



2023-2025

COMMUNITY HEALTH NEEDS ASSESSMENT

WELIA HEALTH

WeliaHealth.org

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INTRODUCTION

Letter from Randy Ulseth, CEO

Welia Health is committed to conducting a Community Health Needs Assessment (CHNA) every three years to help identify, analyze, and prioritize the health needs of our communities, by collaborating with local partners and the individual community members.

As a leader in healthcare, Welia Health is committed to providing great care by prioritizing patient well-being, actively taking part in the communities it serves, and extending a warm welcome to patients, visitors, and employees alike.

Welia Health has a long history of focusing on the well-being of the people in East Central Minnesota. To understand more about our community's greatest pressing health issues, we rely on surveys of patients and a previous Community Health Needs Assessment (CHNA) conducted in 2016. Using a series of recommendations developed through community collaboration, the CHNA is a report that can pinpoint community needs, set priorities, and guide community efforts toward addressing those needs. It will also serve as a guide for our organization's upcoming initiatives and programs. To keep track of our progress toward meeting our goals, we will conduct this report every three years.

We are very appreciative for the support from our communities by providing input and guidance for the healthcare services needed in our area.



Randy Ulseth
CEO, Welia Health

CONTRIBUTORS

Welia Health would like to recognize the following groups, departments, team members, community partners and the public for their input, facilitation and contributions to the final report.

- The leadership team at Welia Health
- University of Minnesota students – Office of Academic Clinical Affairs Interprofessional Program
- Interdisciplinary teams at Welia Health
- Obesity, Intensive Behavioral Therapy (IBT), Prediabetes, Diabetes self-management education and support program
- Mental Health Support/Medication-Assisted Therapy (MAT) program Substance Abuse
- Rehabilitation therapies
- Health Coaching and Wellness Services
- Patient Family Advisory Council (PFAC)
- Mental health professionals
- Care coordination team
- Substance abuse/Medication-Assisted Therapy team
- General clinical services
- Marketing

Community partners

- Kanabec County Community Health
- Pine County Public Health
- Emergency Preparedness Coordinator, Pine County
- Better Together Substance Abuse Coalition
- Pine City Advisory Committee
- Mora Public Schools
- Hinckley Public Schools
- Lyn Lake Chiropractic
- Therapeutic Services Agency
- Plum Behavioral Health Services
- Lakes and Pines CAC, Inc.
- Recovering Hope Treatment Center
- Coborn's, Inc. – Mora
- Fresenius Kidney Care – Mora
- Timber Trails Public Transit
- Kanabec County Veteran Services
- St. Clare Living Community of Mora

WELCOME TO WELIA HEALTH

Welia Health delivers personalized care expected in smaller communities, but with the technology and specialty care commonly associated with large urban centers. Along with the main campus located in Mora, Welia Health has two additional clinics located in Pine City and Hinckley.

In October 2015, due to a new demand for healthcare services, the Pine City campus expanded its services in diagnostic imaging, rehabilitation services, urgent care, OB/GYN, orthopedics and sports medicine. A 15-minute trip north of Pine City, many of the same core services are offered at the Hinckley campus.

In the spring 2017, Welia Health and Mora Public Schools announced that they would work together to build Kanabec County's first year-round community wellness center. The multi-million-dollar project, half of which was funded by Welia Health, created a two-story, 52,000-square-foot wellness center attached to the Mora Elementary School. [Welia Center](#) includes fitness,

training and exam rooms, locker rooms, a 200-meter track, a separate elevated walking track, a large multipurpose space that includes four basketball/volleyball/tennis/group game courts and more. Offered within the space are wellness programs, educational opportunities, and athletic training services. Two years later, Welia Health entered an agreement with the Hinckley-Finlayson school district to help offset costs of a [fitness center](#), housing an indoor walking track, general fitness center with universal weights, cardio equipment and pool, supporting its northern most community.

Welia Health employs over 600 employees, including family practice providers, specialists, pharmacists, nurses, laboratory, radiology and rehabilitation service professionals and administrative personnel. It is a teaching site for Rural Physician Associate Program (RPAP) students, and precepts Physician Assistant and Nurse Practitioner students and its pharmacists serve as adjunct faculty for the University of Minnesota, College of Pharmacy. In addition, students are welcomed for clinical educational experience in medical assistants (certified), nursing, laboratory, radiology, rehabilitation services, health information and nurse anesthetist programs. Welia Health also serves as a teaching site for local high school students interested in pursuing a career within the medical field.

Mission/Vision for Welia Health

Mission - to support and improve the health of the communities we serve.

Vision - to foster a patient-centered culture and maintain a complement of services that meet the changing needs of the communities we serve.

Welia Health overview

Located in East Central Minnesota, Welia Health (formerly FirstLight Health System) provides primary and secondary medical services to residents of Kanabec and Pine Counties.

The beginning

Welia Health, originally Kanabec Hospital, opened early for the delivery of a baby in 1945, even though it was not scheduled to open until 1946, Ms. Walton Regan was admitted and gave birth to her son, James Michael, on Christmas Day in 1945, them becoming the first two patients at the hospital.

Our growth

Throughout the decades, Kanabec Hospital has continuously expanded its facility and services. In 2003, Kanabec Hospital grew significantly through two major building projects, including moving the Allina clinic to the hospital campus, adding a physical rehabilitation department, and creating a new four-bay surgery center.

In 2011, Kanabec Hospital purchased three clinics from Allina Hospitals and Clinics (now Allina Health) located in Mora, Pine City and Hinckley, and renamed the newly integrated system FirstLight Health System.

Most recently, in 2019, FirstLight Health System finished a two-year phase expansion project at its Mora campus. The major construction project included new inpatient rooms, birthing suites, public dining area, rehabilitation department, community pharmacy, emergency department, while relocating the off-campus Eye Care Center and provided a centralized entrance. Also, the infrastructure was updated to accommodate more efficient patient flow while upgrading its technology and security options. The newly renovated campus has twenty-three licensed patient beds and features a four-bay surgery suite, 24-hour emergency department, Level IV Trauma and acute stroke ready designation, EMT/paramedic-staffed ambulance service and a birthing center, among other services.

Amid the \$60M expansion project, FirstLight Health System was renamed Welia Health.

In July of 2021, to help ensure Welia Health remains competitive, operational, and independent – and to best serve the interests of the communities it serves – was annexed from Kanabec County and established as a 501(c)(3) nonprofit corporation.

Naming Welia Health

The name, Welia Health, is short, memorable, and easy to say and spell. In Gaelic, “Welia” means “to see.” At Welia Health, we strive to see every patient – the whole person - no matter where they are in their healthcare journey for who they are.

These five phrases describe our commitment to great care, because Welia Health works to change people’s lives in remarkable ways, while defining them at their authentic best.

- **W** Wellness focused
- **E** Engaged communities
- **L** Leading change
- **I** Innovative care
- **A** Always welcoming

Key statistics (2021)

<i>Licensed Beds</i>	49
<i>Staffed Beds</i>	23
<i>Total Operating Revenue</i>	\$109,841,989
<i>Total Operating Expenses</i>	\$101,666,607
<i>Total Admits</i>	1,170
<i>Total Patient Days</i>	3,862
<i>Total Number of ED Visits</i>	13,665
<i>Total Number of Outpatient Visits</i>	70,202
<i>Total Births</i>	220
<i>Total Number of Clinic Visits</i>	111,753
<i>Number of Full Time Equivalent</i>	460

Communities we serve

Welia Health identifies its communities as all of Kanabec and Pine Counties. Kanabec County, located in East Central Minnesota, is an hour north of the metropolitan area and includes major cities as such Mora (county seat), Ogilvie, and Grasston. Pine County, located in region 7E is also north of the Minneapolis-St. Paul metropolitan area. It identifies Pine City, Hinckley, Brook Park, and Henriette as its major cities. Secondary areas close to major cities in both counties include Isle, Sandstone, Braham, McGregor and Finlayson.

Welia Health provides healthcare services to a 40–50-mile radius from the main campus in Mora, which includes surrounding counties of Mille Lacs, Isanti, Aitkin and Chisago, although those only accounting for 1.2 percent of visits in 2020.



Figure 1 Map of geographic area

GEOGRAPHIC AREA

Kanabec County is located at the intersection of two Minnesota State Highways, 65 and 23. Its major employer is Welia Health with other significant employers in education, assisted living, manufacturing, and the construction and plumbing industries. It also houses two public-school districts, Mora and Ogilvie. The total land area comprises of 521.59 square miles and is ranked the 66th largest county in Minnesota.

Table 1^{3,4}**Total population by county – 2020**

	2010	2020 projection	Total land area (square miles)	Population density (per square mile) 2020
<i>Kanabec County</i>	16,239	16,032	521.61	30.7
<i>Pine County</i>	29,750	28,876	1,411.34	20.5
<i>Minnesota</i>	5,303,925	5,706,494	79,626.68	71.7
<i>United States</i>	308,745,538	331,449,281	3,533,038.28	93.8

Note: Both counties are expected to decline from 2020 to 2030 according to the Minnesota State Demographic Center

Table 2^{3,4}**Demographics – 2022**

	Under 5 y/o	Under 18 y/o	18 and over	65 and over	Median age
<i>Kanabec County</i>	5.4%	21.5%	73.1%	21.4%	45.3
<i>Pine County</i>	4.3%	19.3%	76.4%	22.0%	45.6
<i>Minnesota</i>	5.9%	23.1%	71.0%	16.7%	38.1
<i>United States</i>	5.7%	22.2%	72.1%	16.8%	38.2

POPULATIONS OF INTEREST

Although not large in numbers, there are subsets of people either temporarily or permanently residing in Kanabec County, people without homes, Amish, and Veterans that could affect health priorities.

- **Amish community**

Since the last Community Health Needs Assessment was published, a growing population of Amish people has settled in the Kanabec County area. Kanabec County Community Health estimates 27 families comprised of 130 individuals are local. Both Pine and Kanabec public health departments offer monthly health education meetings. Certain members from the Amish communities have a point of contact within Public Health to coordinate and address healthcare questions, concerns and issues.

- **Indigenous population**

Also, there is an Indigenous reservation in Pine County that accounts for 4.3 percent of the population of both counties.⁵

- **Veterans**

Veterans are difficult to accurately report as not all veterans living within the Kanabec and Pine counties receive any Veteran's Administration (VA) benefits or use VA healthcare. The Veteran's Administration supplies numbers for those using VA healthcare or who are receiving disability benefits. Veteran support is only considered if the veteran registers with a county and personally identifies with the local VA office. From 2018 to 2020, veterans in Kanabec County and Pine County are represented below in table 3.⁵

Table 3⁵

Veteran* population from 2018-2020

	2018	2019	2020
<i>Kanabec County</i>	1,412	1,376	1,341
<i>Pine County</i>	2,374	2,299	2,236
<i>Total</i>	3,786	3,675	3,577

*The US Census Bureau defines a veteran as Veterans are people who have served (even for a brief time), but are not currently serving, on active duty in the US Army, Navy, Air Force, Marine Corps, or the Coast Guard, or who served in the US Merchant Marine during World War II. People who served in the National Guard or Reserves are classified as veterans only if they were ever called or ordered to active duty, not counting the 4-6 months for initial training or yearly summer camps. All other civilians are classified as nonveterans. While it is possible for 17-year-old to be veterans of the Armed Forces, ACS data products are restricted to the population 18 years and older. For a complete definition, go to [ACS subject definitions](#) "Veteran Status."

- **People without homes**

People without homes are also difficult to determine. The state of Minnesota estimates it has 7,940 people experiencing homelessness at any given time; of that, 967 were family households, 315 were veterans, 946 were young adults (ages 18-24), and 1,787 were experiencing chronic homelessness.^{6,8}

Kanabec County supplied information on sheltered and unsheltered individuals. Pine County data was not available.

