



## COMMUNITY HEALTH IMPROVEMENT PLAN

2012 - 2016

### QUIN COMMUNITY HEALTH SERVICES

Kittson, Marshall, Pennington, Red Lake and Roseau  
Counties

*Quin CHB is a trusted and innovative rural public health organization committed to working in partnership resulting in Healthy People, Strong Families, and Vibrant Communities!*

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## 2013-2014 Core Team Members

<b>Name</b>	<b>Title</b>	<b>Agency</b>	<b>County</b>
Rachel Green	Quin CHS Admin. 2008-13	Quin Community Health Services	5 county area
Julie Pahlen PHN	Director	Life Care Public Health	Roseau
Sue Grafstrom	Development Coordinator	Life Care Medical Center	Roseau
Casey Johnson	CEO	Sanford Health TRF	Pennington
Kevin Smith	CEO	North Valley Health Center	Marshall
Anita Cardinal PHN	Director Interim CHS Admin 2014 -	Inter County Nursing Service	Pennington
Gail Larson PHN	Director	North Valley Public Health	Marshall
Paula Hedlund PHN	Public Health Nurse	Life Care Public Health	Roseau
Cindy Urbaniak PHN	Director	Kittson Memorial Healthcare Center	Kittson
Betty Younggren	Kittson County Commissioner	Elected Official – County Government	Kittson
Garth Kruger	Director	Evaluation Group LLC	N/A
Neil Peterson	Pennington County Commissioner	Elected Official – County Government	Pennington
Ron Weiss	Red Lake County Commissioner	Elected Official – County Government	Red Lake
Dr Vanderweg	Physician	Life Care Medical Center	Roseau

### Key Informants

Law Enforcement  
 County Commissioners  
 City Council members  
 Coalition Members  
 Local Public Health  
 Retailers/Manufacturers  
 County Social Services  
 Local Hospitals  
 Local School Districts  
 Local groups

**The development of this community health improvement plan was led by core team members, which would not have been possible without input and guidance from community members and partners identified in the Community Health Assessment.**

# Introduction

The purpose of the Community Health Improvement Plan is to identify how to strategically and collaboratively address community priority areas to improve the health and well-being of the community. Community members used the assessment process to formulate a community health improvement plan aimed at striving to provide effective, quality health services and an environment that enables community members to reach their full health potential through assessment, leadership and partnerships. In April 2013, Quin County Community Health Services (Quin CHS), partners and community members engaged in prioritization processes (after completing a community health assessment based on the Mobilizing for Action through Planning and Partnerships (MAPP) modified process) to identify community health priorities and goals that serve as the foundation of the community health improvement plan.

The modified-MAPP process included:

- Community-wide meetings
- Surveys
- One-on-one interviews
- Key informant surveys

The community partners further developed goals thru meetings and correspondence to create a plan to improve community health in the Quin CHS area. The community health improvement plan presented in this document identifies the components (goals, objectives, strategies, tactics and performance indicators) for each of the priority areas selected by community members. The priority areas are strategic issues needing to be addressed for the community to realize its vision. These components are necessary pieces in developing an action plan with strategies focused on improving health outcomes and quality of life. As the plan is implemented, performance indicators will be used to evaluate the effectiveness of the strategies and tactics related to each priority area.

## Community Prioritization Process

The prioritization process began with a review of the community health assessment data book and key findings. Community members reviewed a master list of health indicators. The Top Ten Issues were: 1) Parenting-Family Systems, 2) Transportation, 3) Dental Health, 4) Mental Health, 5) Affordable Housing for all ages-entry level employees, young families and aging, 6) Tobacco, 7) Obesity – across age span, 8) Prescription drug use/misuse, 9) Health Care Access, and 10) Health care services for elderly – ability of providers to continue to staff existing services such as nursing homes, assisted living, home care, etc.

For each Health Indicator (supported by data identified in the community health assessment), state and national benchmarks as well as community perceptions were listed along with the local data so community members could establish a sense of meaningfulness to support two rounds of prioritization activities.

All indicators that made the master list were those indicators also supported by data in addition to concern expressed by community members. Community members discussed and approved criteria for the master list items for both rounds of the process: any health indicator must support the vision and community feedback must indicate that there is concern amongst community members. Community members approved the master list with no additional indicators.

Public health agencies and non-profit hospitals from five northwest Minnesota counties (Marshall, Kittson, Pennington, Red Lake and Roseau) met in February of 2012 for the purpose of discussing collaborative efforts around community assessment. Public health agencies are required to perform comprehensive community assessments, identify priority community health needs and develop work plans to address these needs on a 5 year cycle. The current cycle is 2010-2014. Non-profit hospitals have a new requirement to implement a Community Health Needs Assessment (CHNA) process as part of the requirements to maintain 501 (c) (3) status. The Northwest Community Assessment Collaborative (NWCAC) was formed as a result of a recommendation from the Minnesota Department of Health (MDH) that local public health agencies work with local healthcare providers to conduct joint assessment and strategic planning processes of health service provision within their service areas in order to maximize the efficiency of these processes and eliminate rework for both public health and hospitals. The model chosen for conducting such an assessment was developed by National Association of County and City health Officials (NAACHO) and called MAPP (Mobilizing for Action through Planning and Partnerships). MAPP is a community-driven strategic planning process for improving community health that is facilitated by local public health leaders. The framework helps communities apply strategic thinking in prioritizing public health issues and identifying resources to address them. Four stages of the MAPP process as shown in the diagram below entail: 1) Community Health Status Assessment, 2) Forces of Change Assessment, 3) Community Themes and Strengths Assessment, and 4) Local Public Health System Assessment.



