Executive Report

2016 Community Health Needs Assessment

Aitkin County, Minnesota

Prepared for:
Riverwood HealthCare Center

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2016-0489-02

Professional Research Consultants, Inc.

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Introduction

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Project Overview

Project Goals

This Community Health Needs Assessment is a systematic approach to determining the health status, behaviors and needs of residents in Aitkin County, Minnesota, the service area of Riverwood HealthCare Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.**
- **To reduce the health disparities among residents.**
- **To increase accessibility to preventive services for all community residents.**

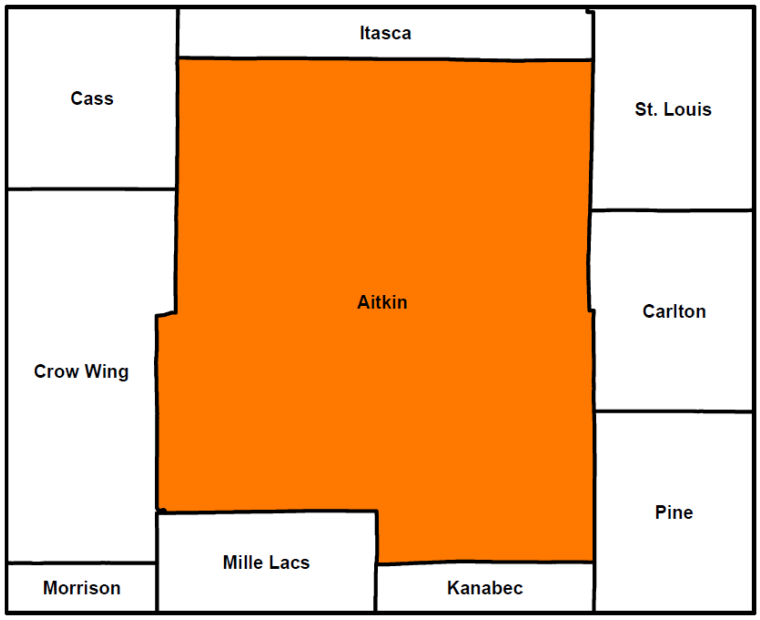
This assessment was conducted on behalf of Riverwood HealthCare Center by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through the PRC Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort includes Aitkin County, Minnesota and was determined based on the areas of residence of most recent patients of Riverwood HealthCare Center. This community definition is illustrated in the following map.



Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Riverwood HealthCare Center; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 102 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Community/Business Leader	91	62
Other Health Provider	22	15
Physician	3	2
Public Health Representative	5	4
Social Services Provider	28	19

Final participation included representatives of the organizations outlined below.

- Aging in Place
- Aitkin Area Chamber of Commerce
- Aitkin Community Education
- Aitkin County
- Aitkin County CARE, Inc.
- Aitkin County Health and Human Services
- Aitkin County Toward Zero Deaths Coalition
- Aitkin County Veteran Services
- Aitkin Growth
- Aitkin Public Schools
- ANGELS
- Daycare
- EyeCare Centers of Aitkin and McGregor
- First Lutheran Church
- Floe International, Inc.
- Hill City Early Childhood
- Housing & Redevelopment Authority of Aitkin County
- In-Touch Therapy
- ISD 1
- Kids Plus
- LSS Youth Services
- Lundberg Plumbing and Heating
- McGregor Area Kids Plus
- McGregor Community Education
- McGregor Community Fitness Center
- McGregor Insurance
- McGregor ISD #004
- Mille Lacs Energy Cooperative
- Minnesota State Public Defense Corporation
- Office of Job Training
- Public Education System
- Riverwood Healthcare Center
- St. John's Lutheran of Cedarbrook
- TBP Management Inc.
- The Office Shop, Inc.
- Tidholm Productions

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

Minority populations represented:

> *African-American, Asian, the disabled, the elderly, Haitians, Hispanics, LGBT individuals, the mentally ill, Native Americans, Non-Whites, those observing various religions, Vietnamese.*

Medically underserved populations represented:

> *children, diabetics, the disabled, the elderly, the homeless, LGBT individuals, low income residents, Medicare/Medicaid recipients, the mentally ill, Native Americans, single parents, substance abusers, unemployed residents, the uninsured/underinsured, veterans, victims of domestic violence, women, young adults.*

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such, and how these might be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Aitkin County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a *A definition of the community served by the hospital facility*	6
Part V Section B Line 1b *Demographics of the community*	21
Part V Section B Line 1c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	112
Part V Section B Line 1d *How data was obtained*	6
Part V Section B Line 1f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 1g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	13
Part V Section B Line 1h *The process for consulting with persons representing the community's interests*	7
Part V Section B Line 1i *Information gaps that limit the hospital facility's ability to assess the community's health needs*	9

Summary of Findings

Identified Health Needs of the Community

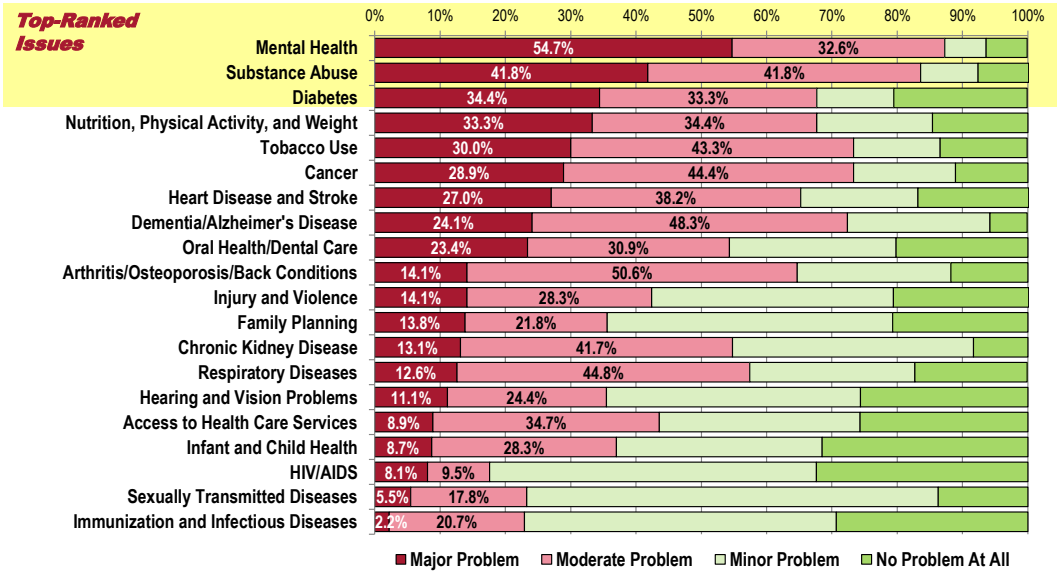
The following "areas of opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Lack of Health Insurance • Primary Care Physician Ratio • Health Professional Shortage Area Designation
Diabetes	• Diabetes Prevalence • *Diabetes ranked as a top concern in the Online Key Informant Survey.*
Family Planning	• Teen Births
Heart Disease & Stroke	• Heart Disease Deaths
Injury & Violence	• Unintentional Injury Deaths
Mental Health	• *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Low Food Access • Leisure-Time Physical Activity
Substance Abuse	• *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*

Key Informant Rankings

Through the PRC Online Key Informant Survey, community stakeholders were presented with 20 health topics and asked to rate each as a "major problem," a "moderate problem," a "minor problem," or "not a problem at all" in their own community. In reviewing "major problem" responses, the following were ranked as top concerns for Aitkin County: mental health, substance abuse, and diabetes.

Key Informants: Relative Position of Health Topics as Problems in the Community



Prioritization of Health Needs

On Tuesday, June 14, 2016, internal and external stakeholders of Riverwood Healthcare Center participated in a webinar to evaluate and prioritize health issues for the community, based on findings of the 2016 PRC Community Health Needs Assessment (CHNA). The webinar began with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above) and input from community stakeholders (key informants).

Following the data review, attendees were asked to complete an online survey that asked them to consider two criteria: 1) the **scope and severity** of each of the significant health needs presented; and 2) the ability of Riverwood Healthcare Center to have a significant **impact** on each.

Individuals' ratings for each criteria were averaged for each health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Mental Health**
2. **Nutrition, Physical Activity & Weight**
3. **Heart Disease & Stroke**
4. **Diabetes**
5. **Substance Abuse**
6. **Access to Healthcare Services**
7. **Injury & Violence**
8. **Family Planning**

While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development Riverwood Healthcare Center's Implementation Strategy to address the top health needs of the community in the coming years.

Secondary Data Tables: Comparisons With Benchmark Data

The following tables provide an overview of secondary data indicators in Aitkin County. These data are grouped to correspond with the Topic Areas presented in Healthy People 2020 and the areas addressed in the Online Key Informant Survey.

Reading the Summary Tables

In the following charts, Aitkin County results are shown in the larger, blue column.

The columns to the right of the Aitkin County column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Aitkin County compares favorably (☀), unfavorably (🌧), or comparably (☁) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	0.2	☀ 2.5	☀ 4.7	
Population in Poverty (Percent)	11.9	☁ 11.5	☀ 15.6	
Population Below 200% FPL (Percent)	36.1	🌧 27.1	☁ 34.5	
Children Below 200% FPL (Percent)	43.7	🌧 33.6	☁ 44.2	
No High School Diploma (% 25+)	9.6	🌧 7.7	☀ 13.7	
Unemployment Rate (% 16+)	7.0	🌧 3.6	🌧 4.8	
		☀ better	☁ similar	🌧 worse

Overall Health	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
"Fair/Poor" Overall Health (Percent)	17.8	10.8	16.2	
		better	similar	worse

Access to Health Services	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Uninsured (% 18-64)	12.9	10.4	19.8	0.0
Primary Care Doctors per 100,000	81.6	89.9	74.5	
Live in a Health Professional Shortage Area (Percent)	15.5	12.2	34.1	
		better	similar	worse

Cancer	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	164.1	161.4	168.9	161.4
Mammogram in Past 2 Years (% Medicare Women 67-69)	78.0	66.7	63.0	81.1
Pap Test in Past 3 Years (% Women 18+)	81.2	79.2	77.6	93.0
Sigmoidoscopy/Colonoscopy Ever (% 50+)	70.0	71.7	64.6	
		better	similar	worse

Diabetes	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Diabetes Prevalence (% 20+)	9.7	7.7	9.9	
		better	similar	worse

Family Planning	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Teen Births per 1,000 (Age 15-19)	26.9	23.8	36.6	
		better	similar	worse

Heart Disease & Stroke	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	139.3	119.4	175.0	
Stroke (Age-Adjusted Death Rate)	30.0	34.1	37.9	34.8
		better	similar	worse

Immunization & Infectious Diseases	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Pneumonia Vaccination (% 65+)	71.9	72.0	67.4	90.0
		better	similar	worse

Injury & Violence Prevention	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	61.0	38.4	38.6	36.4
Violent Crime per 100,000	129.0	237.9	395.5	
		better	similar	worse

Maternal, Infant & Child Health	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Low Birthweight Births (Percent)	5.9	6.5	8.2	7.8
Infant Death Rate	1.4	5.2	6.5	6.0
		better	similar	worse

Nutrition & Weight Status	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
<5 Fruits/Vegetables Per Day (Percent)	91.4	78.1	75.7	
Population With Low Food Access (Percent)	30.3	31.0	23.6	
Obese (% 20+)	26.3	26.0	27.1	30.5
		better	similar	worse

Physical Activity	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
No Leisure-Time Physical Activity (% 20+)	25.7	19.1	22.6	32.6
		better	similar	worse

Respiratory Diseases	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	31.5	35.9	42.2	
		better	similar	worse

Sexually Transmitted Diseases	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Chlamydia Incidence per 100,000	123.3	337.8	456.7	
Gonorrhea Incidence per 100,000	12.3	54.8	107.5	
		better	similar	worse

Substance Abuse	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Excessive Drinking (Percent)	15.1	19.3	16.4	25.4
		better	similar	worse

Tobacco Use	Aitkin County	Aitkin County vs. Benchmarks		
		vs. MN	vs. US	vs. HP2020
Current Smokers (Percent)	14.4	16.2	17.8	12.0
		better	similar	worse

Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

Aitkin County, Minnesota, the focus of this Community Health Needs Assessment, encompasses 1,821.74 square miles and houses a total population of 15,964 residents, according to latest census estimates.

Total Population
(Estimated Population, 2010-2014)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Aitkin County	15,964	1,821.74	8.76
Minnesota	5,383,661	79,628.4	67.61
United States	317,746,048	3,535,356.15	89.88

Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Population Change 2000-2010

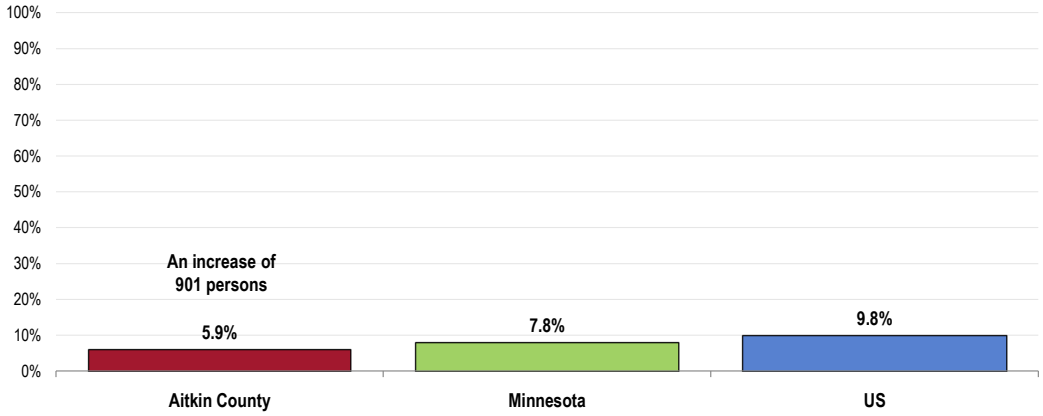
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Aitkin County increased by 901 persons, or 5.9%.

- A lower proportional increase than found in Minnesota and across the US.

Change in Total Population

(Percentage Change Between 2000 and 2010)

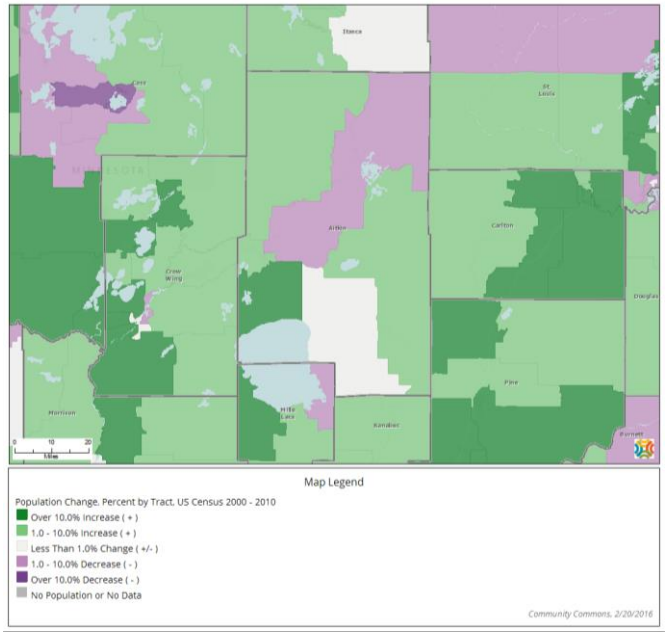


Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

- Though most of the county increased in population, note the areas in purple which experienced a decrease in population over time.

Population Change, Percent by Tract, US Census 2000-2010



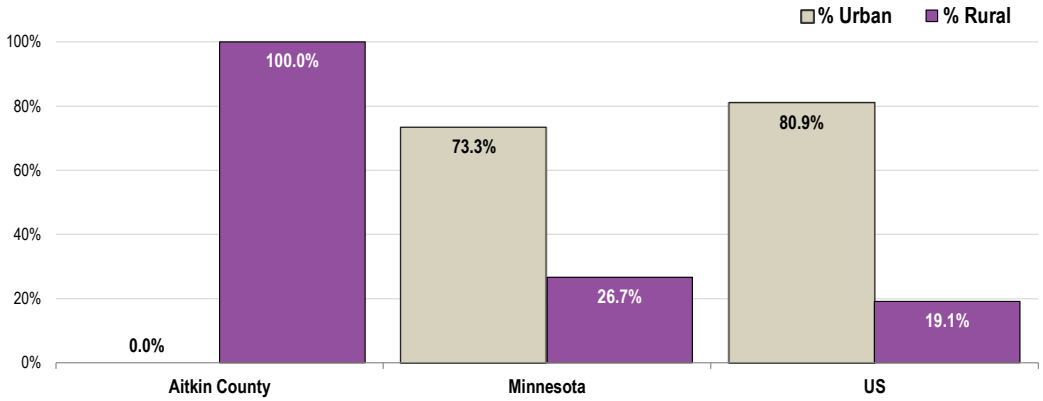
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Aitkin County is entirely rural, with 100% of the population living in communities designated as rural.

- In contrast, over 70% of the state and national populations live in urban areas.

Urban and Rural Population
(2010)

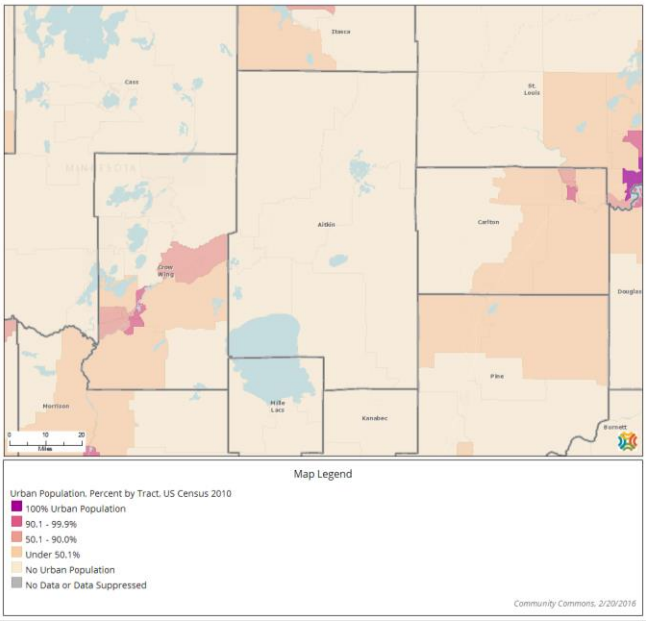


Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in Aitkin County census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



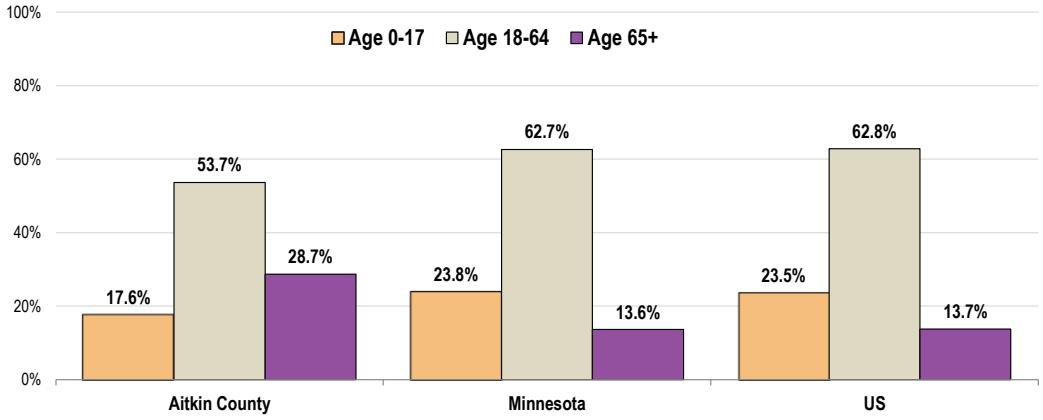
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In Aitkin County, 17.6% of the population are infants, children or adolescents (age 0-17); another 53.7% are age 18 to 64, while 28.7% are age 65 and older.

- The percentage of older adults (65+) is two times higher than found statewide or nationally.

