

Community Health Priorities

2008 Focus Group Summary Report

Stearns County Human Services

Public Health Division

Conducted as part of the community assessment for the
2005-2009 Stearns County Human Services Public Health Plan



Public Health
Prevent. Promote. Protect.

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Acknowledgements:

Stearns County Human Services would like to thank the focus group participants for their time and willingness to share their perspective regarding the community health priorities of Stearns County.

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II. INTRODUCTION

Purpose

This focus group study was part of the community assessment process for the Stearns County Human Services 2005-2009 Public Health Plan. The 2008 Focus Groups were conducted to identify community health priorities in two areas of public health responsibility: (1) Promoting Healthy Communities and Healthy Behaviors and (2) Assuring the Quality and Accessibility of Health Services.

Stearns County Human Services conducts Public Health planning activities on an ongoing basis. The Community Health Assessment and Action Plan (CHAAP) process is conducted in a five year cycle. The 2005-2009 Plan is an action plan describing strategies to implement through 12/31/2014.

Background

Stearns County is a local unit of government. Stearns County is located in Central Minnesota and is the 14th largest county in the State with an area of approximately 1,390 square miles. The County is bordered by eight other counties; the Mississippi River forms its eastern most border. Nearly rectangular in shape, the farthest distance east to west is 53 miles, while the farthest north to south is 34 miles. The County is comprised of 30 incorporated cities and 34 organized townships. The County Seat is the City of St. Cloud, which also lies partially in Benton and Sherburne Counties. According to the United States Census, Stearns and Benton Counties are considered to be the St. Cloud Metropolitan Statistical Area (MSA). Sherburne County lies within the St. Paul/Minneapolis MSA. Because of its central location in the state, along with its access to the Mississippi River and Interstate 94, Stearns County is considered a transportation and business hub. According to the 2008 Minnesota Department of Health population estimate, Stearns County has 147,076 people; in contrast to land area ranks 7th in the State; and continues to grow.

Stearns County Human Services is a department within the County government and serves the residents of Stearns County. There are seven divisions within Human Services, of which Public Health is one. The Public Health Division conducts programs and activities to satisfy the six areas of public health responsibility:

1. Assure a Local Public Health Infrastructure
2. Prevent the Spread of Infectious Disease
3. Promote Healthy Communities and Healthy Behaviors
4. Assure the Quality and Accessibility of Health Services
5. Protect Against Environmental Health Hazards
6. Prepare for and Respond to Disasters and Assist Communities in Recovery

Stearns County Human Services has an established Advisory Committee structure from which community feedback is gathered. The Advisory Committee and Task Force members apply for open positions and are appointed by the Stearns County Human Services Board, which is comprised of County Commissioners. The members on the Advisory Committee and Task Forces represent the broad perspective of the Stearns County community from

agency to consumer and generally interested citizens. The structure is comprised of: Human Services Advisory Committee, Community Corrections Advisory Board, Emergency Medical Services Task Force, Mental Health Task Force, Public Health Task Force, Social Services Task Force, Transitions Task Force, and Youth Services Task Force.

The Youth Services Task Force is unique in that the entire Task Force is comprised of youth ranging in age from 13 to 19. There are two students from each of the school districts in Stearns County that sit on the Task Force. The group is co-chaired by two youth who also participate in the Advisory Committee.

III. PROCESS

Survey

To determine the outline for the focus group sessions, a public input survey was conducted. The survey tool was developed using lists of potential priorities from previous years as well as requirements within the areas of public health responsibility. Staff from the Minnesota Department of Health, Center for Health Statistics recommended using plain English for the survey tool. Several drafts were reviewed by the Public Health Task Force and the Youth Services Task Force. Due to multiple restrictions on resources, probability sampling practices were not employed for the survey. Rather, the survey was administered from July through September 2008 in the following ways: it was made available at the Stearns County fair; Public Health Task Force members each collected 10 surveys from friends and neighbors; CentraCare Health Center (St. Cloud, St. Joseph, Melrose) assisted by requesting staff to fill out the survey; and the survey was available for clients at Mid-Minnesota Family Practice Clinic (St. Cloud) to fill out if they so desired. A total of 208 surveys were completed by Stearns County residents. A summary of the survey data can be seen in Appendix A.

Despite this use of convenience sampling, the race distribution of respondents was consistent with the County's overall population and there was an even distribution across age groups. Stearns County Human Services is satisfied with the number of completed surveys obtained, although the results should be used in conjunction with other data to generalize across the population.

Top Priorities

The survey asked respondents to rank their top community health priorities within distinct population age groups (see Appendix A): All Ages, Ages 0-11, Ages 12-17, and Ages 18+. The top five priorities in each of the age categories, along with two priorities regarding access to health care, were used as the basis for the focus groups. There were a total of 22 priorities used for the focus group process.

Following is a list of the top five priorities as identified by survey results by age category. The survey tool asked respondents to rank their top five priorities. Not all respondents ranked the priorities or completed all age category sections. If five or fewer items were

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marked per age category, the data were used for data compilation as an indication that the priority was a “top five” priority.

Listed behind each category is the number (*n*) of people who responded to that section of the survey. Listed behind each priority is the percent of respondents who chose that priority as one of their top five community health priorities.

ALL AGES, *n*=197

- A. Alcohol use; minor consumption; drinking and driving, 54%
- B. Mental Health (including suicide), 52%
- C. Violence; domestic violence, 40%
- D. Physical Activity, 34%
- E. Unintended Pregnancies, 31%

CHILDREN, Ages 0-11, *n*=121

- A. Lack of physical exercise/play, 60%
- B. Parental abuse or neglect (safety in the home), 60%
- C. Access to routine check-ups and preventative services, 53%
- D. Exposure to violence through media (television and computer), 50%
- E. Bullying in Schools, 46%

YOUTH, Ages 12-17, *n*=125

- A. Use of alcohol, tobacco, and prescription and illegal drugs, 42%
- B. Access to alcohol, tobacco, and prescription and illegal drugs, 41%
- C. Access to mental health services, 41%
- D. Sexual Activity, 40%
- E. Lack of physical exercise/play, 39%

ADULTS, Ages 18+, *n*=130

- A. Chronic illnesses such as heart disease, diabetes, and cancer, 58%
- B. Use of alcohol, tobacco, and prescription and illegal drugs, 48%
- C. In-home care services for the ill, disabled, and elderly, 44%
- D. Access to mental health services, 44%
- E. Lack of exercise, 39%

There were an additional two priorities about which Stearns County Human Services was interested in public input through the focus group process regarding access to health services. These priorities were identified in past planning processes. These priorities were included under the All Ages category:

ALL AGES

- F. Health disparities among low income families
- G. Lack of health insurance

Focus Group Statistics

There were five two-hour and two one-hour focus group sessions held, primarily in October 2008. A total of 68 people (unduplicated) participated in the focus group process. Most of the focus groups took place at the Stearns County Administration Center at 705 Courthouse Square, St. Cloud, Minnesota.

Summary of Focus Groups

Date	Time	#People	Location
10/9/2008	3:30-5:30pm	12	SC Admin Center; County Board Room
10/21/2008	1-3pm	16	SC Admin Center; Room 499
10/21/2008	5:30-7:30pm	8	SC Admin Center; Room 499
10/23/2008	8-9am	13	Apollo High School, St. Cloud
10/27/2008	10:30-11:30am	12	SC Admin Center; Room 499
11/6/2008	1-3pm	6	SC Admin Center; County Board Room
1/28/2009	8-9am	13	Apollo High School, St. Cloud

The Advisory Committee structure is designed to provide public input into the Department procedures. This structure was chosen to be the source for the focus group participant recruitment. Notification was sent to all the Advisory Committee and Task Force members that the opportunity to participate in the focus groups was available. Participation was voluntary; they responded to the notice if they were interested in participating. Advisory Committee and Task Force members received mileage reimbursement for participating in the focus groups. No incentives were provided to the Public Health staff for providing their input.

The Human Services Advisory Committee agreed to use one of their meetings (10/9/2008) as a practice focus group. At both of the focus group sessions on 10/21/2008 and the session on 10/27/2008, the group was comprised of miscellaneous task force members. Several members from every Task Force participated in the process. On 10/23/2008 and 1/28/2009, the Youth Services Task Force (YSTF) participated in the focus group process at their regularly scheduled meetings. At each YSTF meeting, there were thirteen members, for a total of seventeen unduplicated participants. On 11/6/2008, six Public Health staff, including Public Health Nurses and Public Health Coordinators, suggested strategies for twenty-six contributing factors. Responses from the YSTF and the Public Health staff are identified separately throughout the report.

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Focus Group Participants

Date	Participants
10/9/2008	Human Services Advisory Committee Members
10/21/2008	Miscellaneous Task Force Members
10/21/2008	Miscellaneous Task Force Members
10/23/2008	Youth Services Task Force Members
10/27/2008	Miscellaneous Task Force Members
11/6/2008	Public Health Staff
1/28/2009	Youth Services Task Force Members

The focus groups used a writing structure to capture the participants' ideas in their own words. Priorities that were identified by the survey were listed on easel pad paper and positioned around the room on tables. Focus group participants were broken into 4 or 5 small groups and stationed at different tables. At timed intervals, they were asked to write their ideas on the paper with markers and rotate to the different table stations. The goal was to complete four steps for each age category:

1. Identify the contributing factors for each priority by answering the question, "Survey respondents indicated that [insert pertinent priority] was one of their top community health priorities; what do you think are the top reasons this would be considered a priority?"
2. Prioritize the listed contributing factors and identify the top contributing factor
3. Identify strategies to impact the top contributing factor by answering the question, "What do you think that Stearns County Human Services or the Stearns County community could do to impact [the listed contributing factor]?"
4. Prioritize strategies and identify the top strategy

The prioritization exercises were completed using the dot method. After each list of contributing factors or strategies was compiled, each focus group participant was given one dot sticker. The focus group participants were instructed to place the sticker next to what they perceived as the top contributing factor or strategy. The item with the most "dots" was considered the top factor or strategy for the exercise. This method is also sometimes referred to dotmocracy.

The four-step goal was ambitious and not all steps were completed for all age categories at every focus group. The one step that was completed by all focus groups for all priorities was identification of contributing factors. The Youth Services Task Force members were asked to provide feedback primarily on the Children and Youth age category priorities.