A document entitled “Minnesota County-level Indicators for Community Health Assessment: Indicators Sorted by Statewide Health Assessment Theme” was used as a point-by-point guide to provide focused data collection activities on 115 indicators of health. This document was a suggested (but not required) guideline provided by MDH used to guide the NWCAC data review process. It was used to ensure that the national standards for local health departments (PHAB Standard 1.1.2 T/L) conducting a community health assessment were met. Such assessments must include descriptions of community demographics, health issues, and contributing causes of

community health issues based on an analysis of community health data. They must generally cover the following six areas:

- People and Place: e.g., demographics/socioeconomics, environmental conditions
- Opportunities for Health: e.g., health resource availability/access, quality of life
- Healthy Living: e.g., health behaviors, social/mental health, child/maternal health
- Chronic Disease and Conditions: e.g., heart disease, multiple sclerosis
- Infectious Disease: e.g., vaccination rates
- Injury and Violence: e.g., suicide, domestic violence, murder

These six themes reflect the organization of [\*The Health of Minnesota: 2010 Statewide Health Assessment\*](#). The State Community Health Services Advisory Committee/Performance Improvement Steering Committee has recommended that as much as possible, all Minnesota community health boards use the same organization and indicators as the Statewide Health Assessment so that comparisons can be more readily made between the counties and state.

### **Purpose of Study**

Two research questions were identified to be addressed by the current research effort in meeting the Community Health Status Assessment process: 1) what do archival statistics collected on regional health indicators reveal as problem areas; and 2) what do people around the region think are pressing health concerns?

### **Methods**

#### ***Quantitative***

A wide range of available archival statistical data was reviewed and analyzed. Overall, Evaluation Group, LLC staff reviewed over 200 indicators of regional health. Only those that told a compelling story and were deemed to be accurate measures of health were included in this report. A complete dataset of indicators reviewed is available upon request. Throughout this report tables are presented with indicator numbers attached referencing the spreadsheet of indicators from which they were taken. Data reviewed and presented in this report include:

- Behavioral Risk Factor Surveillance Survey (BRFSS) 2004-2010
- Minnesota Student Survey (MNSS) 2010
- Kids Count 2012
- Census 2010
- Minnesota Vital Statistics 2005-2009 Trends
- Minnesota County Health Tables 2011
- Atlas Online 2012
- U.S. Environmental Protection Agency
- Minnesota Public Health Data Access 2000-2008
- Minnesota Department of Health

Data throughout this report will be reported by ZIP code where possible in order to allow the greatest degree of resolution in pinpointing geographic and sociologic disparities. School district data is also used where available and deemed useful. Both these boundaries are presented in Figures 3 and 4 (p. 10 & 11) in order to provide a geo-referenced context for the information presented.

### BRFSS Analysis

This report provides the most recent available state and county data on important behavioral risks including physical activity levels, consumption of fruits and vegetables, excessive alcohol consumption, tobacco use, exposure to second hand smoke, preventive cancer screenings, overweight and obesity levels. The report also provides prevalence rates for debilitating chronic conditions and life threatening events such as heart disease, diabetes and stroke.

All state and county data have been extracted from the Behavioral Risk Factor Surveillance Survey (BRFSS) database (see Appendix 1 for additional methodological details). Specifically, indices were obtained from the 2010 BRFSS database that included: tobacco use, excessive alcohol consumption, overweight/obesity, chronic conditions and cancer screenings. Optional modules on physical activity and fruit and vegetable consumption were used in the Minnesota survey in 2009. Thus these statistics were derived from the 2009 BRFSS database. Finally data on secondhand smoke policy refers to the 2004 BRFSS administration when this optional module was last used in Minnesota.

Out of the 5 counties of interest, raw BRFSS data from 2010 was only available for Kittson, Marshall, Pennington counties. **No data was available for either Red Lake County or Roseau County.** In the raw dataset, 65 participants were from Kittson County, 27 participants from Marshall County and 58 from Pennington County.

Prevalence estimates for specific risks and conditions in these counties were further adjusted using combined weights derived by the Centers for Disease Control (CDC) during national BRFSS administration. Specifically the final weights used in statistical estimation on the state and county levels take into consideration the *Stratum weight* (number of records in a stratum divided by the number of records selected), *Raw weighting factor* (number of adults in the household divided by the imputed number of phones), and the *Post-stratification weight* (Population estimate for race/gender/age categories divided by the weighted sample frequency by race/gender/age). Adjustment by the final weight is thus thought to render more accurate estimates of population statistics which are presented in this report with 95% confidence (a range of values that is 95% likely to contain the true population value).

### MNSS Analysis

The description of behavioral health risk in youth and young adults for individual MN counties is based on the 2007 and 2010 Minnesota Student Surveys (MNSS). The MNSS survey was conducted by approximately 91% of public operating school districts and encompasses a number of health risk behaviors including tobacco use, diet, physical activity and prevalence of obesity. It is administered to public school students in Grades 6, 9, and 12 every three years. Evaluation Group, LLC staff contacted the MN Student Survey administrators at the MN Department of Health and obtained a copy of the raw dataset for statistical analysis, the results of which are presented in this report. **No MNSS data was available for Pennington County in this report because they did not participate in the survey process.** We are indebted to the MNDOH for their generosity for permitting us use of this data in pursuit of the mission of improving health throughout Minnesota.

