare infrastructures.

Findings suggest that ICU bed use is an important indicator, but not sole, factor in monitoring COVID-19.

As an increase of positive COVID-19 cases surged, hospital beds capacity surged in comparable numbers which provided challenges for staff and residents to access highacuity care when needed.

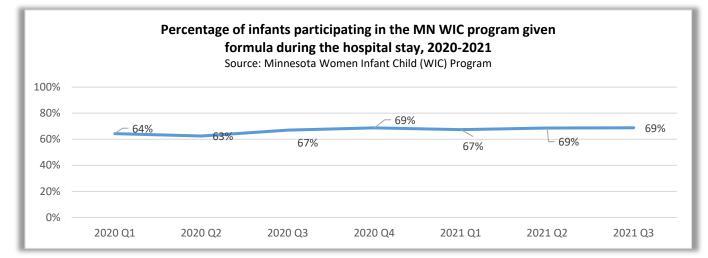




COVID-19

Breastfeeding:

Breastfeeding rates were tracked among the Minnesota Women, Infant, and Children (WIC) program during COVID-19. Due to concerns about parent-to-child transmission of COVID-19, some infants and mothers had been separated immediately after birth. These challenges, along with added social and economic stresses, may explain the decline in breastfeeding initiation and increase in early weaning since early 2020.



From the first quarter of 2020 to the 3rd quarter of 2021, initiation rates declined among all cultural groups. Most steeply for Asian, American Indian, African American, and White.^{xxxiii}

Monthy breastfeeding rates for MN WIC participants 2020-2021 Source: Minnesota Women Infant Child (WIC) Program																					
0% 80%	82%	81%	80%	82%	80%	79%	80%	80%	79%	82%	79%	78%	81%	79%	79%	77%	79%	79%	80%	77%	
0%	74%	75%	73%	75%	73%	73%	73%	73%	72%	74%	72%	71%	72%	72%	72%	69%	71%	72%	72%	70%	
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0%	Ma	rch 20)20	Ju	ine 20	20	Septe	ember	2020	Dece	mber	2020	Ma	arch 20	21	Ju	ne 202	21	Septe	ember	202
						_	Init	iation	_	%	Breast	feedin	g at tv	vo wee	eks						

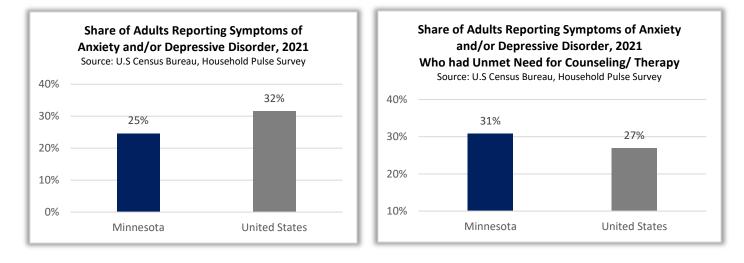
Horizon Public Health Community Health Assessment 2022

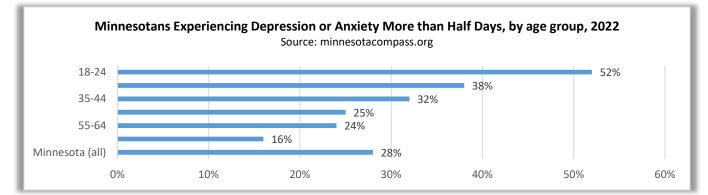
COVID-19

Mental Health and Substance Use:

According to the World Health Organization, the COVID-19 pandemic triggered a 25% increase in prevelance of anxiety and depression. One major explanation, according to the report, is the unprecedented stress caused by the social isolation resulting from the pandemic. Loneliness, fear of infection, suffering and death for oneself and for loved ones, grief after bereavement and financial worries have been cited as stressors. Among healthcare workers, exhaustion has been a major trigger for suicidal thinking worldwide^{xxxiv}.

According to Substance Abuse and Mental Health Services Administration (SAMHSA), prior to the pandemic (2018-2019), 16% of Adolescents (ages 12-17), and 8% of Adults (18+) reported a major depressive episode in the past year.





In addition to mental health, substance use during the pandemic has all increased. The definition of substance use is 'a pattern of substance use leading to clinically significant impairment or distress. (SAMHSA). In September 2020, 15% of U.S. adults reported new or increased substance use due to pandemic –related stress. Deaths due to drug overdose also increased nationally from over 72,000 deaths nationally in 2019, to over 93,000 in 2020.

COVID-19

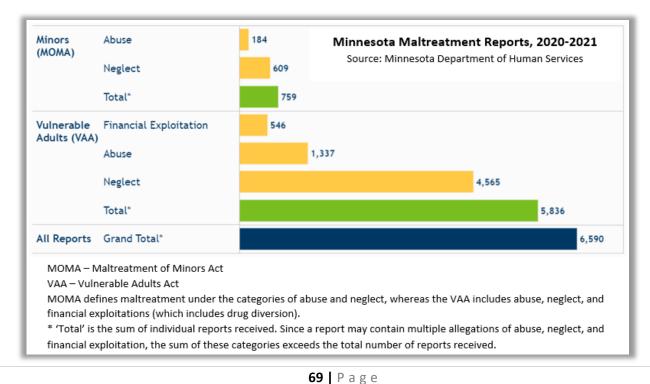
Maltreatment Reports:

Minnesota Department of Human Services (DHS) receives reports of alleged maltreatment in many licensed programs that serve children and vulnerable adults. At the end of June 2021, there were 11,257 of these programs. In the last 12 months, between July 2020 and June 2021, DHS received 6,604 reports of alleged maltreatment in these programs.

In the last 12 months, between July 2020 and June 2021, DHS received an average of 550 reports of alleged maltreatment each month. ^{xxxv}



Between July 2020 and June 2021, the most common types of reported maltreatment were Neglect for minors and Neglect for vulnerable adults.



COVID-19

Social and Community:

COVID-19 impacted housing, making it more expensive for renters and owners, and finding new housing was challenging. While many industries across the U.S. suffered through the pandemic, the housing market flourished.

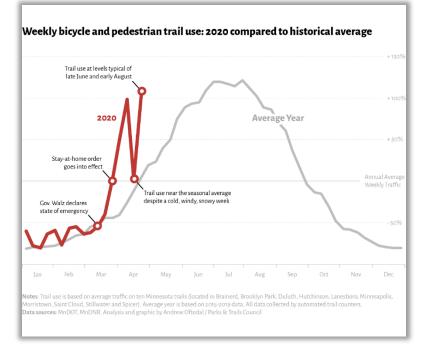
In 2020 Minnesota experience a nearly 10% increase in home sales over the previous year, much in the rural parts of the state.

What's Driving the Rural Movement?

- A desire to be closer to aging relatives
- · Recent civil unrest in larger cities
- Escape from densely populated cities where health risks are higher
- Lower cost of living
- Outdoor and recreational opportunities
 Source: MN Association of Realtors (MAR)

The Great American Migration of 2020, which was coined by national media, is a departure of citydwellers to the country. Experts say people are moving to the rural area for multiple reasons, but the pandemic was a major reason. According to the U.S. Census, prior to the pandemic, American migration was at a 73-year low at 9.3% of the population changing locations annually. Since the pandemic the number of mortgages obtained for homes in non-urban areas increased by 36% in 2020, according to the National Association of Realtors^{xxxvi}.

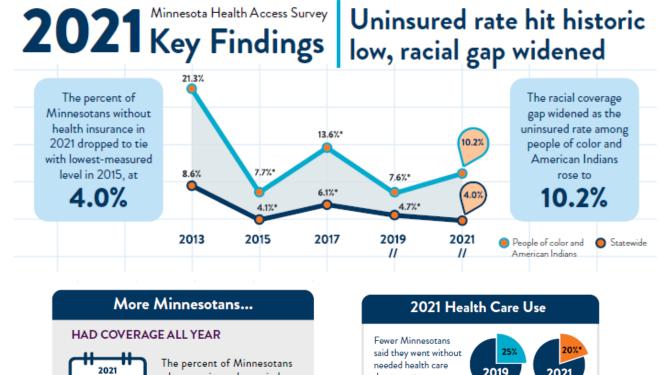
During 2020, 95% of the population were under 'stay-at-home orders', however most parks and trails across Minnesota remained open. The MN Department of Transportation (MnDOT) reported vehicle traffic decreased sharply during 2020, however there was an increase in people walking and bicycling, particular in greater Minnesota. ^{x0xvii}



The COVID-19 pandemic affected all segments of the population and it is particularly detrimental to those of social groups in the most vulnerable situations.

COVID-19

Insurance:



The percent of Minnesotans who experienced a period without health insurance in the past year fell from 4.8% in 2019 to 2.9%* in 2021.

HAD PUBLIC COVERAGE



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0000

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in 2021

Looming changes in Medicaid eligibility and premium subsidies in the individual market, as well as past changes to advanced child care taxes have the potential to affect progress in access to affordable coverage.



