

We are of this place, not just from it.

COMMUNITY HEALTH NEEDS ASSESSMENT

FY 2020-2022

Essentia Health-Holy Trinity Hospital (Graceville)



Essentia Health

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Acknowledgements

This report is based on a collaborative process with the following community members and organizations. Essentia Health would like to express our gratitude to the many steering committee members and community members for their contribution to planning, development, and analysis of community health needs. Additional thanks to the community members who shared their expertise and helped us include the voices of diverse sectors of our community.

- Prairie Five
- Countryside Public Health
- Minnesota River Area Agency on Aging
- Big Stone County Sheriff's Department
- Clinton Graceville Beardsley School
- Clinton Care Center
- City of Graceville
- Graceville Ambulance
- Wheaton-Dumont Elevator
- Sanford Medical Center
- Center for Social Research (CSR) at North Dakota State University

Executive Summary

Essentia Health-Graceville is part of Essentia Health, a nonprofit, integrated health system caring for patients in Minnesota, Wisconsin, North Dakota and Idaho. Essentia Health is called to make a healthy difference in people's lives. To fulfill that mission, we seek opportunities to both enhance the care we provide and improve the health of our communities.

Essentia Health is
called to make a
healthy difference in
people's lives

Every three years, each Essentia Health hospital conducts a Community Health Needs Assessment (CHNA) to systematically identify, analyze and prioritize community health needs. The process is conducted in collaboration with many community partners including other health care systems, local public health departments, and organizations or individuals that represent broad interests in the community, including members of medically underserved, low-income, and populations at higher health risk.

Once priority health needs are identified, Essentia Health designed an implementation strategy to address the needs with internal stakeholders and community partners. The plan is designed to leverage existing community strengths and resources available to improve health.

From November 2017 to March 2019, Essentia Health analyzed data, convened community partners, sought input from community members, and led a process to identify the following priority area for the 2020–2022 Community Health Needs Assessment:

1. Transportation

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

Transportation Goals:

1. Impact state regulation to support volunteer drivers
2. Increase the number of volunteer drivers
3. Increase access to affordable transportation

Introduction

Essentia Health is called to make a healthy difference in people’s lives. To fulfill that mission, we seek opportunities to both enhance the care we provide and improve the health of our communities. In conducting the Community Health Needs Assessment, Essentia Health has collaborated with community partners to embrace these guiding principles.

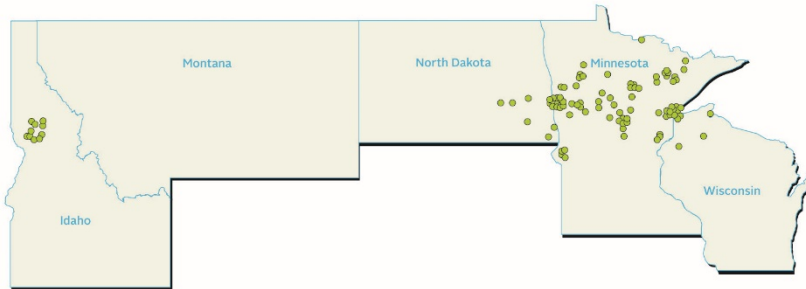


Essentia Health at a Glance



Essentia Health

together as one—
for the needs of all



- 14,400 total employees
- 74 clinics
- 15 hospitals
- 6 long-term care facilities
- 5 ambulance services
- 2 assisted living facilities
- 4 independent living facilities
- 1 research & education institute

Headquartered in Duluth, Minnesota, Essentia Health combines the strengths and talents of 14,400 employees, who serve our patients and communities through the mission of being called to make a healthy difference in people's lives.

Holy Trinity is a 15-bed Critical Access hospital in Graceville, Minnesota. A Benedictine-sponsored Catholic organization, Holy Trinity serves primarily the people of Graceville and the surrounding communities in Big Stone County. The hospital was established in 1900 by two physicians and later operated by the Benedictine Sisters. The hospital remains committed to their mission. Essentia Health-Holy Trinity Hospital is a Level IV Trauma Center and Acute Stroke Ready hospital. The Emergency Department is staffed 24 hours a day.

The hospital provides primary care services and access to specialty services both in person and through telemedicine at two clinics in Graceville and Chokio. Other services include Grace Home, a 50-bed skilled nursing facility, and Grace Village, which has 16 assisted-living apartments.

Caring for our Community: Our commitment to our community's health and wellness goes well beyond the work of the Community Health Needs Assessment. Through contributions of over a \$1 million annually to numerous community organizations we're working together with our communities to improve the health and vitality of our neighborhoods. In addition, we're proud to say our employees donated more than 22,000 hours of their time and talents to a variety of programs and outreach efforts. Our community investments are designed to promote better health, help lessen inequities in our communities, improve access to health care and strengthen the fabric of our communities.

Hospital Service Area

Essentia Health-Graceville is in Big Stone County. For the purposes of this assessment, community is defined as the Essentia Health-Graceville planning area combined with the ZIP codes where 80 percent of inpatients resided for fiscal year 2018. This includes the ZIP codes of 56240 (Graceville), 56225 (Clinton), 56211 (Beardsley), and 56221 (Wheaton). The community was defined based on the hospital's ability to have the greatest impact with the available resources. The hospital is committed to building and sustaining partnerships with area organizations to extend its reach to all areas within this region.

Existing health care facilities within the region include hospitals in Morris, Wheaton, and Ortonville. The closest facility is about 18 miles away in Wheaton.

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



Demographics & Socioeconomic Factors

Table A. Overall demographics (2016)

Total Population	Graceville	Big Stone County	State
Population	647	5,098	5,450,868
Population age 65 and over (%)	36.30%	25.60%	14.29%
Poverty			
Median household income	\$57,083	\$47,132	\$63,217
People of all ages living in poverty (%)	--*	11.30%	10.80%
People under 18 years living in poverty (%)	--*	16.40%	13.69%
Unemployment rate	1.50%	1.40%	3.40%
Educational Attainment			
High school graduate or higher, person's age 25+ years (%)	91.30%	88.90%	92.80%
Population ages 25+ with bachelor's degree or higher	11.30%	16.60%	34.30%
Housing			
Percent of owner-occupied homes (%)	73.00%	78.80%	71.40%
Population spending more than 30% of income on rent (%)	50.00%	30.80%	47.30%
Transportation			
Households with no motor vehicle available (%)	8.20%	9.10%	7.00%
<i>Source: U.S. Census Bureau 2016, American Community Survey</i>			

Table B. Race/Ethnicity Distribution (2016)

Race Distribution - Graceville					
Race	2016	Percent	2015	Percent	% Change
Total Population	647	100%	607	100%	6.59%
One Race	647	100%	607	100%	6.59%
White	641	99.10%	598	98.50%	7.19%
Black or African American	3	0.50%	2	0.30%	50.00%
American Indian and Alaska Native	0	0.0%	0	0.00%	0.00%
Asian	0	0.0%	4	0.70%	-100.00%
Native Hawaiian/Pacific Islander	0	0.0%	0	0.00%	0.00%
Other Race	3	0.50%	3	0.50%	0.00%
Two or More Races	0	0.0%	0	0.00%	0.00%
Hispanic or Latino	3	0.50%	3	0.50%	0.00%
<i>Source: U.S. Census Bureau 2014-2017, American Community Survey</i>					

*Due to the small population, estimates are not available.

Evaluation of 2016-2019 Implementation Plan

During 2016-2019, Essentia Health addressed significant needs identified in the 2016 assessment: mental health, obesity, and substance abuse. Some activities were led by the hospital, while others were part of larger collaborative efforts with local partners. The following describes significant accomplishments and outcomes.

Priority Area #1: Mental Health

Strategy 1: Increase community knowledge of mental health needs and services

Partners: Wellness in the Woods, Graceville High School, Big Stone County Sheriff's Office, Alzheimer's Association

Results: Wellness in the Woods events were provided to increase both professional staff and community awareness of early signs and interventions for those with mental health needs in 2017. All local schools were invited to a special version of the Wellness in the Woods event focused on adolescents in fall of 2018. In 2016, all youth in grades 7-12 participated in the "Ghost Out" event at the Graceville High School to simulate effects of binge drinking and texting and driving. Alzheimer's Education and a caregiver support event was sponsored by Essentia Health in 2017 and 2018.

Priority Number 2: Physical Health

Strategy 1: Increase community engagement in physical activity

Partners: Area Agency on Aging, Clinton Graceville Beardsley Elementary, Graceville Women's Organization, SHIP, Public Health, Sheriff's Dept, Graceville High School

Results: One National Diabetes Prevention Program class was led per year, serving 19 participants with a 50% retention rate. Essentia Health hosted biannual health fairs each year. For the elderly population, two staff members were trained on Matter of Balance and have offered a class to the tenants at the assisted living location and to the public.



Essentia Health Graceville co-sponsored the community 5k each summer. Additionally, an athletic trainer was twice sent to the school to discuss exercise and heart health with school staff at their monthly meetings. A bike rodeo was launched in 2018 and is planned to be an annual event for kids. Finally, a walking path around Toqua Lake in Graceville was developed.

Strategy 2: Educate the service area on the importance of advanced care planning

Results: A home health nurse was trained as an advanced care directive facilitator in 2016. Biannual events in Graceville provide education and outreach to the community.

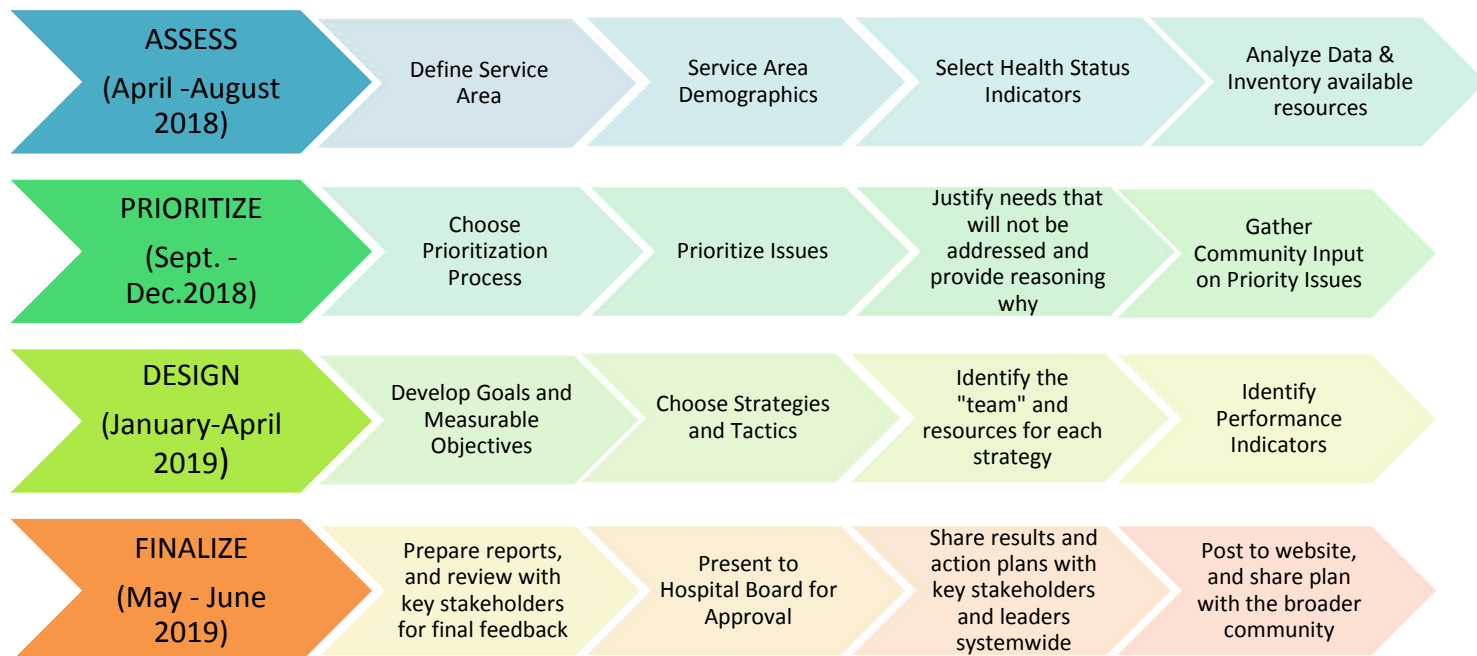
2020-2022 CHNA Process and Timeline

Essentia Health’s Community Health Advisory Committee developed a shared plan for the 15 hospitals within the system. The plan was based on best practices from the Catholic Hospital Association and lessons learned from the 2016-2019 CHNA process. The process was designed to:

