**Qualitative Findings**

***NWCAC Meeting Notes/Surveys***

On June 5th, 2012the NWCAC met in Newfolden, MN with 12 people attending. Participants were asked to think broadly about the different recurring needs and concerns of clients and the general population served by them and their organizations. Overall, responses were grouped into the following issue areas below.

* Recurring public health needs are the cumulative effects of low income. Little money, lack of knowledge, dental problems, and behavioral issues create a cycle of problems that the families cannot get control of.
  + There are many working poor in the region
  + Financial problems can be extreme
  + Money management skills may be a concern
* Declines in two-parent families and parent skills
  + Not all parents are interested in fixing a problem if it is pointed out
  + Lots of single head of household
    - How does public health address this/overcome these barriers?
* Drug problems in school
  + Especially prescription drugs
* Major chronic diseases are believed to be a problem, especially cardiovascular and diabetes
  + Are these higher in our area than in the rest of the state.
* Mental Health needs are high
  + Hospital Emergency Rooms are bearing the brunt of mental health needs
  + Elevated rates of 72 hour holds.
  + Difficult to get people to access mental health services appropriately.
  + Individuals in need of mental health services are spending inordinate amount of time in emergency rooms. They need to get to a behavioral health unit but no one wants to transport them.
    - Law enforcement doesn’t want them, and ambulances don’t want them because they won’t get paid.
  + Mental health HPSA-we don’t have providers.
  + Average psychiatric enrollment days have dropped from 9 to 5 because of the increase in the number of 72 hour holds by law enforcement
* Personal Care Assistant (PCA) training needs
  + There is a desperate need for training for behavioral health aides. They need training for more effective health interventions. In-home/home based services (PCA’s)
  + Expanding behavior health services
  + Some concerns that parents/individuals may be ‘gaming’ the PCA system.
* Chemical dependency
* People who have diabetes and care about it address the problem. Those who have diabetes and don’t care end up costing the system
* Don’t look at health insurance rates in Roseau County because there is a high rate of factory workers who are covered by insurance.
* Transportation is an intermittent problem.

The group was also asked “*Where might there be problems but no data to back it up? In other words, what “hunches” do you have? Have you heard hunches from others?”* Responses to this question included the following:

* There seems to be a LOT of people with Multiple Sclerosis who live in the area. We are aware that as you get farther away from the equator it gets worse, but seems particularly bad around here.
* Rates of Autism also seem to be really high. Is it just that we’re diagnosing it more?
* In jail/incarcerated at men who are 20 years old or are 50-60. There are no middle aged men in jail. Why?
* Look at the different cancer rates-Breast cancer esp. One employer recently required more screenings, so it made the cancer numbers look worse because they were catching it more often. Look at survival rates
* Pain management and medication seekers-Casey- thinks there are people trying to circumnavigate the systems to get pain med drugs.
* Testicular cancer/prostate cancer in a very concentrated small area by Strandquist.
* Elderly-depression and falls.

At the conclusion of the June 5th meeting, participants were provided with a lengthy list of public health concerns and then asked to choose what they believed to be 10 of the greatest concerns for the NWCAC region on the list. The top ten issues with the number of votes it received were as follows:

|  |  |
| --- | --- |
| **# of votes** | **Top 10 issues** |
| 10 | Obesity/overweight |
| 6 | Depression |
| 5 | Lack of physical activity |
| 5 | Cardiovascular |
| 5 | Diabetes |
| 4 | Smoking |
| 4 | Low access to dentists |
| 4 | Cancer |
| 3 | Chewing tobacco |
| 3 | Alcohol/binge drinking |

The group was then asked to vote for the top three issues of greatest concern from the list of 10. The top three issues in order of importance were identified as: 1) Obesity/Overweight, 2) Lack of physical activity, and 3) two items tied for third: Depression and Cardiovascular.

***Statewide Health Improvement Program 2010 Interview Notes Analysis***

A review analysis of 24 interviews conducted by SHIP staff in the fall of 2010 was conducted. EvaluationGroup,LLC staff reviewed the numerous interviews, because many of them had gone unanalyzed due to a lack of time and resources with the SHIP 1.0 effort. It was hoped that a review of these interviews would help shed additional and useful information as a part of this study.

1. *What do you think are the most pressing health issue(s) facing (community name)?*

In no particular order of importance, the following areas were described as the most pressing health concerns in their respective communities.