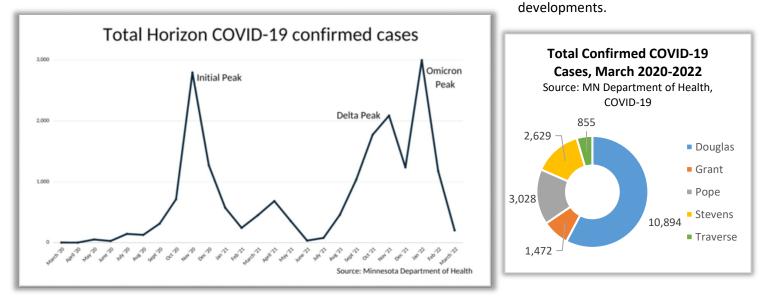
to 6.4* days in 2021. increased by 19.7%*

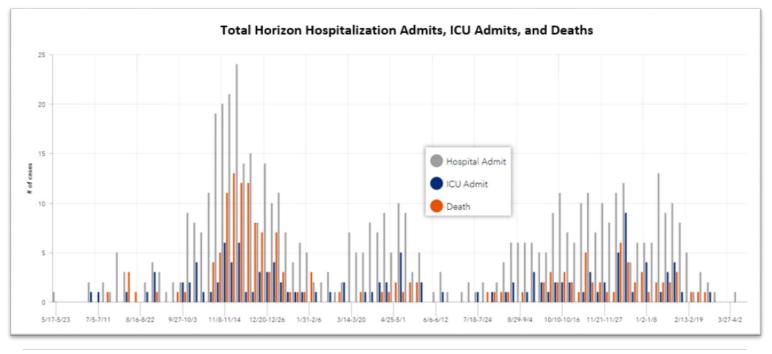
Source: Minnesota Department of Health/ Health Economics Program and University of Minnesota School of Public Health, Minnesota Health Access Survey, 2021

COVID-19

COVID-19 Case Data:

Horizon Public Health presented COVID-19 data through an online dashboard to provide the community with real-time data to assist with communications and allow sectors to plan. While the total confirmed cases were similar for the 3 variants charted, deaths, hospitalizations, and ICU admits were higher during the 'initial peak' of COVID-19. Ongoing planning occurred with community partners across all 5-counties, to respond and adapt to local, state, and federal

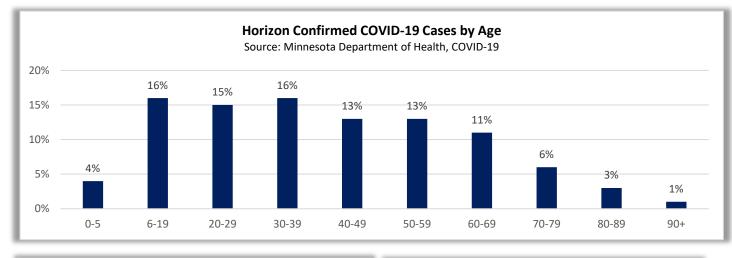




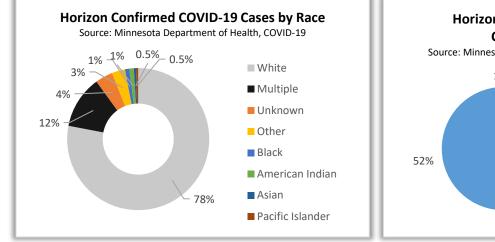
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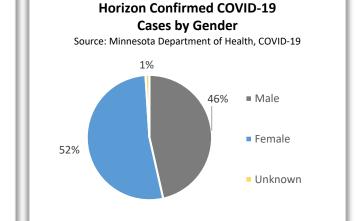
Horizon Public Health Community Health Assessment 2022

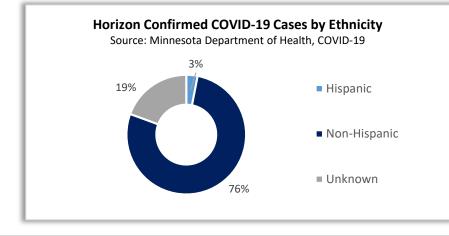
COVID-19



Data is shown from the Horizon Public Health COVID-19 Dashboard^{xxxviii}. Data is shown from March 2020 – March 2022.





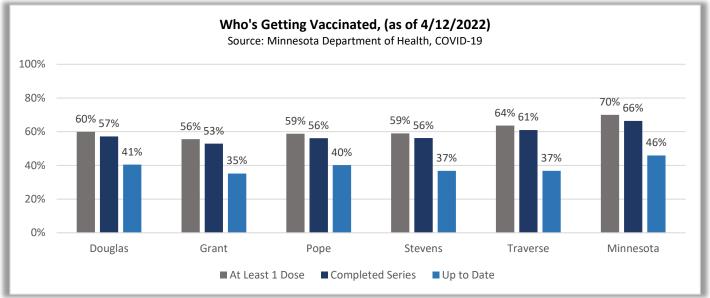


COVID-19

COVID-19 Vaccine Data:

The COVID-19 vaccine data can be used to monitor state and county level immunization coverage and progress towards national, state, and local coverage goals. The data can also help to identify at-risk populations and encourage public health actions and policies aimed at increasing immunization. The data cannot tell us why people are not vaccinated. Some people may not have ready access to the vaccine and some people may choose not to get vaccinated^{xxxix}.





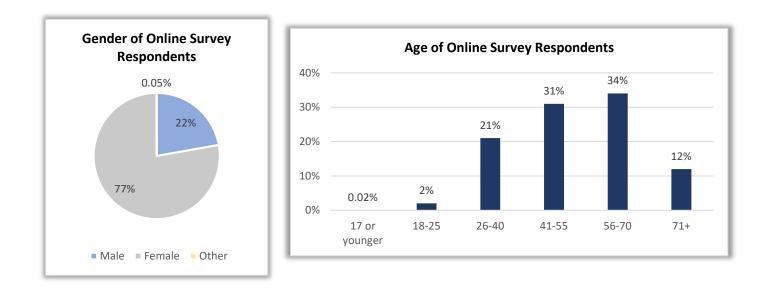
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COMMUNITY HEALTH STATUS ASSESSMENT

In order to gain a better understanding of the health and quality of life issues, Horizon Public Health conducted Community Conversations and an online Community Health Status Assessment to hear from community partners, residents and all those residing in our 5-county area. This provided a deeper understanding of the issues that residents feel is important. The following topics and questions were addressed: demographics, identifying challenges, identifying what the community does to support others, community values, and what does the health status of our community look like?

Overview of Approach

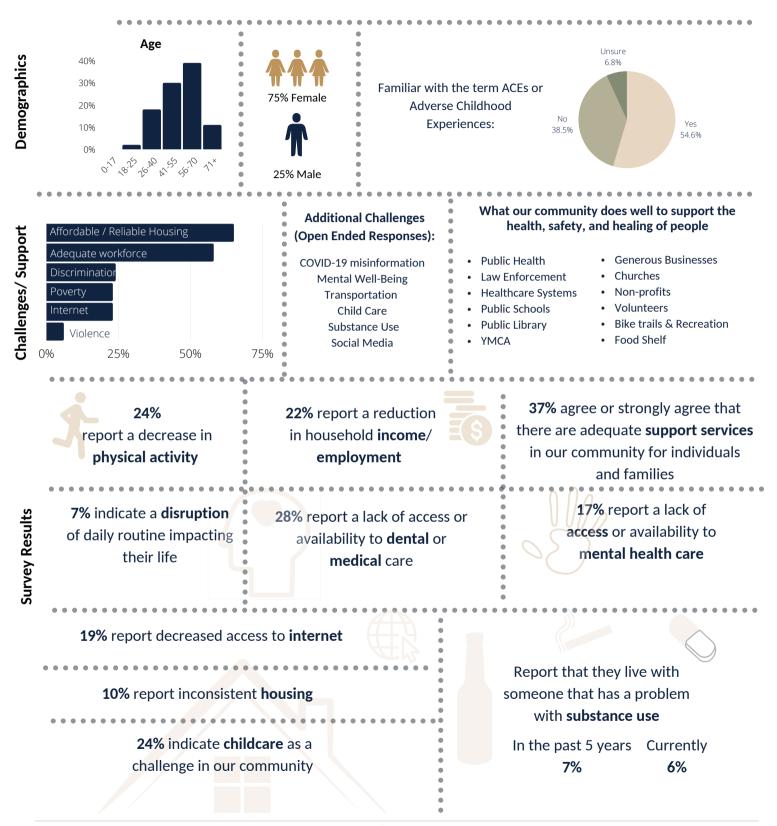
- Conducted survey using ESRI Survey123 between October and November of 2021. Survey was hosted on Horizon Public Health website.
- Available in 2 languages (English and Spanish), online and paper copies.
- Employed a sampling strategy that ensured we reach populations and a specific subset of questions.
- Open-ended questions capture previously unknown needs and barriers.
- Recruited participants via a network of community-based organizations.
- 354 Respondents
- Intentionally worked to reach these priority populations:
 - People of color, people with disabilities, essential workers, people experiencing housing instability, older adults, individuals living in areas hardest hit by COVID-19.