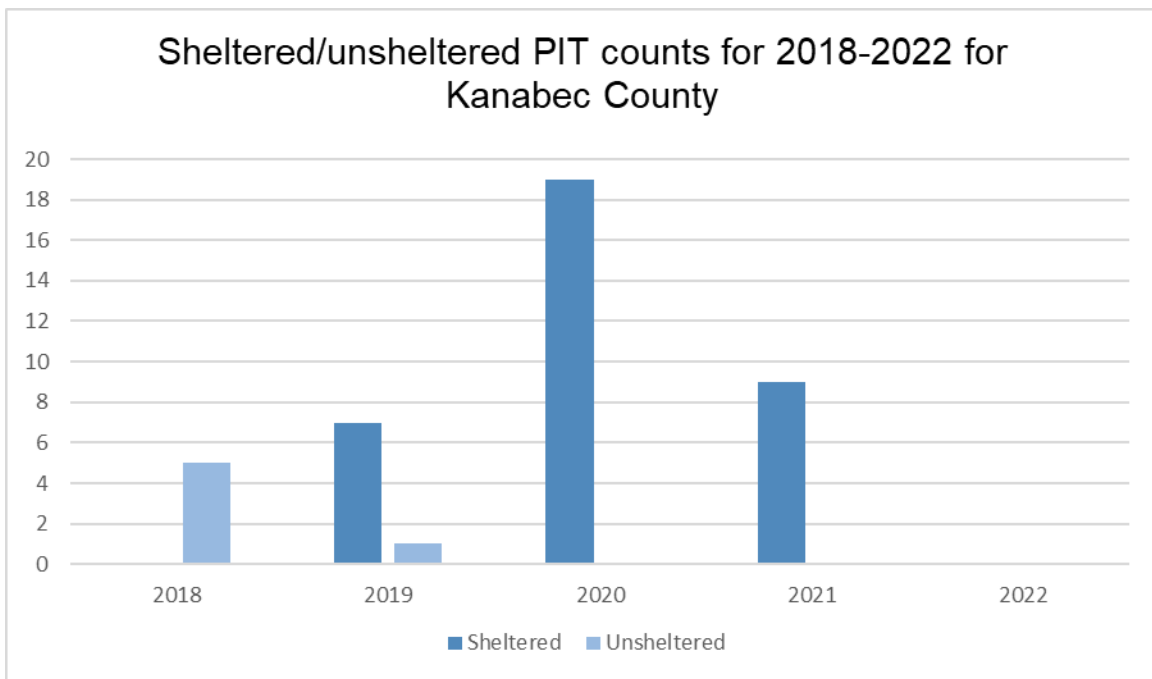


Figure 3 Kanabec County (only) PIT counts⁷

Definitions:

- Sheltered – Individuals included in this count would be those in emergency shelters and transitional housing.
- Unsheltered – Individuals/families that are literally homeless, sleeping in vehicles, tents, outside, etc.
- The Point-in-Time (PIT) count is a count of sheltered and unsheltered people experiencing homelessness on a single night in January. In 2021, the unsheltered PIT count was not completed due to the COVID-19 pandemic. Updated data for 2022 will be available in the fall.

COMMUNITY SOCIOECONOMICS

Income levels by county, state and nation are listed below in Table 4. Both Kanabec and Pine County are well below the state averages in all three categories, including median household income, the number of households per county, poverty levels, employment rate and the percentage of those who do not have any healthcare coverage.

Table 4^{5.9}

Socioeconomics – 2022

	Median Household income	Households 2016-2020	Poverty	Employment rate	No healthcare coverage
<i>Kanabec County</i>	\$57,877	6,631	9.5%	5.86%	5.4%
<i>Pine County</i>	\$55,606	11,132	10.6%	5.31%	6.6%
<i>Minnesota</i>	\$73,382	2,207,988	9.3%	66.5%	4.5%
<i>United States</i>	\$64,994	122,354,219	12.8%	59.6%	8.7%

When comparing high school/equivalent and some college, but no degree education levels, Kanabec and Pine County ranked higher than both the state of Minnesota and the US, depicted in Table 5.

Table 5^{5.9}

Education – 2022

	High school degree / equivalent	Some college (no degree)	Associate degree	Bachelor's degree	Graduate/ professional degree
<i>Kanabec County</i>	38.7%	25.9%	10.7%	9.4%	5.3%
<i>Pine County</i>	41.1%	24.1%	10.6%	10.5%	4.7%
<i>Minnesota</i>	24.2%	20.8%	11.6%	24.2%	12.6%
<i>United States</i>	26.7%	20.3%	8.6%	20.2%	12.7%

COMMUNITY CONTRIBUTIONS

Welia Health has a robust community benefit program, supporting its mission of improving the health of the communities. We have a longstanding commitment to the medically underserved population and continue to show this commitment through our generous charity care policy, providing free and discounted services for the uninsured and underinsured. Welia Health continues to develop, provide and participate in programs and activities on various health and wellness topics, often for little or no financial gain. Our work also supports a collaborative framework model with our partners for improving community health. Table 6 shows the value of contributions to the community from Welia Health for the 2020 fiscal year.

Table 6¹⁰

Community Benefit Report

	Fiscal Year			Descriptions
	2020	2019	2018	
<i>Financial Assistance at Cost (Charity Care)</i>	\$612,784	\$1,530,229	\$622,359	
<i>Unreimbursed Medicaid</i>	\$1,312,353	\$739,672	\$575,691	
<i>Unreimbursed Costs— Other means-tested government programs</i>	\$2,333,073	\$1,121,380	\$854,956	
<i>Community health improvement services and community benefit operations</i>	\$111,838	\$90,684	\$147,687	Support groups, 48-hour well-baby checks, transportation costs, sports physicals, community education
<i>Health professional education</i>	\$1,426,128	\$769,154	\$707,740	Scholarships and clinical experiences
<i>Subsidized health services</i>	\$165,343	\$158,582	\$125,153	Athletic Trainers, Intensive Behavioral Therapy-Weight Loss
<i>Cash and in-kind donations to community groups</i>	\$48,664	\$299,836	\$255,740	EMS coverage at community events, participation in community health improvement activities (SACK), ARC Blood Drives

<i>Medicaid Surcharge</i>	\$647,466	\$625,433	\$502,364	
<i>Minnesota Care Tax</i>	\$854,344	\$919,344	\$780,000	
<i>Total Cost of Community Benefits (as defined by IRS)</i>	\$7,511,993	\$6,254,314	\$4,571,690	
<i>Taxes and Fees</i>	\$127,374	\$133,222	\$156,362	
<i>Community Building</i>	\$8,172	\$16,499	\$17,875	Violence prevention planning, advocacy, MCE program, Chamber of Commerce, Task Forces
<i>Costs in excess of Medicare payments</i>	\$275,000	\$275,000	\$275,000	
<i>Bad debt expense</i>	\$268,493	\$1,357,381	\$2,051,816	
<i>Total Value of Community Contributions</i>	\$8,191,032	\$8,036,416	\$7,072,743	

Community connections

Welia Health has designed and/or provides support, service, education and leadership opportunities to promote and encourage health and wellness in a variety of ways.

- Walk to school event – Mora
- CPR and first aid training
- Safe Sitter® – babysitting classes and safety training
- American Red Cross blood drives
- Employee donations (food, school supplies, Toys for Tots)
- Renewable scholarships for area high school students pursuing careers in the medical field
- Adopt a highway clean-up events
- Interventional Behavioral Therapy (IBT) program for obese patients
- Medication Therapy Management (MTM) appointments
- Diabetes self-management education program and support program
- Tobacco cessation programs
- Medical nutrition counseling
- Pre-and postnatal (Movin' Mama) classes
- Protect your skin – sunscreen dispensers, sunscreen and table umbrellas donated to the local pool, beaches and recreational areas
- Area school open house events to promote healthy eating and well-child checkups
- Annual drive-through flu clinics
- I Love to Read – programs to support literacy in third-grade classrooms
- Positivity in the Park – providing healthy activities and connections for children
- Empowering Women programs for Mora schools
- Baseline concussion clinics for area high school students
- Athletic training services for Pine City Field Day
- Crunch Crew, promoting healthy eating during local county fairs
- Free high school sports physicals offered annually
- Annual fun run/walks – Mora Glow/Fun Run and Pine City Fun Run
- Mora school wellness committee members

Community events

- Mora Bike Tour
- Vasaloppet
- Mora Loppet
- Art in the Park – Pine City
- Music in the Park – Mora
- Mora Half Marathon & 5K
- Swedish Mile Trail Run
- National Night Out (NNO)
- Goldie Classic – American Cancer Society fundraiser

Community committees, coalitions, or task forces

- Blue Zone stakeholder – Pine County
- Breastfeeding Coalition
- Better Together Coalition (formerly SACK)
- Pine Chemical Health Coalition
- Partners in Healthy Living
- Patient Family Advisory Council (PFAC)
- Community Opioid Task Force

Partnerships with local organizations serving those with limited financial resources

- Lakes and Pines Community Action Council
- Kanabec County Community Health (Public Health)
- Pine County Public Health
- Salvation Army
- A Place for You – homeless facility in Pine City
- Minnesota Amish healthcare program

Summary statement of communities

Residents of Kanabec and Pine Counties often comment that they live far enough from the hustle and bustle of the metropolitan areas to enjoy the great outdoors yet can travel an hour or so to take advantage of big city options. The largest cities in the two counties include Mora, Pine City, Rush City and Sandstone. The region 7E encompasses an area of 3,356 square miles and has access to major roadways, Interstate 35, US 169, US 61, and US 23 and three scenic byways, Veterans Evergreen Memorial Scenic Drive, St. Croix Scenic Byway and Lake Mille Lacs Scenic Byway. Several industries call East Central Minnesota their home, including casino and gaming, higher education, healthcare, printing and packing, assisted living care, several manufacturing companies, construction and leisure and hospitality, creating a diverse economy.

SUMMARIZING PRIORITY HEALTH NEEDS FROM 2016-2018

Three areas were identified as health priorities for Welia Health (formerly FirstLight Health System), using the data from the [2016-2018 CHNA](#) and other cited sources. Welia Health focused on these initiatives due to their significant impact on lifespan, safety, and overall quality of life, as well as the organization's ability to leverage its existing assets and existing collaboration with its community partners.

2016-2018 health priorities

1. Mental health
2. Substance abuse/ATOD (alcohol, tobacco or other drugs)
3. Obesity

Reviewing 2016-2018 goals and accomplishments

MENTAL HEALTH

- Priority one of the 2016-2018 assessment was **to retain and recruit new mental healthcare providers**. A new psychologist, two psychiatric nurse practitioners, and five full-time social workers were added to the staff, resulting in a 23 percent increase in the number of counseling sessions delivered during the past five years. Patients were also able to access mental health services virtually and at the Pine City campus.
- Welia Health also focused on **community education for workplaces, adults and students** to help reduce the stigma surrounding mental health. Several mental health campaigns supported by Welia Health, and public health entities have helped to normalize mental health conditions. Due to the increase in the number of local resources available, both staff and the public have experienced better access. More broadly, the marketing team at Welia Health focused on disseminating information about mental health resources through its website, newsletter, and other outlets resulting in over 1.8M impressions, 18.5K clicks and 18K subscribers.

- Internally, staff has **24/7 access to Employee Assistance Programs (EAP)** for mental health resources as well as one-to-one session times with internal counselors for talk therapy and resilience training.
- **Employee wellness programs** are offered quarterly, focusing on wellbeing dimensions: physical, mental, environmental and social. Participation rate averages about 45 percent of employees.
- A \$60M construction project completed in 2019 also allowed for four **new emergency department safe rooms** devoted to patients seeking mental health treatment. Overall staffing increased from 367.69 FTEs in 2016 to 460.70 FTEs in 2022 within the organization, allowing for a **dedicated social worker** working in the emergency department for either assessments or placements to other facilities.

SUBSTANCE ABUSE

- Welia Health developed a **Medication-Assisted Therapy** program, commonly referred to as a MAP, and supported by four physicians, one advanced care provider and one certified addiction nurse. Since its inception, it has enrolled 163 patients, with 80 currently active. A structured pain management program was also introduced to help reduce the reliance on opioids for individuals with chronic pain. Twice a month, a spine specialist schedules specific procedures and injections to manage chronic back pain. In addition, rehabilitation services have physical therapists certified in chronic pain and use aquatic therapy to control pain progression.
- Engaging medical staff in **mental health and substance abuse discussions** was another goal of the previous report, with a noticeable change in the overall clinic culture following a presentation by a Medication-Assisted Therapy program physician who educated staff about how to properly treat patients with substance abuse disorders.
- Welia Health has maintained its **active membership with the Better Together Coalition**, formerly known as the Substance Abuse Coalition of Kanabec County and local law enforcement agencies. A multidisciplinary team from Welia Health actively takes part in this committee and helps oversee educational campaigns within schools and Narcan administration training for law enforcement officials, including school resource officers.
- **Emergency department protocols** were introduced to reduce treatment barriers and immediately enroll substance abuse patients into the Medication-Assisted Therapy program.

OBESITY

- The previous community health needs assessment also focused on reducing the percentage of people that are overweight and obese within the community. An **intensive behavioral therapy (IBT) program** was designed by Welia Health and aimed at focusing on weight loss for obese individuals. Since its inception in 2014, sixty-four patients have lost a total of 1,366.5 pounds after completing the 12-month program.¹¹ To remain in the program and receive further treatment from a monthly the IBT support program, participants were required to meet eligibility standards. Unfortunately, the program was suspended due to the COVID-19 pandemic and low attendance.
- The Care Coordination team has 207 actively enrolled in its pool and is actively **assisting 207 patients in navigating chronic conditions**, some commonly associated with obesity.
- Another goal to reduce community-wide obesity was to **promote healthy lifestyle education options**. Events and campaigns were designed to focus on choosing more nutritious and cost-effective foods. Inside Welia Health, several workplace wellness initiatives, including water challenges, stress management and resilience strategies, and physical and movement tracking, have been implemented to be recognized as excellent stewards of wellness. In addition, employees have access to a fitness and employee gym room where they may engage in physical exercise and online Wellbeats programs.

Summary

Although much work was done to address the priority health needs from 2016-2018, the 2023-2025 CHNA will show that these concerns are still prevalent.

Large-scale successes include the launch of a Medication-Assisted Therapy program, five medical providers available for new patients, other local resources and groups supporting sobriety, an increased number of mental healthcare providers and outpatient access, two new community wellness (fitness) facilities, and an expansion of the Mora campus.

