Stevens Community Medical Center

Focus Group Findings, Key Stakeholder Interviews, and Secondary Data Analysis

December 2022

Rural Health Innovations
NATIONAL RURAL HEALTH RESOURCE CENTER

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In partnership with:

STEVENS COMMUNITY MEDICAL CENTER
Caring is our Reason for Being

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Introduction

Stevens Community Medical Center (SCMC) contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center for Community Health Needs Assessment (CHNA) services. In June 2022, RHI and SCMC met to discuss the objectives of a regional CHNA.

A secondary data analysis, a series of focus groups, and key stakeholder interviews were conducted. Secondary data was collected from nationally recognized sources (appendix B). The findings for all secondary data included in this report are in the sections that follow. Methodology and findings of the focus groups and key stakeholder interviews are discussed later in the report.

Report findings may be used for:

- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community's engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development
- Creating a Community Health Improvement Plan (CHIP) in public health

Secondary Data	Perception of Community Health	Utilization and Perception of Local Health Services
		

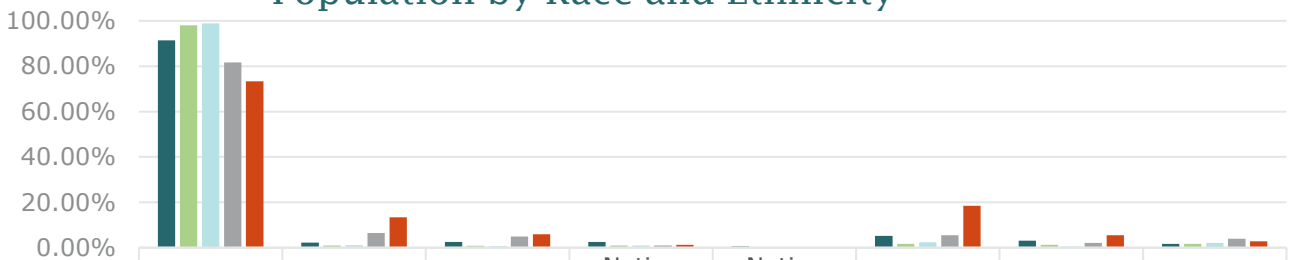
Demographics

Although demographics for the three counties in this report are similar, the population for the three counties vary:

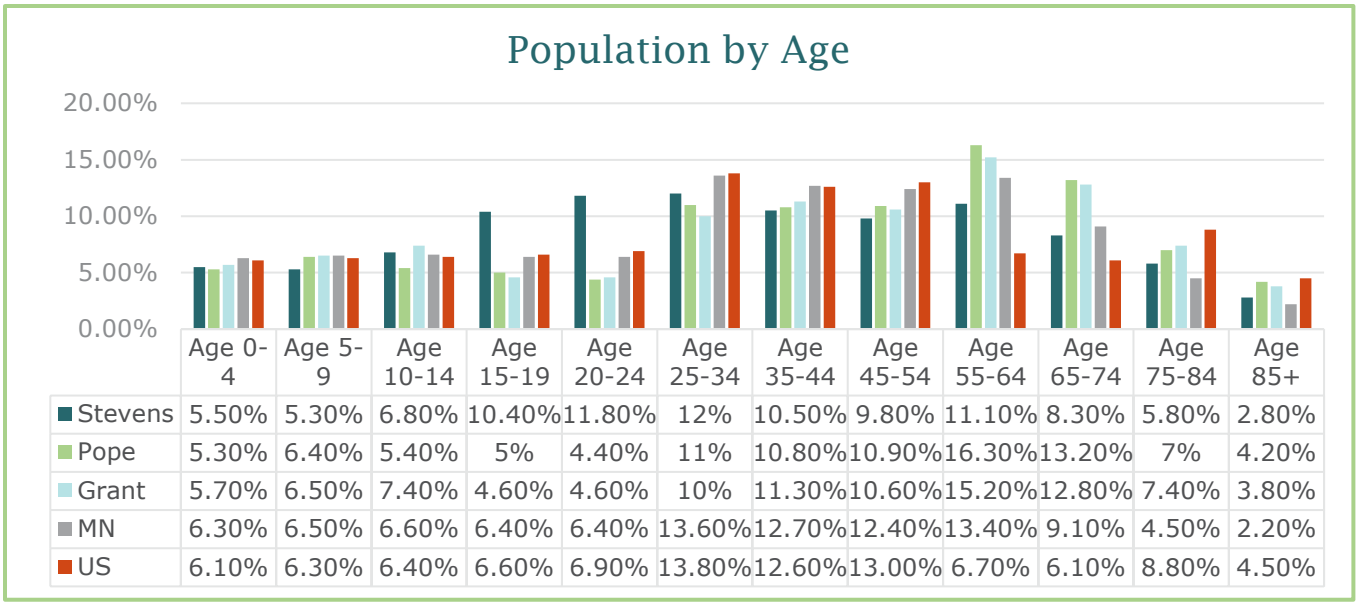
- Stevens County, Minnesota: 9,770
- Pope County, Minnesota: 11,107
- Grant County, Minnesota: 5,962

The population in the three counties is largely White. Stevens County has a higher Native American/Alaskan Native population (2.5%) compared to Minnesota (1.0%) and the US (1.3%) and a higher Hispanic or Latino population (5.2%) compared to the other two counties. For Stevens County, the 25-34 age range has the highest percentage of residents (12%) and is closely followed by the 20-24 age range (11.8%). Key stakeholder and focus group participants noted that these numbers might be inflated by the number of students attending the local university.

Population by Race and Ethnicity



	White	Black	Asian	Native American /Alaska Native	Native Hawaiian/ Pacific Islander	Hispanic or Latino	Some Other Race	Multiple Races
Stevens	91.40%	2.20%	2.50%	2.50%	0.60%	5.20%	3.10%	1.70%
Pope	98%	1%	0.80%	0.90%	0.10%	1.70%	1.20%	1.70%
Grant	98.90%	1.10%	0.70%	1%	0.10%	2.40%	0.60%	2.10%
MN	81.60%	6.40%	4.90%	1.00%	0.00%	5.50%	2.10%	3.90%
US	73.30%	13.40%	5.90%	1.30%	0.20%	18.50%	5.50%	2.80%



	Age 0-4	Age 5-9	Age 10-14	Age 15-19	Age 20-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Stevens	5.50%	5.30%	6.80%	10.40%	11.80%	12%	10.50%	9.80%	11.10%	8.30%	5.80%	2.80%
Pope	5.30%	6.40%	5.40%	5%	4.40%	11%	10.80%	10.90%	16.30%	13.20%	7%	4.20%
Grant	5.70%	6.50%	7.40%	4.60%	4.60%	10%	11.30%	10.60%	15.20%	12.80%	7.40%	3.80%
MN	6.30%	6.50%	6.60%	6.40%	6.40%	13.60%	12.70%	12.40%	13.40%	9.10%	4.50%	2.20%
US	6.10%	6.30%	6.40%	6.60%	6.90%	13.80%	12.60%	13.00%	6.70%	6.10%	8.80%	4.50%