2021 Douglas County Community Health Status Assessment

206 survey respondents

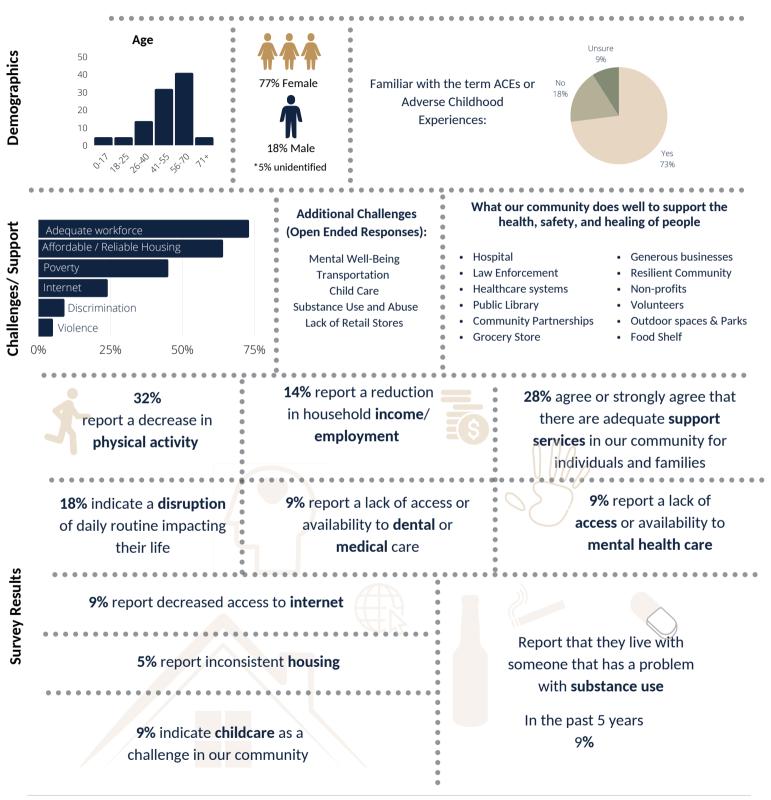


Horizon Public Health Community Health Assessment 2022



2021 Grant County Community Health Status Assessment

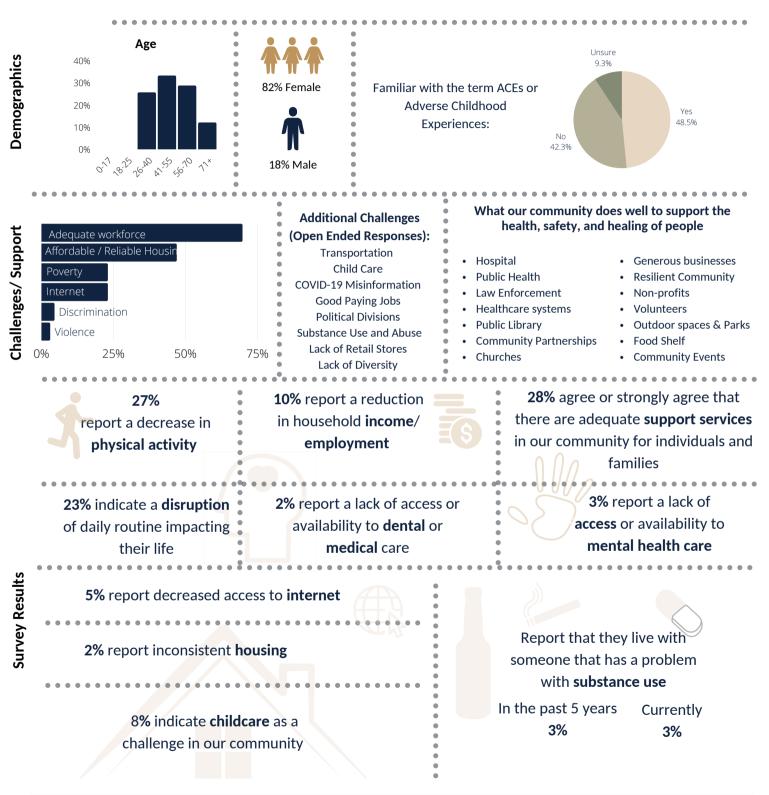
22 survey respondents





2021 Pope County Community Health Status Assessment

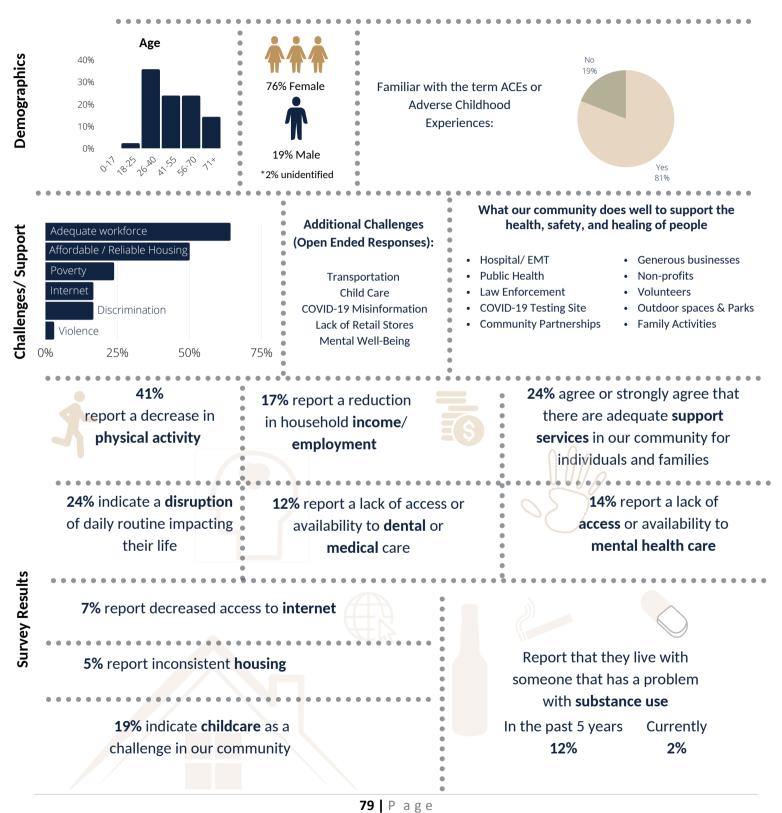
66 survey respondents





2021 Stevens County Community Health Status Assessment

42 survey respondents

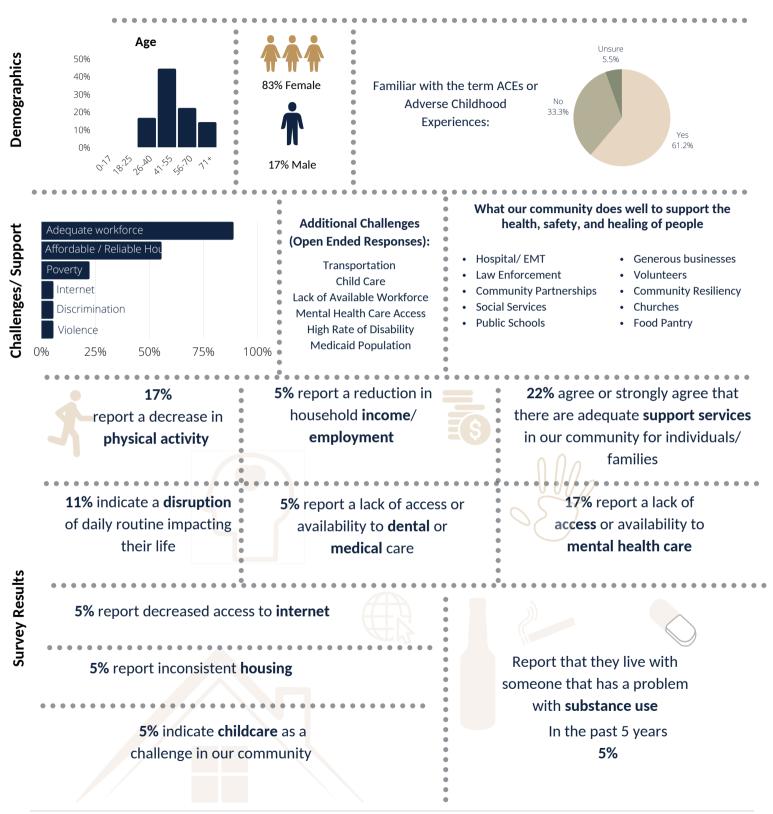


Horizon Public Health Community Health Assessment 2022



2021 Traverse County Community Health Status Assessment

18 survey respondents

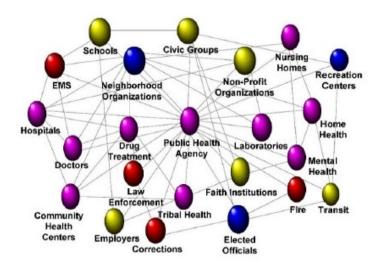


LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT

The National Public Health Performance Standards Local Public Health Assessment focuses on the local public health system or all entities that contribute to the delivery of public health services.

