

Community Health Needs Assessment

Polk Norman Mahnomen Community Health Services

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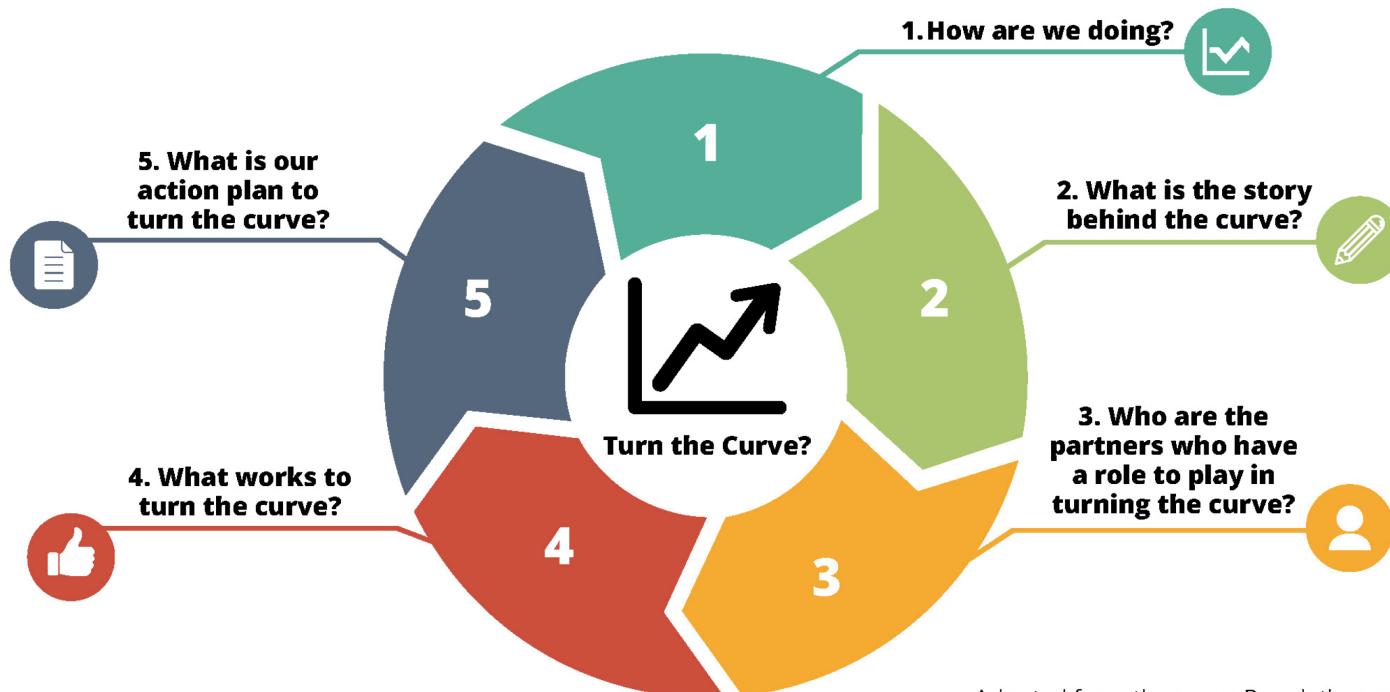
Introduction

The Polk-Norman-Mahnomen Community Health Board (PNM CHB), governed by seven-members, is a multi-county community health services (CHS) entity responsible to provide local governmental public health services. Through delegation and sharing agreements, all powers and duties are delegated to the two-member health departments, Polk County Public Health and Norman-Mahnomen Public Health. We are pleased to present the 2022-2024 Community Health Assessment (CHA) to better understand health issues facing the communities of Polk, Norman and Mahnomen Counties.

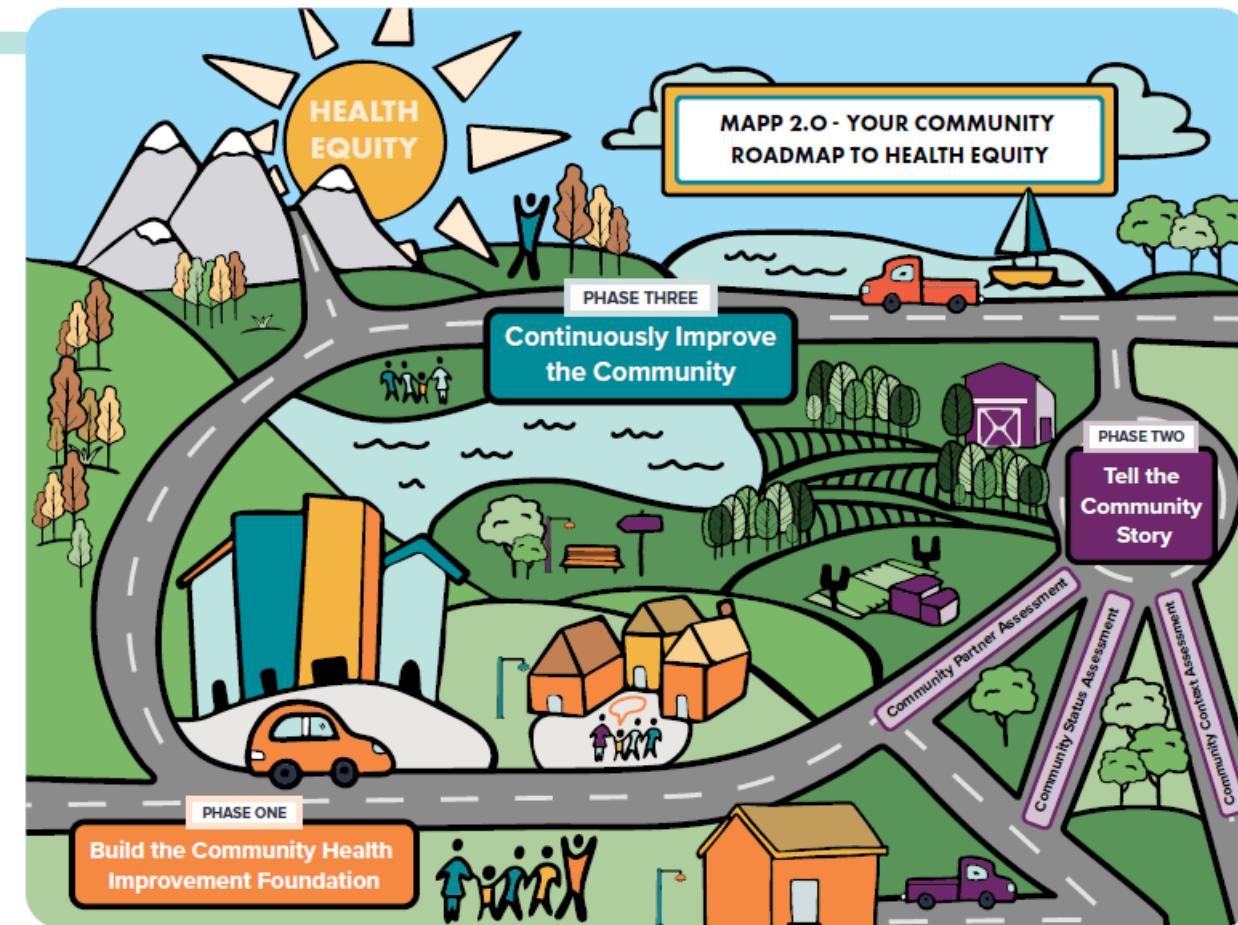
The Community Health Assessment provides a quantitative and qualitative data snapshot of the factors that impact health of the people living in the communities which the PNM CHB serves. Over the past two years, together with community partners, we have collaboratively supported partner Community Health Needs Assessments and Community Needs Assessments, while collecting and prioritizing data from local, state and national sources as well as input from public health surveys and conversations with community members who have knowledge or expertise in public health and/or are experience health inequities. PNM CHS followed a modified version of the Community Health Improvement Framework “Mobilizing Action for Planning and Partnership” (MAPP) to gather information and develop a Community Health Assessment (CHA) revealing the most pressing health needs across the service area. The data collected was limited by the availability of county-level data, community input, survey responses, and time. Through this framework, a structured, focused discussion through consideration of data, participant’s reaction and responses, possible solutions and agreed future strategies was utilized among community health partners. Findings from the CHA are used to identify, develop, and target strategies to improve health challenges in the community. Facilitated by public health leaders and strategists, this framework, paired with Results Based Accountability, helps communities apply strategic thinking to prioritize public health issues and identify community driven solutions and resources for collective action. The Community Health Assessment is intended to be a living document which will be updated as additional data becomes available. We encourage the use of this assessment as a starting place for understanding the health of our communities, working to increase health and wellbeing, and planning for the future.

Results-Based Accountability

Turn the Curve Thinking



Adopted from the seven Population and Performance Accountability questions found in *Trying Hard Is Not Good Enough*.
Source: Clear Impact



Use this graphic, or create your own, to share the steps of the MAPP 2.0 process with your community.

Thank you to the individuals, organization, and partners who have been involved throughout the health assessment and planning process. A special thank

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you to Patrick Olson, Data Analyst, for assisting PNM CHS with gathering data from a variety of state and national sources in the development of a more comprehensive Community Health Assessment to meet public health accreditation standards and measures, Assessment and Surveillance Foundational Public Health capability and inform meaningful local action.

Thank you to the community members and partners of Polk, Norman and Mahnomen Counties for participating in the community health surveys and conversations.

We welcome your continued feedback and engagement. Comments or questions regarding this report can be direct to: Sarah Reese, Polk-Norman-Mahnomen CHS Administrator at 218-281-3385.

Understanding Our CHA

Rationale Behind Our Choices

In today's world, we can easily experience information overload. The Census Bureau alone provides millions of data points available for public use. If we use all the available Census Bureau data, our Community Health Assessment (CHA) would not be meaningful because we would be overwhelmed with data. Additionally, relying solely on one data source like the Census Bureau would cause us to miss important details provided by other high-quality sources.

Attempting to include data on every health topic from all public sources would create an overly extensive report, making it challenging to navigate and use effectively. This is why we concentrated on data required for our certification, sourcing highly reputable information, and incorporating local feedback to inform our CHA. We made a concerted effort to identify risk factors associated with our outcomes of interest, understanding that, while we cannot prevent all outcomes, addressing risk factors may help us achieve better results.

The art of data involves reducing noise (achieving consistency or understanding the reasons for inconsistencies among different data sources). By reducing noise, we can better identify high-quality sources that provide the essential components for a comprehensive CHA. We aimed to select outcomes of interest that provide trend data (evaluated over multiple years) to track our historical performance and improvements in key areas. However, some outcomes are only shown for one year because they may be projected outcomes (based on statistical models) or the outcome definition changed over time, making it inappropriate/unreliable to display them over multiple years.

We tried to use the most up-to-date publicly available data for the following reasons:

- **Reproducibility:** While some data for our CHA required a data request, most of the report relies on publicly available data. This allows other community health boards and researchers to reproduce our work if they wish, aiding in fact-checking our CHA.
- **Transparency:** Using publicly available data allows us to be as transparent as possible. We hope that our understanding of our community, as well as the community's understanding of itself, aligns with the information shared publicly by Federal and State agencies.
- **Efficiency:** By using publicly available data, we can save time and resources for our federal and state data stewards. They don't need to fulfill data requests for us, and it allows us to share the valuable work they've already done, rather than reinventing the wheel.

An important note for our CHA is that, due to the small populations in our three counties, we can't always examine multiple factors at the same time. We know that health is affected by many things, but we don't always have detailed information or enough people to break down the data in many ways. For

example, if we wanted to study lung cancer and compare it between men and women, we might not have enough data to do this accurately because there aren't enough people. While we might have enough data to look at rates of lung cancer for each county, we might not be able to analyze lung cancer rates by birth sex.

Data Interpretation

When looking at data, it's easy to assume one event causes another. For example, a rooster crowing doesn't cause the sun to rise; they're just associated. This is similar to health risk factors and medical conditions. Just because two things happen together doesn't mean one causes the other.

In health, many factors can influence conditions. For example, high rates of a health condition don't mean one specific factor is the cause. It could be due to a combination of lifestyle, environment, and genetics. By assessing how we are doing regarding multiple risk factors as well as the condition of interest, we can gain a comprehensive understanding and make better health decisions for our community.

Just like the rooster and the sun, health risk factors might be associated with certain conditions, but they don't necessarily cause them directly. Recognizing these associations helps us develop more effective health strategies for our communities. By examining our community's health from multiple data sources, we can plan to maintain strengths and address weaknesses. The following terms should help in navigating and understanding the report more effectively.

Data Terms/Definitions

Count

- A count represents the value of an observation. Counts are useful for assessing the economic impact of a community and determining if statistical analysis is reliable. According to Centers for Disease Control and Prevention (2024b), counts less than 16 are considered unstable, meaning the results should be interpreted with caution. However, counts below 16 are still important because they provide us with a sense of how a community is currently doing. Counts shouldn't be compared among different communities, but they can be used to assess the community.

Proportion

- A proportion is a type of ratio that compares a part to the whole. It is expressed as a fraction or percentage and helps us understand the relative size of a subset within a larger population. For example, if 20 out of 100 people in a community have a certain health condition, the proportion is 20%.

Crude vs. Age-Adjusted Prevalence

- Crude Prevalence: Shows the overall condition in the general population but can be misleading if age distribution varies between communities. For example, an aging population may have a higher crude prevalence of heart disease simply because older adults can be more prone to this condition.

- Age-Adjusted Prevalence: Use this for comparing different communities as it accounts for age differences. It's like comparing apples to apples instead of apples to oranges. By adjusting for age, we ensure a fair comparison between communities.

Importance of Age-Adjusted Prevalence

Age-adjusted prevalence allows fair comparisons by considering age differences in populations.

Confidence Intervals (CI)

CIs can be interpreted in two main ways.

1. When looking at only one community. If a community had a CI of 5%-8%, this would mean we are 95% sure that the true number is as low as 5% and as high as 8% or somewhere in between.
2. When comparing two communities.
 - If a community has a CI of 5%-8% and another community has a CI of 6%-9% for the same topic, these two communities are similar, and we cannot say one is definitely higher or lower than the other because the values overlap (6% falls between 5%-8%)
 - If a community has a CI of 5%-8% and another community has a CI of 10%-15%, these two communities would be significantly different because the values don't overlap (5%-8% and 10%-15%) so we can say with 95% confidence that these values are different.

CHA Design

The CHA is organized into several chapters: **Introduction, Understanding Our CHA, Local Input, Population & Environmental Health, Health Indicators, References, and Together We Can Build A Better Future**. If this is your first time reading our CHA, we recommend going through the report in order. However, it's not mandatory to follow this sequence. The chapters are arranged to help navigate the extensive data effectively. We prioritize starting with our community partners' input to help determine local concerns. Understanding our community demographics and environmental health follows, as it is crucial for effective collaboration with local communities. The fourth chapter, Health Indicators, is shaped by local input and certification requirements. The final chapters provide references and a vision for building a better future together.

Local Input

Polk, Norman, & Mahnomen 2022 Survey

In 2022, Polk, Norman, and Mahnomen Community Health Services (CHS) conducted a survey consisting of questions related to general, mental, oral health, access to health care, impact of COVID-19 on health and quality of life, substance use and community wellbeing. The survey was completed by 855 adult individuals. Out of the 855 survey responses, 821 were included in the analysis as the remaining 34 respondents were not from the PNM region.

“Poor” health status was primarily reported by White and Black or African American population.

About 26% of people experienced delay in seeking professional help for mental health during pandemic and this was mainly because the mental health care was expensive, or they did not think that the problem was serious enough.

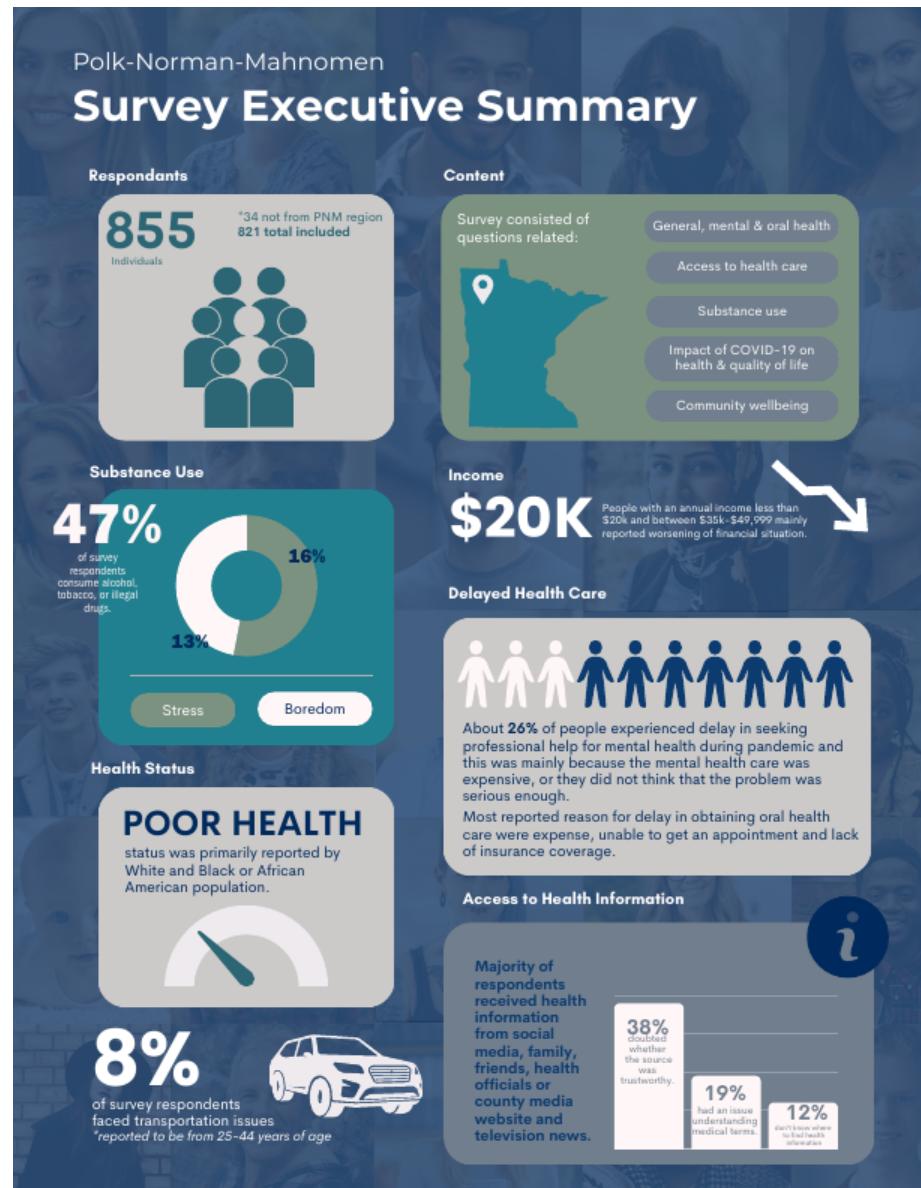
Most reported reason for delay in obtaining oral health care were expense, unable to get an appointment and lack of insurance coverage.