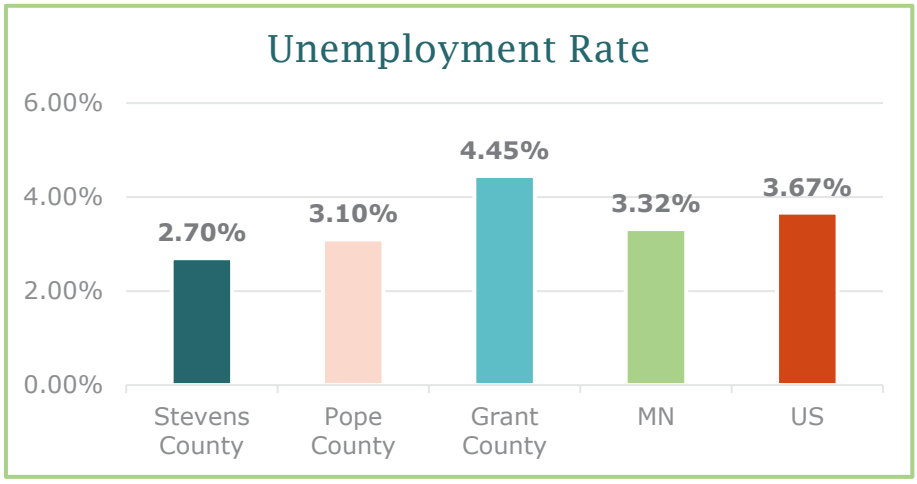
Social and Economic Factors

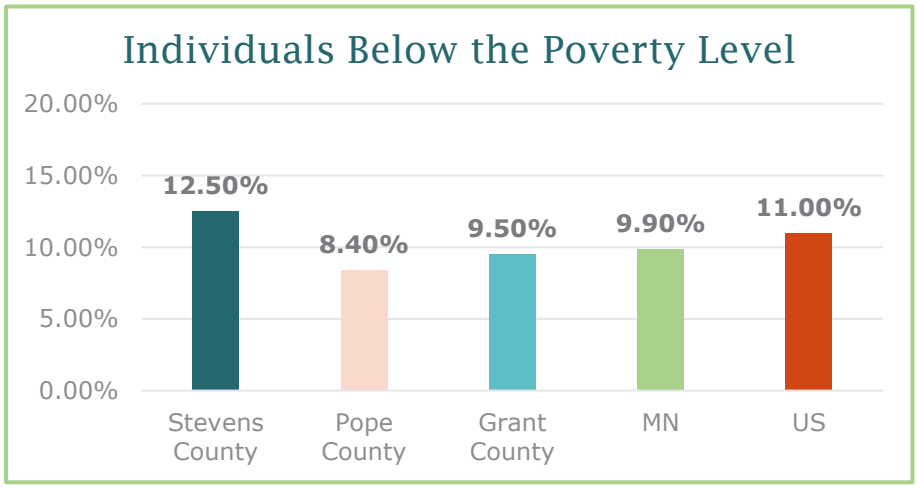
The median income for the three counties is lower than Minnesota and the US. The unemployment rates in Stevens (2.7%%) and Pope (3.1%) are lower than Minnesota (3.23%) and the US (3.67%). The unemployment rate is higher in Grant County (4.45%). Compared to Minnesota (9.9%) and the US (11.0%), Stevens County (12.5%) has a higher rate of individuals living below the poverty level. Stevens and Pope counties (4.8%, 9%) have lower rates of children living in poverty as compared to Minnesota (13.5%) and US (19.0%). Grant County (15.1%) has a higher rate than Minnesota.

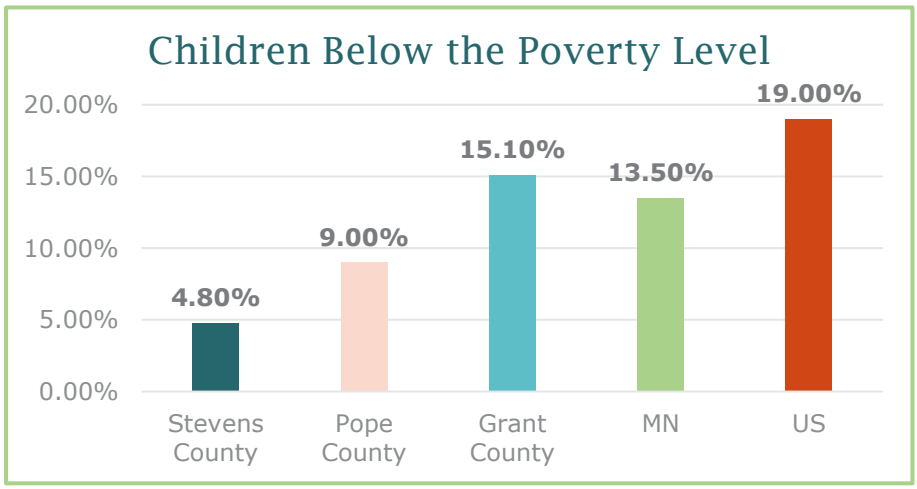
Key stakeholders and focus group participants who were interviewed expressed concern that those in a lower economic group might be less healthy because of issues with transportation, challenges to afford healthy food, and have less access to gyms and activities to help with stress. Income was also identified as one of the major barriers to accessing care.

MEDIAN HOUSEHOLD INCOME

Stevens	Pope	Grant	MN	US
$59,045	$59,442	$55,247	$74,529	$65,712

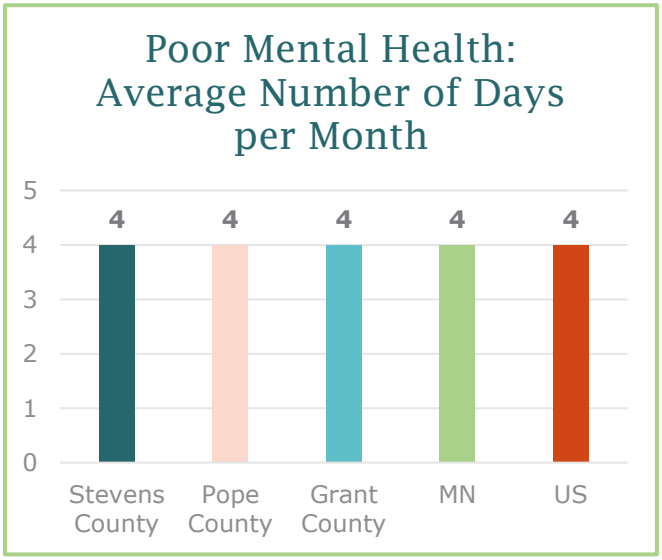


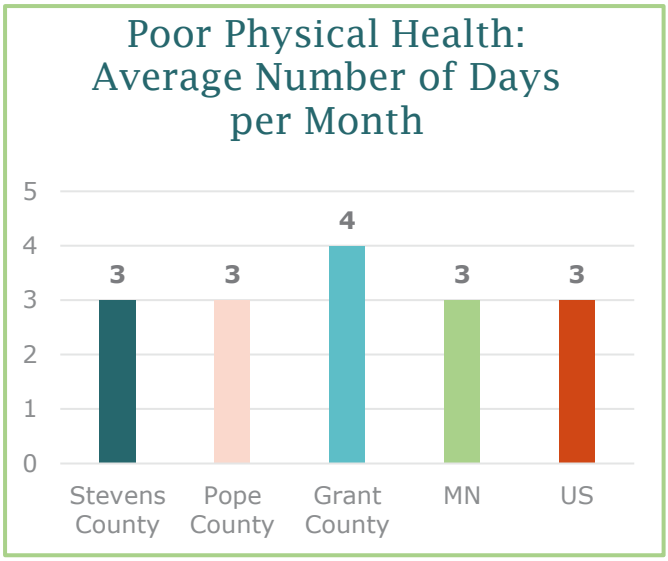


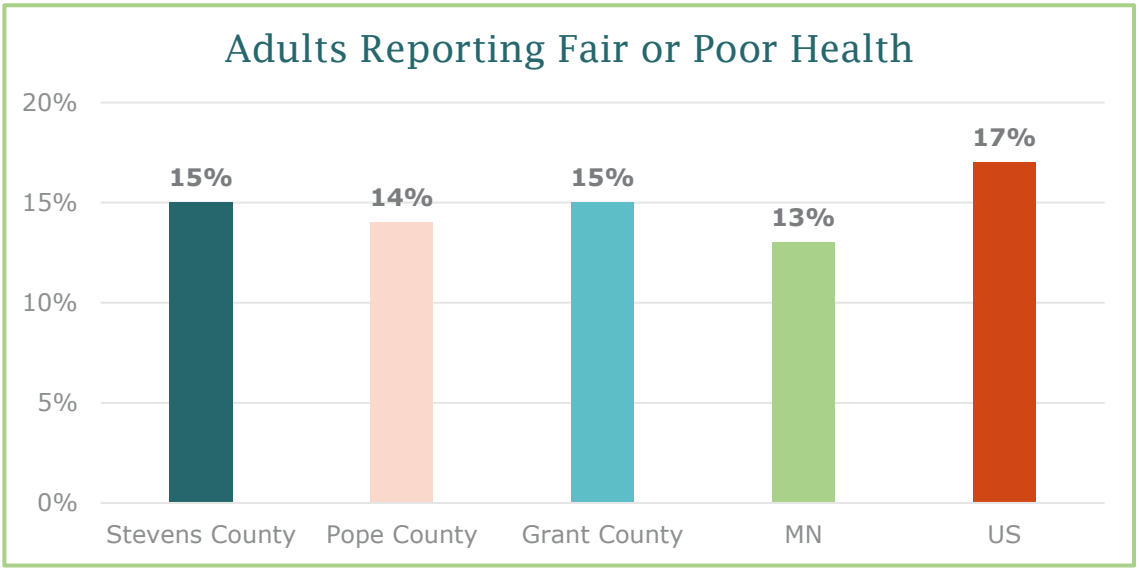


Quality of Life

All three counties have a slightly higher (1-2%) percent of adult residents reporting fair or poor health than the state (13%). The number of poor mental and physical health days per month reported was the same or very similar across all geographies.