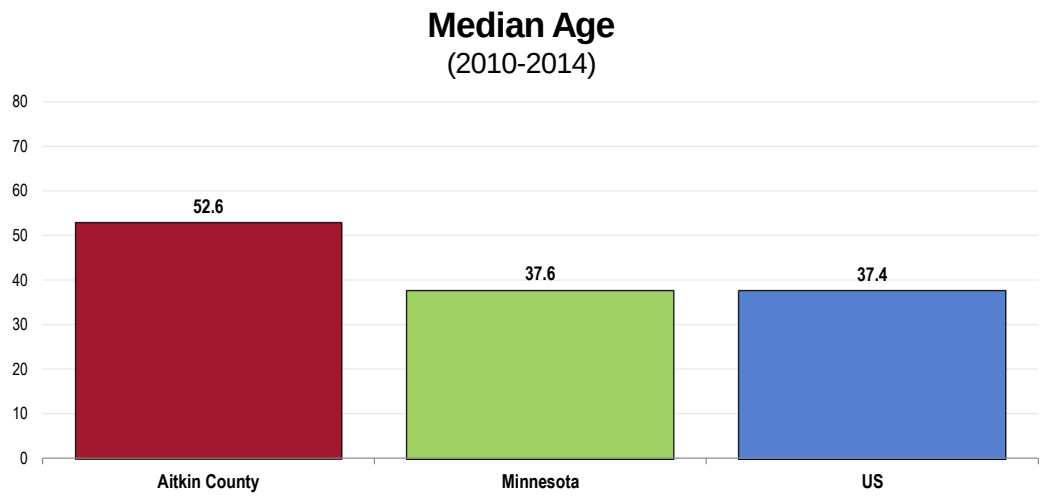
Total Population by Age Groups, Percent
(2010-2014)



Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Median Age

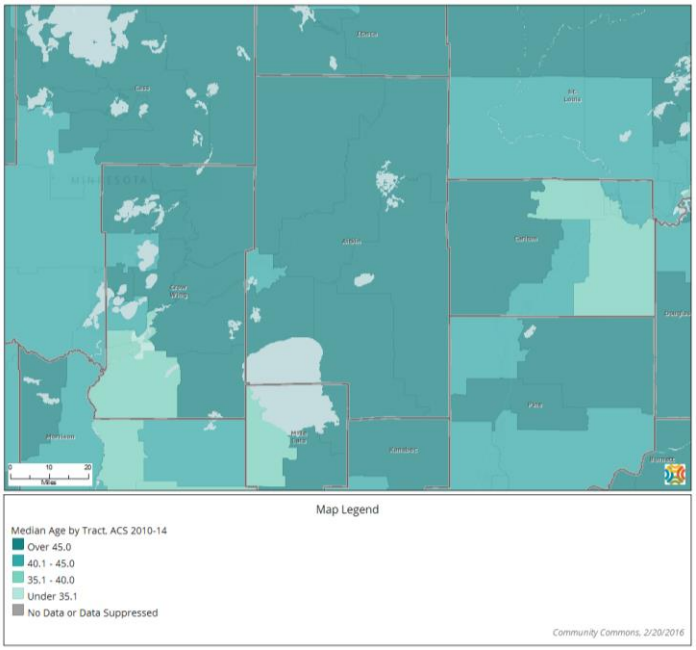
Aitkin County is "older" than the state and the nation in that the median age is much higher.



Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

- The following map provides an illustration of the median age in Aitkin County, segmented by census tract.

Median Age, by Tract, ACS 2010-2014



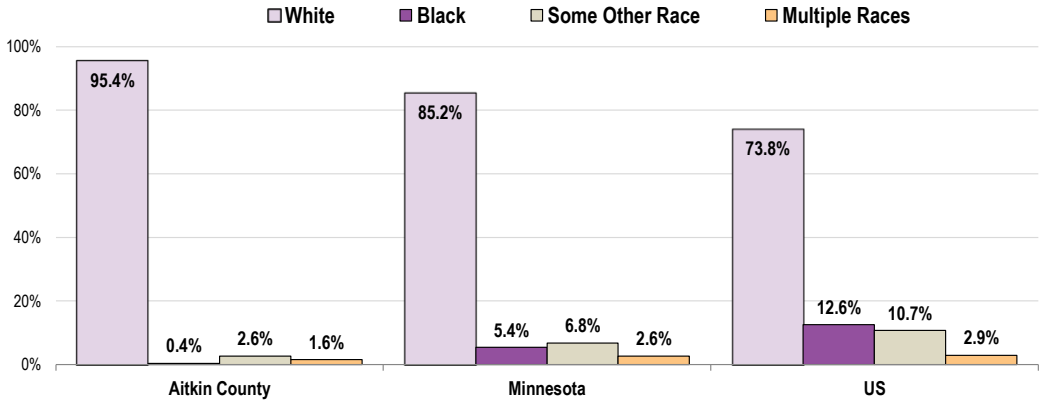
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 95.4% of residents of Aitkin County are White and 0.4% are Black.

- The Minnesota and national populations are considerably more diverse.

Total Population by Race Alone, Percent
(2010-2014)



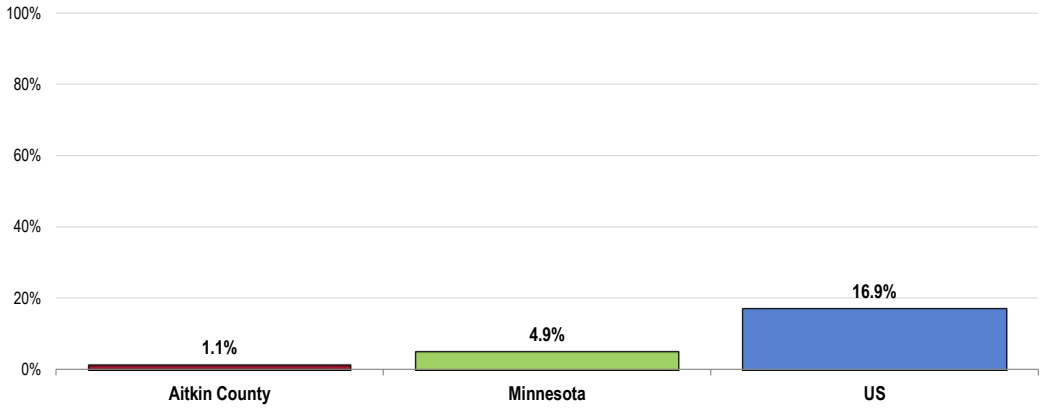
Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Ethnicity

A total of 1.1% of service area residents are Hispanic or Latino.

- Lower than found statewide.
- Much lower than found nationally.

Percent Population Hispanic or Latino
(2010-2014)

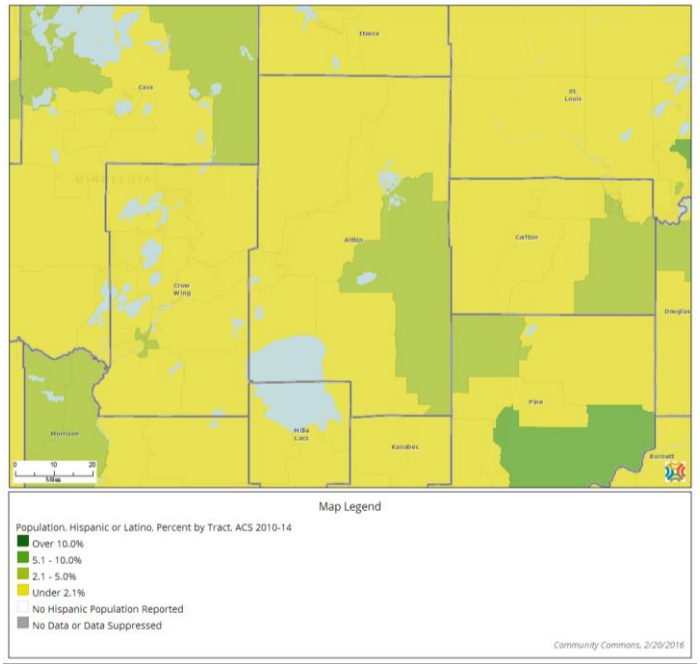


Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated where Aitkin County borders Carlton and Pine counties.

Population Hispanic or Latino, Percent by Tract, ACS 2010-2014

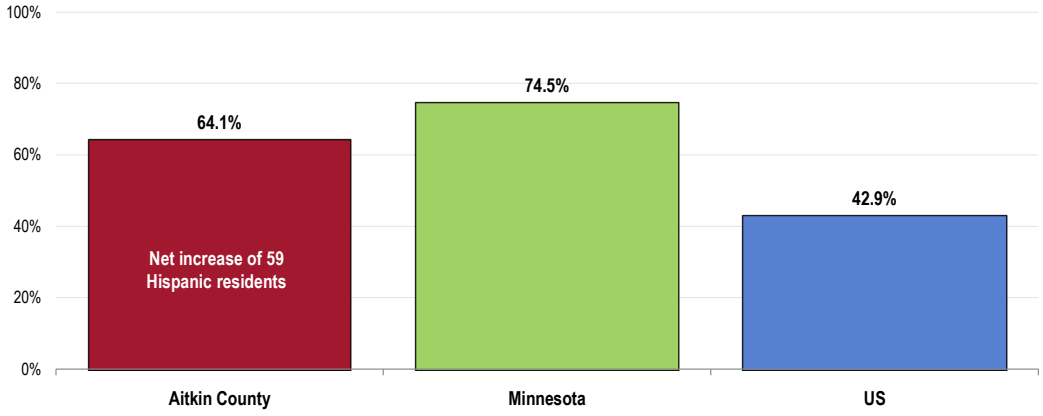


Between 2000 and 2010, the Hispanic population in Aitkin County increased by 59 residents or 64.1%.

- Lower (in terms of percentage growth) than found statewide.
- Much higher (in terms of percentage growth) than found nationally.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)

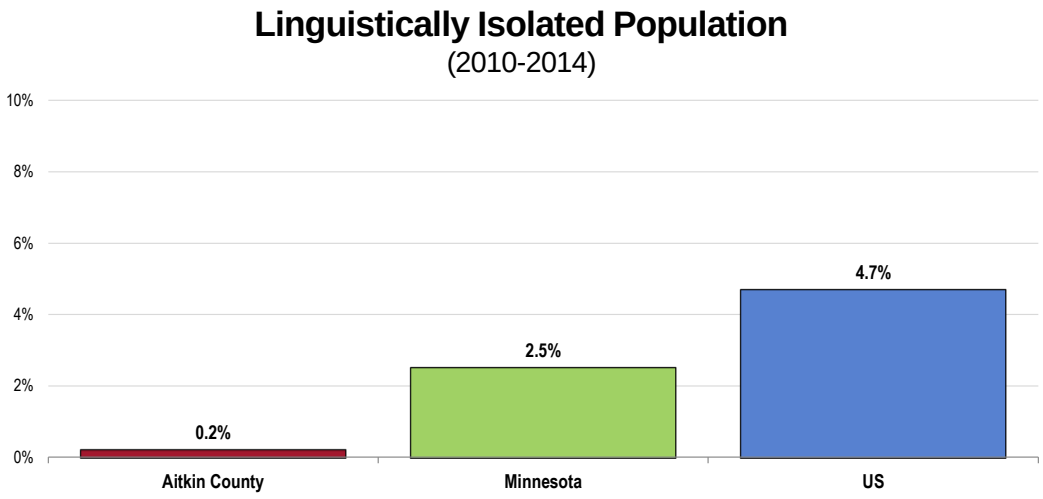


Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Linguistic Isolation

Only 0.2% of the Aitkin County population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Lower than that found statewide and nationally.

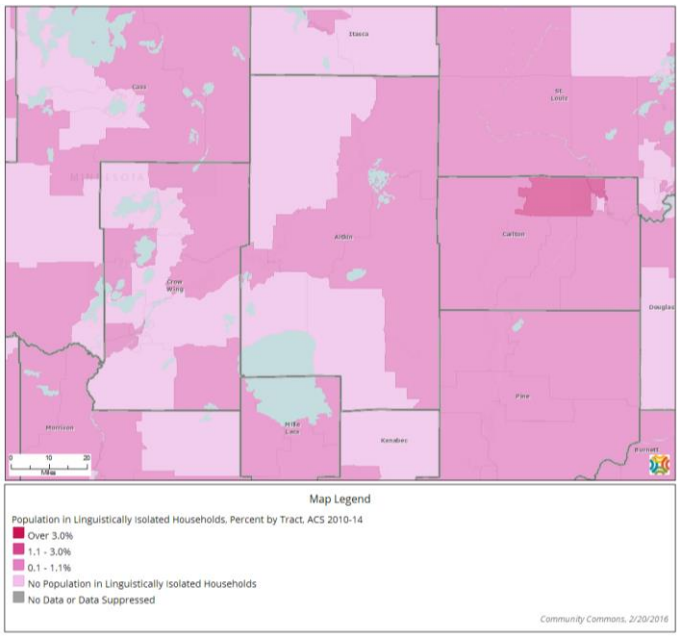


Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."

- Note the following map illustrating linguistic isolation in the service area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2010-2014



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

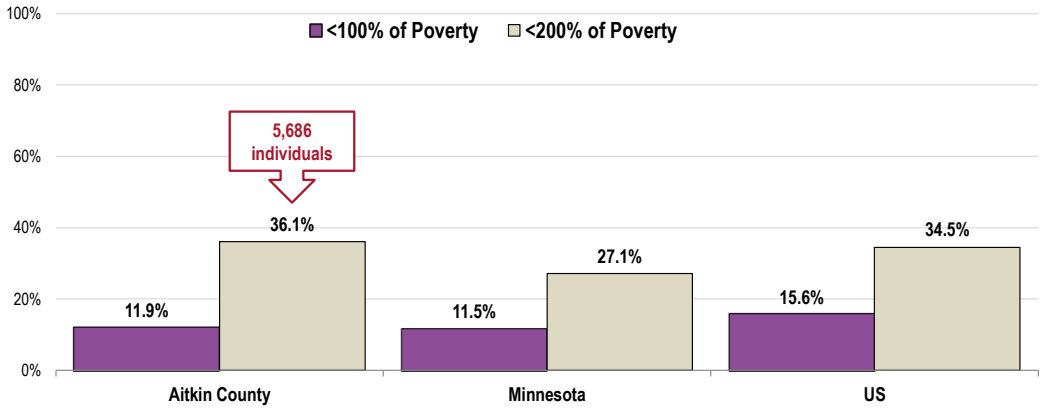
The latest census estimate shows 11.9% of the Aitkin County population living below the federal poverty level.

In all, 36.1% of service area residents (an estimated 5,686 individuals) live below 200% of the federal poverty level.

- Above the proportion reported statewide.
- Similar to the proportion found nationally.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level, 2010-2014)

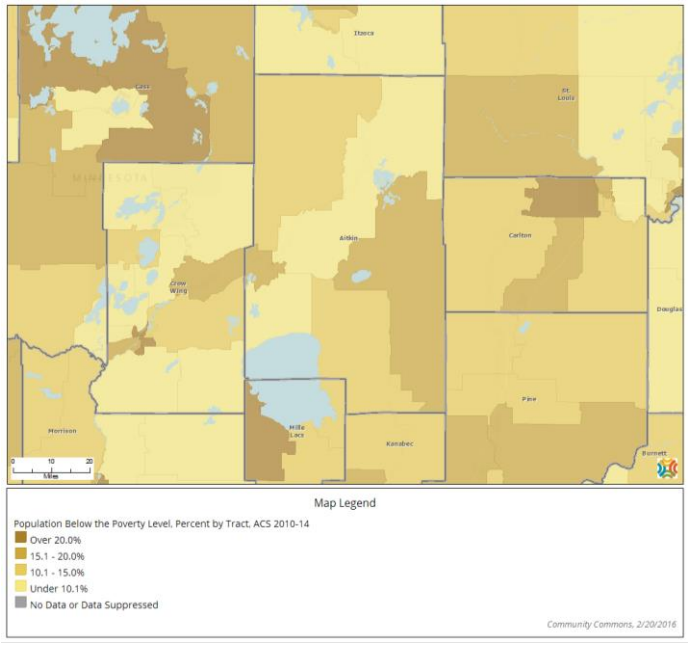


Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

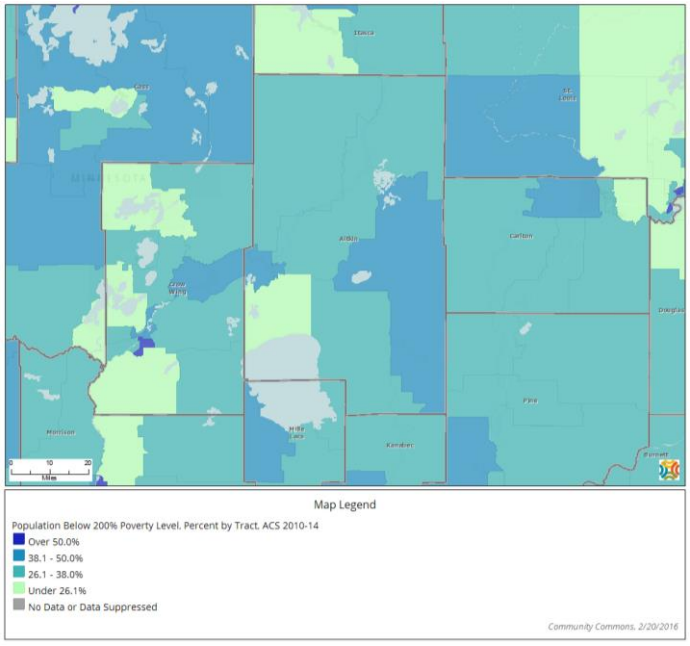
Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- The census tract where Aitkin County borders Carlton and Pine counties exhibits the highest concentration of poverty as well as higher concentrations of persons living below the 200% poverty threshold.

Population Below the Poverty Level, Percent by Tract, ACS 2010-2014



Population Below 200% of Poverty, Percent by Tract, ACS 2010-2014



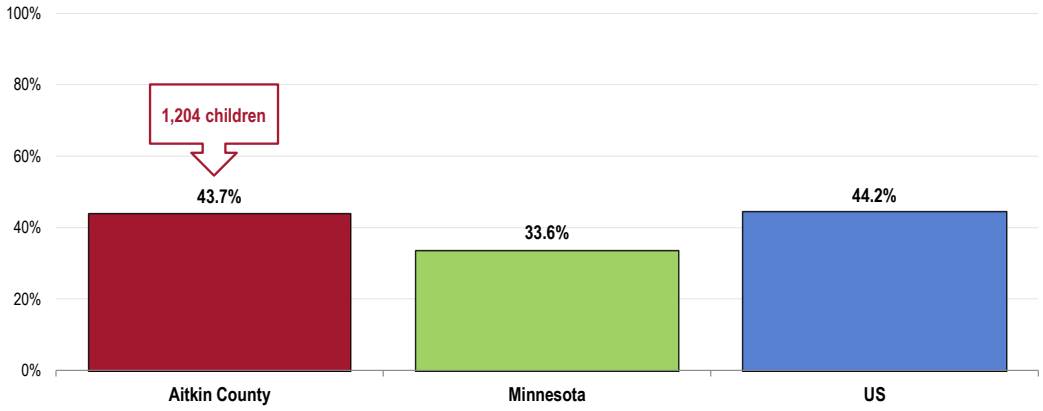
Children in Low-Income Households

Additionally, 43.7% of Aitkin County children age 0-17 (representing an estimated 1,204 children) live below the 200% poverty threshold.

- Considerably less favorable than the proportion found statewide.
- Comparable to that found nationally.

Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2010-2014)

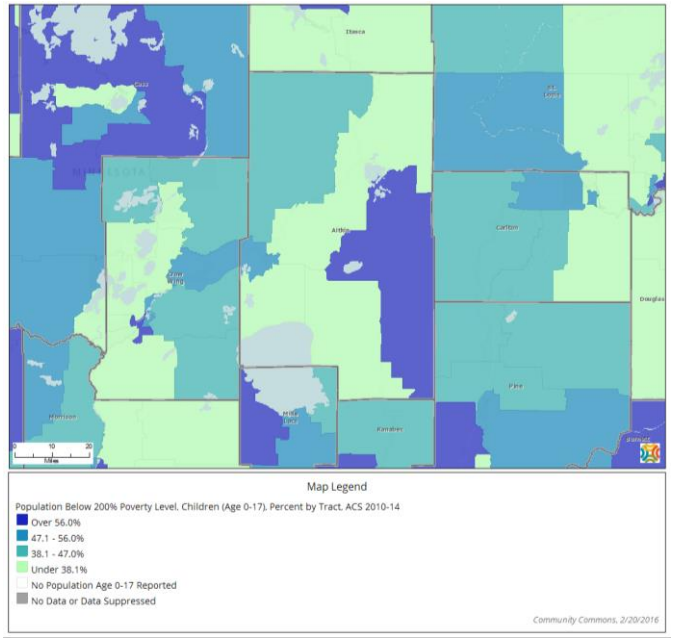


Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Geographically, a notably higher concentration of children in lower-income households is found in the census tract bordering Carlton and Pine counties.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2010-2014



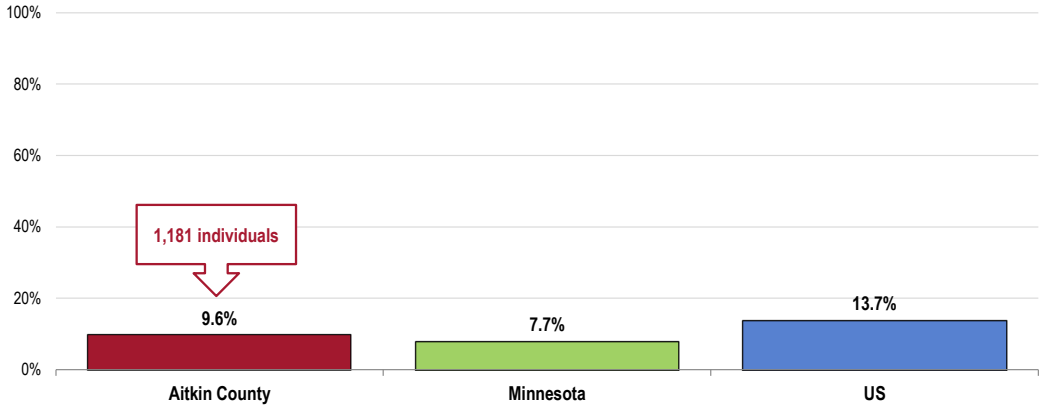
Education

Among the Aitkin County population age 25 and older, an estimated 9.6% (over 1,000 individuals) do not have a high school diploma.

- Less favorable than found statewide.
- More favorable than found nationally.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2010-2014)

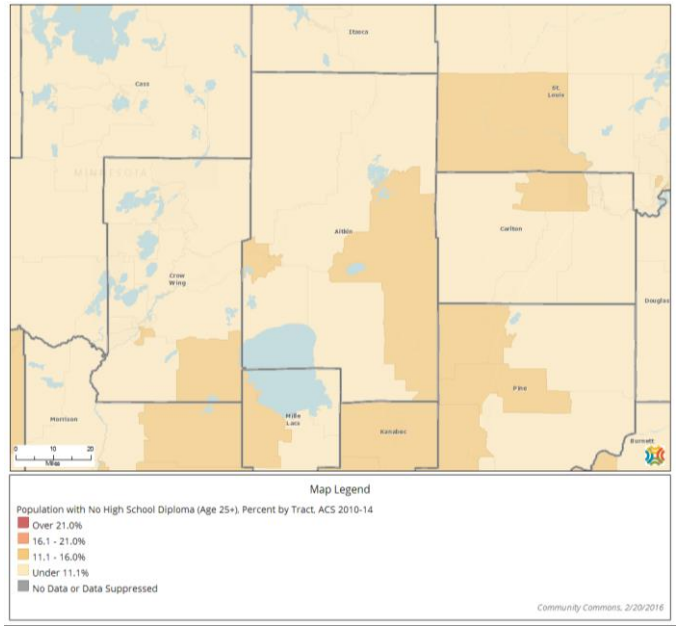


Sources:
- US Census Bureau American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

- The following map depicts the proportion of Aitkin County residents age 25 and older without a high school diploma by census tract.

Population With No High School Diploma, Percent by Tract, ACS 2010-2014



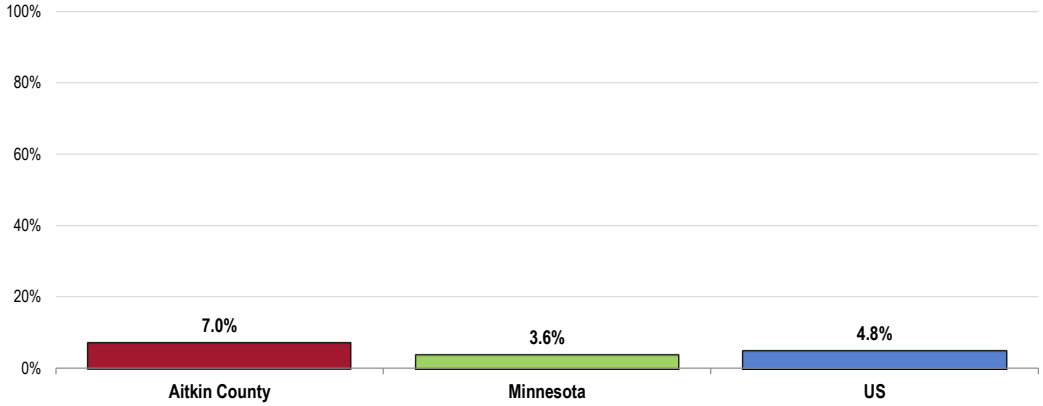
Employment

According to data derived from the US Department of Labor, the unemployment rate in Aitkin County in December 2015 was 7.0%.

- Worse than the statewide and national unemployment rates.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted; Dec. 2015)



Sources:
- US Department of Labor, Bureau of Labor Statistics 2015 - December.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status

Professional Research Consultants, Inc.

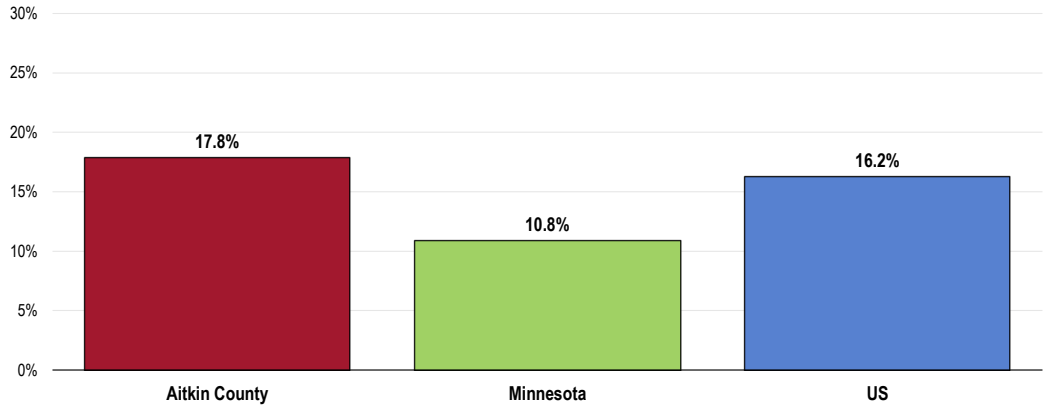
Overall Health Status

Self-Reported Health Status

A total of 17.8% of Aitkin County adults rate their overall health as "fair" or "poor."

- Higher than statewide findings.
- Slightly higher than the national percentage.

Adults With Fair or Poor Health
(2006-2012)



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2006-12). Accessed via the Health Indicators Warehouse.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- Local, state and national data are simple averages.
- This indicator is relevant because it is a measure of general poor health status.

Mental Health

RELATED ISSUE:

See also *Potentially Disabling Conditions* in the **Death, Disease & Chronic Conditions** section of this report.

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

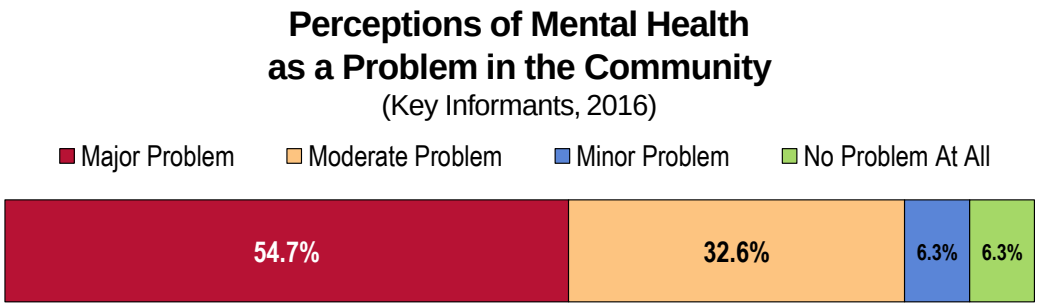
The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Mental Health

A majority of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Lack of Providers

Mental Health care is nonexistent in the Aitkin community. There is one psychologist that has a long wait time to see and she is not appropriate for all people. The one person at Riverwood that is a physical medical provider is not a mental health provider. - Social Services Provider

Lack of providers in the area, long wait times to get into see a qualified provider. Lack of transportation to get to appointments on a weekly basis when needed. Cost of services if insurance does not cover. - Community/Business Leader

The nearest crisis response team is over 1/2 hour away and the lack of trained personnel can create void in having a quick response. The access in our area can create a problem. Most do not have transportation to attend need services. - Community/Business Leader

Not enough professional help in the area. - Social Services Provider

We have only one counselor in our community and she is very busy and hard to get into. We have no mental health help for children. If a child needs counseling they need to go out of our county to get help. - Social Services Provider

Not enough service providers for the number of consumers. - Social Services Provider

We need facilities for them to go to daily for their particular degree of health. - Community/Business Leader

Service providers and response personnel are out of the county. We should be establishing a working relationship with Northern Pines Mental Health to utilize their experience and resources and look to them to aid us in expanding MI programs into our county. - Community/Business Leader

Lack of providers. - Physician

Aitkin County Health and Human Services addresses this issue with no aide from Riverwood. - Social Services Provider

We don't have any counselors locally. - Community/Business Leader

Lack of local community mental health providers, education, and support systems. - Community/Business Leader

Finding the right help, often times people have to wait for an extended time period to get an appointment, makes it difficult for a person in crisis. - Community/Business Leader

There are no local resources when kids need counseling or have mental health issues. - Other Health Provider

Limited, no counseling service available, no psychiatrist in this area, and many residents and clients with mental health issues. - Other Health Provider

Lack of infrastructure. Lack of providers. Lack of support systems. - Public Health Representative

People must travel out of the area to obtain assessment and services. There are very few therapists in Aitkin. - Social Services Provider

Lack of providers in the area. - Social Services Provider

Access to professional help as we do not have enough qualified providers to manage this chronic illness. - Other Health Provider

People with mental health disorders to not have enough access to mental health practitioners. - Other Health Provider

Accessing med prescribing providers and therapists is a challenge especially for children or people with a less common disorder. There are often no openings or availability locally. In the past few years, mental health has been added to the schools. - Other Health Provider

There are no child psych professionals in the area. Limited amount of psychologists. - Other Health Provider

Access to Care/Services

There are limited mental health services in our community. Unfortunately, many people go to Riverwood and are over-prescribed medication without any formal mental health assessments. - Community/Business Leader

There is one mental health provider for the whole county and they are overwhelmed. Medication is expensive and food comes first in the home. - Other Health Provider

Access/availability to services. - Community/Business Leader

Access is extremely limited for mental health care needs. This is a major problem. - Other Health Provider

There is absolutely a demand much higher than our community can handle for mental health. Not professionally treating these people is affecting the jobs, personal life, children, and the economy. - Other Health Provider

Access and services to those families in desperate need of mental health care is difficult. This problem affects those in early childhood all the way to adults. - Community/Business Leader

Access to services. - Community/Business Leader

Access to services and/or treatment. Critical care facilities for mental health needs are almost nonexistent. Many times people must travel many, many miles to find adequate facilities. - Community/Business Leader

We need to have more programs for our community members with mental health issues. I worry about the safety. - Community/Business Leader

There are many resources available for people that suffer from mental illness but I am not sure they are able to utilize them. Can they get to the services? Are services available for people of all ages? - Community/Business Leader

Access to care. - Community/Business Leader

Access to services, transportation, behavioral aids and care coordination. - Other Health Provider

If someone is arrested for mental health or looking for help they are brought to the local hospital and we bring them to another area. - Community/Business Leader

Mental health is a huge issue in all communities. Medications and treatment options are limited because of cost and therefore people go untreated. Community members lack education about how to deal with these issues and are therefore not sensitive to them. - Social Services Provider

Lack of transportation to appointments and lack of mental health staff and professionals. - Public Health Representative

Denial/Stigma

Recognition and care. - Community/Business Leader

Accepting that they have a mental health need and affording mental health treatment/services. - Community/Business Leader

Stigma and accessing services. People are reluctant to ask for help. If they are willing to get it, there are a limited number of local practitioners and transportation becomes an issue. - Public Health Representative

> *Not getting services. This may be because they choose not to admit that they have a mental health issue, lack of money for copays or services, transportation, or stigma. - Community/Business Leader*
>
> *Community norms disparage mental health conditions as something people should be able to handle themselves, as a weakness, or as a reason to claim a disability. - Social Services Provider*

Co-Occurrences

> *Treatment for issues related to mental illness. Behavioral Health is still not seen as a part of physical health. There are few local providers, placement options, or work options. Society needs to understand MH can be effectively managed in most people. - Public Health Representative*
>
> *So much of the drug problem is codependent on a mental illness. They are very few counselors in the area. - Social Services Provider*
>
> *A lot of people suffer from anxiety, depression and turn to unhealthy lifestyles to help them with it. It could be overeating, drugs or alcohol. The biggest challenge is having help out there for those that are suffering. Where do you go to get help? - Community/Business Leader*

Incidence/Prevalence

> *We are seeing more incidents of mental health in our Emergency Department over the last couple years. We are seeing more street drugs coming into our facility. - Other Health Provider*
>
> *Dealing with crisis involving law enforcement. - Community/Business Leader*

Diagnosis

> *Lack of diagnosis and/or care. - Community/Business Leader*

Death, Disease & Chronic Conditions

Professional Research Consultants, Inc.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, Minnesota and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

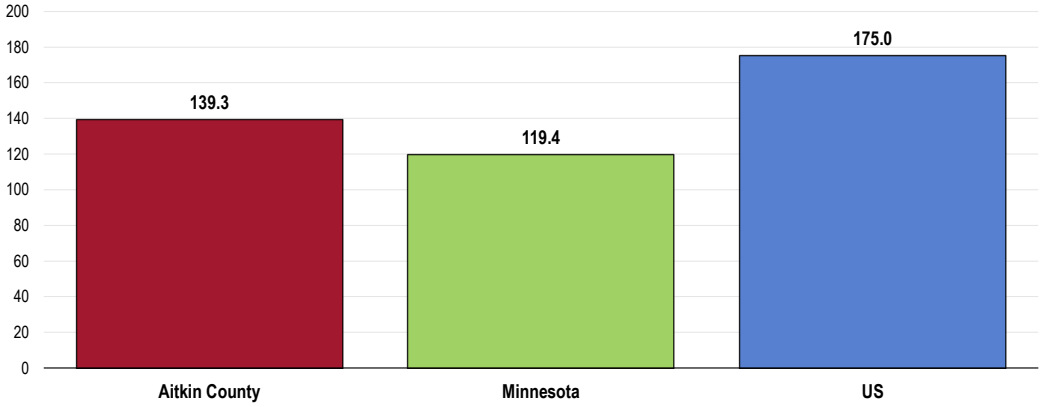
Heart Disease Deaths

Between 2009 and 2013 there was an annual average age-adjusted heart disease mortality rate of 139.3 deaths per 100,000 population in Aitkin County.

- Less favorable than the statewide rate.
- Notably more favorable than the national rate.

Heart Disease: Age-Adjusted Mortality

(2009-13 Annual Average Deaths per 100,000 Population)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.

Stroke Deaths

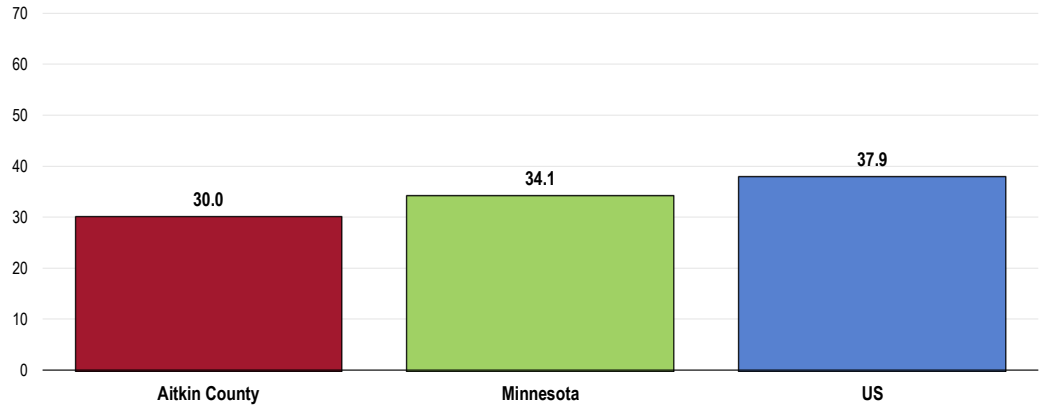
Between 2009 and 2013, there was an annual average age-adjusted stroke mortality rate of 30.0 deaths per 100,000 population in Aitkin County.

- More favorable than the Minnesota and US rates.
- Satisfies the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2009-13 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

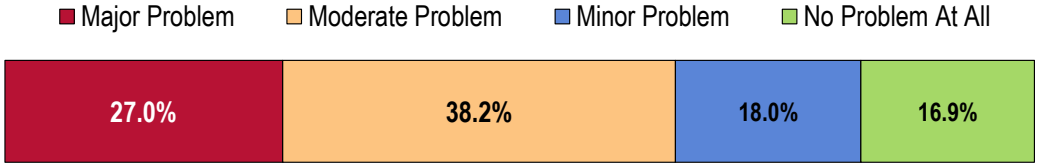
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.

Key Informant Input: Heart Disease & Stroke

The largest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population

> *Aging population. - Community/Business Leader*
>
> *Our community has a large elderly population which accounts for higher heart disease and strokes. - Other Health Provider*

Heart disease and stroke affect many elderly and ranks in the top number of disabilities. - Social Services Provider

Again we have a large elderly population. Heart disease is one of the leading causes of death and this is why I listed it as a major problem. - Other Health Provider

Because of the elderly population in Aitkin County, heart disease and stroke are huge problems. Many elderly people are living alone and may not adhere to a healthy lifestyle. Those living alone have no one to encourage them with properly taking meds. - Community/Business Leader

Again, because of our aging population. Walking trails, fitness centers and learning how and what healthy food to buy and eat. - Community/Business Leader

Lifestyle

Lack of health eating. Lack of activity and exercise. - Public Health Representative

High fat diets and lack of exercise have led to this being an issue. Major cause of death among older adults. We have a large number of senior citizens living in the community. - Community/Business Leader

Lots of overweight adults. Local foods in restaurants are largely high in fat and cholesterol. - Community/Business Leader

Smoking, drinking, low exercise and poor diet. - Community/Business Leader

Access to Care/Services

Anytime there are symptoms they are flown out. Rehab for stroke patients are not intense/often enough. There is no follow through for patients. - Other Health Provider

Those with heart disease and stroke have to wait to see a specialist and then there is no follow through. - Community/Business Leader

Because of our lack of close emergency care for victims. - Community/Business Leader

I think that we are lucky with the doctors we have to help people. - Social Services Provider

Incidence/Prevalence

The amount of people who deal with this condition. - Community/Business Leader

It is in most communities, we are no different. - Social Services Provider

Family experience. - Community/Business Leader

I hear people talking about family or friends with heart disease or stroke on a daily basis. - Social Services Provider

Socioeconomic Status

Poverty and people being overweight. - Social Services Provider

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

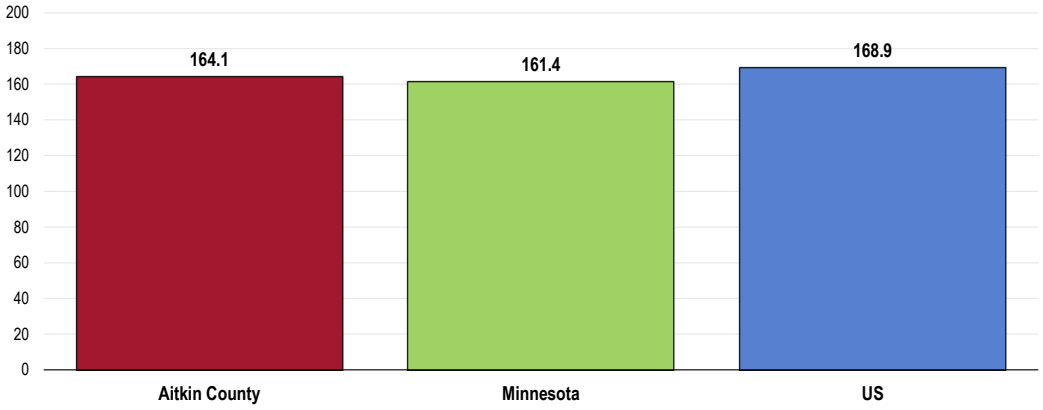
Between 2009 and 2013, there was an annual average age-adjusted cancer mortality rate of 164.1 deaths per 100,000 population in Aitkin County.