47% of survey respondents consume alcohol, tobacco, or illegal drugs. Stress (16%) and boredom (13%) are the primary reason for the increase in substance use since March 2020.

Majority of respondents received health information from social media, family, friends, health officials or county media website and television news. However, about 37.63% doubted whether the source was trustworthy. 19% of people also had issue with understanding medical terms and about 12% did not know where to find health information.

People with an annual income less than \$20k and between \$35k-\$49,999 mainly reported worsening of financial situation.

About 8% survey respondents faced transportation issue and they reported to be from 25-44 years of age.



Polk-Norman-Mahnomen Environmental Scan Data

Polk, Norman, and Mahnomen Community Health Services (CHS) reached out to alcohol retailers in May and June of 2023 to learn more about how our youth may be exposed to THC in our area. In total, we worked with 42 establishments.

- 18/42 establishments were within 1000 feet of a school or park/playground.
- 36/42 advertised the sale of alcohol outside their establishment.
- 13/42 had exterior signage regarding minimum purchase age
- 35/42 had interior signage regarding purchase age.
- 5/42 had signage related to the health risks of drinking alcohol.
- 7/42 establishments were found to sell THC products (1 liquor store, 1 vape shop, 5 bars/bar and grills)
- 4/7 sold edibles
- 3/7 sold THC-infused beverages
- 1/7 sold other THC products/paraphernalia.

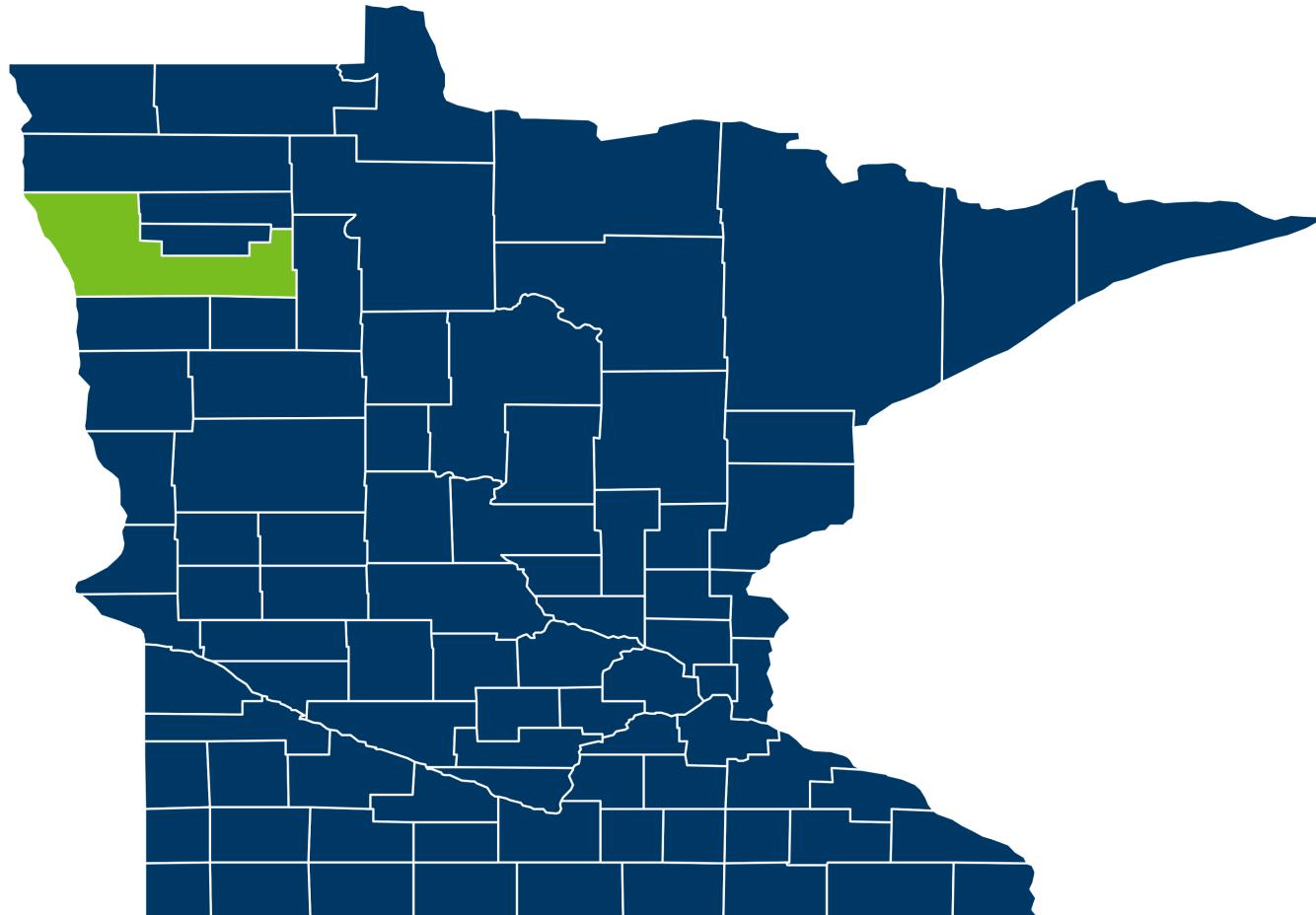
Polk County Opioid Funding Prioritization

The Polk County Opioid Funding Prioritization Survey gathered input from community members to guide the allocation of over \$3 million from the national opioid settlement. The survey, conducted from June 12 to July 24, 2023, received 137 responses, with a majority prioritizing prevention, treatment, and recovery support. Key areas identified for funding include primary prevention, community development, and treatment expansion. The survey also highlighted the importance of harm reduction strategies such as overdose reversal and social detox. The results will help shape the county's approach to addressing the opioid crisis over the next 18 years Polk County (2023). Please click on the following map to see the entire PDF report.

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Polk County



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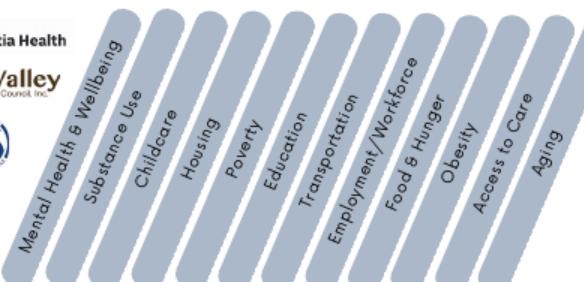


Community Heath Needs Assessment & Community Needs Assessments Partner Inventory

This an accumulation of most recent Community Health Needs Assessments (healthcare partners) and Community Needs Assessments (Community Action agencies) of our partners. It is not intended to be all encompassing; partners continue to have current and emerging priorities in response to the needs of community.

CHNA & CNA Partner Inventory

This document is an accumulation of most recent Community Health Needs Assessments (healthcare partners) and Community Needs Assessments (Community Action agencies) of our partners. It is not intended to be all encompassing; partners continue to have current and emerging priorities in response to the needs of community. *Links to full assessments are provided.*



	Mental Health & Wellbeing	Substance Use	Childcare	Housing	Poverty	Education	Transportation	Employment/Workforce	Food & Hunger	Obesity	Access to Care	Aging
Alluma	X	X		X	X	X	X	X	X		X	X
Altru Health	X	X	X				X		X	X		
Essentia Health Ada	X						X					
Essentia Health Fosston	X							X				
Inter-County Community Council			X	X			X	X			X	
MAHUBE-OTWA			X	X			X	X	X			X
Riverview Health	X	X							X			
Sanford Health	X									X		
Tri-Valley Opportunity Council			X	X	X		X	X				X
White Earth Nation Tribal Public Health	X	X		X		X			X			
PNM Public Health	X	X		X						X		

Population & Environmental Health

The Population & Environmental Health section of the Community Health Assessment (CHA) for Polk, Norman, and Mahnomen Community Health Services (CHS) offers a comprehensive overview of the population's demographics, socioeconomic status, and environmental factors. This section aims to present a general profile of the three counties.

Demographics

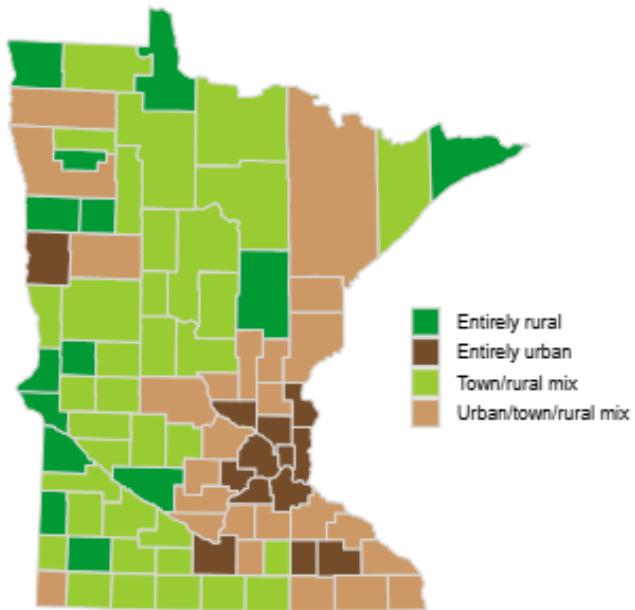
According to Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program (2022), the state of Minnesota has a total land area of 79,631.54 per square mile. Polk, Norman, and Mahnomen CHS area covers 3,401.65 square miles, with Polk county having the largest land area (1,971.00 square miles) followed by Norman county (872.79 square miles) and Mahnomen county (557.87 square miles).

Minnesota has an average of 71.5 people living in each square mile. In comparison, the Polk, Norman, and Mahnomen CHS area has only 12.6 people per square mile. Breaking it down further:

- Polk has 15.8 people per square mile
- Norman has 7.4 people per square mile
- Mahnomen has 9.7 people per square mile

This means that in these three counties, people are much more spread out compared to the state average. The population density, or the number of people per square mile, helps us understand how rural an area might be, although it is not the only factor. As shown on the following maps, Polk County has three Census Tracts that prevent it from being entirely rural.

County categorizations based on rural-urban commuting areas



Four primary RUCA definitions by census tract

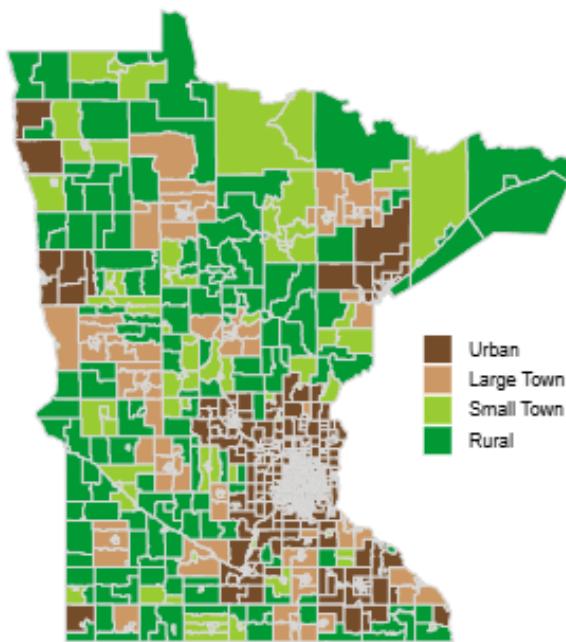


Figure 1: Please click on either map above for the detailed rural report.

Population Size

According to U.S. Census Bureau (2020b), the state of Minnesota had a population of 5,706,494 people. Polk, Norman, and Mahnomen CHS had a total residential population of 43,044. This makes up 0.75% of Minnesota's population ($43,044/5,706,494$).

- Polk county is the largest of the three counties, with a population of 31,192 residents. This represents 72.47% of the total population (31,192 out of 43,044) for the Polk, Norman, and Mahnomen CHS area. In relation to the state of Minnesota, Polk county accounts for 0.55% of the population (31,192 out of 5,706,494).
- Norman county has 6,441 residents, making up 14.96% (6,441 out of 43,044) of the Polk, Norman, and Mahnomen CHS area.

- Mahnomen county is the smallest, with a population of 5,411 residents. This is 12.57% (5,411 out of 43,044) of the Polk, Norman, and Mahnomen CHS area, and 0.09% of the state population (5,411 out of 5,706,494).

Age Distribution

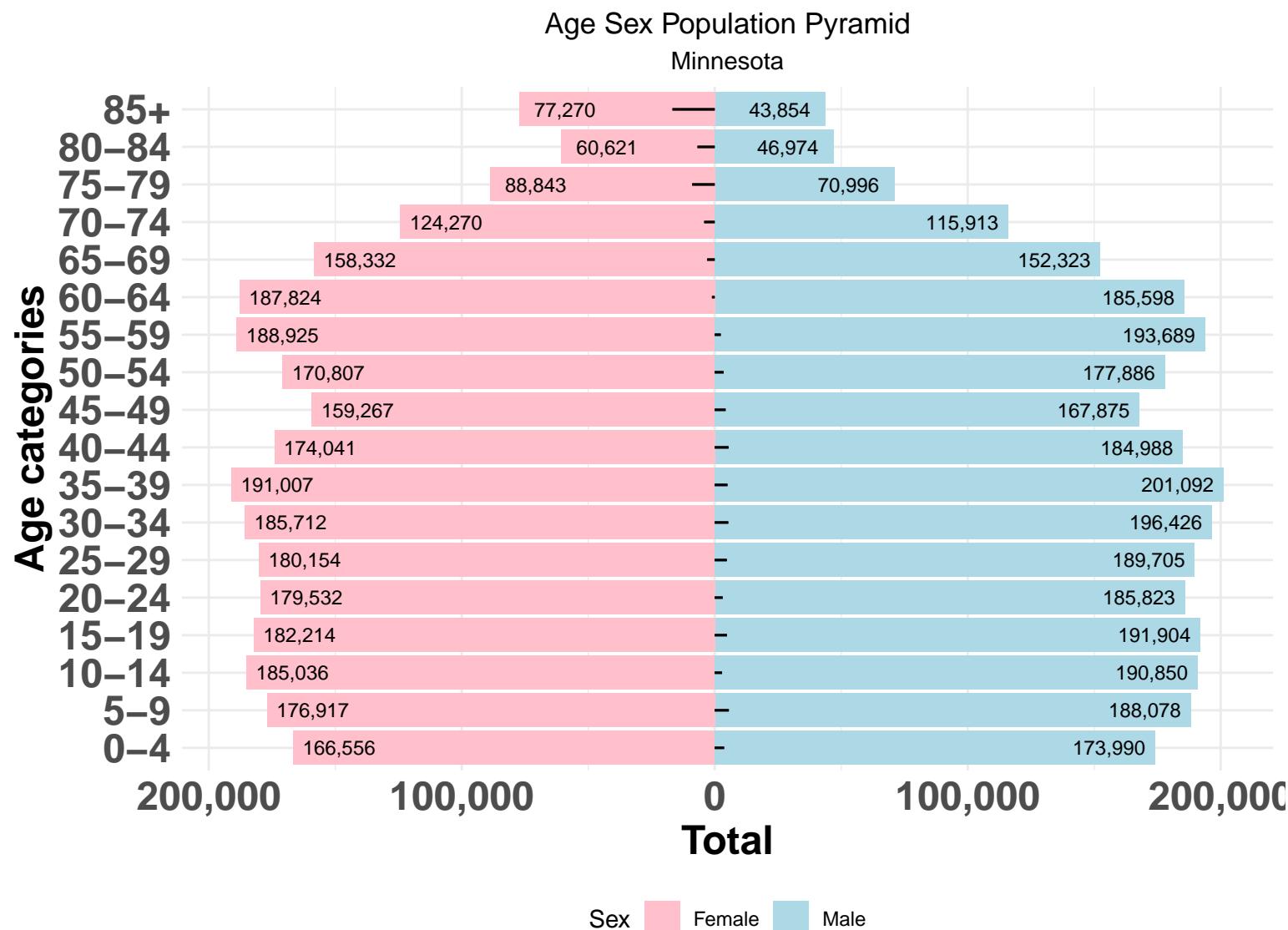
According to the U.S. Census Bureau (2022), the median ages for the counties are:

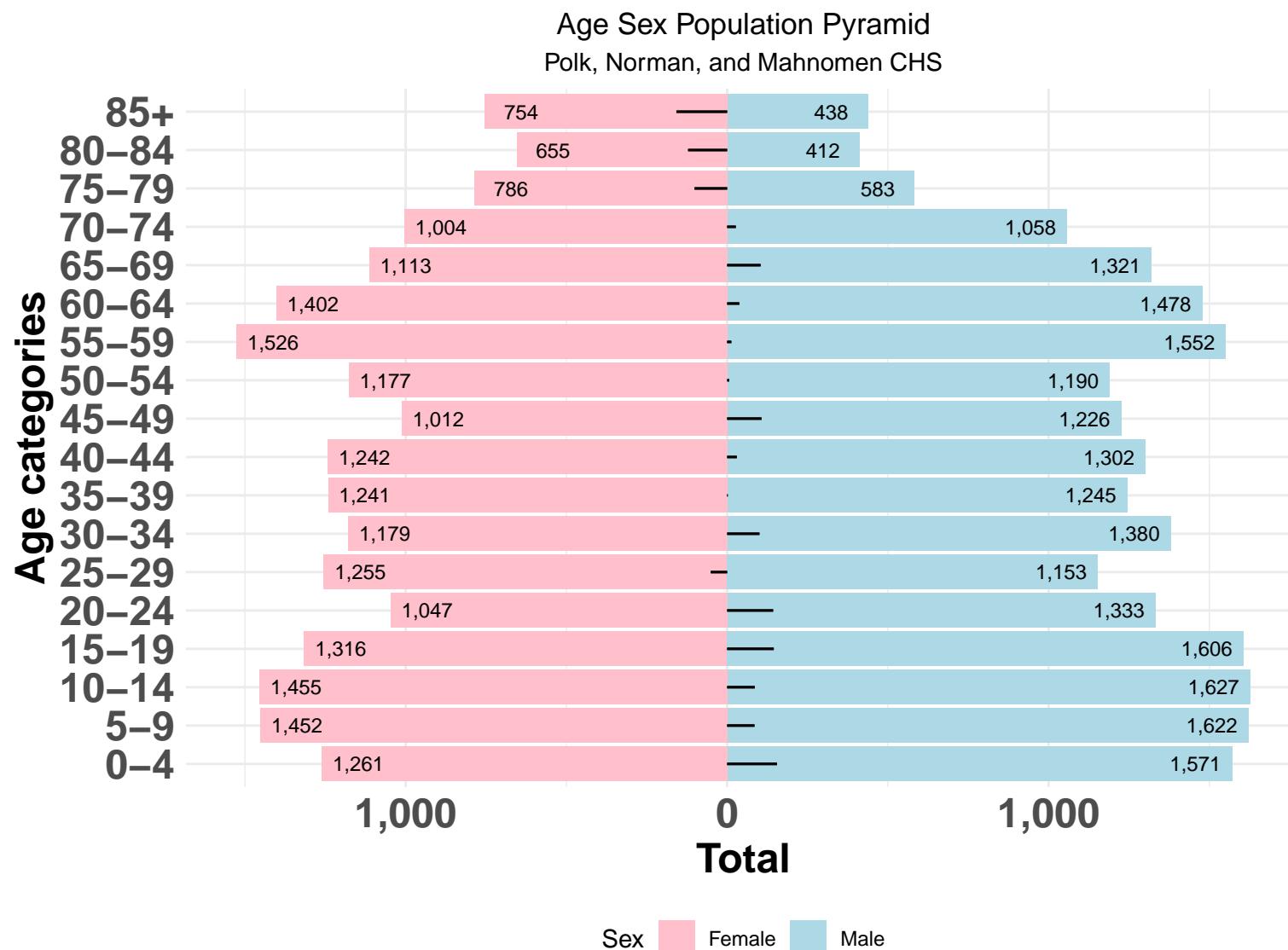
- Polk County: 39.3 years
- Norman County: 43.7 years
- Mahnomen County: 35.1 years

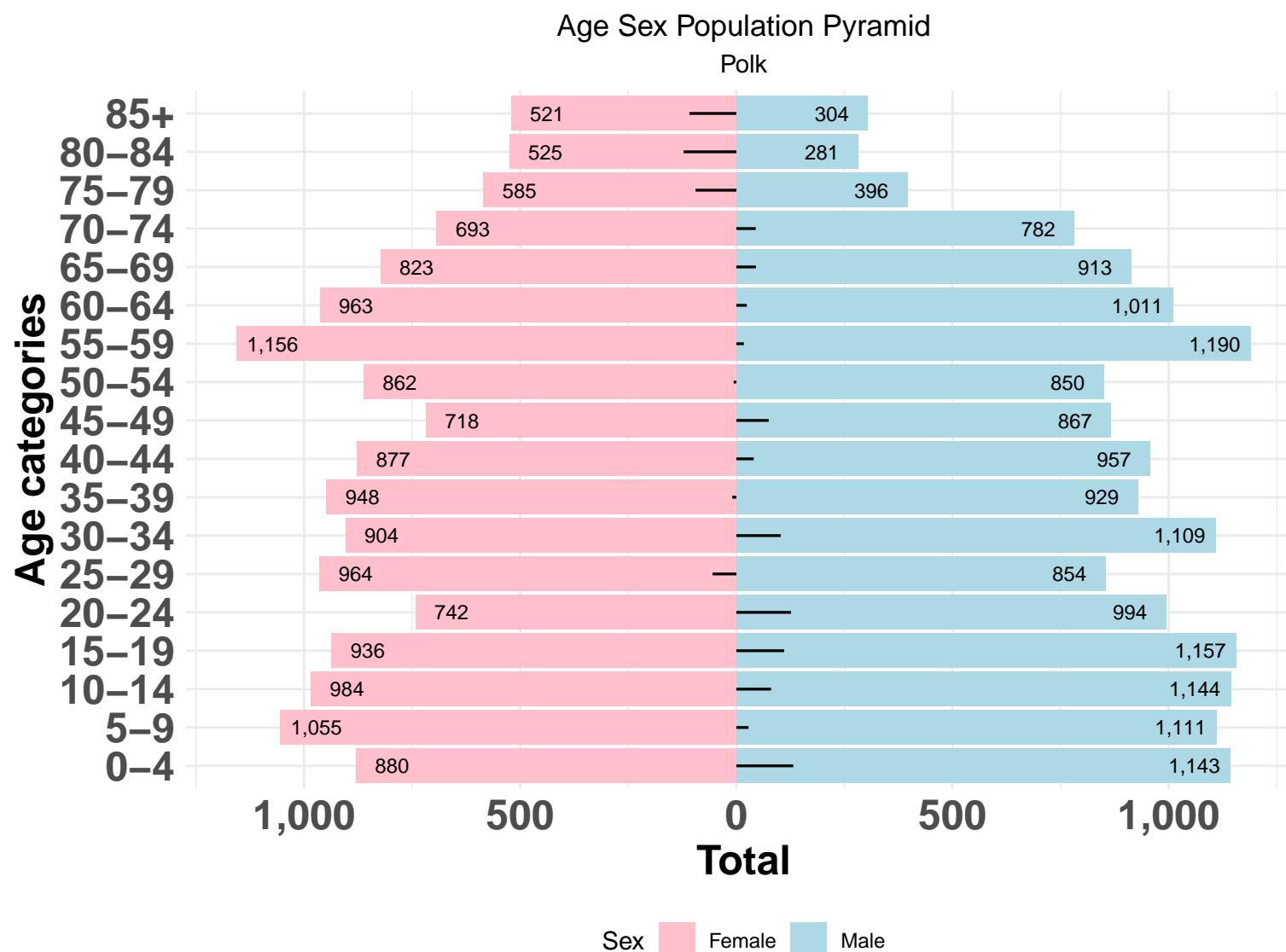
For the state of Minnesota, the median age was 38.5 years, and the combined median age for Polk, Norman, and Mahnomen CHS area was 39.4 years, though this figure should be interpreted with caution as it wasn't calculated from the raw data. Median age is used instead of the average age because it gives a clearer picture of the community's age. The median age is the middle point, so it isn't thrown off by very young or very old people. This way, we get a better idea of the typical age in the community. Mahnomen County has a younger population compared to Minnesota while Polk and Norman County have older populations compared to Minnesota with Polk county being the closest in age.

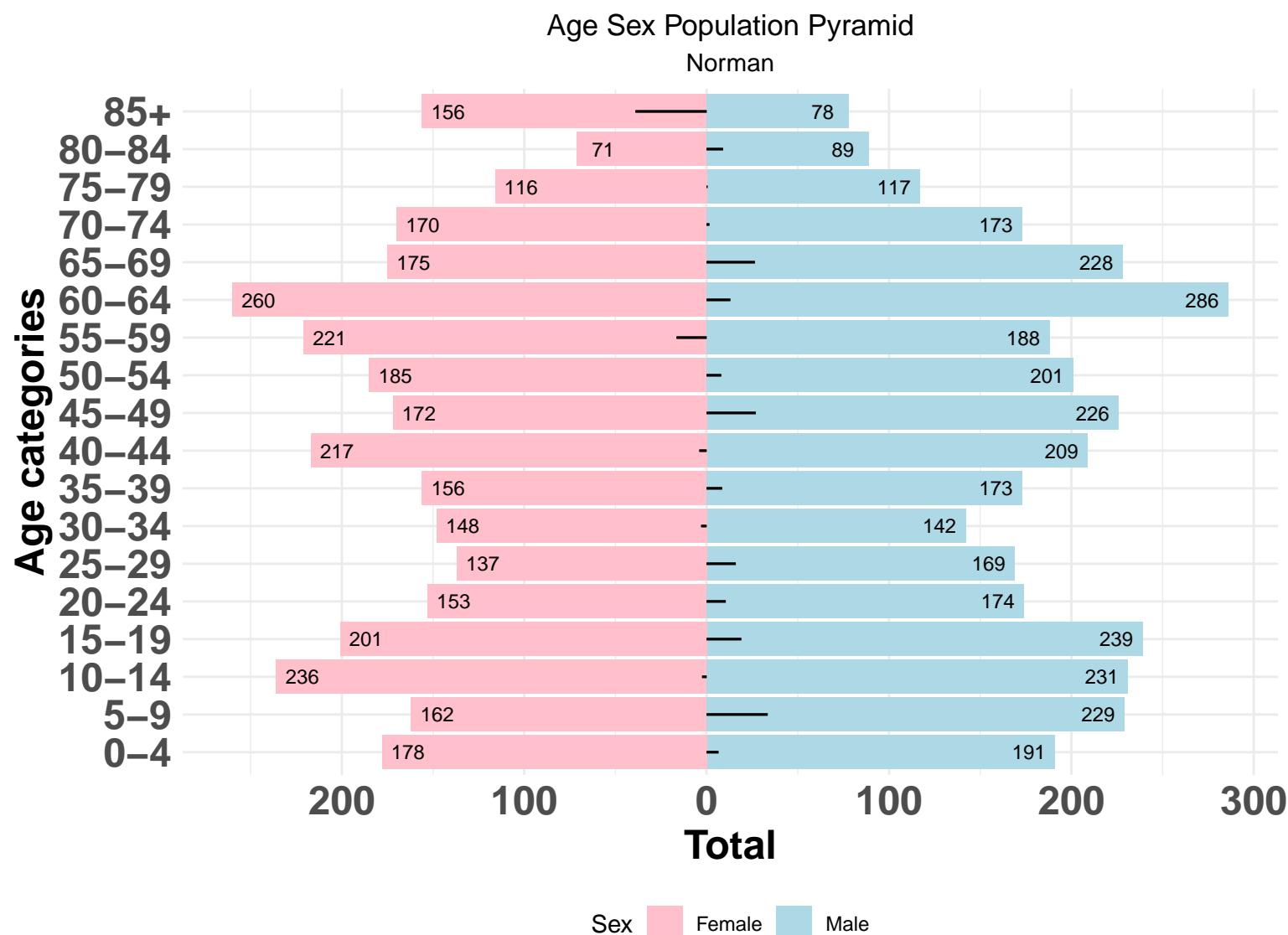
Sex Distribution

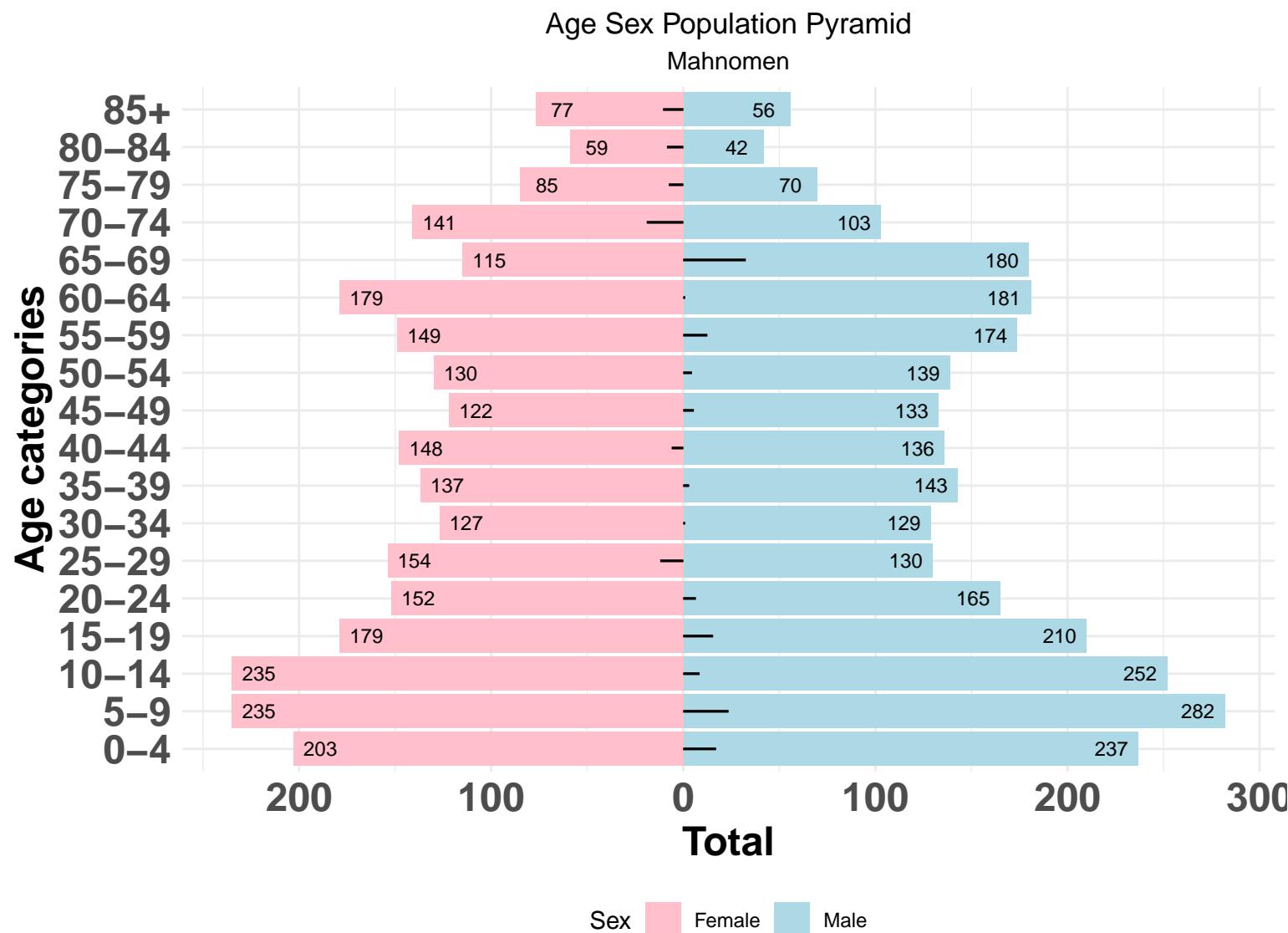
The Age Sex Population Pyramids below illustrate a generally balanced distribution of males and females across most age groups. You can determine the balance by examining the horizontal solid black midpoint line: a longer line indicates a greater difference between the male and female populations within that age group. The Age Sex Population Pyramids are based on the U.S. Census Bureau (2022) estimates. While there is a lot to examine, comparing Minnesota to the Polk, Norman, and Mahnomen CHS area reveals that the midpoint line is similar, except for the age groups 25-29, 65-69, and 70-74.