- Incorporate input from persons representing broad interests of the community
- Collaborate with local public health and other health care providers
- Utilize multiple sources of public health data to make data-driven decisions

Each individual hospital worked with community partners to carry out the plan in their service area. Aspects of the plan were adapted to meet the unique needs of each location. Hospital leadership teams and local hospital boards received and approved each implementation plan, followed by final approval by the Essentia Health Board of Directors. The following visual describes the assessment steps and timeline.

Timeline



Adoption of implementation strategy: The Community Health Needs Assessment was approved by the Essentia Health West Region Board of Directors approved on May 1, 2019. The Graceville Board of Directors reviewed on March 28, 2019 and approved through an electronic resolution before June 30th, 2019.

Assess

A survey was conducted in collaboration with Big Stone Medical Center and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. The survey was distributed via e-mail to stakeholders and key leaders, located within various agencies in the community. Data collection occurred during the months of November 2017 through March 2018. A total of 20 respondents participated in the online survey. The survey questions focused on health topics including economics, children and youth, the aging population, health care and wellness (Appendix A).

Additional data was gathered from the Data Book for Countryside Public Health for Southwest MN adult health survey of 2015. Survey results were restricted by poor response rate and 3-year-old data from public health.

Prioritize

A Steering Committee was formed to review data and prioritize health needs. Steering committee members included representatives from public health, local community organizations and Essentia Health. An asset-based community development approach to identify where change could be made was used to prioritize. The information from the survey was reviewed by the community health steering committee. A vote was done with a majority rule to focus on one priority based on size and capacity of the group. Upon review, the steering committee voted to address transportation as the priority need.

Significant needs not addressed in the CHNA: Other issues identified through the process but not included as a top priority included mental health and tobacco use. These needs will be addressed through support of events in the community but are not the primary focus of the assessment. Graceville has limited resources as a small community, and transportation was identified as the most important issue, and so will be the focus of the assessment activities.

Community Input

Stakeholders from multiple organizations were invited to participate in a meeting to provide input. Participants included Prairie Five, Countryside Public Health, Minnesota River Area Agency on Aging, Big Stone County Sheriff's Department, Clinton Graceville Beardsley School, City of Graceville, Graceville Ambulance, and Wheaton-Dumont Elevator

Input was gathered by sharing survey data and asking for discussion around the topics, and then voting on the top priority by a show of hands. The committee was asked to vote for the top two items they each felt was important. The results are below:

Transportation:	7
Employment/workforce:	3
Day care:	3
Mental health care:	4
Vaping/tobacco:	4

The group also brainstormed resources currently working to address transportation needs in the community. Available resources include Prairie Five, which currently provides transportation services through volunteers and a bus that goes to surrounding communities. There is an informal option where youth are asked to drive people they know to events. Public Health has provided outreach services to address transportation issues in the past.

Key Findings

Priority #1 Transportation

Supporting Data: Data was provided by the community action group, PrairieFive. They are the main organization that provides rides in the Graceville community. Data was also utilized from The Livability Index from AARP, drawing from more than [50 different sources of data](#).

In the 2018 Community Health Survey, 65% of respondents reported cost of door-to-door transportation services as a serious or critical problem (Appendix A).

An AARP report shows that the Graceville community has no access to any type of transportation service that runs on a schedule (Appendix B). The primary reason for bus transportation in Graceville is Medical 86%, General 9%, Retail 5% (Appendix B).

Community Qualitative Input:

Currently there is only a volunteer transportation service. The public must call 24 hours in advance to schedule a ride and there is not always someone available. The consensus was there is a need for a regular bus/van route schedule and a change in state regulation on taxing volunteer drivers.

Community Strengths and Resources:

A strength in the community is the number of organizations committed to working collaboratively on this initiative:

- Community/patient focus group participants
- Clinton Care Center
- Big Stone County Chamber
- Chokio-Alberta School
- City of Graceville
- Clinton-Graceville-Beardsley Schools
- Countryside Public Health
- Essentia Health Holy Trinity Hospital
- Stevens County Public Health
- Liebe Drug
- Graceville City Ambulance
- Big Stone County Sherriff's Office
- Prairie 5 Community Action Partnership
- Minnesota Area on Aging

Design

Essentia Health worked with internal stakeholders as well as community partners to design a strategy to address each of the priority needs identified in the CHNA process using a Result Based Accountability Framework. The strategic plan outlines actions that will be taken to respond to the identified community needs including goals and measurable objectives, strategies, tactics, and performance indicators.

The implementation plan is a three-year plan to address priority needs. The implementation plan will be reviewed annually, with progress shared with hospital leadership and the Board of Directors on an annual basis.

Additionally, the following three priorities were determined by the Community Health Advisory Committee (CHAC) at a retreat in January 2019. The retreat included input from Community Health staff from across the Essentia Health system. Prioritization was based on common themes from the 15 Community Health Needs Assessments.

- Mental health and wellness
- Substance use
- Nutrition and physical activity

During the FY2020-FY2022 assessment cycle, some activities will be led by the individual hospitals/markets, while others will be coordinated across the health system. This will help Essentia Health make the greatest impact with available resources

No written comments were received from the 2013 CHNA. Any comments would have been taken into consideration in this report.

Conclusion

As a nonprofit health system, Essentia Health is called to make a healthy difference in people's lives. This needs assessment illustrates the importance of collaboration between our hospitals and community partners. By working collaboratively, we can have a positive impact on the identified health needs in our community in FY 2020-2022.

For questions or comments about the community health needs assessment, please contact: chna.comments@essentiahealth.org

Copies of this plan can be downloaded from our website: <https://www.essentiahealth.org/about/chna/>

Graceville Community Health Steering Committee will continue to work together to make Graceville a healthier community. The Essentia Health system has outlined an allocation of resources available to each hospital as a designated percentage of net revenue to address the priorities set forth in the Community Health Needs Assessments. A committee within the Essentia Health West Market will best determine the ways to utilize resources to address the priority need. The Steering Committee will continually monitor performance measures established for each strategy to evaluate progress.

Result: All people in the Graceville community have access to transportation	
Indicators	Partners who can help
<ul style="list-style-type: none"> • Percent of people identifying transportation as a top issue • Primary reason for transportation use • AARP livability index score for transportation 	Essentia Health, Prairie 5 Community Action Partnership, Countryside Public Health, Area Agency on Aging, Big Stone County Sheriff’s Department, CGB Schools, City of Graceville, Big Stone County Chamber, Graceville City Ambulance
Story Behind the Data	What we are going to do
<p>Factors that have contributed to improvements:</p> <ul style="list-style-type: none"> • Increased access to Prairie 5 Bus Services or volunteer drivers • Improved marketing efforts of existing services • Volunteer drivers who help fill the need • Collaborative efforts to address the problem • Successful proposals to stakeholders that can change programs that justify the demand for services • Programs that increase access or provide incentives <p>Limiting factors:</p> <ul style="list-style-type: none"> • Stigma of using public transit • Age and ability to understand service and access • Legal/regulations- taxation on volunteer drivers • Cost of living expenses are priority • Cyclical poverty • Decreased labor pools 	<p>Strategy #1: Support legislative changes to eliminate or decrease tax policy for volunteer drivers</p> <p>Action Steps:</p> <ul style="list-style-type: none"> • Draft letter to legislators outlining the problem with recruiting and retaining volunteer drivers • Draft a bill and identify co-authors to move forward in legislation • Identify testifiers for legislative committee testimony • Write thank-you notes to co-authors and supporters <p>Strategy #2: Recruit new volunteer drivers</p> <p>Action Steps:</p> <ul style="list-style-type: none"> • Identify agencies that would support the initiative and have potential drivers • Develop flier on how to volunteer as a driver • Actively recruit new volunteers and measure success <p>Strategy #3: Increase the bus route of Prairie 5 to come to Graceville once per week</p> <p>Action Steps:</p> <ul style="list-style-type: none"> • Identify resources to support funding for pilot bus route • Leverage dollars through grants or donations to support route • Develop marketing plan to notify community of new transportation option • Evaluate usage and success of new route

Essentia Health - Graceville

Community Health Needs Assessment
Results from a November 2017 Non-Generalizable
Online Survey of Community Stakeholders

March 2018

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from a November 2017 online survey of community leaders and key stakeholders identified by Essentia Health - Graceville. This study was conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred during the months of November 2017 through March 2018. A total of 20 respondents participated in the online survey.

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SURVEY RESULTS

Current State of Health and Wellness Issues Within the Community

Using a 1 to 5 scale, with 1 being “no attention needed”; 2 being “little attention needed”; 3 being “moderate attention needed”; 4 being “serious attention needed”; and 5 being “critical attention needed,” respondents were asked to, based on their knowledge, select the option that best describes their understanding of the current state of each issue regarding ECONOMIC WELL-BEING, TRANSPORTATION, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTHCARE AND WELLNESS, and MENTAL HEALTH AND SUBSTANCE ABUSE.