Moderators

Peggy Sammons is the Planning Coordinator for Stearns County Human Services, Administrative Services Division. Ms Sammons assists with coordinating activities around grants and planning documents for all Divisions in Human Services. In 2006, Ms Sammons attended the *Designing and Conducting Focus Group Interviews* training taught by Richard

A. Krueger, Ph.D., Professor and Extension Evaluation Leader, University of Minnesota. Ms Sammons has worked in her current position at Stearns County since August 2004. Prior to working at Stearns County, Ms Sammons had four years of land use planning experience at Regional Development Commissions in Minnesota.

Renee Frauendienst is the Public Health Division Director for Stearns County Human Services. A 22 year veteran in the field of Public Health, Ms Frauendienst has demonstrated leadership in the areas of Disease Prevention and Control, Emergency Preparedness, and Correctional Health. In 2005, Ms Frauendienst was awarded the Jim Parker Leadership Award in honor of her leadership and innovation in the Minnesota Public Health system particularly for the work she has done in the area of public health preparedness. Ms Frauendienst is the 2008 past chair of the Local Public Health Association of Minnesota, an entity whose mission is to promote the issues of local governmental public health in Minnesota.

The Report

Community health priorities are listed in this report by age group and by priority as identified in the survey plus two additional priorities in the All Ages category. (See page 11 for the list of priorities.) Under each priority is a list of contributing factors and under all but one priority is a list of suggested strategies for the identified top contributing factors.

Contributing Factors

When providing feedback about contributing factors, focus group participants were answering the question, “Survey respondents indicated that [insert pertinent priority] was one of their top community health priorities; what do you think are the top reasons this would be considered a priority?”

The contributing factors as listed in this report are actually contributing factor themes. Over the course of the entire focus group process, there were 827 contributing factors identified. These factors were written in focus group participants’ own words, so almost all of them were worded differently. Despite the different wording, there were common themes among the factors.

Similar themes were identified among the contributing factors and the individual factors were combined. To maintain the intent of capturing the data in the participants’ own words, the factor or factors that best described the theme are used in the list. On only rare occasions did Human Services staff generalize the factor themes using different language. The combined list was sorted by the number of votes the theme received in the prioritization exercise, the number of individual contributing factors within the theme (number of times the factor was listed in the focus group process), and the total number of people exposed to that theme in a focus group.

The contributing factor themes are presented throughout this report as “Contributing Factors.” They are presented in table format along with the number of votes the theme

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received in the prioritization exercise (# Votes), the number of individual contributing factors within the theme (# Times Listed), the total number of people exposed to that theme in a focus group (Total People), and if feedback was provided by youth under the age of 18 for this theme (Age <18 – y/n).

A word of caution is advised for examination of the number of votes a contributing factor theme received in the prioritization process. It is important to remember that not all of the focus groups had time to complete the prioritization exercise for every item. For instance, if the table indicates that there were 35 people exposed to a theme and the theme received 4 votes, that may or may not mean that 35 people had the opportunity to vote on that theme. The prioritization exercise (voting) may have only taken place in one focus group of 14 people where it received 4 votes or it could have taken place in four focus groups and received 1 vote at each. This is a limitation of the data.

Suggested Strategies

When providing feedback about suggested strategies, the focus group participants were answering the question, “What do you think that Stearns County Human Services or the Stearns County community could do to impact [the listed contributing factor]?”

Because this step, along with the prioritization of this step were the most frequently skipped steps in the process, there were many fewer responses. All identified responses for this step are presented word for word as provided by the focus group participants.

This was the only step on which the Public Health staff provided feedback. After the focus groups of Advisory Committee and Task Force members had taken place in October 2008, on 11/6/2008, the opportunity to provide feedback on twenty six (26) contributing factors was opened up to the Public Health Division staff. Six staff members participated in the exercise, including Public Health Nurses and Public Health Coordinators. The contributing factors were written on easel pad paper and distributed around the room. There was a two hour block of time when the staff members could present and offer feedback. All strategies provided by Public Health staff are identified separately in the report. All responses by Public Health staff are their individual opinions and do not reflect the position of Stearns County Human Services.

The strategies are presented in table format under the contributing factor theme that they are addressing. The table lists the number of votes the strategy received (# Votes), the number of people who voted on the strategy (Total Votes), if Public Health staff provided the strategy (PH Staff – y/n), and if youth under the age of 18 provided the strategy (Age <18 – y/n). If prioritization did not occur, a dash appears in the # Votes and Total Votes columns.

If prioritization did occur, the strategies are listed by top vote first. If there were two or more focus groups that prioritized the strategies, the strategies are listed by size of focus group, then by top vote. The strategies that were not prioritized are not sorted in any way.

IV. ALL AGES

Priority A: Alcohol Use; minor consumption, drinking and driving

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Peer Pressure/Social Acceptance	13	11	47	n
Legal System/ineffective consequences at all ages	9	4	35	n
Feeling invincible (nothing will happen to me)/ Lack of responsibility	6	7	47	n
Drinking and Driving	6	1	16	n
Accepted Family Norm-parents are doing it	5	4	39	n
Lack of education/Knowledge of consequences	4	7	35	n
Self-medicating (stress, ADD)	1	1	12	n
MADD access-regular meetings-not only for those who get caught-reduction in insurance rates for those who attend MADD	1	1	8	n
Responsibilities of bars to educate and advocate	1	1	8	n
Access	0	3	39	n
No programs available to have alternate activities	0	2	19	n
Lack of socialization	0	1	12	n
Fatalities	0	1	8	n

SUGGESTED STRATEGIES

1. Peer Pressure/Social Acceptance

Strategy	# Votes	Total Votes	PH Staff	Age <18
Get involved with social activity-age appropriate-start young in school	-	-	n	n
Revise prohibition	-	-	n	n
Address inclusion needs and make it affordable (i.e. music, athletics, camps, etc.)	-	-	n	n
Pull ads from TV-not allow	-	-	n	n
Sponsorship at athletic events	-	-	n	n
Teach responsible consumption (ex: European countries)	-	-	y	n
Provide increased/harsher punishment -earlier on	-	-	y	n
A/A "Faces of Meth" Post DUI photos for public viewing	-	-	y	n
Testimonies from recovered alcoholics - how alcohol affected their life and the lives of those around them	-	-	y	n
Promote and be a role model that family activities/hobbies do not need to include alcohol (camping, biking, etc.)	-	-	y	n
Booze goggles as a teaching tool for teens	-	-	y	n

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2. Legal System/ineffective consequences at all ages

Strategy	# Votes	Total Votes	PH Staff	Age <18
Make alcohol abuse a crime-not a medical condition	-	-	n	n
Enforce current rules and/or laws at work, school and society	-	-	n	n
Consequences fit the crime	-	-	n	n
Incentives for reporting drunk driving	-	-	n	n
Follow through with consequences	-	-	n	n
Hold celebrities to same consequences-they are seen as role models	-	-	n	n
Education about the consequences	-	-	n	n
Make less enabling	-	-	n	n
Teach responsible use	-	-	n	n
Stronger consequences for providers	-	-	n	n
Bar closing times	-	-	n	n

3. Feeling invincible (nothing will happen to me)/Lack of Responsibility

Strategy	# Votes	Total Votes	PH Staff	Age <18
Speakers in schools and also adult education	6	8	n	n
Courts get tougher in beginning	2	8	n	n
Examples of peers who have been involved	0	8	n	n
Survivor talk to kids (some with disabilities)	0	8	n	n

4. Drinking and Driving

Strategy	# Votes	Total Votes	PH Staff	Age <18
Breathalyzer at bars-keep keys	6	14	n	n
More severe penalty	6	14	n	n
Steering wheel with breathalyzer's and then "no start"	2	14	n	n

Priority B: Mental Health (including suicide)

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Lack of skilled providers	9	7	47	n
Limited resources for those in need (non-physician: support groups, etc.)	8	9	47	n
Stigma of mental illness - shame/denial/lack of support from family and society/education needed	7	8	47	n
Denial of problem/Knowing there is a problem	5	4	47	n
Understanding of need/access to services (including transportation)	4	4	36	n
Physical imbalance in brain chemistry needs to be addressed	3	1	12	n
Cost/Being financially able to pay/expense covered	2	2	27	n
Financial stress	2	1	12	n
Learned behavior	2	1	12	n
Lack of education	1	2	28	n
Brain injury	0	1	12	n
Family problems	0	1	12	n
Low self-esteem	0	1	12	n
School problems	0	1	12	n

SUGGESTED STRATEGIES

1. Lack of skilled providers

Strategy	# Votes	Total Votes	PH Staff	Age <18
State/Government incentives for providers	-	-	n	n
Integrated health care	-	-	n	n
More programs to train providers	-	-	n	n
Setting priorities for those needing quicker service	-	-	n	n
Quicker intake	-	-	n	n
Reimbursement increase-equity with physical problems	-	-	n	n
Coordination of care-team approach (provide reimbursement for)	-	-	n	n
Increase active care and long term care beds	-	-	n	n
Reform the system	-	-	n	n
Triage by providers	-	-	y	n
state/federal incentives for clients if they continue medication correctly (like TB medicine incentive)	-	-	y	n
Insurance company cover MI/CD treatment better	-	-	y	n
Re-open state hospitals	-	-	y	n
Reimbursement program to encourage health care givers to continue higher education	-	-	y	n

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2. Stigma of mental illness – shame/denial/lack of support from family and society/education needed

Strategy	# Votes	Total Votes	PH Staff	Age <18
Bring resources into schools-speakers with real life stories	10	16	n	n
Better assessment of predisposing factors by school/church	5	16	n	n
Staff/Doctors	1	16	n	n
Provide community education on stereotyping and stigma	3	8	n	n
Identify ways to access the problem (through work and community events)	3	8	n	n
Business run specifically by people with mental illness to help community members learn about MI	2	8	n	n
TV/Cable programming "The more you know..."	-	-	y	n
Teach stress reducing methods in school	-	-	y	n
More counselors at schools	-	-	y	n
Cartoon Hero with mental illness	-	-	y	n