The assessment is a valuable tool for identifying areas for system improvement, strengthening local partnerships, and assuring that a strong system is in place for effective delivery of day-to-day public health services and response to public health emergencies.

Identifying system strengths and weaknesses may be used to improve and better coordinate public health activities at the community level. The results provide an understanding of the Local Public Health System's performance, and the results may inform policy and resource decisions leading to an improved Local Public Health System.



Overview of Approach

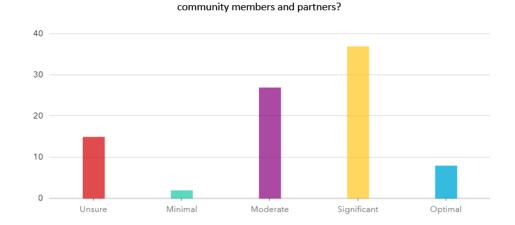
In January and February 2022, the survey was presented to various internal and external partners using ESRI Survey123 online. Groups surveyed were:

- Horizon Public Health Board
- Horizon Public Health Staff
- Existing Community Health Improvement Plan Workgroups
- Horizon Public Health Community Partnership Team
- Hospital/ Clinic coordinators in Horizon Public Health service area

The responses are compiled according to the 10 Essential Public Health Services.

- 1. Monitor health status to identify community health problems
- 2. Diagnose and investigate health problems and health hazards in the community
- 3. Inform, educate, and empower people about health issues
- 4. Mobilize community partnerships to identify and solve health problems
- 5. Develop policies and plans that support individual and community health efforts
- 6. Enforce laws and regulations that protect health and ensure safety
- 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- 8. Assure a competent public health and personal healthcare workforce
- 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- 10. Research for new insights and innovative solutions to health problems

LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT



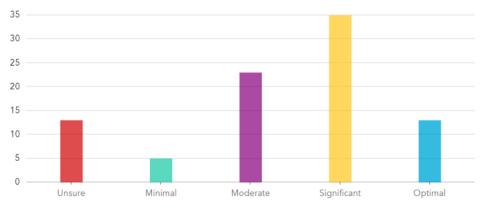
1.1.3 Promote the use of the Community Health Assessment among

Essential Service 1:

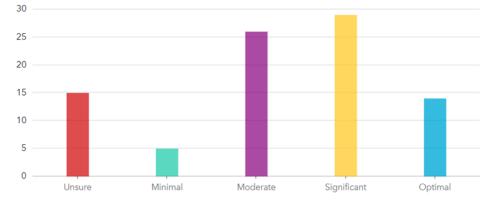
Monitor Health Status to Identify Community Health Problems

- Collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations
- Using data/ information to determine root causes of health disparities and inequities
- Working with community to understand health status, needs, assets, key influences, and narrative
- Collaborating and facilitating data sharing with partners, including multi-sector partners
- Analyzing and using disaggregated data (e.g., by race to track issues an inform equitable action
- Engaging community members as experts and key partners

1.2.2 analyze health data, including geographic information, to see where health problems exist?

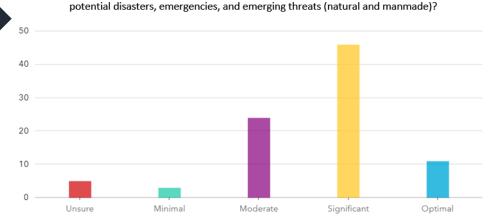


HE. 1 Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income immigration status, sexual identify, education, gender, and neighborhood?



Horizon Public Health Community Health Assessment 2022

LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT



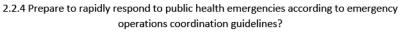
2.1.2 Provide and collect timely and complete information on reportable diseases and

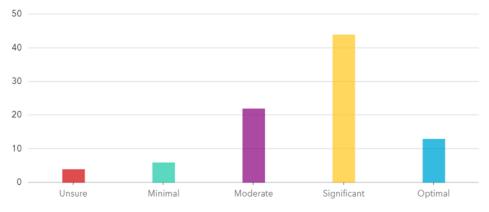
Essential Service 2:

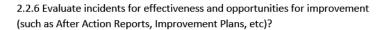
Investigate, diagnose, and address health problems and hazards affecting population

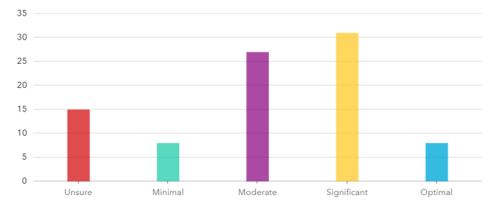
- Anticipating, preventing, and mitigating emerging health threats through epidemiologic identification
- Monitoring real-time health status and identifying patterns to develop strategies to address chronic diseases and injuries
- Using real-time data to identify and respond to acute outbreaks, emergencies, and other health hazards
- Using public health laboratory capabilities and modern technology to conduct rapid screening and high-volume testing
- Analyzing and utilizing inputs from multiple sectors and sources to consider social, economic, and environmental root causes of health status
- Identifying, analyzing, and distributing information from new, big, and realtime data sources

Horizon Public Health

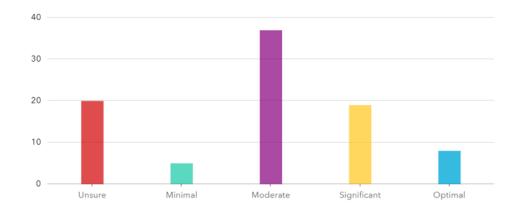








LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT



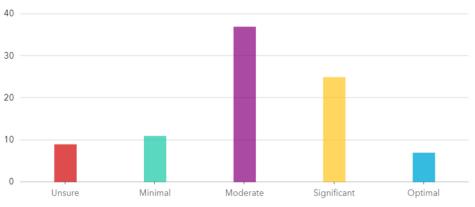
HE.2 Have the necessary resources to collect information about specific health inequities and investigate the social determinants of health inequities?

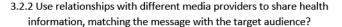
Essential Service 3:

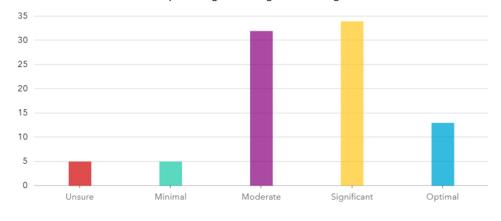
Communicate effectively to inform and educate about health; factors that influence and how to improve.

- Developing and disseminating accessible health information and resources, including through collaboration with multi-sector partners
- Communicating with accuracy and necessary speed
- Using appropriate communications channels to effectively reach the intended populations
- Developing and deploying culturally and linguistically appropriate and relevant communications and educational resources, which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials
- Actively engaging in twoway communication to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion

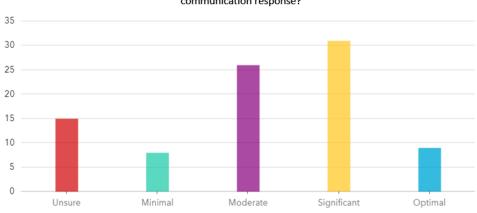
3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?





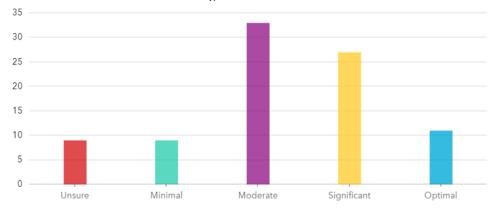


LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT

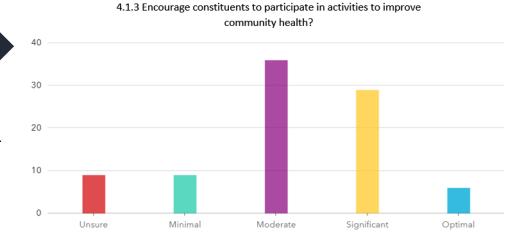


3.3.2 Make sure resources are available for a rapid emergency communication response?

HE.3 Plan and conduct health promotion and education campaigns that are appropriate to culture, age, language, gender, socioeconomic status, race/ ethnicity, and sexual orientation?



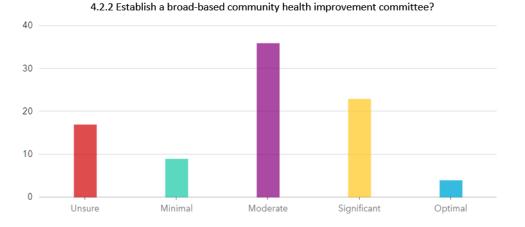
LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT



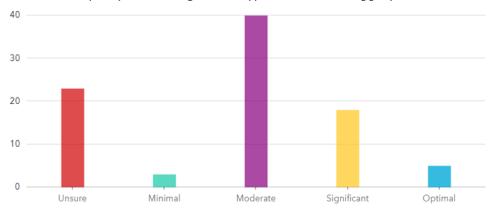
Essential Service 4:

Strengthen, support, and mobilize communities and partnerships to improve health.

