



Public Health
Prevent. Promote. Protect.

Meeker McLeod Sibley
Community Health Services

Community Health Assessment

2019



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Assessment was approved and adopted by the Meeker McLeod Sibley Community Health Board

Bobbie Harder

3-11-2021

Board Chair Signature and Date Approved

Executive Summary

In the state of Minnesota, Community Health Boards (CHB) are required to complete a community health assessment (CHA) and community health improvement plan (CHIP) every five years according to MN Statute 145A. In Meeker, McLeod and Sibley counties this was a collaborative process with numerous community partners.

Frequency of CHA/CHIP

Local Public Health is required to complete a Community Health Assessment at least every 5 years. Per IRS requirements, hospitals are required to complete Community Health Assessment every 3 years. Meeker McLeod Sibley Community Health Services (MMS CHS) works closely with health care partners during assessment periods, to share data sources, attend stakeholder sessions and work together to help each other complete the required work. MMS CHS's next assessment will take place in 2022-2023.

Meeker McLeod Sibley Community Health Services (MMS CHS) initiated a joint community health assessment (CHA) process through the MMS Healthy Communities Collaborative. The major partners in planning included all the hospitals in each of the three counties.

MMS CHS has a long and effective history of working together on various public health programs, applying for grants and streamlining public health services. The community health assessment reflects the health status Meeker, McLeod and Sibley county residents.

Top Ten Health Concerns



Adult Mental Health



Youth Mental Health



Adult Obesity



Adolescent Tobacco and E-cigarette Use



Youth Obesity



Access to Dental Care



Driving While Intoxicated



Adult Diabetes



Poverty



Youth Suicide

Progress in Priority Areas: 2014 to 2018

While we've identified obesity, mental well-being and alcohol, commercial tobacco and other drug use as priorities, it's important to note indicators in these areas where we've seen progress between the 2014 and 2018 iterations of the MMS Healthy Communities survey. With one noted exception, all the following improvements were significant at a 95% level of confidence.

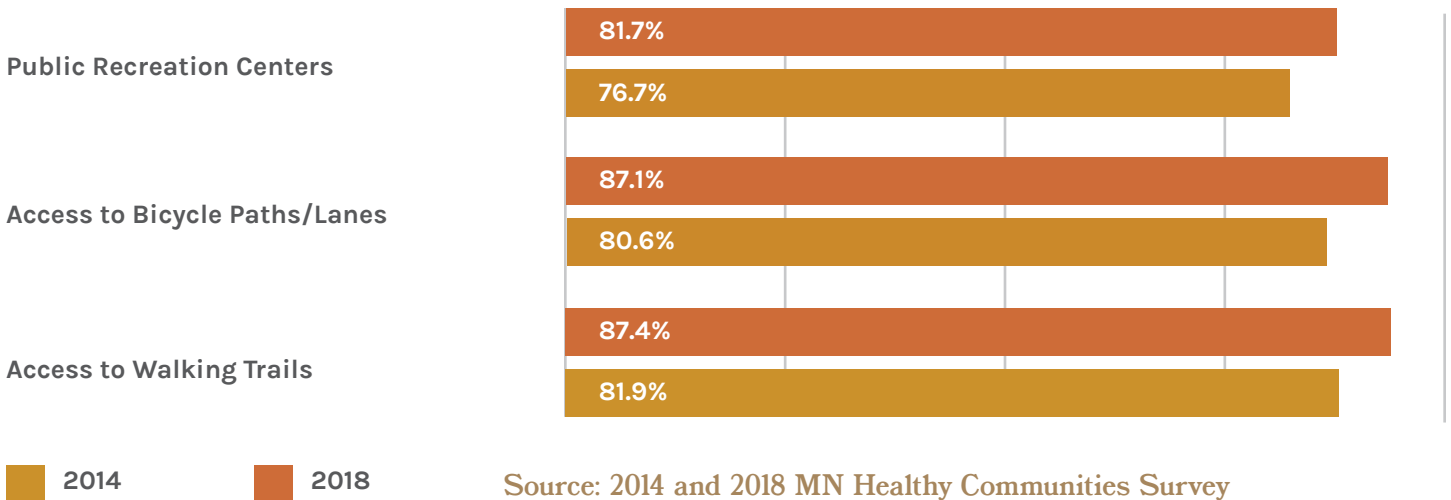
MENTAL WELLBEING

In the youth and adult indicators we included for this assessment, there was not improvement shown in any of the mental health indicators, rather they signified increases in the percent of people experiencing mental health issues. However, this trend is not unique to Meeker McLeod and Sibley as similar indicators representative of the entire population of Minnesota, show comparable changes.

OBESITY

More residents are reporting they have access to various resources and facilities in their communities where they can participate in physical activity. This includes but is not limited to walking trails, bicycle paths, shared use paths or bike lanes and public recreation centers. Improving access is often a key first step in improving physical activity rates. MMS rates remain lower than Minnesota state average of accessibility to various resources providing physical activity. This suggests a need for strengthening and continuing efforts to bring additional opportunities for residents within MMS.

Access to Physical Activity Opportunities in Community, MMS Adults



FOOD INSECURITY

Food insecurity is people who are experiencing not having consistent access to enough food for an active healthy life. The percent of adults who in the past year worried often or sometimes about running out of food before having money to buy more decreased almost 3% between 2014 and 2018.

MMS Adults Experiencing Food Insecurity



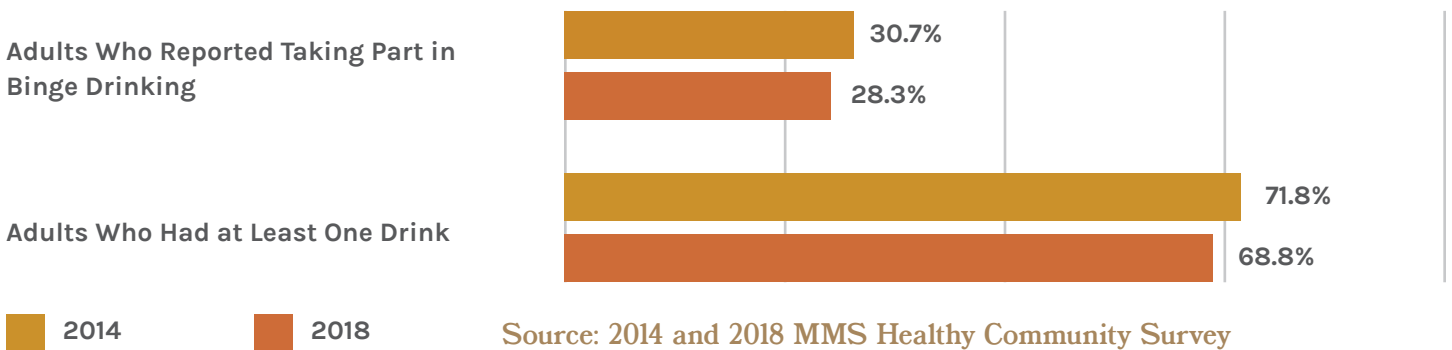
Source: MN Healthy Communities Survey

ALCOHOL, COMMERCIAL TOBACCO AND OTHER DRUG USE

Alcohol

Alcohol use rates are high in MMS when compared to Minnesota overall, survey data suggests they are declining. Between 2014 and 2018, the percent of those who reported binge drinking changed from 30.7% in 2014 to 28.3% in 2018 (this change was significant at a 90% level of confidence but not at 95%, $p=.08$). Furthermore, the percent of MMS adults who reported having at least one drink in the past 30 days decreased significantly by 3.0%.

MMS Adult Drinking Behavior



Source: 2014 and 2018 MMS Healthy Community Survey



Commercial Tobacco

Use

Smoking rates have improved in recent years for both adults and youth. Between 2014 and 2018 the percent of current smokers among adults decreased by over three percent and remains lower than the overall rate for Minnesota adults, which was 15.1% in 2018 compared to 11.2% in MMS. Likewise, any use of tobacco products (including cigarettes, cigars, pipes, chewing tobacco and e-cigarettes) among adults decreased by 7.0% from 2014 to 2018.

Similarly, among Sibley County students, the percent of 8th, 9th and 11th graders who reported past 30-day cigarette use dropped from 11.8% in 2016 to 9.8% in 2019¹.

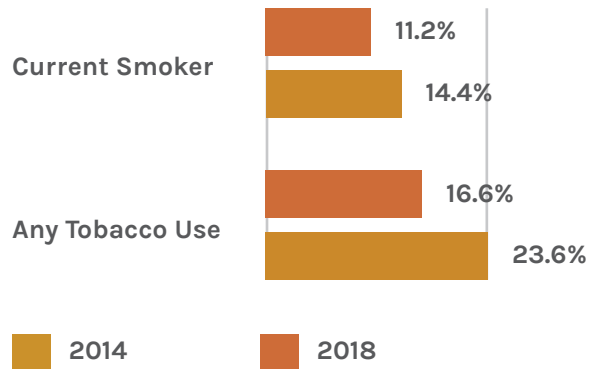
Exposure

Secondhand smoke causes early death and disease in both children and adults who do not smoke. It increases risk for heart attacks, heart disease and stroke, and lung cancer. To reduce the exposure of second hand smoke MMS Healthy Communities has been working with multi-unit housing owners and property managers to implement smoke-free policies since the beginning of SHIP. Additionally, there is a national movement towards smoke-free housing including that the U.S. Office of Housing and Urban Development (HUD) required all Public Housing Agencies to have a smoke-free policy in place by July 31, 2018. Therefore, it is notable that between 2014 and 2018, there was a large reduction (34.3%) in the percent of renters in apartments and multi-family buildings reporting anyone smoking in the apartments in their building.

Other Drugs

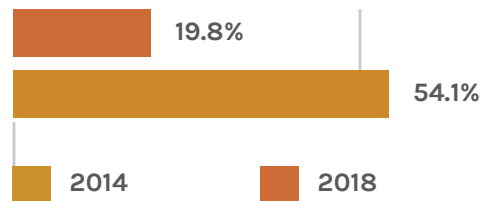
Past 30-day marijuana use among 8th, 9th and 11th graders in Sibley County also declined from 13.7% in 2016 to 10.8% in 2019².

MMS Adult Tobacco Use



Source: 2014 and 2018 MMS Healthy Community Survey

Secondhand smoke exposure in apartments, renters in apartment or multi-family building



Source: 2014 and 2018 MMS Healthy Community Survey

¹ Comparable data not available for students in Meeker and McLeod Counties.

² *ibid.*

Introduction

What is health?

While we all may have our own personal definition of "health", the World Health Organization's (WHO) definition is often cited when attempting to describe health. According to WHO, health is "a state of physical, mental and social well-being and not merely the absence of disease or infirmity." If we support this definition, then anything and everything in our lives that impacts our bodies, our minds, our inner beings, and our surroundings has the potential to impact our health. We can no longer totally support the concept that we are all individually and solely responsible for our own personal health. Rather, we are all in this together. That is exactly the definition of public health...."What we do collectively to assure the conditions in which all people can be healthy."

What creates health?

In 2015, the population of the United States spent an estimated \$3.2 trillion on health care costs. However, despite this expenditure, a study by the U.S. National Research Council, published in 2013, showed that Americans die at a younger age and experience more illness and injury than people in other developed countries. This confirms that access to health care alone clearly does not create health.

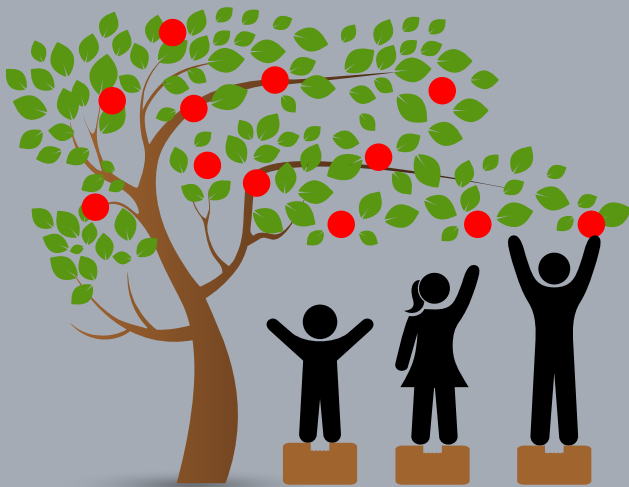
So, what does create health? During the past two decades, the public health community's attention has been drawn increasingly to the social determinants of health (SDOH)—the factors apart from medical care that can be influenced by social policies and shape health in powerful ways. The World Health Organization's Commission on the Social Determinants of Health has defined SDOH as "the conditions in which people are born, grow, live, work and age" and "the fundamental drivers of these conditions." Our health is affected by many factors such as genetics, the environment, the existence or absence of relationships and social networks, where we live, our finances or lack of them, as well as our lifestyle. But while individual behaviors cannot be overlooked, it is the policies and processes that shape the daily circumstances of our lives that really creates health.



What is health equity?

Health equity means everyone has the opportunity to attain their highest level of health and no one is prevented from being healthy by unjust or unfair social policies and practices. Inequities are created when barriers occur whether intentional or unintentional and prevent individuals and communities from accessing these conditions and reaching their full potential. How do we achieve health equity? We value all people equally. We optimize the conditions in which people are born, grow, live, work, learn and age. We work with other sectors to address the factors that influence health, including employment, housing, education, health care, public safety and food access. We understand that we all share the responsibility of creating healthy communities where everyone can thrive. We can only be healthy when the conditions in our communities support everyone's health.

EQUALITY *SOUNDS* FAIR



EQUITY *IS* FAIR

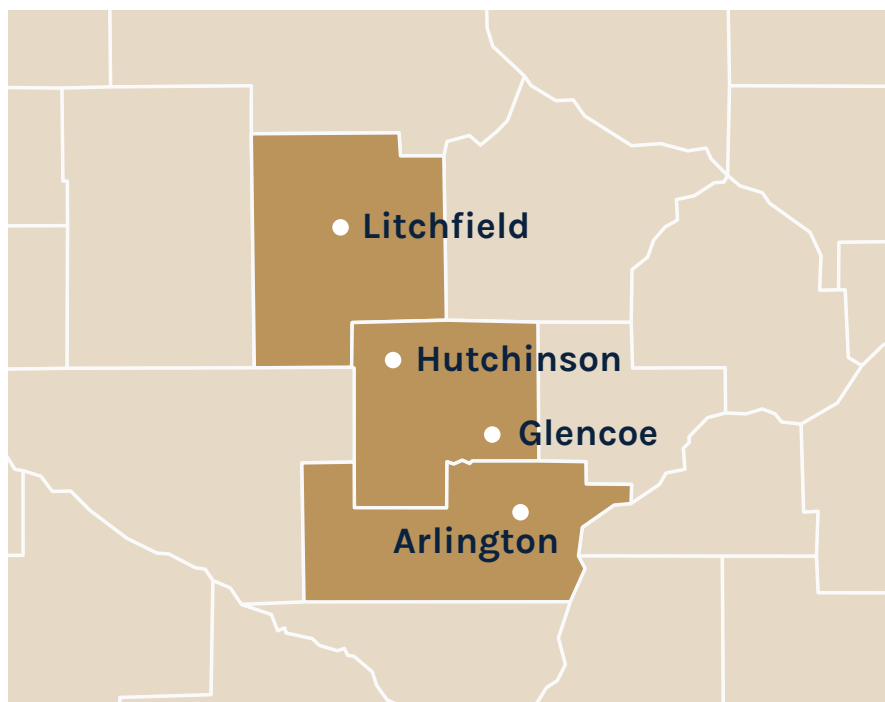


About the Community We Serve

Meeker, McLeod and Sibley counties are rural counties, with agriculture being the major business of the three counties. Meeker County is located approximately 1 hour west of Minneapolis and covers 610 square miles. It also has seventeen and one-half townships and lays almost square. McLeod County has an area of 311,388 acres and contains 503 square miles. It has nine cities ranging in population from approximately 14,000 to 100 with Hutchinson as the largest as well as 14 townships. Sibley County is part of the Minneapolis-St. Paul-Bloomington, MN-WI Metropolitan Statistical

Area. It has seven cities ranging in population from approximately 2,300 to 450 with Arlington and Gaylord as the largest. Sibley County has seventeen townships and covers about 601 square miles.