3. Physical imbalance in brain chemistry needs to be addressed

Strategy	# Votes	Total Votes	PH Staff	Age <18
Promote cheaper, more cost effective medications	-	-	n	n
Education among families with a history of poor mental health	-	-	n	n
Appropriate treatment by medical professionals	-	-	n	n
More entire family involvement-group therapy	-	-	n	n
Generate more acceptance that mental illness is not antisocial	-	-	n	n

Priority C: Violence/Domestic Violence

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Cycle of Violence/Child forms unhealthy behavior that carries over into adult life	15	5	37	y
Family Issues (secrets/control/power/dominance/fear/low self esteem/history of abuse)	10	7	52	y
Financial worries/Unemployment/Stress	9	5	35	n
Alcohol and drugs	8	4	47	n
Mental illness (PTSD)	7	6	52	y
Long term consequences for family members of domestic violence	6	2	20	n
Lack of resources/funding/education for the victims	2	13	47	n
Cultural Norm/Society promotes violence (i.e. TV, traditions)	2	5	52	y
Lack of parental example	0	2	20	n
Poor school performance	0	1	13	y

SUGGESTED STRATEGIES

- Cycle of violence/child forms unhealthy behavior that carries over into adult life*

Strategy	# Votes	Total Votes	PH Staff	Age <18
Show ways to change unhealthy behavior	3	7	n	y
Raise awareness about consequences	2	7	n	y
Raise awareness about changes in personality for the abused as well as people within the family that have witnessed the abuse	1	7	n	y
Provide counseling /resources	0	7	n	y
Teach/define what is unhealthy behavior	0	7	n	y

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

2. Financial worries/Unemployment/Stress

Strategy	# Votes	Total Votes	PH Staff	Age <18
Employer offered stress reducers	-	-	n	n
Preventative programming	-	-	n	n
Free counseling services	-	-	n	n
Community based programs (yoga, meditation)	-	-	n	n
Marketing of available programs	-	-	n	n
More PTO	-	-	n	n
Living wage	-	-	n	n
Building community connectedness	-	-	n	n
More positive media programming	-	-	n	n
Upgrade victim services	-	-	n	n
Productive physical out lets-free	-	-	n	n

3. Alcohol and drugs

Strategy	# Votes	Total Votes	PH Staff	Age <18
Free/low cost counseling (marketing of)	8	16	n	n
Money for safe houses for women and children	6	16	n	n
Reporting (abuse) system needs improving	2	16	n	n
Access to recovery programs	0	16	n	n

4. Mental Illness

Strategy	# Votes	Total Votes	PH Staff	Age <18
Government employed psychiatrists	-	-	n	n
More education-so it doesn't have such a negative stigma-people can understand that their feelings may have reasons and can be "handled/dealt" with in necessary	-	-	n	n
Hold people accountable for their behaviors	-	-	n	n
Treat it like other illnesses	-	-	n	n

5. Long term consequences for family members of domestic violence

Strategy	# Votes	Total Votes	PH Staff	Age <18
Make them want to change and see their progress-incentives	4	8	n	n
Community support groups for victim offenders mandated during incarceration	3	8	n	n
Make the requirements for intervention less broad for county child protection	1	8	n	n

6. Lack of resources/funding/education for the victims

Strategy	# Votes	Total Votes	PH Staff	Age <18
Bathroom advertisements	-	-	y	n
24 hour crisis hotlines	-	-	y	n
More education to young people before they become victims (ie signs of an abusive relationship!!)	-	-	y	n
Self defense classes	-	-	y	n
More support groups	-	-	y	n
law enforcement always looking for resources to share with victims	-	-	y	n

Priority D: Physical Activity

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
TV/Media/Technology	15	5	47	n
Not a family priority/Lack of parental modeling	12	3	19	n
Motivation	10	5	47	n
Community (physical structure, safety, etc.) not conducive to play or walking	6	6	35	n
School - cutbacks in Physical Education	3	3	27	n
Lack of education/understanding	2	4	50	n
Cost/Affordability (health clubs, clothing, equipment, etc.)	1	9	47	n
Time constraints	1	5	47	n
Physical Limitations	0	4	23	n
Improper Nutrition	0	3	39	n
Accessibility/awareness	0	1	12	n

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

SUGGESTED STRATEGIES

1. TV/Media/Technology

Strategy	# Votes	Total Votes	PH Staff	Age <18
Reward programs/incentives	10	15	n	n
Free activities involving families	3	15	n	n
Increase community PE programs through use of volunteer staff	2	15	n	n
Community collaboration to decrease TV/technology and increase making family time	-	-	y	n
Introduce family games and get together-limit TV and videos to certain hours of the day	-	-	y	n
Schools have a professional to come and explain the impact it has on their brain	-	-	y	n

2. Not a family priority/Lack of parental modeling

Strategy	# Votes	Total Votes	PH Staff	Age <18
Affordable and available kid friendly	8	8	n	n
Education via local TV news in community health forums-advertise physical activity (make it attractive form)	0	8	n	n
Employer incentives (financial, allot time)	-	-	n	n
Parents spend time with kids	-	-	n	n
Make it fun instead of work	-	-	n	n
Reinforce it in schools	-	-	n	n
More green space	-	-	n	n
Encourage people to exercise together	-	-	n	n
Ask for help with duties in all areas-family, jobs, etc.	-	-	n	n
Promote creative/fun/convenient exercise forms	-	-	n	n
Community center/pool	-	-	n	n
President's Physical Fitness Award	-	-	n	n
Principal's Physical Fitness Award	-	-	n	n
Baseline and Improvement=Award	-	-	n	n

3. Motivation

Strategy	# Votes	Total Votes	PH Staff	Age <18
Stress competition	-	-	n	n
Stress participation	-	-	n	n

4. Cost

Strategy	# Votes	Total Votes	PH Staff	Age <18
City of St Cloud - Build a community Center (look at empty buildings; ie: Media Play)	-	-	y	n
Open Gym before and after school and weekends	-	-	y	n
Build easy access and free exercise resources - bike paths, walking paths	-	-	y	n
Employer incentives on club memberships	-	-	y	n
Partner with existing community resources (ie Fire Depart sponsors/hosts pick up soccer games, etc or college students!)	-	-	y	n
Plan new buildings so that the stairs are more convenient to take than the elevators (ie: don't hide the stairwells)	-	-	y	n
Increase bike racks in public places	-	-	y	n
Winter Carnival	-	-	y	n
City of St Cloud - Build a community Center	-	-	y	n
Use the community resources (schools, gyms, pools & outdoor facilities) to promote activity	-	-	y	n
Build/Plan communities that allow or encourage walkability (paths/sidewalks/etc.)	-	-	y	n
Ensure safe bike routes	-	-	y	n
Sliding fee costs to income eligible families	-	-	y	n
Partnership with National Guard	-	-	y	n
Partnership with Boys & Girls Club	-	-	y	n
Increase Physical Education in the schools to 2X's per day	-	-	y	n
Exercise ball used in schools in place of chairs	-	-	y	n

Priority E: Unintended Pregnancies

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Lack of parental control/Parents do not discourage	15	6	36	n
Lack of preventative training/education	8	6	36	n
Access to & Distribution of birth control (not enough)	6	4	36	n
Unprotected sex	6	3	36	n
Low self-image/self-esteem	5	2	28	n
Religious-cultural beliefs	3	2	28	n
Use the child to gain love and acceptance	2	2	12	n
Peer/Societal Pressure	1	7	28	n
Rebellion/Defiance	1	2	28	n
Cost-birth control	0	2	28	n
Feel "it won't happen to me"	0	2	12	n
Societal Incentives - support, MA, welfare	0	1	16	n
Access to porn (internet)	0	1	12	n
CD and mental health issues	0	1	12	n

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

SUGGESTED STRATEGIES

1. Lack of parental control/Parents do not discourage

Strategy	# Votes	Total Votes	PH Staff	Age <18
Parent support for supervision (group)	8	15	n	n
Positive public education (ads) for parent-child conversations	4	15	n	n
Strategies provided to males and females as to how to "stop" advances with parent involvement	3	15	n	n
Required education classes (carry a baby for 24 hours)	0	15	n	n
Child (young parent) is required to participate in education so parents aren't solely responsible (in all realms)	5	6	n	n
Check/tie financial benefits to participation in education programs	1	6	n	n
"How to teach sex ed to your kid"-classes, small group (parent/child) sex ed in community, schools, church	-	-	n	n
Give access to protection	-	-	n	n
Teach parents the "reality" of sexual activity in society today	-	-	n	n
Boys also have "practice" babies in school	-	-	n	n
Less money for over 2 children-AFDC	-	-	n	n
Support for young parents	-	-	n	n
Educate about costs to entire public	-	-	n	n
Knowledge of all options-adoption services	-	-	n	n

2. Lack of preventative training/education

Strategy	# Votes	Total Votes	PH Staff	Age <18
Education with adequate funding	-	-	n	n
Awareness education	-	-	n	n
Developing responsibility	-	-	n	n
Allow birth control curriculum/education in the schools (public and private)	-	-	n	n

3. Access to & Distribution of birth control (not enough)

Strategy	# Votes	Total Votes	PH Staff	Age <18
Make condoms available at school somewhere other than the office	-	-	n	n
condoms available clinics - pharmacies	-	-	y	n
Abstinence Education (wait until marriage) although this does not work alone	-	-	y	n
Movie - how child changes teen parent's lives (no specific title known)	-	-	y	n
school based clinics	-	-	y	n

4. Low self-image/self-esteem

Strategy	# Votes	Total Votes	PH Staff	Age <18
Developing positive attitude	-	-	n	n
Make condoms available	-	-	n	n

5. Cost – birth control

Strategy	# Votes	Total Votes	PH Staff	Age <18
Free birth control for all!	-	-	y	n
Education regarding TV shows which are suggestive of premarital sex (which leads to teenage pregnancies)	-	-	y	n
More intervention at the schools	-	-	y	n
Partner with Wal-Mart	-	-	y	n
Birth control via mail	-	-	y	n
Educate parents to the importance	-	-	y	n
More school aged education in the school setting	-	-	y	n
Free mobile clinics - visits schools	-	-	y	n