* Alcohol
* Drugs
* Not enough activities
* Obesity
* Eating Habits (bad)
* Diabetes/ Health
* Elderly (greater need for resources)
* Transportation (getting to healthcare providers)
* Cancer (all kinds)
* Health Insurance (lack of)
* Provider recruitment/retention
* Income (low)

1. *To what extent is unhealthy eating and physical inactivity a problem in (community name)?*

Responses to this question fell into three broad themes below:

* In rural areas, fast food access may be more limited (e.g. no McDonald’s), but so is access to physical fitness facilities and opportunities for participation in group activities (such as fewer community ed. offerings.)
* The climate (cold, lack of sunshine), culture (Scandinavian where everything revolves around food), coupled with busy schedules (lack of time for preparing nutritious foods) all contribute greatly to the obesity problem
* Poor eating environments exist for kids at some schools (pizza at game events becomes a meal for kids, juniors and seniors eat uptown at the convenience store instead of school lunch, lunches still not that healthy and full of carbs).

1. *To what extent is tobacco use a problem in (community name)?*

* Sentiments were split among interviewees. For some tobacco use was viewed as an issue of decreasing concern. These individuals’ believe that no smoking ordinances have worked in helping people quit, but that if people want to smoke it is their right as long as they are not hurting anyone else with their smoke. Other respondents felt strongly that smoking was on the increase both in youth and adults. A number of individuals felt that chewing tobacco use was also on the rise.

1. *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?*

* Most commonly, tobacco cessation was encouraged by a no smoking policy within any work or school buildings. Program activities such as participation in Quitline/Quitplan programs and healthy lifestyle speakers were also commonly mentioned. A wide range of physical activity/healthy eating policies and activities were discussed, including: no pop vending machines, closed lunch hour at noon for students, free membership to fitness centers, and the formation of school wellness committees; the latter of which was a focus of SHIP grant efforts.

1. *Are you aware of any policies (rules or codified procedures) within the larger community designed to encourage physical fitness or tobacco cessation?*

* Great awareness existed regarding no smoking policies at work places, restaurants, and in school buildings. Several grants were mentioned as well regarding the encouragement of physical fitness, including school fresh fruit and vegetable grant, Our children Succeed Initiative, and the Carol White Physical Education Program (PEP) grant.

1. *What systems (groups of people, organizations, businesses, etc. working together) in (community name) encourage physical fitness or tobacco cessation?*

* School athletic programs and community hospital were mentioned most frequently as collaborators in promoting health/physical fitness in the overall community by opening up their exercise room facilities to community members. Weight watchers, kick-boxing and other community education were also mentioned as groups that promoted the health and well-being of community members.

1. *What environmental structures (sidewalks, building designs, parks, recreational facilities) in (community name) encourage physical fitness or tobacco cessation?*

* Most communities tended to have access to a fitness center or weight room and public parks/walking areas. On the other hand, the concept of ‘complete streets’ (environmentally designing streets to encourage walking and bicycling) was unknown to all interviewees.

***Community Themes and Strengths Discussion Groups***

Over 20 NWCAC community forum meetings and individual interviews occurred across the five county region and involved over 100 individuals. A series of questions was generally asked of all participants. This interview protocol is located in Appendix J. The three overarching questions analyzed across all counties in this study are below:

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

***What do you believe are the 2-3 most important issues that should be addressed in order to help further improve the quality of life for people in our community (county)?***

**Mental Health/Illness**

Mental Health concerns were discussed at length across most all meetings. Participants indicated that distance to services, inappropriate service utilization, problems at home, school, and work were problems. Additionally, county jails were believed to be housing large populations of the regions mentally ill.

*Distance to Services*

* Access to closer mental health facilities -distances are far to travel to get help

*Inappropriate/Lack of Access to Services*

* Access and cost of mental health services can be prohibitive.
* The first six months of 2012 there were 47 incidences of needing 72 hour holds. Many were new patients.
  + Because of new state mandates, regional treatment centers are no longer available and smaller, community centers are to take the place but communities don’t want them and therefore a reduction in # of beds. Treatment centers that take behavioral problems are especially difficult to replace.
  + When people seek out mental health treatment either at ER or elsewhere it’s important for them to have a positive experience so that they will continue to seek treatment. Bad experience – they’re done.
* Lack of access to mental health services, waited over 4 months to have a student seen who should have been in immediately. No resources for ongoing appointments or treatment follow up because of the lack of mental health services locally and even regionally.
* Need quality, experienced outpatient services, especially those serving adolescence patients for intensive services.
* Mental health issues in both parents and students. Many undiagnosed and untreated. Households living in a constant state of turmoil
* People are struggling in silence, seems like they can get to the right resources and into professionals if they need to.