The problems continue to be compounded by a lack of reliable transportation and difficulty reaching people to educate them about available resources and overall socioeconomic status. These barriers require the continued exploration for innovative opportunities addressing interventions for substance abuse, resources that focus on preventive healthcare and wellness, education for available community resources and additional facilities focusing on mental healthcare for children and inpatients.

2023-2025 COMMUNITY HEALTH NEEDS ASSESSMENT

CHNA process and key community partners

After the last community health needs assessment, people from several local organizations were asked for their thoughts on how health problems and access to resources have changed. These groups included leadership from the public schools, outpatient treatment centers, grocers, community action councils and public transportation services. All groups received a survey with eleven open response questions on their perspective on mental health, substance abuse, and obesity within Kanabec and Pine counties. Another question asked was about whether they would be willing to partner with Welia Health in its efforts to address these concerns.

Separately, the President of the Pharmacists' Association, members of the Better Together Substance Abuse Coalition, multiple members of the Pine County Public Health team, and the director of Kanabec County Community Health have been interviewed for their perspectives on the key health issues of the past five years. They shared their opinions on the status of resources to help the community address these issues and what can be done to improve outcomes.

CHNA timeline

Figure 4 represents the timeline used to complete the 2023-2025 CHNA.

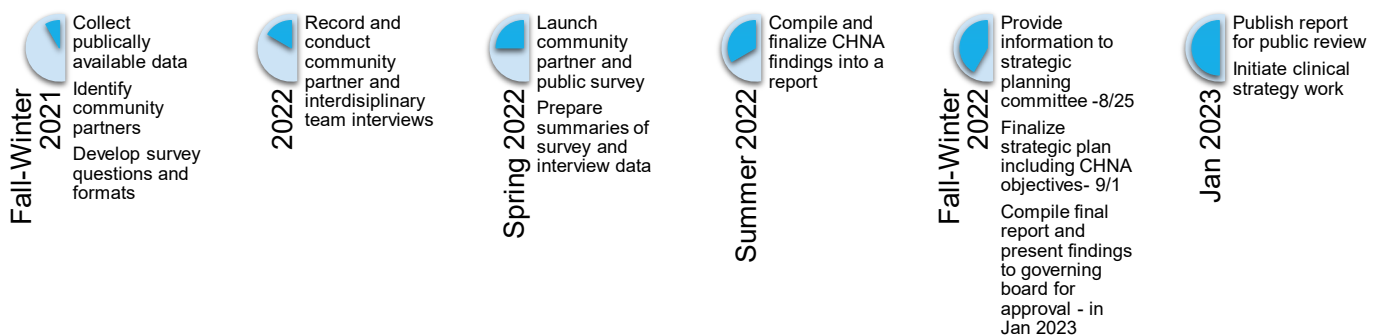


Figure 4

What makes people healthy or unhealthy?

A crucial resource used during the survey process was the use of the County Health Rankings (CHR). It provides important data on health factors (behaviors, clinical care, physical environment, and socioeconomic conditions) and the impact they have on health outcomes of quality and length of life, figure 5 County Health Rankings Model.

The health outcomes of communities, such as life expectancy and health-related quality of life, can be influenced by a variety of societal and environmental factors, and the County Health Rankings (CHR) is the main source for collecting this information for all fifty states and the District of Columbia. The health-related variables and health outcomes are examined to derive an empirical estimate of their strength of association while providing information on how the CHR model factor weightings performed across states.¹²

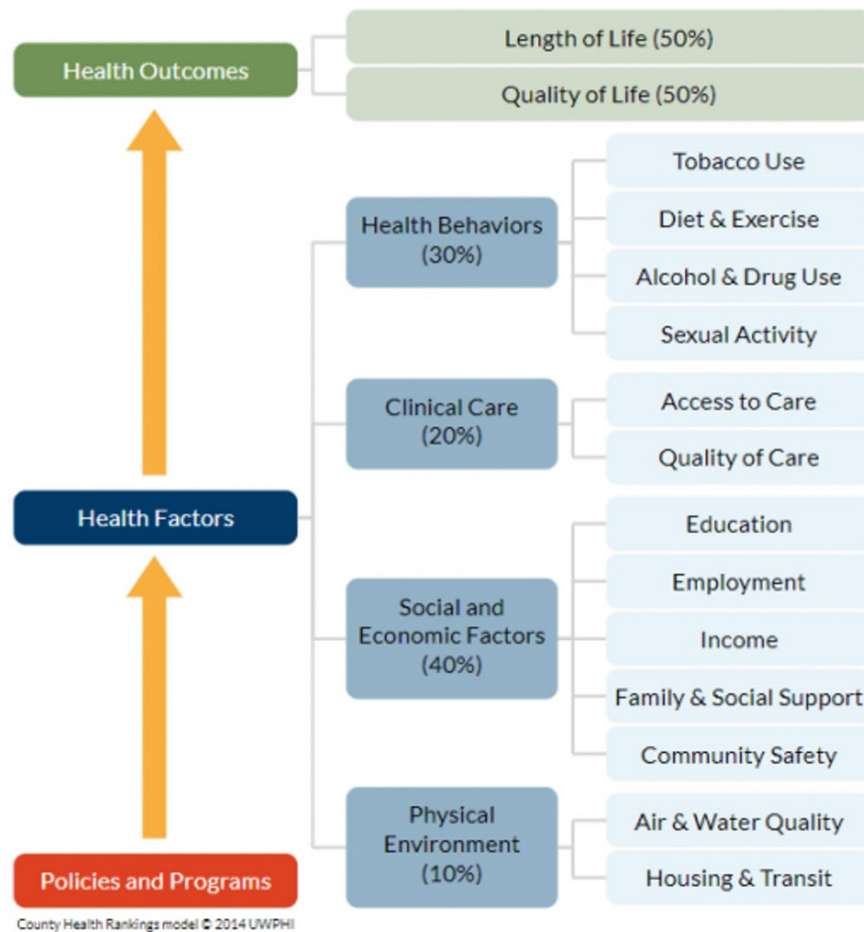


Figure 5¹³

COUNTY HEALTH RANKINGS AND DETERMINANTS OF HEALTH

Health outcomes

Figure 6 below shows the *health outcomes* of Kanabec and Pine counties.

Overall Rankings in Health Outcomes Minnesota - 2022

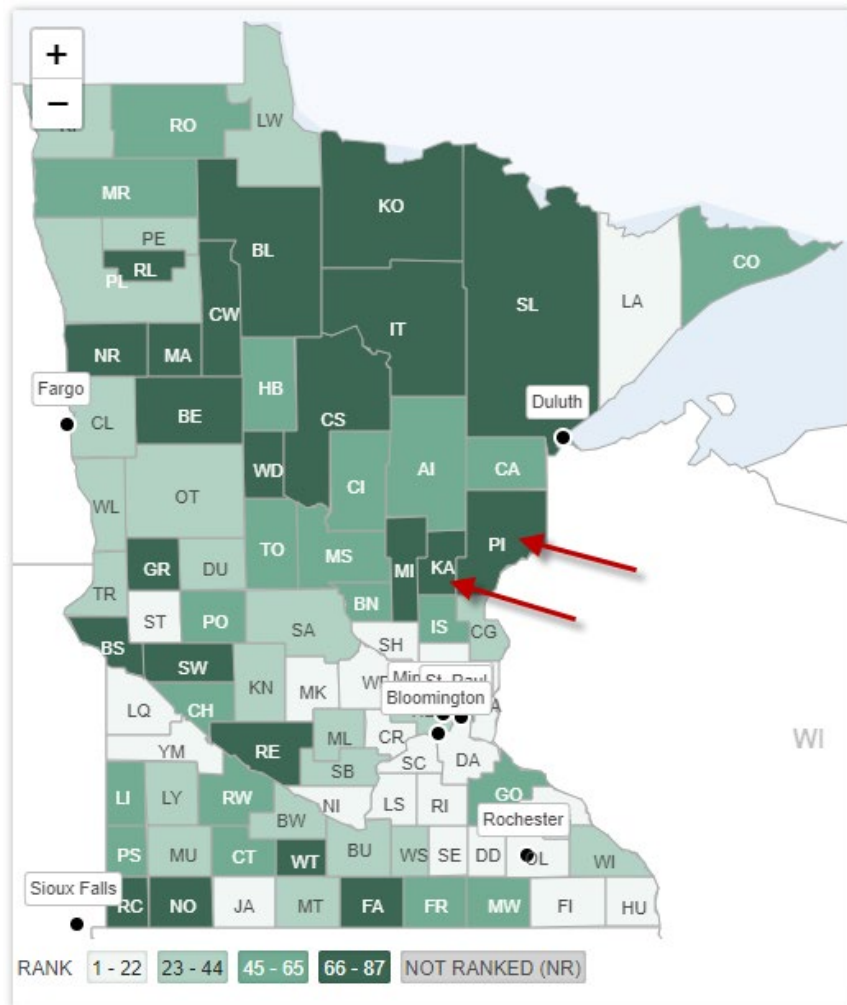


Figure 6

Counties are shown on the map in varying degrees of green, with lighter colors indicating a better community performance in length and quality of life. Conversely, the darker colors indicate the county is a low performer.

Kanabec County is ranked 69th overall out of 87 in health outcomes³. Pine County is ranked 76th overall out of 87 in health outcomes⁴.

Both Kanabec and Pine counties are a darker green color, meaning they are among the least healthy counties in Minnesota with respect to health outcomes.

Compared to 2016, Kanabec County had a significant drop in health *outcome* rankings from 51 to 73. Pine County maintained its previous health *outcome* ranking of 80, as represented in table 7.

Table 7^{3,4}

Outcome	Health Outcomes		
	Minnesota	Kanabec County	Pine County
<i>Poor or fair health</i>	13%	16%	17%
<i>Poor physical health days</i>	3.1	3.8	4.0
<i>Poor mental health days</i>	3.5	4.0	4.3
<i>Low birth weight</i>	7%	6%	7%
<i>County Health Outcomes State Rank (of 87)</i>		73	80

Health factors

Figure 7 below shows county health rankings and *health factors* (health behaviors, clinical care, social and economic factors and physical environment) for Kanabec and Pine counties.

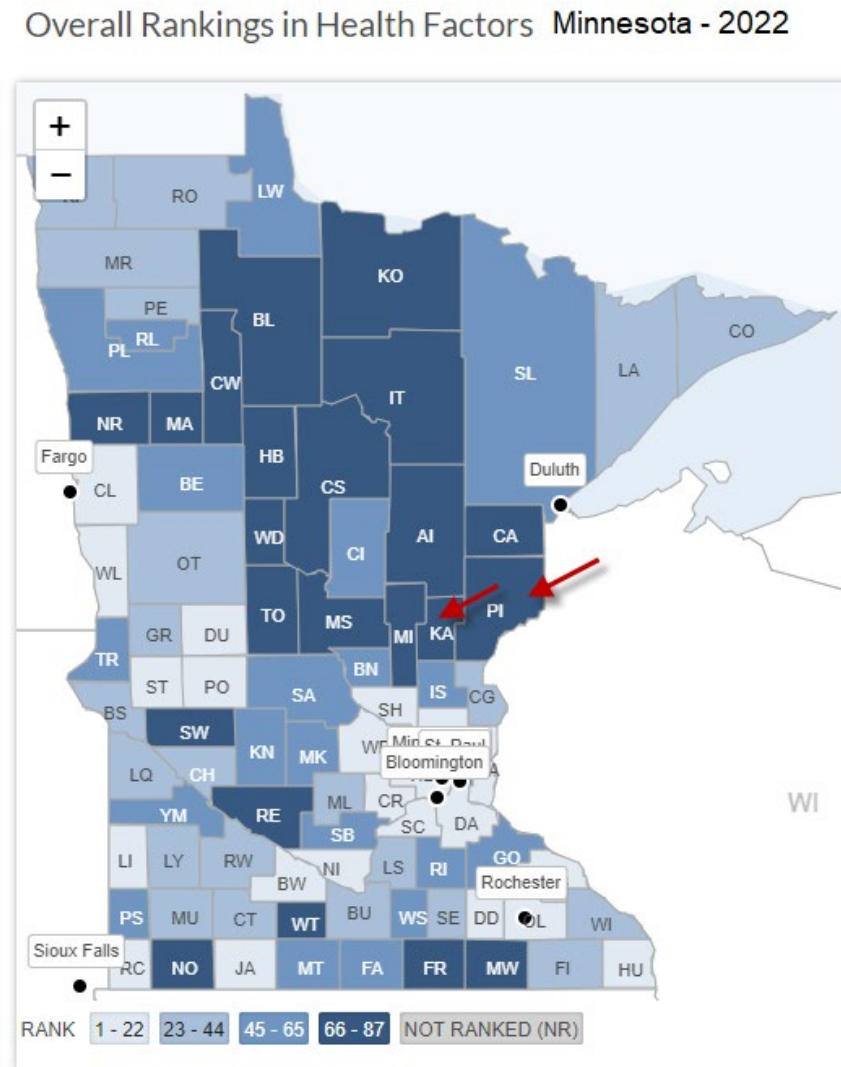


Figure 7

Counties are identified on the map in varying degrees of blue, with lighter colors indicating lower scores or better performances in health factors. Conversely, darker colors indicate higher scores or poorer performances in relation to health factors. Both Kanabec and Pine counties are darker blue, thus having poorer performance in health *factors*.