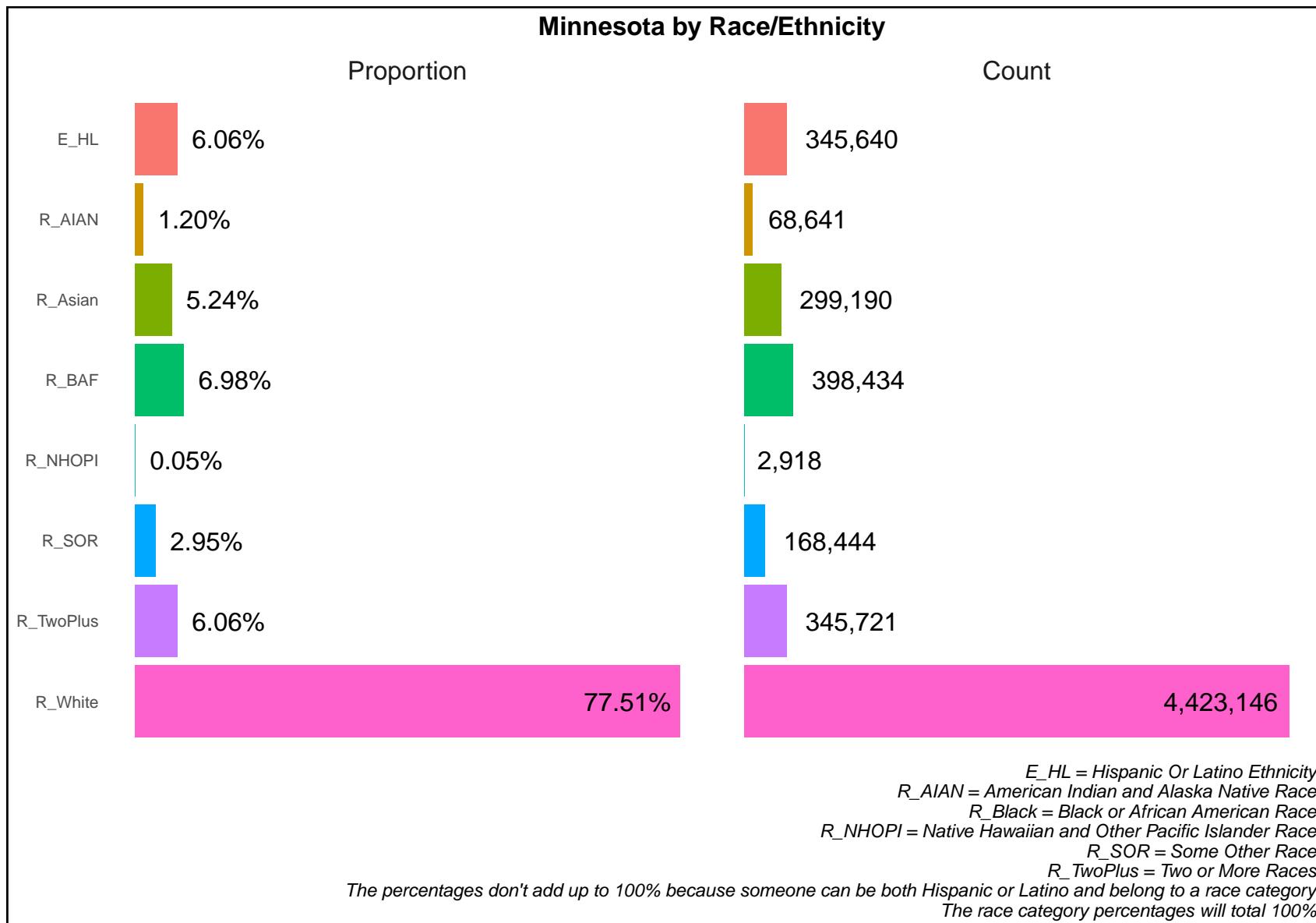


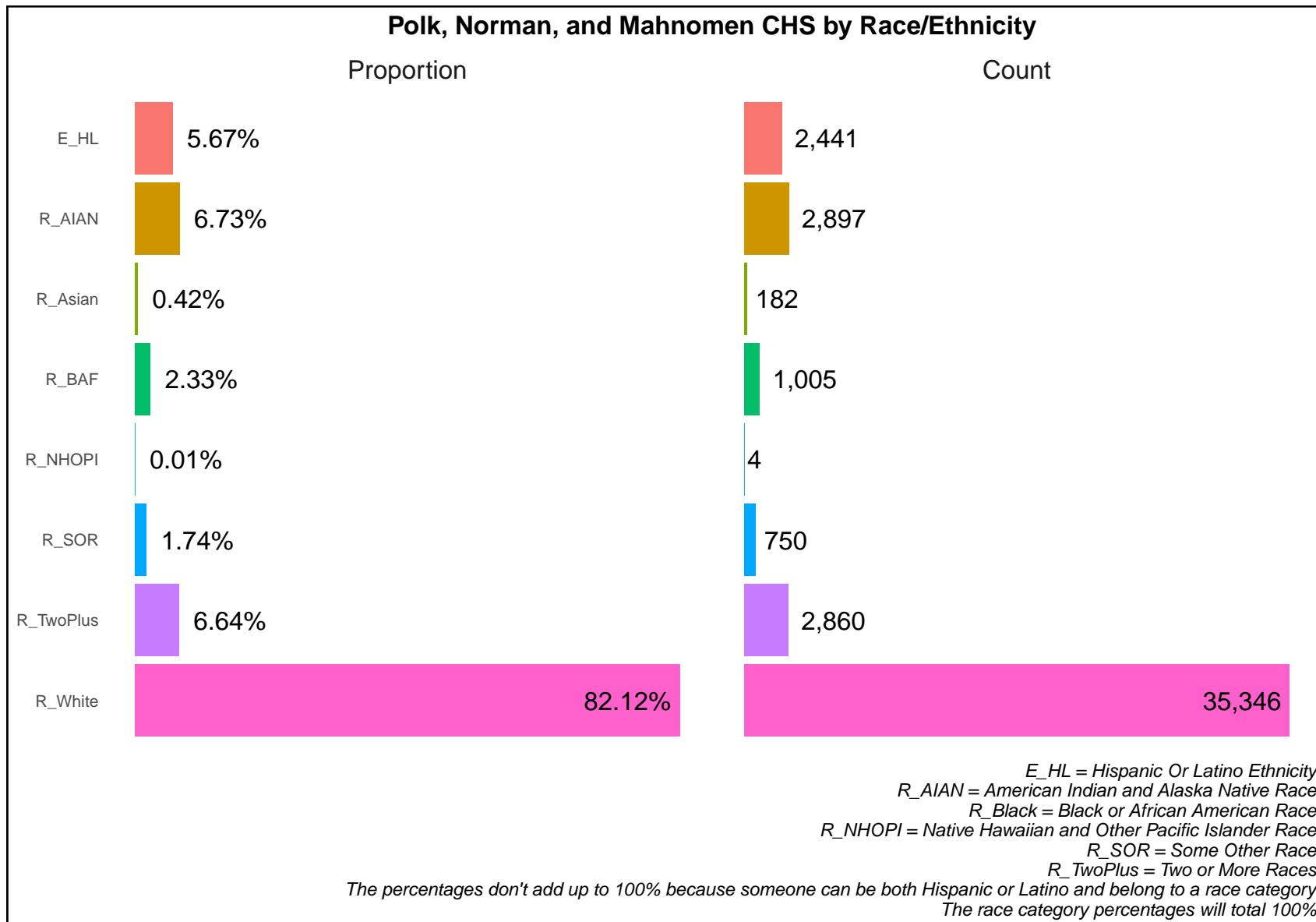


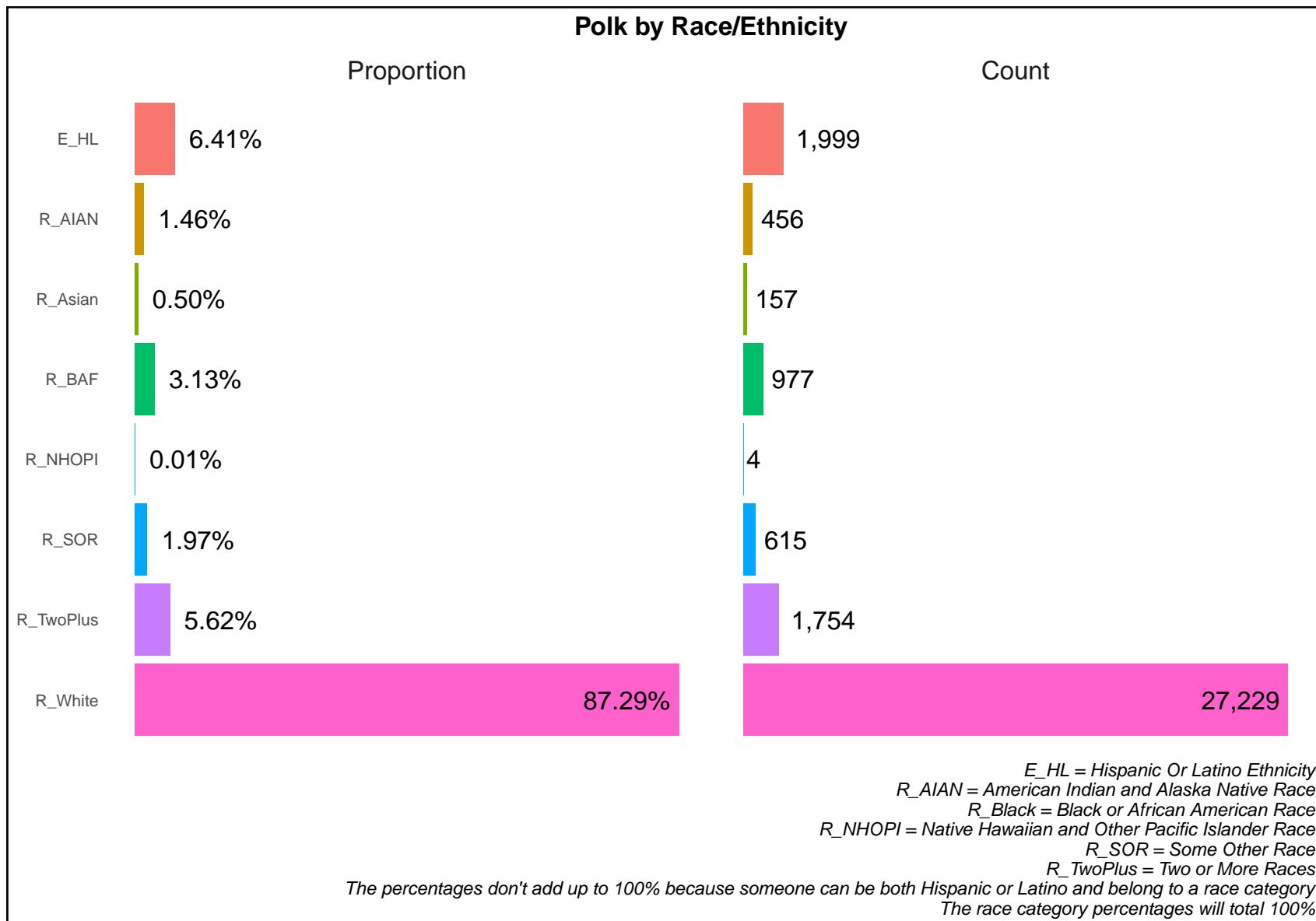
Race/Ethnicity

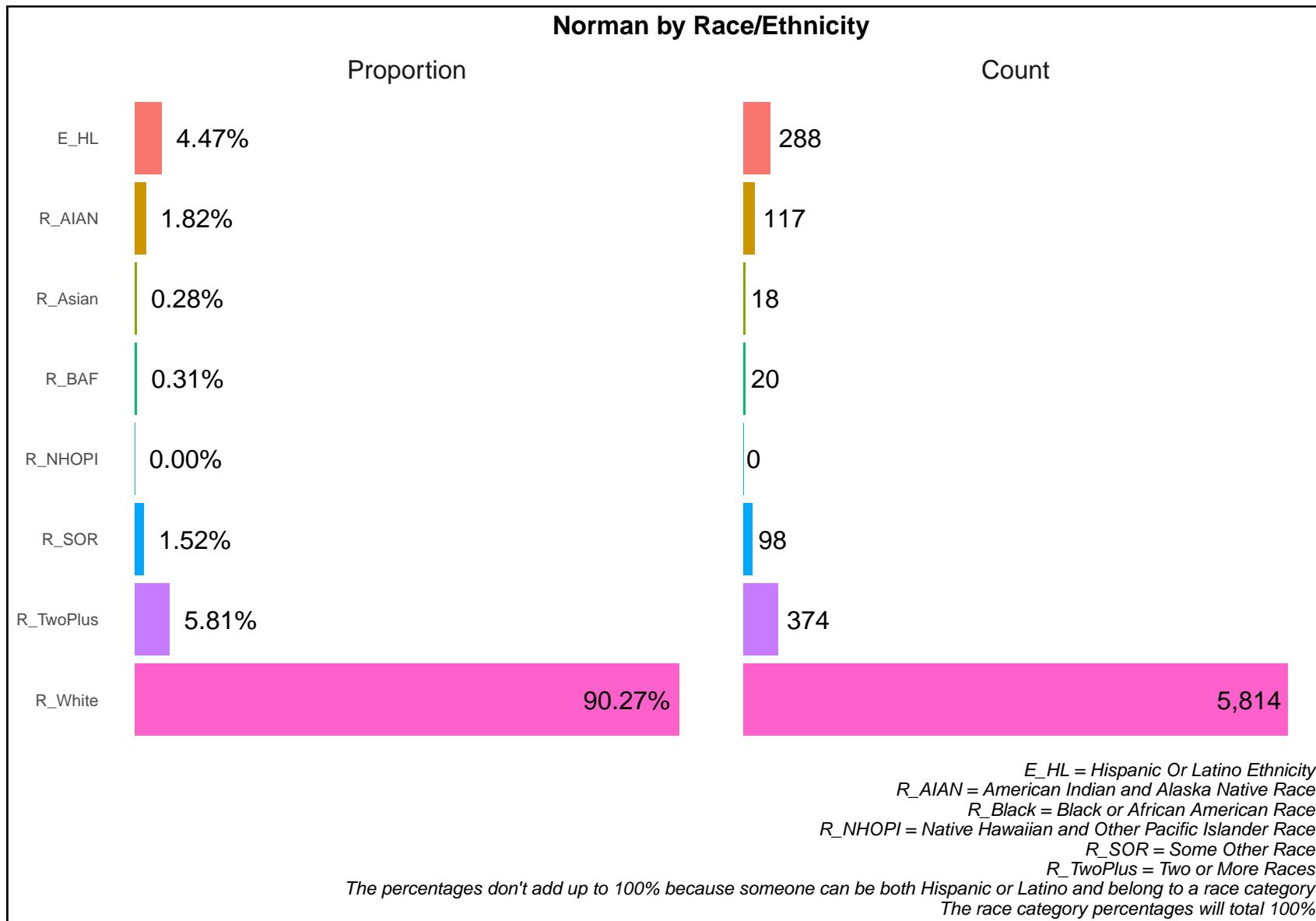
Based on the U.S. Census Bureau (2020b) data, the White population represents the highest percentage in both Minnesota and the Polk, Norman, and Mahnomen CHS area. Polk, Norman, and Mahnomen CHS has a higher percentage of American Indian and Alaska Native residents, with Mahnomen County having the highest percentage among the three counties. It's important to compare proportions rather than counts because proportions provide a relative measure that accounts for population size differences; Mahnomen County has more than double the percentage of residents identifying as Two or More Races compared to the state of Minnesota. The Black or African American and Asian population percentages are higher in Minnesota overall than the Polk, Norman, and Mahnomen CHS. Additionally, Polk and Norman counties have similar racial demographic profiles.

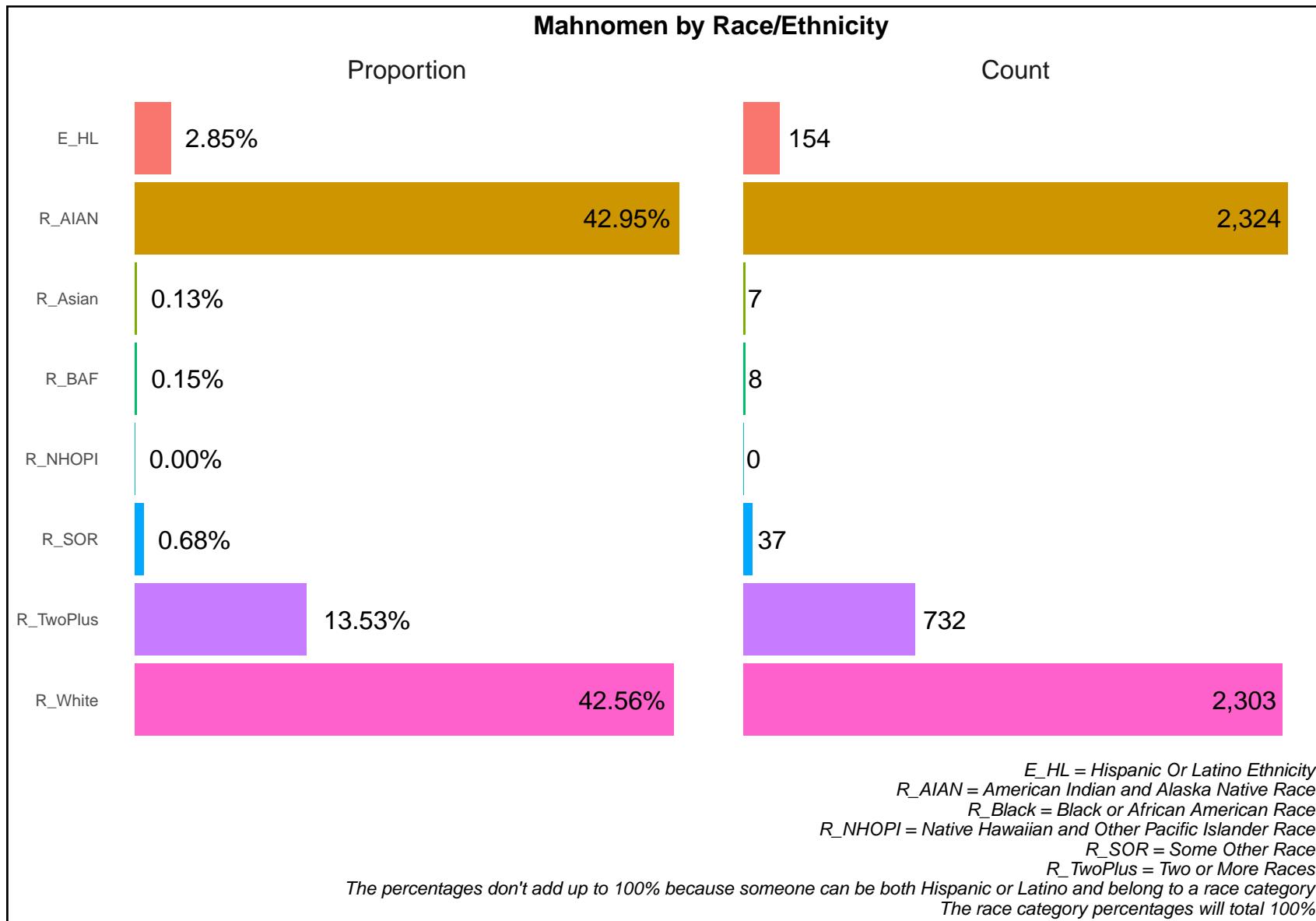
When looking at ethnicity data from the U.S. Census Bureau (2020a), Polk County has a slightly higher Latino/Hispanic population compared to Minnesota overall, whereas Norman and Mahnomen counties have lower percentages of Latino/Hispanic residents.