- Similar to both the statewide and national rates.
- Statistically similar to the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality

(2009-13 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Among service area women age 67-69 enrolled in Medicare, more than three-fourths (78.0%) had a mammogram within the past two years.

- Considerably higher than statewide and national findings.
- Statistically similar to the Healthy People 2020 target (81.1% or higher).

Among all service area women age 18+, 81.2% had a Pap test within the past three years.

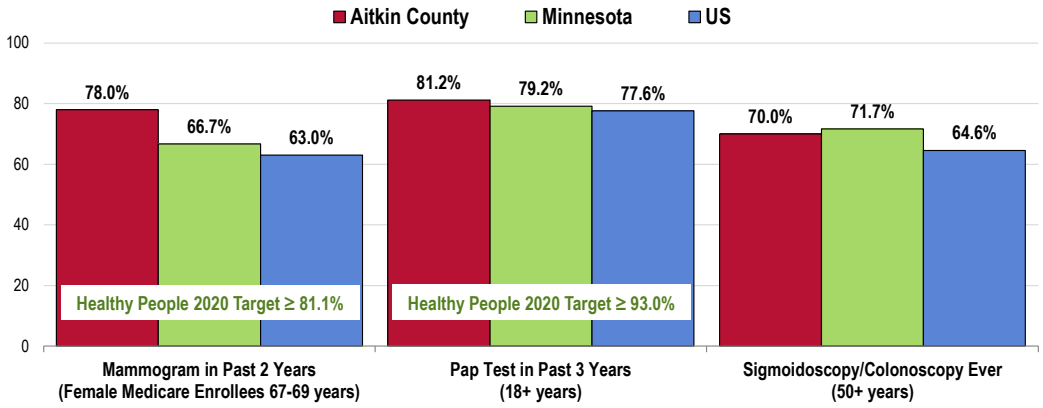
- Statistically similar to Minnesota and national findings.
- Fails to satisfy the Healthy People 2020 target (93.0% or higher).

Among all service area adults age 50+, 70.0% have ever had a sigmoidoscopy/ colonoscopy (lower endoscopy).

- Similar to statewide findings
- Higher than national findings.

Cancer Screenings

(2006-2012)



Sources:
- Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care (2012).
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2006-12). Accessed via the Health Indicators Warehouse.
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15,17]

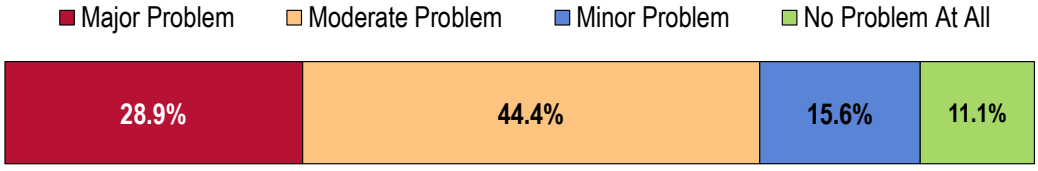
Notes:
- This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Key Informant Input: Cancer

Key informants taking part in an online survey frequently characterized *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Incidence/Prevalence

The number of younger patients being diagnosed has increased. - Other Health Provider

The amount of people who deal with this condition. - Community/Business Leader

So many cases. - Other Health Provider

I hear people talking about friends or family members affected by cancer on a daily basis. - Social Services Provider

Cancer rates appear to be on the rise, while access to oncology specialists seems to require much travel. - Community/Business Leader

The state health department needs to address the high percentage of cancer in our area. - Social Services Provider

It's a major problem in every community. Everyone is dying from it. - Community/Business Leader

The increase, it is seen in more people. - Community/Business Leader

It seems to affect every family I know in some way. I myself am a cancer survivor. - Community/Business Leader

It affects many individuals not including the secondary effects to families and workplaces. There has been some instability with an oncologist at RHCC and CRMC. Some individuals travel far to access this specialty or go elsewhere to manage their cancer. - Other Health Provider

Cancer is present in all ages within our county. While we are able to treat many cancers, too many of our residents are not able to overcome this disease. Treatment for many cancers is not local causing a disruption in the lives of those families. - Public Health Representative

All of us know someone who is diagnosed with cancer almost every day. It is important for these people to have medical care close to home. The availability of oncologists and treatment keeps these people in their homes with their loved ones. - Community/Business Leader

Knowledge of persons dealing with cancer in their livers. - Community/Business Leader

You hear of so many people with it. - Social Services Provider

High rates of cancer across the board, particularly breast cancer and prostate cancer. Studies are needed to find the cause. Pesticide exposure, lifestyle, high concentrations of radioactive particles in basements and mining. - Community/Business Leader

There seems to be a very high population of cancer victims in our small community. - Social Services Provider

I think it is a major problem in all of society. - Community/Business Leader

Because of the number of people I know and hear about that have cancer. Along with those who die from it. - Social Services Provider

Lifestyle

I believe that a majority of the issues have to do with lifestyle, but there are many who take very good care of themselves and are still experiencing cancer. - Community/Business Leader

This is a low income county. Lack of education, awareness of resources, and financial restrictions decrease the individual's ability to live a healthy lifestyle and participate in preventative care. - Other Health Provider

Aging Population

Aging population and the number of people affected by cancer of one type or another. - Community/Business Leader

The incidence of cancer is far flung and with an aging population that makes up the majority of Aitkin County, the problem is major. There are no facilities in the county available to diagnose and/or treat the varying types of cancer. - Community/Business Leader

Treatment Challenges

> *People do not have open minds regarding alternative ways to treat. It seems to be diagnosed after many attempts to figure out what is wrong and weeks/months go by before it is diagnosed. - Other Health Provider*
>
> *We have an Infusion Center. - Community/Business Leader*

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

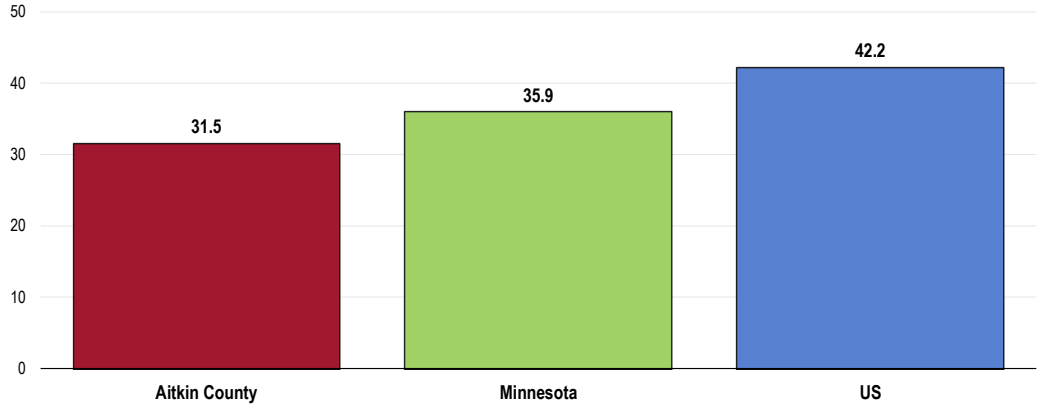
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2009 and 2013, there was an annual average age-adjusted CLRD mortality rate of 31.5 deaths per 100,000 population in Aitkin County.

- Lower than found statewide.
- Much lower than the national rate.

CLRD: Age-Adjusted Mortality

(2009-13 Annual Average Deaths per 100,000 Population)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

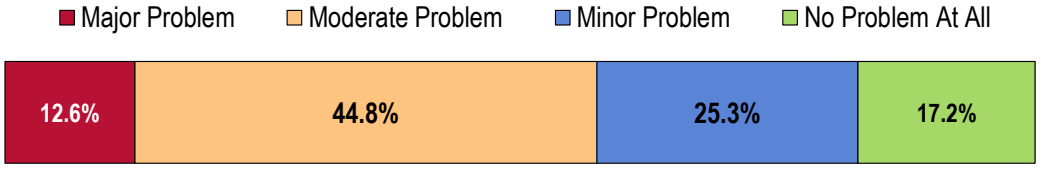
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.
- CLRD is chronic lower respiratory disease.

Key Informant Input: Respiratory Disease

Key informants taking part in an online survey largely characterized *Respiratory Disease* as a "moderate problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Tobacco Use

Too much smoking and overweight. - Social Services Provider

Many people continue to smoke. - Community/Business Leader

Smoking is very acceptable and learned at a very young age. Most social outlets do not discourage smoking or drinking. - Other Health Provider

Too many smokers, second hand smoke and drugs. - Community/Business Leader

Smoking is still common. I rarely see anyone wearing lung protection when working with saws, grinders, sanders etc. - Community/Business Leader

Aging Population

We have an elderly population with COPD diagnosis. - Other Health Provider

In an elderly community, many times this is an age related issue. - Community/Business Leader

Incidence/Prevalence

I hear people talking about or experiencing respiratory issues on a frequent basis. Community norms favor tobacco use. Local industry has influenced respiratory issues. - Social Services Provider

Distance to Care

People suffering with this issue need to travel several miles for appropriate care. - Social Services Provider

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

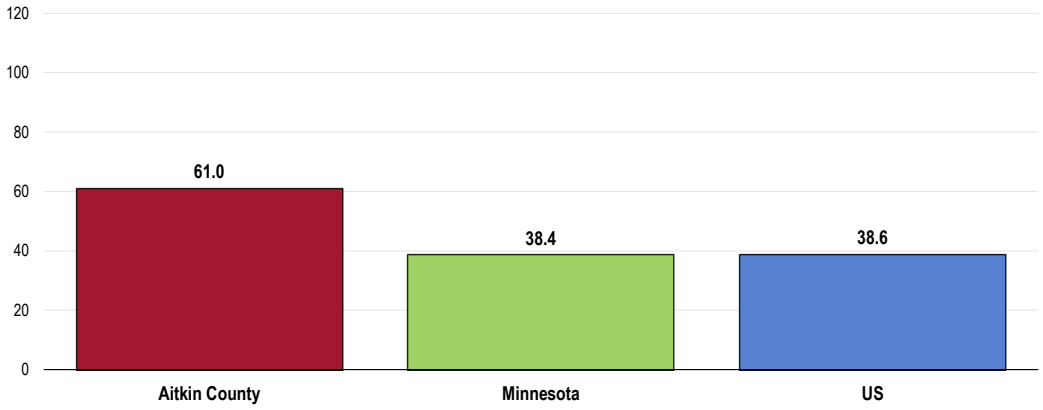
Between 2009 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 61.0 deaths per 100,000 population in Aitkin County.

- Much less favorable than the Minnesota and national rates.
- Fails to satisfy the Healthy People 2020 target of 36.4 or lower.

Unintentional Injuries: Age-Adjusted Mortality

(2009-13 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2009-13. Accessed using CDC WONDER.
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Local, state and national data are simple five-year averages.
- This indicator is relevant because accidents are a leading cause of death in the U.S.

Intentional Injury (Violence)

Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

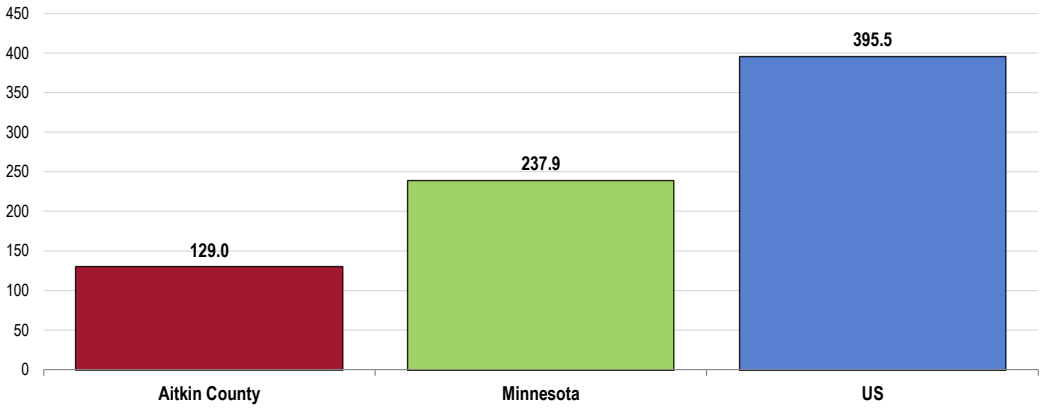
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2010 and 2012, there were a reported 129.0 violent crimes per 100,000 population in Aitkin County.

- Well below the Minnesota and national rates for the same period.

Violent Crime

(Rate per 100,000 Population, 2010-2012)

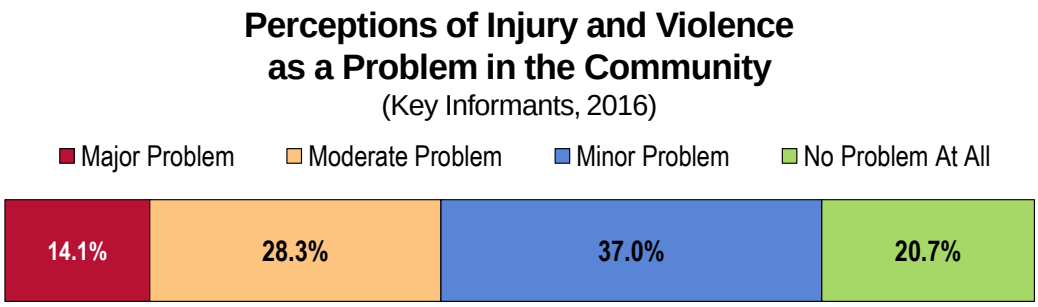


Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Key Informant Input: Injury & Violence

The greatest share of key informants taking part in an online survey characterized *Injury & Violence* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Family Violence

The court report is full of incidents of domestic assault and assaults. Too many children grow up in violent households and the cycle continues. - Social Services Provider

Domestic violence is a huge problem. Victims are afraid to report and feel shame. Others who witness it aren't getting involved as they should by calling the police. - Social Services Provider

Domestic violence is a problem in our community and needs to be seen as a community problem and not a "private family problem". - Social Services Provider

I believe that there is more domestic violence than we are aware of. - Community/Business Leader

High risk jobs, domestic abuse is common. - Community/Business Leader

I see a lot of children during the week with injuries that they explain, but I still wonder. As a parent educator I hear about family situations. I often hear that parents do not want to change because they turned out alright. - Community/Business Leader

Anyone who reads the local newspapers can see that there is a big problem with violence, and then I would suggest that only a minor percentage of incidents are reported. The economic level is lower than average in Aitkin County. - Community/Business Leader

Access to Resources

I just worry about families having access to resources so the children are safe and a partner could get out of a dangerous situation. - Community/Business Leader

The Sheriff's Office does a wonderful job of addressing this issue as do Social Workers at Aitkin County Health and Human Services. - Social Services Provider

Demographics of Our Community

The demographics of our community lead to a higher risk of injury and violence. Many of our jobs involve heavy equipment and/or physical labor. All of which lead to potential injury. - Community/Business Leader

Confidentiality

> *Many people do not go to their local hospital if they have been assaulted or injured because they fear there will be a lack of confidentiality. - Community/Business Leader*

Drug Use

> *Drugs and not taking responsibility. - Community/Business Leader*

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus: lowers life expectancy by up to 15 years; increases the risk of heart disease by 2 to 4 times; and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes. Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

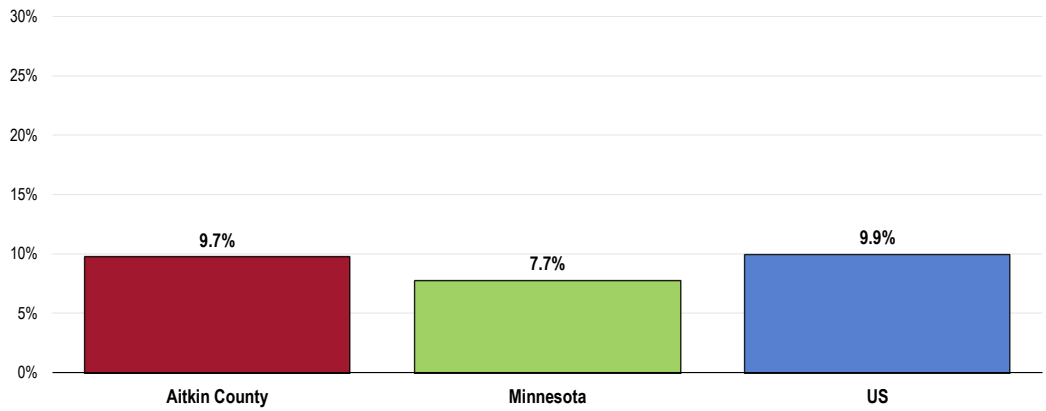
Prevalence of Diabetes

A total of 9.7% of Aitkin County adults have been diagnosed with diabetes.

- Slightly higher than the statewide prevalence.
- Nearly identical to the national prevalence.