Priority F: Health Care Disparities among low income families

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Cost (prescription, insurance, income)	22	10	47	n
Comprehension of programs/ Navigation of System/ Lack of Education	15	8	47	n
Not all doctors are available to low income families	4	5	47	n
"I'll be okay" -Denial (don't go if you don't have to) - Prevention is not a priority	4	4	35	n
Cultural beliefs	1	2	27	n
Family disparities	1	1	12	n
Transportation costs and availability	0	6	47	n
Diet - Cheapest products not very healthy	0	4	39	n

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

SUGGESTED STRATEGIES

1. Cost (prescription, insurance, income)

Strategy	# Votes	Total Votes	PH Staff	Age <18
More state and federal resources	12	15	n	n
Food stamps: corporations should apply to have their foods approved for purchase-based on nutritional value	3	15	n	n
Required to give back (to community) for benefits	7	9	n	n
Sliding fee scale for insurance	2	9	n	n
Remove money from healthcare equities	-	-	n	n
Create more jobs	-	-	n	n
Reform the system	-	-	n	n
More affordable education	-	-	n	n
Sliding fee on ability to pay	-	-	n	n
Community health workers	-	-	y	n
More clinics with sliding fees	-	-	y	n
After hours clinics for routine care - NOT JUST ER OR URGENT CARE	-	-	y	n
More preventative education	-	-	y	n
Clinic at schools - rotating locations - mid level providers	-	-	y	n
Transportation accessibility for all - for medical appointments. Straight MA patients/disabled are at the mercy of their financial workers to get a ride approved	-	-	y	n
Offer free health care to everyone 18 and under	-	-	y	n

2. Comprehension of programs/Navigation of System/Lack of education

Strategy	# Votes	Total Votes	PH Staff	Age <18
Write in the common person language	-	-	n	n
Better prioritization of funding for services	-	-	n	n
Simplify the whole process	-	-	n	n
Affordability	-	-	n	n
People get involved with senators and representatives through writing	-	-	n	n
Community Health Workers!	-	-	y	n
Partner with schools/ daycare centers to increase awareness	-	-	y	n
Info cards for ER to share with patients at ER visit (ie: you could have gone to XYZ for your care...)	-	-	y	n
Less paperwork to qualify	-	-	y	n
After hours appointments to increase access to information	-	-	y	n

3. “I’ll be okay” –Denial (don’t go if you don’t have to) – Prevention is not a priority

Strategy	# Votes	Total Votes	PH Staff	Age <18
Reform the system	-	-	n	n
Support medical care-school with education-develop new habits	-	-	n	n
Educating importance of health-long term effects	-	-	n	n
Community health workers	-	-	n	n

Priority G: Lack of Health Insurance

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Cost	23	14	47	n
Health costs should be regulated/ impacts of government regulation	9	5	39	n
Pre-existing conditions/limited or inadequate coverage	7	8	47	n
Lack of knowledge/education	4	9	47	n
Complicated system – involves many factors (age, employment, time, etc.)	4	6	39	n

SUGGESTED STRATEGIES

1. Cost

Strategy	# Votes	Total Votes	PH Staff	Age <18
Pool of uninsured-low insurance (one group)	8	15	n	n
Universal care-Medicare for all	6	15	n	n
Legislative Action – get officials involved	1	15	n	n
More mandates on "big" insurance companies	4	8	n	n
Sliding fee scale	3	8	n	n
Elect correct president	1	8	n	n
Company incentives to have good health insurance for employees	-	-	y	n

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

2. Health costs should be regulated

Strategy	# Votes	Total Votes	PH Staff	Age <18
Income based insurance coverage and better networking (private and public providers)	-	-	n	n
Decide/determine whether H.C. is right or responsibility	-	-	n	n
Allow movement across state lines	-	-	n	n
Cost	-	-	n	n

3. Pre-existing conditions/limited or inadequate coverage

Strategy	# Votes	Total Votes	PH Staff	Age <18
Create more full-time benefit eligible positions	-	-	n	n
Sliding fee scale for health insurance premiums	-	-	n	n
Partial benefits at minimum	-	-	n	n
Lowering requirements/means testing for MN care	-	-	n	n
National health insurance	-	-	n	n
Increase minimum wage	-	-	n	n
Building a floor for national benefits	-	-	n	n
Medicare for all	-	-	n	n
National health insurance for all kids	-	-	n	n
No cost public health medical care for infants, children, elderly and working adults	-	-	n	n
Reform system for even health care for everyone	-	-	n	n

4. Lack of knowledge of resources/education needed

Strategy	# Votes	Total Votes	PH Staff	Age <18
Cable TV programming	-	-	y	n
Education using children/students as a vehicle to deliver the message	-	-	y	n

V. CHILDREN AGES 0-11

Priority A: Lack of physical exercise/play

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Parental guidance/role modeling	14	8	47	n
TV/Computer/Video Games	12	3	39	n
Not a top priority (home/school)	8	8	47	n
Safety (sexual predator, apartment living, strangers, play areas)	4	5	31	n
Cost - few low cost activities in the community	2	4	27	n
Lack of places to play/access	1	3	23	n
Change in society leads to confusion as to what is important and who is important	1	1	12	n
Obesity/Poor nutrition	0	2	16	n

SUGGESTED STRATEGIES

1. TV/Computer/Video Games

Strategy	# Votes	Total Votes	PH Staff	Age <18
Free community programs for kids	-	-	n	n
Schools supportive role for family activities	-	-	n	n
Set limits/Parent Involvement	-	-	n	n
Longer school days-increase PE and Recess	-	-	n	n
Provide availability-school, Church, B/C clubs, Scouts	-	-	n	n

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

2. Not a top priority (home/school)

Strategy	# Votes	Total Votes	PH Staff	Age <18
Walk/Bike to activities (ensure safe walking)	2	16	n	n
Increase Physical Education in schools	1	16	n	n
More organized sports (team sports: little league, Boys & Girls Clubs, scouts)	1	16	n	n
Mandate in schools and benefits for home physical activity rewarded through insurance premiums	-	-	n	n
Physical education required in all grades	-	-	n	n
After school activities	-	-	y	n
Elem Schools have recess BEFORE lunch	-	-	y	n
Promote Healthy choices for kids through nutrition education	-	--	y	n
Limit TV/computer use to certain times of day & # of hours	-	-	y	n
Community based education - cause and effect	-	-	n	y
Keep and/or increase phy-ed in the school day	-	-	n	y
Community competition - tournaments	-	-	n	y
TV ads - (ie: Ad council)	-	-	n	y
Educate parents since children will usually follow their lead	-	-	n	y

3. Safety

Strategy	# Votes	Total Votes	PH Staff	Age <18
Extra wood chips at play ground	-	-	y	n
Handicap accessible equipment on school playgrounds	-	-	y	n
creative games at gym time/ recess to promote exercise	-	-	y	n
Safe bike paths	-	-	y	n
law enforcement/ community "bike rodeos" for kids (safety equipment, rules, etc.)	-	-	y	n

Priority B: Parental abuse or neglect (safety in the home)

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Lack of parental/parenting skills; need for education	10	11	52	y
Substance abuse by parents (alcohol, drugs)	10	4	47	n
Child seeks attention from other places (turns to drugs, alcohol, sex, etc.)	10	1	13	y
Mental health of parents pose an issue	8	5	39	n
Stressed out parents (economics)	7	7	47	n
Lack of community resources/community activities	6	3	24	n
Learned behavior/Environmental experiences (society/family)/Hard to break cycle of abuse	5	6	43	y
We no longer make relationships a priority/we don't even know our neighbors	2	2	12	n
Underreported cases	1	1	11	n
Cultural norms/Societal acceptance	0	2	12	n
Psychological effects on children	0	1	13	y
Low income-lack of resources to keep home safe	0	1	8	n

SUGGESTED STRATEGIES

1. Substance abuse by parents (alcohol, drugs)

Strategy	# Votes	Total Votes	PH Staff	Age <18
Educate parents as to available resources for help/support	-	-	n	n
Marketing resources-crisis nursery/respite care	-	-	n	n
Financial assistance for in-home family therapy	-	-	n	n

2. Child seeks attention from other places (turns to drugs, alcohol, sex, etc.)

Strategy	# Votes	Total Votes	PH Staff	Age <18
Provide more positive outlets (clubs, youth hang-outs, etc.)	6	6	n	y
Show positive attention (sports, music, etc)	0	6	n	y
Make negative things (drugs, etc.) less accessible	0	6	n	y
Don't give attention/approval to destructive behavior	0	6	n	y
Draw attention to/through creativity	0	6	n	y
Positive role models who give them guidance & positive attention	0	6	n	y

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

3. Lack of community resources/community activities

Strategy	# Votes	Total Votes	PH Staff	Age <18
Advertise through school/churches/doctors office	-	-	n	n
Do neighborhood activities (getting to know neighbors) so they can feel safe going to a neighbors.	-	-	n	n
Sponsor "County night out" and teach strategies for safety	-	-	n	n

Priority C: Access to routine check-ups and preventative services

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Lack of parental follow through/lack of responsibility/parents have multiple issues	15	7	47	n
Lack of education/knowledge of services	14	13	47	n
Cost (uninsured parents)	10	7	39	n
Limited access (time/location/transportation)	4	8	47	n
Using Emergency Room for preventable issues	3	1	11	n
Dental	1	1	16	n
Cultural attitudes/backgrounds toward prevention services	0	3	23	n

SUGGESTED STRATEGIES

1. Lack of parental follow through/lack of responsibility/parents have multiple issues

Strategy	# Votes	Total Votes	PH Staff	Age <18
Go to clinic that's convenient and has the total health program (prevention): nutrition, exercise, etc.)	-	-	n	n
Have available more minute clinics/or clinics close to work or in work building	-	-	n	n
Provide easy transportation	-	-	y	n
mail out reminders - flyers	-	-	y	n
Incentives for families to complete child preventative services	-	-	y	n
Make clinics have consequences when they charge families for immunizations - but should not charge	-	-	y	n
Easy to read calendars/ schedules given to parents when baby is born which outlines check-up/ immunization intervals, etc.	-	-	y	n
Incentives to complete exams (CTC exams)	-	-	y	n
After hours appointments for routine care	-	-	y	n