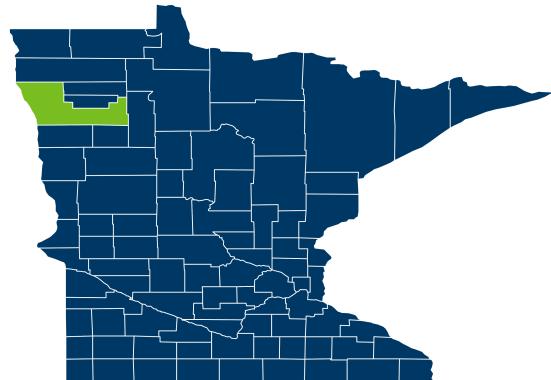




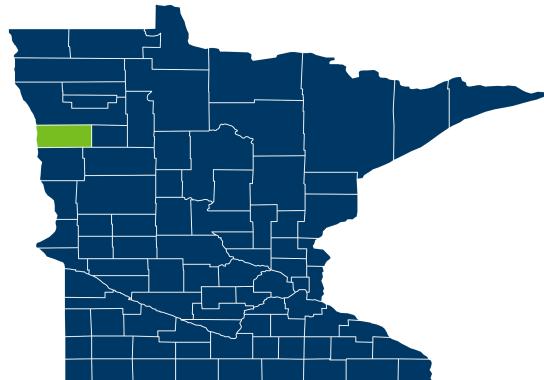


County Demographic Profiles Census Bureau

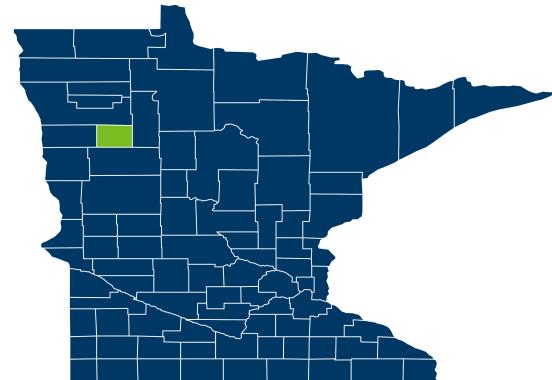
Polk County



Norman County



Mahnomen County



Please click on the corresponding map above for detailed demographic profiles of the specific counties.

Socioeconomic Status

Socioeconomic status (SES) encompasses various factors such as income, education, and employment, which collectively influence an individual's or community's quality of life. Higher SES often correlates with better access to healthcare, education, and other essential services, leading to improved health outcomes. Conversely, lower SES can be associated with increased health risks and limited access to resources. Understanding SES is crucial for identifying disparities and implementing targeted interventions to promote equity and well-being within communities.

CDC/ATSDR Social Vulnerability Index (SVI)

The CDC/ATSDR Social Vulnerability Index (SVI) indicators are crucial because they help identify communities that might need extra help during emergencies like natural disasters or disease outbreaks. By understanding factors like poverty, lack of access to transportation, and crowded housing, we can better plan and provide support to those who are most at risk. The 2022 SVI developed by Centers for Disease Control and Prevention/ Agency for Toxic Substances and

Disease Registry/ Geospatial Research, Analysis, and Services Program (2022) uses estimates from the ACS 2018-2022. Before, we look at each counties SVI status, lets look at some of the indicators used to create the SVI scores. The SVI scale is 0 to 1 with 1 being the highest vulnerability.

Polk County has several notable statistics regarding its population and housing. There are approximately 6,290 individuals below poverty line. Among occupied housing units with an annual income of less than \$75,000, around 2,870 are considered cost-burdened, spending more than 30% on their income on housing costs. Additionally, an estimated 1,379 residents aged 25 and older do not have a high school diploma. Polk County has about 1,450 uninsured individuals within the total civilian noninstitutionalized population. There are approximately 5,823 residents aged 65 and older. Lastly, around 261 households have more people than rooms available.

Polk County's SVI scores are as follows:

- Socioeconomic Status: 0.593
- Household Characteristics: 0.6395
- Racial and Ethnic Minority Status: 0.7442
- Housing Type/Transportation: 0.9651
- Overall SVI: 0.8256

Polk County:

- High Housing Cost Burden: A significant portion of households with incomes under \$75,000 are spending more than 30% on housing, indicating financial strain.
- Education and Insurance Gaps: A notable number of residents lack a high school diploma and health insurance, which can limit economic opportunities and access to healthcare.
- Aging Population: With a large number of residents aged 65 and older, there may be increased demand for healthcare and senior services.
- High SVI Scores: The high scores in Housing Type/Transportation and Racial and Ethnic Minority Status suggest challenges in housing stability and potential disparities affecting minority groups.

Norman County also presents several key statistics. There are approximately 1,145 individuals below the poverty line. Among occupied housing units with an annual income of less than \$75,000, around 518 are considered cost-burdened, spending more than 30% on their income on housing costs. Additionally, an estimated 320 residents aged 25 and older do not have a high school diploma. Polk County also has about 394 uninsured individuals within the total civilian noninstitutionalized population. There are approximately 1,373 residents aged 65 and older. Lastly, around 45 households have more people than rooms available.

Norman County's SVI scores are as follows:

- Socioeconomic Status: 0.7326
- Household Characteristics: 0.5
- Racial and Ethnic Minority Status: 0.5465
- Housing Type/Transportation: 0.5698
- Overall SVI: 0.6395

Norman County:

- Moderate Vulnerabilities: The scores indicate moderate levels of socioeconomic and housing vulnerabilities.
- Education and Insurance Needs: Similar to Polk County, there are gaps in education and health insurance coverage.
- Aging Population: The presence of a significant elderly population highlights the need for age-related services and support.

Mahnomen County statistics are also noteworthy. There are approximately 1,897 individuals below the poverty line. Among occupied housing units with an annual income of less than \$75,000, around 452 are considered cost-burdened, spending more than 30% on their income on housing costs. Additionally, an estimated 423 residents aged 25 and older do not have a high school diploma. Polk County also has about 733 uninsured individuals within the total civilian noninstitutionalized population. There are approximately 928 residents aged 65 and older. Lastly, around 90 households have more people than rooms available.

Mahnomen County's SVI scores are as follows:

- Socioeconomic Status: 1
- Household Characteristics: 0.9535
- Racial and Ethnic Minority Status: 1
- Housing Type/Transportation: 0.8023
- Overall SVI: 0.9884

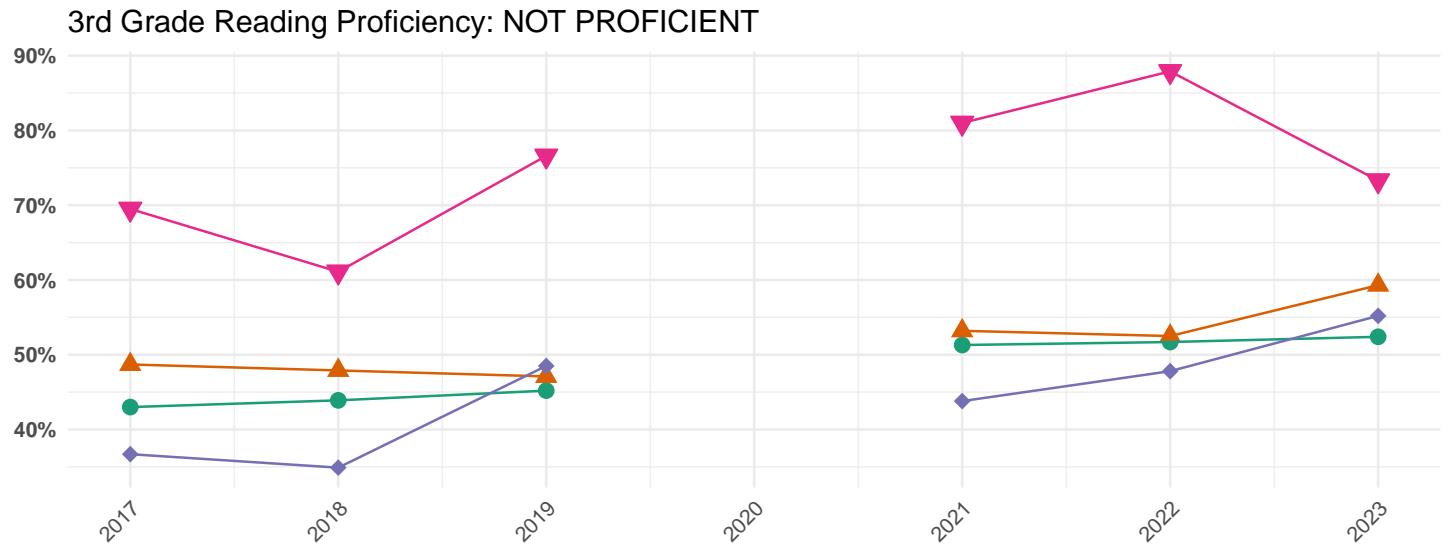
Mahnomen County:

- High Vulnerability: The highest SVI scores across all categories indicate severe vulnerabilities, particularly in socioeconomic status and racial/ethnic minority status.
- Significant Education and Insurance Gaps: A high number of residents lack a high school diploma and health insurance, exacerbating economic and health challenges.
- Aging Population: The elderly population, combined with other vulnerabilities, suggests a need for comprehensive support services.

The SVI project is a great start at figuring out what areas to invest in related to socioeconomic factors. However, it is not the only area we looked at.

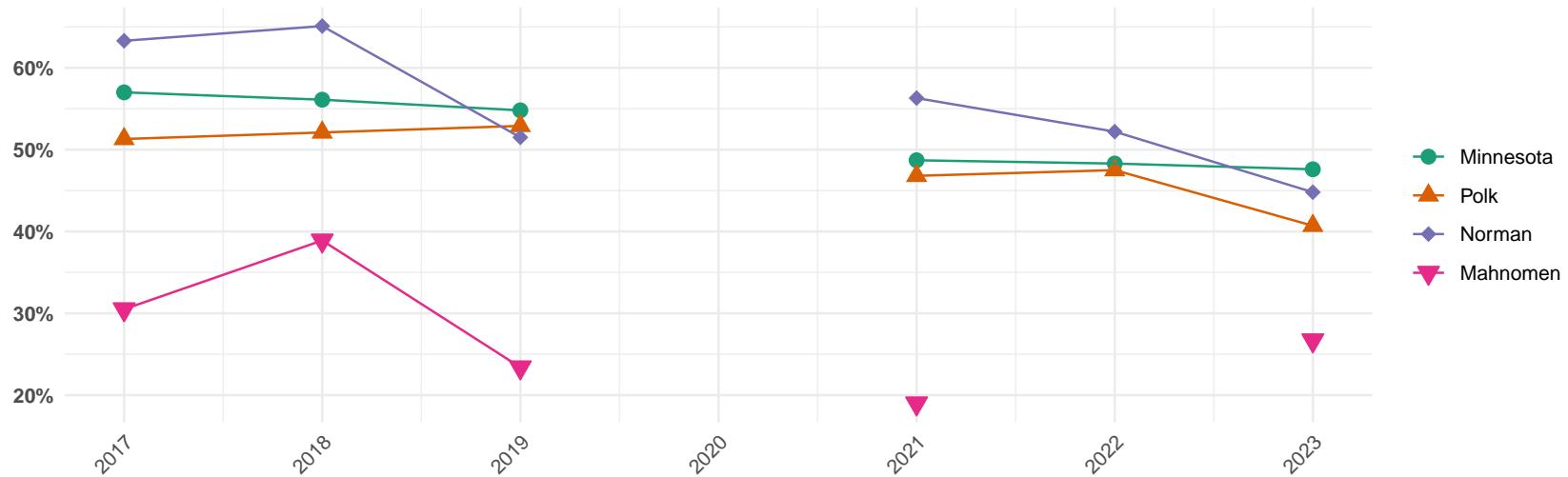
Minnesota Department of Education 3rd Grade Proficiency

According to Minnesota Early Childhood Longitudinal Data System (2017-2023), Minnesota, Norman, and Polk experienced a decline in reading proficiency from 2022 to 2023 for third graders. Mahnomen County's data was suppressed due to small counts, but the negative percentage change in the 'not proficient' reading status indicates improvement in this area. Although interpreting a double negative is not as straight forward as interpreting being proficient, it suggests that Mahnomen has made progress in reading proficiency from 2022 to 2023. In terms of math proficiency, Minnesota, Polk, Norman, and Mahnomen all showed positive improvement from 2022 to 2023. Norman County had the largest increase, followed by Mahnomen. Each county has unique needs, and even small positive improvements is encouraging.



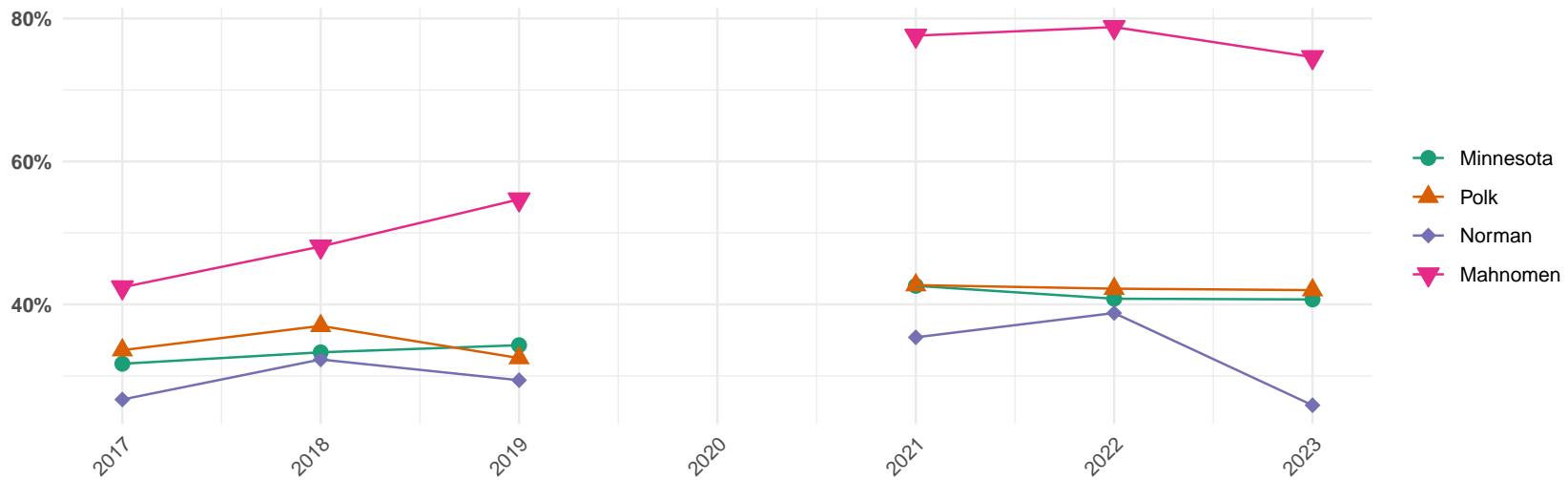
Year	Geography	3rd Grade Reading Not Proficient	% Change
2022	Minnesota	51.7%	NA
2023	Minnesota	52.4%	0.7%
2022	Polk	52.5%	NA
2023	Polk	59.3%	6.8%
2022	Norman	47.8%	NA
2023	Norman	55.2%	7.4%
2022	Mahnomen	87.9%	NA
2023	Mahnomen	73.3%	-14.6%

3rd Grade Reading Proficiency: PROFICIENT



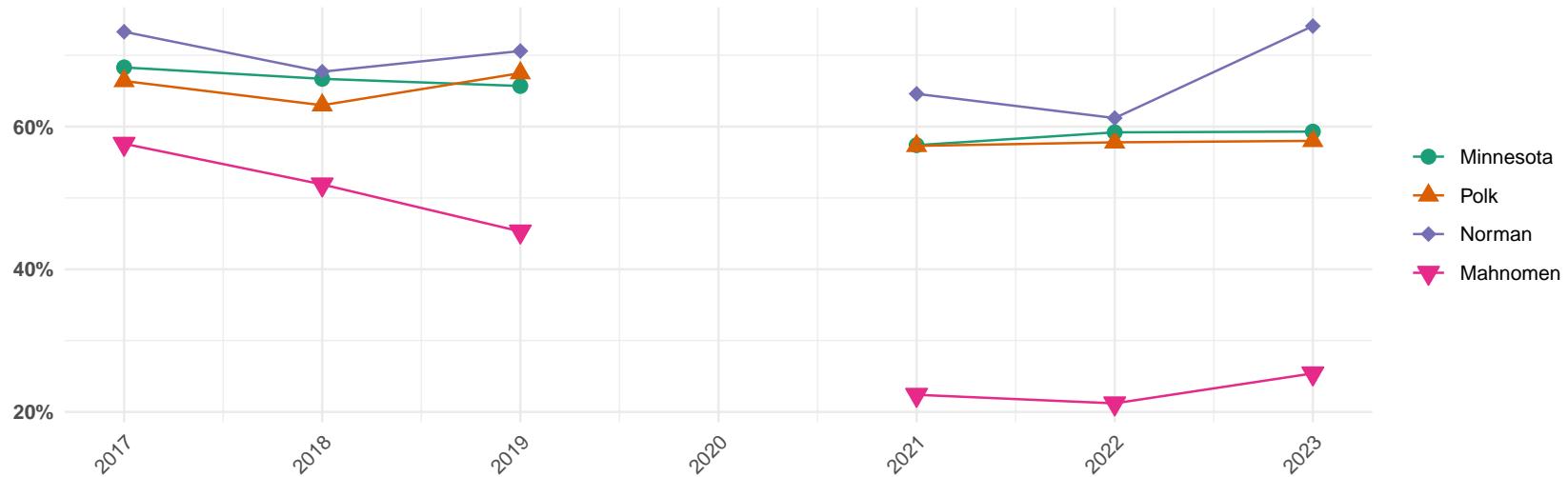
Year	Geography	3rd Grade Reading Proficient	% Change
2022	Minnesota	48.3%	NA
2023	Minnesota	47.6%	-0.7%
2022	Polk	47.5%	NA
2023	Polk	40.7%	-6.8%
2022	Norman	52.2%	NA
2023	Norman	44.8%	-7.4%
2022	Mahnomen	NA	NA
2023	Mahnomen	26.7%	NA