Compared to the 2016 report, Kanabec County's health factor ranking has improved from 81 to 74. Quality of life and social and economic factors were identified as the largest problem areas to address. There was a slight increase in obesity from 29.4 percent in 2016 to 32 percent currently.

Compared to the 2016 report, Pine County’s health *factor* ranking has worsened from 82 to 85. Quality of life, health behaviors, clinical care, social and economic factors, and physical environment ranked 80th or worse out of all 87 Minnesota counties. Obesity slightly increased from 36.1 percent in 2016 to its current 38 percent.

Overall, Kanabec County is ranked 79 out of 87 and Pine County is ranked 85 out of 87 in health *factors*.

The table 8 below lists health factors prevalent in their contribution to quality and length of life.^{3,4}

Table 8

	Health Factors		
	Minnesota	Kanabec County	Pine County
<i>Adult Smoking</i>	16%	22%	23%
<i>Adult Obesity</i>	29%	32%	38%
<i>Food Environment Index</i>	8.9	8.5	8.4
<i>Physical Inactivity</i>	20%	29%	29%
<i>Access to Exercise Opportunities</i>	87%	39%	63%
<i>Excessive Drinking</i>	23%	22%	23%
<i>Alcohol-Impaired Driving Deaths</i>	30%	23%	41%
<i>Sexually Transmitted Infections</i>	422.6	274.6	215.7
<i>Teen Births</i>	13	18	22
<i>Mental Health Provider Ratio</i>	370:1	778:1	548:1
<i>County Health Factors State Rank (of 87)</i>		74	85

To learn more about the model and how the measurers interact with a community’s overall health can be found here: countyhealthrankings.org.¹³

Data sources

Data were derived from multiple sources, including the most recent CHNA (2016-2018) as well as published data from 2018-2021. Cited references are at the end of this document. Below is a list of sources used.

- Centers of Disease Control (CDC)
- County Health Rankings
- Kanabec County
- Minnesota Community Commons Maps and Reports
- Minnesota County Profiles from Minnesota Employment and Economic Development
- Minnesota Department of Health (MDH)
- Minnesota Student Survey Results
- National Library of Medicine (NLM)
- Pine County
- State of Childhood Obesity
- United States Census Bureau
- United States Department of Agriculture (USDA)
- United States Interagency Council on Homelessness
- World Health Organization (WHO)
- World Population Review

Primary data from 2023-2025 CHNA interviews and surveys

In February of 2022, the 2023-2025 CHNA survey was released to both interdisciplinary teams at Welia Health and community partners. In addition to survey questions, personal interviews were conducted with those groups named on page 4 of this report. Survey and interview questions focused on four categories: general, mental health, substance abuse and obesity.

INTERVIEW QUESTIONS

General

- What do you think are the three main health concerns/issues facing Kanabec and Pine Counties?
- What healthcare services would you like to see in your community that are not currently available?
- What community resources currently exist to support these health concerns?
- What barriers prevent members of the community from accessing these resources?
- What improvements have you noticed in your community within the last 3-5 years?

Substance abuse

- How has the availability of resources for individuals with substance abuse disorders changed within the past 5 years?
- What treatment options are available to individuals with chronic pain?
- Describe the availability of Medication-Assisted Therapy program for individuals with substance abuse disorders.
- What work has been done to educate members of the community on substance abuse?
- What further resources are needed to support individuals with substance abuse disorders?

Mental Health

- How have mental health providers been supported to keep up with high community demand for their services?
- What education efforts to address stigma around mental health/substance abuse have been enacted?
- What further resources are needed to support mental health providers or community members struggling with mental health?

Obesity

- To what extent are patients' physical activity assessed in health screenings?
- What work has been done to increase access to healthy food?
- Describe the availability of services/resources to improve healthy weights
- Growth of services for Intensive behavioral therapy to individuals
- What workplace wellness initiatives have there been over the past 5 years?
- What further resources are needed to support obese individuals?

SURVEY QUESTIONS

General

- Please provide your contact information.
- Representing your professional sector of the community, what areas of focus do you suggest Welia Health focus on to help improve the community's health?
- Please list these areas in order of highest priority.
- What tactics or strategies do you suggest Welia Health consider making a difference in these areas?
- Has your organization partnered with Welia Health on any of these areas? Please describe.
- If you have not partnered already with Welia Health, would your organization be willing to partner with Welia Health in working on these efforts?
- Please describe any barriers to accessing health care, including financial, social, behavioral, or environmental factors.
- Please provide ideas for any additional strategies.

Substance abuse

- Thinking about substance abuse disorders, what improvements in community resources have been accomplished in the last five years?
- Thinking about substance abuse disorders, list additional resources that are needed.

Mental health

- Thinking about mental health, what improvements in community resources have been accomplished in the last five years?

Obesity

- Thinking about obesity, what improvements in community resources have been accomplished in the last five years?
- Thinking about obesity, list any additional resources that are needed

KEY FINDINGS

Below are the key findings from personal interviews with the interdisciplinary team and community partners.

- **Mental Health**

When asked which areas Welia Health should prioritize, several partners mentioned mental health services. These include an increase in adult and child psychiatric prescribers, regular mental health screening, and psychoeducation. Improved coordination across healthcare providers was brought up for all areas of health, with the highest emphasis on mental health services. Partners requested classes on the impact of trauma and stress on parents. Also noted from interviews was the mixed response to the trajectory of mental healthcare in the past five years. Some praised the additional mental health providers who have entered Welia Health's healthcare network, the virtual visits that improved accessibility of appointments and the fact that information on these services has become more widely available. Others felt that mental health services had not improved, specifically pointing out a lack of care coordination as the cause.

- **Substance abuse**

On the topic of substance abuse disorders, partners noted several improvements. They reported improved education around substance abuse treatment services, along with an increase in the number of treatment programs. The drug take-back program and the work of Better Together Coalition (formerly SACK, Substance Abuse Coalition of Kanabec County) appear to have made a positive difference. However, some respondents were unaware of positive changes and stated that Welia Health should present information about its successes to partner organizations. Services could be improved through education of available services, interprofessional coordination, and more providers who treat adolescents.

- **Healthy living**

Healthy living was the second most often highlighted topic. Partners asked for an emphasis on community wellbeing, healthy activities and nutritional counseling. One of the partners proposed more exercise-focused healthcare plans. The initiatives and services of Welia Health might be presented at a health fair or other health-focused event. Nutrition lectures and information should be made more accessible to the general population on the basis that if the knowledge is readily available, awareness could be improved.

- **Obesity**

When asked about improvements in resources serving obesity, many partners responded negatively. A majority said they were uncertain or could not think of any, calling for a need for improved accessibility of healthy choices for patients and potentially exploring third-party program options. Of the partners who responded positively, the largest improvement came from the new Welia Center and its often-utilized walking track. Partners suggested marketing and educating about the nutritional resources currently available, coordinating care among doctors and treatment team members from other agencies and working with local schools to

implement a school-based obesity prevention program. Another option is treating eating disorders simultaneously with mental health struggles.

- **Additional insight**

- **Financial concerns**

The most frequent barrier to care named by partners was financial. Many patients cannot afford insurance, transportation, or internet access required to attend initial and ongoing appointments. Even for insured patients, high copays and deductibles sometimes negatively affect the utilization of needed services.

- **Veteran's health**

There are approximately 3,374 veterans⁹ in both Kanabec and Pine counties and that number is expected to fluctuate over the next ten years. Communications and collaboration with local Veterans Services and Veterans Administration should be improved and increased.

- **Willingness to partner**

Of the organizations surveyed, 71 percent said they would be willing to partner with Welia Health in the future. Each of the remaining respondents said they would be open to discussing a potential partnership in the future.

Summary of providers and community partners

The survey showed a resounding willingness of local groups to either actively partner, or be open to discussing future partnerships, with Welia Health using innovative efforts to address critical health needs.

Community partners stressed that Welia Health should continue to focus on mental health services. These include an increased number of adult and child psychiatric prescribers, regular mental health screening, and psychoeducation. Also noted was improved coordination between all healthcare providers with the highest emphasis on mental health services. Lastly, partners requested classes on the impact of trauma and stress on parents.

The second most frequently cited focus in the surveys was designing healthy living strategies that will be widely understood and well-known. Partners called for a focus on community wellness, healthy recreation, and nutritional consultation. One partner put forward the idea of more exercise-focused healthcare plans. Other ideas included health fairs and nutrition-based seminars while making information more accessible to the public, citing that if the information is available, awareness can be improved.

2023-2025 CHNA recommendations for better health outcomes

When reviewing survey information and interview answers, the main concerns commonly mentioned again were mental health and substance abuse, with tobacco usage being the most prevalent. Respondents also felt many patients lacked health literacy and sufficient education to make informed healthcare decisions. Others commented that many patients inadequately manage their chronic health conditions through regular primary care, seeking emergency department services when symptoms turn severe. Interviewees were also asked to identify ideas aiming to address the concerns and issues:

MENTAL HEALTH

- Referrals to therapy and counseling services for mental health conditions, even within schools.
- Continue the investment in education for Welia Health staff and the public about the stigma related to mental health conditions and issues.
- Use the marketing efforts to disseminate information on mental health resources through its website, newsletter, and other outlets.
- Research additional care or support options in the post-acute setting to help patients transition back into mainstream society after an inpatient stay. While many of these community resources exist, educational efforts to raise awareness will need to be increased.
- Improve access to multiple and additional assessing mental health resources for early intervention.
- Staffing for a resident pharmacist specializing in mental health medications to help providers manage and modify complex medications.
- Develop a coordinated mental health crisis response because, in many cases, patients need sustained specialized inpatient care when they are sent into a community, often hours away. Crisis services can be inflexible and difficult to access in emergency situations. Due to these types of shortfalls, staff now use a coordinated response between the hospital, police, and other crisis interventionists, similar to the model in [Grand Rapids, Minnesota](#).

HEALTHY LIVING

- Provide better access to the two wellness/fitness centers located in Mora and Hinckley for safe options for track and other fitness options.
- Educate the public about outside walking/bike paths, community pools, and yoga classes to practice regular exercise.
- Provide information about how to read nutrition labels to guide better food purchases
- Create public awareness of resources to improve food shelf distribution days, SNAP benefits and more.
- Support healthy food initiatives such as Farmer's markets, local Catholic charity meal distribution programs and food pantries.
- Use the care coordination team to help identify patients in need of food resources.
- Use certified wellness coaching staff to teach and support healthier decision for patients who have been identified as high risk for common such as diabetes and obesity.
- Engage physicians and advanced care providers to prescribe healthy living initiatives for their patients.

- Use events that promote healthy alternative food choices at local county fairs.

SUBSTANCE ABUSE

- Address cost for MAP enrollees who enter the program without insurance. Suggest or provide insurance application assistance could act as a complement to treatment provision, ensuring continuity of care.
- Create a broader mission for The Better Together Coalition by expanding its reach to address community substance abuse disorders, mental health, and suicide prevention instead of only substance abuse.
- Support innovative programs, such as the needle exchange program and designated Naloxone Access programs that offer free fentanyl test strip (FTS) kits and Naloxone. Both programs are being explored by Recovering Hope Treatment Center.
- Explore additional sober living homes, transitional housing, and halfway houses available in Pine and Kanabec County that offer outpatient services to individuals across the spectrum of sobriety.
- Continue to develop the Medication-Assisted Therapy program (suboxone) for opioid dependency.
- Provide access to drug take-back programs for the safe disposal of any unused prescribed narcotics.
- Offer free emergency Narcan/Naloxone kits and training sessions
- Research additional care or support options in the post-acute setting to help patients transition into mainstream society. While many of these community resources exist, educational efforts to raise awareness will need to be increased.
- Create and promote a sustainable smoking cessation program and other support groups for different health conditions continue to be considered mainstay options for patients.
- Review language of potentially negative connotations or biases that may create stigma for printed and online materials that reference substance abuse and or mental health disorders.

GENERAL

- Increase broadband coverage to help offset the transportation issues by making virtual appointments more feasible.
- Find more permanent solutions for transportation difficulties, both initial and maintenance treatment plans.
- Offer classes and support groups for health conditions like prediabetes, diabetes and heart conditions have typically been held at least twice a year; however, they have been on hold due to the pandemic.
- Use school space as a satellite office per-say, to meet with patients so that students and or families do not need to leave campus.
- Schedule more frequent meetings with staff and community partners to discuss issues and or progress and resolutions.
- Lack of access to preventative healthcare appointments and or lack of knowledge about why that kind of appointment is needed.
- Consider more virtual care options for elder care opportunities.