The 2019 total population of the three counties is 73,829. The three counties are predominately Caucasian. According to the 2015-2019 American Community Survey 5-year estimates, residents of Hispanic/Latino ethnicity make up 6.1% of the three county populations. About 5.8% of the communities' population speaks a language other than English and 11.7% of residents have a disability. About 7.8% of people who live in these counties have income that is below poverty with 4.7% of residents living without health care insurance.



Sources: www.mncompass.org and county websites.

The Role of Public Health

Under Minnesota Statute 145 A, Community Health Boards have the authority and responsibility to provide public health services. These services include the foundational public health responsibilities. Meeker McLeod Sibley Community Health Services (MMS CHS) is the governing entity for public health services under Minnesota Statute 145A. A Joint Powers Agreement was formed in 1980. The governing entity for MMS CHS is the Community Health Board (CHB) and consists of two commissioners from each of the three counties for a total of six commissioners. The CHS Organizational Chart is included in Appendix A.

Although MMS CHS is the recognized governing entity in the state of Minnesota, through a delegation agreement each county public health department retains their own identity within their respective county. Each county has a Public Health Agency as a department in their county system and information about the individual county can be obtained at the following websites:



Meeker County:
www.co.meeker.mn.us



McLeod County:
www.co.mcleod.mn.us



Sibley County:
www.co.sibley.mn.us

The agency is comprised of a Community Health Services Director, the Management team (that consists of the three Public Health Directors and/or Supervisors and staff that provide direct services and program administration in the following key areas:

Foundational Capabilities:

- Assessment and planning
- Communications
- Community partnerships
- Data and epidemiology
- Health equity
- Leadership
- Organizational management
- Policy development
- Preparedness and response

Foundational Areas:

- Infectious disease prevention and control
- Environmental health
- Prevention and population health improvement
- Access to health services

Protections and services unique to a community's need

Governmental public health must carry out the foundational public health responsibilities, and the foundational responsibilities must be present in every community across the state in order to efficiently and effectively promote and protect the health of all people in Minnesota.

The Community Health Assessment Model and Process

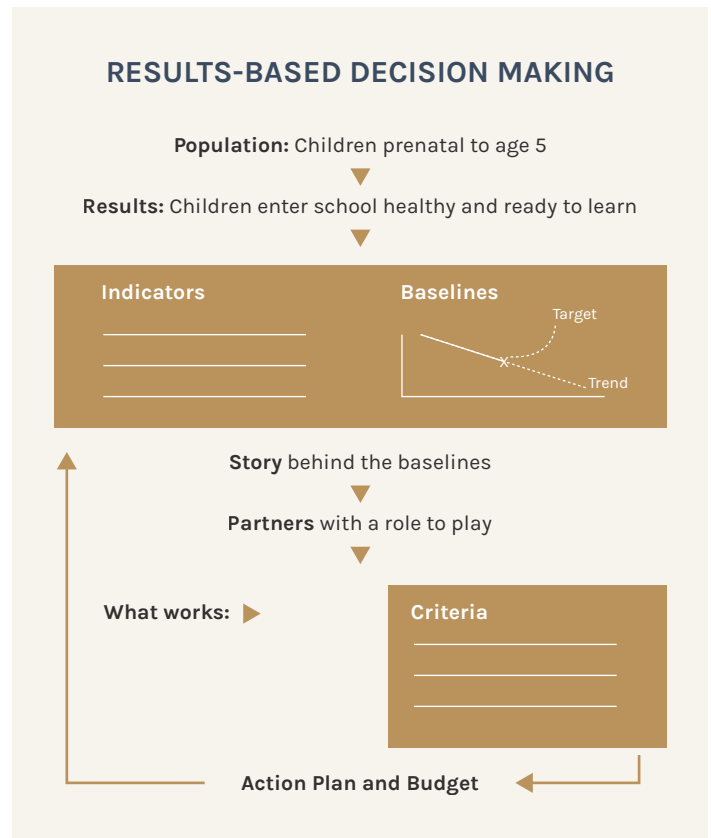
MODEL

Meeker McLeod Sibley Community Health Services worked with the Minnesota Department of Health's Center of Public Health Practice to determine the right model to use when starting the process of a Community Health Assessment. The CHS chose to use the Results and Performance Accountability System. Because MMS CHS participates in a joint community health assessment (CHA) process with the MMS Healthy Communities Collaborative, moving from a Collective Action model in 2016 to a Results-based Accountability (RBA) model in 2019/2020 was a way to ensure accountability because the whole community, public and private sectors, must share responsibility for results. This model works to implement some form of results or performance accountability in a community. Results accountability involves a very simple, but business-like, thinking process that can help direct the work of creating a strategy for improving the well-being of a population or subpopulation in a geographic area. RBA uses a data-driven, decision-making process to help communities and organizations get beyond talking about problems and move to taking action to solve problems. It is a simple, common sense framework that everyone can understand.

Source: www.raguide.org

PROCESS

A meeting with MN Department of Health staff was held with Meeker McLeod Sibley Community Health Services along with hospitals and clinics in early May of 2018 in placing a Community Health Behavior Survey in the field by Fall of 2018 and beginning the Community Health Assessment process with our collaborative which includes hospitals, clinics, head start, and public health in January 2019. The collaborative would use their dollars along with contributions from SHIP and MMS CHS to complete the survey process. Knowing that the Hispanic population was underrepresented in the full 2014 survey at 1.1% (unweighted), compared to 5.3% Hispanic in the overall population in the three counties in 2012, a separate survey was translated into Spanish in 2018. MMS staff worked with community health workers and MMS Community Health Equity Coalition to recruit Hispanic residents to complete this survey.



The MMS Community Health Improvement Team proceeded to gauge community readiness in the Spring of 2019 through CHA Community Engagement Activity. In the Summer of 2019, key informant interviews and focus groups were conducted with adults and youth regarding Mental Health, E-cigarettes/Vaping and Alcohol. Public Health and Health Care entities continued to meet over Summer and Fall 2019 to discuss health indicators and provide data sharing opportunities. After all the data was gathered and analyzed MMS CHS held community-based input meetings in November 2019 to help guide MMS CHS staff in determining the top 10 health priorities in Meeker, McLeod and Sibley counties.

CHA Community Engagement Activity

As MMS CHS started the process for the community health assessment, the goal was to have a collective audience and work towards a community vision and look at the big picture regarding the health and safety of the residents in Meeker McLeod and Sibley Counties. Staff held engagement activities at the Ridgewater Health Fair, held in March 2019 and the Mental Health Conference and Community Event held in Hutchinson in April 2019.

The results varied greatly but the Community Health Improvement Team (CHIT) worked to categorize the responses from the question "What does a healthy community look like to you?" into topics related to the public health framework and social determinants of health.

The topic areas were:

- Resources and conditions to thrive
- Clean and Safe
- Social connectedness and support
- Healthy living opportunities
- Community engagement

The results also varied greatly with the question "What do you think are the barriers to getting there?" The barriers listed were as follows:

- Livable wage
- Jobs
- Housing
- Life stressors
- Personal choice
- Lack of community resources
- Technology
- Social connectedness
- Drugs
- Childhood trauma
- Educational opportunities.



The questions asked at the Ridgewater event were:

- What does a healthy community look like to you?
- What do you think are the barriers to getting there?

These barriers seem to relate to many of the social determinants of health experienced by Meeker, McLeod and Sibley County residents.



The questions asked the Mental Health Conference and Community Events were:

- What does a mentally healthy community look like to you?
- What do you think they barriers to getting there?

The results varied greatly but the Community Health Improvement Team (CHIT) worked to categorize the responses from the question "What does a mentally healthy community look like to you?" into topics related to mental well-being. The topic areas were:

- No or less stigma
- Supportive and welcoming community
- Better mental state of mind
- Awareness, education and affordable resources
- Programs/activities and spaces for youth

The results also varied greatly with the question "What do you think are the barriers to getting there?"

The public who attended a community event on mental health identified these 5 barriers in relation to having a mentally healthy community:

- Bullying
- Loneliness
- Stigma
- Social Isolation
- Too many obstacles to getting help

Professionals who attended a mental health conference identified these 5 barriers in relation to having a mentally healthy community:

- Stigma
- Social Isolation
- Fear of Rejection
- Bullying
- Poor health insurance coverage



Data Collection and Analysis

Primary Quantitative Data Collection

SURVEY TOOL: COMMUNITY HEALTH SURVEY

The survey instrument used for the project was adapted from a survey conducted in 2014 in Meeker, McLeod, and Sibley counties. Staff from the public health agencies revised the survey content in partnership with local health care partners and with technical assistance from the Minnesota Department of Health Center for Health Statistics. The survey was formatted by the survey vendor, Survey Systems, Inc. of Shoreview, MN, as a scannable, self-administered English-language questionnaire.

An initial survey packet that included a cover letter, the survey instrument, and a postage-paid return envelope was mailed October 22-23 2018, to 5400 sampled households (1800 from each county). One week after the first survey packets were mailed (October 29), a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. Two weeks after the reminder postcards were mailed (November 12), another full survey packet was sent to all households that still had not returned the survey. The remaining completed surveys were received over the next six weeks, with the final date for the receipt of surveys being December 28, 2018.

Completed surveys were received from 1463 adult residents of the three counties; thus, the overall response rate was 27.1% (1463/5400).

SURVEY TOOL: HISPANIC COMMUNITY HEALTH SURVEY

In 2013-14, funds also became available through SHIP to conduct a community health survey to gather county level surveillance of adults on behavioral health risk factors and overall health. However, the Hispanic population was underrepresented in this survey at 1.1% (unweighted), compared to 5.3% Hispanic in the overall population in the three counties in 2012. So, when additional funds were available to repeat the survey in 2018, the survey was translated into Spanish and MMS staff worked with community health workers and MMS Community Health Equity Coalition to recruit Hispanic residents to complete this survey. This report contains results from the Hispanic residents who completed the survey (n=102) along with results from the 2018 iteration of the general population survey. It is important to note that while the general population survey was designed and analyzed to be representative of the entire adult population in the tri-county region using scientific rigor, Hispanic residents were recruited through convenience sampling, i.e. not random. Therefore, comparisons should not be made between the data points for the general population and Hispanic population, but both are provided as an initial point of reference to assist in planning public health initiatives. Additionally, MMS staff are using this information to then plan qualitative data collection to further understand the needs of the Hispanic population in the tri-county region.

COMMUNITY HEALTH ASSESSMENT INDICATORS

MMS CHS has used an outside evaluator to analyze the 2018 Community Health Survey to highlight data indicators. The indicators highlighted from the data collected were:

- Social Determinants of Health
- Mental Health
- Binge Drinking
- Obesity
- Access to Care
- Senior Health
- Other

These indicators were then used with staff, stakeholders and residents to guide the work that took place around the top 10 prioritization exercise.

Secondary Quantitative Data Collection

Secondary quantitative data was obtained from national, state and local data sources. Data sources included, but were not limited to, the U.S. Census, Centers for Disease and Control Prevention (CDC), the Behavioral Risk Factor Survey (BRFSS), Minnesota Department of Health County Health Tables, the Minnesota Student Survey and County Health Rankings. Local Data that was obtained came from the Pact for Families SHARE survey, Glencoe Regional Health and Hutchinson Health Provider Surveys, and Tri-Valley Opportunity Council Annual Reports.

Qualitative Data Collection

KEY INFORMANT INTERVIEWS

Between July 24th and September 18th, 2019, MMS staff conducted 10 key informant interviews with adult professionals working with youth regarding E-cigarettes/Vaping and Alcohol. In total, they talked with 30 adults, representing law enforcement, parents of youth, staff working in human services and school staff. Twelve key informant interviews were held regarding Mental Health during this time as well. Staff spoke with a total of 38 adult professionals representing law enforcement, child protective services, school staff, therapists, child mental health services, veterans' services, domestic violence senior citizens, adults living with persistent mental health conditions and three participants who work with and represent the Hispanic community.

FOCUS GROUPS

Between July 23rd and September 12th, 2019, MMS staff conducted three focus groups with a total of 26 adults and one focus group with youth regarding Mental Health. Five focus groups were held regarding E-cigarettes/Vaping and Alcohol. Two with a total thirteen youth ages 14-18, one focus group with parents of youth, one focus group with adults who work with youth and one focus group with adult professionals.

TOP 10 PRIORITIZATION EXERCISE

The purpose of this exercise is to collect stakeholder and community residents input to help identify the top 10 health issues by analyzing data along with considering personal and professional experiences. The number of dots per issue will also help inform the top 2-3 health priority areas.

This prioritization exercise was held with multiple groups to get a wide range of input to help guide MMS CHS in choosing its top three health priority areas.

The following groups were used for this exercise:

- Meeker-McLeod-Sibley Community Leadership Team
- MMS Health Equity Coalition
- MMS All Staff Meeting
- Meeker County Public Health Advisory Board
- McLeod County Employees
- Additional Meeker, McLeod and Sibley County residents via the MMS CHS website and social media venues.

After the top ten ranking exercise was completed, the prioritization discussion took place to determine the top 3 health priority areas. Discussion questions were:

- The seriousness of the identified health issue
- The scope or size of this health issue
- To what extent is the community ready to address this issue and work on solutions
- What community assets and resources are available to address this health issue
- What are some potential solutions to impact this health issue

All dots and prioritization notes were compiled to form a top 10 health priorities list. The MMS CHA team then met to discuss the finding and to formally identify the top 3 health priority areas in December of 2019.

PUBLIC INPUT

Public input from the community was encouraged and invited throughout the community health assessment process. Input was gathered via the key informant interviews, focus groups, prioritization meetings and through a ranking activity via the CHS and Meeker McLeod Sibley Healthy Communities Collaborative websites with promotions through emails, Facebook and Twitter. Residents were asked to rank their top ten health priorities out of a list of 29 concerns that came up from the data and indicators. The Meeker McLeod Sibley Healthy Communities Collaborative members were asked to share the community health assessment data and process with their respective organizations with an invitation to comment.