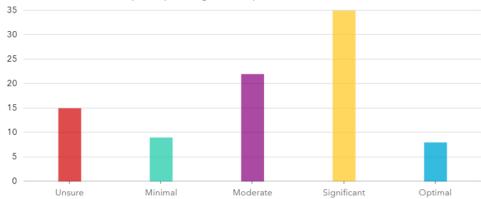
- Convening and facilitating multi-sector partnerships and coalitions that include sectors that influence health
- Fostering and building genuine, strengths-based relationships with a diverse group of partners that reflect the community and the population
- Authentically engaging with community members and organizations to develop public health solutions
- Learning from, and supporting, existing community partnerships and contributing public health expertise



HE.4 Have a process for identifying and engaging key constituents and participants that recognizes and supports differences among groups?



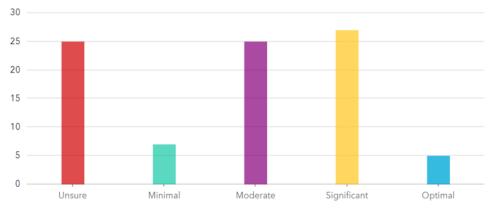
LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT

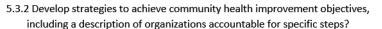


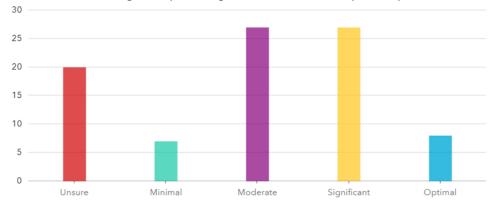
5.1.3 Ensure that the local health department has enough resources to do its part in providing essential public health services?



the policy development process?







Essential Service 5:

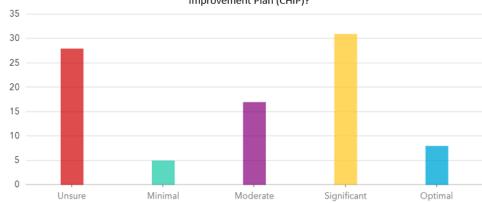
Create, champion, and implement policies, plans, and laws that impact health.

- Examining and improving existing policies, plans, and laws to correct historical injustices
- Ensuring that policies, plans, and laws provide a fair and just opportunity for all to achieve optimal health
- Providing input into policies, plans, and laws to ensure that health impact is considered
- Continuously monitoring and developing policies, plans, and laws that improve public health and preparedness and strengthen community resilience
- Collaborating with all partners, including multisector partners, to develop and support policies, plans, and laws

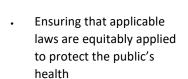
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LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT



5.3.3 Connect organizational strategic plans with the Community Health Improvement Plan (CHIP)?



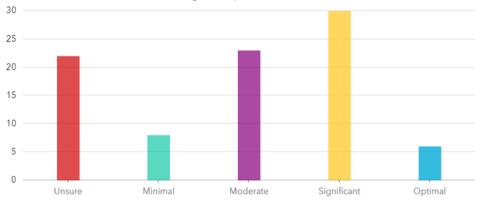
Essential Service 6:

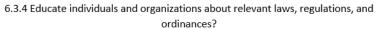
Utilize legal and regulatory

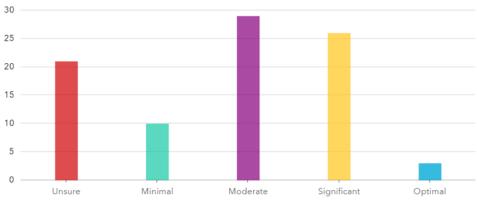
actions designated to improve and protect the public's health.

- Conducting enforcement activities that may include, but are not limited to sanitary codes, especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings
- Licensing and monitoring the quality of healthcare services
- Licensing and credentialing the healthcare workforce
- Including health considerations in laws from other sectors

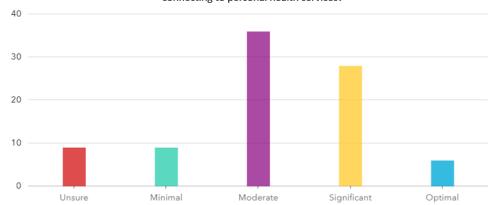
6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?







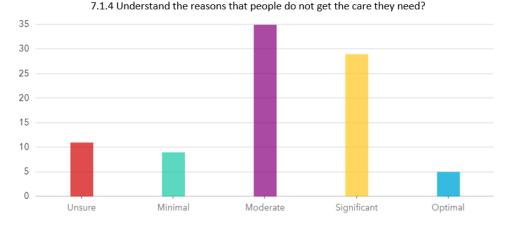
LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT



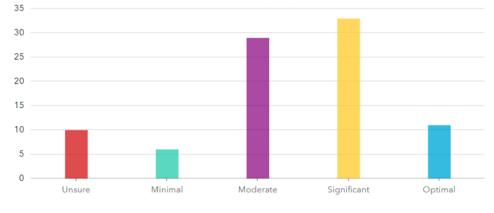
Essential Service 7:

Contribute to a system that enables equitable access to the individual services and care needed to be healthy.

- Connecting population to health and social services to support the whole person, including preventive services
- Ensuring access to highquality and cost-effective healthcare and social services, including behavioral and mental health services, that are culturally and linguistically appropriate
- Engaging health delivery systems to assess and address gaps and barriers in accessing health services, including behavioral / mental health
- Addressing and removing barriers to care
- Building relationships with payers / healthcare providers, including the sharing of data across partners to foster health and well-being
- Contributing to the development of a competent healthcare workforce



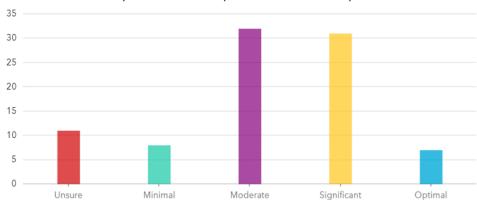
7.2.1 Connect or link people to organizations that can provide the personal health services they may need?



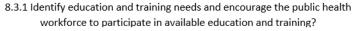
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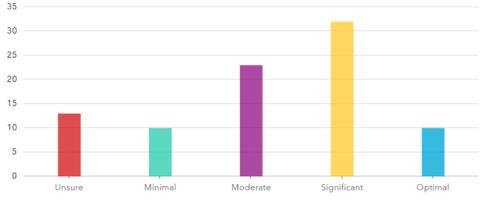
7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?

LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT

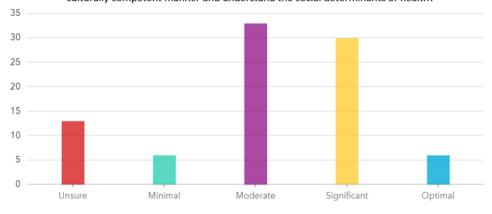


7.2.4 Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?





8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?



Essential Service 8:

Build and support a diverse and skilled public health workforce.

- Providing education and training that encompasses a spectrum of public health competencies
- Ensuring that the public health workforce is the appropriate size to meet the public's needs
- Building a culturally competent public health workforce and leadership that reflects the community and practices cultural humility
- Incorporating public health principles in non-public health curricula
- Cultivating and building active partnerships with academia and other professionals training programs and schools to assure community-relevant learning experiences for all
- Promoting a culture of lifelong learning in public health

Horizon Public Health Community Health Assessment 2022

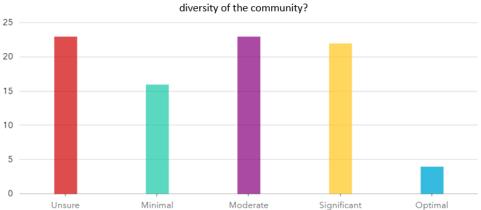
LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT

Essential Service 9:

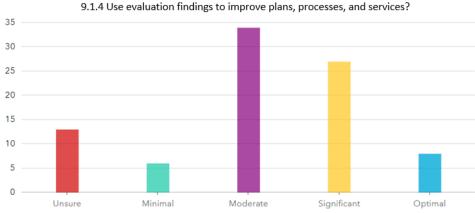
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

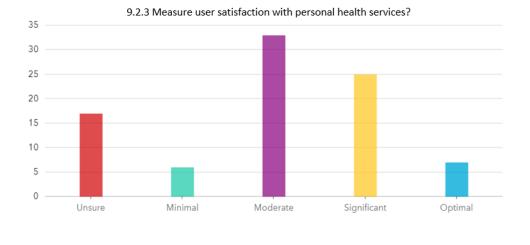
- Building and fostering a culture of quality in public health organizations and activities
- Linking public health research with public health practice
- Using research, evidence, practice-based insights, and other forms of information to inform decision-making
- Contributing to the evidence base of effective public health practice
- Evaluating services, policies, plans, and laws continuously to ensure they are contributing to health and not creating undue harm
- Establishing and using engagement and decisionmaking structures to work with the community in all stages of research
- Valuing using qualitative, quantitative, and lived experiences as data to inform decision-making

Horizon Public Health



8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community?