### Qualitative

Qualitative input was gathered in three ways, 1) two meetings of the NWCAC, 2) an in-depth examination of individual interview notes and transcripts from SHIP (Statewide Health Initiative

Program) interviews conducted in 2010, and 3) a series of community forums held during the winter 2012/spring 2013.

First, NWCAC meeting notes were taken at each gathering. The notes were used to help shape and guide data collection efforts and the direction of this report. Secondly, the 2010 SHIP interviews were designed to ascertain the overall state of population health within the region by asking area community leaders and those knowledgeable in area healthcare a series of semi-structured interview questions, including:

1. What do you think are the most pressing health issue(s) facing (*community name*)?
2. To what extent is unhealthy eating and physical inactivity a problem in (*community name*)?
3. To what extent is tobacco use a problem in (*community name*)?
4. Are there any activities or policies within your organization that encourage physical fitness (*i.e., healthy diet, physical activity*) or tobacco cessation? If so, what are they?
5. Are you aware of any policies (*rules or codified procedures*) within the larger community designed to encourage physical fitness or tobacco cessation?
6. What systems (*groups of people, organizations, businesses, etc. working together*) in (*community name*) encourage physical fitness or tobacco cessation?
7. What environmental structures (*sidewalks, building designs, parks, recreational facilities*) in (*community name*) encourage physical fitness or tobacco cessation?

Finally, a series of over a combined 40 interviews and community forums were conducted to answer the following research questions 1) what overall issues are important to residents in the region? and 2) what can be done to improve the quality of life for area residents?

To get at these answers a series of questions were posed to forum participants, including:

1. What do you believe are the 2-3 most important issues that should be addressed in order to help improve the quality of life further for people in our community (our county)?
2. What (if anything) is holding our community back from doing what needs to be done to improve health and quality of life for residents (our county)?
3. What types of actions, policies, or funding priorities would you support in order to build a healthier community?

A minimum of one community forum per county was required, but more could be conducted if believed to be necessary. The forums used sign-in sheets where names and roles (e.g. mayor, city administrator, etc.) of participants were documented. After the sign-in, staff reviewed the list to identify gaps in community representation at the forum. Each participating agency was encouraged to use the gaps analysis to obtain the broadest based input possible by conducting further key stakeholder individual/group interviews where gaps existed.

During the forums, one individual was tasked as the official recorder of the information provided at the event. They took notes regarding the general ideas, themes, or comments arising from the discussion. Immediately after the meetings concluded a short debrief was conducted by the facilitators regarding event highlights. The recorder gave a 2-3 minute overview of what they heard and corroborated the messages they received or clarified any confusing points. Once the note-taking was complete, it was electronically transcribed and given to Dr. Kruger for qualitative analysis.

The NWCAC is acting as one collaborative for reporting overall findings, but each individual county was responsible for adequately and accurately collecting information for the Community Themes and Strengths Assessment process.

### **Quantitative Findings**

#### ***Total Population and Persons Per Square Mile***

Demographic results show steady and slow declines in population year over year over the past 6 years, continuing a decades-long trend of population exodus from rural areas. More recent data from 2011 suggests that there may be a leveling-off in population decline.

Indicator #58

<b>Total population 2005-2009</b>						
	2005	2006	2007	2008	2009	<b>% change 2005-09</b>
Statewide	5,132,799	5,167,101	5,197,621	5,220,393	5,266,214	
Roseau	16,495	16,201	15,946	15,865	15,911	-4.6%
Pennington	13,608	13,709	13,756	13,747	13,842	+2.0%
Marshall	9,965	9,951	9,618	9,502	9,184	-8.0%
Kittson	4,792	4,691	4,505	4,462	4,374	-7.8%
Red Lake	4,317	4,168	4,118	4,069	4,188	-3.0%

Population statistics per square mile reveal that 2 of the counties in the region (Kittson and Marshall) meet the designation of being a frontier population (that of "six or fewer people per square mile") <http://www.frontierus.org/>.