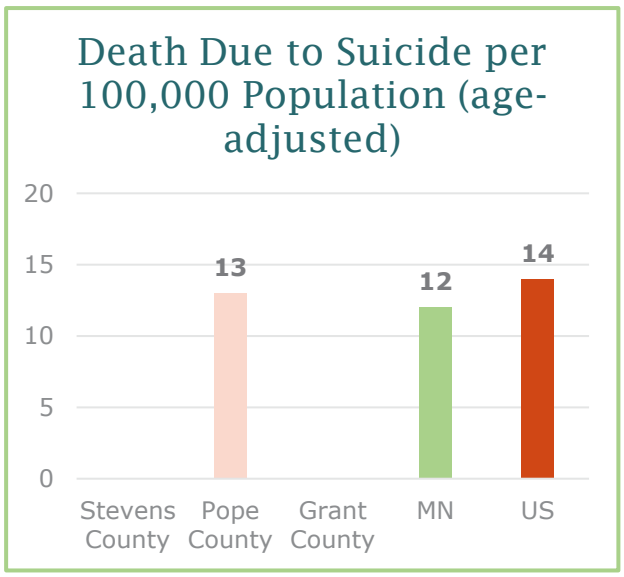


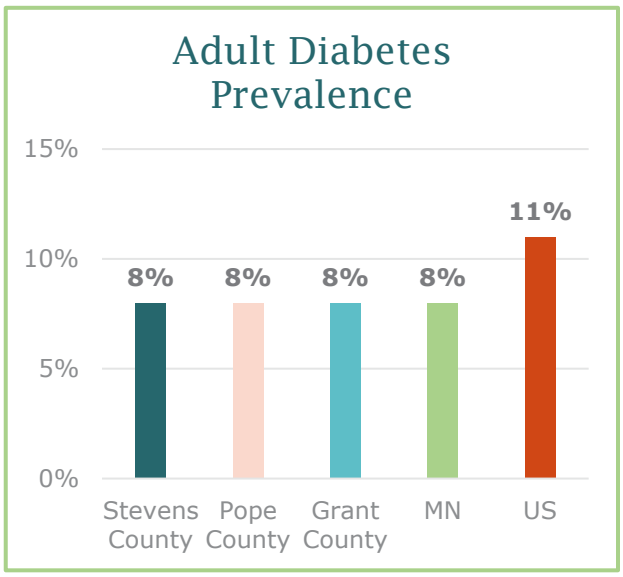




Pope County has a slightly higher rate of death due to suicide compared to the other counties in the report, Minnesota, and the US. Deaths are counted in the county of residence of the deceased. No data was available for Stevens and Grant counties.

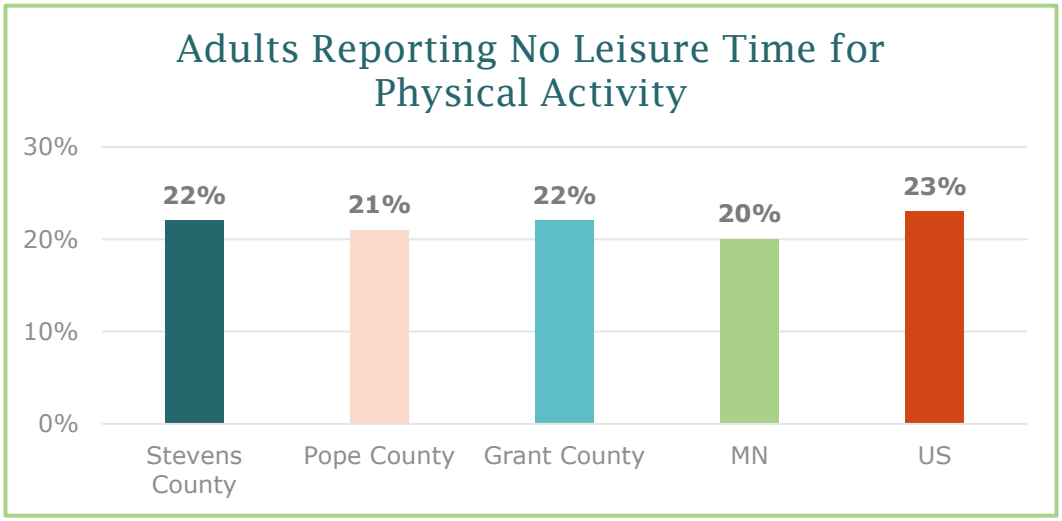
Adults in the three counties have the same prevalence of diabetes compared to Minnesota (8%) and a lower prevalence than the US (11%). County-level cancer incidence rates in the state of Minnesota are suppressed and not available. In Minnesota in 2019, 443 cancer cases per 100,000 people were reported. In that same year 142 Minnesotans per 100,000 people died of cancer.



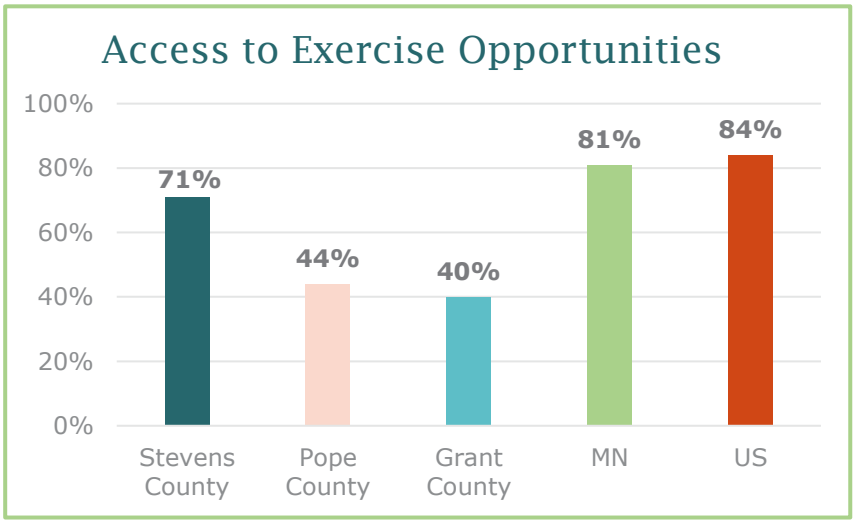


Health Behaviors

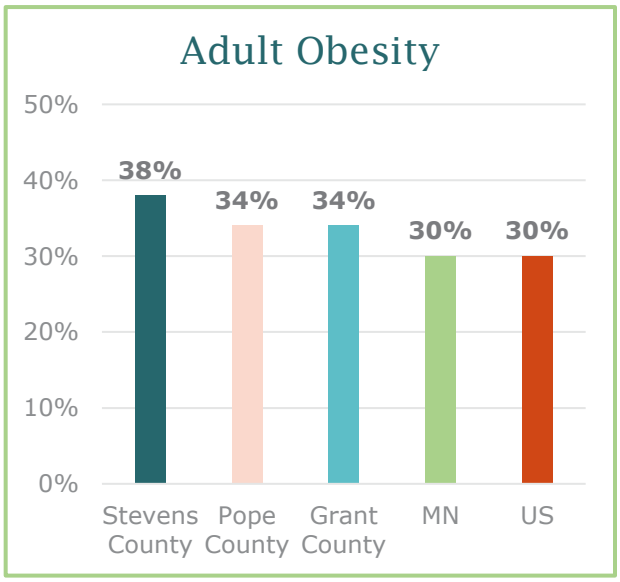
All three counties report a similar percentage of adult residents reporting no leisure time for physical activity as compared to Minnesota and the US. Adults in Stevens (60%), Pope (44%), and Grant (40%) counties report less access to exercise opportunities compared to Minnesota (81%) and the US (84%). When asked about resources in the communities to