COMMON BARRIERS

- Conversely, the interviewed staff identified multiple barriers to accessing appropriate healthcare services, including inadequate transportation as the most common. The lack of adequate broadband coverage worsens already existing transportation issues by making virtual appointments less feasible. Financial barriers prevent patients from seeking medical services as well as from buying healthy foods. Lack of education skews community members' views of healthy eating and childhood development, while stigma often prevents people from seeking treatment for mental health and substance abuse disorders. Overall, healthcare has been significantly affected since the start of the COVID-19 pandemic in early 2020 due to mandated changes in healthcare access and public fear of transmission.

Primary data derived from community members for the 2023-2025 CHNA

To support the findings and recommendations from community partners and key stakeholders, a survey was launched to individual community members with the goal of gathering information to accurately paint a picture of one's personal perception of health. One hundred and seventy-nine respondents completed the community survey, which was widely promoted within the service area using an e-newsletter list, social media channels, and posted flyers. Paper copies were also available at the three campuses for those who do not have digital access. Based on their answers, several qualitative observations were realized.

PERSONAL PERCEPTION OF OVERALL HEALTH

When asked in general how overall health is rated, most community member respondents view their health as good, very good, or excellent. Table 9 outlines the percentage of responses.

Table 9

Overall Perception of Individual Health

<i>Excellent</i>	5.03%
<i>Very Good</i>	36.87%
<i>Good</i>	45.81%
<i>Fair</i>	9.50%
<i>Poor</i>	2.79%

SLEEP HABITS

When asked how many hours are spent sleeping, on average, community members report getting seven (7) hours of sleep per night.

SUBSTANCE ABUSE

Tobacco

- When asked if anyone smokes, vapes, and exposes themselves to secondhand smoke, most respondents, 83.90 percent, are not currently living with someone that smokes or vapes and exposes them to secondhand smoke.
- Most respondents, 83.24 percent, also report they do not smoke cigarettes, use vaping products, or use other tobacco products. This suggests a potential decrease in smoking from the 2015 County Health Rankings, where adult smoking rates were 21 percent and 19 percent for Kanabec and Pine counties, respectively.

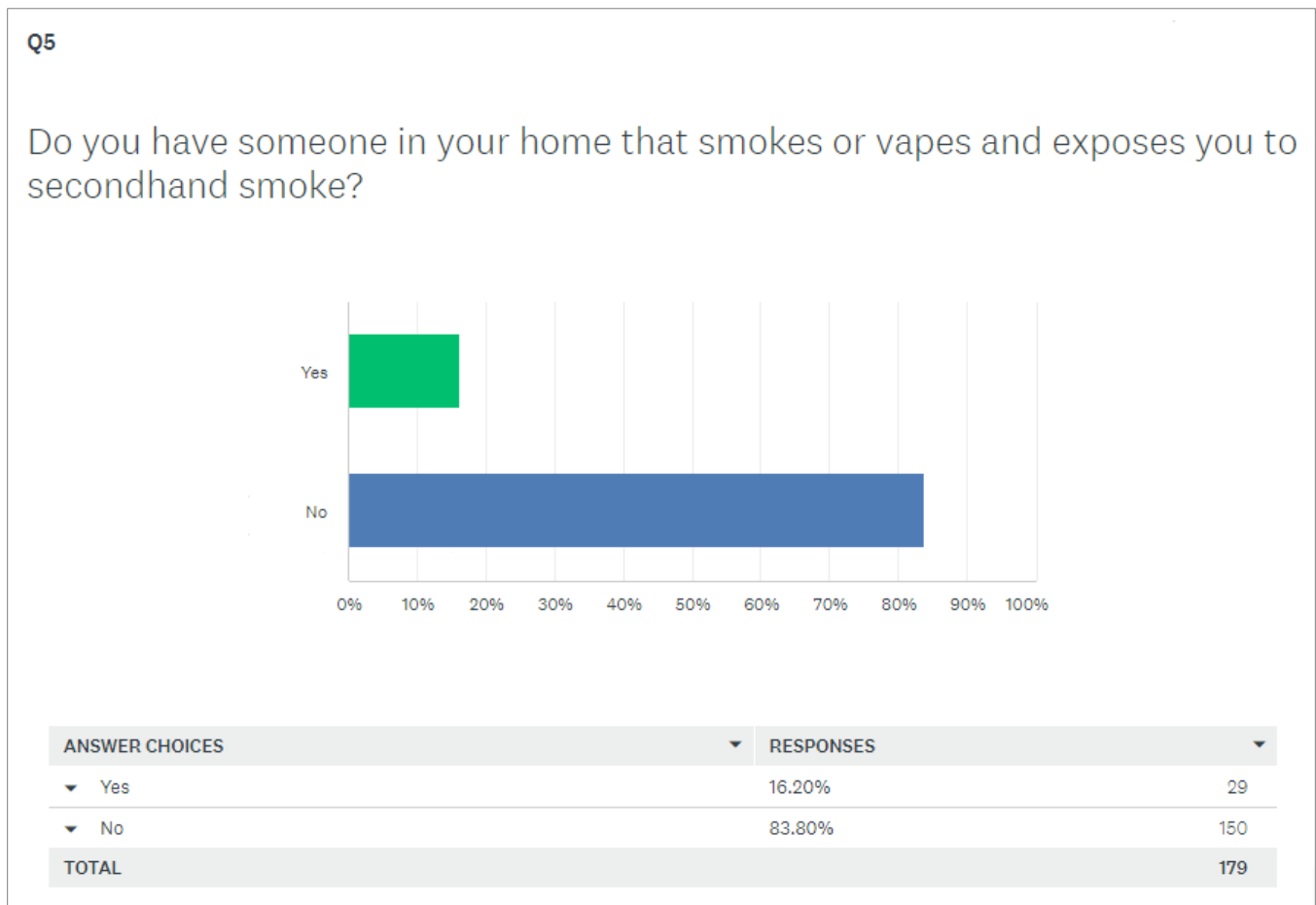


Figure 8, 2023-2025 CHNA question 5

Alcohol

- Just under 60 percent of respondents report no alcohol consumption, while 24.02 percent of people reported mild drinking habits, consuming 1-4 drinks per week on average. Based on the National Institute on Alcohol Abuse and Alcoholism’s drinking definitions²⁴, 16.2 percent of respondents report moderate to heavy alcohol consumption. This self-report is lower than the results from the 2015 Minnesota East Central Regional Health Survey represented in the 2016-2018 CHNA, where 20.4 percent of adults in Kanabec County and 32.6 percent of adults in Pine County were found to practice binge drinking habits.

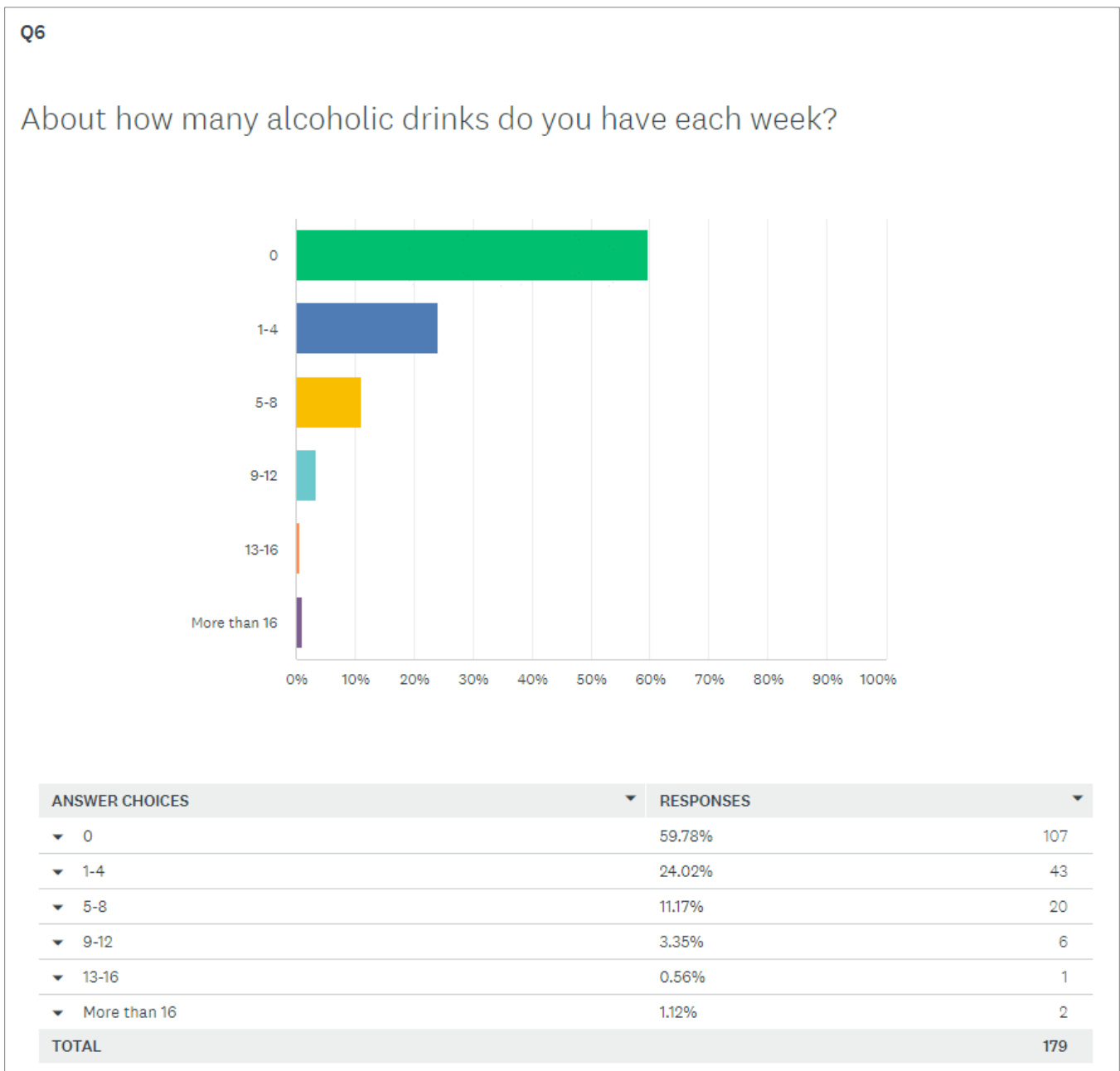


Figure 9, 2023-2025 CHNA question 6

PHYSICAL EXERCISE

The Department of Health and Human Services recommends that adults get 150 minutes of moderate-intensity or 75 minutes of vigorous physical activity per week.²² A majority of community members are not reaching either of these goals. However, 35.20 percent of respondents report getting 150 minutes of light activity each week, with a vast majority, 72.63 percent, not taking part in any strenuous activity (running or jogging) in an average week.

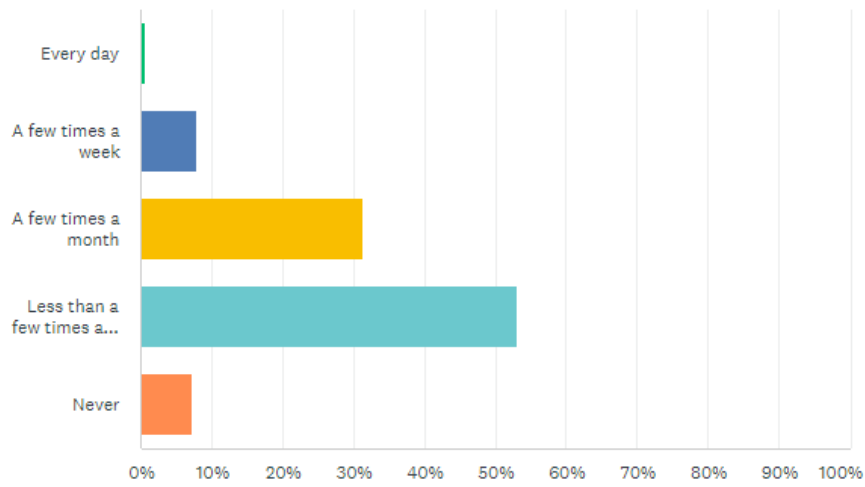
DIET

Many of the respondents eat fast food and at restaurants less than a few times per month, but just under 30 percent of respondents are still consuming fast food or eating out a few times per month.

Over half of respondents, 51.40 percent, do not consume 1 cup of fruit per day, falling short of the recommended 1.5-2 cups per day. Vegetable intake is also lacking, with most respondents, 87.71 percent, not eating the recommended 2-3 cups of vegetables per day.¹⁴

Q10

About how often do you eat fast food?