Figure 1. Current state of community issues regarding ECONOMIC WELL-BEING

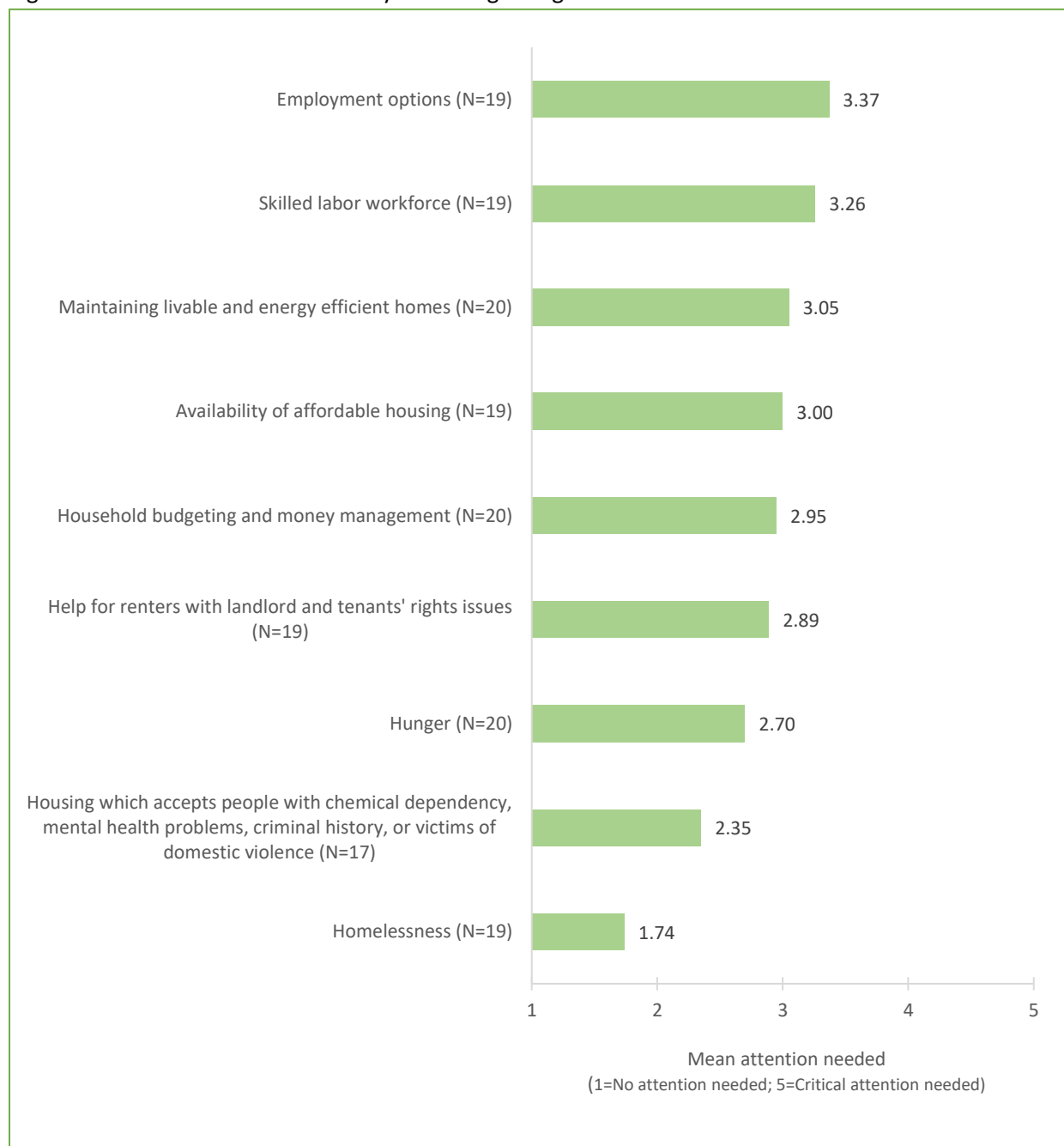


Figure 2. Current state of community issues regarding TRANSPORTATION

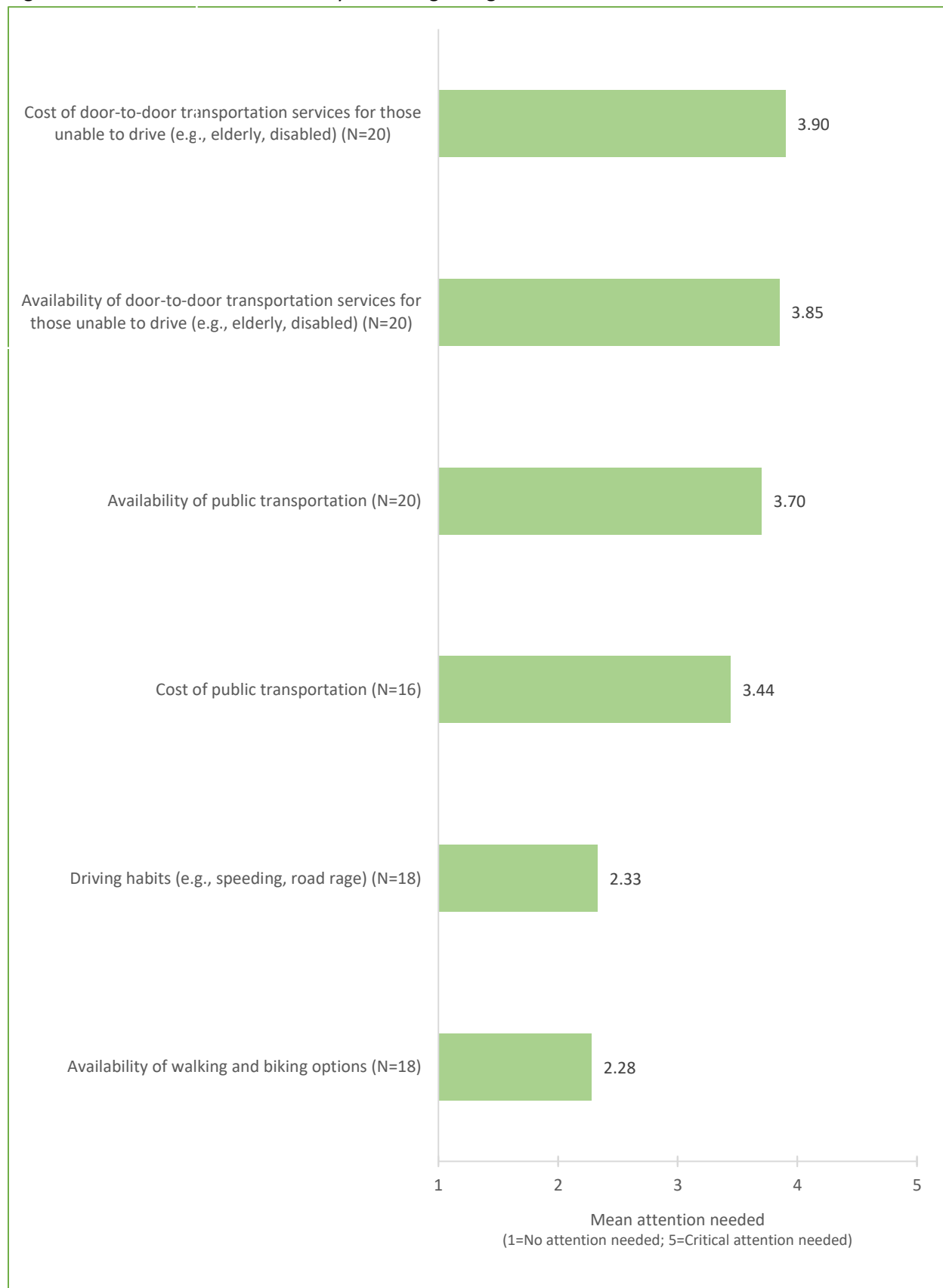


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH



Figure 4. Current state of community issues regarding the AGING POPULATION