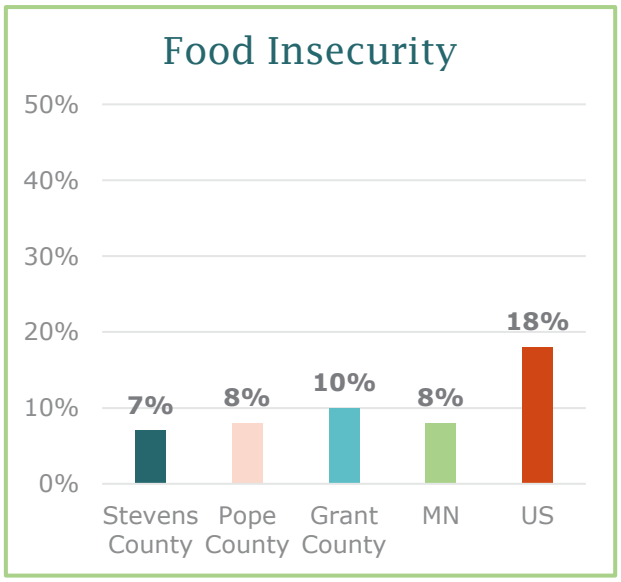


support health, key stakeholders and focus group participants all noted several options such as gyms, walking trails, biking trails, and parks. It is noted however that these may require transportation to access and not all areas have safe walking areas or sidewalks.

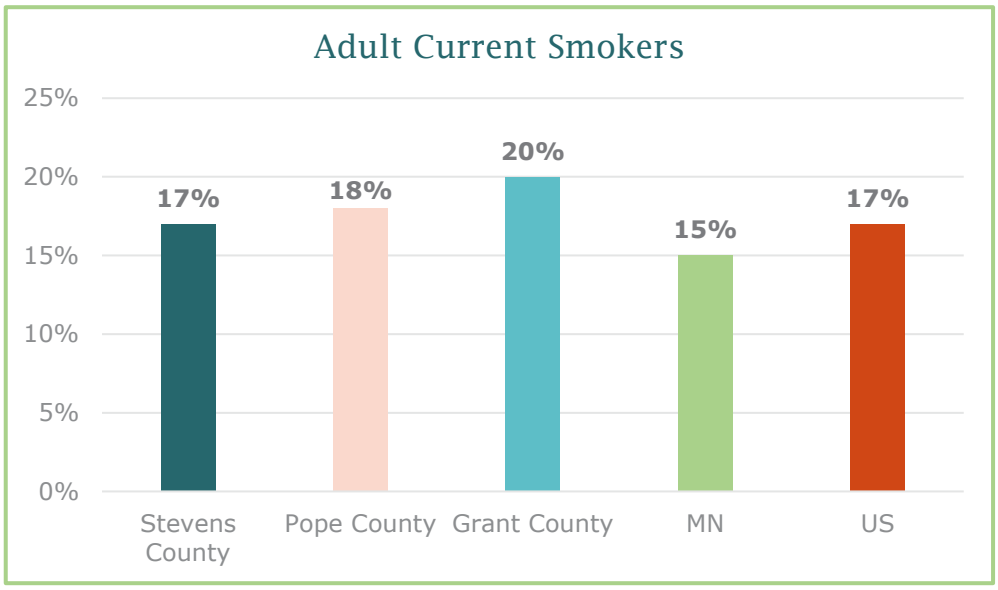


The prevalence of adult obesity in all counties is higher (34% to 38%) than Minnesota and the US (both at 30%). Obesity was identified as the second biggest health concern in the key stakeholder interviews, and it was suggested to create initiatives to address this in a way that isn't shaming or adds to the stigma. Adults in Minnesota and the three counties reported less prevalence of not having adequate access to food in the past year (7-10%) compared to the US (18%). Focus groups and key stakeholders identified food sources to support health and include ample grocery stores, community garden, food shelf, backpack program, food drop program, farmers market, and Meals on Wheels.





There is a higher percentage of smokers for all counties (17%-20%) as compared to Minnesota (15%)



The most mentioned health need in the community for key stakeholder and focus group participants is mental health. The need for more mental health services was recommended across all ages, incomes, and geographies. Suggested areas of focus included:

- Training for staff on commitment process
- Have more collaboration (police department, human services) and provide education together
- Consider whether the focus is mental health or addressing mental illness
- Address and educate on Adverse Childhood Experiences (ACEs)
- Increase the number of providers to decrease wait times for appointments
- Create a space within the community to access telehealth services for mental health specifically and partner with the library, school, senior citizen center, etc.

To improve the health of the community, it was also suggested that SCMC consider the following:

- Improve health literacy and access
    - Increase knowledge and user-friendly approaches to learning how to incorporate technology into virtual appointments, visit summary, etc.
    - Translate all resources from English to Spanish
- Collaborate within the local school systems to focus on
    - Promoting healthier lifestyle and food choices
    - Improve school lunch programs offering fresh foods vs. packages

    - Improving healthier breakfast and snack options for elementary aged students
    - Provide diabetes education within the school
    - Promote less screen time, more outside time
- Collaborate with local butcher shops, grocery stores, farmers markets
    - Promoting healthy eating even during a busy lifestyle or on-the-go
    - Offering meal kits that include all the ingredients to make a quick, healthy meal on the fly

Access to Care

In Minnesota, there are 1,100 residents for each primary care physician (1,100:1). The ratio is similar in Stevens County (1,230:1). The ratio is better for Pope County (750:1) but much poorer for Grant County (2,990:1). In the US, there are 1,320 residents to each primary care physician. Focus group and key stakeholders expressed concern about the difficulty scheduling timely appointments with providers.

In Minnesota, there are 1,320 residents for each dentist (1,320:1). The ratio is improved in Stevens County (1,090:1) while worse in Pope (3,760:1) and Grant (3,010:1) counties. The US ratio of residents to dentists is 1,400:1. Access to dental care is important because poor dental health can lead to other physical issues if left untreated. This concern was expressed in the key stakeholder and focus groups as well.

The ratio examining access to mental health providers includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. In Minnesota, there are 340 residents for each mental health provider (340:1). The access rate is poorer for all three counties; Stevens (570:1), Pope (870:1), and Grant (6,030:1). In the US there are 380 residents to each mental health provider (380:1). As discussed in the previous section, mental health services were identified as the most pressing health need in the community by stakeholder and focus groups.

RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS

Stevens County	Pope County	Grant County	MN	US
1,230:1	750:1	2,990:1	**1,100:1**	1,320:1

RATIO OF POPULATION TO DENTISTS

Stevens County	Pope County	Grant County	MN	US
1,090:1	3,760:1	3,010:1	1,320:1	1,400:1

RATIO OF POPULATION TO MENTAL HEALTH PROVIDERS

Stevens County	Pope County	Grant County	MN	US
570:1	870:1	6,030:1	340:1	380:1

Perception of Hospital Care

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national survey that asks patients about their experiences during a recent hospital stay. Stevens Community Medical Center scores are better or close to the national and Minnesota averages on all but one question (Staff "always" explained about medicines before giving it to them).