*Prison Population*

* Most if not all jailed locally are on meds for mental illness, many end up in jail because they lack access to their meds or aren’t taking them when they have them.

***“Mental health issues are a quiet disease/affliction. People aren’t on the prayer list. It’s an underlying reason for outward problems.”***

* Some participants believed that upwards of 90% of inmates have a mental illness.

*Mental Health Concerns at Home*

* Undiagnosed mental illness among parents. Single moms caring for young children in the home are depressed but don’t seek help. Leads to other problems such of nutrition, behavior, sleep habits, etc. of their children because they are allowed to do what they want. Social Media becomes their outlet and they don’t have any Social connectedness outside of Facebook, texting, etc. Children don’t learn how to handle social situations because they don’t leave home.

*Mental Health Concerns in Schools*

* Mental illness occurring among children.
  + We are seeing severely, challenging behaviors in the classroom that have not been seen before and teachers not equipped to deal with them.
  + The number of children with behavioral problems has increased significantly in recent years. Factors that may be causing these include stressful home environments, lack of proper nutrition, poor sleep habits, lack of parenting skills by caregiver, parental self-esteem, and access to violent video games, TV and media.
  + More undiagnosed depression among students

*Mental Health Concerns at Work*

* Mental health issues are very prevalent as it causes a lot of absenteeism and terminations. We have the resources of Village EAP and therefore a referral source.
  + Depression seems to be a big problem and much of it is untreated. Employees don’t realize they are depressed; view it as a condition if someone is “suicidal”.

**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.

*Physical Activity*

***“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”***

* 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)

**Housing**

Availability of appropriate housing for people at all age ranges, levels of income, and degrees of physical ability were of great concern to participants. Shortages of affordable housing were reported to exist.

*Affordability/Availability of Housing*

* Affordable housing
  + Housing (good, clean, affordable)
* Housing/amenities and the availability of single family housing was a large concern. Assistance with home ownership, 2-bedroom homes and services surrounding home ownership were mentioned as lacking both in the region and throughout the state.
* More housing options, especially for lower income levels.

*Assisted Living*

* Having an affordable assisted living facility available and trained people to work there
* Programs to keep our seniors in our community both independent living and assisted living
  + Programs to help elderly stay independent in their home.
  + Senior housing in the region was also a high priority. The need to both develop new facilities and refurbish/remodel to accommodate senior needs.
  + Affordable housing with services (houses with services and assisted living).
* Keep the Good Sam Center viable and growing
  + More support for nursing home staff - can we help in obtaining more staff

*Living Well at Home*

* Living Well at Home, technological advances to keep people at home.

***“Parenting seems to be at an all-time low. They have seen a lack of rules, routines, follow through and supervision. Parents are physically tired and financially strapped.”***

**Families/Children**

Access to physical and mental health care was of great concern for participants. Additionally, engaging employers to become more sympathetic towards family needs pertinent towards childhood health were discussed. Finally, quality and affordable daycare was discussed as a great concern.

*Quality/Affordable Daycare*

* Access to Quality Daycare

*Access to Healthcare*

* Parents ability to access health care for children when needed regardless of cost
* Supporting families at risk of mental health issues. Parents and kids.

*A healthy start for children*

* Healthy beginnings - relationships, pregnancies, families, early childhood access to programs designed to improve quality of life (lack of)
* The first issue that comes to mind is a healthy start for children. Once this is done, it helps get them on the right track to avoid the health indicators.

*Accommodations for Illness*

* Getting work off when sick or when you have sick kids without being penalized. See too many families forced to send sick kids to school because they are afraid to take a day off from work. Low cost immunizations. Access to low cost care
* The value placed on our children - employers/work place not as accommodating. Or understanding of ill children.

*Other Family/Child Concerns*

* More grandparents are raising their children
* Youth violence.

**Healthcare Access**

Having no insurance and the cost of insurance was often discussed as a barrier. Growing problems due to increasing deductibles was seen as a growing limiting factor for those with insurance.

*Health Insurance Cost*

* Cost of Healthcare. National Crisis
* Ability for employers to continue to offer affordable coverage
* Higher number of uninsured people who don’t seek medical care until it requires an ER visit.