Adult Diabetes Prevalence

(Adults Age 20+, 2012)

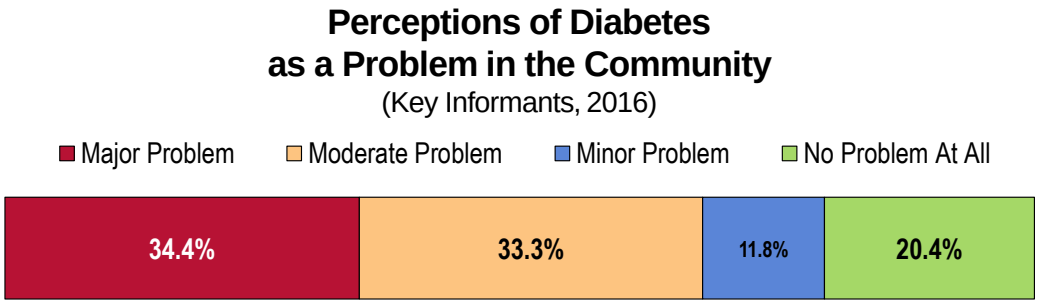


Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas (2012).
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Diabetes

Key informants taking part in an online survey characterized *Diabetes* as a "major problem" slightly more often than a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the biggest challenges for people with diabetes are seen as:

Nutrition, Physical Activity & Weight

Weight loss and exercise along with proper diet - Community/Business Leader

After roughly 40 years of fast food, the fat rich diets have now settled in with a number of people in the form of type 2 diabetes. - Community/Business Leader

Obesity and not watching what they do when they know they have diabetes. - Community/Business Leader

Chronic overweight. Lack of access to fruits and vegetables. Lack of knowledge of healthy eating. - Public Health Representative

Lack of exercise options, safe routes to walk, access to local healthy foods. - Public Health Representative

Food is a social thing in this community much more so than exercise. Fresh fruit and vegetables are very expensive. Here at the hospital, the kitchen is helping staff and visitors to know the carb counts for specific food items and to know some about cooking. - Other Health Provider

Education is needed for these people suffering from diabetes to make healthier choices when it comes to food and lifestyle. There is a possibility that people are not able to afford the foods and meds to change their way of life. - Community/Business Leader

Lifestyle

Lifestyle changes that are necessary to better manage their disease. - Other Health Provider

Willingness to make necessary changes to lifestyle and eating. - Community/Business Leader

The primary challenges for those diagnosed with diabetes are acceptance of the disease and then working to alter their life style. The diagnosis part can be handled quite readily; however, support for those who are suffering with diabetes may be in need. - Community/Business Leader

Lifestyle, nutrition, lack of education. Not diabetes education rather formal education. Native American population and reservation within encatchment area. - Other Health Provider

Changing habits. - Community/Business Leader

Community norms favor heavy use of alcohol and unhealthy dietary habits. - Social Services Provider

Following up on the problems that exist with it. Permanent lifestyle change, not temporary. - Community/Business Leader

Treatment Compliance

Not taking their medications as ordered by a doctor. Not being mindful of their eating habits. Not following doctors' orders on their diet. - Social Services Provider

Living with diabetes. - Community/Business Leader

I think just learning how to live with it. - Social Services Provider

Staying on course with their treatment. - Community/Business Leader

One of the biggest challenges for people with diabetes is being personally responsible for taking their medication, eating healthy and exercising. There may also be a lack of aftercare for individuals with diabetes. - Community/Business Leader

Lack of education regarding implications of disease. – Physician

People who have diabetes do not receive appropriate follow up services. - Community/Business Leader

Treatment of diabetes, especially Indians. Poverty prevents people from getting help. - Social Services Provider

Affordable Care/Services

Access to affordable medications and supplies. This is mostly for those with type 1 diabetes that do not qualify for Medicare. Education about diet and the benefits of eating healthy and being active, for all ages. - Social Services Provider

Affording healthcare. - Community/Business Leader

The high cost of supplies and medications to manage their diabetes. Also, lack of insurance to support ongoing medical appointments that are necessary to optimally control their chronic disease. - Other Health Provider

Aging Population

We have an elderly, obese population. Population has difficulty with transportation to health care. - Other Health Provider

We have a large elderly population and MDH states that 20% of adults over the age of 65 have diabetes. An elderly person may be dealing with other hurdles such as other chronic conditions and potentially less support. - Other Health Provider

Access to Care/Services

Lack of Providers

No local expertise for juvenile Type 1 diabetics. This requires traveling long distances for appointments. - Community/Business Leader

Health care professionals are not equipped to deal with this issue. - Social Services Provider

Incidence/Prevalence

Many people are affected by diabetes. - Social Services Provider

Diabetes, I know many people with diabetes. It's a major health problem for all communities. - Community/Business Leader

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

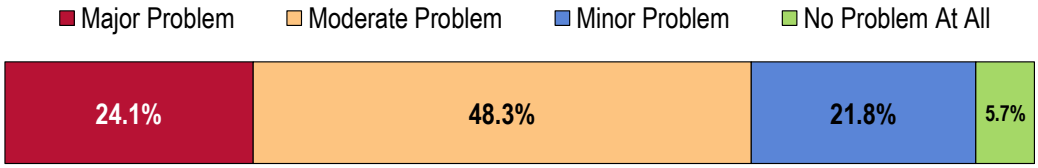
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Dementias, Including Alzheimer's Disease

A high percentage of key informants taking part in an online survey characterized *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population

People living longer, not having the right people to help them. - Community/Business Leader

With a high population of elderly people, this is a concern in this area because people with this diagnosis tend to wander, and there are a lot of places to wander out here. A lot of bodies of water. It makes it scary for families to try and care for. - Community/Business Leader

I think it is a problem because we have an elderly population. - Community/Business Leader

We are an older than average community with numerous individuals who live alone or whose network of extended family members are not in the area. I see some patients who show signs of dementia and do not appear to have an adequate support system in place. - Other Health Provider

The age of our citizens puts them into a category that is susceptible. - Community/Business Leader

I marked this due to the advanced age of our community. We have a large number of elderly in our community and this is something we see daily in the work we do. More resources for the caretakers of people with these diseases would be helpful. - Social Services Provider

Again, Aitkin County consists of a large percentage of elderly people. This is the time in life when dementia and/or Alzheimer's disease are most prevalent. Because of limited resources, an afflicted individual may remain in their home. - Community/Business Leader

We have a very aged population and it is just part of being 90+ years old. There are not a lot of stimulating, affordable activities for the old. Computer access to help provide stimulating mind exercises is very expensive and people cannot afford it. - Other Health Provider

Aitkin County has a median age of 58. We have a majority of elderly patients in our community. - Other Health Provider

Aitkin County has the oldest population in Minnesota. - Community/Business Leader

Because we have a large population of older adults. - Community/Business Leader

Dementia and Alzheimer's disease is growing at a fast rate as more in our society age. Age is the biggest risk factor for dementia. - Social Services Provider

Incidence/Prevalence

While working with seniors, it is clear that dementia/Alzheimer's is very common here. - Social Services Provider

Because there is no cure and the problem is getting bigger. - Community/Business Leader

That is consistent with nationwide trends. - Community/Business Leader

There are a number of people in the community who have been diagnosed with dementia/Alzheimer's disease. This problem affects the entire family. - Community/Business Leader

Access to Care/Services

Aitkin is the oldest county in MN. We have very minimal resources in the area to help, and doctors do not seem to have time to deal with the issue or to connect with what resources are available. - Social Services Provider

I never hear about any treatments or doctors that specifically treat/manage these diseases. It seems to be an "it will happen" approach, so nothing can really be done. - Other Health Provider

There are no prevention programs for this issue. - Social Services Provider

Diagnosis

Many in the community have early symptoms of dementia, but are not actively seeking help for these issues. Many family members don't know the early signs and can't help. Community members are often times not sensitive to these ones. - Social Services Provider

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

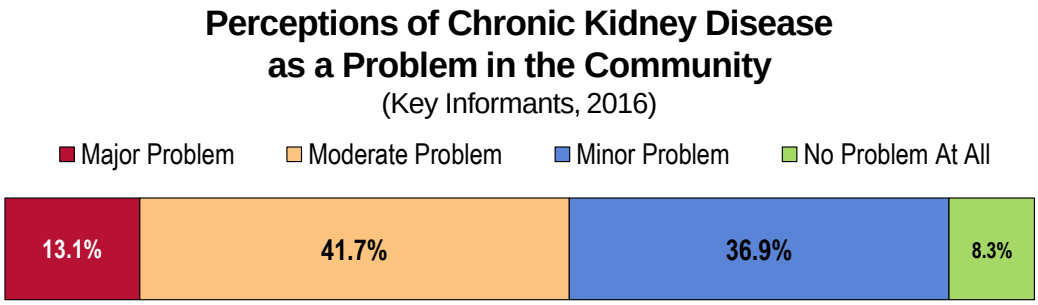
Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Chronic Kidney Disease

Key informants taking part in an online survey generally characterized *Chronic Kidney Disease* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Access to Care/Services

No dialysis. - Other Health Provider

We don't have our own dialysis here in Aitkin. - Other Health Provider

Services are not available in the community. - Social Services Provider

Need dialysis here in Aitkin. - Community/Business Leader

One area that Riverwood does not provide for is kidney dialysis, which affects numerous people in our community. - Community/Business Leader

We do not have a provider of this specialty coming here and there are no options for home dialysis or a dialysis unit here at the hospital. This means all patients requiring these services must travel 30+ miles for dialysis or if they need a hospital stay. - Other Health Provider

We do not have dialysis in Aitkin. - Community/Business Leader

Must travel for treatment. - Community/Business Leader

Distance necessary to travel to receive dialysis. - Community/Business Leader

We have many community members that need kidney dialysis on a daily basis and are having to drive many miles to receive care. It consumes the entire day. I wish that we could have something here in our community. - Community/Business Leader

Kidney dialysis. Have to travel out of the county for treatment. - Community/Business Leader

Diagnosis

Too many misdiagnoses in the Aitkin area. - Social Services Provider

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develops protracted back pain.
- 2-8% has chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

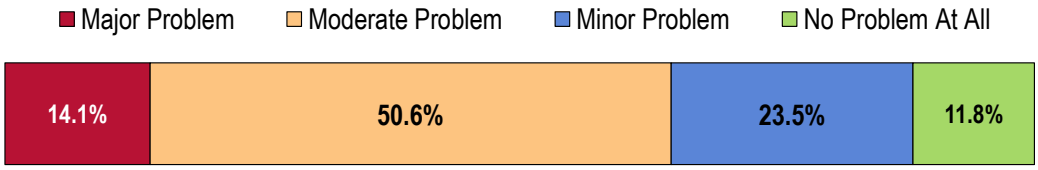
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Approximately one-half of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population

Our community has a large population of older adults or retired individuals. Many of the local jobs for the younger group involve high physical demands, such as logging, trucking construction etc. - Community/Business Leader

The aging population of a hard labor working class. - Community/Business Leader

Old age, many people suffering. - Physician

We have one of the largest elderly populations in Minnesota. - Community/Business Leader

Lifestyle and aging population. - Community/Business Leader

Lack of Providers

Health care professionals do not have enough training on the issue. - Social Services Provider

For people that have this health issue, there is not always a solution that can help with the pain and stiffness. - Community/Business Leader

Difficult to see a specialist in a timely way. No specialist in this area. - Community/Business Leader

Incidence/Prevalence

The amount of people with this condition. - Community/Business Leader

I know of a lot of people with back issues. It seems most everyone has arthritis/osteoporosis. The Bone Builder classes are very popular. - Social Services Provider

I hear people talking about such ailments on a daily basis. - Social Services Provider

Co-Occurrences

Arthritis, osteoporosis and back conditions are so closely related to chronic pain and all are a major problem in this community because they seem to inhabit the majority of the population. There is also very little education out there. - Community/Business Leader

Other Findings

The Online Key Informant Survey also yielded the following input related to senior services:

Support/Services for Senior Citizens

Active Living opportunities for elderly. The more active our elderly are, the longer they are able to care for themselves. However, there is little programming for them. Services for LGBTQ community, especially youth. - Public Health Representative

Elderly support, many of the diseases could be lessened if there were more support for the elderly, regardless of what the condition may be. RSVP, Brainerd, MN, is the only program of

> *which I am aware that does support the elderly in a variety of ways. - Community/Business Leader*
>
> *Social determinants. We have a significant number of elderly individuals with very limited incomes. - Other Health Provider*

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

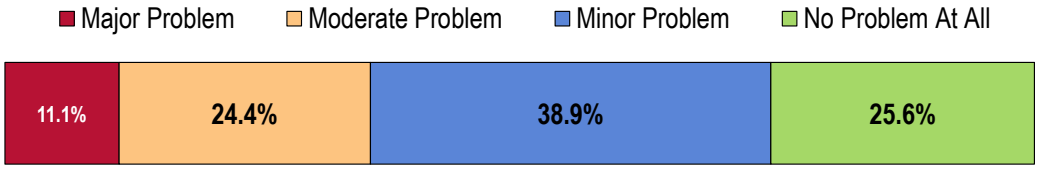
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

Nearly two-fifths of key informants taking part in an online survey characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Hearing and Vision as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Aging Population

Vision and hearing are two conditions that are chiefly impacted by age. The cost of adequately addressing these issues can be a barrier to effective relief. We are largely an elderly community with low income rates. - Community/Business Leader

We have an elderly population in our community. - Other Health Provider

We have an aging population and one eye care center in town. - Community/Business Leader

Lifestyle

High risk jobs like logging, popular high noise level sports, shooting, 4-wheeling, jet skiing, outboard motors, etc. - Community/Business Leader

Lack of Providers

The Eye Care Center is the only business that addresses the issue in Aitkin County. - Social Services Provider

Affordable Care/Services

The high cost of treatments and prescriptions. - Community/Business Leader

Socioeconomic Status

Once again, poverty. - Social Services Provider

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Pneumonia Vaccination

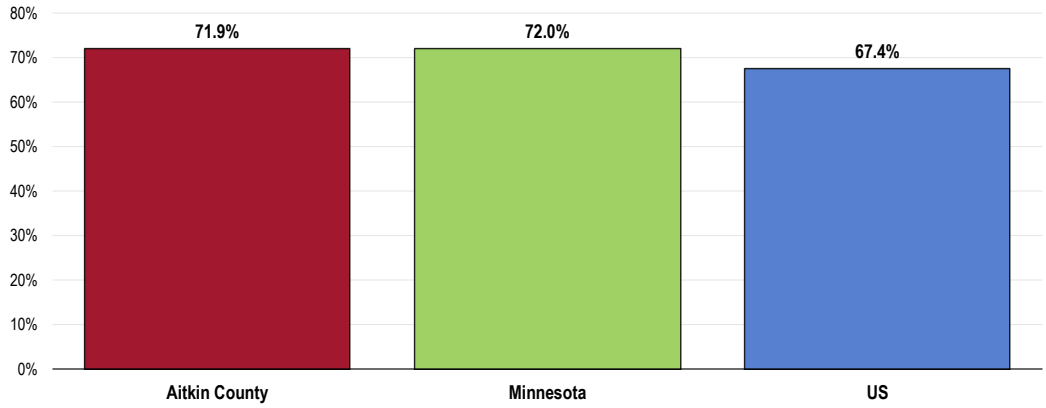
Among adults age 65 and older, 71.9% have received a pneumonia vaccination at some point in their lives.

- Nearly identical to the Minnesota finding.
- More favorable than the national finding.
- Fails to satisfy the Healthy People 2020 target of 90.0% or higher.

Adults 65 and Older With Pneumonia Vaccination, Percent

(2006-2012)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2006-12). Accessed via the Health Indicators Warehouse.
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-13.1].

Notes:
- This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

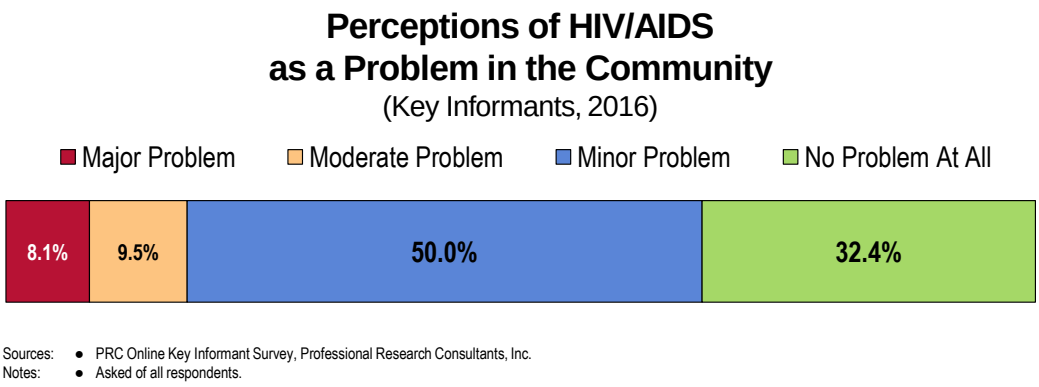
- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: HIV/AIDS

One-half of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Health Education

The general public in Aitkin County is not educated properly on this issue. - Social Services Provider

I don't think HIV/AIDS is a problem, but the lack of talk about it is concerning. It still is a major STD that our community needs to recognize. The youth are becoming more sexually active at younger and younger ages. - Other Health Provider

Access to Care/Services

Lack of treatment in the county and high use of drugs in certain populations, Native Americans. - Community/Business Leader

Limited on resources to address this. - Community/Business Leader

Drug Use

I don't know that it is a huge problem in our community as I am unaware of the statistics of the population living with HIV/AIDS in Aitkin County. However, there is a lot of drug use which on its own can be a risk factor in addition to unprotected sex. - Other Health Provider

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in Aitkin County was 123.3 cases per 100,000 population.

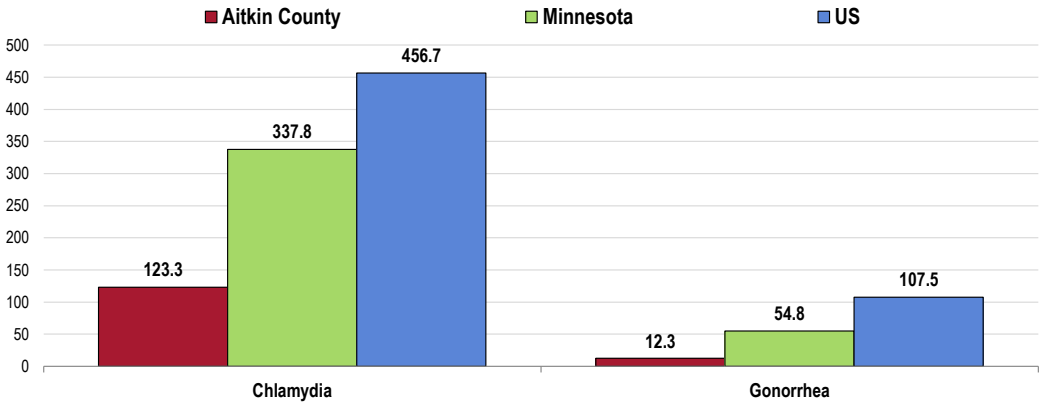
- Much lower than the Minnesota and national incidence rates.

The gonorrhea incidence rate in the service area was 12.3 cases per 100,000 population in 2012.

- Notably more favorable than the incidence rates found statewide and nationwide.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2012)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

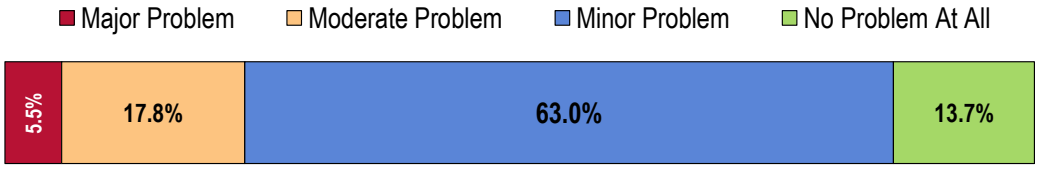
Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

Most key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Health Education

> *Lack of education in the schools about STD's, prevention and treatment. Children are becoming sexually active at a younger age and therefore education needs to start earlier, especially in Aitkin schools. - Social Services Provider*

Lack of Providers

> *Aitkin County Public Health is the only place for people to go for help on this issue. - Social Services Provider*

High Risk Behaviors

> *Drugs and booze contribute to unsafe sex. - Social Services Provider*

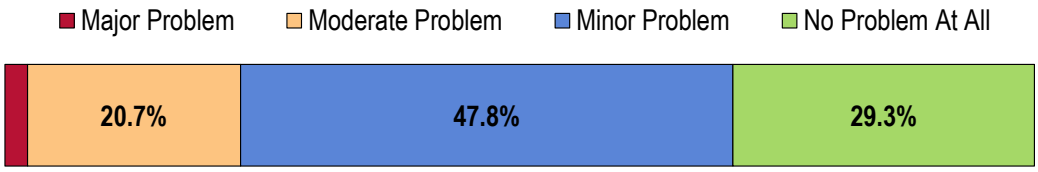
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

A high percentage of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Health Education

> *Again, lack of education regarding the importance of immunizations. Many parents are choosing not to immunize, or do so on a delayed schedule. This is prompted by celebrities, false information on social media and lack of education. - Other Health Provider*
>
> *Awareness of Lyme disease. - Community/Business Leader*

Births

Professional Research Consultants, Inc.

Birth Outcomes & Risks

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

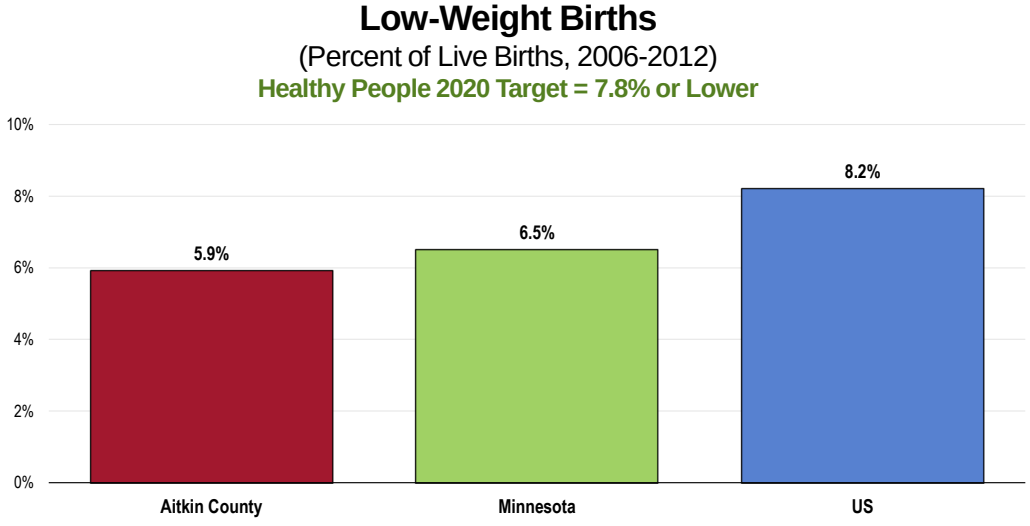
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 5.9% of 2006-2012 Aitkin County births were low-weight.