Completed surveys = 130 | Response rate 37%	**SCMC**	**MN**	**US**
Nurses "always" communicated well.	85%	84%	80%
Doctors "always" communicated well.	83%	84%	80%
"Always" received help as soon as they wanted.	83%	74%	66%
Staff "always" explained about medicines before giving it to them.	57%	67%	62%
Room and bathroom were "always" clean.	74%	77%	73%
The area around their room was "always" quiet at night.	75%	69%	62%
YES, they were given information about what to do during their recovery at home.	90%	89%	86%
"Strongly agree" they understood their care when they left the hospital.	52%	56%	52%
Rated the hospital 9 or 10 on a scale 0-10.	77%	78%	72%
YES, they would definitely recommend the hospital.	75%	75%	70%

Focus Group Findings

Four focus groups were scheduled to occur over October 10 – 11, 2022 to obtain information from community residents for the Stevens Community Medical Center Community Health Needs Assessment (CHNA). The hospital provided names, demographics, and contact information for 91 potential attendees. Rural Health Innovations (RHI) reached out to all 91 to invite them to participate. Attendees could choose the focus group they preferred to attend based on their availability. Each focus group included a mix of attendees representing their community. All four focus groups were scheduled to be in-person at the Stevens Community Medical Center Multi-Purpose Room in Morris, Minnesota. Attendees included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, and lifelong residents.

Twenty-three (23) of the 91 individuals signed up to attend. Demographics of attendees based on observation and general comments and characteristics included:

- Gender: 2 males, 19 females
- Estimated ages: 25 – 34 years: 2 participants; 35 – 44: 4; 45 – 54: 6; 55 – 64: 3; 65 – 74: 4; 75+: 2
- Employment status: roughly 19 employed; roughly 2 not working/retired
- Race/ethnicity: Caucasian dominant

Secondary data was presented to attendees at the beginning of the focus groups and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented. Each focus group was asked the same questions. Focus group comments reflect the perceptions of the group.

Limitations

There are two major limitations that should be considered when reviewing the results:

1. The information is based on comments from a rather small segment of the community.
2. Participants represented are primarily middle income and Caucasian. Some segments of the community are not represented in these findings, specifically those of lower socio-economic status, (i.e. unemployed, low wage employees, etc.)

Summary of Major Points

Below are the common themes in responses.

Are you surprised about what this data reveals about your community, or is it what you expected?

- Believed to have a higher Hispanic population than that reported
- Poverty level stands out

Do you find any particular statistic surprising?

- Poverty level of adults living within poverty compared to children living in poverty
- Steven's County obesity rate reporting higher than Pope and Grant County considering the access to exercise opportunities within Steven's County
- The impact college students have on statistics, specifically in poverty rates, age population, unemployment rate, etc.

What currently exists in this community to support health and wellbeing?

- Programs to foster relationships for all ages: BIO girls; big friend, little friend; Senior Citizen Center; RUSC Kinship; Conexiones, Donnelly Community Club, Lions Club, Chokio Community Club, Coffee House, Faith Based Organizations, etc.
    - Community connectiveness through relationship building with neighbors, support systems, etc. that are built and fostered simply through small town living
- Access to exercise opportunity including fitness centers, community parks, walking/biking trails, additional extracurricular activities for community members including open skate, dance studios,
- Public transportation including the transit
- Access to food: ample grocery stores, community garden, food shelf, backpack program, food drop program, farmers market, Meals on Wheels, etc.
- Community Ed programs
- Alternative health care options including chiropractic care, massage, options for women, pharmacy, specialty services, etc.

In your opinion, what are some of the barriers to accessing care in this region?

- Limitations around public transit and it's routes/schedules
- Language barriers + health literacy

- Lack of childcare access
- Overall workforce shortage gaps across the county placing barriers for the community as a whole to access care needed
- Type of insurance dictating which care you can receive locally, i.e., dental care not accepting MN health care programs or PrimeWest
- Length in time waiting for care appointments including primary care, specialty, dental work, and behavioral health

Are some population groups healthier than other groups? If yes, which ones?

- Educated, white individuals who are financially stable
- Community members who are a part of certain faith-based communities
- Younger population
- Hispanic and Latino population

What barriers exist to achieving better health?

- Overuse of screen time in the general population – but specifically modeling poor usage to those under 18-year-old as schools implement screentime in learning within the school setting and e-learning days
    - Lack of promotion of outside time and incorporating learning within nature elements that then carry over into the home
- Health literacy and health equity
- Lack of social gathering opportunities that are free or low cost
- Substance abuse and social acceptance of alcohol usage
- Differences in willingness to access health care services or too late due to faith based acceptance of receiving care or language barriers

What do you think SCMC could do to increase the health of the community? Where are opportunities to collaborate?

- Health literacy and access:
    - Increase knowledge and user-friendly approaches to learning how to incorporate technology into virtual appointments/visit summary/etc.
    - Translate all resources from English to Spanish
- Collaborate within the local school systems focusing on the following:
    - Promoting healthier lifestyle and food choices
    - Improve school lunch programs offering fresh foods vs packages
    - Improving healthier breakfast and snack options for elementary aged students

    - Diabetes education within the school
    - FACs within the school
    - Less screen time, more outside time
    - Collaboration with public health and SCMC but within the school system
- Addressing the Workforce Shortage Gap and the correlation it has with the lack of childcare offered locally
- Collaborate with local butcher shops, grocery stores, farmers markets:
    - Promoting healthy eating even during a busy lifestyle or on-the-go
    - Offering meal kits that include all the ingredients to make a quick, healthy meal on the fly
- Offering additional mental health services locally:
    - Creating a space within the community to access telehealth services for mental health specifically
        - Partnering with the library, school, senior citizen center, etc.

What is the greatest health need in this community?

- Access to mental health providers within the community and in-patient beds locally
- Access to dental care locally
- Access to childcare plus childcare cost burden
- Education and promotion of healthier lifestyle choices for all ages
- Access to additional care options at SCMC including diverse staff and specialty services
- Access to long-term care locally

Key Stakeholder Findings

Eight key stakeholder interviews were scheduled to occur over the course of two weeks in October 2022 to obtain information from community residents for the Stevens County Medical Center Community Health Needs Assessment (CHNA). Thirty-one potential stakeholders were identified by the hospital and RHI reached out to all 31 to invite them to participate. Seven virtual meeting sessions were held; each approximately 60 minutes in length and included a review of the secondary data at the beginning. Each key stakeholder was asked the same questions.

Demographics of attendees based on observation and general comments and characteristics included:

- Gender: 3 male, 4 females

- Estimated age: 25-33 years: 0 participants; 35-44: 2; 45-54: 4; 55-64: 1; 65+: 0
- Race/Ethnicity: Caucasian dominant

Secondary data was presented to attendees at the beginning of the interviews and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, and suicide were shared. Ratios of population to primary care physicians, dentists, and mental health providers were also presented.

Limitations

There are two major limitations that should be considered when reviewing these results:

1. The information is based on comments from a rather small segment of the community.
2. Participants represented are Caucasian. Some segments of the community are not represented in these findings, specifically those of lower socio-economic status, (i.e., unemployed, low wage employees, etc.).

Summary of Major Points

Below are the common themes in responses.

Do you find any particular statistic surprising?

- Obesity rate
- Poor ratios for the number of providers and dentists to the county population

What currently exists in this community to support health and wellbeing?

- Workout facility (regional fitness center, private workout facility)
- Outdoor activities (parks, trails, biking, good sidewalks)
- Stevens Community Medical Center

In your opinion, what are some of the barriers to achieving health and wellbeing?

- Cost and financial issues (health care and medications)
- Transportation
- Cost of food
- Lack of knowledge of resources
- Not enough providers leading to waiting lists to see primary care provider (PCP)
- Services not available locally
- Childcare

Are some population groups healthier than other groups? If yes, which ones?

- Financially secure individuals who can access care, transportation, and wellness opportunities
- Those with employer supported insurance and those who know how to find resources were also mentioned

What are the barriers to these groups achieving better health?

- Unaware of services and resources that are available
- Transportation

What do you think SCMC could do to increase the health of the community? Where are opportunities to collaborate?

- Work more closely with Hispanic community and those related organizations
- Offer more education on basic nutrition/inexpensive meals/exercise and provide this out in the community (library, business, etc.)
- Collaborate with organizations and agencies to address mental health. This includes law enforcement.

What is the greatest health need in this community?