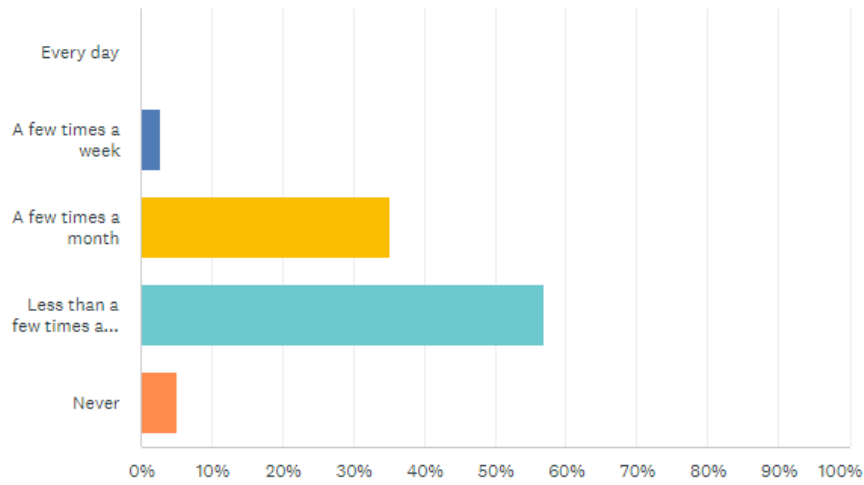


ANSWER CHOICES	RESPONSES
▼ Every day	0.56% 1
▼ A few times a week	7.82% 14
▼ A few times a month	31.28% 56
▼ Less than a few times a month	53.07% 95
▼ Never	7.26% 13
TOTAL	179

Figure 10, 2023-2025 CHNA question 10

Q11

About how often do you eat at a restaurant?

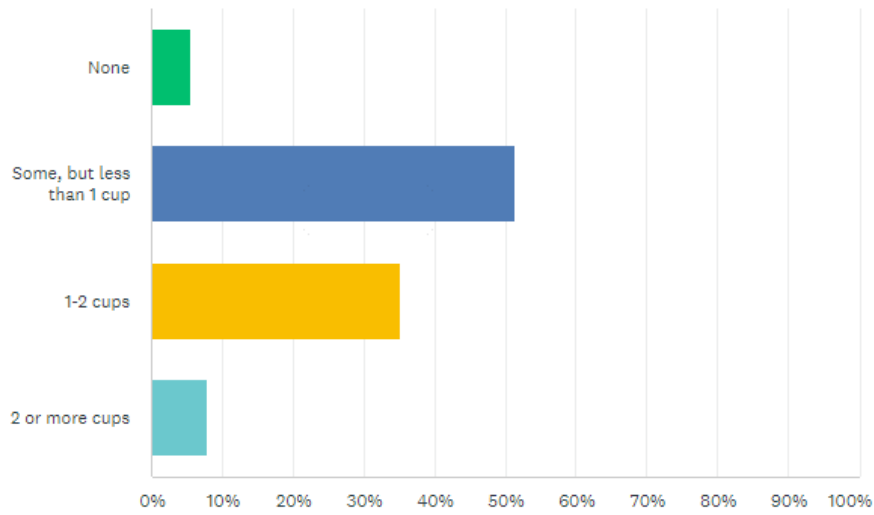


ANSWER CHOICES	RESPONSES
▼ Every day	0.00% 0
▼ A few times a week	2.79% 5
▼ A few times a month	35.20% 63
▼ Less than a few times a month	56.98% 102
▼ Never	5.03% 9
TOTAL	179

Figure 11, 2023-2025 CHNA question 11

Q12

About how many cups of fruit do you eat each day? If you don't know for certain, please provide an estimate.



ANSWER CHOICES	RESPONSES	
None	5.59%	10
Some, but less than 1 cup	51.40%	92
1-2 cups	35.20%	63
2 or more cups	7.82%	14
TOTAL		179

Figure 12, 2023-2025 CHNA, question 12

HEALTHCARE UTILIZATION

Most respondents report having to visit urgent care and/or emergency room services two times or less over the last year. Most respondents reported that they have received a physical (77.40 percent) and visited the dentist (74.86 percent) within the last year.

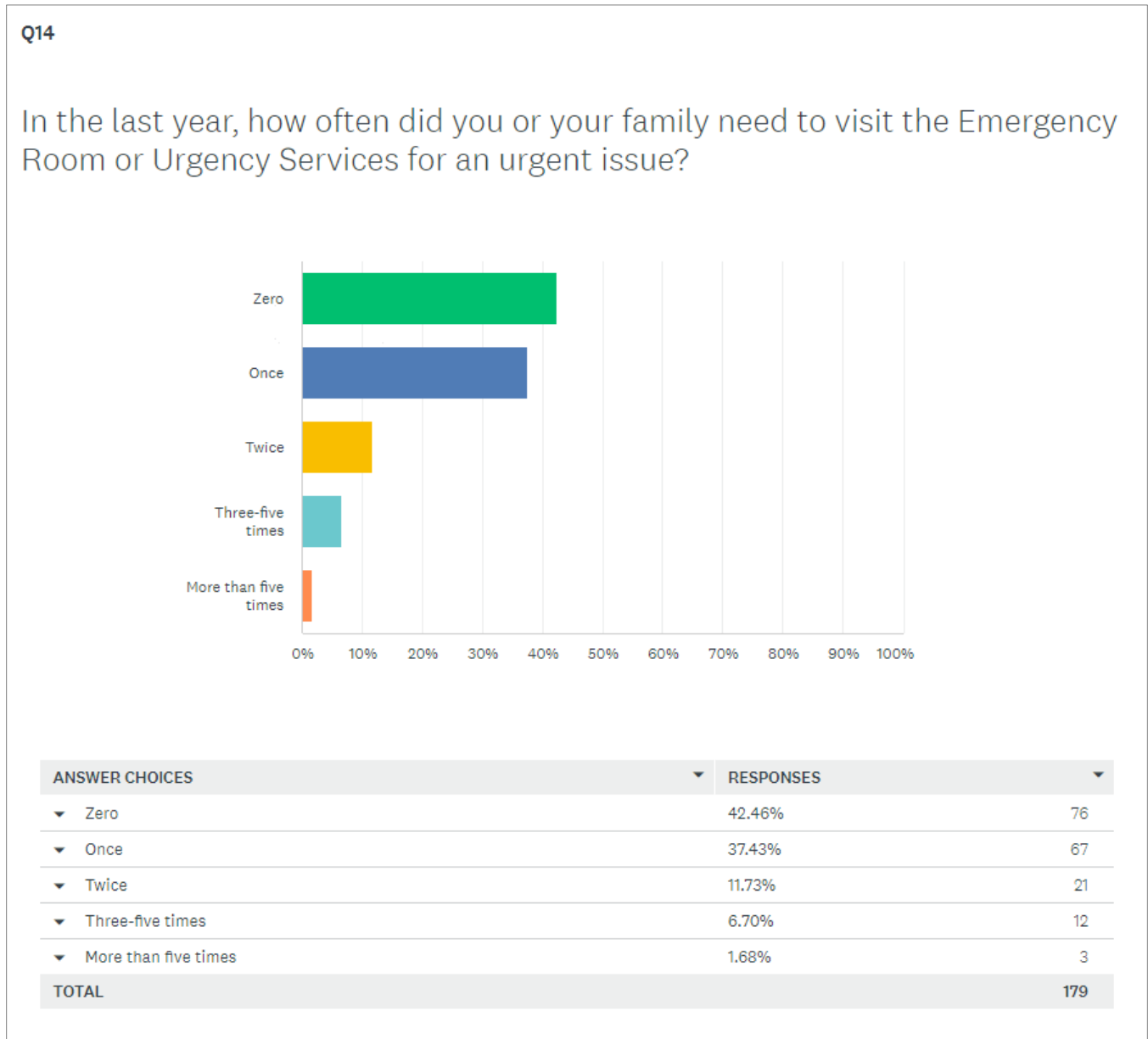
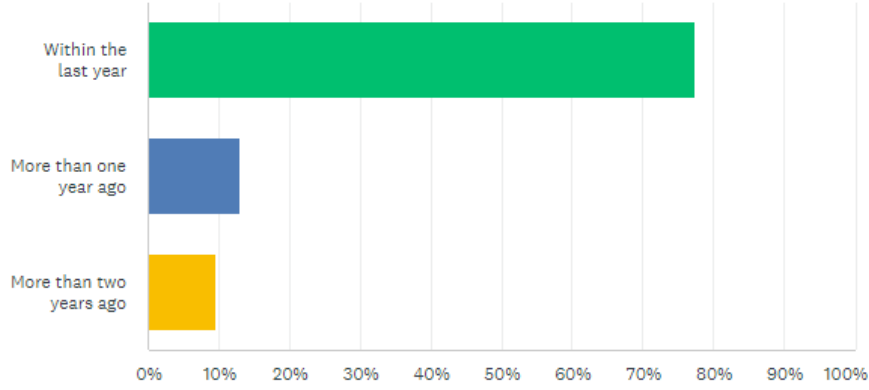


Figure 13, 2023-2025 CHNA, question 14

Q15

When was your last appointment with a doctor, nurse practitioner, or physician assistant for a physical?



ANSWER CHOICES	RESPONSES
▼ Within the last year	77.40% 137
▼ More than one year ago	12.99% 23
▼ More than two years ago	9.60% 17
TOTAL	177

Figure 14, 2023-2025 CHNA question 15

MENTAL HEALTH

Most respondents, 81.46 percent, report being able to adequately cope with everyday stressors and anxiety. Also, most, 69.83 percent, do not find physical or emotional problems disrupting their normal social activities over the last four weeks. Finally, 67.23 percent report feeling very or extremely supported by others. Mental health continues to be identified as a significant health need by our internal care providers. Respondents to the survey may not accurately reflect the full scope of the community's mental health needs.

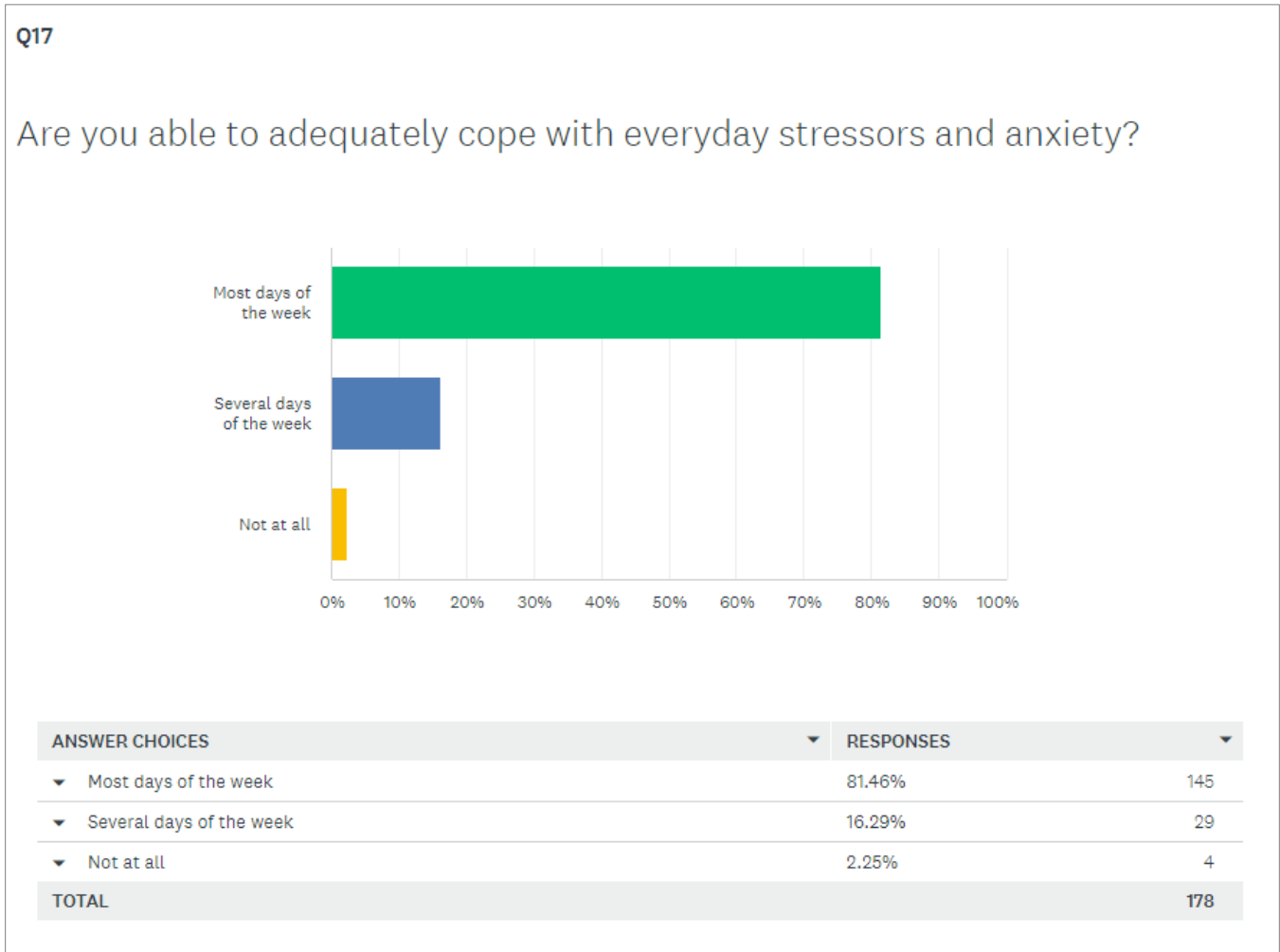
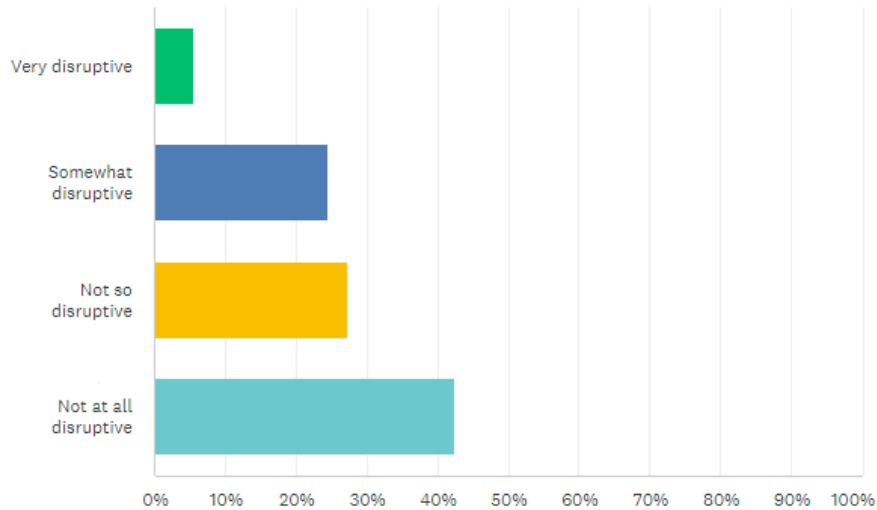


Figure 15, 2023-2025 CHNA, question 17

Q18

How has your physical health or emotional problems affected your normal social activities with family, friends, neighbors, or other groups over the last four weeks?