Figure 5. Current state of community issues regarding SAFETY

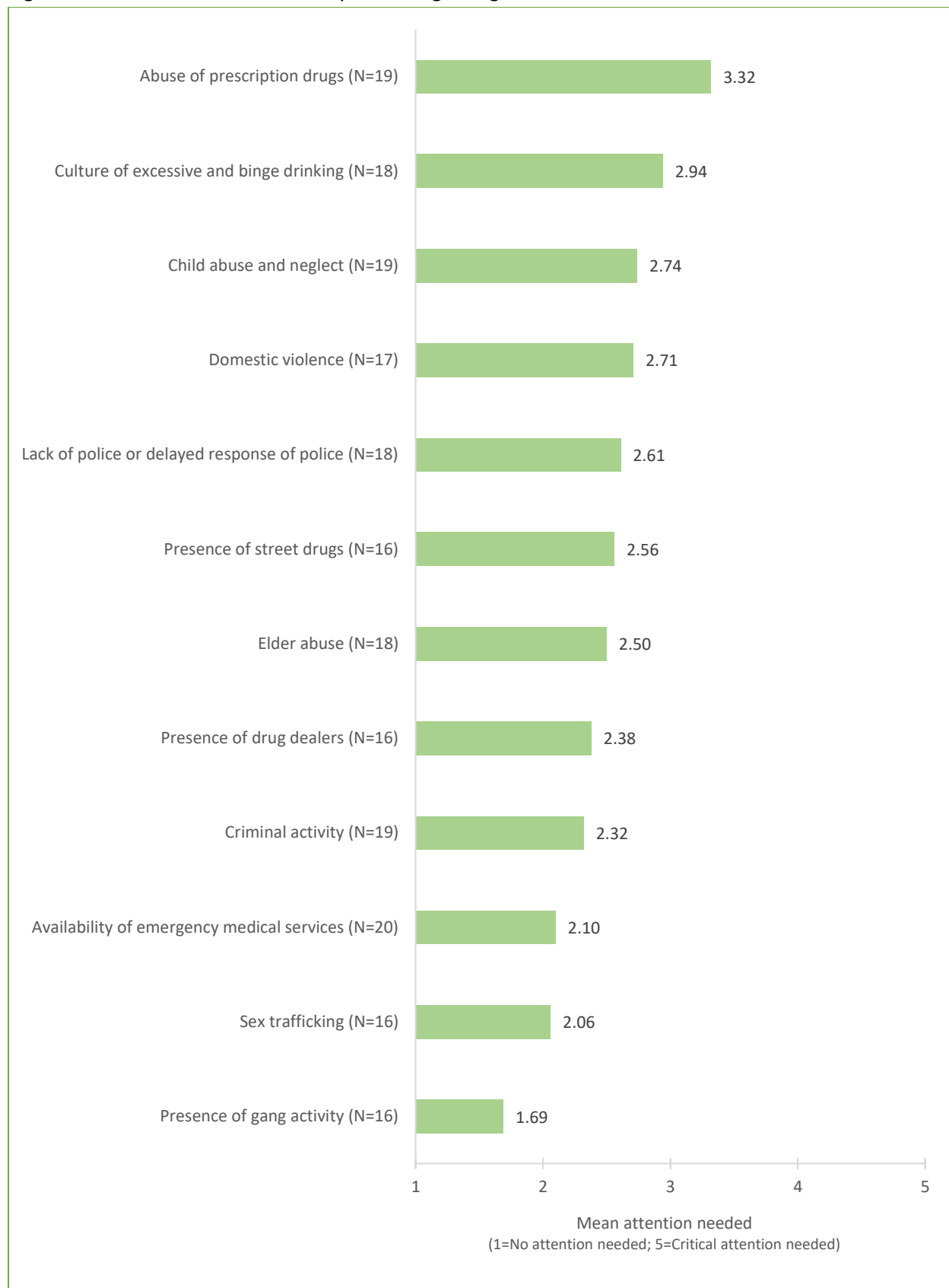


Figure 6. Current state of community issues regarding HEALTHCARE AND WELLNESS

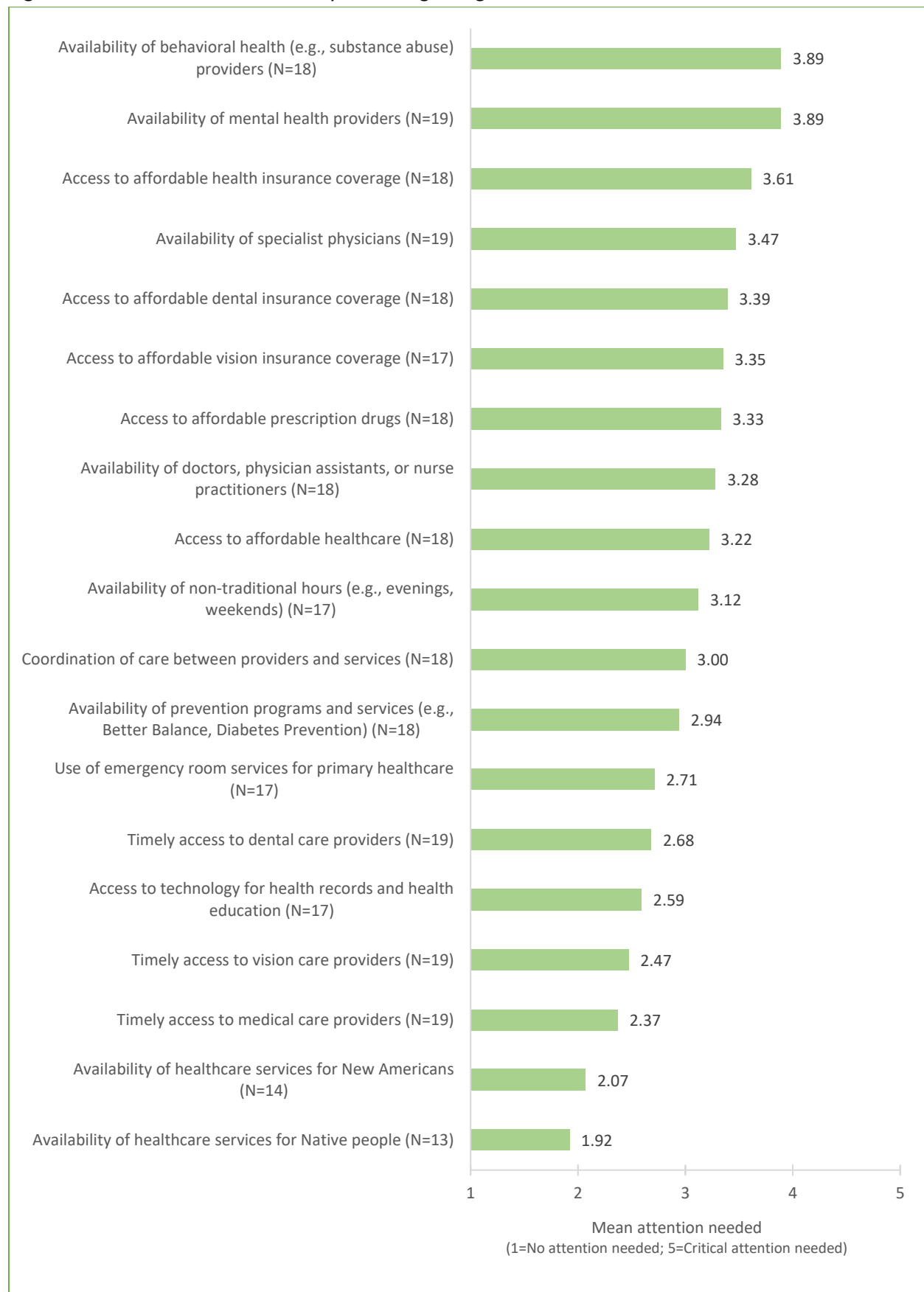
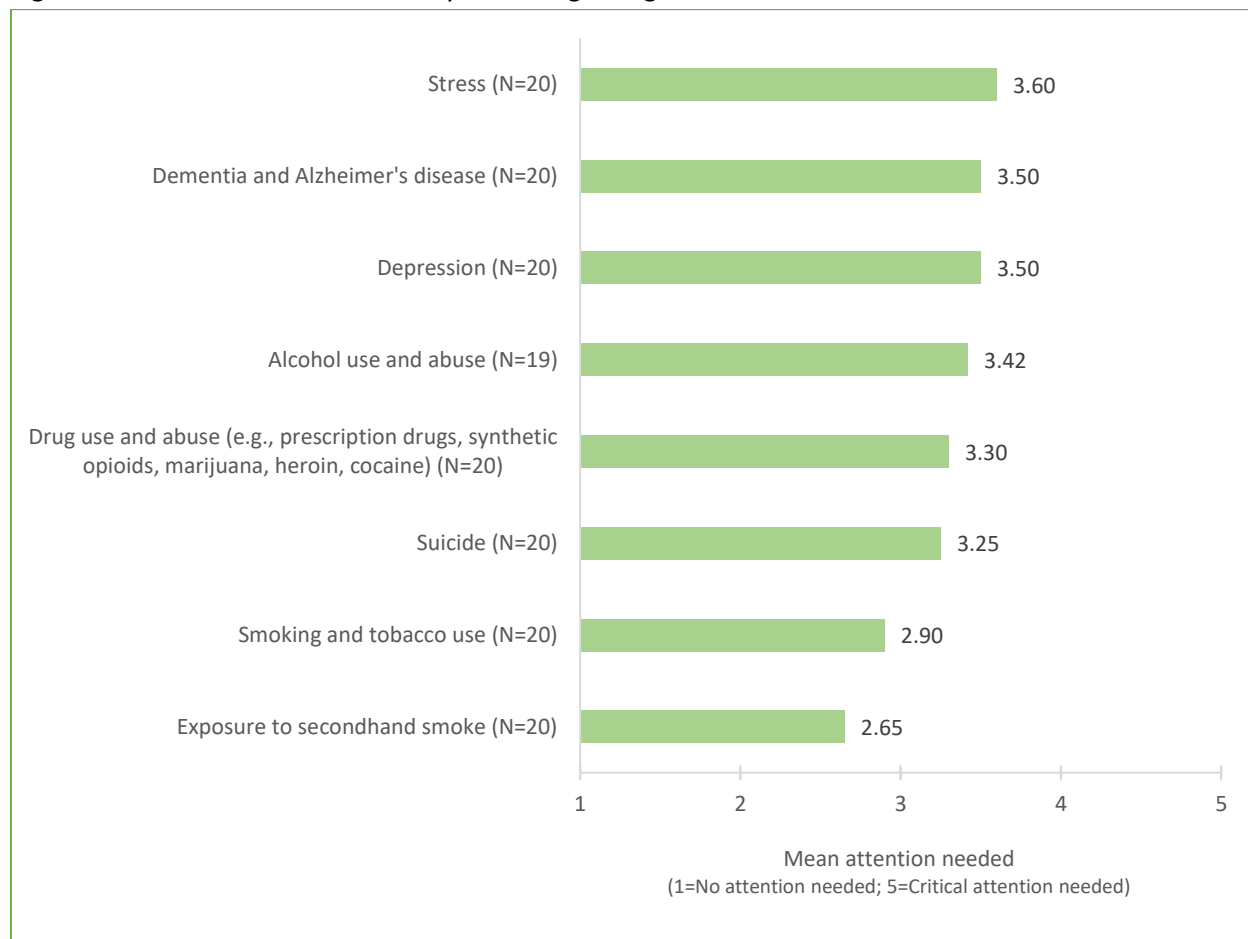
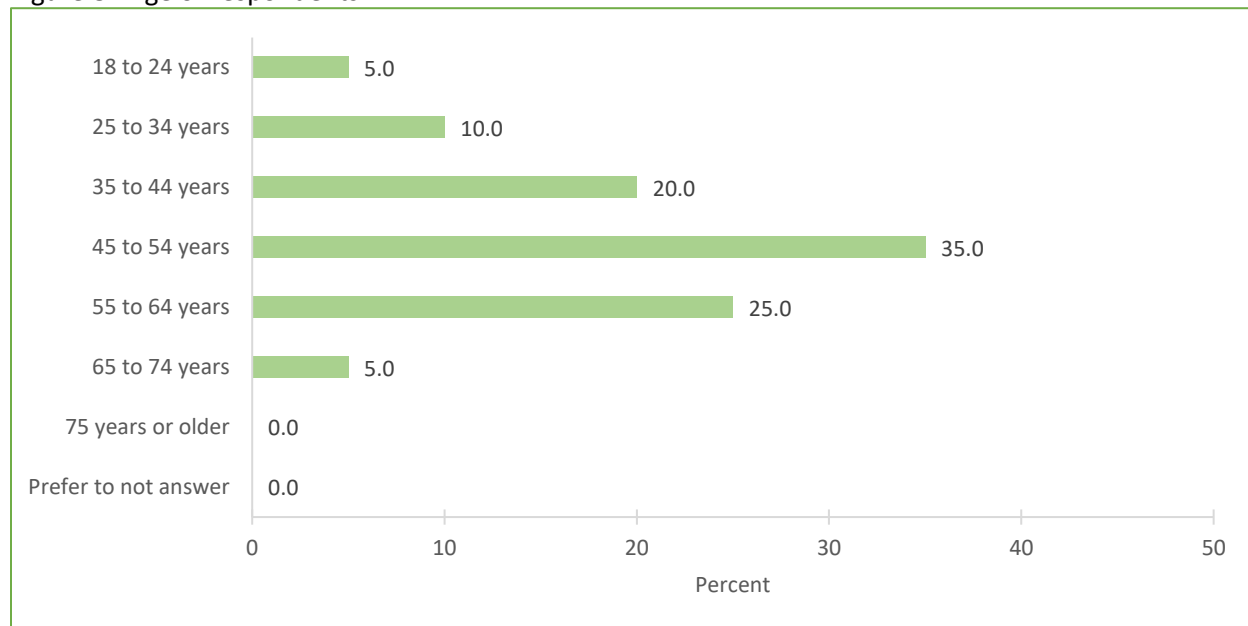