*Access to Appropriate Care*

* Access to quality health care (x2)
  + Access to health care and home health aid - people in Strandquist need rides to dr. and other appointments - some need help with yard care or house cleaning
  + Improved access to affordable health care - cost based on income?
  + Providing medical, dental, mental health for the uninsured, working poor and those who cannot take time away from hourly wage jobs to take children to regular appointments
  + Easier access to primary care providers - most of us have PCP, but more often than not - can't get in to see them
  + Easily accessible health care and pharmacy
* Maintaining qualified medical providers for long periods

*Other Access Concerns*

* Parents not able to meet needs both medical (eyeglasses) and non-medical (winter wear) for their students.
  + Could be attributed to lack of disposable income or lack of prioritization
* Access and affordability to exercise facility and large group meeting space for health and wellness related activities
* Seems that there are people with untreated or unmanaged health conditions

**Low Income/Financial Stresses**

A wide range of financial stressors were discussed as adversely impacting area residents, including generational poverty, low financial literacy, gambling addictions, reduced workweek hours and lack of affordable housing.

* Because of the increase in utility charges such as fuel oil and electricity more and more elderly are needing to access fuel assistance to stay in their home. Social Security doesn’t cover basic needs anymore.
  + Working poor are not able to cover basic costs of living and need fuel assistance to survive.
* Poor financial education
  + Need to have more education on managing finances and managing on limited budgets for younger clients
  + Financial Management is lacking. Pay for luxuries like cable, smartphone, etc., before purchasing nutritious food and other basic necessities.
* Cycle of generational poverty is prevalent.
* Gambling may be contributing to priorities with spending
* Reduced work week at local employers has caused financial hardships for people. They are not able to pay their fixed expenses. Many have taken a 2nd job to try to make ends meet.
* Affordable, efficient housing is difficult to find.
  + Lack of affordable housing has caused in an increase in apartment demand. There is a very low apartment occupancy rate, fore-closed homes from the last few years is still causing affordable home problems as people don’t qualify for loans.
  + Housing or lack of housing seems to be a problem. There has been a lot of research that shows this continues to be a problem.
  + Lack of affordable housing – especially people with felonies. HUD housing is usually full. Closest homeless shelter is Crookston/Bemidji/Grand Forks.
  + Inability to get housing (couch-hopping) due to prior felonies, not paying previous rent
* People are choosing between filling prescriptions and paying their utility bills because they can’t afford both. i.e. high blood pressure and cholesterol is not being controlled even though they have insurance, they can’t afford co-pays.
  + Some patients are cutting pills in half to make them last longer.
* Many unintended pregnancies because of copays on birth control pills. Planned Parenthood is too far away in either Bemidji or Moorhead.

**Transportation**

Transportation across the broad region was discussed frequently as a barrier.

* WIC transport a concern and potentially a barrier to program participation.
* Public Transportation is currently available through Tri-Valley which runs a regular schedule. People just need to call for a reservation, but there needs to be a minimum number of people (5 on entire route) in order for the route to happen.
  + Some people feel the service is too expensive. Bemidji, GF, and Fargo are stops
* Transportation availability for elderly is a need.
* Transportation to Crookston, TRF etc. is an issue to people who need to access mental health services. Only the very needy get help. No one from mental health center is willing to travel here to help!
* Lack of transportation on weeknights and weekends.
* No out of town transportation except for medical travel.

**Employment**

***“*Education and employment is an ongoing necessity. Employment helps everyone.”**

* Education and employment is an ongoing necessity.
* Job creation - or transportation to work out of town.
* Better paying jobs/new companies. mentally, physically and financially.
* Employment opportunity. Need more employment opportunity for older and teenagers. DigiKey and Arctic Cat are good employers it takes a while to get employed and shift work is hard with a family. Transportation is key. A reliable vehicle is costly.
  + I believe the downtown district needs to regain vitality.
  + Try to generate down town businesses

**Youth and Community Recreation Opportunities**

Finding ways to get children and parents involved in cooperative activities was mentioned frequently as a need. Finding a safe place for youth to congregate was also often discussed as a challenge. Involving communities to find a solution for how to address this issue was discussed across meeting sites.

* After school activities for youth also have growing costs/fees associated with them.
* Warren used to have a bowling alley and a theater. Now it has neither.
* Community pool/rec. center,
* Opportunities for physical activities for youth - not school sports
* Facilities and activities for the elderly and our youth
* Connecting elderly and youth

**Demographic Trends**

* Region has a large “boomer” population retiring or nearing retirement.
  + We need young families to replace the aging workforce. Important to keep industries like Polaris in our community.
* Aging and retirement concerns for replacing highly skilled workers
* Caring for an aging community
  + Focus more effort on prevention - healthy eating, physical activity, etc. vs. always treating disease
  + Access to affordable exercise equipment

**Drug Use**

Prescription drug use was mentioned most frequently as a problem adversely impacting both youth and adults.