3rd Grade Math Proficiency: NOT PROFICIENT



Year	Geography	3rd Grade Math Not Proficient	% Change
2022	Minnesota	40.8%	NA
2023	Minnesota	40.7%	-0.1%
2022	Polk	42.2%	NA
2023	Polk	42.0%	-0.2%
2022	Norman	38.8%	NA
2023	Norman	25.9%	-12.9%
2022	Mahnomen	78.8%	NA
2023	Mahnomen	74.6%	-4.2%

3rd Grade Math Proficiency: PROFICIENT

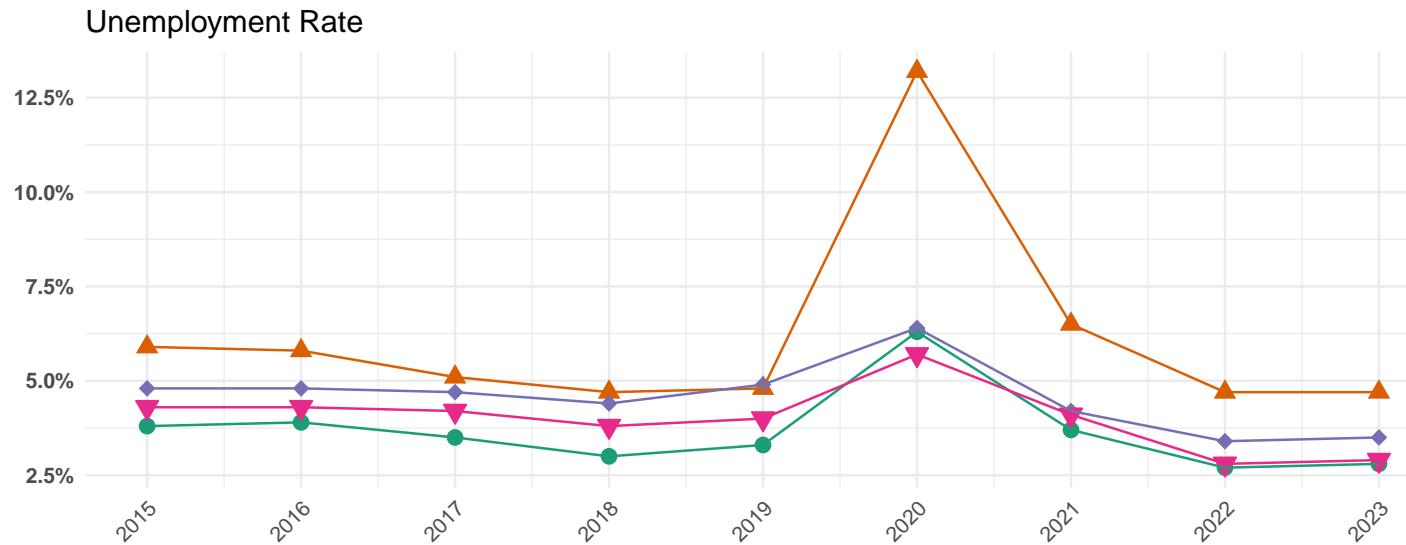


Year	Geography	3rd Grade Math Proficient	% Change
2022	Minnesota	59.2%	NA
2023	Minnesota	59.3%	0.1%
2022	Polk	57.8%	NA
2023	Polk	58.0%	0.2%
2022	Norman	61.2%	NA
2023	Norman	74.1%	12.9%
2022	Mahnomen	21.2%	NA
2023	Mahnomen	25.4%	4.2%

Minnesota Department of Employment and Economic Development Unemployment Rate

Overall, the changes in unemployment rates between 2022 and 2023 are minimal, with most areas showing a slight increase of 0.1% or no change at all Minnesota Department of Employment and Economic Development (2015-2023). This stability suggests a relatively steady job market in our counties. For instance, Minnesota's unemployment rate increased marginally from 2.7% in 2022 to 2.8% in 2023, while Mahnomen's rate remained unchanged at 4.7%. Similarly, Norman and Polk counties experienced slight increases of 0.1%, indicating minor fluctuations in employment levels.

It's important to note that there was an increase in unemployment rates in 2020, likely due to the economic impact of the COVID-19 pandemic. The pandemic led to widespread job losses and economic disruptions, which were reflected in higher unemployment rates across many regions. Since then, the job market has been gradually recovering, as evidenced by the relatively stable rates in recent years.

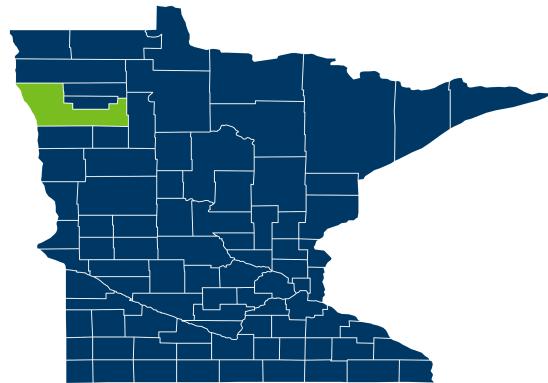


Year	Geography	Unemployment Rate	% Change
2022	Minnesota	2.7%	NA
2023	Minnesota	2.8%	0.1%
2022	Mahnomen	4.7%	NA
2023	Mahnomen	4.7%	0.0%
2022	Norman	3.4%	NA
2023	Norman	3.5%	0.1%
2022	Polk	2.8%	NA
2023	Polk	2.9%	0.1%

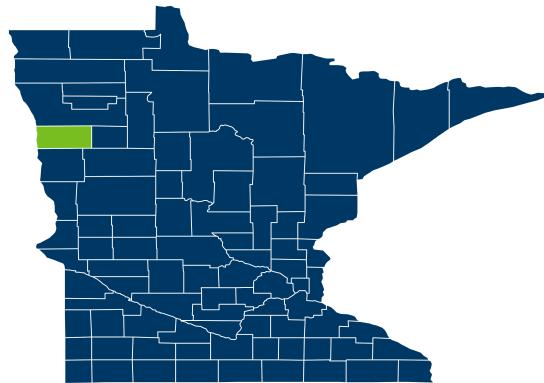
County Profiles Department of Employment and Economic Development

The Department of Employment and Economic Development offers a comprehensive breakdown of additional data on population, education, labor force, income and cost of living, industry employment, and commuting patterns. These profiles provide valuable insights into the economic landscape of our three counties, aiding in effective planning. According to the profiles, all three counties—Polk, Norman, and Mahnomen—are projected to experience a decline in labor force from 2025 to 2035 Minnesota Department of Employment and Economic Development (2024).

Polk County



Norman County



Mahnomen County

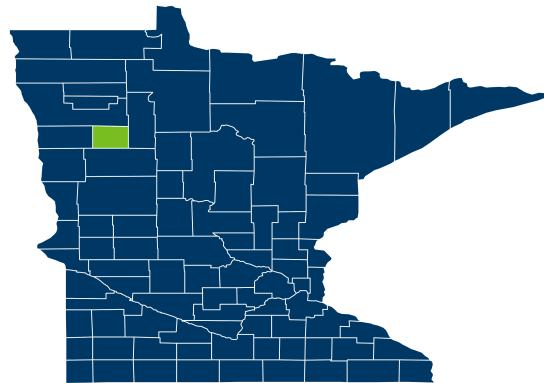


Figure 2: For detailed county profiles, please click on the corresponding map above.

Hunger Solutions: Food Shelf Household Visits

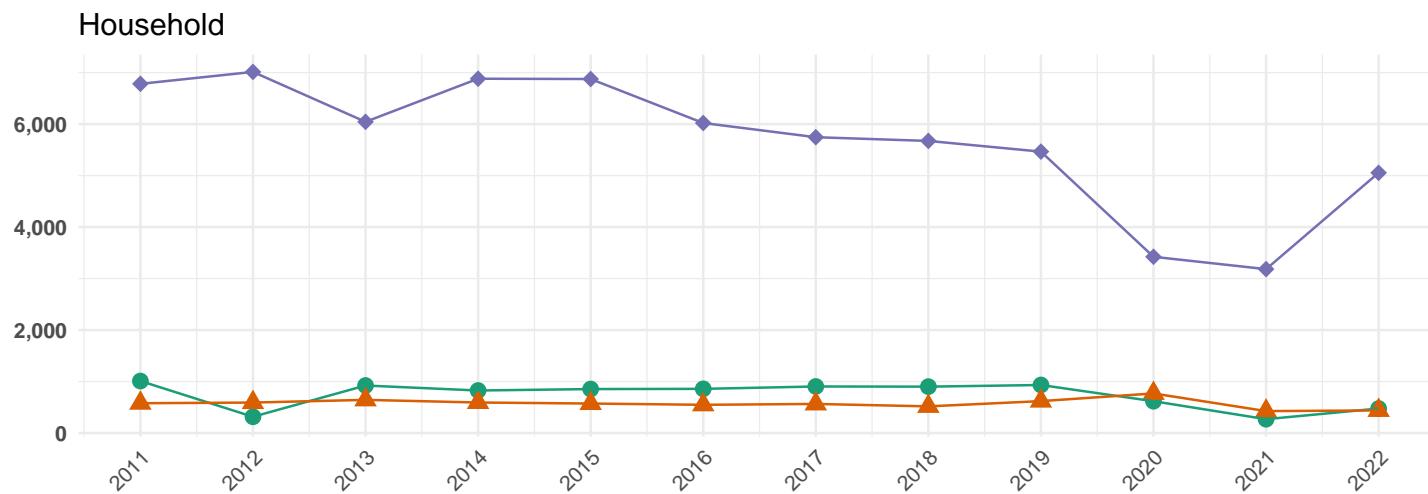
In 2022, food shelf visits in Polk, Norman, and Mahnomen counties reflected a need for food assistance.

Polk County: Households made numerous visits to food shelves, highlighting the ongoing struggle with food insecurity in the area.

Norman County: Similarly, there was a notable increase in food shelf visits, indicating that many families are facing economic challenges and require additional support.

Mahnomen County: The county experienced a high number of food shelf visits, underscoring the severe need for food assistance among its residents.

These trends align with the broader state data, which saw a record high of 5.5 million food shelf visits in Minnesota and was driven by rising food prices and increased demand from seniors, adults, and children Hunger Solutions (2022).



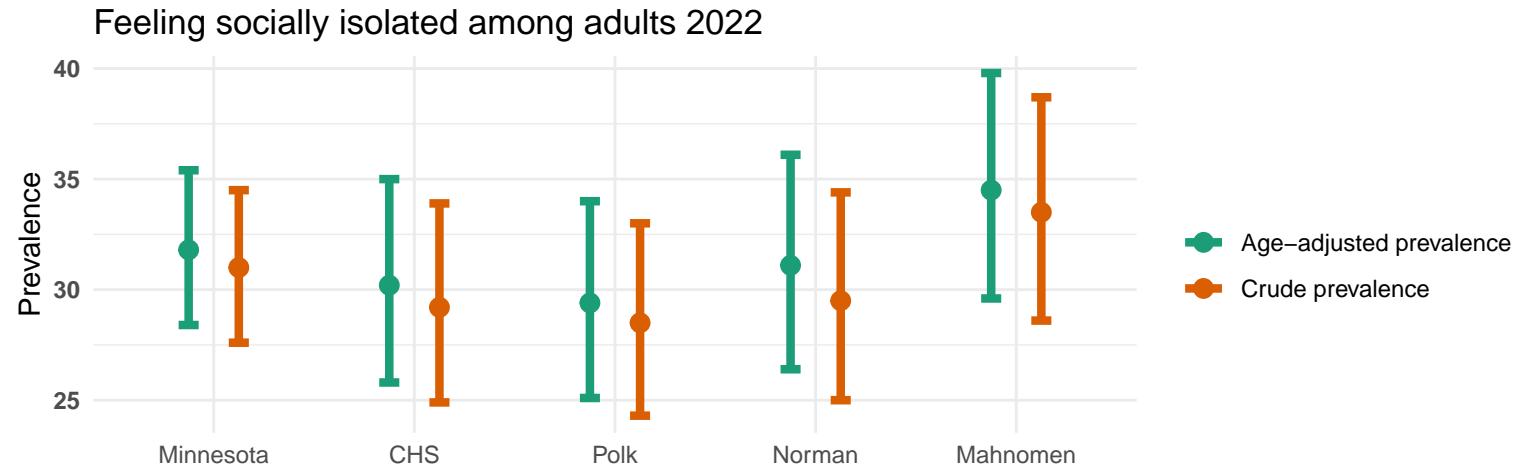
Year	Location	Household	% Difference
2021	Mahnomen	269	NA
2022	Mahnomen	476	76.95%
2021	Norman	426	NA
2022	Norman	439	3.05%
2021	Polk	3,183	NA
2022	Polk	5,054	58.78%

Hunger Solutions. (n.d.). Programs. Hunger Solutions. Retrieved November 16, 2024, from <https://www.hungersolutions.org/>

CDC Places

The CDC project provides estimates for 7 different measure topics: health outcomes, prevention practices, disabilities, social need factors, risk behaviors, health statuses, and social determinants of health. To limit information overload, selected topics were chosen based on local input. For these measures when looking to compare to the state as well as amongst the counties, please use the age-adjusted values. However, if you are just interested in looking at one county, the CHS, or the state at a time and not compare it them to other locations, please use either the crude or age-adjusted prevalence Centers for Disease Control and Prevention (2024a).

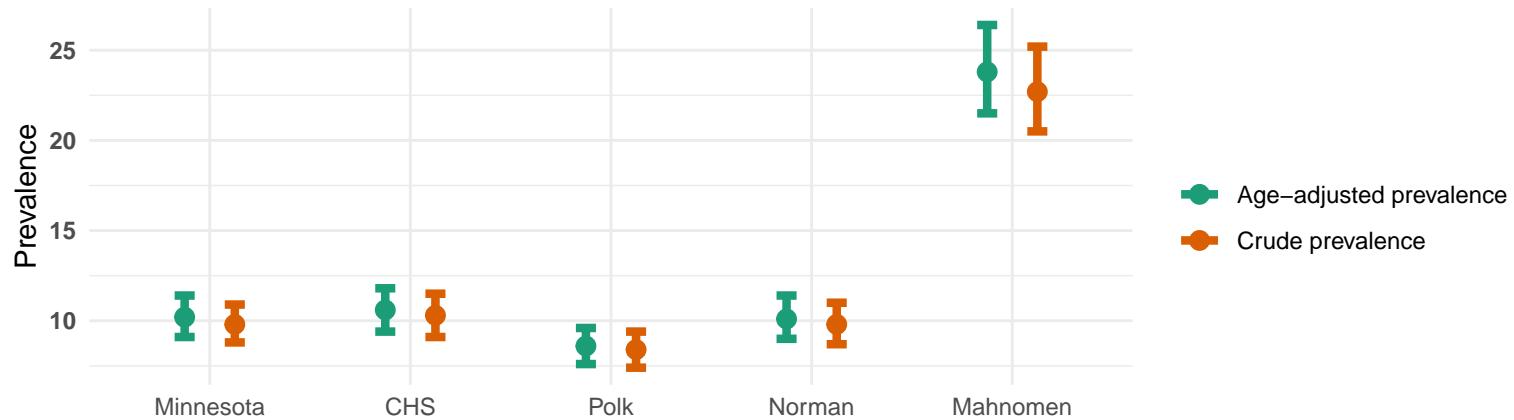
- Feeling socially isolated among adults was not significantly different between the counties, CHS, or Minnesota, based on the age-adjusted 95% confidence interval.
- However, Mahnomen County had significantly higher age-adjusted prevalence for food insecurity, food stamp usage, and housing insecurity in the past 12 months among adults compared to Polk County, Norman County, and the state of Minnesota.