2. Cost (uninsured parents)

Strategy	# Votes	Total Votes	PH Staff	Age <18
State and Federal resources	-	-	n	n
Access to preventative care in schools & daycares	-	-	n	n
Increase volunteer medical services	-	-	n	n
Universal health care	-	-	n	n
Preventative dental	-	-	n	n
Provide clinic in school setting - mobile clinic	-	-	y	n
Brochures/info in waiting rooms (clinic/ hospital, WIC, etc.)	-	-	y	n
Community Health Workers	-	-	y	n
Make clinics accountable for using MnVFC correctly	-	-	y	n

Priority D: Exposure to violence through media (television & computer)

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Unsupervised watching or no parental control on TV - parent unaware of violent content	31	10	39	n
Child doesn't think of violence as bad, rather that it is acceptable	10	2	13	y
Using media as a babysitter	7	3	31	n
Lack of family interaction	6	5	39	n
Education needed on harmful effects of media and violence	2	1	16	n
Habit; the video games are addictive	2	1	13	y
Realism of games/TV/computer graphics without depicting consequences (Someone dies in one show and they're in a new show the next day. "Start Over" in games after you "die.")	1	5	44	y
Sets the stage for cultish following of music bands with violent content	1	1	13	y
Ease of access - Primetime not appropriate content	0	7	36	n
Increased aggression	0	2	13	y
No media time limits imposed by parents	0	2	12	n
Changing norms	0	1	12	n
Lack of recreational resources	0	1	11	n

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

SUGGESTED STRATEGIES

1. Unsupervised watching or no parental control on TV – parent unaware of violent content

Strategy	# Votes	Total Votes	PH Staff	Age <18
Parental education	-	-	n	n
Stricter TV/movie ratings	-	-	n	n
Limit viewing	-	-	n	n
Reward youth for not watching TV all the time	-	-	n	n
Limit TV time/Monitor TV shows - help parents learn to say no to kids and monitor what they watch	-	-	y	n
Video Game Ratings - Require parent involvement in purchases	-	-	y	n
Education on parental controls on TV & computer	-	-	y	n
Reward youth for not watching TV all the time	-	-	y	n
Partner with faith community - model behavior and support	-	-	y	n
More after school activities involving maybe volunteer work for students (ex: community gardens, art/creative opportunities)	-	-	y	n

2. Child doesn't think of violence as bad, rather that it is acceptable

Strategy	# Votes	Total Votes	PH Staff	Age <18
Show consequences of violence	5	7	n	y
Identify what's reality and what's fiction	2	7	n	y
Not have violence in every movie	0	7	n	y
Strict regulations on video games	0	7	n	y
Actually enforce age ratings on movies/games	0	7	n	y

3. Using media as a babysitter

Strategy	# Votes	Total Votes	PH Staff	Age <18
Educate parents and daycares (etc) to give information to parents	-	-	n	n
Provide inexpensive, positive resources/activities	-	-	n	n

4. Increased aggression

Strategy	# Votes	Total Votes	PH Staff	Age <18
Provide funding for more anger management programs	-	-	y	n
Teach healthy coping skills	-	-	y	n
Teach students to resolve angry issues	-	-	y	n

Priority E: Bullying in Schools

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Teacher/Adult not intervening or identifying bullying behavior	9	9	47	n
Intolerance of differences/Making fun of others (obesity, disabilities, economics, clothing)	6	10	36	n
Parent education/responsibility to child (child models parent behavior)	6	6	47	n
Lack of relationships-kids need to care about others	6	4	39	n
Low self-esteem/not having reasonable coping strategies	6	4	31	n
Lack of mentors/mental health support	5	3	27	n
Fear of retaliation by kids and adults	3	3	31	n
Home issues (i.e. divorce, drug issues, abuse)	3	3	28	n
Emotional/behavior disorders	1	1	16	n

SUGGESTED STRATEGIES

1. Teacher/Adult not intervening or identifying bullying behavior

Strategy	# Votes	Total Votes	PH Staff	Age <18
Increase teacher's awareness and anonymous reporting with seminars-parents and students	-	-	n	n
Identify problem early	-	-	n	n
Financial consequences to school for not dealing with it	-	-	n	n

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

2. Lack of mentors/mental health support

Strategy	# Votes	Total Votes	PH Staff	Age <18
Define bullying	-	-	n	n
Better administrative policies and discipline	-	-	n	n
Empower students to resolve the issues	-	-	n	n
Increase resources of mental health	-	-	n	n
Zero tolerance policy	-	-	n	n

3. Fear of retaliation by kids and adults

Strategy	# Votes	Total Votes	PH Staff	Age <18
Have role model volunteers visit schools to model anti-violence. (ie: respect for women; men don't have to be "macho" to be important; etc.)	-	-	y	n
Include cultural awareness to the above approach	-	-	y	n
classes, education on trusting your intuition, instincts, and red flags	-	-	y	n

VI. YOUTH AGES 12-17

Priority A: Use of alcohol, tobacco, and prescription and illegal drugs

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Experimentation/Curiosity	13	4	41	y
Education needed-lack of funds in schools	9	3	29	y
Peer Pressure	5	6	49	y
Parental example/parents do it (drink, etc., some provide it)/lack of supervision	5	5	49	y
Social norm/Glorification	4	4	24	n
Recreational/Boredom	4	3	41	y
Lack of morals	3	1	12	n
Rebellion	2	1	13	y
Stress Relief	2	1	13	y
Overconsumption/Addiction	1	2	16	n
Drinking and Driving	1	1	16	n
Easy Access/availability	0	2	28	n
Limited Legal Consequences	0	1	16	n

SUGGESTED STRATEGIES

1. Experimentation/Curiosity

Strategy	# Votes	Total Votes	PH Staff	Age <18
Show consequences more-give other outlets besides drinking	7	13	n	y
Personal testimonies from young people	6	13	n	y
More parental awareness	0	13	n	y
Present "burnouts"	0	13	n	y
Harsher punishment, enforcement-awareness of the effects	0	13	n	y

Priority B: Access to alcohol, tobacco, and prescription and illegal drugs

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Easy access (generally)	19	4	41	y
Peer Pressure	15	4	36	n
Limited enforcement-adults, parents, law/ lack of parental supervision	6	4	37	y
Lack of healthy coping tools	4	5	36	n
Society accepts	3	1	12	n
Family example (available in home)	2	4	28	n
Income/easy money (selling to other minors)	0	2	28	n
Available in schools	0	1	16	n
Use of media and advertising	0	1	16	n
Violence	0	1	16	n
Mental illness	0	1	12	n
Not going to hurt me-I can handle it	0	1	8	n

SUGGESTED STRATEGIES

1. *Easy access (generally)*

Strategy	# Votes	Total Votes	PH Staff	Age <18
Worsen penalty-harsher punishment-instead of fine, community service work	6	13	n	y
More punishment for suppliers (i.e. relatives)	4	13	n	y
Parents watch child's money flow	3	13	n	y
Random searches more often	0	13	n	y
Require random tests in school	0	13	n	y
More education in community (not just school)	0	13	n	y
Provide education on the importance of NOT using	-	-	y	n
Alternative activities (ie: what ELSE is there for a teen to do?)	-	-	y	n
Promote and provide DARE training in elementary schools	-	-	y	n
Punish first time offenders to max allowed - (no little slap on wrist)	-	-	y	n
More compliance checks	-	-	y	n
St. Cloud is a boring town for kids - more regular places for kids to go to	-	-	y	n

Priority C: Access to mental health services

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Stigma/Shame/don't want people to know/Denial	14	8	49	y
Visible Availability	10	1	13	y
Lack of doctors/Long waiting lists	9	5	36	n
Unavailable support/support groups	7	2	24	n
Lack of awareness and acceptance of what might be mental health issues / Lack of understanding that mental health issues exist for this age group / Education needed	6	5	49	y
Does not want the help	2	1	12	n
Method of Access/where do you go?	1	3	41	y
Financial issues (insurance coverage, no insurance)	0	2	16	n
Confidentiality	0	1	16	n
Negative experience (when went for help)	0	1	12	n

SUGGESTED STRATEGIES

1. *Visible Availability*

Strategy	# Votes	Total Votes	PH Staff	Age <18
Let kids know it is okay to have a problem and seek help	10	13	n	y
Presentations/awareness	2	13	n	y
Have before/after school programs available for help (then kids won't label)	1	13	n	y
Posters with statistics	0	13	n	y

Priority D: Sexual Activity

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Lack of parental guidance	12	6	49	y
Lack of education (unaware of consequences)	11	5	49	y
Media promotion/acceptance/glorifies	11	3	41	y
Peer Pressure/Glorified by peers	6	4	49	y
Societal acceptance/promotion	2	3	36	n
Sexually abused as child/Neglected (looking for love that they're not getting at home)	2	2	20	n
Need for acceptance/low self-esteem	2	2	16	n
Desire/hormones/curiosity/experimentation/"bragging rights"/promiscuity/invincibility-"won't happen to me"	1	5	41	y
Kids "growing up earlier"	0	2	28	n
Lack of positive connections	0	1	16	n
No open confidential resource for birth control	0	1	16	n

SUGGESTED STRATEGIES

1. *Lack of parental guidance*

Strategy	# Votes	Total Votes	PH Staff	Age <18
Learning to talk to your kids about sex	-	-	n	n
TURN OFF THE TV	-	-	n	n
Development of more tools for parents to assist in the education process	-	-	n	n
education about connection between alcohol, and teen sex/pregnancy	-	-	n	n

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

2. Peer Pressure/Glorified by Peers

Strategy	# Votes	Total Votes	PH Staff	Age <18
Teen parent speakers-how hard it is	4	13	n	y
Show educational videos-give worse case scenarios	3	13	n	y
Disgusting presentations	2	13	n	y
Birth control/condoms available in school (free) in a not obvious place (i.e. not the office)	2	13	n	y
Educate teens-personal testimonies	1	13	n	y
Push respect (tell teachers to open their ears)	1	13	n	y
Don't talk about it so much	0	13	n	y

Priority E: Lack of physical exercise/play

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Lazy (motivation)	14	6	41	y
Time (other priorities - work)	10	3	33	y
Lack of school/community programs	8	2	24	n
Technology	7	3	36	n
Cost (school sports, funding for school/community programs)	6	6	49	y
Parental guidance/Family values	1	4	36	n
Peer Pressure	1	2	28	n
Lack of knowledge of importance	1	1	12	n
Self-esteem	1	1	12	n
Access (places to go, transportation to get there)	0	2	28	n
No interest	0	2	12	n
Obese/diet	0	1	12	n