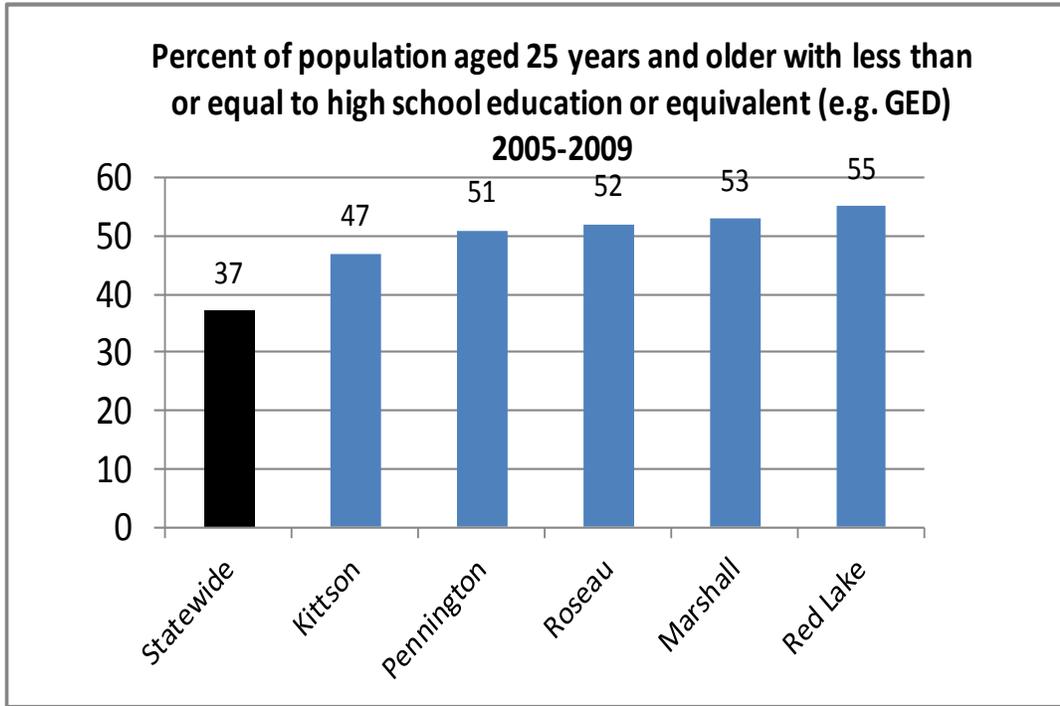
<b>County</b>	<b>Persons per sq. mile</b>	<b>Population 2011</b>
Kittson	4	4,552
Marshall	6	9,481
Norman	8	6,869
Mahnomen	9	5,456
Roseau	9	15,540
Red Lake	10	4,105
Polk	16	31,456
Pennington	23	14,072
Minnesota	65	5.34 million
USA	84	302 million
World	117 (not including water)	7.74 billion

Source: U. S Census Bureau statistics, 2010/11 population estimates

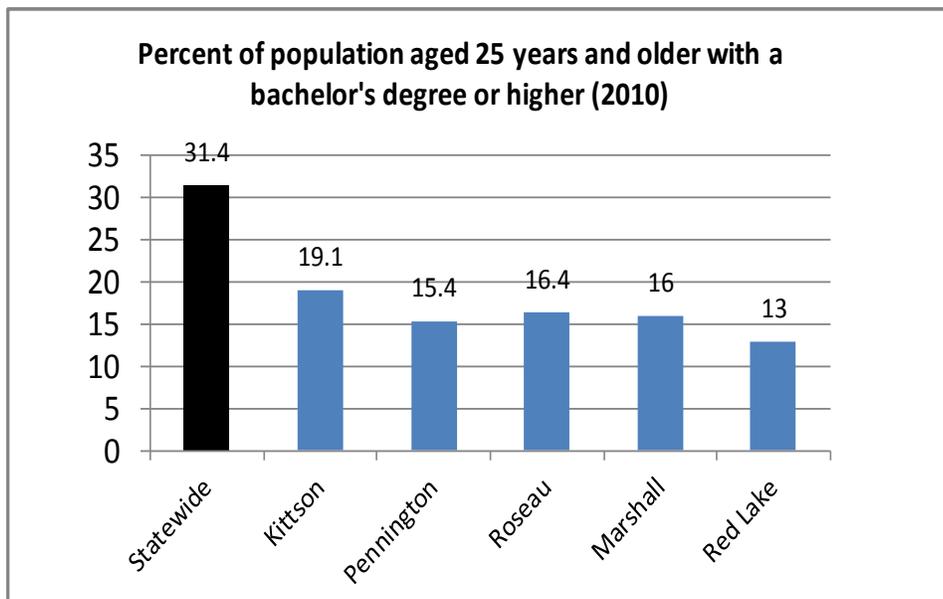
**Educational Levels**

Educational levels of area residents are substantially lower than in comparison to the rest of the state. Between 47-55% of the population in the region aged 25 and older has less than or equal to a high school education or equivalent compared to 37% of the population statewide.

Indicator #8.



Between 13-19% of the population in the region aged 25 and older has a bachelor's degree or higher compared to 31.4% of the population statewide.



## ***Unemployment Rate***

Year over year, the unemployment rate within the region tends to be higher than the state average. Red Lake and Marshall Counties have endured the worst unemployment in the region the past three years at 10% each whereas Kittson (7%) and Roseau (8%) have fared better.

Indicator #71

<b>Unemployment rate - annual average 2005-2009</b>						
	2005	2006	2007	2008	2009	5-yr avg.
Statewide	4	4	5	5	8	5.2
Kittson	5	6	6	6	7	6
Roseau	5	6	6	5	8	6
Pennington	6	6	7	7	9	7
Red Lake	7	7	8	8	10	8
Marshall	4	4	8	8	10	6.8

## ***Rural-Urban Commuting Areas***

Rural-Urban Commuting Area Codes (RUCA) are a classification process that utilizes the standard Bureau of Census Urbanized Area and Urban Cluster definitions in combination with work commuting information to characterize all of the nation's Census tracts and/or ZIP code areas regarding their rural and urban status and relationships. Travel distance information is available for all of the nation's ZIP codes. The travel distances are from the approximate population center of each ZIP code area to the nearest ZIP code area that has a RUCA code of 1.0 or 1.1. Travel distance is defined as the distance between the approximate population center of each ZIP code area and the closest of the types of destinations along the fastest paved road route. The travel distances were provided to the WWAMI Rural Health Research Center by the Center for the Evaluative Clinical Sciences at Dartmouth.