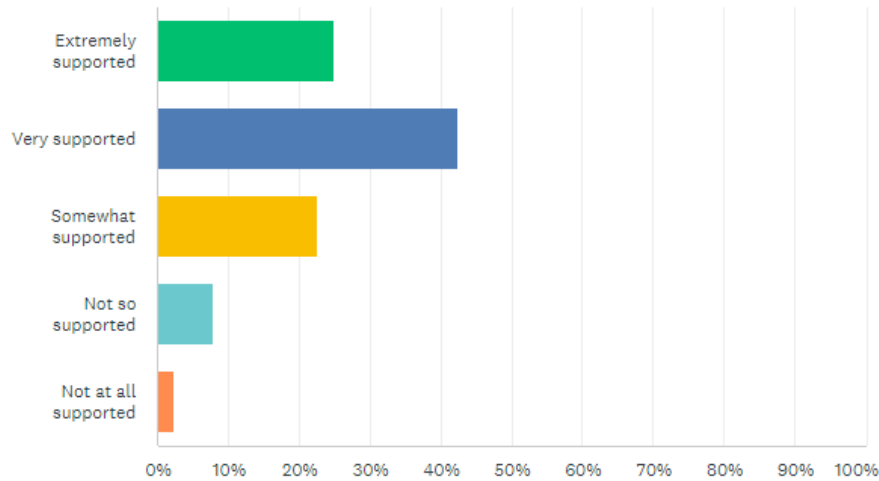


ANSWER CHOICES	RESPONSES
Very disruptive	5.59% 10
Somewhat disruptive	24.58% 44
Not so disruptive	27.37% 49
Not at all disruptive	42.46% 76
TOTAL	179

Figure 16, 2023-2025 CHNA, question 18

Q19

During the past 4 weeks, how supported did you feel when you wanted or needed help from others? For example, if you felt lonely and wanted to talk to someone or got sick.



ANSWER CHOICES	RESPONSES
Extremely supported	24.86% 44
Very supported	42.37% 75
Somewhat supported	22.60% 40
Not so supported	7.91% 14
Not at all supported	2.26% 4
TOTAL	177

Figure 17, 2023-2025 CHNA, question 19

HEALTH CHALLENGES

Respondents ranked their most common health concerns as:

1. Overweight/Obesity
2. Joint pain and back pain
3. Lack of adequate physical activity
4. Hypertension
5. Mental health issues

ANSWER CHOICES	RESPONSES	
▼ Cancer	5.03%	9
▼ Diabetes	10.06%	18
▼ Overweight/Obesity	59.78%	107
▼ Lung disease	1.68%	3
▼ High blood pressure	27.37%	49
▼ Stroke	0.56%	1
▼ Tobacco Use	8.94%	16
▼ Heart disease	6.70%	12
▼ Joint pain or back pain	44.13%	79
▼ Lack of Nutrition	8.94%	16
▼ Lack of Adequate Physical Activity	29.61%	53
▼ Mental health issues	21.23%	38
▼ Alcohol overuse	1.68%	3
▼ Drug addiction/Substance Abuse	0.00%	0
▼ I do not have any health challenges	9.50%	17
▼ Other (please specify)	Responses 8.94%	16

Figure 18, 2023-2025 CHNA question 20

BARRIERS TO ACCESS

Community members were asked if there were any issues preventing them from accessing care. The top three reported barriers recorded are:

1. Availability of healthcare providers
2. No insurance or unable to pay for care
3. Fear

People reported high deductibles, and not knowing what insurance also affects their access. Others report that there is a high reliance on medications rather than other conservative treatments that keep them from visiting providers. Transportation is a barrier already identified, and existing services are expensive and may not serve everyone in the rural community.

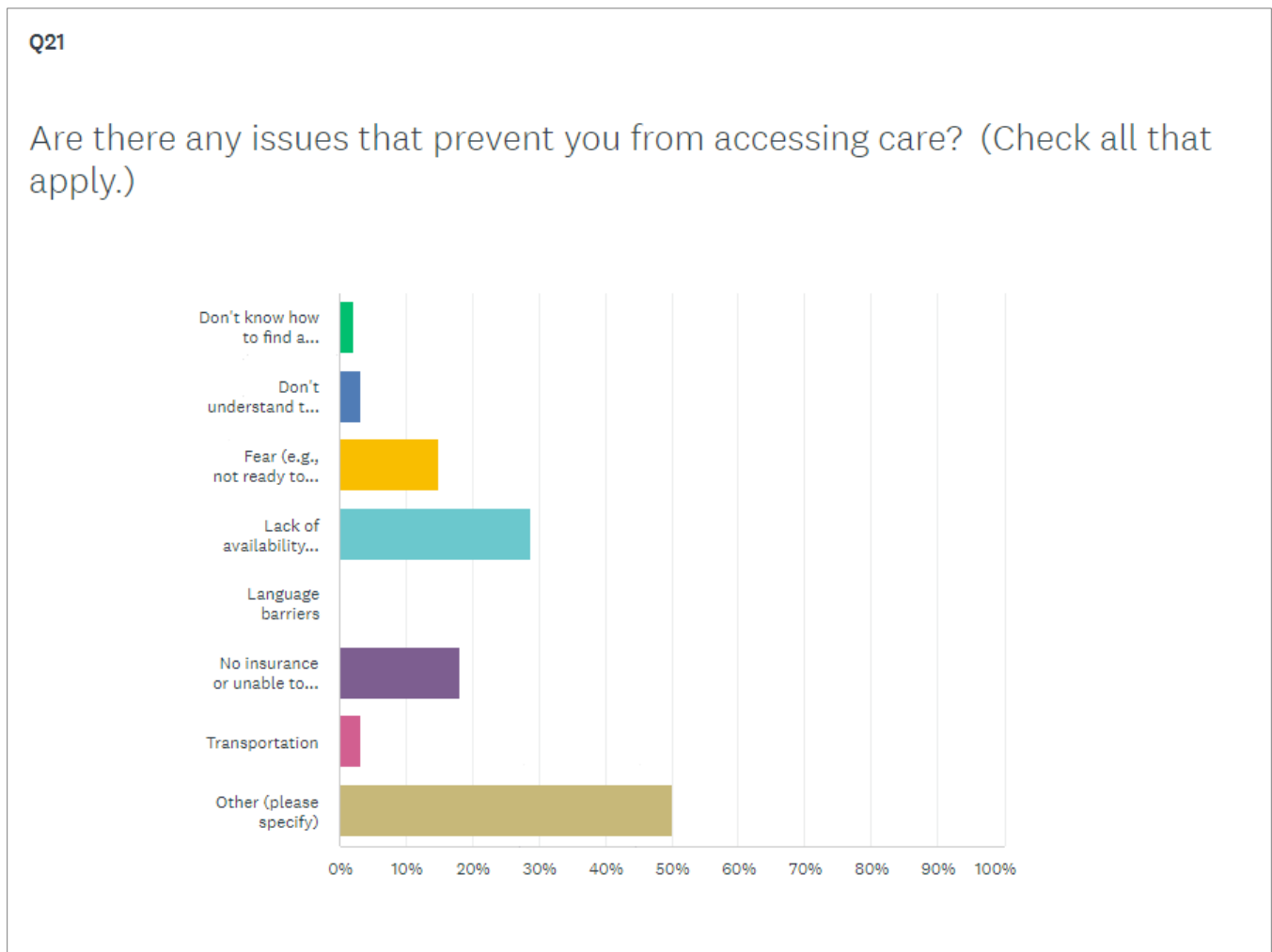


Figure 19, 2023-2025 CHNA, question 21

GENERAL INFORMATION

When asked what other healthcare services should be offered, common themes appeared again, including more provider availability, access (appointments, additional times, etc.), mental health services, women’s health services, and healthier activities for communities and families.

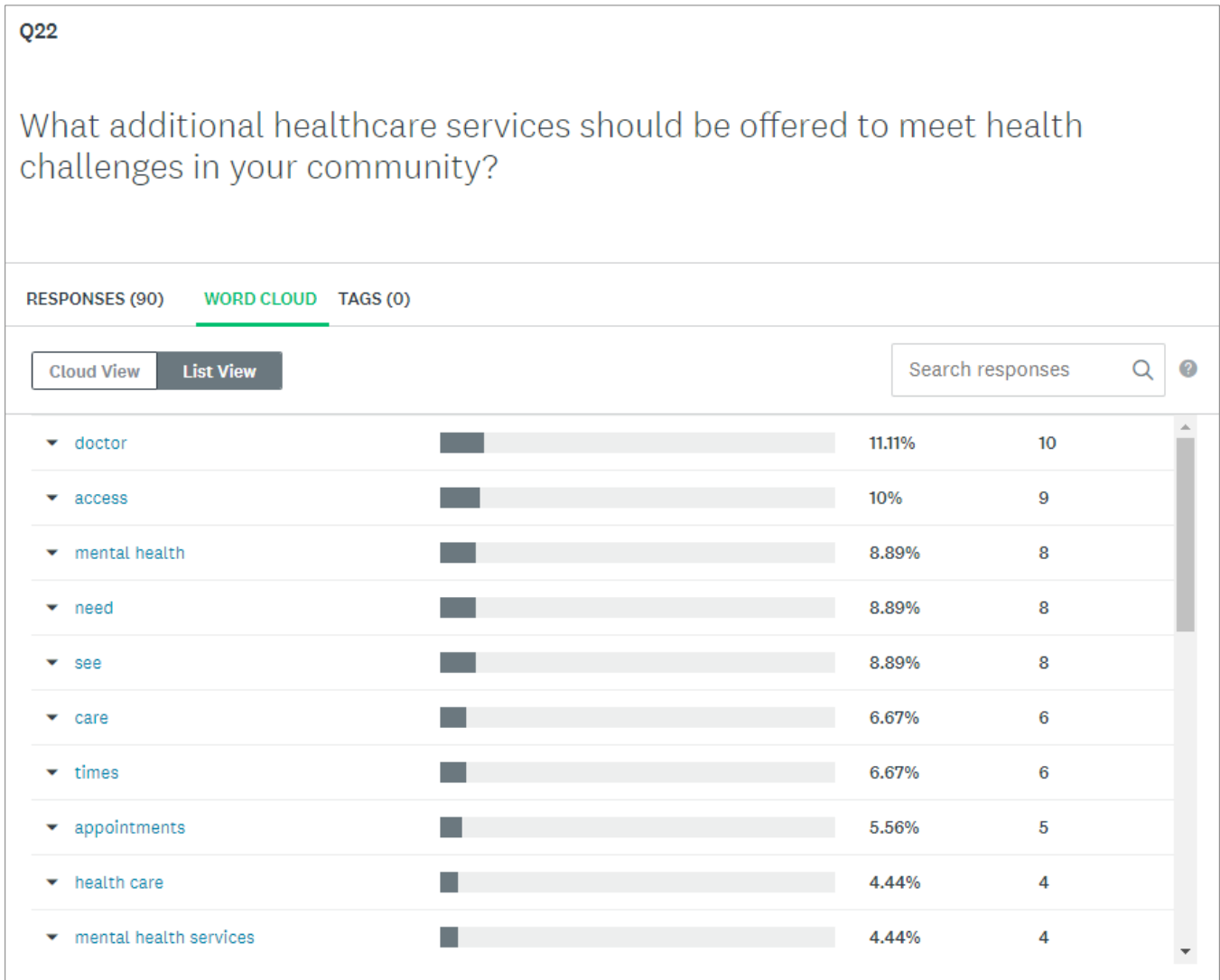


Figure 20, 2023-2025 CHNA, question 22

SIGNIFICANT HEALTH NEEDS FOR 2023-2025

Community health improvement plan

A variety of health issues were again identified throughout the interview and survey process. To improve outcomes, a renewed focus on mental health, substance abused and obesity/healthy living in collaboration with local organizations, will be developed. The senior leadership team at Welia Health reviewed the significant health needs identified in the 2023-2025 CHNA, and the priority areas will remain unchanged from the 2016-2018 CHNA, with the addition of a healthy lifestyle component intended goal of reducing obesity levels.