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	28.4	31.8	35.4	Crude	Minnesota	27.6	31.0	34.5
Age-Adjusted	CHS	25.8	30.2	35.0	Crude	CHS	24.9	29.2	33.9
Age-Adjusted	Polk	25.1	29.4	34.0	Crude	Polk	24.3	28.5	33.0
Age-Adjusted	Norman	26.4	31.1	36.1	Crude	Norman	25.0	29.5	34.4
Age-Adjusted	Mahnomen	29.6	34.5	39.8	Crude	Mahnomen	28.6	33.5	38.7

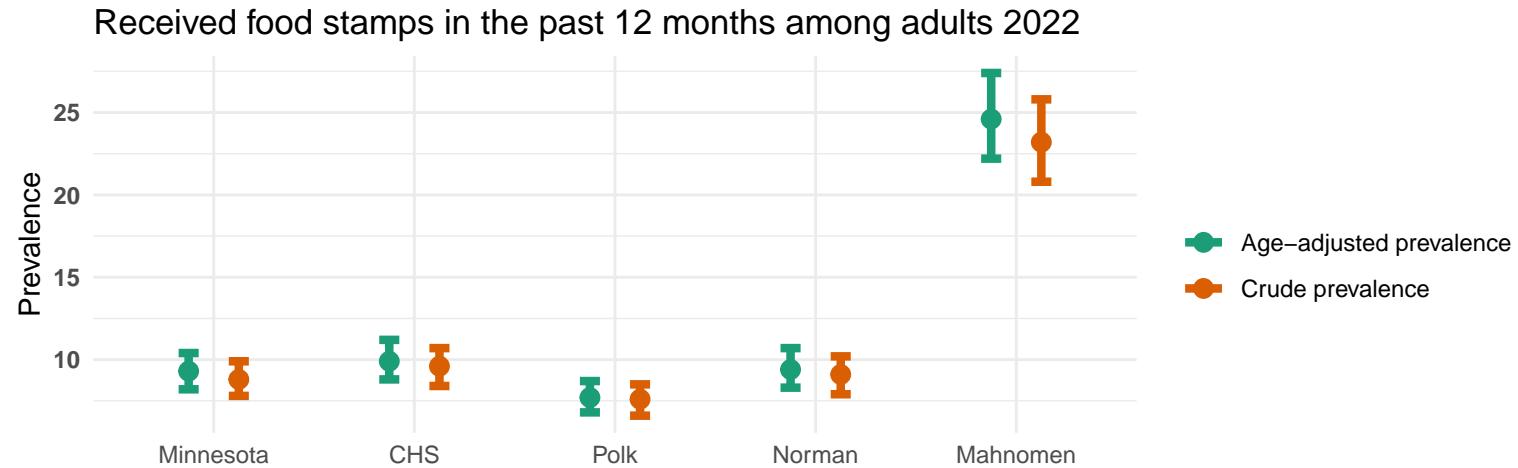
PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>

Food insecurity in the past 12 months among adults 2022



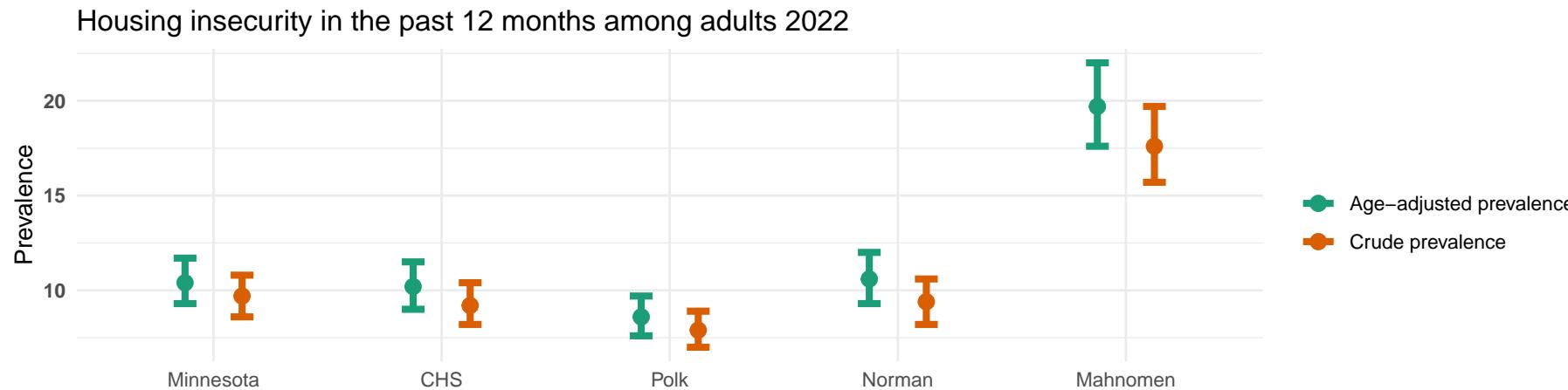
Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	9.1	10.2	11.4	Crude	Minnesota	8.8	9.8	10.9
Age-Adjusted	CHS	9.4	10.6	11.8	Crude	CHS	9.1	10.3	11.5
Age-Adjusted	Polk	7.6	8.6	9.6	Crude	Polk	7.4	8.4	9.4
Age-Adjusted	Norman	9.0	10.1	11.4	Crude	Norman	8.7	9.8	11.0
Age-Adjusted	Mahnomen	21.5	23.8	26.4	Crude	Mahnomen	20.5	22.7	25.2

PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	8.2	9.3	10.4	Crude	Minnesota	7.8	8.8	9.9
Age-Adjusted	CHS	8.8	9.9	11.2	Crude	CHS	8.4	9.6	10.7
Age-Adjusted	Polk	6.8	7.7	8.7	Crude	Polk	6.6	7.6	8.5
Age-Adjusted	Norman	8.3	9.4	10.7	Crude	Norman	7.9	9.1	10.2
Age-Adjusted	Mahnomen	22.2	24.6	27.4	Crude	Mahnomen	20.8	23.2	25.8

PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>



Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	9.3	10.4	11.7
Age-Adjusted	CHS	9.0	10.2	11.5
Age-Adjusted	Polk	7.6	8.6	9.7
Age-Adjusted	Norman	9.3	10.6	12.0
Age-Adjusted	Mahnomen	17.6	19.7	22.0

Type	Location	Low CI	Prevalence	High CI
Crude	Minnesota	8.6	9.7	10.8
Crude	CHS	8.2	9.2	10.4
Crude	Polk	7.0	7.9	8.9
Crude	Norman	8.2	9.4	10.6
Crude	Mahnomen	15.7	17.6	19.7

PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>

Environmental Health

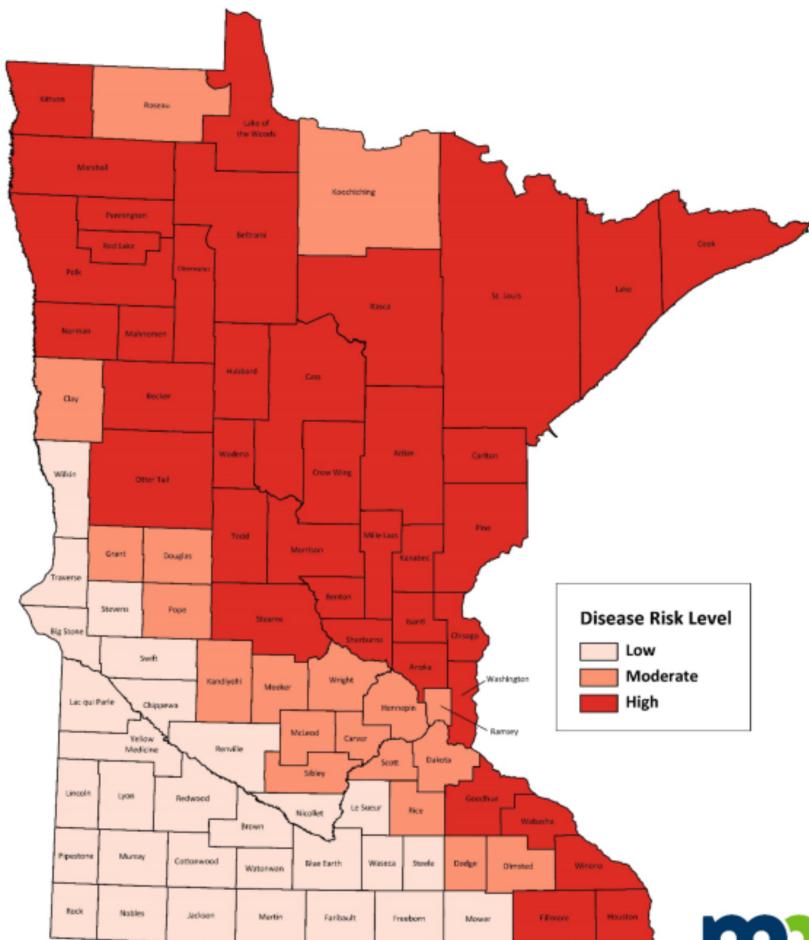
Certain environments can contain factors that impact our health. We may be unaware of the potential risks in our homes, workplaces, schools, or other areas in our communities, which could increase our chances of developing medical conditions. Lack of awareness can be detrimental to our health. The following environmental indicators are not meant to alarm but to educate us about the environmental factors we may encounter in our communities, helping us become more informed and proactive.

Minnesota Department of Health Tickborne Disease Risk

As shown on the following map, Polk, Norman, and Mahnomen are identified as high-risk areas for tickborne diseases, including Lyme disease. During tick season, we should be proactive in preventative measures, such as using tick repellents and performing regular tick checks, to reduce the risk of infection. Our high-risk area underscores the importance of awareness to be proactive in our health practices. By staying informed and vigilant, we can better protect ourselves and our communities. Remember, early detection and prompt removal of ticks can lower the chances of disease transmission.

Minnesota Tickborne Disease Risk*

*Risk is based on average incidence (cases/100,000 population) of cases of anaplasmosis, babesiosis, and Lyme disease from 2007-2022



For more information about ticks and preventing tickborne disease,
please visit www.health.state.mn.us/ticks or call (651) 201-5414.



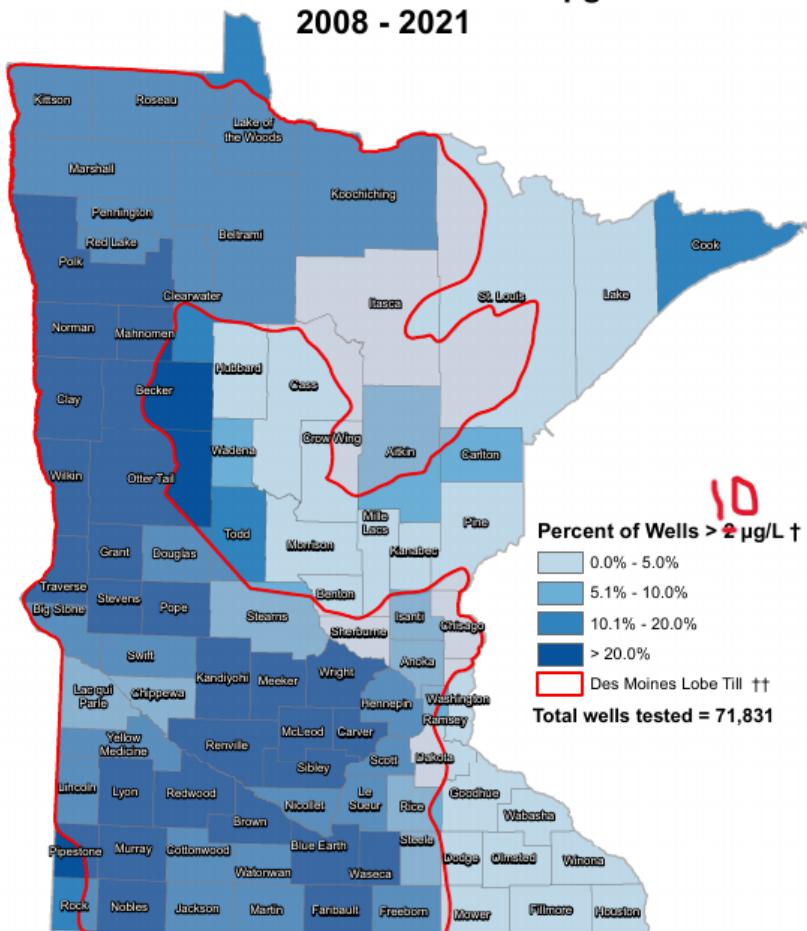
Figure 3: For more resources, please click anywhere on the map

Minnesota Department of Health Private Wells Arsenic

Arsenic can be found in drinking water Minnesota Department of Health (2008-2021). Testing is vital in learning if your water has arsenic. MDH recommendation is to test a private well at least once for arsenic. Chronic arsenic exposure has shown to be a risk factor for some cancers and also can impact a child's development Minnesota Department of Health (2008-2021).

From 2008 to 2021, 58.9% (399 out of 465) of wells tested in Polk County had arsenic levels greater than 2 µg/L, and 20.8% (141 out of 465) exceeded 10 µg/L. Norman County had higher percentages, with 73.6% (131 out of 178) of wells testing above 2 µg/L and 42.7% (76 out of 178) exceeding 10 µg/L. Mahnomen County showed similar results to Norman County, with 77.5% of wells testing above 2 µg/L and 41.9% exceeding 10 µg/L, based on a total of 267 tests Minnesota Department of Health (2008-2021).

Private Wells: Arsenic > 10 µg/L 2008 - 2021



† The displayed results are for new private wells constructed and sampled for arsenic between August 2008 and December 2020.

†† The source of most arsenic in Minnesota is a result of clay-rich geological material called the Des Moines Lobe Till, which was deposited by glaciers 14,000 years ago. Wells located within the till are more likely to have arsenic levels above 10 µg/L.



Minnesota Environmental Public Health Tracking Program
Minnesota Public Health Data Access
<http://health.mn.gov/mneda>
8/29/2022

Figure 4: For more resources, please click anywhere on any of the maps

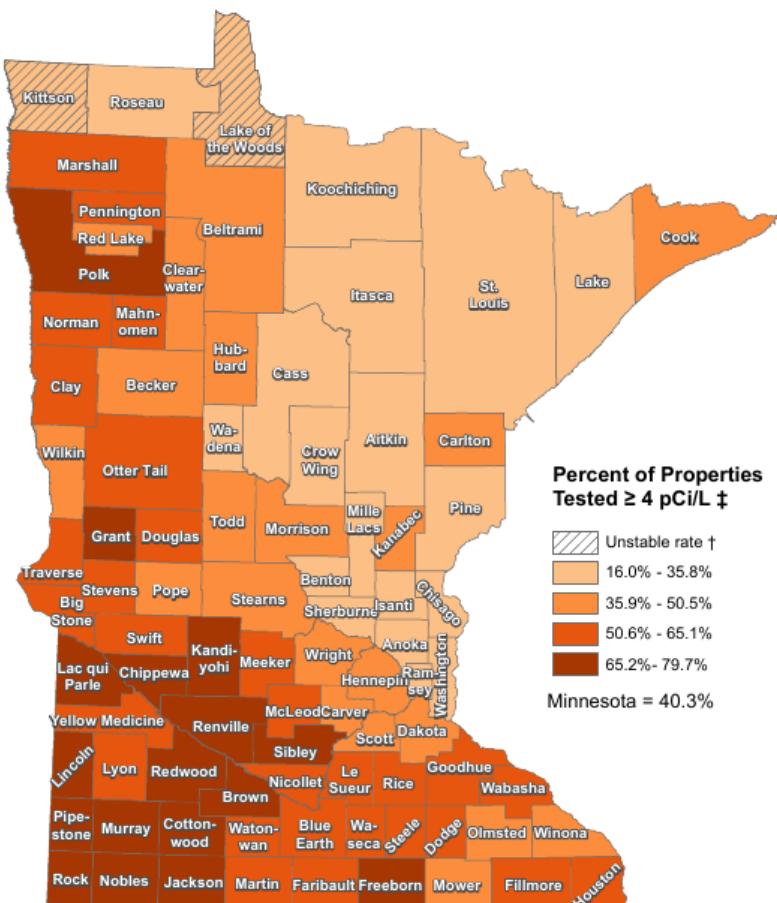
Minnesota Department of Health Radon

From 2010 to 2020 Minnesota Department of Health (2024b), Minnesota averaged 93.5 radon tests per 10,000 properties each year. In comparison, Mahnomen had 28.8 tests, Norman had 50.4, and Polk had 38.7 tests per 10,000 properties annually.

Regarding radon levels, 40.3% of properties tested in Minnesota had radon levels of 4 pCi/L or higher. In Polk, 70% of properties tested had high radon levels, while Norman had 56.6%, and Mahnomen had 57.7%.

A possible area to improve radon testing is for our school districts. According to a 2024 data brief report by the MDH Minnesota Department of Health (2024a), no school district in Polk, Norman, or Mahnomen county tested for radon from 2018 to 2022.

Percent of Properties Tested for Radon ≥ 4 pCi/L, by County, 2010-2020



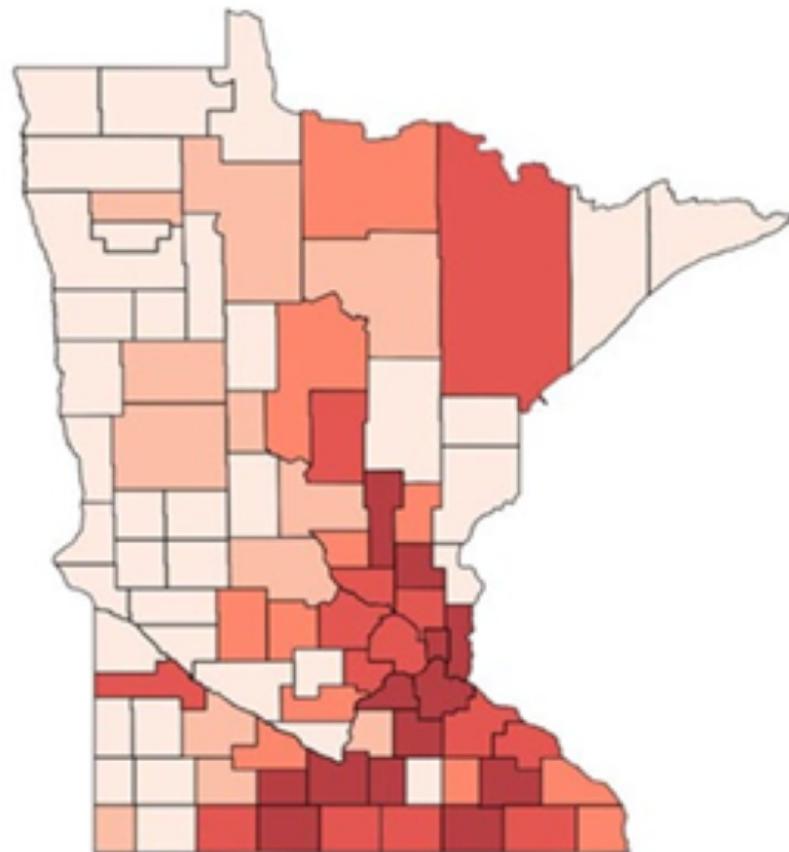
‡ Source: Minnesota Department of Health Indoor Air Unit, 2010-2020.
 † Data for counties with radon tests less than 20 are unstable and should be interpreted with caution.
 Regardless of where your home is located MDH recommends testing.

m1 DEPARTMENT OF HEALTH
 Minnesota Environmental Public Health Tracking Program
 Minnesota Public Health Data Access
<https://apps.health.state.mn.us/immdata>
(2/14/2021)

Figure 5: For more resources, please click anywhere on any of the maps

Percent of schools tested in each county

No testing	1-22.1%	22.2-33.2%	33.3-52.0%	52.1-76.9%
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Map data: Radon school test data from 2018-2022 Source: Minnesota Department of Health

Figure 6: For more resources, please click anywhere on any of the maps

Toward Zero Deaths Fatal/Serious Injury Crashes

It is important to know any potential high crash areas in our counties. It is very encouraging that we don't see any red, purple, or blue on the maps developed by Toward Zero Deaths (2023). It is even for a five-year time period, and we still don't see alarming signs of concern resulting in serious injury or death. This may reflect the effectiveness of our local road safety measures and community awareness. Continuing to prioritize safe driving practices will help maintain and improve these outcomes.