<http://depts.washington.edu/uwruca/ruca1/ruca-travel-dist11.php> . See Appendix E for the complete description of RUCA codes.

An analysis of the RUCA codes reveals six distinct RUCA clusters within the region (See Figure 1 & 2). These clusters represent general commuting behavioral patterns within those regions. Kittson, Pennington, and Red Lake Counties are defined as their own distinct cluster, whereas Marshall County possesses three clusters and Roseau has two. Residents in both the far eastern and far western halves of Marshall County possess secondary (second largest) work commuting flow destinations to small urban or urbanized areas. In the west residents commute primarily to Crookston/Grand Forks and in the east half Thief River Falls, Warroad and Roseau.

### ***What RUCA tells us***

- ✓ The RUCA maps reveal that residents of Kittson, Pennington, Roseau and Red Lake Counties primarily live and work within the borders of their own counties.
- ✓ Residents of Kittson and Red Lake Counties are in an isolated small rural census tract with no primary flows over 5% to any census bureau defined urbanized area.
- ✓ Greater than 30% of the population in the middle portion of Marshall County and the middle portion of Roseau County commute to a Census bureau defined urban place.

It is important to understand individuals’ primary and secondary work commute behavior patterns because it influences where and how to reach your targeted audience. Commuting patterns should be considered in the way health care messages and services are delivered.

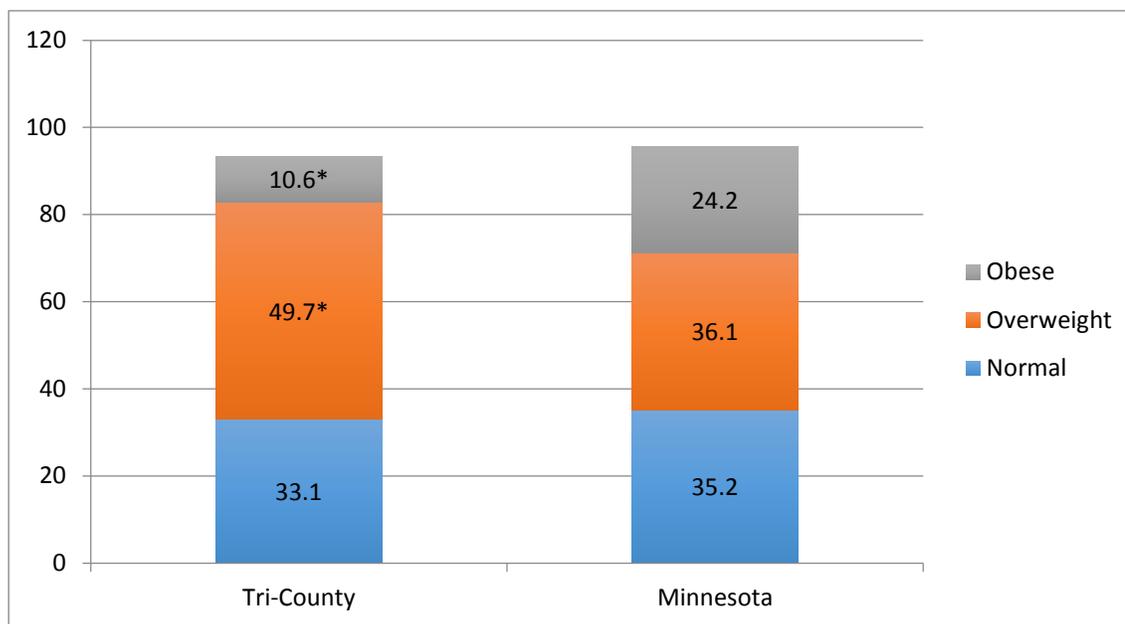
**Overweight/Obesity/Physical Activity: Adults**

- ❖ Adults in the region are less likely to be obese but more likely to be overweight.

Comparison of the 95% confidence intervals between a three-county area (Kittson, Marshall,

BRFSS 2010	Three County % (95% CI)	Minnesota % (95% CI)
<b>1. Weight Status</b>		
Overweight (25.0<=BMI <30.0)	<b>49.7 (40.0 – 59.4)*</b>	<b>36.1 (34.2 -37.9)</b>
Obese (BMI > 30)	<b>10.6 (6.1 – 17.8) *</b>	<b>24.2 (22.6 – 26.0)</b>

Pennington) and data statewide, showed statistically significant differences in the BMI categories of overweight and obesity. Specifically the obesity rate the three-county area (10.6%) was



significantly lower than the state reported average of 24.2% in 2010. The average rate for overweight in the three-county area (49.7%) was significantly higher than that for Minnesota (36.1%). Epidemiological research suggests a steady progression from overweight to obesity (Wang et al., 2008). It is likely that within several years a substantial proportion of currently overweight adults in the three-county area will become obese, thus erasing this apparent difference.

Figure 1. Prevalence rates of overweight and obesity in the three-county area and Minnesota.