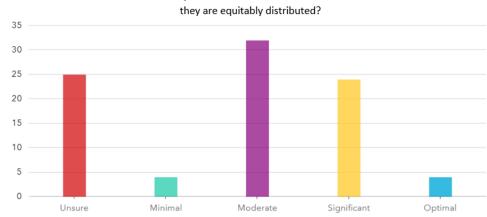




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Community Health Assessment 2022

LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT



HE.9 Monitor the delivery of the Essential Public Health Services to ensure that

Essential Service 10:

Build and maintain a strong organizational infrastructure for public health.

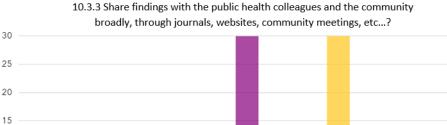
- Developing an understanding of the broader organizational infrastructures and roles that support the entire public health system in a jurisdiction
- Ensuring that appropriate, needed resources are allocated equitably for the public's health
- Exhibiting effective and ethical leadership, decision-making, and governance

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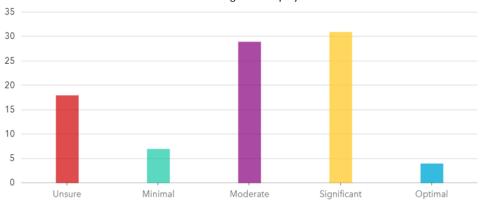
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- Managing financial and human resources effectively
- **Employing communications** and strategic planning capacities and skills
- Having robust information technology services that are current and meet privacy and security standards
- Being accountable, transparent, and inclusive with all partners and the community in all aspects of practice







HE.10 Share information and strategize with other organizations invested in eliminating health equity?

Horizon Public Health - APPENDIX A

Source: U.S. Census Bureau, American Survey	Douglas	Grant	Роре	Stevens	Traverse	MN
		Populatio	n			
Population, 2010 Census	36,009	6,018	10,995	9,726	3,558	5,303,925
Population, 2021 Census	39,238	6,153	11,403	9,700	3,286	5,636,632
Population, percent change, 2010 - 2020	7.7%	0.9%	2.6%	-0.5%	-5.9%	7%
Population 2030 estimates/ % changes	+2.8%	-2.8%	-1.1%	+0.4%	-12.5%	+10%
Persons under 5 years old	6%	6%	6%	6%	6%	6%
Persons under 0-19 years old	23%	24%	23%	28%	23%	26%
Persons 65 years old and over	24%	24%	24%	17%	27%	16%
Female persons	50%	50%	49%	50%	49%	50%
	Rac	e and Hispan	ic Origin			
White persons	97%	97%	97%	92%	90%	84%
Black persons	0.7%	0.6%	0.5%	1.3%	0.7%	7%
American Indian and Alaska Native persons	0.4%	0.6%	0.5%	1.8%	6.6%	1.4%
Asian persons,	0.5%	0.4%	0.6%	2.2%	0.5%	5.2%
Native Hawaiian and other Pacific Islander	n/a	0.1%	2/2	0.1%	0.1%	0.1%
Two or more races	n/a 1.2%	0.1%	n/a 1.3%	0.1%	0.1%	2.6%
Hispanic	2%	2%	2%	8%	4%	6%
White alone, not Hispanic	96%	95%	96%	86%	87%	80%
		ulation Chara		80%	8770	8076
Veterans 2015-2019	8.6%	8.6%	9.8%	4.7%	9%	6.4%
Foreign born persons, 2015-2019	1.3%	0.9%	1.2%	6.2%	1.9%	8.5%
		Educatio				
% Population 25+ years < High School or GED	4.9%	7.1%	6.0%	6.0%	6.7%	6.9%
Bachelor's degree or higher, % age 25+, 2015-2019	26%	19%	23%	31%	18%	37%
		Health				
Persons with a disability, 2015-2019	13%	14%	14%	11%	16%	11%
Persons without health insurance, 2015-2019	3%	5%	4%	2%	3%	5%
		Geograph	y	l	I	1
Land area, 2019 (square miles)	637	548	670	564	574	79,627
Persons per square mile, 2010-2019	60	11	17	17	6	71

Horizon Public Health - APPENDIX A

	Douglas	Grant	Роре	Stevens	Traverse	MN
		Compu	ter & Internet Use			
Households with a computer,					87%	
2013-2017	90%	89%	86%	88%	8770	92%
Households broadband						
subscription, % 2013-2017	79%	77%	76%	81%	94%	85%
			Economy			
Employment Rate	64%	62%	63%	68%	63%	67%
Mean Usual hrs. worked/ wk	39.4 hours	40.1 hours	40.9 hours	37.8 hours	39.8 hours	38.2 hours
Total Employer	59.4 Hours	40.1110015	40.9 110015	57.6 110015	59.8 Hours	58.2 110015
Establishments	1,354	197	373	305	117	151,495
		Inco	ome & Poverty			
Median household income,						
2015-2019	\$63,819	\$55,466	\$61,275	\$60,559	\$51,957	\$74,593
Persons in poverty	8%	10%	7%	12%	10%	9%
	876	10%	Housing	1270	10%	576
Housing units July 1, 2019						
	21,544	3,302	6,723	4,268	2,103	2,485,558
Homeownership rate, 2015- 2019	74%	77%	78%	69%	80%	72%
Median value owner-						
occupied housing, 2015-2019	\$214,800	\$118,700	\$174,300	\$160,100	\$81,400	\$223,900
Median monthly cost						
w/mortgage 2015-2019	\$1,410	\$1,097	\$1,316	\$1,222	\$917	\$1,580
Median monthly cost w/o						
mortgage, 2015-2019	\$499	\$503	\$476	\$491	\$477	\$534
Median gross rent, 2015-2019	\$733	\$657	\$609	\$753	\$620	\$1,016
			Living Arrangeme		· ·	,
Household, 2015-2019	16,663	2,612	4,981	4,981	1,608	2,222,568
Persons per household, 2015-	10,000	2,012	1,501	1,501	1,000	2,222,300
2019	2.72	2.75	2.65	3.25	2.49	3.09
Living in same house 1 year						
ago 2015-2019	88%	89%	88%	82%	91%	86%
Language other than English						
spoken at home	20/	20/	20/	00/	10/	1 70/
	2%	2%	2%	9%	4%	12%
Moon travel time to work and		Tr	ansportation		[
Mean travel time to work, age 16+,2015-2019	18.2 minutes	22.6 minutes	19.5 minutes	11.4 minutes	17.5 minutes	24.4 minutes

	2019	
Dec 12	Cluster of patients in Wuhan, Hubei Providence, China begin to experience shortness of breath and fever.	
Dec 31	The WHO, China Country Office is informed of a number of cases of pneumonia of unknown etiology detected in Wuhan. All cases connected to the Huanan Seafood	-
	Wholesale Market in Wuhan.	
1 2	2020	
Jan 2 Jan 5	The WHO activates its incident management system across the three levels of WHO. Chinese public health official shares genetic sequence of the unknown pneumonia	
Jan 7	virus via an online database. Chinese authorities identify and isolate a novel coronavirus as the causative agent of the outbreak.	Jul 23
Jan 10	CDC publishes information about the novel coronavirus on its website.	Jul 25
Jan 17	CDC begins screening passengers on a direct and connecting flights from Wuhan, China at San Francisco, New York City, New York, and Los Angeles, and plans to	Sep 22
Jan 17	expand screening to other major airports. CDC deploys a team to Washington state to assist with contact tracing efforts in	Oct 6
Jan 20	response to the first reported case of 201-nCOV in the U.S. CDC confirms the first U.S., laboratory-confirmed case of COVID-19 in the U.S. from	Nov 13
Jan 22	samples taken on January 18 in Washington State. WHO confirms human-to-human spread of the novel coronavirus.	Nov 14
Jan 27	The U.S. FDA announces that it will take 'critical actions to advance development of novel coronavirus medical countermeasures' with interagency partners, including CDC.	Dec 3
Jan 31	The WHO International Health Regulation Emergency Committee declares the coronavirus outbreak a Public Health Emergency of International Concern.	Dec 11
Feb 11	The WHO announces the official name for the disease that is causing the 2019 novel coronavirus outbreak: COVID-19.	Dec 14
Feb 23	Italy becomes a global COVID-19 hotspot, effectively locking down the country.	Dec 14
Mar 6	First COVID-19 case reported in Minnesota.	Dec 14
Mar 11 Mar 13	WHO declares COVID-19 a pandemic. MN Governor Walz declares Peacetime Emergency.	Dec 18
Mar 14	CDC issues a 'No Sail Order' to all cruise ships.	Dec 24
Mar 15	U.S states begin to shut down to prevent spread. New York City public schools (largest in U.S., with 1.1 million students) shuts down. Ohio closes all bars/ restaurants. MN temporary closes K-12 Public Schools.	Dec 30
Mar 17	March 17, First human trial of a vaccine to protect against COVID-19 begins in the U.S. at Kaiser Permanente.	Dec 30
Mar 26	U.S. Senate passes the Coronavirus Aid, Relief, and Economic Security (CARES) Act providing \$2 trillion in aid to hospitals, small businesses, and state and governments.	
Mar 29 Mar 31	First positive COVID-19 cases in HPH service area (Douglas County). Dr. Fauci & Dr. Brix announce that 100,000 to 240,000 deaths in the U.S. are	Jan 18 Jan 25
Apr 3	expected. CDC announces new mask wearing guidelines and recommends all people wear a	Jan 26
Apr 3	mask outside of the home. CDC launches COVIDView, a weekly report summarizing/ interpreting key indicators.	Jan 28
Apr 6	Hundreds of MD's and civil rights groups urge CDC and U.S. government to release race and ethnicity data on COVID-19 cases to ensure proper response in black communities.	Feb 1
Apr 7	Chicago Tribune reports 68% of COVID-19 deaths in Chicago occur among African American's, illuminating racial disparities of the pandemic.	Feb 21
Apr 10	U.S. surpasses Italy as the global leader for reported deaths. (23,036)	Feb 27
Apr 13	Most U.S. states report widespread cases of COVID-19	Mar 8
Apr 13 Apr 24	President Trump announces that the U.S. will cease funding to the WHO. Georgia, Alaska, and Oklahoma begin to partially reopen their states despite	Mar 13 May 10
Apr 30	concerns from health expects. President Trump launches Operation Warp Speed, an initiative to produce a vaccine for the virus as quick as possible with CDC as an integral member.	Jun 1
May 9	U.S. unemployment rate at 14.7%, the worst since the Great Depression.	July 27
May 15	CDC distributes an alert through HANS describing multisystem inflammatory syndrome related to SARS-CoV-2 in children.	Aug 6
May 28	U.S. COVID-19 deaths surpass 100,000.	Oct 7
June 8	The World Bank states that COVID-19 will plunge the Global Economy into the worst recession since WWII.	Nov 10
June 25	CDC expands list of risk for severe COVID-19 illness. Risk increases with age, and includes people with chronic kidney disease, COPD, obesity, immunocompromised,	Nov 26
July 22	serious heart conditions, sickle cell disease, and type 2 diabetes. MN Statewide mask order goes into effect.	Nov 29