- Mental Health
    - Training for staff on commitment process
    - Have more collaboration (police dept, human services) and provide education together
    - Consider whether the focus is mental health or addressing mental illness
    - Adverse Childhood Experiences
    - More providers to decrease wait times for appointments
- Obesity- With obesity rate being high, create initiatives to address this in a way that isn't shaming or adds to the stigma.
- People living in poverty

Conclusions, Recommendations, and Acknowledgements

Conclusions

Stevens Community Medical Center conducted a Community Health Needs Assessment (CHNA) which was administrated by RHI, a subsidiary of the National Rural Health Resource Center. The CHNA information included secondary data analysis from nationally recognized sources, a series of focus groups, and key stakeholder interviews. Stevens, Pope, Grant counties, Minnesota, and US data was included when possible.

The population in the three counties is largely White. Stevens County has a higher Native American/Alaskan Native population compared to Minnesota and the US and a higher Hispanic or Latino population compared to the other counties. For Stevens County, the 25-34 age range has the highest percentage of residents and is closely followed by the 20-24 age range. Key stakeholder and focus group participants noted that these numbers might be inflated by the number of students attending the local university. The median income for the three counties is lower than Minnesota and the US. The unemployment rates in Stevens and Pope are lower than Minnesota and the US. The unemployment rate is higher in Grant County. Compared to Minnesota and the US, Stevens County has a higher rate of individuals living below the poverty level. Key stakeholders and focus group participants indicated concern for health of those with fewer economic resources. In addition to the ability to access care, there were concerns about whether these groups had supportive transportation to get to appointments, might not be able to afford healthy food, gyms, and other resources to manage stress and feel connected to others.

The most mentioned health need in the community for key stakeholder and focus group participants is mental health. The need for mental health services was recommended across all ages, incomes, and geographies. Suggested areas of focus included more training for staff on the commitment process and adverse childhood experiences; increased collaboration with the police department, human services, library, school, and senior citizen center; increase the number of providers to decrease wait times for appointments; and create a space within the community to access telehealth services for mental health services. In Minnesota, there are 340 residents for each mental health provider (340:1). The access rate is poorer for all three counties.

The prevalence of adult obesity in all counties is higher than Minnesota and the US. Obesity was identified as the second biggest health concern in the key stakeholder interviews, and it was suggested to create initiatives to address this in a way that isn't shaming or adds to the

stigma. Adults in all counties report less access to exercise opportunities compared to Minnesota and the US. While key stakeholders and focus group participants all noted several options in the community to support health (gyms, walking trails, biking trails, and parks), it was noted that these may require transportation to access and not all areas have safe walking areas or sidewalks. Opportunities to access these as well as healthy food might be a challenge for those populations that struggle financially.

In addition to the need for more mental health services, focus groups respondents identified the following as the greatest health needs in the community:

- Access to dental care locally
- Access to childcare plus childcare cost burden
- Education and promotion of healthier lifestyle choices for all ages
- Access to additional care options at SCMC including diverse staff and specialty services
- Access to long-term care locally

Recommendations

It is recommended that Stevens Community Medical Center continue and expand collaboration to further address opportunities around mental health, support for those who are economically struggling, and utilize a community-based campaign focused on wellness (perhaps addressing obesity and physical activity). It is recommended that efforts towards wellness truly include the various groups of the community. This requires a commitment to identifying the barriers that prevent some groups from participating and exploring ways to address the barriers. This often depends on a strong collaboration with traditional partners such as the schools and social service agencies, and non-traditional partners such as faith-based groups, local library, transportation services, and businesses.

Acknowledgements

RHI would like to thank Stevens Community Medical Center. A special thank you to Angie Cole Olson for assistance scheduling the focus groups.

Appendix A: Secondary Data Analysis

Introduction

There are two different types of sources used to conduct a CHNA. The first type is a primary source that is the initial material that is collected during the research process. Primary data is the data that RHI collects using methods such as surveys, focus groups, key stakeholder interviews, as well as objective data sources. Primary data is a reliable method to collect data as RHI knows the source, how it was collected and analyzed. Secondary data is the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity in order to further a study. Secondary data analysis is useful for organizational planning to complement primary data or if there is not time or resources to gather raw data. It has its drawbacks, however, as data from the different agencies is collected during different timeframes and with varying methods. This can make direct comparisons of secondary data difficult. See Appendix B for source details and definitions. Please note, the data collected for this report is the most current information as of October 2022. The types of measures selected to analyze in this report were identified based on data available for Stevens County, Pope County, Grant County, Minnesota, and the United States.

For more secondary data information, RHI offers users the ability to extract multiple data elements that are focused on specific scenarios in population health management on the Population Health Portal.

NR=not reported, DNA= data not available

Geography and Demographics

	Stevens County	Pope County	Grant County	Minnesota	United States
Population	9,770	11,107	5,962	5,600,166	324,697,795
Male	4,898	5,593	3,032	2,789,017	159,886,919
Female	4,872	5,514	2,930	2,811,149	164,810,876
Age 0-4	5.50%	5.30%	5.70%	6.30%	19,767,670

	Stevens County	Pope County	Grant County	Minnesota	United States
Age 5-9	5.30%	6.40%	6.50%	6.50%	20,157,477
Age 10-14	6.80%	5.40%	7.40%	6.60%	20,927,278
Age 15-19	10.40%	5%	4.60%	6.40%	21,208,186
Age 20-24	11.80%	4.40%	4.60%	6.40%	22,015,108
Age 25-34	12%	11%	10%	13.60%	45,030,415
Age 35-44	10.50%	10.80%	11.30%	12.70%	40,978,831
Age 45-54	9.80%	10.90%	10.60%	12.40%	42,072,620
Age 55-64	11.10%	16.30%	15.20%	13.40%	41,756,414
Age 65-74	8.30%	13.20%	12.80%	9.10%	29,542,266
Age 75-84	5.80%	7%	7.40%	4.50%	14,972,513
Age 85+	2.80%	4.20%	3.80%	2.20%	6,269,017
White	91.40%	98%	98.90%	81.60%	73.30%
Black	2.20%	1%	1.10%	6.40%	13.40%
Asian	2.50%	0.80%	0.70%	4.90%	5.90%
Native American/Alaska Native	2.50%	0.90%	1%	1.00%	1.30%
Native Hawaiian/Pacific Islander	0.60%	0.10%	0.10%	0.00%	0.20%
Hispanic or Latino	5.20%	1.70%	2.40%	5.50%	18.50%

	Stevens County	Pope County	Grant County	Minnesota	United States
Some Other Race	3.10%	1.20%	0.60%	2.10%	5.50%
Multiple Races	1.70%	1.70%	2.10%	3.90%	2.80%
Veterans	3.90%	9.80%	8.80%	6.80%	7.10%
Limited English Proficiency	4%	0%	0%	2%	8.20%

Health Outcomes

	Stevens County	Pope County	Grant County	Minnesota	United States
Life Expectancy (years)	81.5	80	79.6	80.4	77
COVID-19 age-adjusted Mortality (per 100,000 population)	Not Reported (NR)	NR	NR	72	350,831
Fair or Poor Health	15%	14%	15%	13%	17%
Poor Physical Health Days	3	3	4	3.1	3.4
Poor Mental Health Days	4	4	4	4.0	3.8
Low Birth Weight	5%	7%	8%	7%	8.24%
Suicide Death Rate	NR	13	NR	11.7	14
Diabetes prevalence	8%	8%	8%	8%	11%

	Stevens County	Pope County	Grant County	Minnesota	United States
Heart Disease	7.50%	7.40%	8.50%	3.6%	3.9%
COPD	5.10%	6.70%	7.40%	4.65%	4.10%
Asthma	8.50%	8.50%	8.90%	8.80%	9.90%
All cancer sites	0	0	0	469.5	448.6
Prostate (male)	Data Not Available (DNA)	DNA	DNA	DNA	106.2
Breast (female)	DNA	DNA	DNA	DNA	126.8
Colon and Rectum	DNA	DNA	DNA	DNA	38
Uterus (female)	DNA	DNA	DNA	DNA	27.4
Melanoma	DNA	DNA	DNA	DNA	22.6

Social and Economic

	Stevens County	Pope County	Grant County	Minnesota	United States
Less than 9th grade education	2.30%	2%	1.40%	2.8%	4.9%
Some High School, No Diploma	2.80%	4.20%	5.60%	3.9%	6.6%
High School Degree	32.10%	30.80%	34.20%	24.2%	26.7%
Some College, No Degree	19%	23%	24%	20.8%	20.3%