\* - significantly different from the corresponding Minnesota rate

In terms of physical activity, BRFSS data from 2009 indicates that 49.5% (37.8-61.2 CI) of adults in the met physical activity recommendations compared to the state rate of 51.8 (49.9-53.7 CI). Meeting physical activity recommendations are those adults that have reported participating in either moderate physical activity defined as 30 or more minutes per day for 5 or more days per week, or vigorous activity for 20 or more minutes per day on 3 or more days. Regarding

insufficient physical activity, 40.5% (29.5-52.6 CI) of adults in the region compared to 38.6% (36.58-40.4) statewide do not engage in enough physical activity. (See Appendix B -BRFSS Analysis for more details).

**Overweight/Obesity/Physical Activity: Youth**

- ❖ MNSS results for area 12<sup>th</sup> graders indicate that overall, those students within the SHIP region are significantly more overweight than other seniors from across the state and furthermore they are significantly more likely to believe they are overweight than other seniors from across the state.

Health Risk Category 2010	MARSHALL (95% CI)	RED LAKE (95% CI)	KITTSOON (95% CI)	ROSEAU (95% CI)	SHIP COUNTIES (95% CI)	MN STATE (95% CI)
<b>1. Weight Status<sup>[1]</sup></b>						
a. At risk for overweight <sup>[2]</sup>	7.9 (3.5 - 16.7)	21.2 (10.1 - 39.3)	18.4 (8.8 - 34.7)	16.1 (11.6 - 22.1)	13.0 (10.8 - 15.7)	11.9 (11.6 - 12.3)
b. Overweight <sup>[3]</sup>	19.7 (12.1 - 30.5)	9.1 (2.8 - 25.8)	10.5 (3.8 - 25.8)	10.9 (7.2 - 16.2)	13.7 (11.4 - 16.5)*	9.4 (9.1 - 9.8)
a) Thinks overweight	21.0 (13.3 - 31.4)	28.6 (15.6 - 46.4)	22.5 (11.8 - 38.7)	25.6 (20.0 - 32.2)	27.3 (24.3 - 30.6)*	23.1 (22.6 - 23.5)

<sup>[1]</sup> The CDC growth charts were used to determine weight status according to BMI for participants in the Minnesota Student Survey.

<sup>[2]</sup> 85<sup>th</sup> to less than 95<sup>th</sup> percentile on the CDC growth charts

<sup>[3]</sup> Equal to or greater than the 95<sup>th</sup> percentile on the CDC growth charts

- ❖ MNSS data in the table below also indicate that a greater percentage of 9<sup>th</sup> graders from Marshall (22%) and Kittson (22%) Counties are overweight in comparison to the state percentage (13%)
- ❖ Great variability exists in the data for Red Lake due to small numbers, making interpretation of data challenging
- ❖ All counties (except Pennington) have percentages of obese 9<sup>th</sup> graders equal to or greater than the state average.

Indicator #55 and 56

Percent of 9th graders who are overweight and obese according to BMI 2007-2010					
Area	Number of participants by grade	2007 Overweight	2010 Overweight	2007 Obese	2010 Obese
Red Lake	9th Grade	26	3	10	22
Roseau	9th Grade	16	12	11	11
Marshall	9th Grade	9	22	12	16
Kittson	9th Grade	15	22	9	11
Pennington	9th Grade	17	--	10	--
Statewide	9th Grade	13	13	9	9

See Appendix C: MNSS Data Analysis to find additional statistics on the use of cigarettes, exercise, and a healthy diet to control weight.

In terms of ‘insufficient weekly physical activity’, according to MNSS data, 12<sup>th</sup> graders were similar to statewide averages (at approximately 20-25%). However in the category of ‘no weekly physical activity’, statewide averages range from 9.5%-10.5% whereas within the NWCAC region they range between 11 and 15%. Roseau County differed significantly at 13.6% (9.4-19.1 CI) from the state average in 2010 at 9.4 (9.1-9.7 CI); Red Lake County had the lowest percentage but had a huge range due to small numbers (See Appendix C).

## **Obesity**

Obesity was mentioned at each meeting/interview as one of the major health concerns of the region. Attendees advocated for education starting very young regarding diabetes, nutrition, caloric needs and exercise.

***“Obesity is a huge issue for our region. We need to change our mind set about eating, to eat to live not live to eat. I know that is very hard to do. But, I really think we need to work on our children starting from a very early age”***

### **Physical Activity**

- ❖ More biking/walking trails needed
- ❖ Kids don’t get enough exercise, there isn’t anywhere for them to exercise.

### **Nutrition**

- ❖ Eating habits
- ❖ School lunch program has seen students eating fruits and vegetables but the kids are hungry because there is not enough protein or carbohydrates in their diets
- ❖ Reduced work week has caused lack of nutritious food at home because it is too expensive
- ❖ Need to have healthier eating for students at home. People have basic knowledge but they are too tired or it is too expensive.
- ❖ Too many obese and unhealthy children and parents that don't do anything to make changes.