Jul 23	CDC releases new science-based resources and tolls for school administrators, teachers, parents, guardians, and caregivers for safe school reopening.
Jul 25	COVID-19 confirmed cases reported in all MN counties.
Sep 22	U.S. COVID-19 death toll surpasses 200,000.
500 22	0.5. COMD 15 death ton surpasses 200,000.
Oct 6	Food insecurity among Americans will reach 52 million people due to the COVID-19 pandemic, a 17 million increase than pre-pandemic number.
Nov 13	Increased outbreaks are reported across the country due to large gatherings for Halloween.
Nov 14	MN Single Day Record of new cases, 8,703.
Dec 3	The Advisory Committee on Immunization Practices (ACIP) recommends that health care professionals and residents of long-term care facilities be offered COVID-19 vaccine in the initial phases of the vaccination program.
Dec 11	The FDA issues an EAU for the first COVID-19 vaccine, the Pfizer-BioNTech COVID-19 vaccine for those 16 and older.
Dec 14	U.S. COVID-19 death toll surpasses 300,000.
Dec 14	Sandra Lindsey, a nurse in New York becomes the first American outside a clinical trial to receive the COVID-19 vaccine.
Dec 14	First COVID-19 vaccine doses arrive in MN.
Dec 18	The FDA issues an EAU for the second COVID-19 vaccine, Moderna COVID-19 vaccine for those 18 and older.
Dec 24	It is estimated that more than 1 million people in the U.S. are vaccinated against COVID-19.
Dec 30	First U.S. case of UK variant reported in the U.S. in Colorado.
	•
Dec 30	First COVID-19 vaccine clinics in HPH service area.
	2021
Jan 18	U.S. COVID-19 death toll surpasses 400,000.
Jan 25	First U.S. case of Brazil variant reported in MN.
Jan 26	Worldwide COVID-19 cases surpass 100 million.
Jan 28	First U.S. South African variant reported in S. Carolina
Feb 1	At home test to be put into distribution in the U.S.
Feb 21	Death toll surpass 500,000.
Feb 27	FDA approved EAU for Johnson and Johnson one shot COVID-19 vaccine for those 18 and older.
Mar 8	CDC announces fully vaccinated people can gather indoors without masks.
Mar 13	
	U.S. surpasses 100 million vaccinations administrated.
May 10	U.S. Surpasses 100 million vaccinations administrated. FDA issues EAU for Pfizer-BioNTech COVID-19 vaccine for adolescent ages 12- 15.

A CDC study published that more than 140,000 U.S. children under the age of

18 lost a parent, custodial grandparents, or grandparent caregiver who provided the child's home and basic needs. CDC and the WHO report that more than 22 million infants missed their first

After a substantial upswing in cases due to Delta variant, CDC releases updated guidance for areas with substantial or high transmission to wear a

CDC study shows among people previously infected with COVID-19, reinfection was less than half as likely among those who were vaccinated after

dose of measles vaccine in 2020, the largest increase in two decades. WHO classifies a new variant, Omicron, as a variant of concern.

of 2021.

mask indoors.

their first infection.

CDC recommends that everyone over 18 receive a booster shot 6 months after there are fully vaccinated.

Source: CDC Museum COVID-19 Timeline



HORIZON PUBLIC HEALTH BREASTFEEDING RESOURCE LIST

Horizon Public Health serves residents living in Douglas, Grant, Pope, Stevens, and Traverse Counties.

We believe that all parents with young children should have access to skilled breastfeeding counseling and support.



Douglas County

- Horizon Public Health Breastfeeding Support Center 320.763.6018
- Horizon Public Health WIC 320.763.6018
- Alomere Health Lactation Consulting Service 320.763.2700
- Sanford Health Broadway Clinic 320.762.6828
- WELL & Company Direct Primary Care 320.314.3828
- Life Connections 320.762.1224
- Lifespring Lactation Counseling 507.227.7383
- Horizon Public Health Breastfeeding Class, Register online: https://horizonpublichealth.org/services/children-and-families/childbirth-andbreastfeeding/
- Apply for WIC online at: https://www.health.state.mn.us/people/wic/
- Apply for Nurse-Family Partnership online at: https://shnfp.org/

Grant County

- Horizon Public Health Breastfeeding Support Center 320.763.6018
- Horizon Public Health WIC 320.763.6018
- Prairie Ridge Hospital & Health Services 218.685.7300
- Lake Region Healthcare 218.739.2221
- Horizon Public Health Breastfeeding Class, Register online: https://horizonpublichealth.org/services/children-and-families/childbirth-andbreastfeeding/
- Apply for WIC online at: https://www.health.state.mn.us/people/wic/
- Apply for Nurse-Family Partnership online at: https://shnfp.org/

Pope County

- Horizon Public Health Breastfeeding Support Center 320.763.6018
- Horizon Public Health WIC 320.763.6018
- Glacial Ridge Health System 320.634.4521
- Horizon Public Health Breastfeeding Class, Register online: https://horizonpublichealth.org/services/children-and-families/childbirth-andbreastfeeding/
- Apply for WIC online at: https://www.health.state.mn.us/people/wic/
- Apply for Nurse-Family Partnership online at: https://shnfp.org/

Stevens County

- Horizon Public Health Breastfeeding Support Center 320.763.6018
- Horizon Public Health WIC 320.763.6018
- Stevens Community Medical Center 320.589.1313
- Options for Women 320.288.8986
- Options for Women (Spanish) 320.288.8796
- Horizon Public Health Breastfeeding Class, Register online: https://horizonpublichealth.org/services/children-and-families/childbirth-andbreastfeeding/
- Apply for WIC online at: https://www.health.state.mn.us/people/wic/
- Apply for Nurse-Family Partnership online at: https://shnfp.org/

Traverse County

- Horizon Public Health Breastfeeding Support Center 320.763.6018
- Horizon Public Health WIC 320.763.6018
- Sanford Wheaton Medical Center 320.563.8226
- Horizon Public Health Breastfeeding Class, Register online: https://horizonpublichealth.org/services/children-and-families/childbirth-andbreastfeeding/
- Apply for WIC online at: https://www.health.state.mn.us/people/wic/
- Apply for Nurse-Family Partnership online at: https://shnfp.org/

Online Resources

- MN WIC: https://www.health.state.mn.us/people/wic/bf/index.html
- Office on Women's Health: https://www.womenshealth.gov/
- Kelly Mom: https://kellymom.com/
- AWHONN: https://www.awhonn.org/consumer-resources/breastfeedingresources-for-parents/
- La Leche League: https://www.llli.org/
- · CDC: https://www.cdc.gov/breastfeeding/resources/index.htm
- Babylist: https://www.babylist.com/index
- Breastfeeding Resources: https://www.bfrct.com/

For more information, please visit: www.horizonpublichealth.org

05 02 2022



Horizon Public Health serves residents living in Douglas, Grant, Pope, Stevens, and Traverse Counties.