SUGGESTED STRATEGIES

1. Time (Other priorities - work)

Strategy	# Votes	Total Votes	PH Staff	Age <18
Teach how to manage time better	6	13	n	y
Less school pressure	5	13	n	y
Not only require, but set a time and a to-do list (School/Gym)	2	13	n	y
Less homework and pressure that is enforced by school	0	13	n	y
Required daily time allotted for exercise	0	13	n	y

VII. ADULTS AGES 18+

Priority A: Chronic illnesses such as heart disease, diabetes, and cancer

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Lack of knowledge (lifestyle/nutrition/exercise, etc.)/Education needed	16	9	47	n
Inadequate health care and treatment	12	4	35	n
Costs-insurance/pre-existing conditions, transportation, supplies	7	4	39	n
Poor personal maintenance and following medical direction/treatment plan	4	2	23	n
Heredity/Predisposed genetic make up-knowledge	1	2	24	n
More community resources	1	2	16	n
Money for research	0	2	27	n
Environmental exposures	0	1	12	n

SUGGESTED STRATEGIES

1. Lack of Knowledge (lifestyle/nutrition/exercise, etc.)/Education needed

Strategy	# Votes	Total Votes	PH Staff	Age <18
Promote wellness by decreased insurance cost	5	11	n	n
Healthier foods	0	11	n	n

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

Priority B: Use of alcohol, tobacco, and prescription and illegal drugs**CONTRIBUTING FACTORS**

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Untreated mental illness/Addiction	16	8	47	n
Social Acceptance	12	4	23	n
Loneliness/Boredom/Entertainment	4	3	36	n
Easy Access	3	1	16	n
Enforce current alcohol laws	3	1	11	n
Pass legislation for 2nd hand smoke outdoors	3	1	11	n
Peer Pressure	2	2	28	n
Reduce stress/self-medicate	1	3	36	n
Lack of education on how quick you can get addicted	1	2	19	n
Driving under the influence	1	1	16	n
Stop using CD treatment for jail	1	1	11	n
Cost	0	1	16	n
Drug interactions with prescription drugs	0	1	16	n
Control of dispensing prescription drugs (no large amounts)	0	1	11	n
More employer random drug/alcohol testing	0	1	11	n

Priority C: In-Home Care services for the ill, disabled, and elderly**CONTRIBUTING FACTORS**

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Cost (coverage, expenses)	13	7	39	n
Lack of knowledge of resources available	12	4	20	n
Shortage of service (caregivers, insufficient workforce, etc.) - low pay, no mileage reimbursement	8	11	39	n
Navigating the System/Overwhelmed/Easier to go to NH	5	3	28	n
Caregiver Support	3	5	28	n
Cultural beliefs	2	1	11	n
Denial (I will be fine-leave me alone)	1	2	28	n
Lack of/Access to resources	1	1	16	n
Prepare for the population's needs	1	1	11	n
Abuse of elderly patients	0	1	16	n
Don't want strangers coming in	0	1	12	n
Unsafe/inappropriate home settings	0	1	12	n

SUGGESTED STRATEGIES

1. Cost (coverage, expenses)

Strategy	# Votes	Total Votes	PH Staff	Age <18
All people should be able to be covered by insurance - private or MA	-	-	y	n
Sliding scale payments	-	-	y	n
Identify, encourage, assist application to existing state/federal plans	-	-	y	n

2. Lack of knowledge of resources available

Strategy	# Votes	Total Votes	PH Staff	Age <18
Brochures in church bulletins	-	-	y	n
Speak at Whitney	-	-	y	n
Speak at Support Groups	-	-	y	n
TV advertisement/info (cable)	-	-	y	n
Can the County send out info/flyers with any mass mailings?	-	-	y	n
Partner with EMS/fire/PD - identify frequent 911 users	-	-	y	n
Vial of life	-	-	y	n

Priority D: Access to mental health services

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Reform the system - better communication is needed between general practitioners and mental health practitioners	11	2	27	n
Social stigma	6	2	27	n
Cost (transportation, insurance, time off work)	5	7	35	n
Lack of adult resources (providers and other)	5	6	35	n
Denial of symptoms	4	3	35	n
Referral system lacking	2	1	16	n
Recognition that symptoms involve a mental health condition	1	2	24	n

SUGGESTED STRATEGIES

- 1. Reform the system – better communication is needed between general practitioners and mental health practitioners**

Strategy	# Votes	Total Votes	PH Staff	Age <18
State hospitals - bring 'em back!	-	-	y	n
Within & between healthcare systems - host conference/ seminar/ webinar	-	-	y	n
Education piece as part of licensing process	-	-	y	n

Priority E: Lack of exercise

CONTRIBUTING FACTORS

Contributing Factor	# Votes	# Times Listed	Total People	Age <18
Attitude - lack of value of personal health	19	5	39	n
Time (other priorities - kids, work)	8	3	35	n
Unhealthy eating	6	2	12	n
Motivation-lack of (excuses)	5	7	28	n
Cost	2	3	35	n
Educate the need	2	2	27	n
Diet pills work faster	0	1	16	n
Safety	0	1	16	n
Physical constraints	0	1	12	n
Lack of green space - walking/biking trails, etc.	0	1	11	n
Sedentary jobs/technology	0	1	11	n

SUGGESTED STRATEGIES

- 1. Attitude – lack of value of personal health**

Strategy	# Votes	Total Votes	PH Staff	Age <18
Wellness Incentives	3	11	n	n
Participate in activities to be active with kids	-	-	n	n

- 2. Unhealthy eating**

Strategy	# Votes	Total Votes	PH Staff	Age <18
Drink more water	-	-	n	n

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS*STEARNS COUNTY HUMAN SERVICES*

Strategy	# Votes	Total Votes	PH Staff	Age <18
Eliminate food drive thrus	-	-	n	n
Tax “bad for you” food	-	-	n	y

VIII. SUMMARY

What Was Learned

The data from this focus group process were used to identify community health issues and areas needing improvement for the 2005-2009 Public Health planning process. The data were reviewed to identify trends and themes within two areas of public health responsibility: (1) Promoting Healthy Communities and Healthy Behaviors and (2) Assuring the Quality and Accessibility of Health Services.

Promoting Healthy Communities and Healthy Behaviors (HCHB)

Five main themes were identified among the priorities from the survey. Physical Activity was listed as a priority in all four age categories. This was a new priority from previous planning processes. Alcohol access/use and mental health were listed in three of the four categories. Two priorities were identified regarding unplanned pregnancies and teen sexual activity. Finally, there were four priorities regarding violence, three of which were identified in the age category of Children, Ages 0-11. A summary of the top five priority themes can be seen in Appendix B.

The top contributing factors were reviewed to find trends across the priority themes of Alcohol, Mental Health, Sexual Activity/Unintended Pregnancy, Violence, and Physical Activity. (Please see Appendix C.)

HCBC - Summary of Top Contributing Factor Themes

Contributing Factor Themes	Mentioned in # of Priority Themes (out of 5)
Societal influence/pressure/stigma/norms	5
Education needed regarding priority theme	5
Lack of Resources or Knowledge of resources	4
Mental Health	4
Parental Responsibility	4

Using these focus group data, community demographic trend data, and community health issue prioritization exercises, the Stearns County Human Services Public Health Division compiled a list of community health issues for the area of public health responsibility of Promoting Healthy Communities and Healthy Behaviors.

HCHB - Community Health Issues:

- Lack of Physical Activity with regards to that it is a society norm that there are attitudes, motivation, priorities, and excuses that need to be changed with education.
- Lack of Physical Activity with regards to safety.
- Alcohol Use with regards to the fact that it is a society norm at the individual, family, community, and system level that use is acceptable. Education is needed.
- Alcohol Use with regards to the fact that it is too accessible for all ages – including minors.
- Mental Health with regards to the fact that there is a social stigma at the personal, family, and community level regarding MH. Education is needed.
- Mental Health with regards to a need to reform the health care system and build lines of communication between the general health practitioners and the MH practitioners.
- Sexual Activity that can lead to unintended pregnancies with regards to the society pressure to have sex from peers, parents, society, and media. Education is needed.
- Sexual Activity that can lead to unintended pregnancies with regards to parental responsibilities and supervision.
- Violence (domestic violence, parental abuse, bullying, exposure to violence through media) with regards to parental responsibilities, supervision, and example.
- Violence (domestic violence, parental abuse, bullying, exposure to violence through media) with regards to the violence being a result of mental health issue of kids and adults.

Assure the Quality and Accessibility of Health Services

Although the focus group process was based largely in the area of public health responsibility of Promoting Healthy Communities and Healthy Behaviors, many themes of access popped out of the data collected. Priorities of access were identified from the top priorities of the survey: access to routine checkups and preventative care (Ages 0-11), access to mental health services (Ages 12-17), and access to in-home care services (Ages 18+). After review of contributing factor responses, other priority themes were identified regarding access to services related to violence, physical activity, and the prevention of unintended pregnancies.

COMMUNITY HEALTH PRIORITIES – FOCUS GROUP RESULTS

STEARNS COUNTY HUMAN SERVICES

Appendix D outlines the review of the top contributing factors to find trends across the priority themes of:

- Access to routine checkups and preventative care (Ages 0-11)
- Access to in-home care services (Adult Ages 18+)
- Lack of health insurance
- Health disparities for persons with low income
- Access to mental health services
- Access to services to prevent unintended pregnancies
- Access to services related to violence
- Access to physical activity

Accessibility - Summary of Top Contributing Factor Themes

Contributing Factor Themes	Mentioned in # of Priority Topics (out of 8)
Cost	8
Lack of knowledge	7
Lack of providers/facilities	6
Transportation	4
Parental Responsibility	3
Time/Waiting Lists	3

Using these focus group data, community demographic trend data, and community health issue prioritization exercises, the Stearns County Human Services Public Health Division compiled a list of community health issues for the area of public health responsibility of assuring the quality and accessibility of health services.