- Slightly better than the Minnesota proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

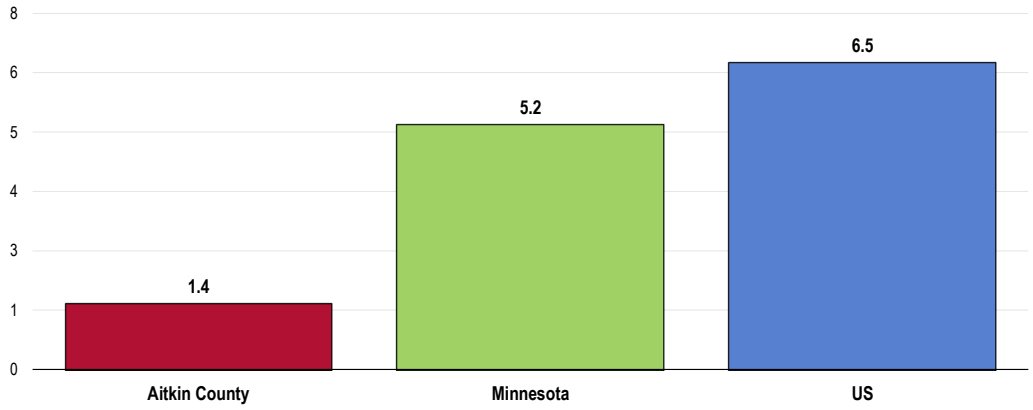
Between 2006 and 2010, there was an annual average of 1.4 infant deaths per 1,000 live births.

- More favorable than the Minnesota and national rates.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10. Accessed using CDC WONDER.
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

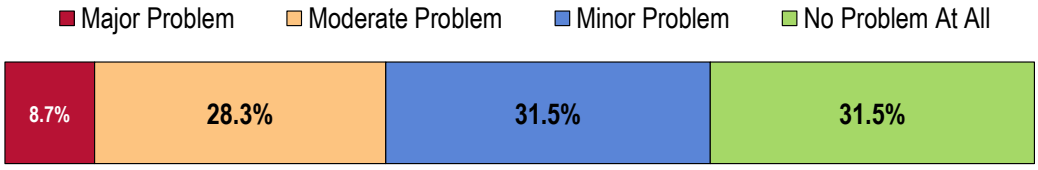
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey were almost equally split in characterizing *Infant & Child Health* as a "moderate problem," a "minor problem", and "not a problem at all" in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Access to Care/Services

> *I just worry about families having access to resources so the children have hot meals and warm beds. - Community/Business Leader*
>
> *Our county is one of the poorest in MN. Are people able to get their infants and children to the clinic for their well child checks? Do the parents understand the importance of those checkups? - Community/Business Leader*
>
> *No pediatric specialists. - Community/Business Leader*

Affordable Care/Services

> *In reality there is only one real problem which is consistent across all age groups; everyone needs affordable health care/insurance. Residents of Aitkin County have good access to high quality health care including mental health services. - Community/Business Leader*

Incidence/Prevalence

> *I work with kids and see a lot of health issue needs and overall developmental concerns. - Other Health Provider*

Nutrition

> *Many children are unhealthy, overweight and lack access to healthy food options while they are not in school. - Social Services Provider*

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

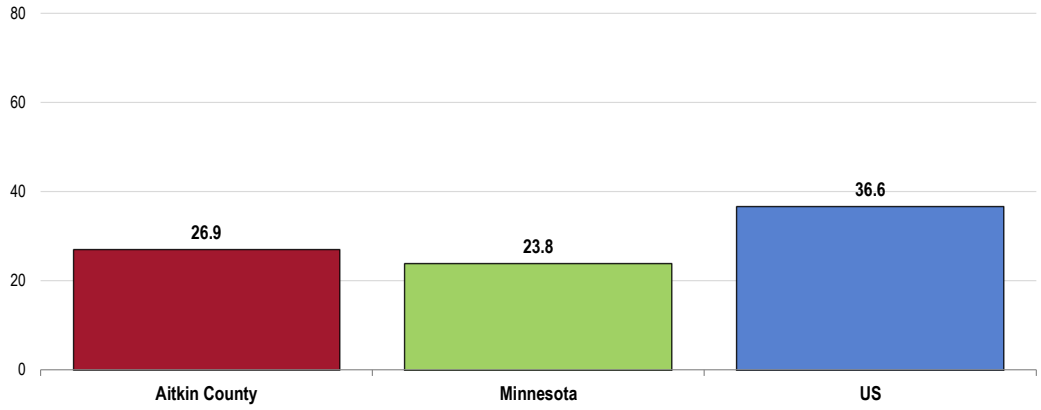
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 26.9 births to women age 15-19 per 1,000 population in that age group.

- Higher than the Minnesota proportion.
- Notably lower than the national proportion.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)

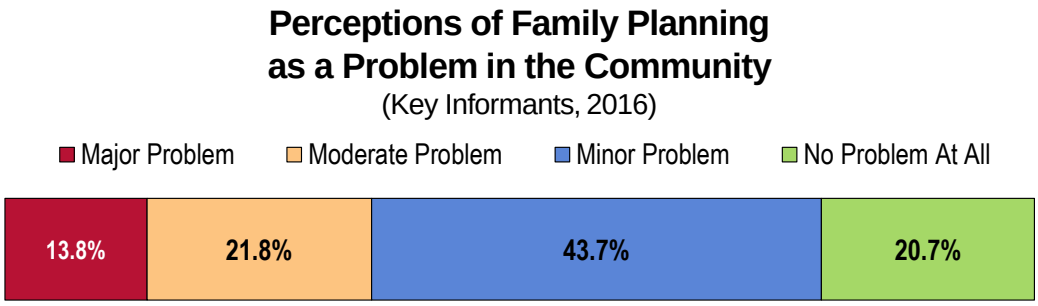


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

The largest share of key informants taking part in an online survey characterized *Family Planning* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Health Education

Teen pregnancy, lack of education about birth control options at a young age. Some schools do not make this a priority and so many children go uneducated about options regarding safe sex and birth control. - Social Services Provider

Not enough resources, no learning available. - Social Services Provider

Don't think about the consequences for the children before getting pregnant. - Community/Business Leader

Access to Care/Services

I just worry about families having access to the resources that they need so the children have hot meals and warm beds. - Community/Business Leader

The only agency that will address issues is Aitkin County Public Health. - Social Services Provider

Birth Control

There are healthcare practitioners who refuse to offer birth control to their patients based on religious beliefs. - Community/Business Leader

Single Parents

I feel there are too many unmarried women that have multiple children and are unemployed. - Community/Business Leader

Socioeconomic Status

Because of poverty, family planning is not a priority. - Social Services Provider

Modifiable Health Risks

Professional Research Consultants, Inc.

Actual Causes Of Death

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

About Contributors to Mortality

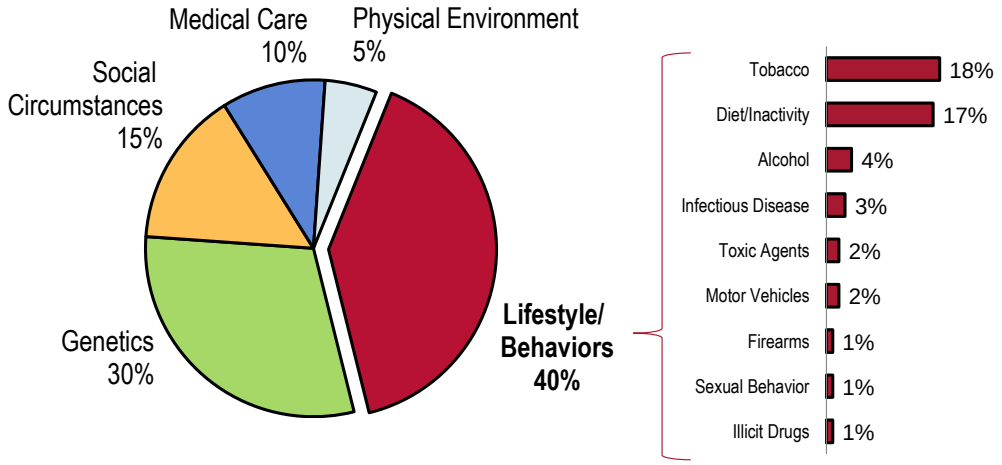
A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

Factors Contributing to Premature Deaths in the United States



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
"Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Nutrition, Physical Activity & Weight

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

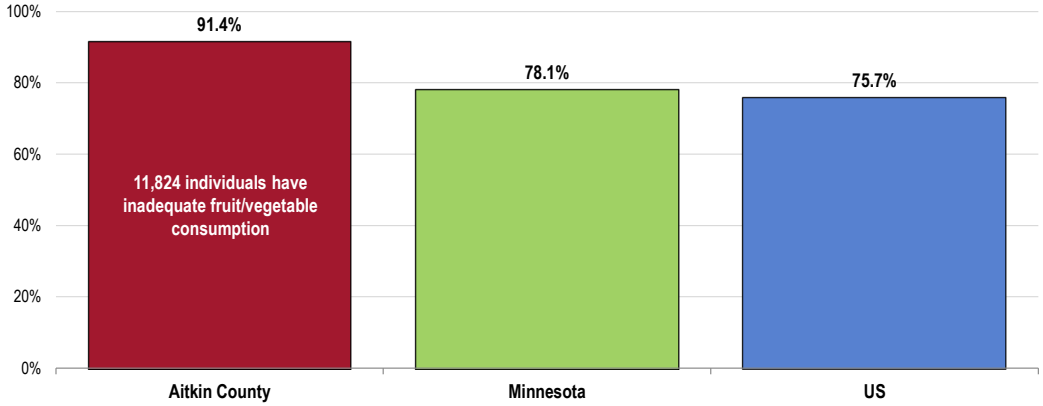
- Healthy People 2020 (www.healthypeople.gov)

Fruits/Vegetable Consumption

A total of 91.4% of Aitkin County adults (representing 11,824 individuals) get less than the recommended five servings of fruits and/or vegetables per day.

- Much higher than statewide and national findings.

Less Than 5 Servings of Fruits and Vegetables Each Day
(2005-2009)



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2005-09). Accessed via the Health Indicators Warehouse.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percent of adults age 18+ who are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause of significant health issues, such as obesity and diabetes.

Low Food Access (Food Deserts)

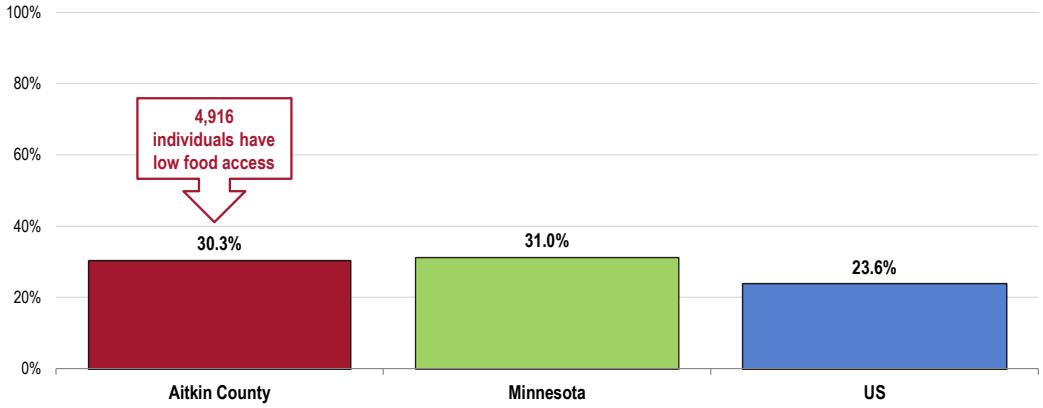
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 30.3% of the Aitkin County population (representing approximately 5,000 residents) has low food access or lives in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Similar to the statewide findings.
- Less favorable than national findings.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

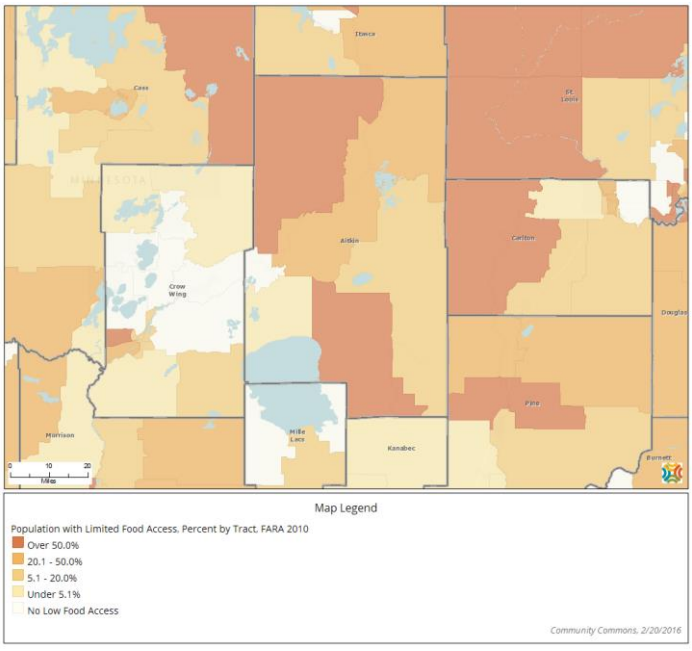


Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Geographically, food deserts are prevalent throughout most of Aitkin County, with lowest food access evident in census tracts in the northwest and mid-south.

Population With Limited Food Access, Percent by Tract, FARA 2010



Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Lack of Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

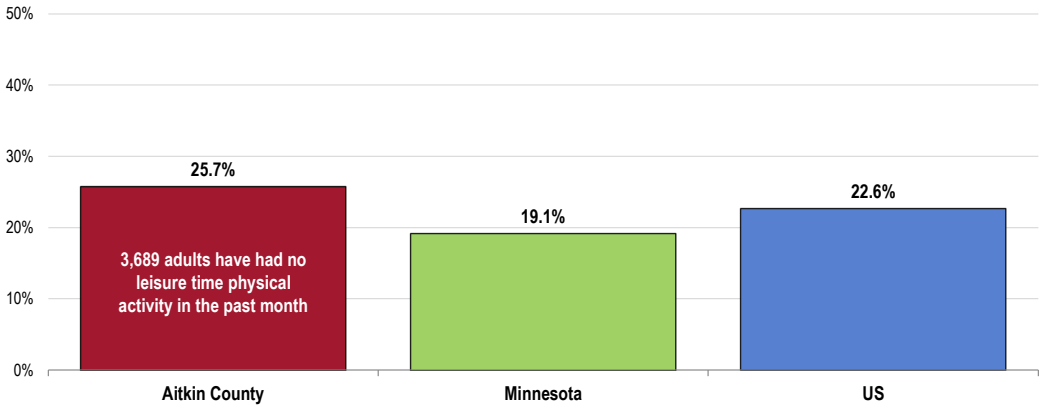
One-fourth (25.7%) of Aitkin County adults (representing 3,689 individuals) report no leisure-time physical activity in the past month.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

No Leisure-Time Physical Activity in the Past Month

(Adults Age 20+, 2012)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (2012).
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1].

Notes:
- This indicator reports the percent of adults aged 20+, who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Obesity

A total of 26.3% of Aitkin County adults age 20 and older are obese.

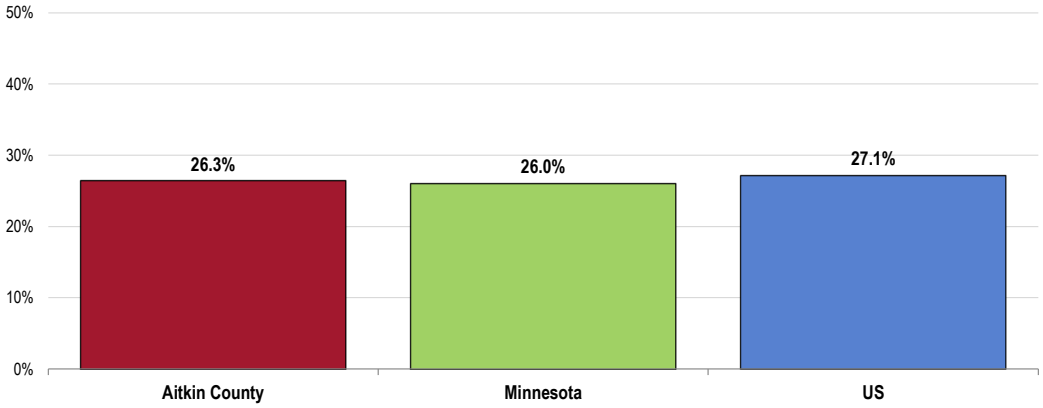
"Obese" includes respondents with a BMI value ≥30.0.

- Comparable to both the Minnesota and US findings.
- Satisfies the Healthy People 2020 target (30.5% or lower).

Adults Age 20 and Older Who Are Obese

(Body Mass Index ≥ 30.0; 2012)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (2012).
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9].

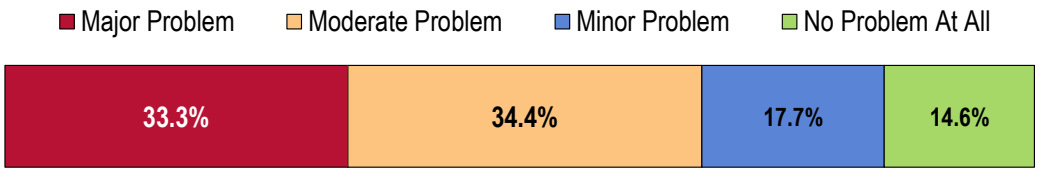
Notes:
- This indicator reports the percent of adults aged 20+ who self-report that they have a Body Mass Index (BMI) of 30.0 or greater (obese). This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Nutrition, Physical Activity & Weight

Slightly more key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" than a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2016)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Resources

Lack of access. Lack of opportunity. Aging population. Difficulty getting schools on board for prevention activities and integrating new initiatives proven to work. - Public Health Representative

Distances people live from resources, weather conditions in winter make regular exercise programs and weight loss programs difficult. - Community/Business Leader

Our climate makes it more difficult for many people to be active outdoors for a significant part of the year. There is a lack of easily accessible, free indoor exercise space in the winter. The cost of fresh, nutritious fruits and vegetables is problem. - Other Health Provider

Access to fresh fruits and vegetables. Safe walkways and bike trails. Safe areas to recreate. - Public Health Representative

In Aitkin County and the town of Aitkin itself the produce at the grocery store is expensive and often not affordable. The access to physical activity is very limited. There are very few sidewalks in the town and those sidewalks are not shoveled. - Other Health Provider

Lack of access to a community center that is affordable. During the winter months, outdoor activities are limited. We need a community center that offers many different types of activities. The programs in the area are limited. Healthy food is expensive. - Other Health Provider

I think the biggest barrier to nutrition in this community is financial. A challenge in weight management is commonly linked to managing time. Being successful in nutrition, physical activity and weight management is strongly dependent. - Community/Business Leader

Aitkin has an aging population that has limited resources in regards to nutrition, physical activity and weight. Cost is also another factor. - Community/Business Leader

Lifestyle

As a senior community, many people are "set in their ways" when it comes to eating. As we age, our metabolism declines and what calories we were once able to metabolize don't get used as they once were. The added weight and lack of physical activity. - Community/Business Leader

Generational habits supporting weight gain through poor diets and decreased activity as a lifestyle. Poverty reduces food choices and defaults to high carb, inexpensive and "filling" foods. Winter month influence activity for people who are overweight. - Social Services Provider

Lack money to buy healthy food. Lack of desire to eat healthy food. Too much screen time, so they do not get active enough. Lack of community activities appropriate for a variety of ages and interests. - Community/Business Leader

I believe our town is filled with opportunities for people to live a nutritious life that is filled with physical activity to control our weight, but again, demographics doesn't lead many people to take advantage of that lifestyle. - Community/Business Leader

Considerably higher cost of health food choices and entire generations of young people who do nothing physical. - Community/Business Leader

Bad eating habits, no exercise. - Social Services Provider

Fatherless homes with bad eating habits, such as eating bar food for dinner and just eating snacks at home and not square meals. I see a lot of overweight adults and children in the community. - Community/Business Leader

Health Education

Schools aren't providing consistent education probably due to time issues and lack of curriculum. - Other Health Provider

Appropriate education and support for all community members. Financial constraints deter many people from engaging healthy lifestyle practices. - Other Health Provider

Nutrition Education for families and schools. - Community/Business Leader

There is no serious educational program to teach the relationships between diet, exercise, and both mental and physical health. Discussing weight issues with an obese person seems to be 'taboo' and no one's business but the at risk person. - Community/Business Leader

Obese persons don't seem to recognize the existence of, and impact of, their own problems. In addition, they don't seem to know how to address them or make lifestyle changes. - Community/Business Leader

Prevalence of Obesity

High obesity rate in our community. - Social Services Provider

Many overweight people. - Community/Business Leader

Too much of people being okay with being overweight. - Social Services Provider

Obesity is one of the fastest growing issues, as I noted before, food of the wrong kind is socially acceptable even to excess. Healthy foods are expensive and frying is the frequent cooking method. - Other Health Provider

Time Constraints

Two parents must work, often more than one job, leaving little time for exercise or cooking from scratch. Healthy eating costs more than prepackaged foods, so people on a limited income are even more likely to eat the less healthy option. - Public Health Representative

People are busy and often don't have time to cook a nutritious meal so they grab fast food, throw a pizza in the oven, and eat junk food because it is convenient. Poor habits are passed on to children, too. - Social Services Provider

Lack of Motivation

Lack of groups to motivate patients. - Physician

Motivation. - Community/Business Leader

A lack of concern about general health and well-being. - Social Services Provider

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Excessive Drinking

A total of 15.1% of area adults drink alcohol excessively.