This guide lists various resources to promote well-being and to help address priority public health issues.

Mental Health & Safety

- Douglas County Social Services 320.762.2302
- Region 4 Mobile Crisis Response Team 701.364.0431
- Lakeland Mental Health / 24-hour Emergency Service 800.223.4512
- Crisis Text Line- Text "MN" to 741 741
- Mental Health Helpline 800.862.1799
- Someplace Safe Crisis Line 800.974.3359
- Mental Health Helpline 800.862.1799
- Mobile Crisis Team dial 247.747

Activity

- Alexandria Area YMCA 320.834.9622
- Alexandria City Parks & Trails alexandria.city/city-parks-trails/
- Shenanigans Indoor Playground alexschools.org/domain/900
- Parks near Elbow Lake stepoutside.org/elbow-lake-mn/parks/
- Glenwood Parks ci.glenwood.mn.us/parks
- Morris Area Parks & Recreation ci.morris.mn.us/city-parks/
- Parks near Wheaton stepoutside.org/wheaton-mn/parks/

Transportation

- Rainbow Rider Transit 800.450.7770
- People's Express 218.631.2909
 *MN Medicaid, PNAP, Blue+, UCare, Medica, PrimeWest
- Julia's Place 320-392-2775
 *PrimeWest. MA
- Handi-Xpress 320.297.0633
 *BC/BS, UCare, MA, PrimeWest, Health Partners
- Midwest Taxi Service 320.815.7997
 *Serving Douglas County
- Morris Transit 320-589-1000
 *Serving Stevens County

Farm & Rural

- Farm & Rural Helpline 833.600.2670 (Press 1)
- University of Minnesota Extension 800.232.9077
- Minnesota Farm Advocates 833.600.2670 (Press 0)
- MN Rural Finance Authority 651.201.6556
- Farmers Legal Action Group 877.860.4349
 Rural Development 320.763.3191
- Rural Development 520.705.5191

Food Resources

- Douglas County Food Shelf 320.762.8411
- Grant County Food Shelf 218.685.4176
- Pope County Food Shelf 320.634.3408
- Stevens County Food Shelf 320.589.7436
- Traverse County Food Shelf 320.563.8255
- HPH WIC Program 320.763.6018
- United Way 320-834-7800
- SNAP, Supplemental Nutrition Assistance Program Apply online
- Meal Delivery Programs: MinnesotaHelp.info

Other Resources

- Caring Hands Dental Clinic 320.815.5711
- West Central Communities Action 800.492.4805
- Early Childhood Screening Call your local school district
- Horizon Public Health Home Visiting 320.763.6018
- Horizon Public Health on Facebook: facebook.com/HorizonPublicHealth
- Horizon Public Health on Instagram: instagram.com/horizonpublichealth
- Horizon Public Health Website: horizonpublichealth.org
- Poison Control Center 800.222.1222
- Senior LinkAge Line 800.333.2433
- Additional Resources wcmca.org

For more information, please visit: www.horizonpublichealth.org



HORIZON PUBLIC HEALTH FARMERS MARKET RESOURCE LIST

Horizon Public Health serves residents living in Douglas, Grant, Pope, Stevens, and Traverse Counties.

Eating locally grown foods has many benefits for the consumer, grower, and the community.



Douglas County

Alexandria -May to October Saturdays 9AM to 12PM Thursdays 3PM to 6PM

Holmes City -Late May to Late October Tuesdays 9AM to 12PM Saturdays 8:30AM to 11:30AM

Grant County

Herman starts early June Tuesdays 5PM to 7PM

Hoffman starts early June Wednesdays 5PM to 6:45PM

Flbow Lake starts late May Thursdays 4PM to 6PM

Stevens County

Morris starts mid June Thursday's 3PM-6PM

Traverse County

Wheaton starts mid June Thursdays 5PM to 7PM

Pope County

Glenwood -

starts mid June to late October Saturdays 8:30AM to 11:30AM Tuesdays 4PM to 6PM

Fresh Tomato Bruschetta

Ingredients:

4 Medium Tomatoes 1/4 Red Onion 2 Tbsp. Fresh Basil, minced 1 Garlic Clove, minced 2 Tbsp. Olive Oil Pinch of Salt and Pepper Loaf of French bread, cut into slices Fresh Basil Leaves

For more information, please visit: www.horizonpublichealth.org

Directions:

- 1. Wash hands, vegetables, and basil.
- 2. Chop the tomatoes and onions and place in a large bowl.
- 3. Add minced basil, garlic, olive oil, salt and pepper to bowl with tomatoes and stir.
- 4. Top each slices of French bread with the bruschetta and a basil leaf

Horizon Public Health - APPENDIX D/ Community Partnership Team

Stephanie Aasness	North West Dancing With Sky Agency on Aging
· · ·	Prairie Health Hospital and Health
Missy Amundson	
Julie Anderson	Douglas County Emergency Manager
Kesha Anderson	Region IV South Mental Health Morris Chamber of Commerce
Summer Anderson	
Sarah Backman	Stevens County Medical Center
Tara Bitzen	Alexandria Chamber of Commerce
Dawn Boehmlehner	Traverse County Social Services
Laurie Bonds	Douglas County Social Services
Tam Bukowski	Alexandria Technical and Community College
Joanna Chua	Lake Region Health Care
Joanna Curry	Glacial Ridge Health System
Judy Dinsmore	Lakeland Mental Health
Jeanne Ennen	Stevens County Commissioner, Horizon Public Health Board
Kristen Erickson	Minnesota Department of Health
Marcia Erickson	West Central Initiative
Chelsie Falk	Sanford Health/ Wheaton
Connie Fields	Douglas County Early Childhood Initiative
Nicole Fernholtz	Alexandria Economic Development
Dona Greiner	Stevens County Emergency Manager
Deb Hengel	Grant County Family and Youth Council, Elbow Lake Mayor, Horizon Public Health Board
Jim Haugen	West Central Community Action Head Start
Betsy Hills	Horizon Public Health
Jen Jabas	United Way of Douglas and Pope County
Bobbie Janke	Horizon Public Health
Maggie Johnson	Horizon Public Health
Scott Johnson	North Ambulance
Margaret Kalina	Alomere Health
Scott Kent	Alexandria Police Department
Erin Koehittop	Raising Up Stevens County (RUSC) Kinship
Bob Kopitzke	Stevens County Commissioner, Horizon Public Health Board
Leah Krauth	Traverse County Social Services
Martin Lanter	Wheaton School District, Wheaton City Council
PJ Malin	First Lutheran Church, Alexandria
Diane Meyer	Glacial Ridge Health System
Tina Lindquist	Grant County Emergency Manager
Diane Lopez	Douglas County Seniors
Autumn Marcias	Conexiones
Kerry Michael	University of Minnesota - Morris
Tricia Starker	Glenwood Chamber of Commerce
Dr. Susan Paulson	PrimeWest Health
Jeanne Pederson	Pope County Family Collaborative
Kelsey Peterson	Horizon Public Health
Amy Reineke	Horizon Public Health
Lindsey Sand	Knute Nelson
Amanda Schueler	Horizon Public Health
Greta Siegel	Horizon Public Health
Lynn Siegel	Traverse County Emergency Manager
Ann Stehn	Horizon Public Health
Diane Strobel	Morris School District
Molly Westerman	Stevens County Human Services
wony westernan	Stevens county numan services

Horizon Public Health - References

ⁱ Douglas County Historical Society. <u>https://www.dchsmn.org/</u>

ⁱⁱ Grant County Genealogy Trails History Group.

http://genealogytrails.com/minn/grant/history_names.html#:~:text=This%20County%2C%20established%20March%206,United%20 States%2C%201869%20to%201877.

^{III} Pope County Minnesota. <u>https://www.popecountymn.gov/history-of-pope-county</u>

^{iv} Stevens County Historical Society. <u>https://www.stevenshistorymuseum.com/</u>

^v Traverse County Genealogy Trails History Group. <u>http://genealogytrails.com/minn/traverse/history.html</u>

^{vi} Data USA, University of Minnesota – Morris; <u>https://datausa.io/profile/university/university-of-minnesota-morris</u>

vii Minnesota State Demographic Center. https://mn.gov/admin/demography/data-by-topic/population-data/our-projections/

viii Center for Rural Policy and Development. <u>https://www.ruralmn.org/</u>

^{ix} Veterans in Rural American. <u>https://www.census.gov</u>

^x Tamara A. Hamai, Vincent J. Felitti (2021, October 13). CDC. <u>https://www.cdc.gov/violenceprevention/aces/fastfact.html</u>

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^{xiv} Healthy People 2030. <u>https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability</u>

^{xv} CDC/ ATSDR Social Vulnerability Index. <u>https://www.atsdr.cdc.gov/placeandhealth/svi/index.html</u>

^{xvi} Center for Rural Policy and Development. <u>https://www.ruralmn.org/</u>

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