	Stevens County	Pope County	Grant County	Minnesota	United States
Associate degree	13.90%	17.60%	17%	11.6%	8.6%
Bachelor's Degree	20.50%	14.20%	13.10%	24.2%	20.2%
Graduate or Professional Degree	9.30%	8.10%	4.70%	12.6%	12.7%
Unemployment Rate	2.70%	3.10%	4.45%	3.23	3.67
Median household income	$59,045	$59,442	$55,247	$74,529	$65,712
Poverty	12.50%	8.40%	9.50%	9.9%	11.0%
Children in Poverty	4.80%	9%	15.10%	13.5%	19.0%
Residential Segregation - non-white/white	10	18	NR	48	47
Childcare Centers (per 1,000 population under 5 years old)	7	3	6	4	NR
Childcare Cost Burden (percent of median household income)	18%	19%	21%	22%	NR

Health Behaviors

	Stevens County	Pope County	Grant County	Minnesota	United States
Current Smokers	17%	18%	20%	15%	17%
No Leisure Time for Physical Activity	22%	21%	22%	20%	23%
Recreation and Fitness Facility Access	71%	44%	40%	81%	84%
Adult Obesity	38%	34%	34%	30%	30%
Food Insecurity	7%	8%	10%	8%	18%
Binge Drinking	22.46%	25.86%	23.32%	23%	15%
Drug Overdose Deaths	NR	NR	NR	18.0	28.7
Teen Birth Rate	5	11	14	12	21

Physical Environment

	Stevens County	Pope County	Grant County	Minnesota	United States
Air pollution - particulate matter	6.9	6.8	6.6	6.9	7.2
Drinking water violations	No	No	No	NR	NR
Severe Housing Problems	14%	11%	11%	13%	18%

	Stevens County	Pope County	Grant County	Minnesota	United States
Households with No Motor Vehicle	5.50%	2.90%	4.10%	6.6%	8.5%

Clinical Care

	Stevens County	Pope County	Grant County	Minnesota	United States
Uninsured	5%	5.18%	5.89%	5.14%	10.43%
Uninsured Children	4%	4.40%	4.30%	3.1%	5.6%
Access to Primary Care Physicians (ratio of residents to provider)	1,230:1	750:1	2,990:1	1,100:1	1,320:1
Access to Mental Health Providers (ratio of residents to provider)	570:01:00	870:1	6,030:1	340:1	380:1
Access to Dentists (ratio of residents to provider)	1,090:1	3,760:1	3,010:1	1,320:1	1,400:1
Medicare Patients with Mammogram within Past Two Years	60%	58%	56%	54%	33%
Medicare Patients with Annual Influenza Vaccination	39%	27%	45%	52%	38%

	Stevens County	Pope County	Grant County	Minnesota	United States
Medicare Diabetics with Hemoglobin A1c Test within Past Year	83.58%	76.92%	95.35%	75.23%	NR
Adults over Age 50 Ever Reporting Having a Colonoscopy or Sigmoidoscopy	5%	4%	5%	5%	5%

Appendix B: Index of Secondary Data Indicators

Data Areas	Description	Source and Dates
Population	Total population residing in the area.	American FactFinder, American Community Survey, US Census Bureau. April 2020
Male	Percent of male population.	American FactFinder, American Community Survey, US Census Bureau. 2019
Female	Percent of female population.	American FactFinder, American Community Survey, US Census Bureau. 2019
Age 0-4	Percentage of total population aged 0-4 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
Age 5-9	Percentage of total population aged 5-9 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
Age 10-14	Percentage of total population aged 10-14 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
Age 15-19	Percentage of total population aged 15-19 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
Age 20-24	Percentage of total population aged 20-24 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
Age 25-34	Percentage of total population aged 25-34 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
Age 35-44	Percentage of total population aged 35-44 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020

Data Areas	Description	Source and Dates
Age 45-54	Percentage of total population aged 45-54 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
Age 55-64	Percentage of total population aged 55-64 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
Age 75-84	Percentage of total population aged 75-84 in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
Age 85+	Percentage of total population aged 85+ in the designated geographic area.	American FactFinder, American Community Survey, US Census Bureau. 2020
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.	American FactFinder, American Community Survey, US Census Bureau. 2020
Black or African American	A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.	American FactFinder, American Community Survey, US Census Bureau. 2020
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian,"	American FactFinder, American Community Survey, US Census Bureau. 2020

Data Areas	Description	Source and Dates
	"Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.	
American Indian/Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.	American FactFinder, American Community Survey, US Census Bureau. 2020
Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.	American FactFinder, American Community Survey, US Census Bureau. 2020
Some Other Race	The US Office of Management and Budget (OMB) requires that race data be collected for a minimum of five groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander. OMB permits the Census Bureau to also use a sixth category - Some Other Race. Respondents may report more than one race, which is then described as "Multiple Races".	American FactFinder, American Community Survey, US Census Bureau. 2020
Multiple Races	People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some	American FactFinder, American Community Survey, US Census Bureau. 2020

Data Areas	Description	Source and Dates
	combination of check boxes and other responses. For data product purposes, "Multiple Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," American Indian or Alaska Native," "Asian," Native Hawaiian or Other Pacific Islander," or "Some Other Race"	
Hispanic or Latino	The estimated population that is of Hispanic, Latino, or Spanish origin.	American FactFinder, American Community Survey, US Census Bureau. 2020
Veterans	Percent of the civilian population 18 years of age and older who served in the US military.	American FactFinder, American Community Survey, US Census Bureau. 2022
Life expectancy	Average number of years a person can expect to live.	County Health Rankings. 2017-19 Centers for Disease Control and Prevention, National Center for Health Statistics. 2018
COVID-19 age-adjusted mortality	All deaths occurring between January 01, 2020 through December 31, 2020 due to COVID-19 per 100,000 population (age adjusted).	County Health Rankings. 2022
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	County Health Rankings. 2019 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data. 2020
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings. 2019 County Health Rankings. 2021 National Statistics Reference Table

Data Areas	Description	Source and Dates
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings. 2019 County Health Rankings. 2021 National Statistics Reference Table
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	County Health Rankings. 2014-2020 Centers for Disease Control and Prevention, National Center for Health Statistics. 2020
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	County Health Rankings. 2020 Center for Disease Control and Prevention. Suicide and Self-Inflicted Injury. 2020
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	County Health Rankings. 2019 County Health Rankings. 2021 National Statistics Reference Table
Heart Disease Death Rate per 100,000	Percentage of adults with coronary heart disease.	CDC Places. 2019 Behavioral Risk Factor Surveillance Survey (BRFSS). 2020
Diagnosis of COPD, 18+	Age-adjusted prevalence of COPD among adults aged 18 years and older.	Population Health Toolkit. COPD Risk Factors and Rurality. 2020 https://www.cdc.gov/places. BRFSS 2019 or 2018, Census 2010 population counts or census county population estimates of 2019 or 2018, and ACS 2015-2019 or ACS 2014-2018.
All Cancers Incidence Rate per 100,000	Age-Adjusted Incidence Rate. All Races (includes Hispanic), Both Sexes, All Ages. Incidence rates (cases per 100,000 population per	National Program of Cancer Registries SEER*Stat Database (2001-2018) - United States Department of Health and

Data Areas	Description	Source and Dates
	year) are age-adjusted to the 2000 US standard population.	Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Cancer Mortality per 100,000	All Cancers, 2015-2019. All Races (includes Hispanic), Both Sexes, All Ages. Mortality rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	National Program of Cancer Registries SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	County Health Rankings. 2019 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data. 2020
Food insecurity	Percentage of population who lack adequate access to food during the past year (with a lack of access, at times, to enough food for an active, healthy life or uncertain availability of nutritionally adequate foods).	County Health Rankings. 2019 Feeding America, Map the Meal Gap. 2019
Excessive drinking	Percentage of adults reporting binge or heavy drinking (Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day).	County Health Rankings. 2019 Centers for Disease Control and Prevention, Behavioral Risk factor Surveillance System Prevalence and Trends Data. 2020
Less than 9th grade education	Population 25 years and over without a high school degree.	American FactFinder, American Community Survey, US Census Bureau. 2020