Figure 7. Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



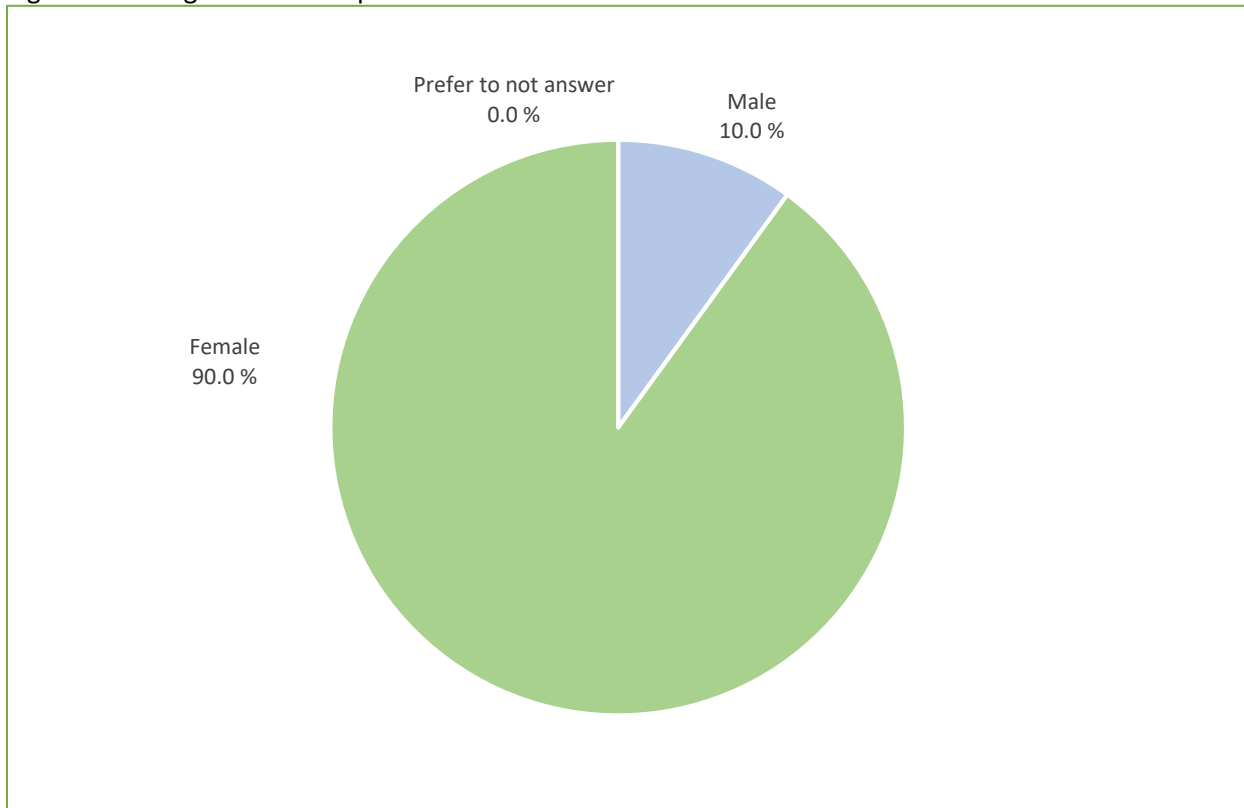
Demographic Information

Figure 8. Age of respondents



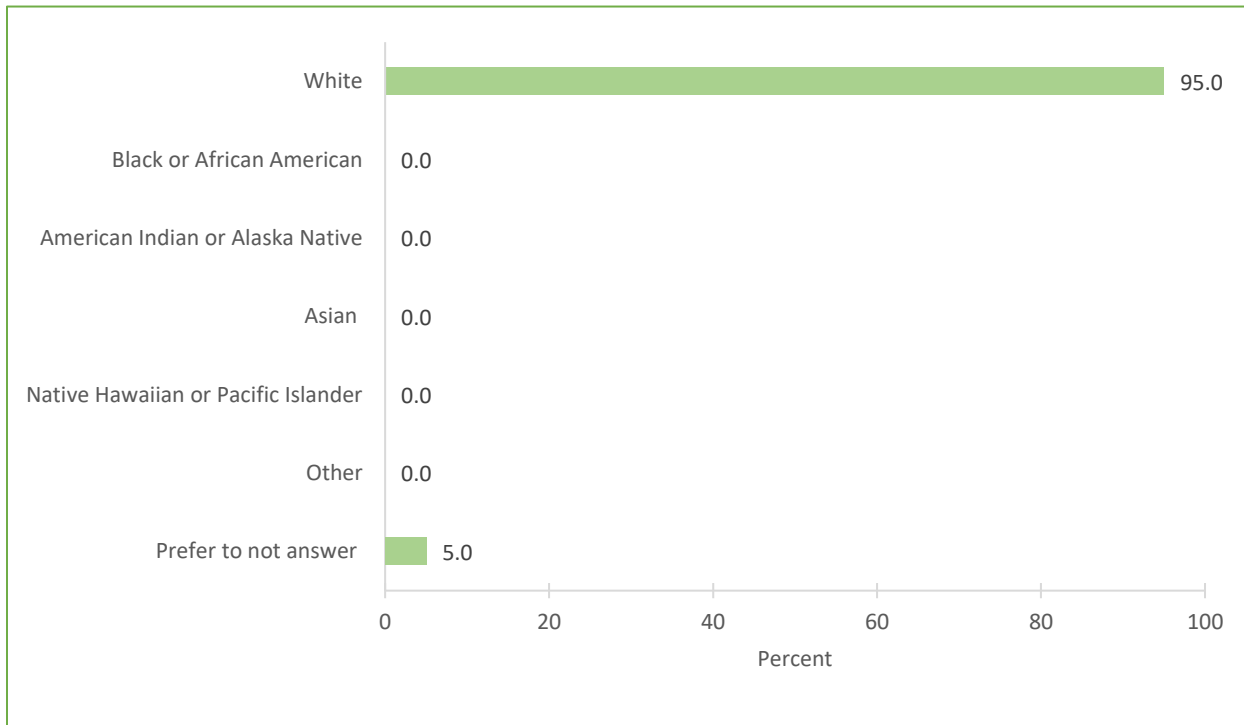
N=20

Figure 9. Biological sex of respondents



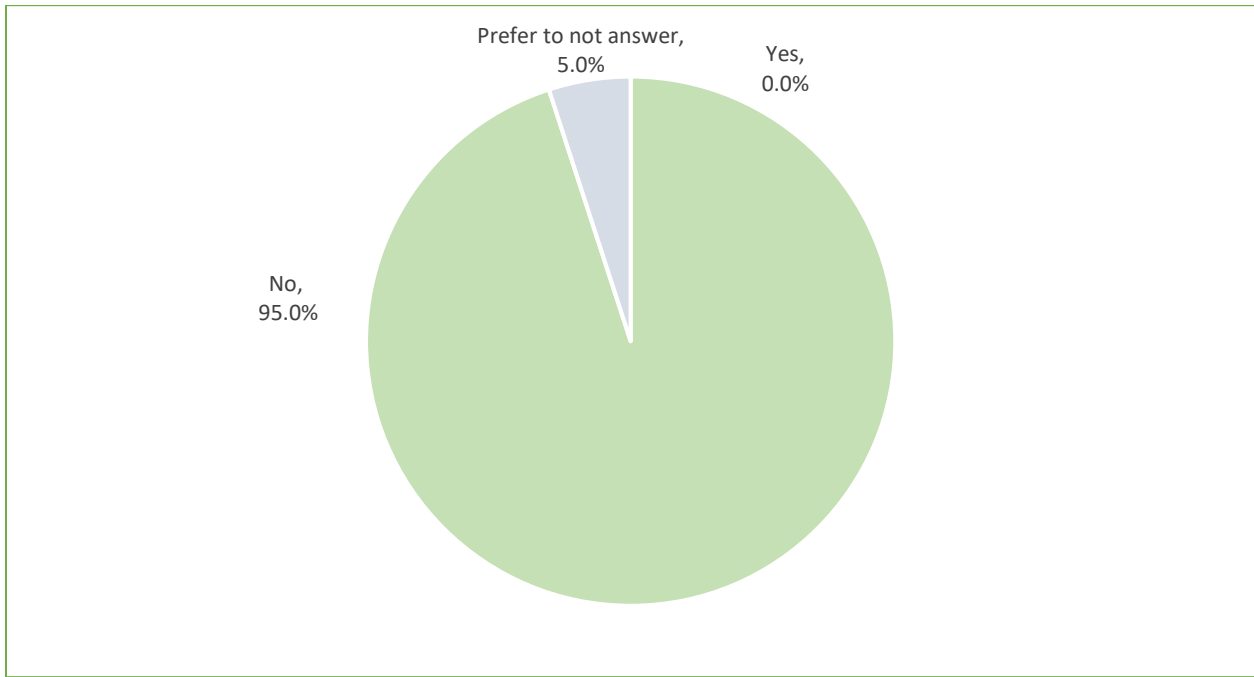
N=20

Figure 10. Race of respondents



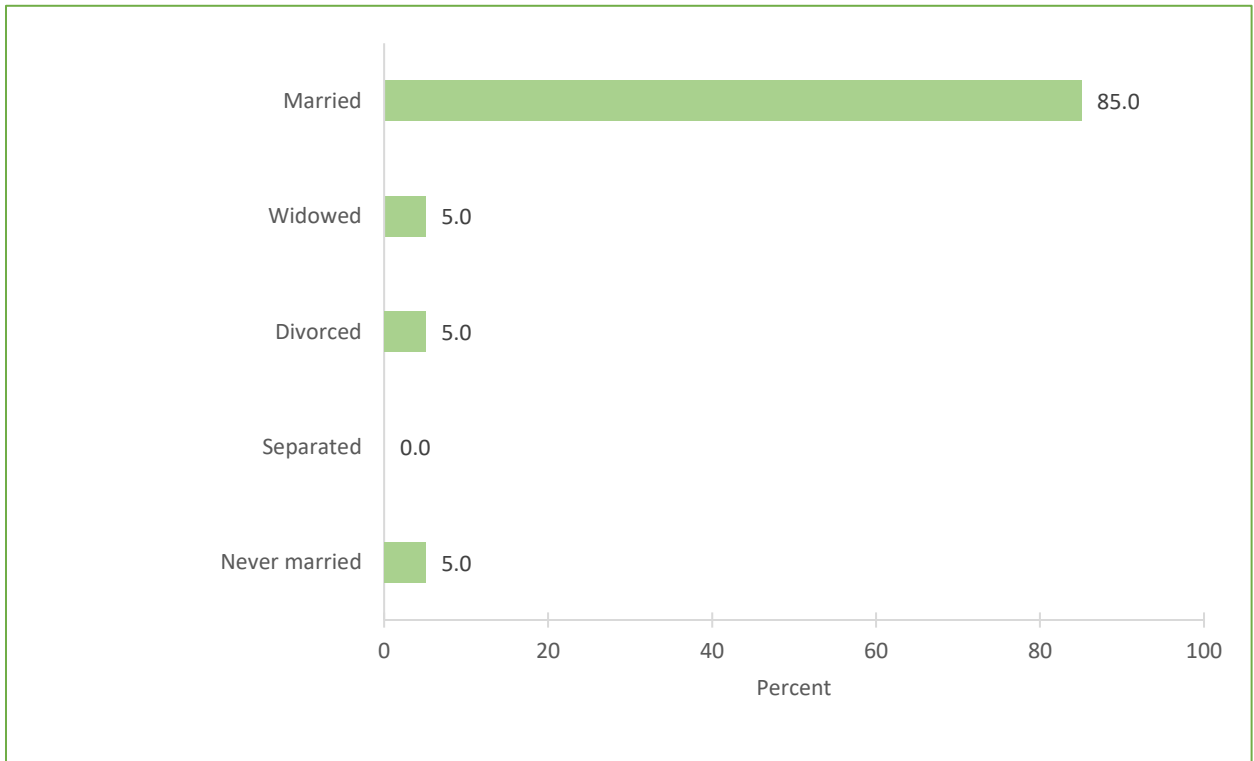
N=20

Figure 11. Whether respondents are of Hispanic or Latino origin



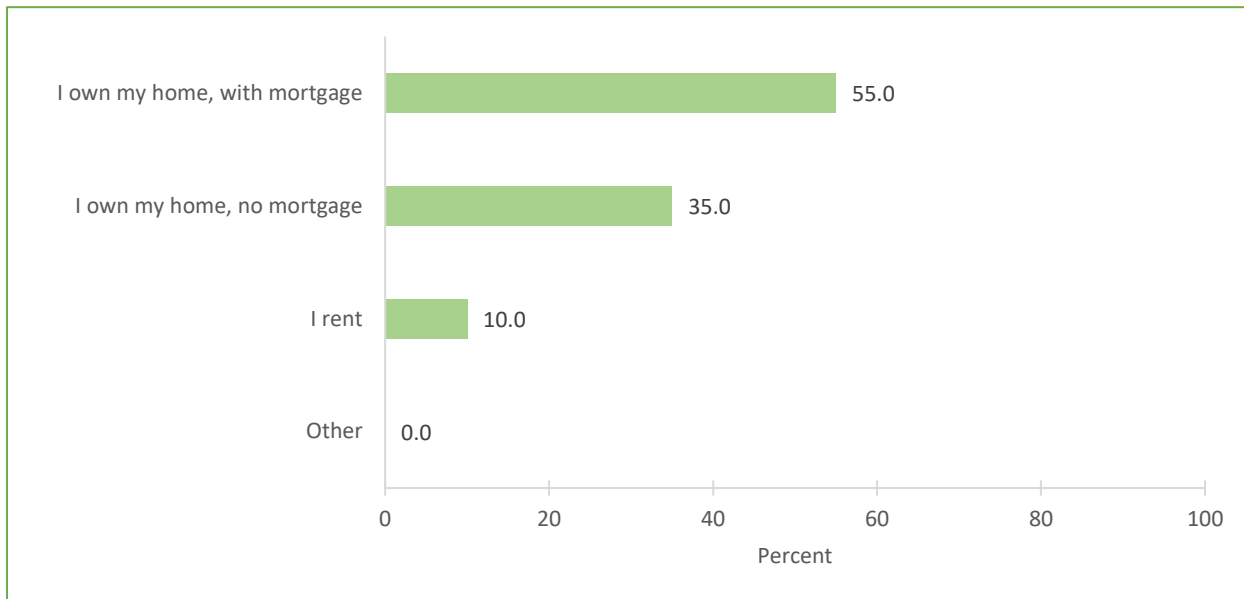
N=20

Figure 12. Marital status of respondents



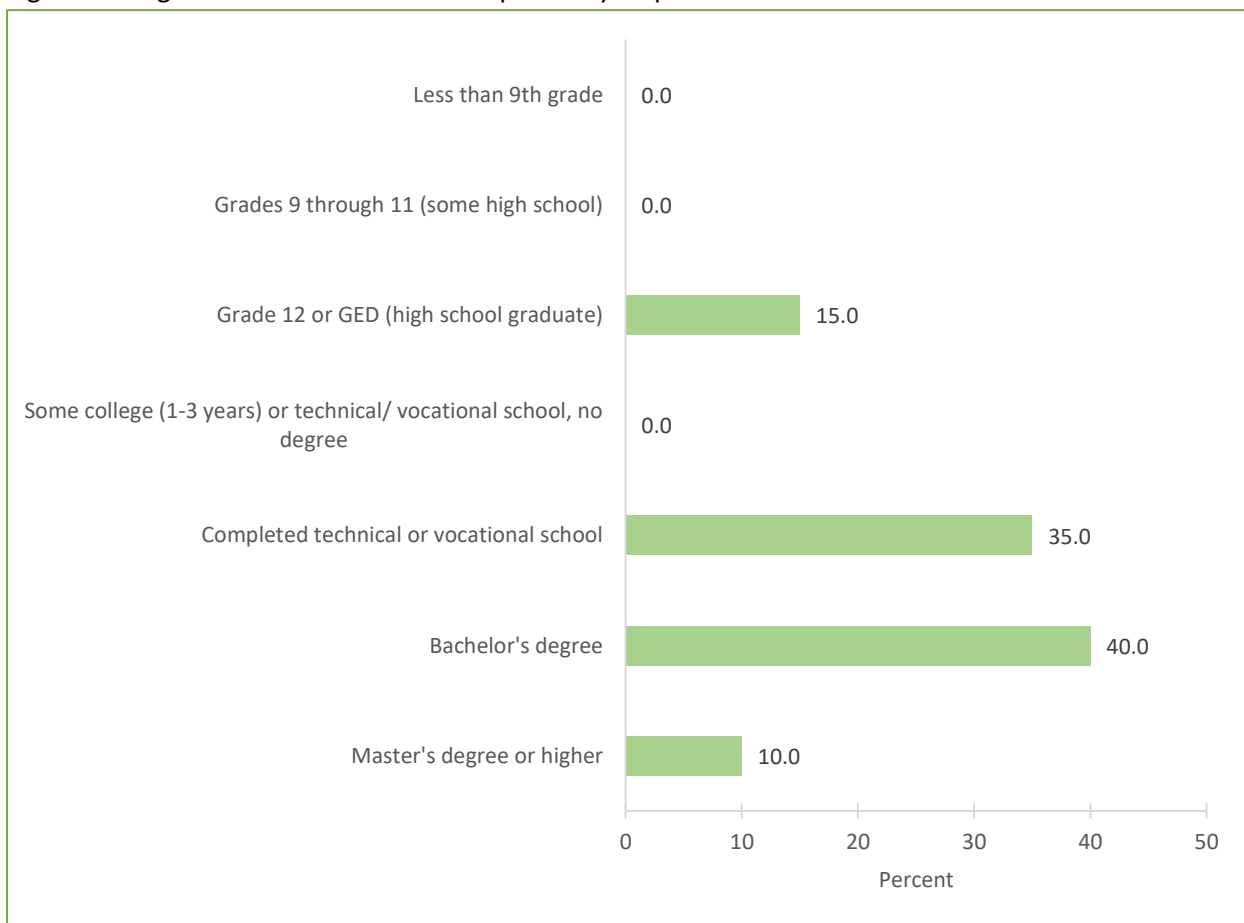
N=20

Figure 13. Living situation of respondents



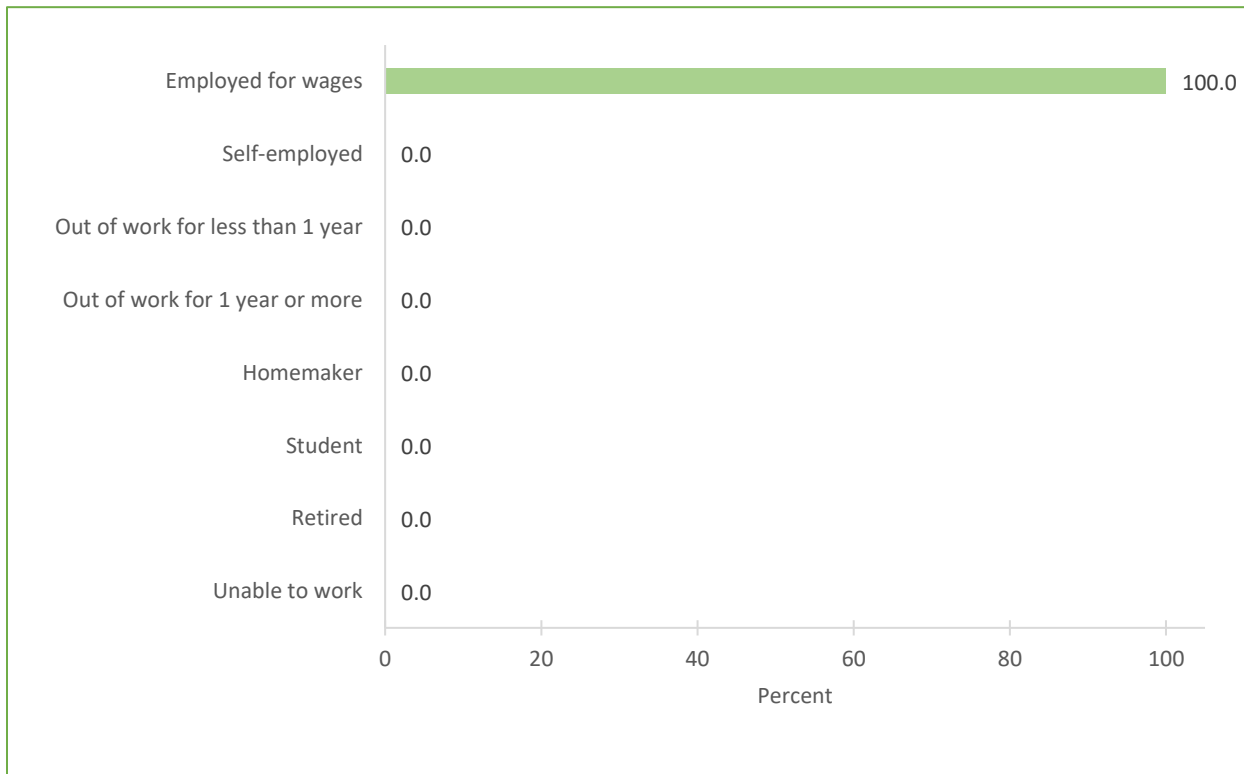
N=20

Figure 14. Highest level of education completed by respondents



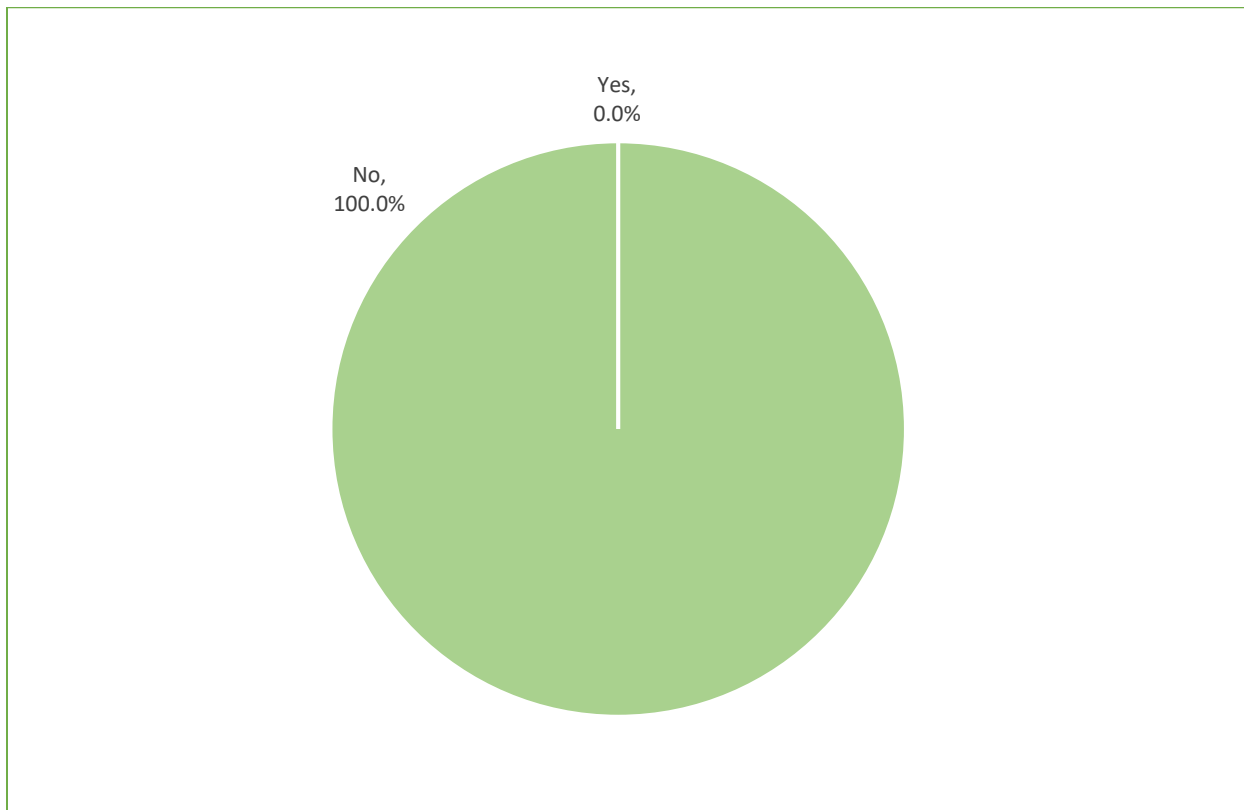
N=20

Figure 15. Employment status of respondents



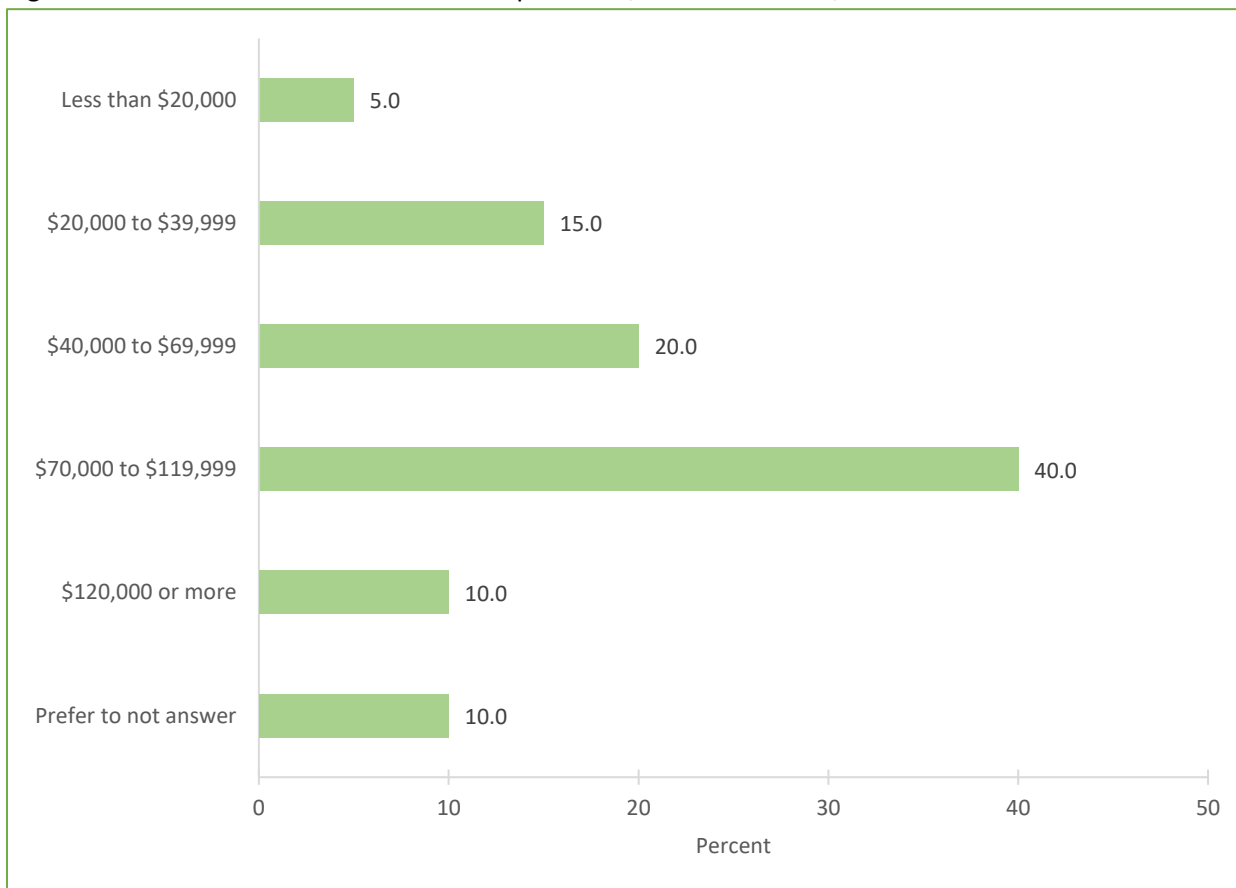
N=20

Figure 16. Whether respondents are military veterans



N=20

Figure 17. Annual household income of respondents, from all sources, before taxes



N=20

Table 1. Zip code of respondents

Zip code	Number of respondents
56240	9
56225	3
56215	2
56278	2
56211	1
56227	1
56236	1
56273	1

N=20

Table 2. Comments from respondents

Comments
Mental health issues are a huge concern in our schools.
Thank you for gathering the data so the proper health care needs can be focused on with the limited funds we have available to us in rural MN.

APPENDIX TABLE

Appendix Table 1. Current state of health and wellness issues within the community

Statements	Mean**	Percent of respondents*							Total
		Level of attention needed						NA	
		1 None	2 Little	3 Moderate	4 Serious	5 Critical			
ECONOMIC WELL-BEING ISSUES									
Availability of affordable housing (N=20)	3.00	5.0	35.0	15.0	35.0	5.0	5.0	100.0	
Employment options (N=20)	3.37	0.0	10.0	45.0	35.0	5.0	5.0	100.0	
Help for renters with landlord and tenants' rights issues (N=20)	2.89	10.0	35.0	20.0	15.0	15.0	5.0	100.0	
Homelessness (N=20)	1.74	45.0	35.0	10.0	5.0	0.0	5.0	100.0	
Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=18)	2.35	22.2	33.3	22.2	16.7	0.0	5.6	100.0	
Household budgeting and money management (N=20)	2.95	5.0	20.0	50.0	25.0	0.0	0.0	100.0	
Hunger (N=20)	2.70	5.0	40.0	35.0	20.0	0.0	0.0	100.0	
Maintaining livable and energy efficient homes (N=20)	3.05	5.0	10.0	60.0	25.0	0.0	0.0	100.0	
Skilled labor workforce (N=20)	3.26	0.0	15.0	45.0	30.0	5.0	5.0	100.0	
TRANSPORTATION ISSUES									
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=20)	3.85	0.0	5.0	25.0	50.0	20.0	0.0	100.0	
Availability of public transportation (N=20)	3.70	5.0	10.0	25.0	30.0	30.0	0.0	100.0	
Availability of walking and biking options (N=19)	2.28	21.1	36.8	26.3	10.5	0.0	5.3	100.0	
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=20)	3.90	0.0	0.0	35.0	40.0	25.0	0.0	100.0	
Cost of public transportation (N=18)	3.44	11.1	0.0	33.3	27.8	16.7	11.1	100.0	
Driving habits (e.g., speeding, road rage) (N=20)	2.33	20.0	35.0	25.0	5.0	5.0	10.0	100.0	
CHILDREN AND YOUTH									
Availability of activities (outside of school and sports) for children and youth (N=19)	2.89	5.3	15.8	63.2	15.8	0.0	0.0	100.1	
Availability of education about birth control (N=19)	2.89	5.3	31.6	36.8	21.1	5.3	0.0	100.1	
Availability of quality child care (N=19)	3.42	0.0	10.5	47.4	31.6	10.5	0.0	100.0	
Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=19)	3.32	0.0	21.1	36.8	31.6	10.5	0.0	100.0	
Bullying (N=18)	3.39	0.0	5.6	55.6	33.3	5.6	0.0	100.1	

Statements	Mean**	Percent of respondents*							Total
		Level of attention needed							
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA		
Childhood obesity (N=19)	3.53	0.0	0.0	57.9	31.6	10.5	0.0	100.0	
Cost of activities (outside of school and sports) for children and youth (N=19)	3.11	0.0	21.1	52.6	21.1	5.3	0.0	100.1	
Cost of quality child care (N=19)	3.21	0.0	15.8	52.6	26.3	5.3	0.0	100.0	
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=18)	3.50	5.6	5.6	33.3	27.8	16.7	11.1	100.1	
Crime committed by youth (N=19)	2.50	0.0	52.6	36.8	5.3	0.0	5.3	100.0	