Accessibility - Community Health Issues:

- Access to routine check-ups and preventative services for Ages 0-11 with regards to the cost and inaccessibility of insurance for parents.
- Access to routine check-ups and preventative services for Ages 0-11 with regards to parental responsibilities and follow through (may be a result of age of parents).
- Access to in-home care services for the ill, disabled, and elderly with regards to cost, lack of insurance coverage, and volunteer mileage reimbursement.
- Access to in-home care services for the ill, disabled, and elderly with regards to lack of knowledge of resources. Education is needed.
- Access to health insurance regarding cost.
- Access to health insurance regarding lack of knowledge of resources. Education is needed.
- Access to health care for low-income families with regard to cost including insurance premiums, medications, and transportation.
- Access to health care for low-income families with regard to awareness/comprehension of programs.

- Access to mental health services with regards to the lack of doctors, including specialty doctors, and long waiting lists.
- Access to mental health services with regards to the lack of lack of knowledge of resources. Education is needed.
- Access to resources to prevent unintended pregnancies with regards to the lack of confidential facilities to provide birth control options.
- Access to resources to prevent unintended pregnancies with regards to cost of birth control.
- Access to resources to address violence with regards to the lack of education, support, and programs for victims.
- Access to resources to address violence with regards to the lack of education, support, and programs for intervention and interventions.
- Access to options for physical exercise with regards to the cost of school and community activities including physical education and extra curricular activities.
- Access to options for physical exercise with regards to the cost of access exercise facilities including gyms, YMCA, etc.

Improvement Plans

After the lists of community health issues were compiled, additional prioritization exercises were conducted through the tools provided by the Minnesota Department of Health for the Community Health Assessment and Action Plan (CHAAP) process. The tools were used to identify which issues were currently being addressed and where improvement was needed. Because the issues for these two areas of public health responsibility are very intertwined, the improvement plans were written together for the priority themes of Physical Activity and Mental Health.

The community health issues for which improvement plans were written were:

- Norms and attitudes towards physical activity in general and to the importance of physical activity as well as access to affordable and safe activities that will positively impact the growing obesity and chronic disease rate.
- Information and more education/awareness is needed regarding the stigma around mental health and the resources that are available for the community. There is a lack of doctors, including specialty doctors, and long waiting lists. Lines of communication between general health practitioners and mental health practitioners need to be improved.

The improvement plans can be seen in Appendices E and F.

Continued Use

This report will continue to be used as a reference to the perceptions and ideas of the Stearns County community regarding the identified priorities and contributing factors.

IX. APPENDIX

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**Stearns County Human Services, Public Health Division
Public Opinion Survey SUMMARY – 2008 Planning Process**

Please place an “X” in the box that best describes you. Thank you for your time!

*N= the number of people who responded to this question

County of Residence

208 Stearns
28 Other: _____

Age N= 206

1% 0-11 4% 12-17
27% 18-34 20% 35-44
19% 45-54 20% 55-64
8% 65-84 0% 85+

Race N=203

0% American Indian
0% Asian 2% Black
1% Hispanic 95% White
2% Two or More Races
0% Other: _____

Marital Status N=202

65% Married
35% Not Married

Children/Number N=204

30% No
(70%) Yes
42% 1-2 children
26% 3-5 children
2% 6+ children

Household Income N=170

24% \$30,000 or less
33% \$30,001to \$60,000
43% \$60,001or more
____ Not sure/no answer

Education N=206

14% High School Degree or less
29% Some College/no degree
58% College degree(s)

Health Insurance Coverage N=197

11% Personal coverage – purchased individually
50% Personal coverage –through my employer
29% Coverage by another household member
11% Other insurance coverage
4% No Coverage

Please Rate According to your opinion		Excellent	Very Good	Fair	Poor
Overall health of all county residents.	N=185	7% (13)	45% (84)	47% (87)	1% (1)
Overall health of all county children.	N=180	8% (15)	48% (87)	40% (72)	3% (6)
Your own overall personal health.	N=198	28% (56)	50% (98)	21% (42)	1% (2)
If applicable, overall health of your children.	N=130	38% (49)	51% (67)	11% (14)	0% (0)

*The demographic information will be used for data compilation purposes and will be distributed in summary format only. We appreciate your cooperation in providing information about yourself.

If you could decide where the county should concentrate their efforts, what would be your top 5 priorities from the list below? Please rank from 1 through 5, where 1 is the most important. N=197

- | | |
|--|--|
| <u>29%</u> (57) Tobacco Use | <u>31%</u> (62) Unintended Pregnancies R=5 |
| <u>54%</u> (108) Alcohol Use; minor consumptions, drinking and driving R=1 | Pregnancy and Birth; low birth weights, premature births |
| <u>29%</u> (58) Other Drug Use; illegal drugs, prescription or over the counter medication | <u>29%</u> (57) Infant, Child, and Adolescent Growth and Development |
| <u>4%</u> (7) Arthritis | <u>13%</u> (26) Oral/Dental Health |
| <u>6%</u> (11) Asthma | <u>52%</u> (104) Mental Health (including Suicide) R=2 |
| <u>28%</u> (56) Cancer | <u>26%</u> (52) Nutrition |
| <u>20%</u> (40) Cardiovascular (heart-related) Disease/Stroke | <u>34%</u> (67) Physical Activity R=4 |
| <u>22%</u> (43) Diabetes | <u>19%</u> (38) Healthy Aging; falls prevention |
| <u>23%</u> (45) Sexually Transmitted Diseases/ Sexually Transmitted Infections | <u>9%</u> (17) Injury; farm, home, auto |
| <u>7%</u> (14) HIV/AIDS | <u>40%</u> (79) Violence; domestic violence R=3 |

Top Health Care Priorities by Age Group

Please rank each age group from 1 through 5, where 1 is the most important. **THANK YOU!!**

STATEMENT	CHILDREN Ages 0-11 N=121	YOUTH Ages 12-17 N=125
Exposure to emerging infections	26% (31)	9% (11)
Exposure to environmental toxins (pesticides/air pollution)	26% (32)	10% (12)
Parental abuse or neglect (safety in the home)	60% (73) R=2	26% (33)
Exposure to violence through media (television & computer)	50% (61) R=4	34% (43)
Bullying in Schools	46% (56) R=5	31% (39)
Accidents and injuries (auto, school)	16% (19)	16% (20)
Immunizations: availability & appropriate and timely administration	45% (54)	11% (14)
Lack of dental care	23% (28)	12% (15)
Access to routine check-ups and preventative services	53% (64) R=3	17% (21)
Lack of physical exercise/play	60% (72) R=1	39% (49) R=5
Obesity	39% (47)	26% (32)
Access to mental health services	21% (25)	41% (51) R=2
Suicide	5% (6)	28% (35)
Access to alcohol, tobacco, and prescription and illegal drugs	13% (16)	41% (51) R=2
Use of alcohol, tobacco, and prescription and illegal drugs	12% (14)	42% (53) R=1
STIs (sexually transmitted infections)	2% (3)	26% (32)
Access to confidential services regarding STIs and pregnancy prevention	2% (2)	17% (21)
Sexual Activity	4% (5)	40% (50) R=4
Unplanned Pregnancies	2% (3)	26% (32)
Other:		
STATEMENT	ADULTS Ages 18+ N=130	
Exposure to emerging infections	17% (22)	
Abuse or neglect in older adults	18% (24)	
In-Home Care services for the ill, disabled, and elderly	44% (57) R=3	
Time it takes for an ambulance to arrive at the scene of a medical emergency	10% (13)	
Accidents and injuries (auto, home, school)	18% (23)	
Use of alcohol, tobacco, and prescription and illegal drugs	48% (63) R=2	
Chronic illnesses such as heart disease, diabetes, and cancer	58% (75) R=1	
Getting shots such as Tetanus, Flu, Pneumonia	20% (26)	
Lack of dental care	12% (16)	
Lack of exercise	39% (51) R=5	
Obesity	36% (47)	
Suicide	11% (14)	
Access to mental health services	44% (57) R=4	
Access to routine check-ups and preventative services	34% (44)	
STIs (sexually transmitted infections)	8% (11)	
Access to confidential services regarding STIs and pregnancy prevention	8% (10)	
Unplanned pregnancies	15% (19)	
Clean Drinking Water	16% (21)	
Increasing violence in the community	32% (42)	
Other:		

Priorities from Survey by Priority Themes and Age Categories, 2008
Promote Healthy Communities and Healthy Behaviors

		Age Categories			
		All Ages	Ages 0-11	Ages 12-17	Ages 18+
Priority Themes	Physical Activity	Physical Activity 34%	Physical Activity 60%	Physical Activity 39%	Physical Activity 39%
	Alcohol	Alcohol/Tobacco Use 54%		Access to Alcohol 41% Alcohol/Tobacco Use 42%	Alcohol/Tobacco Use 48%
	Mental Health	Mental Health 52%		Mental Health 41%	Mental Health 44%
	Sexual Activity/ Unintended Pregnancies	Unintended Pregnancies 31%		Sexual Activity 40%	
	Violence	Violence/Domestic Violence 40%	Parental Abuse 60% Exposure To Violence through Media 50% Bullying 46%		

Top Contributing Factors by Priority Theme as identified by the Focus Group Process, 2008
 Area of Public Health Responsibility: Promote Healthy Communities and Healthy Behaviors

	Alcohol	Mental Health	Sexual Activity/ Unintentional Pregnancy	Violence	Physical Activity
Contributing Factor (numbered as ranked) (N) = listed as a factor, but not in top 5	1. Norm (individual, family, community, system) 4. Prevention (education needed)	1. Stigma (societal, family and personal representation of MH) 5. Education (understanding of MH/brain chemistry)	1. Pressure (peer, parental, societal, media) 3. Lack of education (unintended pregnancy)	4. Accepted in society (TV programming, video games) (N) Intervention issues	1. Societal norm (attitudes, motivation, priorities, excuses) (N) Education needed on importance
		2. Lack of resources/knowledge of resources/ availability of resources 3. Cost (N) Access to services	4. Access to Resources (unintended pregnancy)	2. Lack of resources (education, treatment, programs, activities for kids)	3. Cost (access to facilities, school sports costs, transportation)
					2. Safety
	2. Accessibility (too accessible)				
	3. Untreated Mental Illness		5. Self-esteem issues (wanting to be loved/acceptance) (N) Mental health)	3. Mental Health (kids and adults) (N) Stress	(N) Self-esteem
	5. Parental Responsibilities	(N) Family issues	2. Parental responsibilities/supervision (N) No positive connections	1. Parental example/family issues (role modeling, control, etc.)	4. Parental example (role modeling, etc.)
		4. Healthcare System (needs improvement)			
				5. History of violence-endless cycle	
					5. Effects of food