Priorities and Definitions

Social Determinants of Health

Social determinants of health are defined by Healthy People 2020 as the "conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks." The health of a community – and its people – is dependent on a number of social, political, economic, and environmental conditions. To be healthy, people need peace, shelter, education, food, income, and social justice. The link between these social determinants of health and health outcomes is widely recognized in public health. It is increasingly understood that inequitable distribution of these conditions across various populations is a significant contributor to widespread and persistent health disparities.

Minnesota, on average, ranks among the healthiest states in the nation. But those averages do not tell the whole story. Minnesota has some of the greatest health disparities in the country between whites and people of color and American Indians. Further, the data reveals that lesbian, gay, bisexual, transgender and queer (LGBTQ) communities, the disability community, rural communities and low-income communities experience the highest inequities in our state.

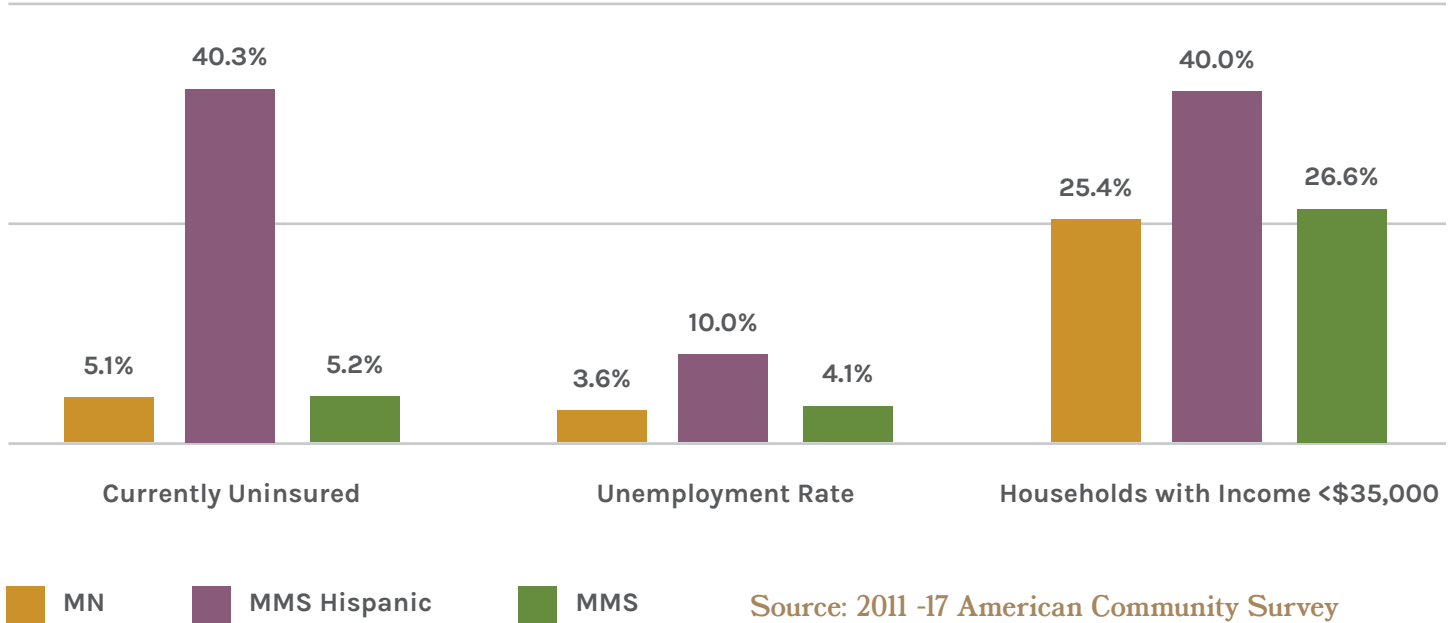
Locally, Meeker, McLeod and Sibley counties (MMS) need to address health disparities as part of a broad spectrum of public investments in housing, transportation, education, economic opportunity and criminal justice. According to the 2015-2019 American Community Survey 5-year estimates, about one-quarter of households in Meeker (25.2%), McLeod (24.5%) and Sibley (24.9%) counties had an income less than \$35,000. Further, people of color in our region are more likely to



be lower income - 44.7% of non-white and/or Hispanic residents have income of less than \$35,000 while only 23.6% of white, non-Hispanic residents have an income of less than \$35,000. Residents of Hispanic/Latino ethnicity makeup 6.1% of the three-county population with larger pockets of this population residing in the Gaylord, Glencoe and Litchfield areas.

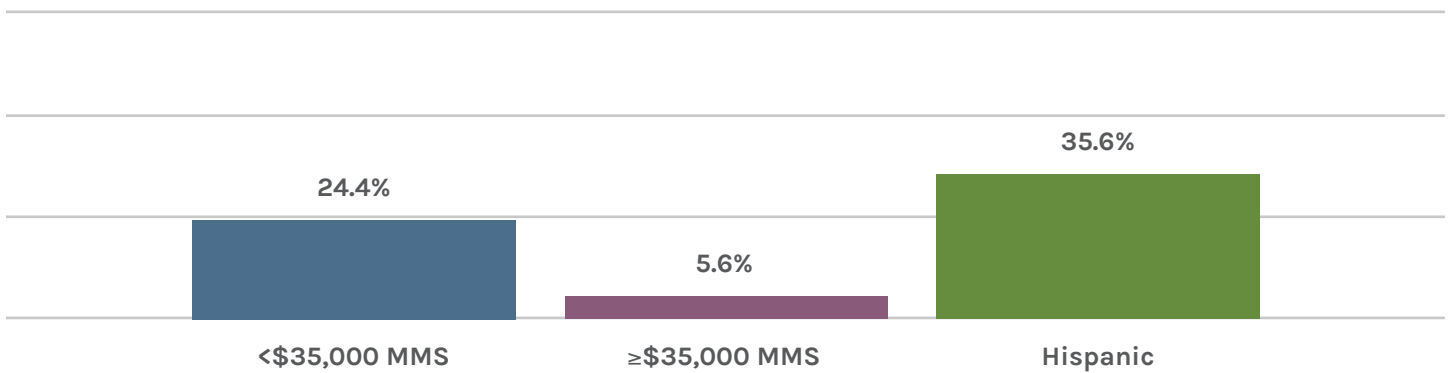
As evidenced in MMS specific data, our low-income residents, especially our Hispanic residents, are experiencing inequities in both social determinants of health and health outcomes. For example, Hispanic residents in MMS are experiencing lack of health insurance, unemployment and lower incomes than MMS and Minnesota residents overall.

Social Determinants of Health



Food insecurity is also a social determinant of health and interconnected to poverty, unemployment/ under-employment. This is demonstrated in the results from the MMS Healthy Communities Survey as those with household incomes <\$35,000 had much higher rates of food insecurity, as did Hispanic residents who as evidenced in the data above, are more likely to be unemployed and have a lower household income.

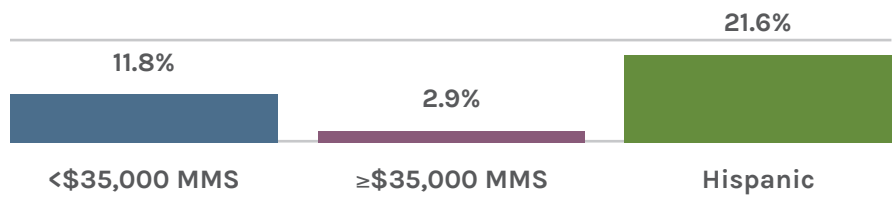
MMS Adults Experiencing Food Insecurity



Source: 2018 MMS Healthy Communities Survey and 2018 Hispanic Targeted Sample MMS Healthy Communities Survey

Reliable and affordable transportation is important for equity in health. Equitable transportation supports the health of communities by ensuring everyone can get where they need to go. Public transport provides critical transportation for those who do not own their own car or do not drive. Yet access to public transportation is limited in MMS, as the public services, Trailblazer Transit or Meeker County Transit, are only available during weekdays for limited hours. Since residents with lower household incomes and Hispanic residents are more likely to use these services, they are most impacted by the limited hours and less able to get where they need to go.

MMS Adults Using Public Transportation



Source: 2018 MMS Healthy Communities Survey and 2018 Hispanic Targeted Sample MMS Healthy Communities Survey

In addition to disparities in social determinants of health, results from the 2018 MMS Healthy Communities Survey revealed inequities in health outcomes between income groups and for the Hispanic population compared to the population overall. Residents with an income at or below \$35,000 were more likely to report having chronic diseases such as diabetes and heart disease (see chart Adults with obesity related diagnosis in Obesity section below). Further, in a 2018 targeted survey of Hispanic residents, 25.5% of respondents reported they have been diagnosed with diabetes compared to 15.9% in the MMS adult population overall. More information on health disparities within each priority area is presented in the corresponding sections below.



TOP 10 HEALTH PRIORITIES

After collecting input from stakeholder and community residents, Meeker McLeod Sibley Community Health Services was able to narrow down the information received to the top ten health priorities which are:

- Adult Mental Health
- Youth Mental Health
- Adult Obesity
- Adolescent Tobacco and E-Cigarette Use
- Youth Obesity
- Access to Dental Care
- Driving while Intoxicated
- Adult Diabetes
- Poverty
- Youth Suicide

After further discussions and reviewing the data sources, Meeker McLeod Sibley Community Health Services determined the top three health priorities that will be the focus of the Community Health Improvement Plan during 2019 through 2022. The top three concerns are:

- Mental Well-being
- Obesity
- Alcohol Tobacco and Other Drug Use/Misuse

TOP 3 HEALTH PRIORITIES

Priority: Mental Well-being

The World Health Organization defines mental health as "A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Mental health and physical health are inextricably linked - poor mental health, with or without the presence of mental illness, is associated with poor quality of life, higher rates of chronic disease and increased health care utilization, death, injury, crime, smoking, drug and alcohol abuse.

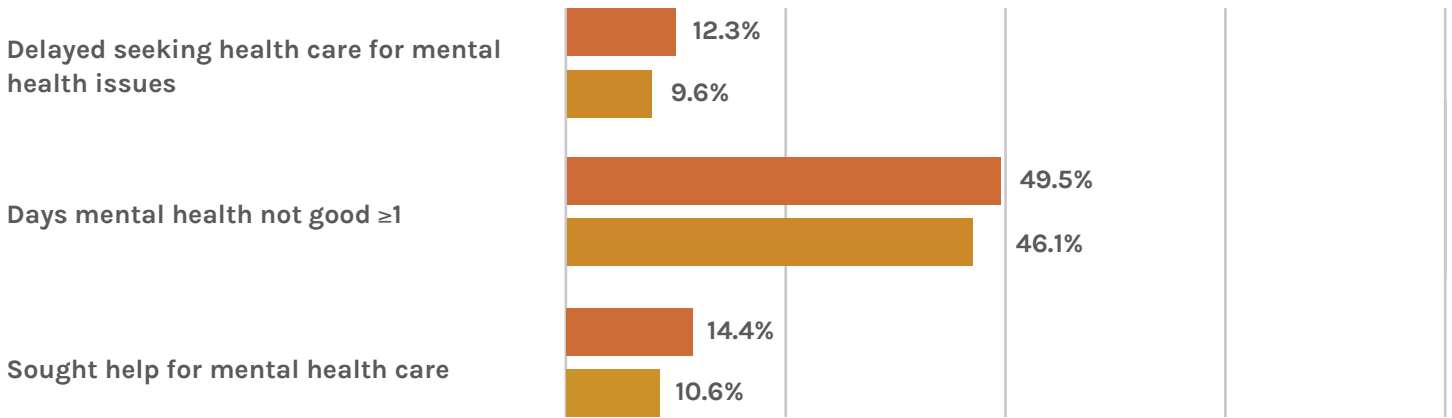
To be healthy, people need peace, shelter, education, food, income, and social justice. These issues are often interconnected and lack of anyone of them can add stress, instability and unpredictability to households and individuals, thereby having an impact on mental well-being. When improvements are made in these areas, we improve both mental and physical health. Differences in rates by income of those experiencing mental health challenges can be seen throughout the data in this section.

Mental Health Concerns

Mental health concerns are on the rise among residents in MMS. From 2014 to 2018, the percent of adults who delayed seeking help for mental health issues, who reported one or more days in the past 30 when their mental health was not good, and who sought help from a professional for mental health issues all increased. When compared to Minnesota adults, the percent of those with one or more days of mental health is much higher in our three counties (32.2% in MN vs 49.5% in MMS).

In addition, those with a household income less than \$35,000 were 2.4% more likely to experience one or more days in the past month when their mental health was not good compared to those with a household income of \$35,000 or more.

MMS Adults and Mental Health



■ 2014 ■ 2018

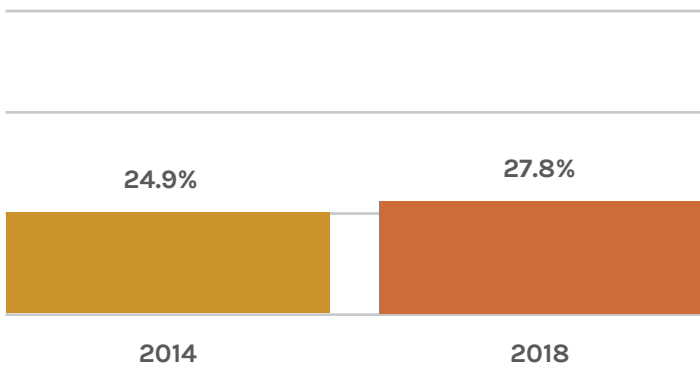
Source: 2014 and 2018 MMS Healthy Community Survey

Mental Illness

Similarly, the percent of MMS adults who report they had ever been told by a health professional they had depression, anxiety or panic attacks and/or other mental health concerns went up about 3% (absolute) from 2014 to 2018.

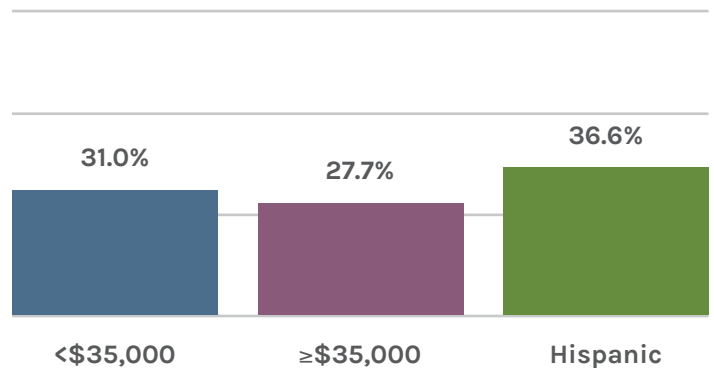
In the 2018 data, a higher percent of Hispanic adults and people with a lower household income were diagnosed with one of these conditions compared to those with a higher household income.

MMS adults with diagnosis of depression, anxiety/panic attack or other mental health concerns



Source: 2014 and 2018 MMS Healthy Communities Survey

MMS adults with diagnosis of depression, anxiety/panic attack or other mental health concerns



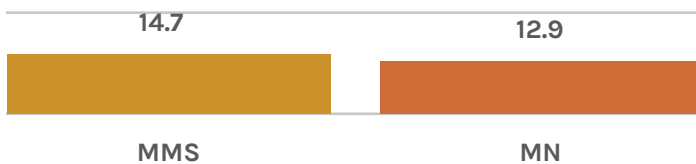
Source: 2018 MMS Healthy Communities Survey and 2018 Hispanic Targeted Sample MMS Healthy Communities Survey

Suicide

Suicide in Minnesota is a growing problem. From 1999-2017, deaths by suicide increased by 53% in Minnesota and it is currently the eighth leading cause of death in the state. MMS is no exception, in fact the rate in the tri-county region is higher than it is in Minnesota.