### **Obesity in General**

- ❖ Feel childhood obesity is more prevalent in minority groups in the Warroad area
- ❖ Obesity is a problem from K- 12.
- ❖ Obesity/overweight preschoolers (3-5year olds). 17% of those served are obese and 22% are overweight(lack of proper nutrition at home) (in head start)

## **Tobacco**

- ❖ Use of tobacco by youth
- ❖ Clinic visits would be way down if use of tobacco and chewing tobacco were reduced
- ❖ Chewing tobacco and smoking still a problem.
  - Compliance checks have been done and retailers are passing, but what is the timing? Early evening hours? Observed tobacco being purchased by a minor from their peer who was working but it was 11 p.m.
- ❖ Smoking seems to be dropping
- ❖ Increase in tobacco use among adults
- ❖ Tobacco and alcohol use continue to be a problem
- ❖ Seeing a shift from smoking to chewing tobacco

### **Tobacco Use in Youth**

With the exception of Roseau County in 2010, cigarette use in youth is estimated to be at or below state averages. (Roseau County youth cigarette use past 30 days in 2010 was 42.4% (35.7-

49.5 CI) and the state average was 21.7% (21.3-22.1 CI). Of greater concern for the region is the reported frequent use of smokeless tobacco. Data indicate that both Kittson and Roseau Counties have self-reported smokeless tobacco use rates more than double the state average. Red Lake and Marshall Counties also appear to have elevated use but it does not rise to the level of statistical significance.

#### Tobacco Products Use in Youth by County (MNSS 2010)

	<b>MARSHALL (95% CI)</b>	<b>RED LAKE (95% CI)</b>	<b>KITTSOON (95% CI)</b>	<b>ROSEAU (95% CI)</b>	<b>SHIP COUNTIES (95% CI)</b>	<b>MN STATE (95% CI)</b>
Frequent use of tobacco (20+ days) past 30 days	17.3* (10.4 - 27.3)	20.6* (9.8 - 38.3)	9.8 (3.6 - 24.1)	32.8 (26.6-39.7)*	20.6* (17.9-23.7)	13.0 (12.7-13.4)
Used smokeless tobacco in past 30 days	17.3 (10.4-27.3)	14.7 (6.0-31.9)	29.3* (17.0-45.5)	26.3* (20.6-32.9)	21.4* (18.6-24.5)	12.1 (11.8-12.5)

\*=significant at p<.05

To learn more about where youth are purchasing tobacco products and the use of additional forms of tobacco products, see Appendix C

## Community Health Priorities

### LOCAL COMMUNITY HEALTH PRIORITIES:

#### **Priority One:** Obesity and physical activity

- ✓ Adults in the region are statistically less likely to be obese but more likely to be overweight.
- ✓ Youth from the region are significantly (statistically) more overweight, eat fewer servings of fruits and vegetables, and use more tobacco compared to youth from the rest of the state.
  - Over the past three years these three measures have grown worse.
- ✓ MNSS results for area 12th graders indicate that overall, students within the SHIP region are significantly more overweight than other seniors from across the state and furthermore they are significantly more likely to believe they are overweight than other seniors from across the state.
- ✓ According to Minnesota Vital Statistics, age adjusted death rates for heart disease reveals that historically, Kittson and Roseau Counties have had a substantially higher rate of heart disease death rates year over year compared to the state on average.
- ✓ This was identified by the community and key stakeholders.

#### **Priority Two:** Tobacco use

- ✓ The prevalence rate for current smokers (smoked every day or some days in the past 30 days) in Pennington, Kittson and Marshall County (21.3%) is notably higher than the corresponding rate for Minnesota (14.9%).
- ✓ 16 percent of students (almost exclusively male) used smokeless tobacco in 2007 which grew to 21.4% in 2010. This use is nearly twice that of the state average in 2010 for the rest of all youth across Minnesota.

- ✓ Elevated rates of Oral and Pharyngeal Cancer for Marshall and Pennington counties (that we know of), and elevated Lung and Bronchus Cancer for Kittson county.
- ✓ This was identified by the community and key stakeholders.

## Community Health Improvement Plan

### **Priority Area** – Obesity and Physical activity

**Goal** – Quin CHS will explore and develop opportunities that will support residents in achieving increased physical activity.

<b>Short Term Indicator</b>	<b>Source</b>	<b>Year</b>
Form wellness collaborative in each county	Interagency team	2013
Funding prospects/ sources for physical activity plans in the Quin region	Various grants including UCare	2014-15
Community Support for physical activity and obesity reduction	Interagency groups	2014-16
Collaboration with the SHIP 3.0 plan	SHIP coordinator and MDH	2014-16
<b>Long Term Indicators</b>	<b>Source</b>	<b>Year</b>
Implement the Walk Around Quin activity	UCare	2015

### **Priority Area** – Tobacco Use

**Goal** – Decrease tobacco use among Quin CHS residents.

<b>Short Term Indicator</b>	<b>Source</b>	<b>Year</b>
Form wellness collaborative in each county	Interagency team	2013
Coordinate with the TFC grant	TFC Coordinator and MDH	2014-16
Community partner interest in support of local ordinances for smoke free housing, childcare, foster care and clean air.	Interagency team	2014-16
Build education program	Interagency team	2015
<b>Long Term Indicator</b>	<b>Source</b>	<b>Year</b>
Continue community partnership	Interagency team	2016

# Community Health Assets lists

## **Obesity and Physical Activity**

<b>TITLE</b>	<b>DESCRIPTION</b>
School Wellness Policy	School wellness policy
USDA School Meals	School Food Plan
Fitness Clubs Reimbursement	BC/BS, UCare, Health Partners
Walk Around Quin	Physical Activity Promotion

## **Tobacco Use**

<b>TITLE</b>	<b>DESCRIPTION</b>
Smoke Free Campuses	School Policy
Mn State Law	Must be 18 to legally purchase
County Coalitions	
DARE	

# Healthy People 2020

## **Tobacco**

### **Goal**

Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.