Top Contributing Factors by Priority Theme as identified by the Focus Group Process, 2008
 Area of Public Health Responsibility: Assure the Quality and Accessibility of Health Services

	Access to Routine Checkups and Preventative Care (0-11)	In-Home Care Services (Elderly/ disabled)	Lack of Health Insurance	Health Disparities	Mental Health (re: access)	Sexual Activity (re: access)	Violence (re: access)	Physical Activity (re: access)
Contributing Factor (#ed as ranked) (N) = listed as a factor, but not in top 5	1. Cost (insurance)	1. Cost (coverage/ expenses) -Pay for workers (including mileage)	1. Cost (coverage options limited for specific groups i.e. unemployed, preexisting conditions) 3. Role of the Government/M N State budget and spending priorities	1. Cost (insurance, medications, income)	5. Cost (limited or no coverage for services)	3. Cost (birth control)	4. Cost (funding for treatment programs)	1. Cost Funding/Money for: a. school/ community activities (PE & sports) b. facilities c. purchasing home equipment d. proper clothing
	2. Parental responsibility (age of parents, lack of follow through)		4. Economic choices/ priorities					4. Lack of parental modeling/ guidance
	3. Lack of education (resources available and importance of)	2. Lack of knowledge of resources- education needed	2. Lack of knowledge/ education (access and awareness of services)	2. Awareness/ Comprehension of programs	2. Lack of resources/ knowledge of resources	2. Lack of education (diseases, consequences, abstinence)	1. Education needed (for victims and offender)	
							2. Lack of programs/ activities for victims (safe	

	Access to Routine Checkups and Preventative Care (0-11)	In-Home Care Services (Elderly/ disabled)	Lack of Health Insurance	Health Disparities	Mental Health (re: access)	Sexual Activity (re: access)	Violence (re: access)	Physical Activity (re: access)
							homes)	
	4. Lack of skilled providers	3. Lack of trained caregivers to provide necessary services		4. Lack of providers/ facilities for under/uninsured	1. Lack of doctors/ specialty doctors	1. Lack of confidential facilities to provide birth control options	3. Lack of health care providers/ mentors	
	(N) Time (clinic hours)		5. Length of time through system (paperwork, service times)		3. Time (waiting lists/long treatment times)			
	5. Transportation			3. Transportation	4. Transportation			3. Transportation
								2. Safety (lack of walking paths/ sidewalks, etc.)
		4. Overwhelmed-easier to go to a nursing home (N) Strangers-do not want in the home						
		5. Denial		5. Denial ("I'll be okay"); don't go if you don't have to				

	Access to Routine Checkups and Preventative Care (0-11)	In-Home Care Services (Elderly/ disabled)	Lack of Health Insurance	Health Disparities	Mental Health (re: access)	Sexual Activity (re: access)	Violence (re: access)	Physical Activity (re: access)
	(N)Cultural attitudes/ backgrounds			(N) Cultural beliefs				
	(N) Kids attitudes							
		(N) Unsafe home setting/abuse of elders						
				(N) Diet				
				(N) Stigma with county workers				

Promote Healthy Communities and Healthy Behaviors - Phys Act
Assure the Quality and Accessibility of Health Services - Phys Act
Community Health Improvement Worksheets *This information is submitted to MDH*

Local Public Health Department: Stearns County Human Services - Public Health Division

Date: 11/17/2008

1	Area of public health responsibility:	Promote Healthy Communities and Healthy Behaviors Assure the Quality and Accessibility of Health Services
2	Community health issue:	Lack of Physical Activity
3	What about this community health issue needs improvement?	Norms and attitudes towards physical activity in general and to the importance of physical activity as well as access to affordable and safe activities that will positively impact the growing obesity and chronic disease rate.
4	What does the LPHD plan to invest to improve this community health issue?	Human Services staff time and community partner involvement. Work on connecting with other county departments including Highway, Planning & Zoning, Parks & Rec, and Sheriff. Working with the Sheriff would also involve local Police Departments.
5	What action steps does the LPHD plan to take?	5a. Assess community, schools, work sites, and health care regarding what types of existing evidence based practices and policies are out there at the systems level to support healthy behavior. 5b. Meet with local program advocates to address gaps and barriers such as cost, transportation, safety, and attitudes. 5c. Review evidence based practice interventions to address gaps. 5d. Research grant opportunities (e.g. SHIP) and write grant applications to apply interventions in community. 5e. Share results of the community input process for this plan (assessment, survey, focus group report) with appropriate community partners.
6	Which target populations or audiences does the LPHD plan to reach with these activities, strategies, or interventions?	Populations within the following areas: schools, work sites, health care, and the general community.

1	Area of public health responsibility:	Promote Healthy Communities and Healthy Behaviors Assure the Quality and Accessibility of Health Services
2	Community health issue:	Lack of Physical Activity
7	How was or will the affected community be involved in making decisions about what needs to be done?	We will work with community partners to complete the assessment. Stearns County Human Services Community input task forces will be involved, particularly the Public Health Task Force.
8	How will the activities, strategies, and/or interventions be measured (process measures/indicators)?	By December 31, 2013: 8a. By April 2009 - meet with partners (e.g., BLEND, health care providers, Family Services Collaborative) and review gaps. 8b. By May 2009 - complete SHIP application with more specific strategies and action steps as clarified in the request for proposal. 8c. If SHIP dollars aren't available, assessment will be complete and other grants will be researched for possible pursuit.
9	What are the anticipated short-term outcomes (ST-O) of these activities?	ST-O: Increased knowledge of county.
10	What are the anticipated intermediate outcomes (IN-O) of these activities?	IN-O: Policy makers will be notified of the importance of Physical Activity in Stearns County.
11	What are the anticipated long-term outcomes (LT-O) of these activities?	LT-O: Decrease in chronic diseases; obesity, diabetes, heart disease, etc. Increase in accessibility of affordable and safe physical activity options.
12	What measures or indicators of outcomes will be used?	ST-O: Assessment tool will be used to summarize knowledge gathered in the assessment process. IN-O: The number of times that the topic of Physical Activity is discussed with the Stearns County Board of Directors. LT-O: MDH data will be used to show decrease in chronic illnesses. Another community assessment will be conducted in 2013 and compared to the assessment in 2009 to indicate an increase in affordable and safe activities.
13	Technical assistance needs identified?	yes: local/current data, assessment tool, access to physical activity evidence based practices, training of staff and community members on implementing evidence based practices, long term evaluation on a budget
14	Has the CHB approved these plans?	Yes: From January 20, 2009 Board Notes: Presentation was made by Public Health Division Director Renee Frauendienst on Community Health Assessment and Action Plan (CHAAP). Motion was made by Commissioner Sakry, seconded by Commissioner Mareck and carried unanimously to approve submission of the Stearns County Community Health Assessment and Action Plan: 2005 – 2009 as developed for the two areas of public health responsibilities: 1) Health Communities, Health Behaviors, 2) Assuring Access to Quality Health Care Services.

Promote Healthy Communities and Healthy Behaviors - MH
Assure the Quality and Accessibility of Health Services - MH
Community Health Improvement Worksheets This information is submitted to MDH

Local Public Health Department:

Stearns County Human Services - Public Health Division

Date:

11/17/2008

1	Area of public health responsibility:	Promote Healthy Communities and Healthy Behaviors Assure the Quality and Accessibility of Health Services
2	Community health issue:	Mental Health
3	What about this community health issue needs improvement?	Information and more education/awareness is needed regarding the stigma around mental health and the resources that are available for the community. There is a lack of doctors, including specialty doctors, and long waiting lists. Lines of communication between general health practitioners and mental health practitioners need to be improved.
4	What does the LPHD plan to invest to improve this community health issue?	Human Services staff time and community partner involvement.
5	What action steps does the LPHD plan to take?	5a. Notify divisions within the Stearns County Human Services Department regarding the community issue as identified in this process. 5b. Create a coordinated action plan across Human Services regarding how Mental Health services will be better coordinated and addressed. 5c. Share results of the community input process for this plan (assessment, survey, focus group report) with appropriate community partners.
6	Which target populations or audiences does the LPHD plan to reach with these activities, strategies, or interventions?	This will be an internal, Stearns County Human Services, process.
7	How was or will the affected community be involved in making decisions about what needs to be done?	Division Directors will be primarily involved.

1	Area of public health responsibility:	Promote Healthy Communities and Healthy Behaviors Assure the Quality and Accessibility of Health Services
2	Community health issue:	Mental Health
8	How will the activities, strategies, and/or interventions be measured (process measures/indicators)?	By December 31, 2013: 8a. By June 2009 - a full report of the 2008 Public Health planning process involving public input will be disseminated to all Division Directors. 8b. A Plan will be created that outlines improved internal coordination of services and improved communication with the community.
9	What are the anticipated short-term outcomes (ST-O) of these activities?	ST-O: Clearly outlined issues.
10	What are the anticipated intermediate outcomes (IN-O) of these activities?	IN-O: Ongoing discussions will take place regarding practices, policies, and decision on mental health services provided by Stearns County Human Services.
11	What are the anticipated long-term outcomes (LT-O) of these activities?	LT-O: Coordinated Action Plan developed among all Human Services Divisions.
12	What measures or indicators of outcomes will be used?	ST-O: Summary of the 2008 public input process will be disseminated. IN-O: The number of times that coordinated Human Services mental health services is discussed at Division Director meetings. LT-O: Completed action plan.
13	Technical assistance needs identified?	yes: tools for evaluation of internal processes that go across systems (quality improvement)
14	Has the CHB approved these plans?	Yes: From January 20, 2009 Board Notes: Presentation was made by Public Health Division Director Renee Frauendienst on Community Health Assessment and Action Plan (CHAAP). Motion was made by Commissioner Sakry, seconded by Commissioner Mareck and carried unanimously to approve submission of the Stearns County Community Health Assessment and Action Plan: 2005 – 2009 as developed for the two areas of public health responsibilities: 1) Health Communities, Health Behaviors, 2) Assuring Access to Quality Health Care Services.