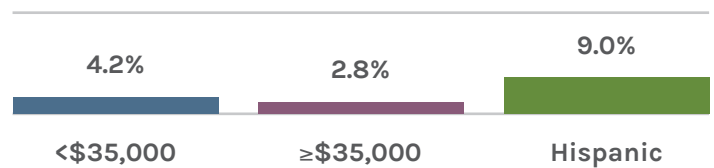
Further, the percent of adults who ever considered attempting suicide in the past year was higher for those with a lower household income compared to those with a higher household income (4.2% vs 2.8%) and even higher for Hispanic adults.

Suicide mortality Age adjusted rates per 100,000



Source: MN Department of Health, Center for Health Statistics

MMS adults ever considered suicide in past year



Source: 2018 MMS Healthy Communities Survey and 2018 Hispanic Targeted Sample MMS Healthy Communities Survey

Youth Suicide Ideation

In Meeker and McLeod counties, 12.2% and 12.8% respectively of 5th, 7th, 9th and 11th graders considered attempting suicide during the last year. These numbers were similar in Sibley County where 12.5% of 8th, 9th and 11th graders considered attempting suicide during the last year.

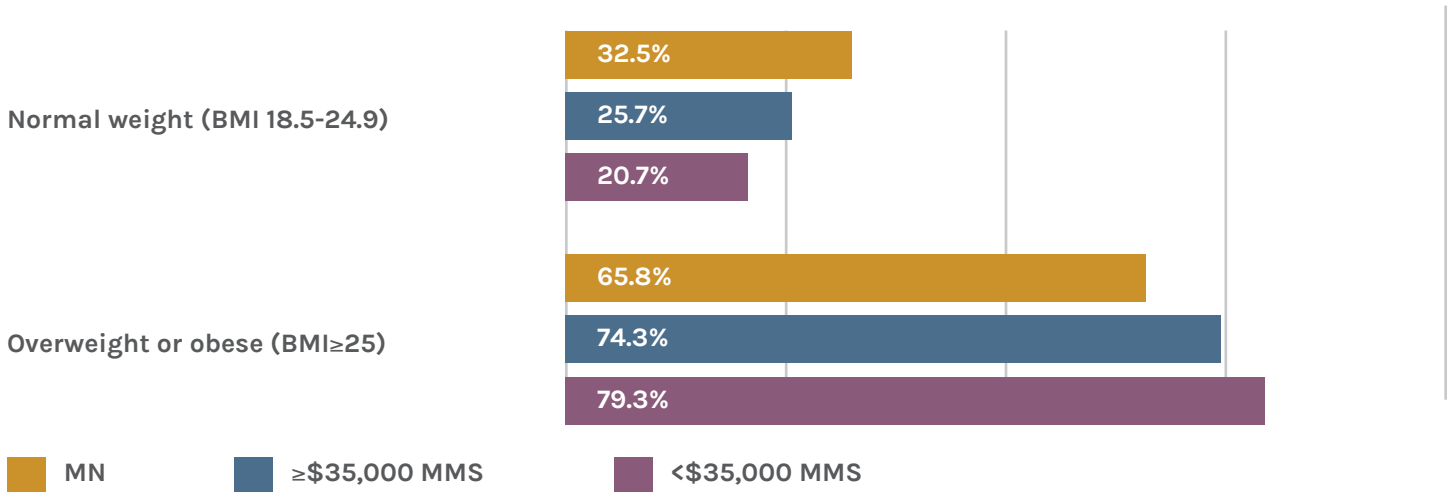


Priority: Obesity

Unhealthy Weight

Adults who are obese are at higher risk for serious health risks including heart disease, diabetes and other chronic conditions, which often lead to premature death and raise health care costs. According to self-reported height and weight, 75.4% of adult residents in the tri-county area are overweight or obese³, a rate which is almost 10% higher than for Minnesota residents overall. Similarly, 14.1% of MMS Women Infant and Children Program (WIC) children aged 2-5 years are obese compared to 12.9% for the state overall.

Adult Weight Status Based on BMI



Source: 2018 MMS Healthy Communities Survey and 2018 MN BRFSS

Weight is impacted by healthy eating and physical activity and strategies that improve nutrition and physical activity through policy, systems and environmental change are fundamental to reducing obesity in children and adults.

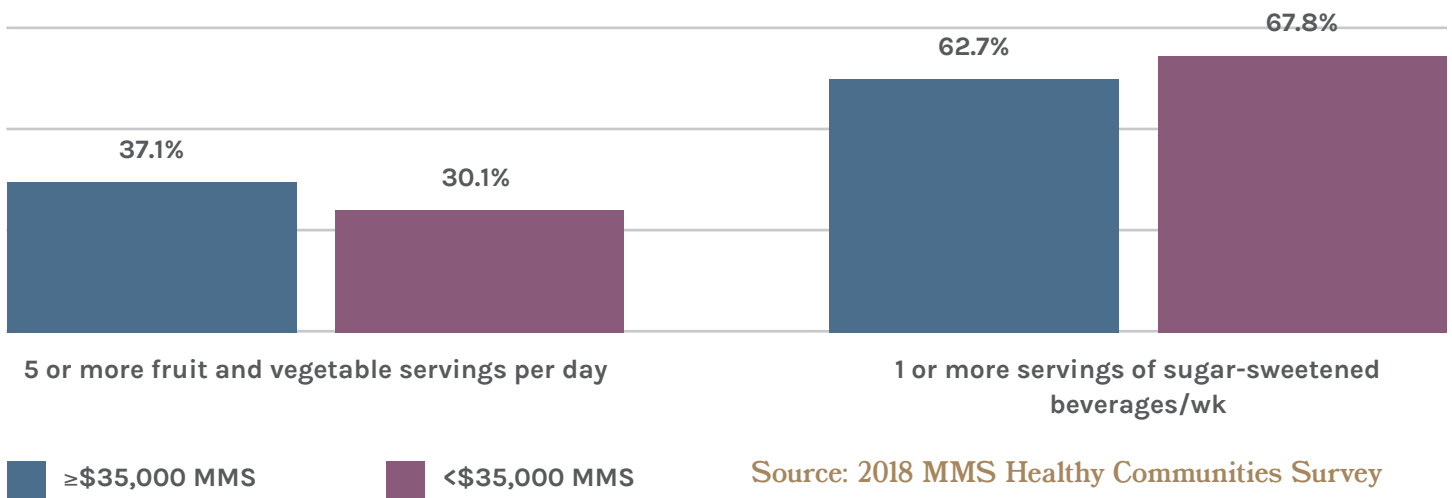
³ Obesity is an abnormal or excessive fat accumulation that may impair health. Although there are several ways to measure obesity, the most common population-level measure is a calculation based on weight and height called Body Mass Index (BMI). A person with a BMI of 30 kg/m² or greater is defined as obese.

Healthy Eating

A diet rich in fruits and vegetables and low in sugar is a key protective factor for preventing chronic disease. About one in three adult residents in MMS are consuming the recommended five or more servings of fruits and vegetables each day. However, fewer lower income residents are meeting this recommendation than those with a household income \geq \$35,000.

Sugar-sweetened beverages provide no nutritional value and are the number one source of added sugars in the United States diet. About two-thirds of MMS adult residents are drinking at least one sugar sweetened beverage per week, with about a 5% difference between residents with household incomes above and below \$35,000.

MMS Adult Food and Beverage Consumption



Access to Healthy Foods

One explanation for these disparities is that having access to affordable healthy food is key to consumption of healthy food. However, according to the United States Department of Agriculture (USDA), one in four McLeod residents and about one and five Meeker residents do not live close to a grocery store. On the other hand, almost all (98.6%) of Sibley County residents live close to a grocery store. Furthermore, since some healthy foods can cost significantly more than other unhealthy alternatives, low to moderate income households find price is the most significant barrier to healthy food consumption. Yet, 6.4% of McLeod County residents and 6.5% of Meeker County residents do not live close to a grocery store and are low income.

Physical Activity

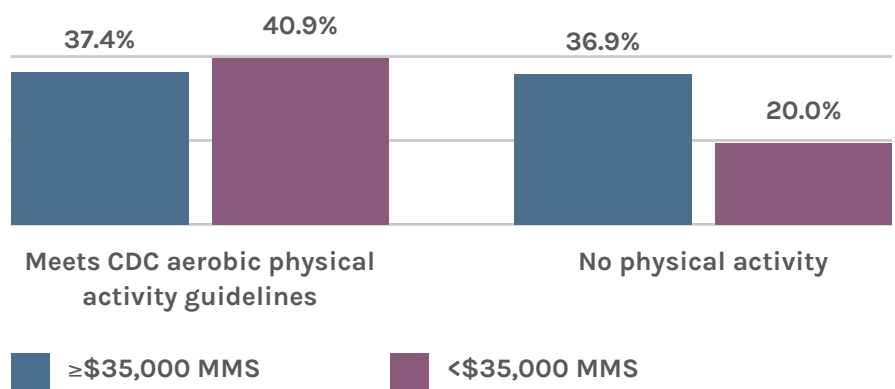
Regular physical activity, including running, calisthenics, golf, gardening and walking, helps improve overall health and reduces risk for heart disease, type 2 diabetes, depression and cancer and has other health benefits. CDC recommends adults do at least 150 minutes a week of moderate-intensity, or 75 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. In MMS, 40.3% of adults are meeting this recommendation which is significantly lower than the Minnesota rate of 51.1%. Also, there is some variance by income among MMS residents; the percent of those with a household income greater than or equal to \$35,000 who are meeting the guideline is 3.5% higher than those with a household income less than \$35,000.

Even though meeting the CDC recommendation is ideal, some physical activity is better than none. One in four MMS residents are not participating in any physical activity (outside of work) in 30 days. When looking at this measure by income, there is a large disparity among MMS adults as 37.1% of lower income residents have not engaged in physical activity compared to 20.0% for residents with higher incomes.

Access to Physical Activity

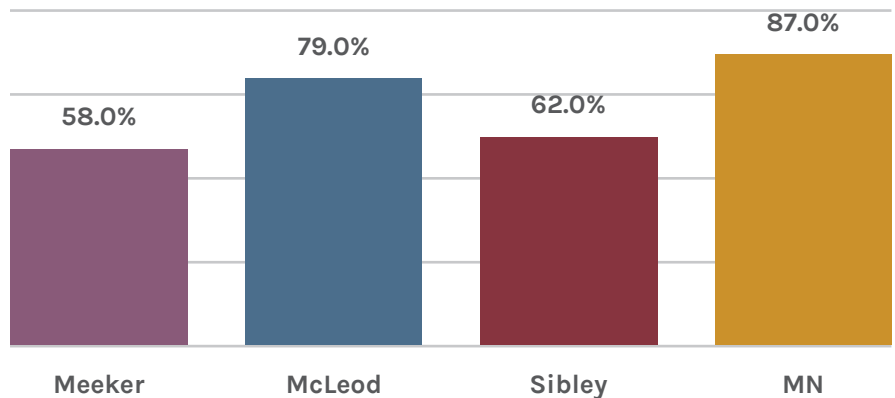
Participation in physical activity is influenced by access to opportunities to do so. Residents in the tri-county region have less access to physical activity opportunities; 87% of the Minnesota population has adequate access to locations for physical activity, whereas each county in the MMS CHB has a lower percent of residents with adequate access, the lowest at 58% in Meeker County.

MMS Adults Physical Activity Participation



Source: 2018 MMS Healthy Communities Survey

Percent of Population with Access to Physical Activity Opportunities

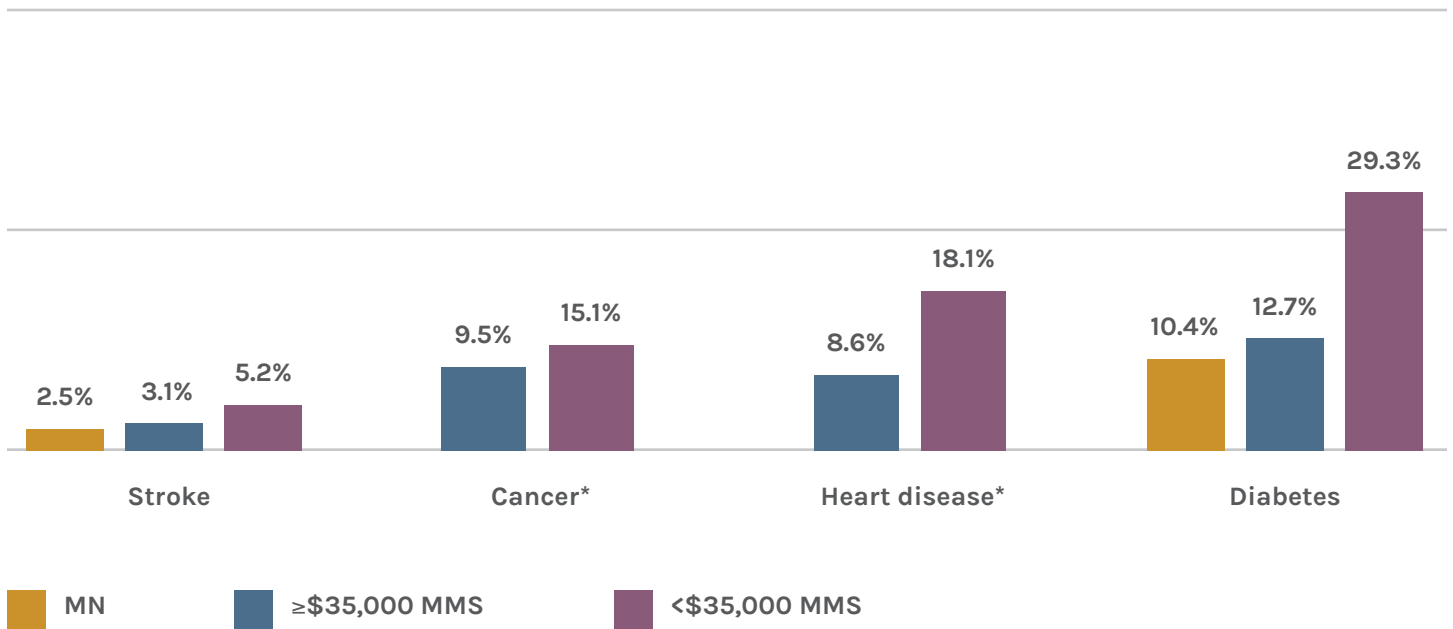


Source: 2019 County Health Rankings

Obesity Related Disease Diagnosis

Lower income residents in Meeker, McLeod and Sibley counties are experiencing obesity related disease diagnoses at higher rates. The rate of stroke for those with a household income below \$35,000 is twice as much as for those with a household income higher than or equal to \$35,000. Similarly, for those with a lower household income, the rate is almost 6% higher in those who have been diagnosed with cancer, 10% higher in those diagnosed with heart disease and 17% higher in those diagnosed with diabetes or pre-diabetes compared to those with a higher household income. Further, the percent of MMS adults with a diabetes diagnosis is 15.9% compared to 10.4% for all Minnesota adult residents.