### **Overview**

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)<sup>3</sup>
- 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
- Sudden infant death syndrome (SIDS)<sup>4</sup>

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.

## **Why Is Preventing Tobacco Use Important?**

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. In addition, tobacco use costs the U.S. \$193 billion annually in direct medical expenses and lost productivity.

## **Healthy People 2020: A Framework for Ending the Tobacco Use Epidemic**

Healthy People 2020 provides a framework for action to reduce tobacco use to the point that it is no longer a public health problem for the Nation. Research has identified a number of effective strategies that will contribute to ending the tobacco use epidemic. Based on more than 45 years of evidence, it is clear that the toll tobacco use takes on families and communities can be significantly reduced by:

- Fully funding tobacco control programs.
- Increasing the price of tobacco products.
- Enacting comprehensive smoke-free policies.
- Controlling access to tobacco products.
- Reducing tobacco advertising and promotion.
- Implementing anti-tobacco media campaigns.
- Encouraging and assisting tobacco users to quit.

The Healthy People 2020 Tobacco Use objectives are organized into **3** key areas:

1. **Tobacco Use Prevalence:** Implementing policies to reduce tobacco use and initiation among youth and adults.
2. **Health System Changes:** Adopting policies and strategies to increase access, affordability, and use of smoking cessation services and treatments.
3. **Social and Environmental Changes:** Establishing policies to reduce exposure to secondhand smoke, increase the cost of tobacco, restrict tobacco advertising, and reduce illegal sales to minors.

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

# Obesity

## Nutrition, Physical Activity, and Obesity

### Goal

Improve health, fitness, and quality of life through daily physical activity.

### Overview

Released in 2008, the [Physical Activity Guidelines for Americans](#) (PAG) is the first-ever publication of national guidelines for physical activity. The Physical Activity objectives for Healthy People 2020 reflect the strong state of the science supporting the health benefits of regular physical activity among youth and adults, as identified in the PAG. Regular physical activity includes participation in moderate and vigorous physical activities and muscle-strengthening activities.

More than 80 percent of adults do not meet the guidelines for both aerobic and muscle-strengthening activities. Similarly, more than 80 percent of adolescents do not do enough aerobic physical activity to meet the guidelines for youth. Working together to meet Healthy People 2020 targets via a multidisciplinary approach is critical to increasing the levels of physical activity and improving health in the United States.

The Physical Activity objectives for 2020 highlight how physical activity levels are positively affected by:

- Structural environments, such as the availability of sidewalks, bike lanes, trails, and parks
- Legislative policies that improve access to facilities that support physical activity

New to Healthy People 2020 are objectives related to policies targeting younger children through:

- Physical activity in childcare settings
- Television viewing and computer usage
- Recess and physical education in the Nation's public and private elementary schools

### Why Is Physical Activity Important?

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  
Depression

Among children and adolescents, physical activity can:

- Improve bone health.
- Improve cardiorespiratory and muscular fitness.
- Decrease levels of body fat.
- Reduce symptoms of depression.

For people who are inactive, even small increases in physical activity are associated with health benefits.

## **Understanding Physical Activity**

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
- 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
- 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.[4](#)

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)
- 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)
- 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.

## **Emerging Issues in Physical Activity**

Healthy People 2020 reflects a multidisciplinary approach to promoting physical activity. This approach brings about traditional partnerships, such as that of education and health care, with nontraditional partnerships representing, for example, transportation, urban planning, recreation, and environmental health. Data sources that are representative of the entire Nation are needed to monitor key characteristics of the environment, such as the availability of parks and trails, the usage of these spaces, and policies that promote physical activity at worksites, in communities, and in schools.

## **Goal**

Good nutrition, physical activity, and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer. A healthful diet, regular physical activity, and achieving and maintaining a healthy weight also are paramount to managing health conditions so they do not worsen over time.

## Overview

Most Americans, however, do not eat a healthful diet and are not physically active at levels needed to maintain proper health. Fewer than 1 in 3 adults and an even lower proportion of adolescents eat the recommended amount of vegetables each day.<sup>1</sup> Compounding this is the fact that a majority of adults (81.6%) and adolescents (81.8%) do not get the recommended amount of physical activity.

As a result of these behaviors, the Nation has experienced a dramatic increase in obesity. Today, approximately 1 in 3 adults (34.0%) and 1 in 6 children and adolescents (16.2%) are obese. Obesity-related conditions include heart disease, stroke, and type 2 diabetes, which are among the leading causes of death. In addition to grave health consequences, overweight and obesity significantly increase medical costs and pose a staggering burden on the U.S. medical care delivery system. Ensuring that all Americans eat a healthful diet, participate in regular physical activity, and achieve and maintain a healthy body weight is critical to improving the health of Americans at every age.



**Public Health**  
Prevent. Promote. Protect.

### Quin CHS Mission Statement

“Working collaboratively with individuals, families and other health systems to Protect, Promote, Preserve and Improve the community’s health in the five county areas of Kittson, Marshall, Pennington, Red Lake and Roseau.”

## Contact Information

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