*Prescription Drug Abuse*

* Too many prescription drugs being used which causes numerous side effects
* Doctors prescribing powerful narcotics to people who don't really need them, also with no plans to help them get off those meds.
* Prescription drug abuse has increased dramatically, kids have more access to it at home than ever before.
* Prescription med abuse – need more education among adults to keep it away from kids who live or may be visiting.
* Clients continuing drug treatment longer than it’s needed to keep getting pain meds
* Prescription and illegal drug use has been a problem. It has shown up as a major problem within the last 12 -18 months.
* Controlled substance abuse – 2nd highest prescribed pharmaceutical being paid by their insurance. Cholesterol and blood pressure medication are 3 and 4.

*Other*

* Increase in drug abuse in 25 -35 year olds in Warroad
* Increase in synthetic drug use in high school, (e.g., using horse tranquilizers, Redi-whip Cream, rubber cement).
  + Synthetic drug use is on the rise and kids are being targeted
* Selling and sharing drugs at work has been a problem. Employees have been terminated for these reasons.
* We are seeing a larger population with both chemical dependence and mental health issues. Difficult to know what to treat first. There is not a large population of teenage chemical dependency and we need services for the few that we have. No local options.

**Elderly**

*Transportation*

* Transportation for senior population still an issue unless they need to travel for medical appointments out of the area (Roseau County Sr. Medical Travel provides service)
  + Our rural area definition of homebound different than in the Metro. We have elderly driving at much older ages because of lack of traffic and busy roads, therefore they are not “technically” homebound. Metro elderly may quit driving at much younger ages because of traffic, freeways, etc.
  + Motor Vehicle seat belt usage is down – especially in the older generation

*Hospitalization/Re-hospitalization*

* Senior Population - Ages 55 – 75, re-hospitalization rates are increasing.
* Elderly don’t want to spend money on themselves to pay for home care nurse or chore services,( i.e. it’s entitlement and someone else should be providing it).
  + It is not a 100% covered benefit of their insurance plans.
* People are in their home longer and should have home health services but don’t meet the “homebound” criteria. End up presenting in clinic or ER with major problems that could have been controlled if they had regular nursing services.
* Falls are a problem in our community among the elderly population
* Hospice – don’t get referrals early enough. Specialists don’t refer on
* Hard to get in to nursing home in Warroad due to time delay in determining financing nursing care, insurance issues, qualifications as they are slow in admitting. Seems like it’s easier to get into Roseau Nursing Home.

*Mental Illness*

* There is a lot of undiagnosed depression among older adults and the elderly. People are more home-bound in the winter months, SADD affects many due to the lack of sunlight.

***“I think there is more domestic abuse in our communities than we think. People in our area are proud and often don't want to admit there is a problem going on in their home.”***

**Violence**

* Youth violence is increasing because of drug abuse
* More violence in elementary school than before – increase in bullying. Anti-bullying campaigns and taught interventions are not working.
* High rate of domestic violence and sexual assaults. These are now being handled regionally instead of locally at the county. Not sure if we are getting the same services.
* Elevated incidence of domestic and youth violence, employees are missing work because of being the victim or instigator.
* Social Media is causing cyber-bullying, hard for students and parents to determine boundaries

**Tobacco**

* Use of alcohol and 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

**Alcohol**

* Youth are enabled by adults who purchase – cut down on adults purchasing
* Our area has a much higher usage of alcohol products, again adult enabling problem due to rurality? “We’re way out in the country….who will ever know?”
* Higher alcohol use among employees – especially the younger demographic
  + “Work Hard, Play Hard”

***Others less frequently mentioned…***

**Asthma**

* Large increase in Asthma and Allergies
* Asthma – undiagnosed(?)
* Asthma is more prevalent among students today vs. 10-15 years ago.
* Increase in asthma among younger children

**Immunizations**

* Not giving as many flu shots this year. Younger workforce? Misinformation?
* High non-immunization rate among students, probably due to religious beliefs
* Increase in number of parents choosing not to immunize their children(religious beliefs/fear of developing autism)
* Large number of whooping cough cases presented this fall? Immunization rates seem to be okay.