Adults with Obesity Related Diagnosis



Source: 2018 MMS Healthy Communities Survey and 2018 MN BRFSS
*Comparable MN data not available

Priority: Alcohol Tobacco and Other Drug Use (ATOD)

Alcohol

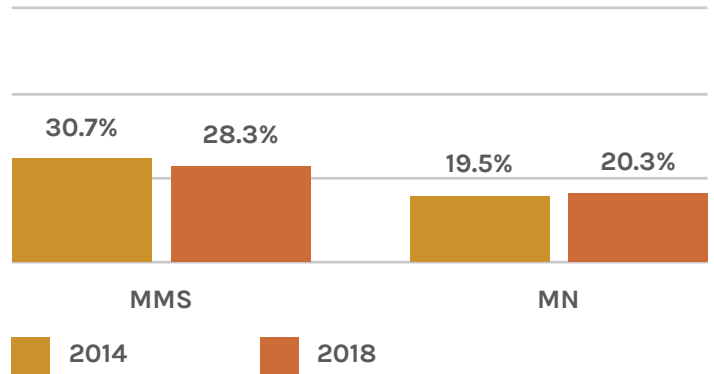
Alcohol is the most widely used drug in Minnesota. Excessive alcohol consumption contributes to a number of negative consequences, including unintentional injuries, violent acts, chronic diseases and unintended or unhealthy pregnancies. Excessive drinking includes binge drinking (4 or more drinks in one occasion for women, 5 or more drinks for men). Minnesota had one of the highest binge drinking rates in the nation with 20.3% of adults reporting binge drinking in 2018. Rates among MMS residents are even higher at 28.3%.

Almost ten percent of adults in MMS report having driven after drinking, which is three times higher than the Minnesota rate.

According to the Minnesota Department of Public Safety, in 2018 eight alcohol related traffic deaths occurred within Meeker, McLeod and Sibley counties, a number that has been trending upward over the past decade.

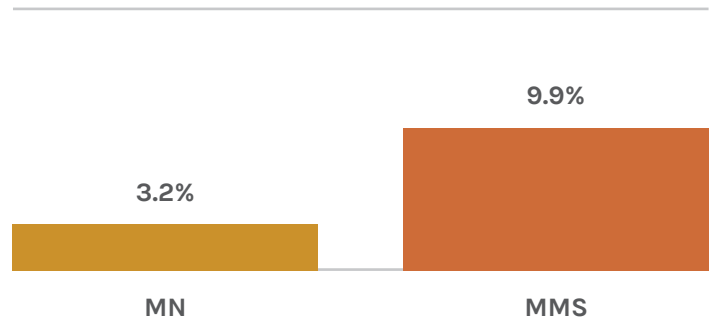
Adolescents in the region appear to be drinking at similarly high rates compared to Minnesota adolescents overall; 24.5% of Sibley 8th, 9th and 11th graders used alcohol in past 30 days versus 13.6% of Minnesota students in the same grades.

Adult binge drinking, past 30 days



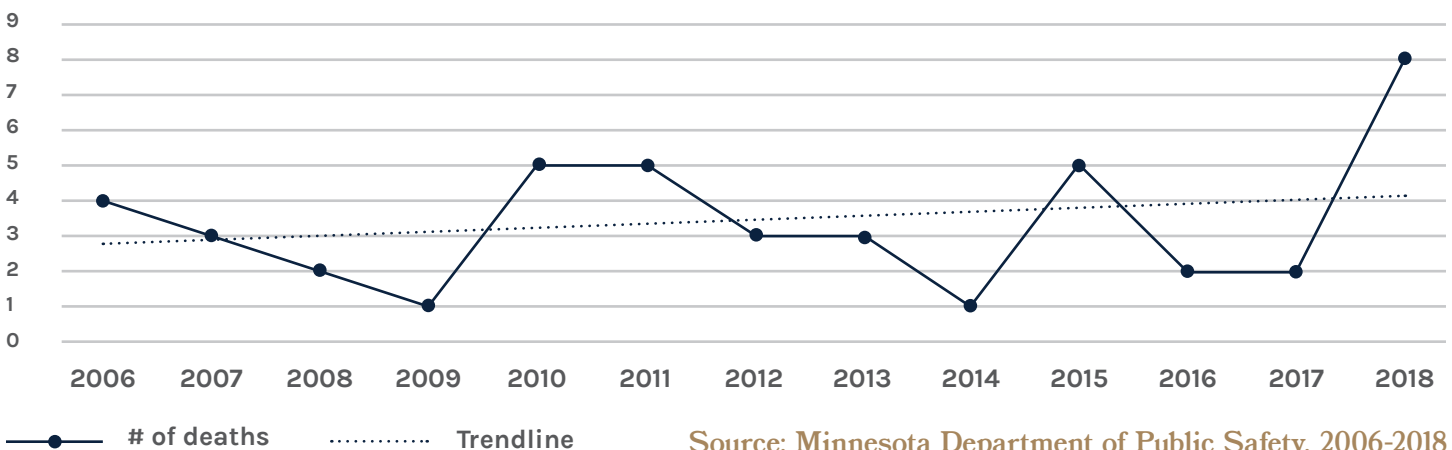
Source: 2018 MMS Healthy Communities Survey

Percent MMS Adults Who Drove when Perhaps had too Much to Drink



Source: 2018 MMS Healthy Communities Survey and 2018 MN BRFSS

Number of alcohol related traffic deaths in MMS



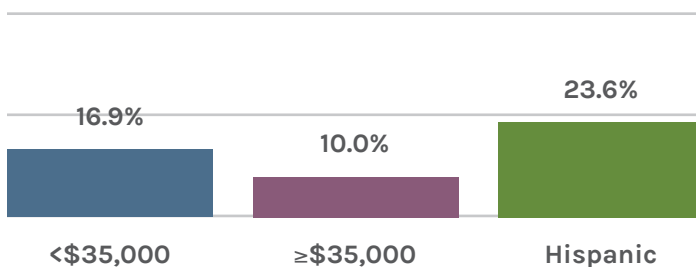
Source: Minnesota Department of Public Safety, 2006-2018

Commercial Tobacco

We have made great improvements in the percent of adults and youth who are current smokers (see Progress in priority areas section below), disparities among different racial, ethnic and socioeconomic groups persist. For example, among adults in MMS, the percent of current smokers is 16.9% for those with a household income <\$35,000 compared to 10.0% among those with a household income ≥\$35,000. Moreover, in a targeted sample of Hispanic residents in MMS, 23.6% percent of survey respondents were smokers.

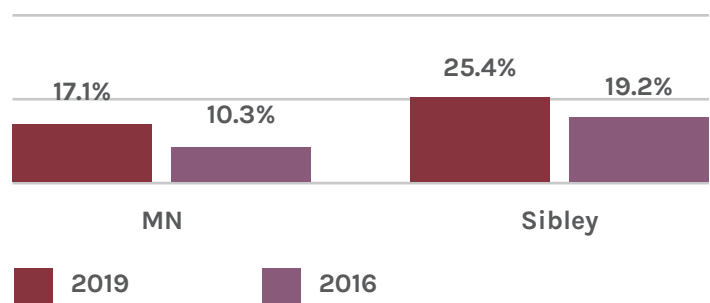
On the other hand, e-cigarette use among youth is on the rise across the state and nation. Nearly all e-cigarettes contain nicotine, yet no amount of nicotine is safe for youth. Recent evidence also suggests youth who have tried e-cigarettes are much more likely to start smoking in the future⁴. In Minnesota, the percent of 8th, 9th and 11th graders who reported past 30-day e-cigarette use increased from 10.3% in 2016 to 17.1% in 2019. The data in Sibley County showed a similar pattern but was also higher (than Minnesota) both years. In 2017, 8.5% of 7th, 9th and 11th graders in Meeker County reported past 30-day e-cigarette use and in McLeod County, 9.5%⁵ of students in the same grades reported past 30-day e-cigarette use.

Percent MMS adults who are current smokers



Source: 2018 MMS Healthy Communities Survey and 2018 Hispanic Targeted Sample MMS Healthy Communities Survey

8th, 9th and 11th Graders E-cigarette Use, Past 30 Days



Source: 2016 and 2019 Minnesota Student Survey

⁴ Berry, K.M., et al., Association of electronic cigarette use with subsequent initiation of tobacco cigarettes in US youths. JAMA network open, 2019. 2(2): p. e187794-e187794

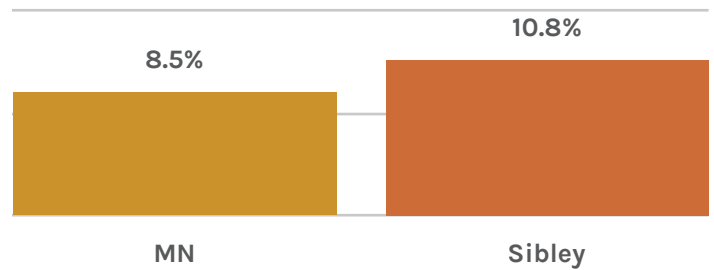
⁵ Data in Meeker and McLeod Counties are from Putting All Communities Together (PACT) for Families SHARE Survey. This survey was conducted with different grade levels and different years than the Minnesota Student Survey so not directly comparable to the Sibley or Minnesota data.



Other Drugs

Marijuana use in adolescence or early adulthood can have a serious impact on a teen's life including decline in school performance, increased risk of mental health issues, impaired driving and potential for addiction. Community stakeholders have been anecdotally hearing and sharing with public staff that recreational marijuana use is an increasing problem in our area. One in ten students in Sibley County have used marijuana in the past 30 days, which is a higher rate of use than for Minnesota students overall. According to 2017 data for Meeker and McLeod counties, 5.0% and 4.3% respectively of 7th, 9th and 11th graders used marijuana in the past 30 days⁶.

8th, 9th and 11th Graders Marijuana Use, Past 30 Days



Source: 2019 Minnesota Student Survey

⁶ Ibid

Next Steps

Meeker McLeod Sibley Community Health Services (MMS CHS) will continue to work collectively with the community to develop shared goals and actions that address the highest priority needs identified in the CHA. This will be done through the Community Health Improvement Plan (CHIP) which will describe how we address the priorities in our community. The CHIP will be developed in 2020 in collaboration with community partners. The plan will include strategies and actions that MMS CHS and community partners will take to improve the health conditions of the county.



Community Assets Inventory

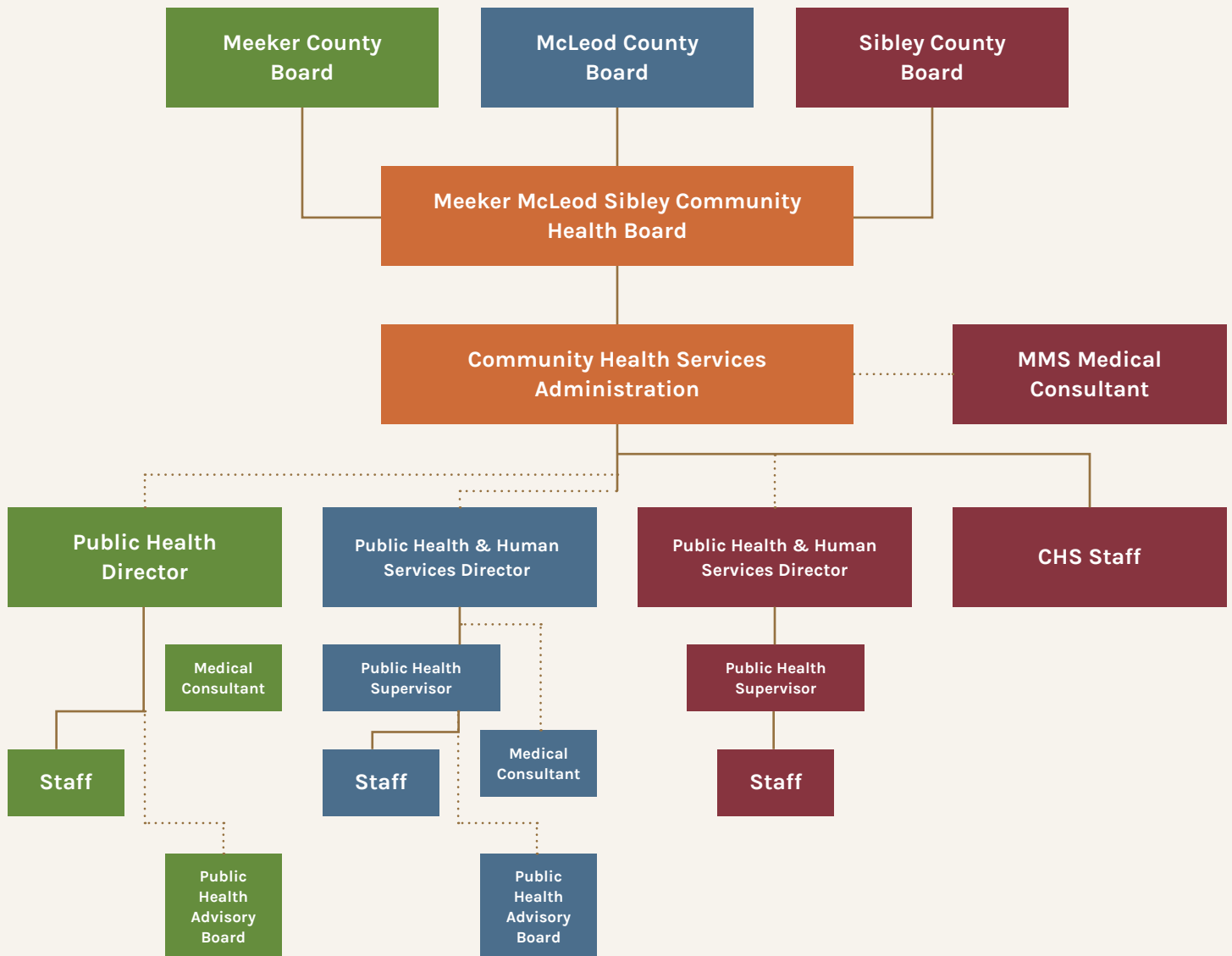
Meeker McLeod Sibley Community Health Services has many organizations that are committed to improving community health and well-being. In addition, there are a number of resources and assets available within the three counties. Refer to Appendices A and C for more detailed descriptions of some of the partnerships and community coalitions, and Appendix G for additional information on government agencies, funding, natural and built environment, and business and industries. This listing is not intended to be exhaustive.

Communication/Dissemination to the Public and Organizations

MMS CHS will distribute CHA findings, the CHIP and CHIP progress reports and updates to partner organizations, key stakeholders and other target audiences. The progress updates will be done on at least an annual basis. The community at large will also have an opportunity to review and provide feedback on the CHA/CHIP results. This will be done through several venues, including the MMS CHS website www.mmspublichealth.org.

Appendices

Appendix A: Organizational Chart for the CHS



Appendix B: List of Entities Involved

These coalitions, collaboratives and groups of people assisted in the planning of the CHA process for MMS CHS.