Opportunities for youth-adult mentoring (N=19)	3.26	0.0	5.3	73.7	10.5	10.5	0.0	100.0	
Parental custody, guardianships and visitation rights (N=19)	2.88	0.0	26.3	52.6	5.3	5.3	10.5	100.0	
School absenteeism (truancy) (N=19)	2.83	0.0	31.6	52.6	5.3	5.3	5.3	100.1	
School dropout rates (N=19)	2.06	15.8	52.6	21.1	0.0	0.0	10.5	100.0	
School violence (N=19)	2.42	5.3	47.4	47.4	0.0	0.0	0.0	100.1	
Substance abuse by youth (N=17)	3.13	0.0	17.6	52.9	17.6	5.9	5.9	99.9	
Teen pregnancy (N=18)	2.59	0.0	55.6	22.2	16.7	0.0	5.6	100.1	
Teen suicide (N=17)	2.82	0.0	35.3	47.1	17.6	0.0	0.0	100.0	
Teen tobacco use (N=17)	3.00	0.0	35.3	29.4	23.5	5.9	5.9	100.0	
THE AGING POPULATION									
Availability of activities for seniors (e.g., recreational, social, cultural) (N=20)	3.35	0.0	15.0	45.0	30.0	10.0	0.0	100.0	
Availability of long-term care (N=20)	3.05	5.0	25.0	45.0	10.0	15.0	0.0	100.0	
Availability of memory care (N=20)	3.70	0.0	10.0	35.0	30.0	25.0	0.0	100.0	
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=20)	3.55	0.0	10.0	40.0	35.0	15.0	0.0	100.0	
Availability of resources for grandparents caring for grandchildren (N=19)	2.94	0.0	26.3	47.4	21.1	0.0	5.3	100.1	
Availability of resources to help the elderly stay safe in their homes (N=20)	3.30	0.0	20.0	40.0	30.0	10.0	0.0	100.0	
Cost of activities for seniors (e.g., recreational, social, cultural) (N=19)	2.94	0.0	31.6	42.1	15.8	5.3	5.3	100.1	
Cost of in-home services (N=20)	3.45	0.0	10.0	45.0	35.0	10.0	0.0	100.0	
Cost of long-term care (N=20)	3.65	0.0	10.0	35.0	35.0	20.0	0.0	100.0	
Cost of memory care (N=18)	3.67	0.0	11.1	33.3	33.3	22.2	0.0	99.9	
Help making out a will or healthcare directive (N=20)	2.85	0.0	40.0	40.0	15.0	5.0	0.0	100.0	
SAFETY									
Abuse of prescription drugs (N=19)	3.32	0.0	21.1	31.6	42.1	5.3	0.0	100.1	
Availability of emergency medical services (N=20)	2.10	20.0	55.0	20.0	5.0	0.0	0.0	100.0	
Child abuse and neglect (N=19)	2.74	5.3	42.1	31.6	15.8	5.3	0.0	100.1	
Criminal activity (N=19)	2.32	5.3	63.2	26.3	5.3	0.0	0.0	100.1	