**Cancer**

* Cancer – higher than state average?
* Large prevalence of cancer. “Seems like our prayer list is filled with people every week with cancer”
* Seems like a higher incidence of pancreatic cancer, MS and ALS

**Heart Disease**

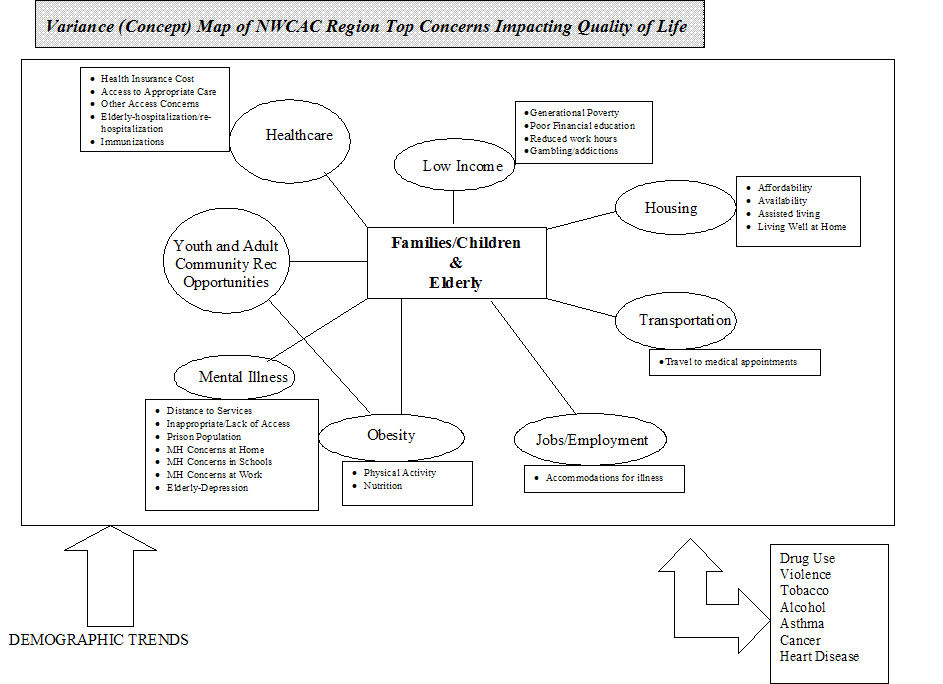
* Heart Disease – Hypertension
* COPD

**Holding Back**

In rural areas, sometime individuals are hesitant to reach out to others or become involved in the broader community due to a variety of reasons. Meeting participants discussed that activities may be costing more for families. Further, there are lots of good ideas but no one to implement them. Volunteers wear out and so people become less likely to volunteer. Apathy also may play a role. Meet Your Neighbor Day was cited as a good example of a way for people to come out and meet others.

**Concept Map**

A concept map was developed in order to assist readers in understanding the large volume of information provided in the qualitative analysis presented in the preceding pages. While the qualitative items identified in the concept map are incomplete in terms of exhausting phenomena contributing to the quality of life within the region, at this time it is a highlight of those recurring items viewed by participants as most influential.



In Marshall county, a survey accompanied by a list of health concerns and undesirable behaviors was provided to meeting respondents, to which they were to select the top three. Results from the survey are provided below:

Marshall County Participant Survey Results (N=36)

|  |  |
| --- | --- |
| **N** | **Area of Concern** |
| 15 | Obesity |
| 13 | Aging and Retirement |
| 12 | Mental illness - still very "stigmatized" - we live in an area where there are limited mental health services |
| 11 | Physical activities and healthy eating habits especially for younger people |
| 7 | Cancer |
| 7 | Diabetes |
| 7 | Use of alcohol |
| 5 | Preventing chronic disease and illness |
| 4 | Alzheimer’s Disease |
| 4 | Heart disease |
| 4 | Housing and home ownership |
| 3 | Access to health care |

Regionally, several employers participated in the interview process. Their HR staff provided public health with the following information regarding the top five illnesses as for which claims are submitted to their insurance company. In order of greatest number of claims submitted, they are:

1. Heart Disease (these keep rising every year despite activities and education to improve it)
2. Congestive Heart Failure
3. COPD
4. Diabetes
5. Asthma

***What types of actions, policies or funding priorities would you support in order to build a better community?***

*More information about what is available*

* Maybe I would need more information about services that are currently done. Where do you get your funding and what services are already provided.
* We need to do more positive promotion about what we have to offer when living in our rural communities. (good schools, fresh air, good neighbors, peaceful surroundings)

*Construct more Assisted Living Facilities*

* Build assisted living fund for facilities and activities for the elderly and our youth, continue to work on drug, tobacco and alcohol abuse
* Assisted Living Facility, Senior meal program, living at home program, volunteer driving program
* Assisted living for those with that need. That would keep families in the community. Also freeing up affordable housing for younger families
* Pursue assisted living setting in warren

*Help Elderly Remain in their Homes Longer*

* Get involved in a home care program - more training and special events to help the elder residents of our area
* Better opportunities for prevention and early intervention services to youth and families as well as the elderly remaining in their homes. More emphasis on affordable and safe housing.