Meeker McLeod Sibley Healthy Communities Community Leadership Team

- Glencoe Regional Health
- Hutchinson Health
- Meeker McLeod Sibley Community Health Services
- Meeker Memorial Hospital
- Minnesota River Area Agency on Aging
- Ridgeview Sibley Medical Center
- Tri-Valley Action Council
- UCAP
- University of Minnesota Extension
- Vivid Image

Meeker McLeod Sibley Health Equity Coalition

- Minnesota Valley Action Council
- Meeker McLeod Sibley Women Infants and Children (WIC) Program Staff
- Tri-Valley Opportunity Council
- Meeker McLeod Sibley Emergency Preparedness Staff
- McLeod Area Emergency Food Shelf

Meeker County Public Health Advisory Board

- Retired Community Member
- Retired Nurse
- Retired Community Member
- Farmer
- Community Education Director
- Meeker County Jail Programmer
- Carris Health Doctor
- Medical Student Intern

Meeker McLeod Sibley Community Health Services Employees

- Directors
- Public Health Nurses
- Health Educators
- Social Workers
- Community Health Workers
- Recovery Coaches
- Support Staff

McLeod County Employees

- Residents who work in McLeod County and live in Meeker McLeod and Sibley Counties from the following county departments
 - › Administration
 - › Auditor/Treasurer
 - › Assessor
 - › Court Services
 - › Recorder
 - › Social Services
 - › Zoning/Environmental Services

Mental Health Focus Groups/Key Informant Interviews

- Focus groups with a total of 26 adults, one focus group with youth

- 12 Key informant interviews, talking with a total of 38 adult professionals representing:
 - › Law enforcement
 - › Child protective services
 - › School staff
 - › Therapists
 - › Child mental health services
 - › Veterans’ services
 - › Domestic violence
 - › Senior citizens
 - › Adults living with persistent mental health conditions and
 - › Three participants who work with and represent the Hispanic community

Youth Vaping and Drinking Focus Groups/Key Informant Interviews

- 10 key informant interviews with adult professionals working with youth and five focus groups: two with a total thirteen youth ages 14-18, one focus group with parents of youth, one focus group with adults who work with youth and one focus group with adult professionals. In total, they talked with 30 adults, representing:
 - › Law enforcement
 - › Parents of youth
 - › Staff working in human services and
 - › School staff

Appendix C: Data Sources/Tables

Those data sources that are not linked can be requested from Meeker McLeod Sibley Community Health Services at info@mmspublichealth.org or by checking the MMS CHS website at www.mmspublichealth.org.

- MMS Community Behavior Survey
 - › MMS Hispanic Survey
- MMS Focus Groups and Key Informant Interviews
- Tri-Valley Action Council Reports
- Glencoe Regional Health (GRH) and Hutchinson Health Provider Survey
- Centers for Disease Control and Prevention
- Centers for Disease Control and Prevention BRFSS
- Minnesota Department of Health Data
 - › County Tables
 - › MN Student Survey Data
 - › MN Data Portal
- Pact for Families SHARE Data
- Minnesota Valley Action Council Needs Assessment
- United Community Action Partnership Community Needs Assessment

Appendix D: Survey tools

MEEKER McLEOD SIBLEY HEALTHY COMMUNITIES SURVEY

SURVEY INSTRUCTIONS



- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

1. In general, would you say that your health is:

- Excellent
 Very good
 Good
 Fair
 Poor

2. Have you ever been told by a doctor, nurse, or other health professional that you had any of the following health conditions?

	No	Yes	Yes, but only during pregnancy
a. High blood pressure/hypertension or pre-hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Diabetes or pre-diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Overweight	<input type="radio"/>	<input type="radio"/>	
d. Cancer	<input type="radio"/>	<input type="radio"/>	
e. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	<input type="radio"/>	<input type="radio"/>	
f. Heart trouble or angina	<input type="radio"/>	<input type="radio"/>	
g. Stroke or stroke-related health problems	<input type="radio"/>	<input type="radio"/>	
h. High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/>	
i. Arthritis	<input type="radio"/>	<input type="radio"/>	
j. Depression	<input type="radio"/>	<input type="radio"/>	
k. Anxiety or panic attacks	<input type="radio"/>	<input type="radio"/>	
l. Other mental health problems	<input type="radio"/>	<input type="radio"/>	
m. Obesity	<input type="radio"/>	<input type="radio"/>	
n. Asthma	<input type="radio"/>	<input type="radio"/>	

3. What kind of place do you usually go to when you are sick or need advice about your health? (Mark only ONE)

- A doctor's office
 Online or virtual medical clinic (e-visit)
 An urgent care clinic
 Some other place _____
 A clinic
 An emergency room
 No usual place _____

4. When was the last time you had...

	Within the past year	Within the past 2 years	Within the past 5 years	Five or more years ago	Never
a. ... a flu shot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... a dental exam or your teeth cleaned?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... a hearing test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... an eye exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... your blood pressure checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ... your blood cholesterol checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ... your blood sugar checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. ... any screening for skin cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. ... any screening for colon cancer? <i>Examples are fecal occult blood test, proctoscopic exam, sigmoidoscopy, colonoscopy and barium enema</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. ... a prostate exam (men only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. ... a Pap test (women only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. ... a mammogram (women only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. ... a general health exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GO TO QUESTION 6

GO TO QUESTION 5

DO NOT WRITE IN THIS BOX



5. If you have not had a general health exam within the past 1 to 2 years, why not?

- I could not get an appointment
- I had transportation problems
- It cost too much
- I did not have insurance
- My insurance did not cover it
- Other reason _____

6. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a

pneumonia shot?

- Yes
- No
- I don't know

7. A vaccine for shingles has been available since May 2006. It is called Zostavax®, the zoster vaccine, or the shingles vaccine. Have you had this vaccine?

- Yes
- No
- I don't know

8. During the past 12 months, have you seen a doctor, nurse, or other health professional about your own health?

- Yes
- No ► IF NO, GO TO QUESTION 10

9. Did the doctor, nurse, or other health professional discuss with you or ask you about your:

(Mark ALL that apply)

- Physical activity
- Diet or nutrition
- Weight

- Smoking or other tobacco use
- Stress
- Mental health concerns

10. During the past 12 months, was there a time when you

thought you needed medical care but did not get it or delayed getting it?

- Yes
- No ► IF NO, GO TO QUESTION 12

11. Why did you not get or delay getting the medical care you thought you needed? (Mark ALL that apply)

- I could not get an appointment
- I did not think it was serious enough
- I had transportation problems
- It cost too much
- I did not have insurance
- My insurance did not cover it
- Other reason _____

12. During the past 12 months, was there a time when you

13. Why did you not get or delay getting the dental care you thought you needed? (Mark ALL that apply)

- I could not get an appointment
- I was too nervous or afraid
- I had transportation problems
- It cost too much
- I did not have insurance
- The dentist wouldn't accept my insurance
- I did not know where to go
- Other reason _____

14. Thinking about your mental

health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

0	<input type="radio"/>
1	<input type="radio"/>
2	<input type="radio"/>
3	<input type="radio"/>
4	<input type="radio"/>
5	<input type="radio"/>
6	<input type="radio"/>
7	<input type="radio"/>
8	<input type="radio"/>
9	<input type="radio"/>

Number of days my mental health was not good

Write the number in the boxes, then fill in the appropriate circle beneath each box. ►

15. During the past 12 months, did you talk with or seek help from a health professional about mental health issues such as stress, depression, excessive worrying, troubling thoughts, or emotional problems?

- Yes
- No ► IF NO, GO TO QUESTION 18

16. About how many days did you have to wait for an appointment with this mental health professional?

- 0 to 3 days
- 4 to 6 days
- 7 to 10 days
- 11 to 14 days
- 15 to 21 days
- 22 to 28 days
- 29 to 45 days
- More than 45 days

17. How far did you have to travel to get to the appointment(s)?

- 0-9 miles
- 10-29 miles
- 30-49 miles
- 50 miles or more

thought you needed dental care but did not get it or delayed getting it?

- Yes
- No
- IF NO, GO TO QUESTION 14

GO TO QUESTION 13

18. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about mental health issues, but did not go, or delayed talking with someone?

Yes No IF NO, GO TO QUESTION 20



19. Why did you not get or delay getting the mental health care you thought you needed? (*Mark ALL that apply*)

I could not get an appointment

I did not think it was serious enough

I was too nervous or afraid

I had transportation problems

It cost too much

I did not have insurance

My insurance did not cover it

I did not know where to go

Other reason _____



20. In the past 6 months, which statement best describes medications prescribed for you?

- I had no medications prescribed for me **▶ GO TO QUESTION 22**
- I had medications prescribed for me and I filled **ALL** of the prescriptions **▶ GO TO QUESTION 22**
- I had medications prescribed for me and I did not fill at least one of them

21. Why did you not fill at least one prescription for medication? (Mark ALL that apply)

- I did not have insurance
- It cost too much
- I do not like taking medications
- I did not think I needed the medication
- I did not know where to go
- I had transportation problems
- I did not like the side effects
- Other reason _____

22. Do you currently have any of the following types of health insurance?

(Please mark yes or no for each.)

	Yes	No
a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer	<input type="radio"/>	<input type="radio"/>
b. Health insurance or coverage bought directly by yourself or your family (<u>not</u> through an employer)	<input type="radio"/>	<input type="radio"/>
c. Indian or Tribal Health Service	<input type="radio"/>	<input type="radio"/>
d. Medicare	<input type="radio"/>	<input type="radio"/>
e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)	<input type="radio"/>	<input type="radio"/>
f. MinnesotaCare	<input type="radio"/>	<input type="radio"/>
g. Minnesota Comprehensive Health Association (MCHA)	<input type="radio"/>	<input type="radio"/>
h. CHAMPUS, TRICARE, or Veterans' benefits	<input type="radio"/>	<input type="radio"/>
i. Other health insurance or coverage (please specify): _____	<input type="radio"/>	<input type="radio"/>
j. NO health insurance coverage	<input type="radio"/>	<input type="radio"/>

23. In the past 12 months, has your household had health care costs (including prescriptions) that have made it difficult for you to pay other bills or afford necessities such as food, transportation or housing?

- Yes
- No

	Strongly agree	Agree	Disagree	Strongly disagree
24. How much do you agree or disagree with these statements?				
a. Treatment can help people with mental illness lead normal lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. People are generally caring and sympathetic to people with mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People with mental illness do not try hard enough to get better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel compassion for a person with mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Are you aware of any programs or campaigns in your community that help raise awareness about mental illness?

- Yes
- No

26. How much do you agree or disagree with these statements?

If I had a mental illness...	Strongly agree	Agree	Disagree	Strongly disagree
a. ...I would be reluctant to seek help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ...I would tell my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ...I would see myself as weak if I could not fix it myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Have you ever considered attempting suicide? (Mark ALL that apply)

- No
- Yes, during the last year
- Yes, more than a year ago

28. A serving of fruit is one medium-sized piece of fruit, or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday? (Do NOT include fruit juice.)

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ servings

29. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ servings

30. A serving of vegetables—not including French fries—is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ servings

31. How often did you drink the following beverages in the past week?

	Never or less than 1 time per week	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 or more times per day
a. Fruit drinks (such as Snapple, flavored teas, Capri Sun, and Kool-Aid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sports drinks (such as Gatorade or PowerAde); these drinks usually do not have caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Regular soda or pop (include all kinds such as Coke, Pepsi, 7-Up, Sprite, root beer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Energy drinks (such as Rockstar, Red Bull, Monster, and Full Throttle); these drinks usually have caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Diet soda or pop (include all kinds)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Water							

32. During an average week, how many times do you do the following?

	0 times	1-2 times	3-4 times	5-6 times	7 or more
a. Eat out or order out a meal from a <u>fast food</u> place (McDonald's, KFC, Taco Bell, pizza places, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Eat a meal out at a <u>restaurant</u> that is <u>not</u> a fast food place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Watch television during meal time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Purchase and eat food from a vending machine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Eat a home-cooked meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. During the growing season, how often do you or others in your household buy or get food from the following places?

	Never or less than one time per month	About one time per month	About two or three times per month	About one time per week	Two or more times per week
a. Farmer's market, fruit/vegetable stand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Local farm or CSA (community supported agriculture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Food grown at home or in a community garden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

- Often
 Sometimes
 Rarely
 Never

35. During the past 12 months, have you used a community food shelf program?

- Yes
 No

36. During the past 30 days, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking

for exercise?

- Yes
 No

37. During an average week, other than your regular job, how many days do you get at least 30 minutes of

moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing or heart rate.*

- 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days

38. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.*

- 0 days
 1 day
 2 days
 3 days
 4 days
 5 days
 6 days
 7 days

39. Please indicate whether you use the following resources and facilities in your community.

I use this
 I do not use this
 My community does not have this

	I use this	I do not use this	My community does not have this
a. Walking trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bicycle paths, shared use paths or bike lanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Public swimming pools or water parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Public recreation centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parks, playgrounds or sports fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Schools, colleges or universities that are open for public use for exercise or physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A shopping mall for physical activity or walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Health club, fitness center, or gym (YMCA, Curves, Bally's, Snap, LA Fitness, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Nearby waterways, such as creeks, rivers, and lakes for water-related activities (canoeing, swimming, kayaking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Physical activity classes or activities through Community Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Overall, how would you rate your neighborhood as a place to walk?

- Very pleasant
 Somewhat pleasant
 Not very pleasant
 Not at all pleasant

41. In general, how safe from crime do you consider your neighborhood to be?

- Very safe
 Somewhat safe
 Somewhat unsafe
 Not at all safe

42. How often are you involved in school, community, or neighborhood activities?

- Weekly
 Monthly
 Several times a year
 About once a year
 Less often than yearly
 Never

43. How much do you agree or disagree with this statement? "This is a good community to raise children in."

- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

44. Have you heard, seen, or read any information about how to prepare your household for a serious emergency such as a flood, widespread disease outbreak, or terrorist incident?

- Yes
 No

45. There are many things that people might do to prepare for a serious emergency.

Have you or anyone in else in your household...

Yes

No

a. ... made a phone list for contacting your family members?

b. ... stored enough food, water, and supplies to meet your household needs for at least three days?

c. ... obtained a working battery-operated or hand-cranked radio?

d. ... assembled an emergency kit with basic medical supplies?

46. Are you in a relationship where you are (or have ever been) physically hurt, threatened, or made to feel afraid?

- Yes No

47. Do you ever drive a car or other vehicle?

Not

- Yes No **GO TO QUESTION 49**

applicable:
I don't
have a
cell phone

48. When **DRIVING** a car or other vehicle, how often do you...

Often Sometimes Never

- | | Often | Sometimes | Never | cell phone |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...read or send text messages? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...make or answer a phone call? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...do other activities such as eat, read, apply makeup or shave? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| d. ...drive when you have perhaps had too much to drink? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

49. How often do you wear a seat belt when you drive or ride in a car?

- Always
 Most of the time
 Sometimes
 Seldom

 Never

54. Do you own or rent your home?

- Own Rent Other arrangement

55. Do you rent an apartment in a multifamily building (a building with 4 or more apartments)?

- Yes No **GO TO QUESTION 57**

50. Do you have access to at least one *working* car or other vehicle to use when you need to?

- Yes No

56. Does anyone ever smoke in any of the following areas in your building? (Mark all that apply.)

- Apartments Lobby or lounge areas
 Hallways Party rooms
 Laundry rooms On patios or balconies

51. Do you ever use public transportation such as *Trailblazer Transit* or *Meeker County Transit*?

- Yes **GO TO QUESTION 53**
 No

57. During the past 12 months, how often did you worry about not having enough money to pay your rent, mortgage or other housing costs?