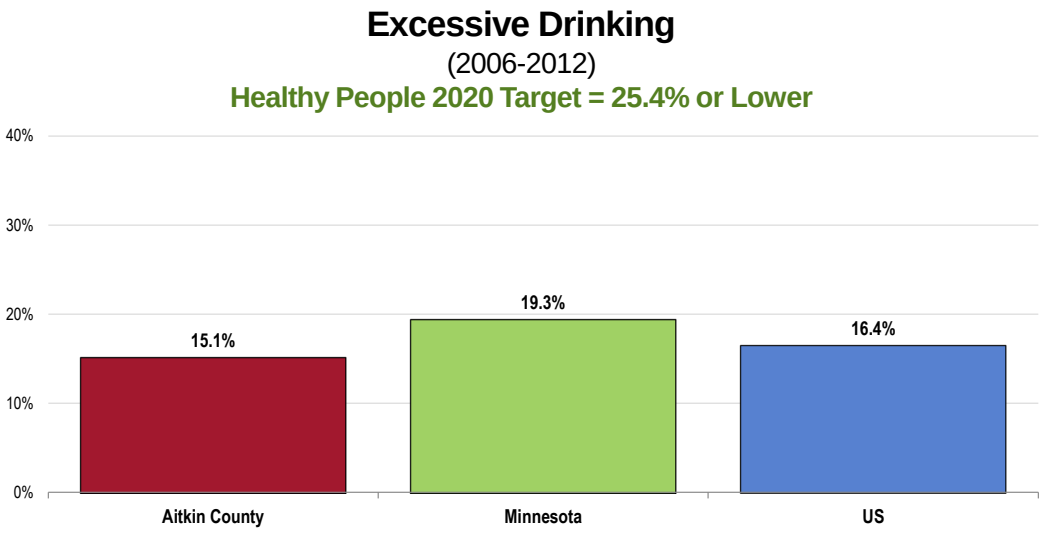
- More favorable than the proportions found statewide and nationwide.
- Satisfies the Healthy People 2020 target (25.4% or lower).

This indicator reports the percentage of adults aged 18 and older who self-report:

heavy drinking (defined as more than two drinks per day on average for men and one drink per day on average for women)

or

binge drinking (5 or more drinks on a single occasion for men, 4 or more drinks on a single occasion for women).

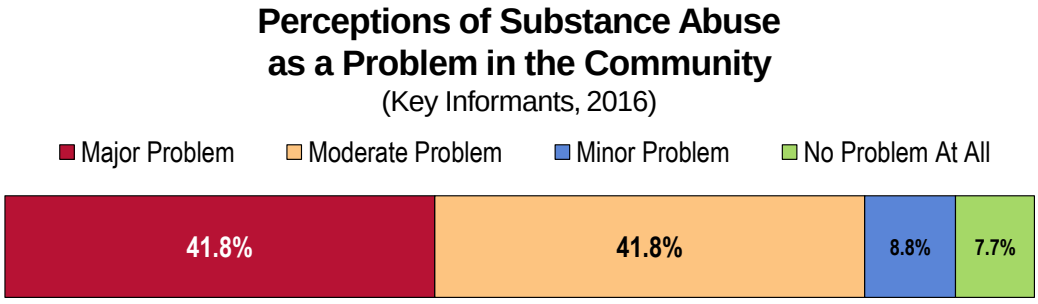


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2006-12). Accessed via the Health Indicators Warehouse.
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15].

Notes:
- This indicator reports the percentage of adults aged 18 and older who self-report heavy drinking (defined as more than two drinks per day on average for men and one drink per day on average for women) or binge drinking (5 or more drinks on a single occasion for men, 4 or more drinks on a single occasion for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Key Informant Input: Substance Abuse

Key informants taking part in an online survey equally characterized *Substance Abuse* as a "major problem" and a "moderate problem" in the community.



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Providers/Treatment Centers

There is no treatment facility for substance abuse in our county. The nearest treatment facility is in Brainerd. There is a great need in our county jail for help with substance abuse. - Social Services Provider

There are very limited resources in our community for substance abuse. Many people have to travel to other communities to receive help. - Community/Business Leader

Lack of a local provider, distance, finances and the drastic stigma between SA and other health care services. If we ever got to a more holistic health care world where centers saw people for overall care vs. episodes, this could be reduced drastically. - Public Health Representative

No beds available, no outpatient treatment programs in the area. - Other Health Provider

No treatment center in the immediate area. Also, a lot of the drugs used like heroin are coming from the reservation so it is out of local PD's hands. It may be something that is taught to children by their parents as being a way of life and acceptable. - Community/Business Leader

There is no treatment in the county. - Social Services Provider

I think the greatest barrier that prevents a person from accessing needed substance abuse treatment is the fact that there is not a dedicated substance abuse treatment facility in this community. - Community/Business Leader

Lack of local services. - Other Health Provider

Again, substance abuse programs don't really exist in Aitkin County. Most folks who need help are required to go to Brainerd or Grand Rapids. - Community/Business Leader

Lack of availability. Shame. Living in poverty. Substances are outlets. - Public Health Representative

Living life as it is. Too much distance to treatment. - Social Services Provider

Denial/Stigma

Not strong enough to follow through. - Community/Business Leader

Presumably, those on drugs enjoy being high on drugs. - Community/Business Leader

Not admitting they have an issue, labels. - Community/Business Leader

Ease of finding and attaining them, peer pressure, don't recognize need, stress level and poverty of people here ups the desire to do the drugs. Lack of activities to do except go to bars to socialize. - Community/Business Leader

The biggest barrier is admitting there is a problem. Once there has been an admission to the need for help, then it's being able to afford the program. - Community/Business Leader

They don't believe they have a problem, limited resources in the rural areas of MN. - Social Services Provider

First of all, addiction is a challenge in itself and the individual does not always want treatment. Many times it takes the person being arrested and then court orders to go to treatment. Treatment options are usually out of the county, such as Brainerd. - Other Health Provider

Denial of a problem. - Community/Business Leader

They're not ready to give up the lifestyle. Afraid they will get in trouble with the law or welfare if they shed light on their problem. - Community/Business Leader

Incidence/Prevalence

Community norms favor substance abuse. Substance abuse medicates other issues in life, depression, hopelessness, isolation and boredom. - Social Services Provider

I think substance abuse is a big problem in our community. The jail is full. - Social Services Provider

Ease of getting prescription narcotics. Profit from selling illegal substances and narcotic prescriptions. Easier to get high than to try to quit. - Other Health Provider

> *Drugs, particularly alcohol abuse but also illicit drugs. Drug abusers are likely to become involved with the justice system for illegal activities because and/or in support of their addiction. - Community/Business Leader*
>
> *I believe that the over prescription and/or prescription of meds is out of control. There are many clients that will seek certain doctors that will label "permanently disabled" clients when previously they were "temporary" or not on any restrictions. - Other Health Provider*
>
> *Alcoholism is the biggest challenge, but too many of the professionals use alcohol. - Aitkin*

Affordable Care/Services

> *Cost and lack of desire. - Community/Business Leader*
>
> *Cost, availability. - Other Health Provider*
>
> *Cost and distance to service. There are no substance abuse treatment centers in the community. - Community/Business Leader*
>
> *Money - Community/Business Leader*
>
> *Transportation, cost. - Social Services Provider*

Co-Occurrences

> *Mental Health issues that may accompany the substance abuse. Years of addiction, generations of poverty, lack of local support systems. - Other Health Provider*

Socioeconomic Status

> *Poverty. People without hope and dreams turn to drugs. - Community/Business Leader*

Most Problematic Substances

Key informants (who rated this as a "major problem") most often identified alcohol, methamphetamines, and prescription medications as the most problematic substances abused in the community.

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	65.6%	18.8%	12.5%	31
Methamphetamines or Other Amphetamines	9.4%	28.1%	34.4%	23
Prescription Medications	9.4%	12.5%	25.0%	15
Marijuana	0.0%	21.9%	18.8%	13
Heroin or Other Opioids	12.5%	15.6%	0.0%	9
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	3.1%	0.0%	3.1%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	3.1%	1
Cocaine or Crack	0.0%	0.0%	3.1%	1
Over-The-Counter Medications	0.0%	3.1%	0.0%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes: cancer; heart disease; lung diseases (including emphysema, bronchitis, and chronic airway obstruction); and premature birth, low birth weight, stillbirth, and infant death.

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

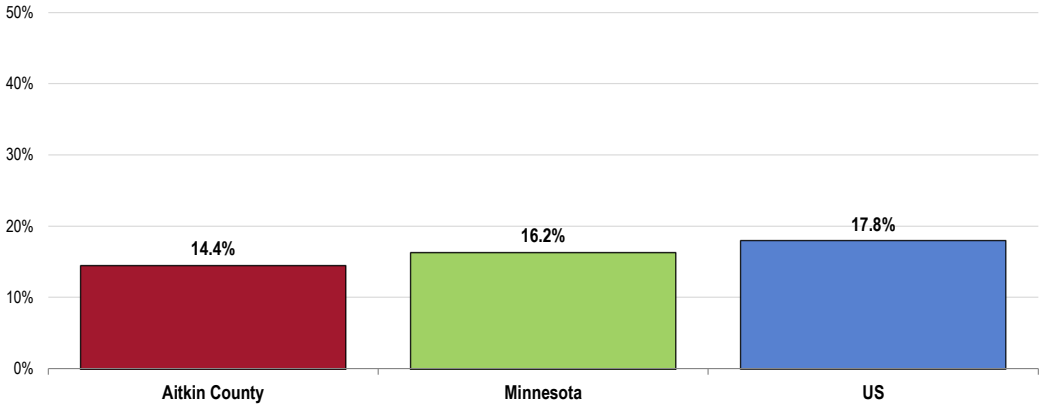
Cigarette Smoking

Cigarette Smoking Prevalence

A total of 14.4% of Aitkin County adults currently smoke cigarettes, either regularly or occasionally.

- Lower than statewide and national findings.
- Fails to satisfy the Healthy People 2020 target (12.0% or lower).

Current Smokers
(2006-2012)
Healthy People 2020 Target = 12.0% or Lower



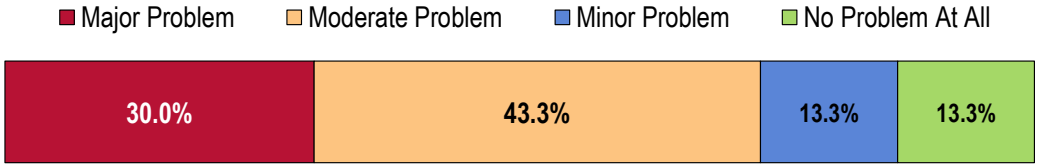
Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2006-12). Accessed via the Health Indicators Warehouse.
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1].

Notes:
- This indicator reports the percent of adults aged 18+ who self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Key Informant Input: Tobacco Use

Key informants taking part in an online survey generally characterized *Tobacco Use* as a "moderate problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Incidence/Prevalence

There are a significant number of residents of all ages who smoke. - Other Health Provider

When I come into work or classrooms, you can smell third hand smoke from kids' backpacks and jackets. I see parents smoking in cars with children. Students are seen smoking on trails by the school and come smelling like cigarette smoke. - Community/Business Leader

I just know of a lot of smokers in the community. - Community/Business Leader

There are many smokers in this community, and I see youth carrying on the tradition. - Community/Business Leader

Too many young people are still smoking with no regard for the harm they are causing themselves and others. Many parents still smoke around children. - Social Services Provider

It is learned at an early age, is socially acceptable, and goes along with alcohol. - Other Health Provider

Check the people outside smoking. Attitude is not me. - Social Services Provider

Tobacco use is always a problem. - Social Services Provider

Community norms favor tobacco use in smoke and chew forms. - Social Services Provider

With all the information out there on how bad smoking is for you, people still smoke. Very bad in the native community. - Social Services Provider

Chewing tobacco is an issue. - Other Health Provider

Currently in this county we have a higher than average per capita amount of smokers. - Other Health Provider

Vulnerable Populations

The Indian population in the area needs the most help with this problem but is not treated well by Riverwood staff. - Social Services Provider

Targeting youth, new products like e-cigs. - Public Health Representative

Young people are regularly starting to use tobacco in all forms including vaporizers. - Community/Business Leader

Too many young people are using and they have easy access to obtain tobacco products including e-cigarettes. - Community/Business Leader

> *Too many kids under the age of 18 are accessing tobacco products at very high rates. Our community does not directly offer easy access to an organization that can help individuals kick the addiction. I have not seen any educational activities. - Community/Business Leader*

Comorbidities

> *While smoking has been curbed recently, smoking is a killer. Vaping is still unknown but one would have to wonder when the ill effects of that will come to light. - Public Health Representative*

> *Tobacco is the leading cause of many types of cancer and other health issues. It is an addiction, and once started it is very hard to rid oneself of this addiction. Unfortunately, many young people think it's "cool" to smoke, and once started, they are hooked. - Community/Business Leader*

Culture

> *Culture. - Community/Business Leader*

> *I think it may be a cultural thing, but there are still a lot of smokers out there that may want to quit but do not have the resources to get the help. - Community/Business Leader*

Cessation Programs

> *Know several people who would like to quit but don't know of programs to aide them. - Community/Business Leader*

Addiction

> *An addiction, hard to stop. - Community/Business Leader*

Access to Health Services

Professional Research Consultants, Inc.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64 in Aitkin County, 12.9% report having no insurance coverage for healthcare expenses.

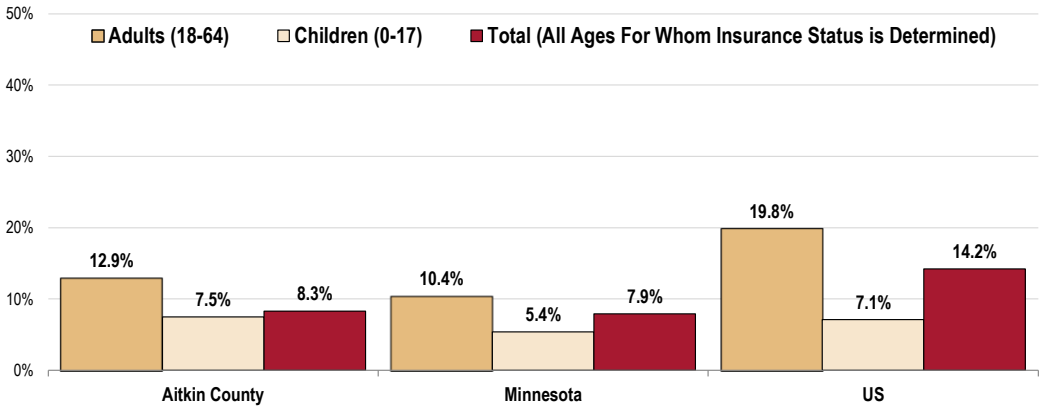
- Worse than the state finding.
- Better than the national finding.
- The Healthy People 2020 target is universal coverage (0.0% uninsured).

Additionally, among children age 0 to 17 in Aitkin County, 7.5% have no insurance coverage for healthcare expenses.

Uninsured Population

(2010-2014)

Healthy People 2020 Target = 0.0%



Sources:
- American Community Survey 5-year estimates (2010-2014).
- Retrieved February 2016 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1.1].

Notes:
- The lack of health insurance is considered a *key driver* of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

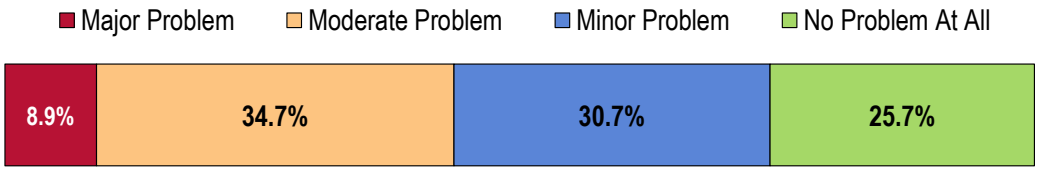
Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community
(Key Informants, 2016)



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Lack of Providers

Keeping qualified doctors and nurses in our area. Specialists who have the equipment they need for larger operations and better outcomes. Geriatric services as our population ages even more than it has. - Community/Business Leader

Not enough doctors, not enough specialists. - Community/Business Leader

In a rural community such as ours, our clinic in McGregor is not set up to function as an emergency clinic. Therefore, the closest emergency clinic is Aitkin which may be anywhere from a half hour to an hour drive for many local residents. - Community/Business Leader

Access to primary care is limited, difficult to get an appointment with a primary care provider. If an individual needs to see a specialist they must travel, which can be difficult financially. It would be great to have specialists for all body systems. - Other Health Provider

Affordable Care/Services

Not affordable. We have a star rated healthcare facility in our community, but many choose not to go to the doctor because they either have no health insurance or the deductible is really high and they are using it just for catastrophic illness. - Community/Business Leader

Some of the major problems in accessing health care services for people within this community are financial restrictions or other financial burdens, challenges with travel and lack of health care education. - Community/Business Leader

Transportation

Due to the physical size of Aitkin County, transportation and volunteer services for transport are lacking. The bus runs very limited hours and only goes to certain locations in the county. This is challenging for those who are homebound and living in a rural area. - Social Services Provider

Financial resources are lacking, therefore getting transportation to appointments and paying for medication is difficult. - Physician

Access to Care

I feel there should be outer city urgent care centers open seven days a week for people to see a doctor if they just need a medical appointment or emergency room care. Places closer to home areas such as McGregor. - Social Services Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified mental health care, primary care, specialty care, and dental care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	62.5%	0.0%	0.0%	5
Primary Care	12.5%	42.9%	0.0%	4
Specialty Care	0.0%	14.3%	42.9%	4
Dental Care	12.5%	0.0%	28.6%	3
Chronic Disease Care	0.0%	14.3%	14.3%	2
Urgent Care	12.5%	0.0%	0.0%	1
Pain Management	0.0%	14.3%	0.0%	1
Substance Abuse Treatment	0.0%	14.3%	0.0%	1
Elder Care	0.0%	0.0%	14.3%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

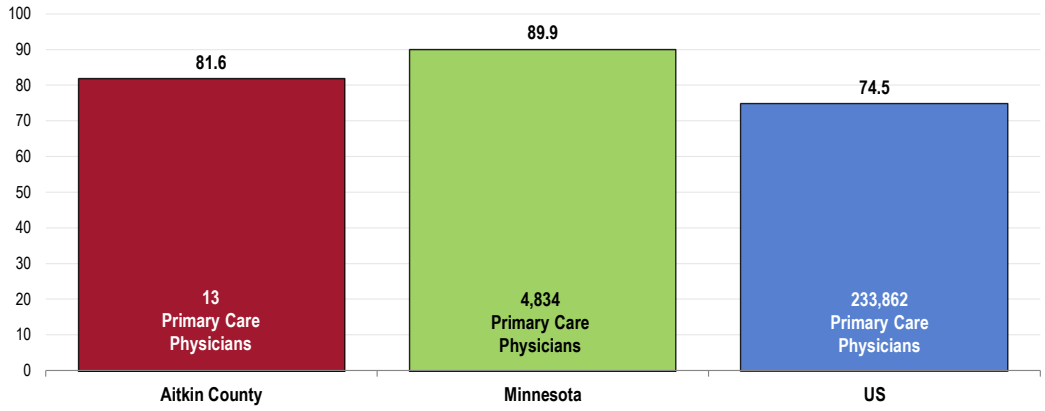
Access to Primary Care

In Aitkin County in 2012, there were 13 primary care physicians, translating to a rate of 81.6 primary care physicians per 100,000 population.