Data Areas	Description	Source and Dates
9th to 12th grade, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	American FactFinder, American Community Survey, US Census Bureau. 2020
High School Degree (includes equivalency)	Population 25 years and over with a high school degree (includes equivalency).	American FactFinder, American Community Survey, US Census Bureau. 2020
Some college, no degree	Population 25 years and over with some college but no degree.	American FactFinder, American Community Survey, US Census Bureau. 2020
Associate degree	Population 25 years and over with an associate degree.	American FactFinder, American Community Survey, US Census Bureau. 2020
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	American FactFinder, American Community Survey, US Census Bureau. 2020
Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	American FactFinder, American Community Survey, US Census Bureau. 2020
Unemployment rate	Unemployment rates, not seasonally adjusted.	Population Health Toolkit. 2019
Median household income	Median income of households in the geographic area.	Population Health Toolkit. 2019
Poverty	Percent of all individuals below the poverty level.	American FactFinder, American Community Survey, US Census Bureau. 2020
Children in poverty	Percent of children below 18 years old below the poverty level.	American FactFinder, American Community Survey, US Census Bureau. 2020

Data Areas	Description	Source and Dates
Residential segregation – Non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. A demographic measure of the evenness with which two groups (non-white and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).	Population Health Toolkit. 2019
Injury deaths	Number of deaths due to injury per 100,000 population (includes planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries).	County Health Rankings. 2021 National Statistics Reference Table
Current smokers	Percentage of adults who are current smokers (smoke every day or most days and have smoked at least 100 cigarettes in their lifetime).	County Health Rankings. 2020 County Health Rankings. 2021 National Statistics Reference Table
Physical Inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity in the past month (such as running, calisthenics, golf, gardening, or walking for exercise)	County Health Rankings. 2020 County Health Rankings. 2021 National Statistics Reference Table
Recreation and fitness facility access	Percentage of population with adequate access to locations for physical activity (reside in a census block that is within a half mile of a park or reside in a rural census block that is within three miles of a recreational facility).	County Health Rankings. 2020 County Health Rankings. 2021 National Statistics Reference Table
Teen birth rates	Number of births per 1,000 female population ages 15-19.	County Health Rankings. 2020

Data Areas	Description	Source and Dates
		Centers for Disease Control and Prevention, Reproductive Health: Teen Pregnancy. 2020
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	County Health Rankings. 2020 County Health Rankings. 2021 National Statistics Reference Table
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	County Health Rankings. 2014-2018 County Health Rankings. 2021 National Statistics Reference Table
Uninsured	Percentage of population under age 65 without health insurance.	Population Health Toolkit. 2018
Uninsured children	Percentage of population under age 18 without health insurance.	US Census Bureau, Small Area Health Insurance Estimates Program. 2019
Access to primary care physicians	Ratio of population to primary care physicians (practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics).	County Health Rankings. 2019 County Health Rankings. 2021 National Statistics Reference Table
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care).	County Health Rankings. 2021 County Health Rankings. 2021 National Statistics Reference Table
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	County Health Rankings. 2020

Data Areas	Description	Source and Dates
		County Health Rankings. 2021 National Statistics Reference Table
Had a Mammogram in Past 2 Years, Medicare Patients	Percentage of Medicare population that had a mammogram in past 2 years.	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities. 2020
Medicare patients with annual influenza vaccination	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities. 2020
Medicare diabetes with hemoglobin A1c test within past year	Percentage of diabetic Medicare enrollees with hemoglobin A1c test within past year	The Dartmouth Atlas of Health Care. 2015
Adults over age 50 ever reporting having a colonoscopy or sigmoidoscopy	Medicare enrollees over age 50 ever reporting having a colonoscopy or sigmoidoscopy.	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities. 2019

Appendix C: Focus Group Invitation and Questions

Rural Health Innovations
NATIONAL RURAL HEALTH RESOURCE CENTER

September 19, 2022

Dear Stevens Community Medical Center Area Community Leader:

We invite you to **participate in a focus group** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of Stevens Community Medical Center (SCMC) Focus groups are an excellent way for community members to share their opinions in an honest yet confidential environment. The goal of this focus group is to assist SCMC in identifying strengths and needs of health services for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community.

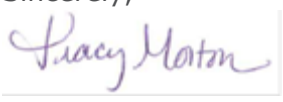
Participants for focus groups were identified as those living in the area that represent different groups of health care users including seniors, family caregivers, business leaders, and health care providers. Whether you or a family member are involved with local health care services or not, this is your chance to help guide high quality local health services in the future.

We invite you to participate in one in-person focus group scheduled for the following dates and times. **Please respond to this communication indicating which date and time you'd like to participate in.** Your identity is not part of the focus group report and your individual responses will be kept confidential. **Please confirm your attendance** by contacting Kiona Hermanson at the RHI by e-mail khermanson@ruralcenter.org or by phone 218-216-7033 **by Monday, October 3rd**.

- Monday, October 10th @ 11:00 AM – 1:00 PM Central Time
- Monday, October 10th @ 5:00 – 7:00 PM Central Time
- Tuesday, October 11th @ 10:00 – 12:00 PM Central Time
- Tuesday, October 11th @ 5:00 – 7:00 PM Central Time

We look forward to your participation. Thank you.

Sincerely,



Tracy Morton, Director of Population Health
National Rural Health Resource Center

SCMC Focus Group Questions

The questions below are the types of questions that will be asked during this focus group. The purpose of this focus group is to identify the strengths and needs of health services in the SCMC area. No identifiable information will be disclosed in the report and the results will assist the medical center with future care and planning.

1. Are you surprised about what this data reveals about your community, or is it what you expected?
2. Do you find any particular statistic surprising?
3. What currently exists in this community to support health and wellbeing?
4. In your opinion, what are some of the barriers to achieving health and well-being in this region?
5. Are some population groups healthier than other groups? If yes, which ones? What are the barriers to these groups achieving better health?
6. What is the greatest health need in this community?
7. What do you think SCMC could do to increase the health of the community? Where are opportunities to collaborate?

Appendix D: Key Stakeholder Invitation and Questions

Rural Health Innovations
NATIONAL RURAL HEALTH RESOURCE CENTER

September 19, 2022

Dear Individual's name:

You have been identified as a leader in the community and we would like to hear from you about your perspectives on the health of the community. Please accept this invitation to **participate in a key stakeholder interview** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of Stevens Community Medical Center (SCMC). The purpose of the interview will be to identify strengths and needs of community health for the region.

This information will be used for strategic planning, grant applications, new programs, and by community groups interested in addressing health issues. This process was developed to maintain quality health care to serve the continuing and future needs of the community.

Whether you or a family member are involved with local health care services or not, this is your opportunity to help guide responsive, high quality local health services in the future.

We invite you to participate in a one-hour one-to-one interview during the week of: Monday, October 10th through Friday, October 21st. Your help is very much appreciated in this effort. Please confirm your willingness to participate before Monday, October 3rd by contacting Kiona Hermanson by email at khermanson@ruralcener.org or by phone at 218-216-7033 to set up a time that works best for your schedule.

No identifiable information will be disclosed and individual responses will be kept confidential.

We look forward to your participation. Thank you.

Sincerely,

Tracy Morton

Tracy Morton, Director of Population Health
National Rural Health Resource Center

SCMC Key Stakeholder Questions

The questions below are the types of questions that will be asked during the key stakeholder interview. The purpose of this interview is to identify the strengths and needs of health services in your community. No identifiable information will be disclosed and the results will assist the health care organization with future care and planning.

- Are you surprised about what this data reveals about your community, or is it what you expected?
- Do you find any particular statistic surprising?
- What currently exists in this community to support health and wellbeing?
- In your opinion, what are some of the barriers to achieving health and well-being in this region?
- Are some population groups healthier than other groups? If yes, which ones? What are the barriers to these groups achieving better health?
- What is the greatest health need in this community?
- What do you think SCMC could do to increase the health of the community? Where are opportunities to collaborate?