Statements	Mean**	Percent of respondents*							Total
		Level of attention needed						NA	
		1 None	2 Little	3 Moderate	4 Serious	5 Critical			
Culture of excessive and binge drinking (N=18)	2.94	0.0	27.8	50.0	22.2	0.0	0.0	100.0	
Domestic violence (N=17)	2.71	0.0	41.2	47.1	11.8	0.0	0.0	100.1	
Elder abuse (N=19)	2.50	0.0	52.6	36.8	5.3	0.0	5.3	100.0	
Lack of police or delayed response of police (N=18)	2.61	11.1	27.8	50.0	11.1	0.0	0.0	100.0	
Presence of drug dealers (N=17)	2.38	11.8	47.1	23.5	11.8	0.0	5.9	100.1	
Presence of gang activity (N=17)	1.69	41.2	41.2	11.8	0.0	0.0	5.9	100.1	
Presence of street drugs (N=17)	2.56	5.9	41.2	35.3	11.8	0.0	5.9	100.1	
Sex trafficking (N=17)	2.06	23.5	47.1	17.6	5.9	0.0	5.9	100.0	
HEALTHCARE AND WELLNESS									
Access to affordable dental insurance coverage (N=19)	3.39	0.0	15.8	42.1	21.1	15.8	5.3	100.1	
Access to affordable health insurance coverage (N=19)	3.61	0.0	10.5	47.4	5.3	31.6	5.3	100.1	
Access to affordable healthcare (N=19)	3.22	0.0	26.3	42.1	5.3	21.1	5.3	100.1	
Access to affordable prescription drugs (N=19)	3.33	0.0	21.1	42.1	10.5	21.1	5.3	100.1	
Access to affordable vision insurance coverage (N=19)	3.35	0.0	15.8	42.1	15.8	15.8	10.5	100.0	
Access to technology for health records and health education (N=18)	2.59	16.7	22.2	44.4	5.6	5.6	5.6	100.1	
Availability of behavioral health (e.g., substance abuse) providers (N=18)	3.89	0.0	11.1	22.2	33.3	33.3	0.0	99.9	
Availability of doctors, physician assistants, or nurse practitioners (N=19)	3.28	0.0	36.8	21.1	10.5	26.3	5.3	100.0	
Availability of healthcare services for Native people (N=17)	1.92	35.3	23.5	11.8	0.0	5.9	23.5	100.0	
Availability of healthcare services for New Americans (N=18)	2.07	27.8	27.8	16.7	0.0	5.6	22.2	100.1	
Availability of mental health providers (N=19)	3.89	0.0	10.5	31.6	15.8	42.1	0.0	100.0	
Availability of non-traditional hours (e.g., evenings, weekends) (N=18)	3.12	5.6	22.2	27.8	33.3	5.6	5.6	100.1	
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=18)	2.94	0.0	16.7	72.2	11.1	0.0	0.0	100.0	
Availability of specialist physicians (N=19)	3.47	0.0	10.5	47.4	26.3	15.8	0.0	100.0	
Coordination of care between providers and services (N=18)	3.00	0.0	11.1	77.8	11.1	0.0	0.0	100.0	
Timely access to medical care providers (N=19)	2.37	10.5	47.4	36.8	5.3	0.0	0.0	100.0	
Timely access to dental care providers (N=19)	2.68	5.3	42.1	36.8	10.5	5.3	0.0	100.0	
Timely access to vision care providers (N=19)	2.47	10.5	42.1	36.8	10.5	0.0	0.0	99.9	

Statements	Mean**	Percent of respondents*							Total
		Level of attention needed							
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA		
Use of emergency room services for primary healthcare (N=19)	2.71	10.5	26.3	36.8	10.5	5.3	10.5	99.9	
MENTAL HEALTH AND SUBSTANCE ABUSE									
Alcohol use and abuse (N=19)	3.42	0.0	5.3	57.9	26.3	10.5	0.0	100.0	
Dementia and Alzheimer's disease (N=20)	3.50	0.0	0.0	60.0	30.0	10.0	0.0	100.0	
Depression (N=20)	3.50	0.0	5.0	55.0	25.0	15.0	0.0	100.0	
Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=20)	3.30	0.0	15.0	50.0	25.0	10.0	0.0	100.0	
Exposure to secondhand smoke (N=20)	2.65	10.0	30.0	50.0	5.0	5.0	0.0	100.0	
Smoking and tobacco use (N=20)	2.90	5.0	25.0	50.0	15.0	5.0	0.0	100.0	
Stress (N=20)	3.60	0.0	5.0	45.0	35.0	15.0	0.0	100.0	
Suicide (N=20)	3.25	0.0	20.0	45.0	25.0	10.0	0.0	100.0	

*Percentages may not total 100.0 due to rounding.

**NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflect total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.



Essentia Health Graceville

Community Health Needs Assessment- Transportation Data



Prairie Five Ride Data

- **Rides Provided**
- **2017 Clinton – 460**
- **2017 Graceville – 152**
- **2017 Beardsley – 331**
- **1/1/18-10/31/18 Clinton – 195**
- **1/1/18-10/31/18 Graceville – 105**
- **1/1/18-10/31/18 Beardsley – 228**

- **Denied Rides**
- **2017 Clinton – 16**
- **2017 Graceville – 16**
- **2017 Beardsley- 9**
- **1/1/18-10/31/18 Clinton - 10**
- **1/1/18-10/31/18 Graceville – 13**
- **1/1/18-10/31/18 Beardsley - 12**

- **MSI Rides (Mainstreet industries) to and from Clinton**
- **2017 – 7,108**
- **1/1/18-10/31/2018 – 6,107**



Individuals served by Prairie Five

- 2017
- Beardsley – 13
- Clinton – 49
- Graceville – 26
- Total 2017: 88

- 1/1/18-10/31/18
- Beardsley – 7
- Clinton – 40
- Graceville – 15
- Total 2018: 62



Reason for Utilizing Transportation

- **2017: Prairie 5 Community Action Partnership.**
- Beardsley
- Medical 95%
- Meetings 1%
- General 4%
- Clinton
- Medical 84%
- Meetings 1%
- General 13%
- Retail 2%
- Graceville
- Medical 79%
- Meetings 2%
- General 17%
- Retail 2%
- **2018**
- Beardsley
- Medical 100%
- Clinton
- Medical 86%
- Meetings 5%
- General 8%
- Social 1%
- Graceville
- Medical 86%
- General 9%
- Retail 5%



Peoples Express

- 2018
 - Zero rides for Beardsley
 - 104 rides for Clinton- (Many were Divine house)
 - 14 rides for Grace Home



Country Side Public Health Data

1. 2015 Adult Health Survey

a. Question 5: if you have not had a general health exam within the past 1 or 2 years, why not?

	Countryside	Big Stone County
Results by	I had transportation problems	I had transportation problems
Overall	5.0%	7.8%
Female	6.0%	12.0%
Male	3.6%	*--*

a. Question 9: Why did you not get or delay getting the medical care you thought you needed?

	Countryside	Big Stone County
Results By	I had transportation problems	I had transportation problems
Overall	0.7%	0.0%
Female	2.4%	*--*
Male	0.0%	*--*

Questions 11: Why did you not get or delay getting the dental care you thought you needed?

Results by	I had transportation problems	I had transportation problems
	Countryside	Big Stone County
Overall	7.6%	0.0%
Female	5.9%	0.0%
Male	9.8%	*--*
Less than \$20,000 household income	17.9%	*--*
\$20,000 \$34,999 annual household income	16.1%	*--*
\$35,000 \$49,999 annual household income	0.0%	*--*
\$50,000 \$74,999 annual household income	0.8%	*--*
\$75,000 or more	0.0%	*--*





Greater Minnesota Transit Investment Plan

ENVIRONMENTAL JUSTICE ANALYSIS | FINAL

- **Older Adult Density** – Older adults (age 65 and older) typically use public transportation more frequently than the general population. Older adults often exhibit higher demand for transit as they become less capable or willing to drive themselves, or can no longer afford to own a car on a fixed income. Greater Minnesota counties with the highest shares of senior population include Aitkin, Traverse, Big Stone, and Lincoln. Counties with those aged 65 and older comprising over 28% of the total population.

<http://www.dot.state.mn.us/transitinvestment/pdf/environmental-justice.pdf>



Essentia Health

Here with you

AARP Data

TOTAL INDEX SCORE



[Livability Score](#) ?

CATEGORY SCORE

- 62

HOUSING
 Affordability and access

>
- 36

NEIGHBORHOOD
 Access to life, work, and play

>
- 49

TRANSPORTATION
 Safe and convenient options

>
- 64

ENVIRONMENT
 Clean air and water

>
- 49

HEALTH
 Prevention, access and quality

>
- 91

ENGAGEMENT
 Civic and social involvement

>
- 45

OPPORTUNITY
 Inclusion and possibilities

>

DO MORE WITH THIS SCORE

Adjust category importance

Wheaton
✕

TRANSPORTATION

Safe and convenient options [Share this score](#) <

How easily and safely we're able to get from one place to another has a major effect on our quality of life. Livable communities provide their residents with transportation options that connect people to social activities, economic opportunities, and medical care, and offer convenient, healthy, accessible, and low-cost alternatives to driving.

Metrics
Policies

How does my community compare to neighborhoods across the country?

● TOP THIRD
● MIDDLE THIRD
● BOTTOM THIRD
○ MISSING DATA

+	Convenient transportation options FREQUENCY OF LOCAL TRANSIT SERVICE	0 buses and trains per hour <small>Median US neighborhood: 0</small>
+	Accessible system design ADA-ACCESSIBLE STATIONS AND VEHICLES	87.6% of stations and vehicles are accessible <small>Median US neighborhood: 87.6%</small>
+	Convenient transportation options WALK TRIPS	0.62 trips per household per day <small>Median US neighborhood: 0.73</small>
+	Convenient transportation options CONGESTION	0.0 hours per person per year <small>Median US neighborhood: 25.4</small>
+	Transportation costs HOUSEHOLD TRANSPORTATION COSTS	\$14,921 per year <small>Median US neighborhood: \$13,086</small>
+	Safe streets SPEED LIMITS	29.9 miles per hour <small>Median US neighborhood: 26.0</small>
+	Safe streets CRASH RATE	14.1 fatal crashes per 100,000 people per year <small>Median US neighborhood: 6.8</small>





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