*Community, School and Workplace Education Classes*

* Community group exercise classes, greater variety offered to adult population. Educational courses or lectures through PH or community education.
* Support groups to encourage, learn to eat better, exercise programs on a larger scale than what some are doing now
* Actions - need programs to explain chronic illnesses and why they take certain needs for them - for elderly. They need group sessions so they can discuss with each other
* Nutrition - have community cook out with all of the healthy recipes available. Health - have each community offer walking/exercise incentives
* Education
  + Seminars, clinics, forums
  + Education for improving healthy lifestyles
  + Education and Employment to limit single/one parent/unplanned pregnancies
  + Educational goals - what should they be for our youth and adults
  + We need to give more/better health education (ex. Lectures in public, Schools)
* Education on tobacco and alcohol in the workplaces where many parents can be reached. More help programs in these issues
* Education on issues via newspaper/radio/flyers via city monthly flyer that comes with utility bill
* Education - stress the importance of learning to live a healthy life
* Public education, writing grants even county taxation to help pay for programs
* We need to keep public health and keep the health education going in all small communities
* Nutrition education in schools
  + Need nutrition education taught to our youngest and it should be paired with an understanding of calories burned and how that relates to nutrition. We need to examine our present model of caring for our mentally ill and the support system available for their families
* Continued efforts to support wellness education and activities. Increases support from state/county to meet the mental health needs of young and old

*Access to More Mental Health Services*

* Actions to bring more resources to our area for mental health, chronic disease, etc.
* More local mental health services - closest services for warren residents are TRF and Crookston - 30 min away

*OtherMisc.*

* Farm to school/shelf program making local/fresh produce for readily available.
* Transportation service setting up - may be able to bill health plans for this too (medical assistance).
* Smoking to be banned at all public parks, playgrounds, schools etc. More promotion of school sports activities at a younger age and throughout the year, perhaps reward programs/incentives for exercise and healthy eating in youth.
* Childcare at any health facility
* Funding is tight in all budgets; need to look for outside help to fund priorities.
  + Get different groups together to make an action plan, such as the business owners, govt. officials, day care providers, high school and college student leaders, teachers, etc., and just see all the different ideas that come from the different groups. Maybe there is a common ground somewhere to work on.
* Create some sort of better data bases for doctors and pharmacists to track prescription drug users.
* Programs to rehab prescription drug abusers
* Continue flu shot clinics/foot care clinics/screenings
* Helping employers be more flexible in the region to accommodate for childhood illness. It really is beneficial to all especially large factory employers.
* Support groups for those with cancer or diabetes, heart disease, maybe not meet every week or month, best.
* Like to see a Curvee program
* Encourage more school related after school activities, involvement of parents- especially stay at home parents not working
* I would like to see elementary kids more active. Outdoor recess is too often cancelled
* Lobby for legislation - pertinent topics - engage community members - holistic
* Having a physician come to town weekly/monthly
* Build a pool/rec. center,
* Promote businesses such as bowling, theater, city wide plays, etc.

***What if anything is holding our community back from doing what needs to be done to improve health and quality of life for residents of our community (county)?***

*Lack of Financial Resources*

* Resources - financial
  + Available public dollars possibly. Know who to contact to get wanted services, public awareness
* Budget cuts from state and other sources.
* Limited funding for health prevention and promotion activities.

*Low Educational Attainment*

* Education - People panic or don't want to educate themselves on things before they need to, then when the time comes for a new medical diagnosis or epidemic they panic.
* People are sometimes scared of progress and will do anything to stop it. Educate and get the information out to the public before the leaders vote on something.
  + Send info in water/electric bills, newspapers, etc.
* Education and acceptance of mental health issues
* Lack of community understanding of some concerns within the county- being a population of older citizens, not understanding what is facing youth

*Lack of Knowledge*

* Education around nutrition
  + Access to affordable healthy food
* Listening… knowing what the real issues are
* Spouse/family education on health information – spouses tend to be high users of insurance, especially non-working spouses
  + Good health information from Dr.
* Lack of community understanding of some concerns within the county- being a population of older citizens, not understanding what is facing youth
* Difficulty in changing attitudes/behaviors

*Poor Awareness of Programs/Resources*

* Letting people in the community know what is available to them. Sex education promoting abstinence. Birth control can be available but shouldn't be given free to students without parent's knowledge. It might lower the number of unwed mothers.
* Lack of awareness, access and availability to quality health care, mental healthcare

*Poverty*

* Income levels, education, health opportunities for activities
  + Poverty or perceived poverty (x2)
* Income/money
* Poverty, low income families and how they are served. Too many free hand outs without accountability and incentives to change their situations.