The 2023-2025 community health improvement plan will include these priorities:

1. Mental health
2. Obesity and healthy living
3. Substance abuse.

Priorities are outlined in the following subsections, and the organization's annual budget process will be used to allocate resources to each goal. In the fall of 2022, strategic planning will detail how Welia Health will address these community health needs, with the Governing Board approving both the final CHNA report and the three-year strategic plan.

MENTAL HEALTH

A status report from the World Population Review found that 18.57 percent of American adults, about 45 million, are experiencing a mental health illness, and 4.38 percent are experiencing a severe mental illness. Minnesota ranks 8th in the nation, with 4.87 percent of its people (experiencing a severe mental illness).¹⁵

How mental health impacts overall health

According to the CDC, physical and mental health are equally important components of overall health. They are associated with the prevalence progression and chronic disease outcomes, such as diabetes, heart disease and cancer. Mental health disorders can have lasting effects on people living with conditions, including economic, social, family, workplace and communities. Overall good mental health is important for a person's well-being, good relationships with other people, and the ability to live a full and useful life.

Causes of mental health illnesses

While there is not a single cause identified for mental health illness, several factors contribute to the risk:

- Trauma and abuse potentially correlated to early adverse life experiences
- Chronic medical conditions (diabetes, heart disease, cancer, etc.)
- Chemical imbalances in the brain
- Drug or alcohol use
- Loneliness or isolation feelings¹⁶
- More recently, the stress from the COVID-19 pandemic has increased the need for adequate mental health services, with the World Health Organization finding the global prevalence of anxiety and depression increased by 25 percent. The data in table 10 represents Monday, 11/22/2021 – Sunday, 11/28/2021. The entire state, including Kanabec and Pine counties, shows high community COVID-19 transmission.¹⁷

Table 10²³

COVID-19 Data: November 22-28, 2021

	Community Transmission	Cases	% Positivity	Deaths	Eligible Population Fully Vaccinated	New Hospital Admissions (7-Day Moving Average)
<i>Minnesota</i>	High	24,026	10-14.9%	183	73.3%	143.57
<i>Kanabec County</i>	High	89	17.4%	<10	44.6%	6
<i>Pine County</i>	High	126	15.98%	<10	51.1%	0

Health Professional Shortage Area (HPSA) scores support the need to address primary care and mental health illness within both Pine and Kanabec counties. These scores are calculated using an online portal, the Shortage Designation Management System (SDMS), which contains national data sets.¹⁸

HPSA Key

Discipline - type of service

Geographic - entire population in the region is affected

Low income - low SES affected

Indian health Service - Native Americans affected

HPSA FTE (full-time equivalent) - number of practitioners needed to achieve the target ratio

Table 11 shows high HSPA scores, so regionally, Kanabec and Pine counties continue to retain the designation of Health Professional Shortage areas in mental health.

Table 11 - HSPA Score: Mental health¹⁸

HPSA Score: Mental health

Discipline	Designation Type	HPSA FTE Short	HPSA Score	Designation/ Update Date
Kanabec County				
Mental Health	Geographic	7.26	14	8/28/10 9/1/21
Pine County (Region 7E SA)				
Mental Health	Geographic	7.26	14	8/28/10 9/1/21
Pine County (Aazhoomog Lake Lena Clinic)				
Mental Health	Indian Health Service, Tribal Health, urban Indian Health Organizations		15	8/17/19 9/10/21

Mental health implementation strategy

Actions

- Welia Health's primary goals for improving mental health services in its service area will be to:
 - Continue to provide access to mental health providers and services.
 - Identify internal employee wellness programs to promote positive mental health habits and reduce burnout.
 - Develop support groups, coaching visits, e-newsletters, video presentations and in-person events as venues to educate the public.
 - Provide educational opportunities that will decrease stigma and increase awareness of mental health illness

Anticipated impact

- The number of participants, programs and patient visits will increase.

Resources

- The 2023-2025 strategic plan for Welia Health contains actionable items, resulting in the budgeting of necessary resources for implementing action plans.

Planned collaboration

Welia Health will seek the active engagement of to address mental health services by identifying additional community resources, events or activities. These will be designed to promote education, reduce stigma and create awareness. Community partners will include:

- Kanabec County Community Health
- Pine County Public Health
- Veteran's Services (both Kanabec and Pine Counties)
- Local/independent mental health providers

OBESITY AND HEALTHY LIVING

Managing obesity and providing community members with ideas for healthy living will again be a top priority for Welia Health. This will be accomplished by encouraging lifestyle education and behavior-change strategies by promoting healthy living basics and physical activity.

The Minnesota Department of Health received data from the CDC indicating that Minnesota's adult obesity rate in 2020 was 30.7 percent, up .6 percent from 2019, while 30.5 percent percentage of American adults (over age 20) are obese (1999-2000). Overall, the obesity rate in Minnesota is trending up (see Figure 21). Studies show that people who are considered obese are also at risk for other severe illnesses and health conditions such as COVID-19, heart disease, type 2 diabetes and some cancers.¹⁹

Obesity is defined as having a body mass index (BMI) of over 30 or greater. The World Population Review ranks the United States 12th in the world for obesity disease, with Minnesota ranking 33rd.^{20,21}

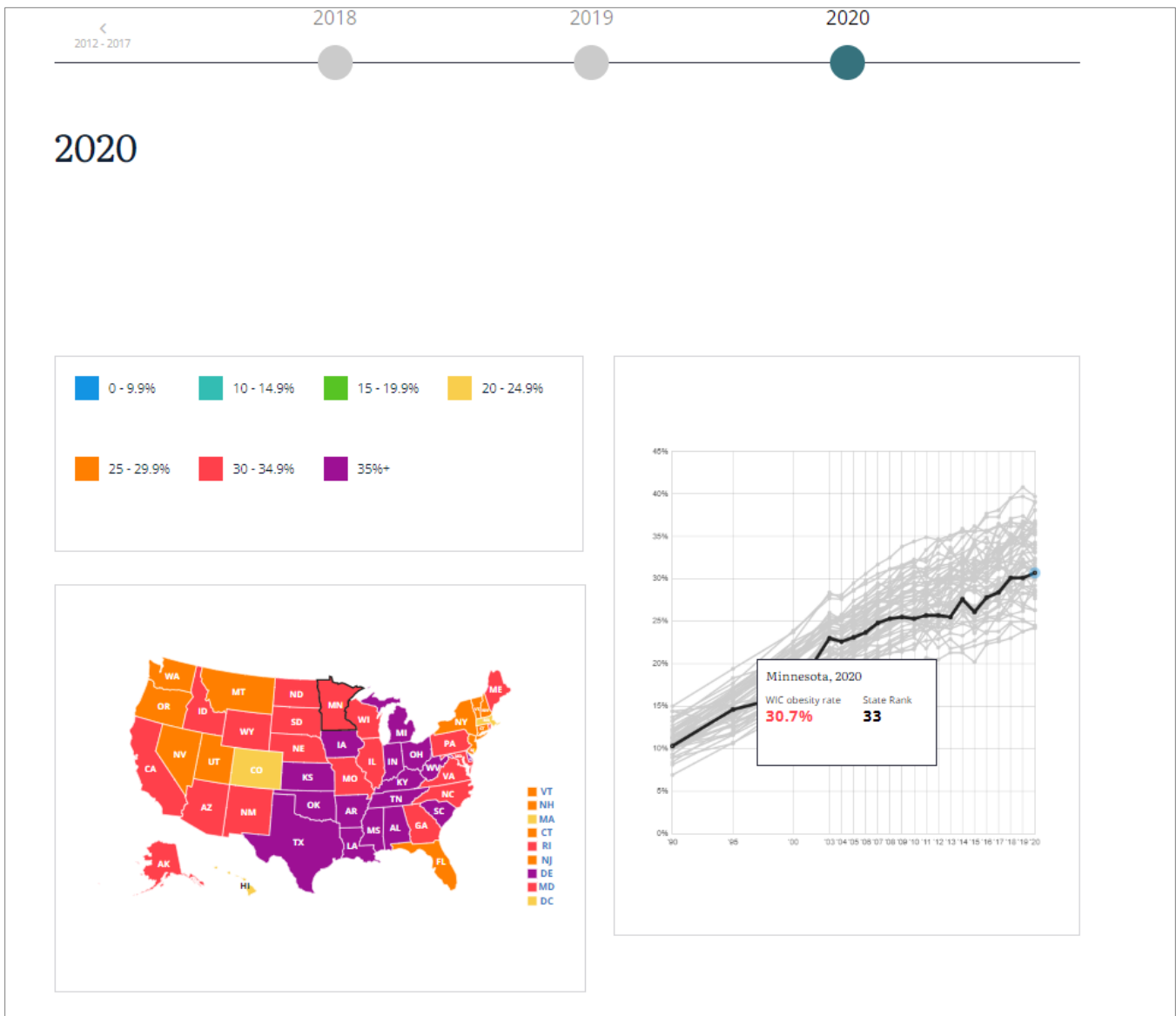


Figure 21, 2020 -World Population Review of obesity rates trending by state²¹

Table 12 shows HPSA scores for primary care in Kanabec and Pine Counties and for the Aazhoomog Lake Lena Clinic in Pine County.¹⁸

Table 12 - HSPA Score: Primary care

HPSA Score: Primary care

Discipline	Designation Type	HPSA FTE Short	HPSA Score	Designation/ Update Date
Kanabec County				
Primary Care	Geographic	2.02	13	7/5/11 9/1/21
Pine County (Region 7E SA)				
Primary Care	Low Income Population	2.50	15	3/5/2000 9/6/21
Pine County (Aazhoomog Lake Lena Clinic)				
Primary Care	Indian Health Service, Tribal health, Urban Indian Health Organizations		16	08/17/19 9/10/21

Surveys, interviews, and a recent report indicate that Minnesota has the 33rd-highest population of obese persons in the United States, so Welia Health will continue to focus on creating new or improving existing initiatives aimed at lowering obesity rates and improving overall physical health.

People in our communities are falling short of the 150 minutes following Physical Activity Guidelines provided by the Department of Health and Human Services²² of moderate to vigorous physical activity performed each week. Survey results indicate both the lack of time spent exercising and the call for both more possibilities and a wider range of options for physical activity, therefore Welia Health should focus more on physical activity programs.

Obesity/healthy living implementation strategy

Actions

- Improve healthy diet and physical activity education by enlisting the help of clinical and care coordination teams.
- Improve community access to physical activity options by maintaining partnerships with local schools to indoor spaces offering walking tracks, exercise equipment and classes
- Continue to develop support groups, coaching visits, e-newsletters, video presentations, and in-person events as venues for public education about healthy eating and physical activity.
- Improve access to primary care providers

Anticipated impact

- Reduced obesity rates
- Improved County Health rankings
- Increased number of preventative health visits
- Improved utilization rates of Welia Center and Hinckley-Finlayson Fitness center activities

Resources

- The 2023-2025 strategic plan for Welia Health contains actionable items, resulting in the budgeting of necessary resources for implementing action plans.

Planned collaboration

Welia Health will seek the active engagement of partners to address the problem using multifaceted techniques. Community partners will include:

- Kanabec County Community Health
- Pine County Public Health
- Welia Center (Mora Public Schools)
- Hinckley Finlayson Fitness Center (Hinckley-Finlayson Public Schools)
- Coborn's Food (Mora)
- Local recreational departments
- Better Together Coalition
- City departments

SUBSTANCE ABUSE

The third priority health need derived from the 2023-2025 CHNA will be continued management, prevention and treatment for substance abuse.

Substance abuse implementation strategy

Actions

- Continue to offer and identify growth opportunities within the Medication-Assisted Therapy (MAT) program.
- Utilize the care coordination team to support MAT program efforts
- Monitor, identify and support opioid prescribing best practices for medical providers
- Develop, market and introduce a new interventional pain management program for chronic pain patients
- Closely monitor community trends by continuing to remain active participants in community task forces
- Identify and reduce enrollment barriers to the MAT program

Anticipated impact

- Participation numbers in the MAT program
- Reduction in opioid prescription numbers
- Reduction in overdose-related deaths

Resources

- The 2023-2025 strategic plan for Welia Health contains actionable items, resulting in the budgeting of necessary resources for implementing significant health needs.

Planned collaboration

Welia Health will the seek active engagement of partners to address substance abuse using multifaceted techniques. Community partners will include:

- Better Together Coalition (Kanabec County)
- Pine County Coalition
- Opioid Stewardship Community Taskforce

CONCLUSION

Welia Health is widely recognized as the region's leading healthcare provider because of its patient-centered approach, emphasis on individual health and wellness, and commitment to building healthy local communities.

The 2023-2025 Community Health Needs Assessment, created in collaboration with its community partners, provides a framework for identifying resources that will lead to healthier communities.

Welia Health would also like to thank the contributors.

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