- Below the primary care physician-to-population ratio found statewide.
- Above the ratio found nationally.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2012)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

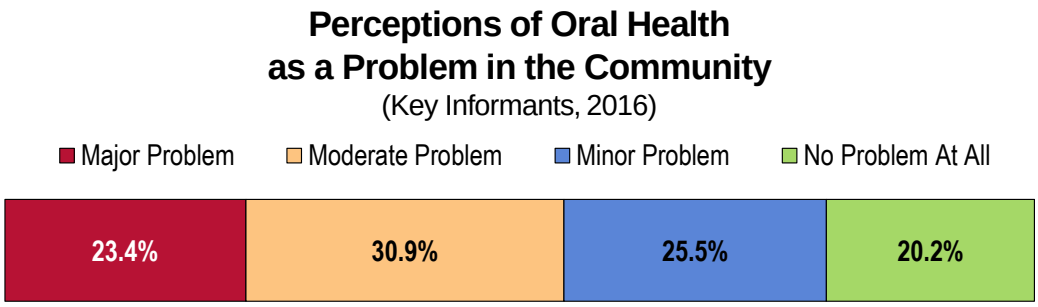
Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Oral Health

Key informants taking part in an online survey were nearly evenly divided when characterizing *Oral Health*, with the largest share describing it as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Affordable Care/Services

I interact with people on a daily basis who are missing teeth or have dental issues. Even with dental insurance coverage, the co-pay prohibits accessing dental services. Alcohol and substance use, as well as soda consumption deteriorate dental health. - Social Services Provider

Lack of access for people on state programs. High expense for people who pay cash. Lack of dental insurance or adequate dental insurance through employers. - Public Health Representative

A lot of people don't have dental insurance so neglect their teeth. - Social Services Provider

Lack of providers who will accept new patients with public programs for a payment option. - Social Services Provider

There is no dental care for people on medical assistance; they have to travel outside of the county to get treatment. - Social Services Provider

Cost, cost, cost and it is not a priority until a toothache happens. - Other Health Provider

Dental not being part of health insurance plans is a major issue. Many people do not have adequate coverage and there seems to be few dentists who are able to take what plans have for coverage to cover their costs. - Public Health Representative

I take notice of peoples' teeth and see a lot of people who are missing teeth or have rotten teeth and think even if they're poor, welfare would take care of their dental work, or maybe it's because of drug use. - Community/Business Leader

Lack of providers. Lack of providers accepting MN healthcare insurance. Lack of transportation options for clients. - Public Health Representative

Again, Aitkin County is a poor county. We have many residents on medical assistance. It is very difficult for them to find a dentist that will accept their insurance, even outside our community. Unfortunately, they have to go without dental care. - Other Health Provider

Lack of funding. - Other Health Provider

Lack of Providers

Limited amount of dentists, zero who take MA, many cannot afford services. - Other Health Provider

We have one dentist office in the city of Aitkin. - Community/Business Leader

Most dentists in town are not excepting new patients and if they are, they are not accepting people on medical assistance. Most people only have one option and that is going to Deerwood, Crow Wing County to the Northland Smile. This is a large barrier. - Social Services Provider

There are only a couple dental offices in the area. Despite its expansion, many people travel to receive medical care. - Community/Business Leader

Local dentists do not accept new patients with Minnesota based insurance and access to dental offices is at least 45 miles away from McGregor. - Social Services Provider

Pediatric Dental Care

Lots of kids don't make it to the dentist for dental care. - Other Health Provider

Health Education

Education and follow through. - Community/Business Leader

Socioeconomic Status

Poverty. - Social Services Provider

Local Resources

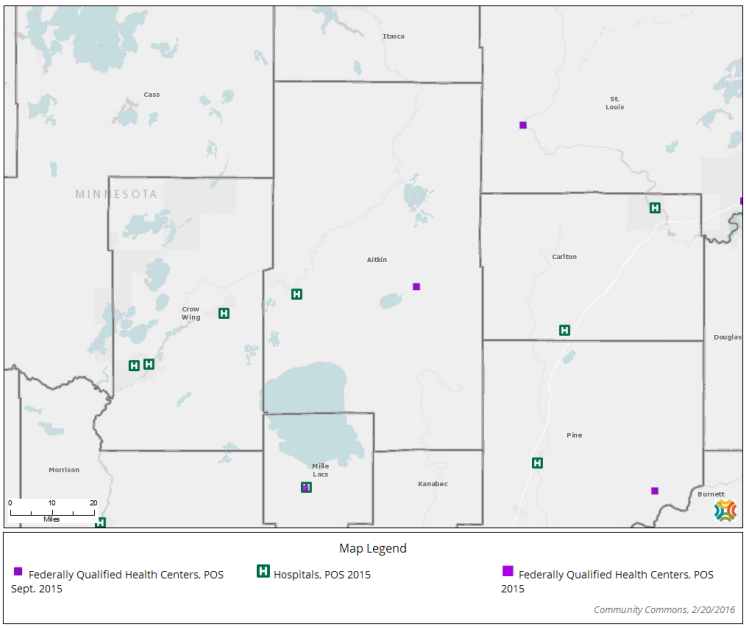
Professional Research Consultants, Inc.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

As of September 2015, there was one hospital and one Federally Qualified Health Center (FQHC) within Aitkin County.

Hospitals & Federally Qualified Health Centers, POS Sept. 2015



Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services (POS) File: Sept. 2015.

Health Professional Shortage Areas (HPSAs)

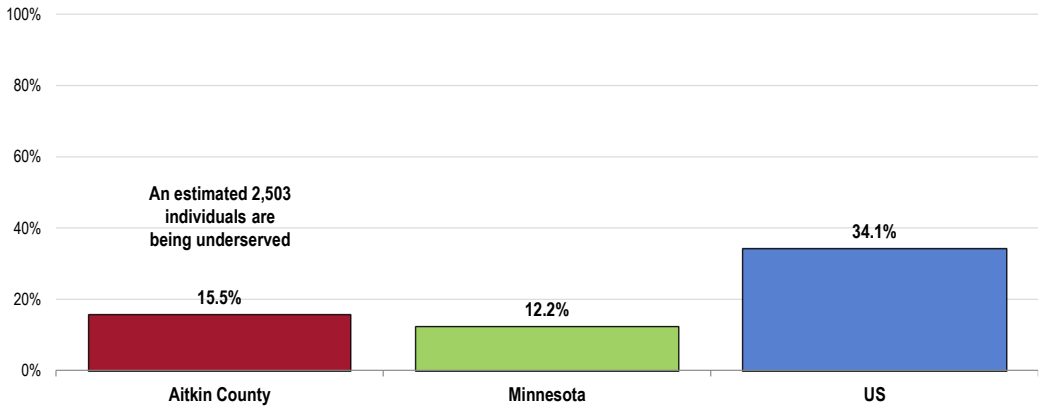
As of March 2015, 15.5% of the Aitkin County population (representing approximately 2,500 individuals) had been living in an area designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

- Less favorable than statewide findings.
- Much more favorable than national findings.

Population Living in a Health Professional Shortage Area (HPSA)

(Percent of Total Population Living in a Geographic Area Designated as Having a Shortage of Primary Medical Care, Dental or Mental Health Professionals, 2015)

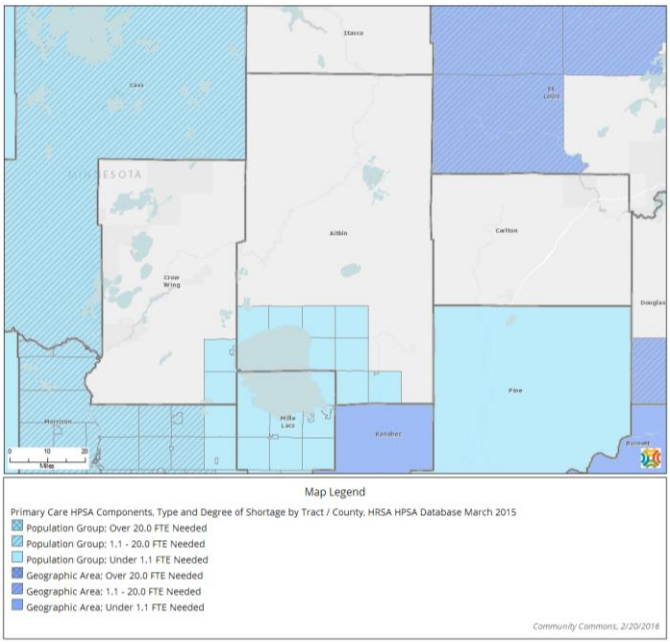


Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas: March 2015.
- Retrieved February 2016 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- Note in the following map that the areas within Aitkin County that have been designated as HPSAs are for certain segments of the population.

Population Living in a HPSA, Percent, HRSA HPSA Database March 2015



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- *Aitkin County Health and Human Services*
- *Aitkin Public Schools*
- *Arrowhead Transport*
- *CARE Program*
- *Parish Nurse Programs at local Churches*
- *Community Education*
- *Cuyuna Regional Medical Center*
- *Dialysis/Kidney Health Services*
- *Doctor's Office*
- *Emergency Response Team*
- *Heart and Stroke Facilities*
- *Public Health*
- *Riverwood Clinic*
- *Riverwood Healthcare Center*
- *School System*
- *SNAP Fitness*
- *Transportation Programs*

Arthritis, Osteoporosis & Chronic Back Conditions

- *Aitkin County Care Respite*
- *Aitkin County Health and Human Services*
- *CARE Program*
- *County Nurse/Wellness*
- *Doctor's Office*
- *Fitness Centers/Gyms*
- *Image Guided Injections*
- *In-Touch Therapy*
- *Joint Replacement Center*
- *Karmady*
- *Magazines*
- *Massage Therapy*
- *Physical Therapy*
- *Riverwood Health Care Affiliates*
- *Riverwood Health Care Center*
- *School System*
- *SNAP Fitness*

Cancer

- *Aitkin County Health and Human Services*
- *Aitkin County Public Health*
- *Angels of McGregor*
- *Breast Cancer Support Groups*
- *CARE Program*
- *Chemotherapy*
- *Community Education*
- *Doctor's Office*
- *Essentia Health Care*
- *Hospice*
- *Hospital*
- *Komen*
- *Mental Support*
- *Oncology*
- *Pathology*
- *Public Health*
- *Rehabilitation*
- *Relay for Life*
- *Ripple River Medical Center*
- *Riverwood Clinic*
- *Riverwood Health Care Affiliates*
- *Riverwood Health Care Center*
- *Support Groups*
- *Surgery*

Chronic Kidney Disease

- *Doctor's Office*
- *Riverwood Healthcare Center*
- *CentraCare Kidney Program, St. Cloud*

Dementias, Including Alzheimer's Disease

- *Aicota Health Care*
- *Aicota Nursing Home*
- *Aitkin County Care Respite*
- *Aitkin County Health and Human*

- *Services*
- *Aitkin County Social Service*
- *Alzheimer's Association*
- *ANGELS*
- *Assisted Living Facilities*
- *CARE Program*
- *Caregiver Support Group*
- *Cuyuna Regional Medical Center*
- *Doctor's Office*
- *Evergreen*
- *Family/Friends*
- *Golden Horizons*
- *Good Samaritan*
- *Hospital*
- *Law Enforcement*
- *Memory Care*
- *Mille Lacs Band*
- *Northland Village*
- *Public Health*
- *Riverwood Clinic*
- *Riverwood Health Care Center*
- *Volunteers*

Diabetes

- *Aitkin Community Education*
- *Aitkin County Health and Human Services*
- *Aitkin County Public Health*
- *Alcoholics Anonymous*
- *Assisted Living Facilities*
- *CARE Program*
- *Community Education*
- *Cuyuna Regional Medical Center*
- *Diabetes Educator*
- *Doctor's Office*
- *Family Services*
- *Fitness Centers/Gyms*
- *Home Health Services*
- *Diabetes Prevention Program*
- *Minnesota Extension Service*
- *Online Resources*
- *Parish Nurses of local churches*
- *Prevention Activities*
- *Public Health*
- *Riverwood Clinics*
- *Riverwood Healthcare Affiliates*
- *Riverwood Healthcare Center*
- *Lions Clubs (Aitkin, Garrison, McGregor)*

Family Planning

- *Aitkin County Health and Human Services*
- *Churches*
- *Doctor's Office*
- *MBLO Public Health*
- *Public Health*
- *School System*

Hearing & Vision

- *Aitkin County Public Health*
- *Doctor's Office*
- *Eye Care Centers of Aitkin and McGregor*
- *Home Health Services*
- *Riverwood Health Care Center*

Heart Disease & Stroke

- *Aicota Healthcare Center*
- *Aitkin County Public Health*
- *Community Education*
- *Community Support Group*
- *Fitness Centers/Gyms*
- *Paulbeck's County Market*
- *Prevention Activities*
- *Riverwood Clinics*
- *Riverwood Healthcare Affiliates*
- *Riverwood Healthcare Center*
- *Aitkin & McGregor Schools*

HIV/AIDS

- *Doctor's Office*
- *Hospital*
- *Online Resources*
- *Public Health*

Immunization & Infectious Diseases

- *Aitkin Public Schools*
- *Pharmacy*
- *Public Health*
- *Riverwood Health Care Center*

Infant & Child Health

- *Community Education*
- *Doctor's Office*
- *ECSE*
- *Mille Lacs Band*
- *Public Health*
- *Riverwood*

- *School System*
- *State Representative*
- *WIC*

Injury & Violence

- *Advocates Against Domestic Abuse*
- *Children's Mental Health*
- *Community Education*
- *Hospital*
- *MLBO Family Violence Program*
- *School System*
- *Aitkin County Sheriff's Office*
- *Aitkin County Social Services*
- *Support Within Reach*
- *WRAP*

Mental Health

- *Adult and Children's Mental Health Services*
- *Aitkin County Adult Protection*
- *Aitkin County Health and Human Services*
- *Aitkin County Sheriff's Office*
- *Alcoholics Anonymous*
- *Children's Crisis Team*
- *Children's Mental Health*
- *Clearview Counseling*
- *County Health Department*
- *Crisis Line*
- *Crisis Team*
- *Family Services*
- *Home Health Services*
- *In-Touch Therapy*
- *Aitkin County Jail*
- *Lakeside Counseling*
- *Mental Health Coalition*
- *MLBO Behavioral Health*
- *Northern Pines Mental Health*
- *Northland Counseling*
- *Nystrom & Associates*
- *Region V and Adult Mental Health Initiative Crisis Team*
- *Riverwood Healthcare Affiliates*
- *Riverwood Healthcare Center*
- *Section 8 Housing*
- *Support Groups*
- *WRAP*

Nutrition, Physical Activity & Weight

- *5Ks and Bike to Work*
- *Aitkin County Health and Human Services*
- *Aitkin County Public Health*
- *Aitkin Fit City*
- *Aitkin Public Schools*
- *Aitkin Work Force Center*
- *Anytime Fitness*
- *Community Education, Aitkin & McGregor*
- *East Lake Community Center*
- *Riverwood Employee Incentives*
- *Aitkin Farmer's Market*
- *Fitness Centers/Gyms*
- *Gramma's Pantry*
- *Hallett Center*
- *Diabetes Prevent ion Program*
- *In-Touch Therapy*
- *Karmady (yoga, fitness classes)*
- *McGregor School Fitness Center*
- *Minnesota Extension Service*
- *Paulbeck's County Market, Aitkin Ukura's Dollar Store, McGregor*
- *Rippleside Elementary*
- *Riverwood Clinics*
- *Riverwood Healthcare Affiliates*
- *Riverwood Healthcare Center*
- *SHIP/Health Northland Activities*
- *SNAP Fitness*
- *Summer Sports Leagues*

Oral Health

- *C and TC Outreach*
- *County Health Department*
- *County Programs*
- *Doctor's Office*
- *East Lake Community Center*
- *Northland Smiles*
- *River Oaks Dental*
- *School System*
- *Stein*
- *Transportation Programs*
- *WIC*

Respiratory Diseases

Aitkin Medical Supply
Community Education
Doctor's Office
Fitness Centers/Gym
Riverwood Health Care Affiliates
Riverwood Health Care Center
School System

Sexually Transmitted Diseases

Aitkin County Public Health
County Programs
MBLO Public Health
Riverwood Clinic
Support Within Reach

Substance Abuse

Aitkin County Health and Human Services
Aitkin County Sheriff & Law Enforcement
Police Departments (Aitkin, McGregor, Hill City)
Alcoholics Anonymous
Board of Pharmacy's Prescription Monitoring Program
Cessation Programs
Children's Mental Health
County Health Department
Court System
Family Counseling
Riverwood clinics
Riverwood Healthcare Center

Tobacco Use

Aitkin City and County Government
Aitkin County
Cessation Programs
Churches
County Health Department
Doctor's Office
Law Enforcement
MBLO Public Health
Online Resources
Public Health
Riverwood Health Care Affiliates
Riverwood Health Care Center
School System
Social Services

Appendix

Professional Research Consultants, Inc.

Evaluation of 2013-2015 Community Health Priorities

Over the past three years, Riverwood has made significant progress in addressing six priority issues that were identified by community participants in its 2013 CHNA survey.

- **Diabetes issues** – In 2013, RHCC launched a national 16-week class series program, I Can Prevent Diabetes, which is now offered twice annually for six courses to date. The course is designed to help those with pre-diabetes make healthy lifestyle changes to eat healthier, become more physically active and lose weight—all of which can help lower blood sugar levels. Among 45 class participants to date approximately 95% have increased their weekly activity and the combined reported weight loss totals 625 pounds. Self-reported labs post class for some of the 45 participants have reflected drops in their fasting blood glucose values to within non-pre-diabetes ranges, elevated good cholesterol (HDL) and lowered blood pressure.

- **Heart disease issues** – In 2013, Riverwood was one of 13 health systems serving Minnesota and western Wisconsin communities chosen to participate in a three-year program called the Healthy Communities Partnership (HCP). A $475,000 grant from the George Family Foundation and Allina Health enabled Riverwood to launch a comprehensive community outreach program and a wellness coaching program and to promote wellness among local residents in the Aitkin County and Garrison area communities it serves. A key outcome related to heart disease was a significant reduction in hypertension for patients who participated in wellness coaching vs. those who did not. In addition to demonstrating success in improving health outcomes, Riverwood made the decision to continue to offering free wellness coaching to its patients after the HCP grant funding concluded at the end of 2015. The HCP grant helped RHCC sponsor four seminars on heart disease prevention and treatment issues in Aitkin and McGregor in 2013-2015, reaching about 350 local residents.

- **Insurance coverage** – A RHCC financial counselor provides ongoing financial counseling to patients who uninsured or are having difficulty paying medical bills, referring them to community resources and helping them apply for financial assistance programs. In 2014, she helped patients apply for health insurance coverage through MNSure, a health insurance exchange set up in response to the Affordable Care Act.

  Aging issues – RHCC regularly works with several local organizations providing services to seniors, such as Aitkin County Care and Area Neighbors Helping Elderly with Live-in Services, to inform seniors of health education seminars and services targeted to address aging issues.

- **Cancer mortality** – Partnering with Cuyuna Regional Medical Center, RHCC achieved Commission on Cancer-accredited cancer program status in December 2013. Riverwood takes a multidisciplinary approach to treating cancer as a complex group of diseases that requires consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists. This multidisciplinary partnership results in improved patient care. Delivering outstanding quality and compassionate care for cancer patients has long been a high priority for Riverwood and now we have a stamp of approval that we are meeting rigorous national standards.

- **Dialysis services** – The need for comprehensive kidney care, including a kidney dialysis facility closer to home, has emerged as a growing community health need in recent years. In June 2016, RHCC completed an agreement to partner with CentraCare Health in St. Cloud, Minnesota, for bringing a kidney care program, with a nephrologist to begin seeing kidney disease patients on site at RHCC in October 2016, and a dialysis unit to be constructed in Aitkin in 2017-2018.