*Apathy*

* Apathy, and a lack of understanding of the plight of those less fortunate
  + Apathy, especially of the younger generations. Seems as though so many people don't care about each other. Volunteerism has nearly stopped being a part of life except among the elder generations.
  + Apathy - the people themselves need to learn from the education and put the knowledge into good use
  + Community participation in programs. People have become either too busy and or selfish with their time. May need more incentive to participate.

*Need more Personal Responsibility/Self Discipline*

* Self-discipline - easier to eat then exercise
  + Each of us has to take hold of ourselves and have the time and discipline to keep to a regular schedule.
  + Taking personal responsibility
  + Some things are personal lifestyle choices.
  + People who actually want to work at it

*Need Stronger Leadership*

* Strong leadership in what each can do
* Leadership to organize programs
* Knowledgeable people willing to speak out and govern our town and county
* Responsible people to take the lead, the right education

*Cost of Insurance is Prohibitive*

* Some can't afford health insurance. It's still unknown how the Affordable Care Act will realistically address this issue. Without health insurance, people (including elderly) put off seeking health care until the situation progresses further than they should. Preventative/early intervention is put aside due to unaffordability. Many individuals are holding off retirement plans due to the continued need for affordable health care coverage.
* High cost of benefits and insurance and doctor’s visits. Compounds issue.

*Rural Isolation/Rural Factors*

* Lack of resources in a rural area
* Geographic location
  + Declining population,
  + Rural area
* Everyone busy - not as many people draw from

*Transportation*

* Local transportation,
* Transportation to organized sports for kids that want to participate. 2nd shift younger parents aren’t able to get their kids to activities.

*Lack of Access to Exercise Facilities*

* One large regional employer is working on a grant for an onsite exercise facility
* Lack of availability of fitness or wellness classes - has been improving some
* More options for Physical Activity, such as bike trails, etc.
* Employees want onsite exercise facility. Not large enough employer to provide
  + Subsidized gym memberships and classes for people that can’t afford them.
* More activities that are “senior” friendly. Low-impact, same age group, etc. Bone-Builders in Greenbush has been very successful.

*Other Misc.*

* Social stigma for anything related to mental health inability to change long standing habits
  + Government regulations (too many). Some of the rules and regulations of home healthcare
* Volunteers (lack of)
* Resistance to raise the revenue which could be used to support health and wellness programs - money spent in these programs is a good investment and saves money later
* We need to get people excited about eating healthy and getting exercise and the benefits they would reap from doing this
* Access to primary care physicians. Being able to see local doctors in ER and Convenience Care in case of follow-up questions or problems.
* [We need] safe prescription drug disposal
* A good system or plan to treat obesity
* Access to affordable housing and housing for families.
  + Affecting the ability to hire which causes more strain on those working when replacements can’t be found.
* Access to good, affordable daycare for both 1st and 2nd shift. Many parents work split shifts and hand-off children in parking lots and lunch rooms.
  + More second shift daycare and infant daycare.
* Lack of support groups for care givers
* [Lack of] activities for kids that are not involved in organized sports.
* Transition classes for aging workforce so that they know how to prepare for retirement both financially and activity related.
* General finance classes for people so that they weren’t so stressed from high-debt, making ends meet, etc.
* Create a service providing 72 hour holds for Mental Illness patients in Roseau County
* Provide more Mental Health professionals
* Alzheimer’s/Dementia unit at Nursing home
* Continue to have respite available at the hospital, Adult Foster Homes
* More support for families with children diagnosed with special health needs such as autism.
* Health Care Home is being implemented at Altru Clinic for patients with Chronic Disease, but there doesn’t seem to be any linking of services for these patients. They get them in for their screenings, but don’t assess their behaviors, living environment, mental health, etc. and then match them or refer them to other services.
  + Discharge planning from hospitals is improving but there is still more work to be done.