- Often Rarely
 Sometimes Never

52. If no, why don't you use public transit? _____

53. During the past 12 months, how often did lack of transportation keep you from getting places where you needed to go, such as jobs, medical appointments, or shopping?

- Often Rarely
 Sometimes Never

58. Have you smoked at least 100 cigarettes in your entire

life? (100 cigarettes = 5 packs)

- Yes No

60. During the past 12 months, have you stopped smoking

- Yes No GO TO QUESTION 64

59. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
 Some days
 Not at all ► GO TO QUESTION 63

for one day or longer because you were trying to quit?

- Yes No GO TO QUESTION 62

61. If yes, how many times in the past 12 months did you try to quit smoking?

- 0 times 3 times 11-20 times
 1 time 4-6 times 21 or more times
 2 times 7-10 times

62. If you have tried to quit smoking cigarettes, why hasn't it worked? (Mark ALL that apply.)

- I am not sure how to quit or where to go for help
- Quit aids such as gum, lozenges, prescriptions, etc. are too expensive
- I live with someone who also smokes and who doesn't want to quit
- I don't want to quit
- I haven't tried to quit ► **GO TO QUESTION 64**
- Other reason _____

63. The last time you tried to quit smoking (or when you quit for good) did you use...

	Yes	No
a. ... any nicotine replacement product, such as gum, a patch, a nasal spray, an inhaler or lozenges	<input type="radio"/>	<input type="radio"/>
b. ... a prescription medication like Zyban, Wellbutrin, or Chantix to help you quit smoking	<input type="radio"/>	<input type="radio"/>
c. ... a stop-smoking clinic or class	<input type="radio"/>	<input type="radio"/>
d. ... a quit-smoking telephone help line	<input type="radio"/>	<input type="radio"/>
e. ... an online or web-based counseling service	<input type="radio"/>	<input type="radio"/>
f. ... face-to-face counseling	<input type="radio"/>	<input type="radio"/>
g. ... some other program or service	<input type="radio"/>	<input type="radio"/>
h. ... I quit without any help from any of these	<input type="radio"/>	<input type="radio"/>

64. How often do you use any of the following products?

	Every day	Some days	Never
a. Cigars, cigarillos, or little cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Snuff, snus or chewing tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. E-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Any other type of tobacco product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other illegal drugs (cocaine, heroin, meth, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Prescription drugs that are not prescribed for you or that you take only to get high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

65. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

- Yes No ► IF NO, GO TO QUESTION 69

66. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?

Days

0	1
2	3
4	5
6	7
8	9

67. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? (One drink is equivalent to a 12-oz. beer, a 5-oz. glass of wine, or a drink with one shot of liquor.)

- 1 drink 6 drinks
 2 drinks 7 drinks

68. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES:
4 or more drinks
on an occasion

FOR MALES:
5 or more drinks
on an occasion

Times

0	1
2	3
4	5
6	7
8	9

Times

0	1
2	3
4	5
6	7
8	9

- 3 drinks
- 4 drinks
- 5 drinks

- 8 drinks
- 9 drinks
- 10 drinks or more



69. Are you:
 Male Female

70. Your age group:
 18-24 35-44 55-64 75+
 25-34 45-54 65-74

71. Are you of Hispanic or Latino origin?
 Yes No

72. Which of the following best describes you?
(Mark ALL that apply)
 American Indian
 Asian or Pacific Islander
 Black or African American or African
 White
 Other _____

73. Do you think of yourself as...? (Mark ALL that apply)
 Heterosexual or straight
 Gay, lesbian, or homosexual
 Bisexual
 Transgender

74. How tall are you

without shoes? →

Feet	Inches
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

75. Approximately how much do you weigh? →

Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

76. Including yourself, how many adults live in your household?

Number of Adults:

1 2 3 4 5 6 7 8 9 10 11 12 or more

77. Your education level:

- Did not complete 8th grade
- Did not complete high school
- High school diploma/GED
- Trade/Vocational school
- Some college
- Associate degree
- Bachelor's degree
- Graduate/Professional degree

78. Household income per year:

- Less than \$20,000
- \$20,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 or more

79. Are you currently... (Mark ALL that apply)

Employed ▶ **GO TO QUESTION 80**

- Self-employed or farmer
- Unemployed or out of work
- A homemaker or stay-at-home parent
- A student
- Retired
- Unable to work because of a disability

80. Does your employer have a worksite wellness program?

- Yes
- No
- Not sure

81. If yes, do you participate?

- Yes
- No

82. If yes, what are the reasons you participate in your employer's worksite wellness program?

- Participating reduces my health insurance premiums
- Other incentives offered by my employer
- I am trying to stay healthy
- I am trying to become healthier
- I need help in dealing with a health issue
- My coworkers participate
-

Other reason _____

Thank you for completing this survey!

Appendix E: Top 10 Prioritization Exercise

Youth Vaping and Drinking

Data collection document include:

- Date
- Interviewer's name
- Recorder's name
- Sector (and name?) of participant (only for Joanne's purpose if she needs to go back to staff for clarification and to be able to aggregately summarize types of sectors involved in the summary report). Will be kept confidential.

Introduction:

I am here to talk to you today on behalf of Meeker-McLeod-Sibley Community Health Services. Meeker-McLeod-Sibley Community Health Services is in the process of collecting community input to help guide future planning related to several health issues in our community. One of the areas we would like to explore further is youth vaping and youth alcohol use. You have been identified as a key community member to talk with about this issue.

If there is a question that you feel uncomfortable answering, we can skip it. Your responses are confidential - quotes may be shared in a summary report but will be not attributed to any specific person. The results of all the conversations throughout Meeker, McLeod and Sibley counties will be compiled into a summary report and shared with stakeholders and the community.

_____ will be taking notes from our conversation today to make sure we capture your responses accurately.

Don't worry if you're not an expert on these issues, I just want to hear your opinions. Do you have any questions before we get started?

Youth Questions

First I am going to ask some questions about tobacco and vaping. When I say vaping, I am talking about using electronic or e-cigarettes, like Juul.

1. Think back to the first time you noticed people using tobacco or vaping in your community. What did you think?
2. Think back to your health-related classes. What have your teachers taught you about the health risks of vaping?
 - a. What have you learned from that?

3. Take 1 minute and write down three things you know about vaping (have them go around and share) (whether fact or fiction* i.e. its just water vapor)
 - a. Use flipchart, write down main things they say and check marks for thing said more than once.
4. What do you think are the reasons people our age choose to vape?
 - a. Prompt if needed – what role do you think stress or mood plays?
 - b. Prompt if needed - What role do you think social media plays?
5. How do youth access e-cigarettes or vaping devices?
6. How serious do you think are the harms of vaping compared to other tobacco products (like cigarettes or chew)?
7. Write down 3 activities or suggestions of things that could be done to help young people decide not to vape.
 - a. Flipchart – write down main things they say and check marks for things said more than once.
 - b. After the activity, if appropriate, ask about opinion on interest of participating in a youth group to prevent substance use.
8. Is there anything else you would like to share with us about youth vaping?

Thank you for sharing your thoughts about vaping.

Short break if needed.

Now I am going to ask you some questions about youth alcohol use.

9. Think back to the first time you noticed people your age drinking alcohol and tell us about it.
10. Think back to your health-related classes. Have your teacher taught you about the health risks of drinking alcohol?
 - a. What have you learned from that?
11. Take 1 minute to write down 3 things you know about alcohol (have them go around and share) (whether fact or fiction).

- a. Use flipchart to write down main things they say and check marks for things mentioned more than once.
12. What do you think are the reasons people your age choose to drink alcohol?
 - a. Prompt if needed – what role do you think stress or mood plays?
 - b. Prompt if needed - What role do you think social media plays?
 13. How do youth access alcohol?
 14. How serious do you think are the harms of drinking alcohol compared to other substance use?
 15. Write down 3 activities or suggestions of things that could be done to help your peers decide not to drink alcohol?
 - b. Use flipchart to write down main things they say and check marks for things said more than once.
 16. Is there anything else you would like to share with us about youth alcohol use?
 17. Do you have any questions or other thoughts on either vaping or alcohol use that you would like to add before we wrap up today?

Thank you again for participating today.

Adult Questions

1. Think back to the first time you were offered an alcoholic beverage and tell me about it.
2. Do you think youth drinking is a big deal? Why or why not?
 - a. If they are under 18?
 - b. If they are under 21?
3. Insert statistic on youth drinking rates: What do you think the reasons youth choose to drink alcohol?
 - a. Prompt if needed - What role do you think stress or mood plays?
 - b. Prompt if needed - What role do you think social media plays?

4. What do you see as barriers to reducing the number of youth that choose to drink alcohol?
5. What ideas or suggestions do you have to reduce the number of middle and high school students that choose to drink alcohol?
 - a. Do you see the value of youth participating in youth group activities to prevent substance use?
6. Is there anything else that you want to share about youth alcohol use?

Thank you for sharing your thoughts about alcohol use. Now I am going to ask you some questions about tobacco and e-cigarette use in youth.

7. Think back to the first time you were exposed to tobacco or a vaping product and tell me about it.
8. Share one thing you know about e-cigarettes or vaping (use flipchart for visual)
9. Do you think that youth vaping is a big deal? Why or why not?
10. Insert statistic on youth vaping rates: What do you think are the reasons kinds choose to vape?
11. What do you see as barriers to reducing the number of youth that choose to vape?
12. What ideas or suggestions do you have to reduce the number of youth that choose to vape?
13. Is there anything else you would like to share about youth vaping?
14. Is there anything else you would like to share with me that I haven't asked about today?

Mental Health

Data collection document include:

- Date
- Interviewer's name
- Recorder's name
- Sector (and name?) of participant (only for Joanne's purpose if she needs to go back to staff for clarification and to be able to aggregately summarize types of sectors involved in the summary report). Will be kept confidential.

Introduction:

I am here to talk to you today on behalf of Meeker-McLeod-Sibley Community Health Services. Meeker-McLeod-Sibley Community Health Services is in the process of collecting community input to help guide future planning related to several health issues in our community. One of the areas we would like to explore further is mental health. You have been identified as a key community member to talk with about this issue.

If there is a question that you feel uncomfortable answering, we can skip it. Your responses are confidential – quotes may be shared in a summary report but will not be attributed to any specific person. The results of all the conversations throughout Meeker, McLeod and Sibley counties will be compiled into a summary report and shared with stakeholders and the community. _____ will be taking notes from our conversation today to make sure we capture your responses accurately.

Don't worry if you're not an expert on these issues, I just want to hear your opinions. Do you have any questions before we get started?

Mental Health Questions

1. What challenges do you think individuals face around mental health today versus 20 years ago?
 - Prompt if needed – Stigma, resources available?
2. What are youth/adults greatest stressors?
3. How does mental health and/or stress impact daily living?
 - Prompt if needed - Work/school, relationships, physical health, sleep, etc.

4. What are healthy ways youth/adults deal with mental health issues and stress?
5. What are unhealthy ways youth/adults deal with mental health issues and stress?
6. Do you think that our community is open to talking about mental health? Why or why not? If you were in a situation where you wanted or needed to talk to someone about your mental health, who would you go talk to?
7. According to a recent survey conducted in Meeker, McLeod and Sibley Counties, 54.6% of survey respondents are more comfortable helping a person who has a physical illness than a person who has a mental illness. What do you think makes people feel less comfortable helping people with a mental illness vs. a physical illness?
 - What could help people feel more comfortable helping people with mental illness?
8. What resources are available in your area for community members experiencing mental health issues or crises?
 - What resources are available for professionals and/or caregivers to support people struggling with mental health issues?
9. We are interested in exploring how social connectedness can benefit mental health in a community. When I say a socially connected community, what does that look like to you?
 - What ideas or suggestions do you have on how we can help communities in Meeker McLeod Sibley become more socially connected?
10. What other supports are needed to positively influence ways people are dealing with mental health challenges?
11. Is there anything else you'd like to share with me that I haven't asked about today?

Population accountability – description of processes

Youth e-cigarette use (example)

Step	Description	Time needed to facilitate
Result (goal)	Overall goal for the priority area	5 minutes
Indicator	<p>Data point to address (if there is a large difference in population, make sure to include that to address health equity/inequity)</p> <p>Forecast data trends (physical – white paper) and bring into meetings to show partners. Come up with those graphs and what they are as a group. Show where we want to go (arrow) and that becomes are indicator.</p> <p>What can we do to influence the data for 2022.</p>	5 minutes
The story behind	<p>Factors Contributing (look within community where this is being done)</p> <p>Factors pushing up (on that number):</p> <ul style="list-style-type: none"> • Easy access (Friends, social media, stores, internet) • Marketing (flavored, fun, discrete, cheap) • Peer Pressure • Socially acceptable • Cheap • Easy to Conceal • Everyone is at risk • Don't see the danger (kids, parents, school staff) • Adults ignore use <p>Factors pushing down (on that number):</p> <ul style="list-style-type: none"> • T21 ordinances (even if not passed, still raising awareness/education) • Educating school staff and parents • SHIP • School policies (some) • Substance use coalitions (MEADA, MAPP, SCPIP) • DARE • Compliance checks? • Testimonies from those who have had health issues 	20 minutes (10 for each question)
Partners (and roles)	<p>Schools</p> <ul style="list-style-type: none"> - Education to students and parents, policy development or increase policies, smoking cessation programs, <p>Coaches</p>	5 minutes

	<p>Parents</p> <ul style="list-style-type: none"> - Communication with child, understand the risk, support and encourage the schools on policy and education, advocate for T21 policies, <p>DARE</p> <p>Peers – youth based coalitions</p> <ul style="list-style-type: none"> - Peer to peer advocacy <p>Elected officials</p> <p>Advocacy groups</p> <p>SHIP</p> <p>Community Coalitions (MEADA, MAPP, SCIP)</p> <p>Law Enforcement</p> <p>Youth</p> <p>Health Care/Hospitals</p> <p>Retails stores</p> <ul style="list-style-type: none"> - Not sell, increase cost, behind counter, <p>MDH</p> <p>Former users</p> <p>Employers (to youth)</p> <p>(continue to have partners reflect back at the factors)</p>	
<p>What works? (solutions)</p>	<p>Use boxes to separate, but verbalize that everything goes OR have a blank sheet with solution as a title and have the categories in () after each example</p> <p>Evidence based –</p> <ul style="list-style-type: none"> - School curriculum - School staff education - Parent education (English and Spanish/cultural competency) - Vaping discussed at physicals/well child checks/sports physical - community presentations (Brett SHIP) <p>Promising practices –</p> <ul style="list-style-type: none"> - Media campaigns <p>Low cost/no cost –</p> <ul style="list-style-type: none"> - Statewide T21 policy - Local policy updates (city, county, school) - School athletic policy (MSHSL) - Rules about vaping advertising <p>Off the wall –</p> <ul style="list-style-type: none"> - Ban vaping at the state level <p>END OF FIRST COMMUNITY MEETING</p>	<p>20 minutes</p>
<p>Turn solutions into strategies</p>	<p>Look at list of potential solution and group together to dice it up into strategies to bring back to group and prioritize what the top strategies that we are going to focus on over the next couple of years to reduce youth e-cig use.</p> <p>School curriculum</p>	<p>After the meeting – behind the scenes</p>

	<p>Community Education Screening and Education at health visits Media campaign Ban vaping (research) Local Policy updates (city, county, school) (review and revise) T21 Feasibility – what is feasible Define criteria and sticky dot process</p>	
<p>Prioritize strategies</p>	<p>Can use RBA strategy prioritization worksheet: List out all strategies with a ranking option of either H, M, L or 1, 2, 3 to let the top 2 or 3 strategies emerge.</p> <p>Want partners to clearly identify strategies and know which activities fall under those that they are going to work on.</p> <p>Star strategies that come to the top – list on sticky wall. Have each organization use sticky note with name and what level of commitment they want to be.</p>	<p>Approx. 60 minutes (will vary on number of strategies they need to rank)</p>

Instructions for Activity

- Everyone will receive 5 red dot stickers and 5 orange dot stickers.
- You will have about 15 minutes to review the data on your handout and place your dots on the wall posters.
- Based on the data and your personal and professional experience, place your red dots next to the top 5 issues listed that you think are the biggest concern in MMS.
- Next, place your orange dots next to the next 5 issues (6-10) listed that you think are the next biggest concerns in MMS.

Prioritization Discussion

Please answer the following questions for the top health or behavior issues that were identified by the group:

Issue 1:

Issue 2:

Issue 3:

1. What is the seriousness of these top identified health issues? If someone has this issue, how serious is it or could it be?
2. What is the scope/size of these top identified health issues? Does it affect a lot of people or just a few?
3. To what extent do you feel like the community is ready to address the top identified health issues and work on solutions?
4. What community assets and resources are available to address the top identified health issues?
5. What are some potential solutions to impact the top identified health issues?

Appendix F: Community Assets and Resources

Partnerships and Coalitions

The Community Health Services has many coalitions and partnerships that work towards furthering community health. See appendices for further description of some of these key partnerships and collaborations. There may be others not listed that will be engaged through the CHIP process.

Resource/Asset	How does this support community health?
McLeod County MEADA	McLeod Education and Drug Awareness (MEADA) Coalition of McLeod County was developed to educate youth, families, and citizens on the dangers of drugs with a focus on methamphetamine.
Meeker Area Partners in Prevention	Group of parents, teachers, businesses, law enforcement agencies, government officials, and concerned citizens working together to reduce the use and abuse of alcohol, tobacco, and other drugs in our area. Our vision is to create a community where youth can grow up free of substance abuse.
Sibley County Partners in Prevention	A coalition of leaders from many sectors of our community committed to reducing substance use and abuse and the problems it creates in our community.
McLeod County ZAP	McLeod Zero Adult Provider (ZAP) Initiative was started to focus on finding the illegal providers of alcohol at underage drinking parties, or anytime a young person is found to have consumed alcohol illegally.
Meeker Adult Mental Health Advisory Council	McLeod Zero Adult Provider (ZAP) Initiative was started to focus on finding the illegal providers of alcohol at underage drinking parties, or anytime a young person is found to have consumed alcohol illegally.
McLeod Mental Health Advisory Council	Meeker County's LAC that meets quarterly. The adult LAC includes at least one person with mental illness; one family member of an adult with mental illness; one mental health professional; and one community support services program representative. The LAC (Local Advisory Board) is an open group of individuals who meet to discuss and explore adult mental health issues and concerns in our Meeker County communities. The LAC assists in efforts to educate the public, inform people of available services, gather input and concerns of mental health needs, and make recommendations to improve mental health services and needs. Anyone who has an interest in mental health issues in our Meeker County communities is welcome to attend.
Sibley County Mental Health Advisory Council	This council works to educate themselves and their communities about mental health and mental illness. To advocate for the mentally ill at both the state and local level. To monitor services for the mentally ill at all levels. To advise the county commissioners and other elected officials about mental health and county services.
Crow River Breastfeeding Coalition	This coalition collaborates with local health departments, WIC, healthcare, businesses, and community members to protect, support, and promote breastfeeding.

Meeker McLeod Sibley Healthy Communities Collaborative	MMS HCC is a collaboration between organizations and individuals partnering to promote health and well-being in our communities. It works to advance healthy living within three-county area and to partner with communities to encourage and support efforts to impact environmental change and enhance healthful living.
Meeker McLeod Sibley Health Equity Coalition	Meeker, McLeod, and Sibley counties started the health equity coalition in hopes of creating equal opportunity for our residents to reach their maximum level of health possible, by closing avoidable health gaps related to health outcomes. The coalition works collaboratively with community partners that have interest and experience in health equity, by working together with a comprehensive approach to tackle health inequities.

Government Agencies

Resource/Asset	How does this support community health?
Cities and Townships	Cities and townships have a unique role in keeping residents healthy. These local units of government have primary responsibility for long term planning and decisions about housing, land use, land protection and many other zoning issues.
County Departments (Hwy, Law Enforcement, Public Health, Social Services)	In addition to Public Health Services, many county departments have a role in supporting community health efforts. This includes Social Services, Law Enforcement and Corrections, Highway, Administration, Solid Waste, and the Attorney's Office.
Meeker McLeod Sibley Community Health Services	Community Health Services works with the local public health departments to lead efforts to protect and promote the health of the people in Meeker-McLeod-Sibley counties through education, empowerment and provision of essential public health services.
School districts/charter schools	School districts and charter schools are a central partner in improving community health, for both youth (school programming and services) and adults (community education). Meeker County has 4 independent school districts McLeod County has public schools: Glencoe-Silver Lake Schools (GSL), Hutchinson, Howard Lake-Winsted-Waverly Schools (HLWW), Lester Prairie; private schools: Maplewood Academy, Immanuel Lutheran, St. Anastasia, Holy Family Catholic School, Holy Trinity, First Lutheran, and charter schools: New Century Academy (NCA), New Discoveries Montessori Academy (NDMA). Sibley County has 3 school districts with schools within our boundary - Sibley East, Gibbon-Fairfax-Winthrop, LeSueur-Henderson. We have two charter schools - Green Isle Community School and Minnesota New County School, and 3 private schools - St. Paul's Lutheran, Immanuel Lutheran, Prairie Lutheran School.
State agencies	Various state agencies are involved in statewide efforts to improve the health of residents. Minnesota Department of Health (MDH) is the primary state health agency, and is charged with overseeing local health departments and implementation of the Local Public Health Act. Many other agencies also provide critical policy direction, infrastructure, and funding support for community health efforts such as Departments of Education, Human Services, Natural Resources, Public Safety, and Transportation.

Funding Resources

Resource/Asset	How does this support community health?
SHIP	Statewide Health Improvement Partnership (SHIP) dollars are appropriated by the state legislature and support community-driven initiatives that expand opportunities for active living, healthy eating and tobacco-free living.
Local Public Health Grant	This funding is authorized by the MN Legislature every two years and provides funding to community health boards and tribal governments in Minnesota.
County funding	The county collects funds through property tax levy to use on programming.
Other funding	Potential funding sources include state and federal agencies, foundations, or private funding.

Community Organizations

Resource/Asset	How does this support community health?
Pact 4 Families Collaborative	PACT for Families Collaborative (Putting All Communities Together) is a five county, multi-agency partnership which operates as a Children’s Mental Health Collaborative, and a Family Services Collaborative. PACT for Families is a unique organization developed by its partners to fill gaps in services and to reduce duplication. The purpose of the Collaborative is to demonstrate that a large, rural agricultural area undergoing rapid demographic and economic upheaval can accomplish wide spread systems change to improve the lives of families.
Community Clubhouses	The McLeod and Sibley County Clubhouses are a meeting place for educational, recreational, and social activities. These Clubhouses also offer various groups and outings. Opportunities include but are not limited to activities: like Twins games, picnics, dances etc.; Education opportunities such as med. education group, healthy living group, men’s group and employability group; Recreation and socialization activities include open clubhouse hours, cards, movies, meals, games, and crafts; as well as volunteering efforts.
Teuby Organization	A not-for-profit group that works to increase awareness of suicide prevention, mental health & wellness through advocacy, education and outreach. They strive to support the work of behavioral healthcare, have compassion for suicide loss survivors and provide encouragement to all.
United Community Actions Partnership	UCAP is a joint effort to bring together area resources to effectively and efficiently address the growing needs of our local communities in southwest Minnesota. They are working to eliminate poverty in the lives of people in Cottonwood, Jackson, Kandiyohi, Lincoln, Lyon, McLeod, Meeker, Redwood and Renville counties.

Common Cup	This not-for-profit group works to gather and share spiritual and financial resources into one "Common Cup" so that we may minister to those in need. They work to provide housing support, medical support, utility support, food outreach, transportation and other assistance.
Tri-valley Opportunity Council	Their work is committed to strengthening communities so that its citizens have better places to live, work, worship and enjoy. Their Head Start program provides comprehensive Head Start services, including child development, and social and health services, to low-income families working in agriculture, or families who migrate for the purpose of working in agriculture.
Minnesota Valley Action Council	Minnesota Valley Action Council, Inc. (MVAC) is a non-profit community action agency, providing resources and opportunities that empower people in low-wage work. MVAC has served Blue Earth, Brown, Faribault, Le Sueur, Martin, Nicollet, Sibley, Waseca and Watonwan counties.
McLeod County United Way/United Way of West Central Minnesota	Area United Ways are uniting local communities to improve lives. Their goal is to change lives by addressing the underlying causes of community issues. Their main focus areas are Education, Health and Basic Needs.
Meeker Memorial Hospital	Meeker Memorial Hospital works to provide high-quality health care services responsive to the residents of the Meeker County area. They value a commitment to quality that ensures the safety of their patients; a partnership with medical staff to achieve excellence in the care they deliver; a relationship with employees that allows them to grow and develop and participation in our community to make the Meeker County area a healthy place to live. Their 35-bed facility in Litchfield, Minnesota is at the forefront of medical technology, service and care. They are a county-owned, not-for-profit community hospital offering sophisticated diagnostic, surgical, rehabilitation, behavioral health and specialty services with the personal attention and respect that patients deserve. As an acute care critical access hospital, they offer 24-hour emergency, and inpatient services.
Hutchinson Health	Hutchinson Health works to improve health and well-being in partnership with our members, patients, and community. They approach their work by focusing on four dimensions: People, Health, Experience, Stewardship and use this information to create work plans to address health in those dimensions. With 74 different services offered, 67 physicians and 627 clinical and support personnel on staff, Hutchinson Health is able to provide specialty care clinics, emergency services, and specialty programs to Hutchinson and surrounding communities.
Glencoe Regional Health	Glencoe Regional Health exists to provide high quality, convenient and personal health care to those they serve. They do so by providing comprehensive, evidence-based, cost-effective health care services and education. They collaborate with others to coordinate and improve the health of our communities, and commit our skills and resources to benefit the whole person through all stages of life. Their organization is made up of: A 25-bed critical access hospital on our main campus in Glencoe; Clinics in Glencoe, Lester Prairie and Stewart; GlenFields Living with Care, a 110-bed skilled nursing facility on our main campus in Glencoe; and Orchard Estates, a 40-unit independent senior living community on our main campus in Glencoe.

<p>Arlington Ridgeview Medical Center</p>	<p>Ridgeview Sibley Medical Center believes everyone deserves top-quality medical care and that the people of Sibley County shouldn't have to travel far to get the latest medical advancements. It's this belief that drives them to bring specialty care to our community. It's why they constantly pursue the technologies, recruit the experts, and expand and improve facilities that make great health care possible. Located in Arlington, Minnesota, Ridgeview Sibley Medical Center is a critical access hospital—providing urgent care, general surgery, and 24/7 hospital and emergency services to residents of Sibley County and the surrounding area. Ridgeview Sibley also has clinic locations in Arlington, Gaylord, Henderson and Winthrop.</p>
<p>Take It to the Box</p>	<p>This is a FREE program that works on eliminating unwanted, unused, and expired medications from medicine cabinets. By eliminating these pills from households, we aim to reduce the misuse and abuse of prescription medications. Meeker, McLeod and Sibley Counties are serious about preventing medication misuse or abuse and environmentally unsafe medication disposal practices. "Take It To The Box" promotes the safe use, storage and disposal of medication.</p>
<p>County Food Shelves</p>	<p>The Meeker Area Food Shelf is a cooperative venture of community partners working to provide access to healthy food for those facing food insecurity with donation sites in Litchfield and Dassel. McLeod Emergency Food Shelf (MEFS) is committed to welcoming and supporting diversity, equity, and inclusion in all aspects of its service to the community. MEFS recognizes hunger can strike everyone regardless of age, gender, sexual identity, race, nationality, disability, military association, familial status, religion, ideology, or participation in any public assistance program, and therefore seek to serve all in need with distribution sites in Hutchinson and Glencoe. The Sibley County FoodShare is a non-profit organization committed to providing a source of food and other necessities to the citizens of our county during times of need with a distribution site in Gaylord.</p>
<p>Friends of the Luce Line West</p>	<p>The Friends of the Luce Line West will work with other stakeholders to improve, maintain and promote the Luce Line State Trail. The Luce Line in its entirety is 63 miles long. With the recent trail paving in McLeod County we want to continue efforts to improve the trail in this area so that it is attractive to visitors and as beneficial to the region as possible.</p>

Natural and Built Environment

Resource/Asset	How does this support community health?
County/Regional Parks	County or Regional Parks provide gathering places, physical activity opportunities, and access to natural areas to three-county residents and visitors alike.
Other Parks	There are many additional parks within the three-county area that are operated by cities or townships.
County/regional trail systems	The three-county area is involved in development and/or maintenance of several types of trails. More information can be found in each individual county trail plan and/or comprehensive plan.
Other trails	There are many additional trails that are developed and/or maintained by cities and townships along with state trails.
Road systems	The three-county area contains approximately 3,551.318 centerline miles of highways, which includes all state, county and local roads.
Transit systems	Trailblazer Transit System is run by a joint powers board within McLeod, Sibley and Wright counties. Meeker County has Central Community Transit. CCT Bus provides transportation for all Kandiyohi County, Renville and Meeker County residents. We have a fleet of 32 buses and we have over 50 volunteer drivers throughout the 2 counties.

Businesses and Industries

Overall, Meeker McLeod and Sibley Counties is home to over # of businesses. Many of these businesses (%) are made up of less than 20 employees. Furthermore, the three counties are home to # of self-employed businesses.

Other

Meeker and McLeod Counties also work collaboratively to provide a Family Resource Guide that is put together collaboratively with many partners through PACT for Families.



[Meeker County Family Resource Guide](#)



[McLeod County Family Resource Guide](#)



[Minnesota Valley Action Council Resource Guide \(For Sibley County\)](#)