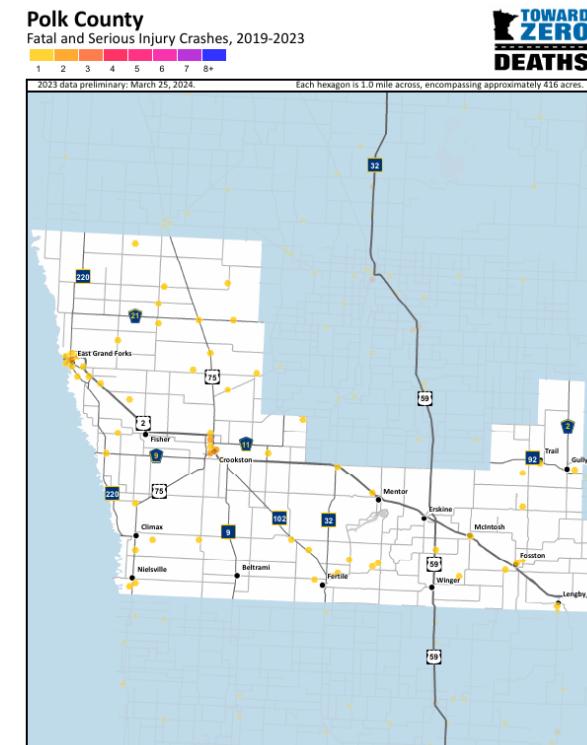
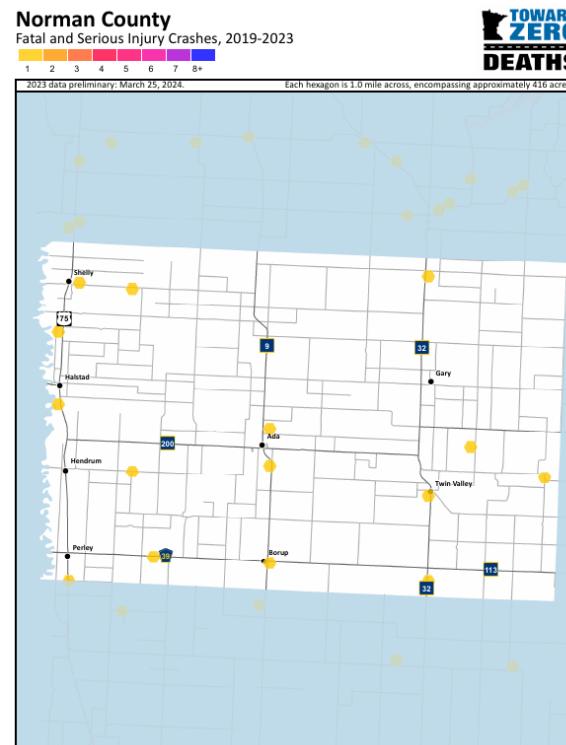
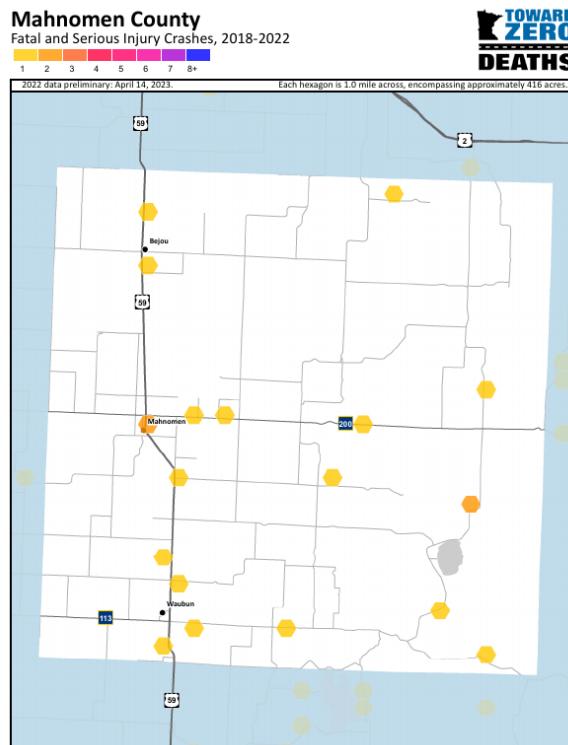


Figure 7: For more resources, please click anywhere on any of the maps

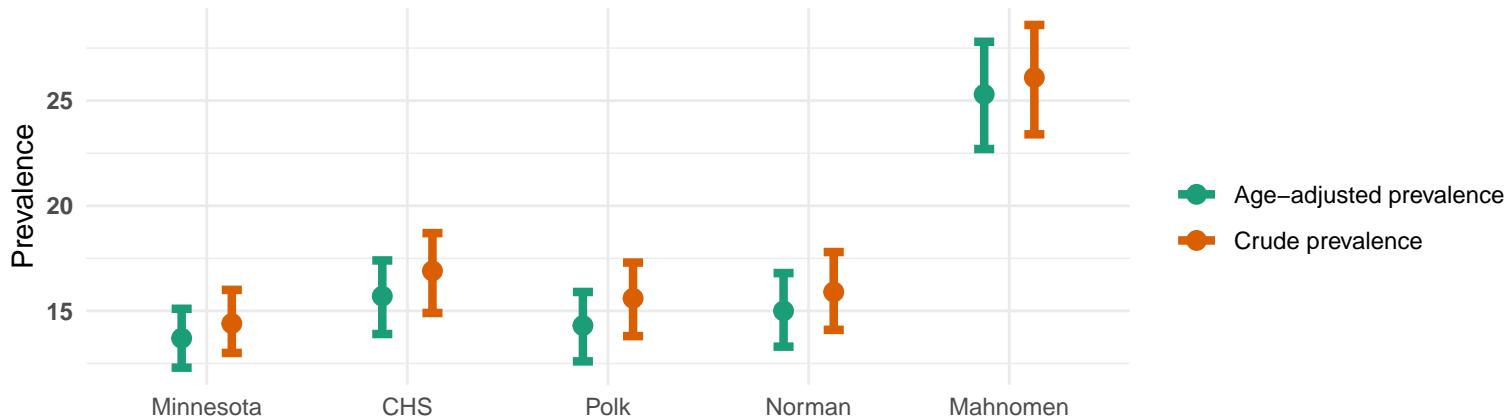
Comprehensive Health Metrics

This section provides a detailed overview of various health indicators within our community. We cover a wide range of topics, including medical conditions, risk factors, and other critical health data. By examining these metrics, we can better understand the overall health status of our population and identify areas needing improvement. The data presented here will help inform public health strategies and interventions. Ultimately, our goal is to enhance the well-being of all community members through informed decision-making and targeted health initiatives.

Health Status

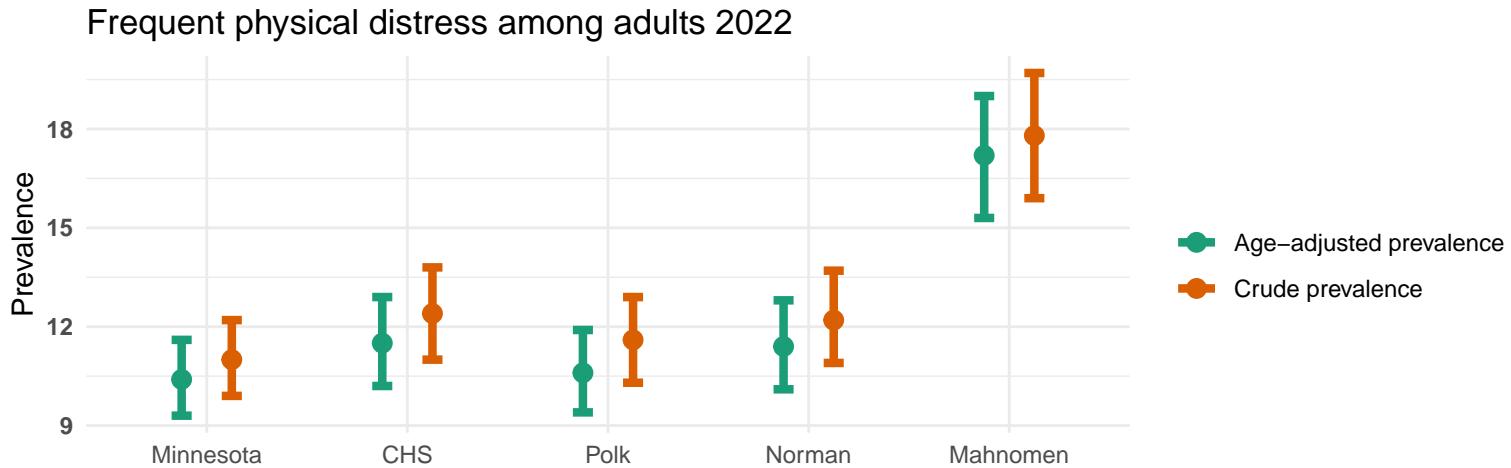
The CDC Places project helps us evaluate our community health status with three measures: fair or poor self-rated health, frequent physical distress, and frequent mental distress among individuals aged 18 and older. The next three plots and tables indicate that Polk County and Norman County have health statuses statistically similar to the state of Minnesota, based on the age-adjusted confidence interval. However, Mahnomen County shows a higher prevalence in all three measures compared to the other two counties and the state of Minnesota. This suggests that Mahnomen County may require more targeted health interventions to address these higher levels of health distress.

Fair or poor self-rated health status among adults 2022



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	12.3	13.7	15.1	Crude	Minnesota	13.0	14.4	16.0
Age-Adjusted	CHS	13.9	15.7	17.4	Crude	CHS	14.9	16.9	18.7
Age-Adjusted	Polk	12.6	14.3	15.9	Crude	Polk	13.8	15.6	17.3
Age-Adjusted	Norman	13.3	15.0	16.8	Crude	Norman	14.1	15.9	17.8
Age-Adjusted	Mahnomen	22.7	25.3	27.8	Crude	Mahnomen	23.4	26.1	28.6

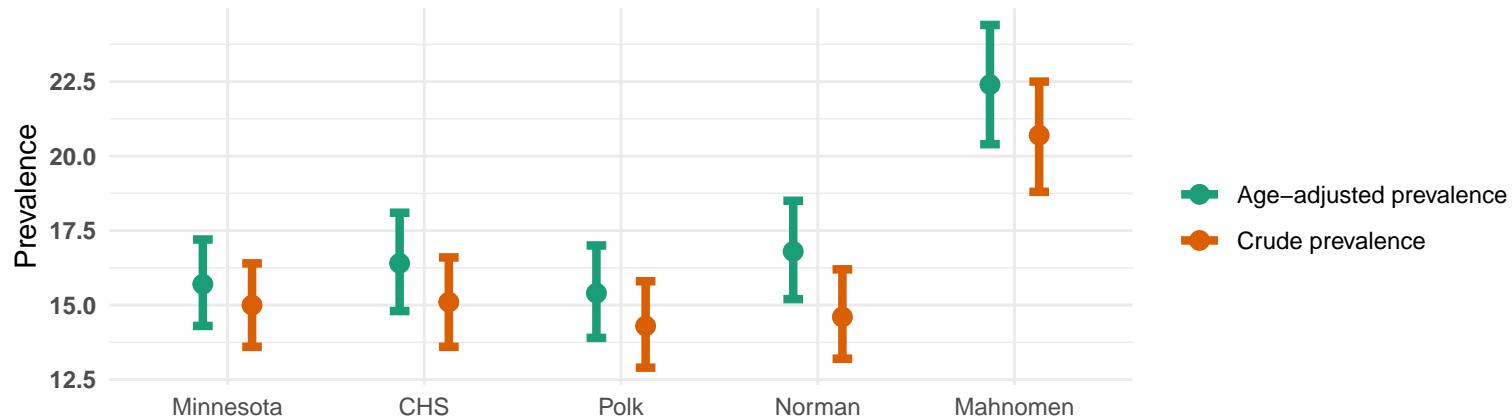
PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	9.3	10.4	11.6	Crude	Minnesota	9.9	11.0	12.2
Age-Adjusted	CHS	10.2	11.5	12.9	Crude	CHS	11.0	12.4	13.8
Age-Adjusted	Polk	9.4	10.6	11.9	Crude	Polk	10.3	11.6	12.9
Age-Adjusted	Norman	10.1	11.4	12.8	Crude	Norman	10.9	12.2	13.7
Age-Adjusted	Mahnomen	15.3	17.2	19.0	Crude	Mahnomen	15.9	17.8	19.7

PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>

Frequent mental distress among adults 2022



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	14.3	15.7	17.2	Crude	Minnesota	13.6	15.0	16.4
Age-Adjusted	CHS	14.8	16.4	18.1	Crude	CHS	13.6	15.1	16.6
Age-Adjusted	Polk	13.9	15.4	17.0	Crude	Polk	12.9	14.3	15.8
Age-Adjusted	Norman	15.2	16.8	18.5	Crude	Norman	13.2	14.6	16.2
Age-Adjusted	Mahnomen	20.4	22.4	24.4	Crude	Mahnomen	18.8	20.7	22.5

PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>

Mental Health

As you will see, our three counties and the state of Minnesota show that roughly 1 in every 3 to 4 people is projected to experience depression. This high ratio is also reflected in the Minnesota Student Survey responses from our 9th graders. When asked how often they have felt down, depressed, or hopeless over the past two weeks, about 1 in every 3 to 5 reported feeling this way. Mahnomen County had the highest percentage of 9th graders responding ‘yes’ to this question.

Unfortunately, Norman County did not participate in the Minnesota Student Survey in 2022, but we are hopeful they will next year. We are ready to provide support in any way possible, as the Minnesota Student Survey offers valuable insights. It helps us understand the potential hardships students are facing, such as depression.

A very encouraging sign is Polk, Norman, and Mahnomen counties appear to be doing well in screening for mental health and depression for patients 12-17 years of age. We are slightly lower than Minnesota but all three counties are over 80%. Early screening plays a crucial role in identifying and addressing mental health issues promptly, leading to better outcomes for our youth.

A program that does a really good job catching problems early is the Child and Teen Checkups (C&TC) program. C&TC are regular health checkups for kids and teens on Medicaid, making sure they stay healthy. These checkups include:

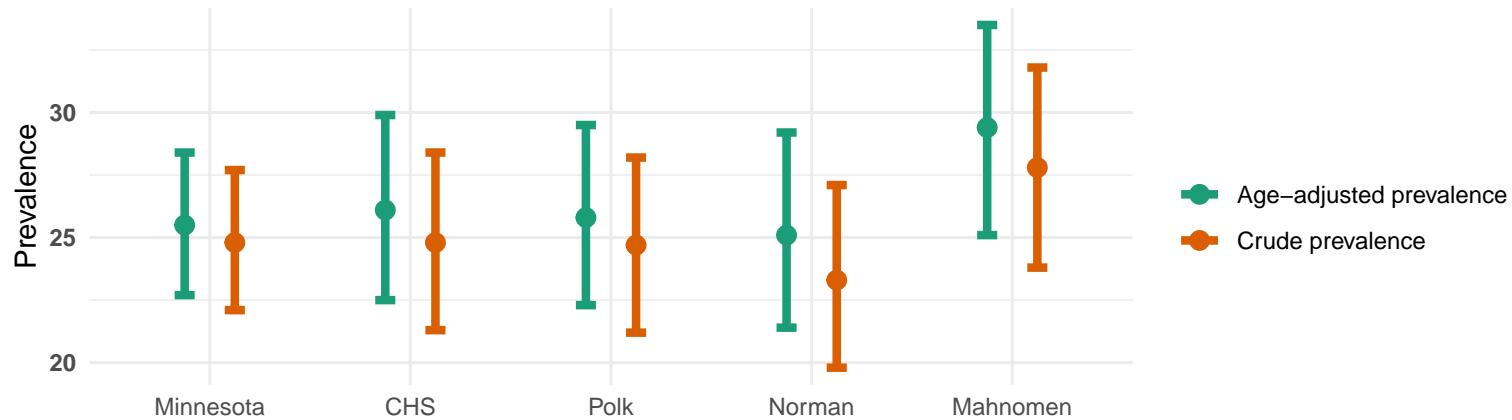
- Health History and Physical Exam: Checking overall health and growth.
- Vaccinations: Getting necessary shots.
- Vision and Hearing Tests: Making sure eyes and ears are working well.
- Dental Checkups: Regular visits to the dentist.
- Developmental Screenings: Checking for any developmental issues.
- Health Education: Learning about healthy habits.

For kids aged 0-20, these checkups happen regularly, and for those aged 3-20, they include yearly checkups. We capture and store data on our performance with C&TC. Although both age groups (0-20 and 3-20) have not quite returned to pre-COVID-19 numbers, we are confident we will get there.

In terms of community support, Mahnomen County saw a positive change of 12.3% in students feeling that the community cared for them “quite a bit” or “very much.” Conversely, Polk County experienced a 13.5% decrease in this sentiment.

Another critical area for improvement across Minnesota is the fight against drug use. The Minnesota Student Survey helps us identify early signs of possible problematic behavior in our youth. For instance, we can see that 60.8% of 11th graders in Polk County reported not using alcohol, marijuana, or drugs within the last year. Unfortunately, we currently lack data on how well Mahnomen and Norman Counties are doing in this area.

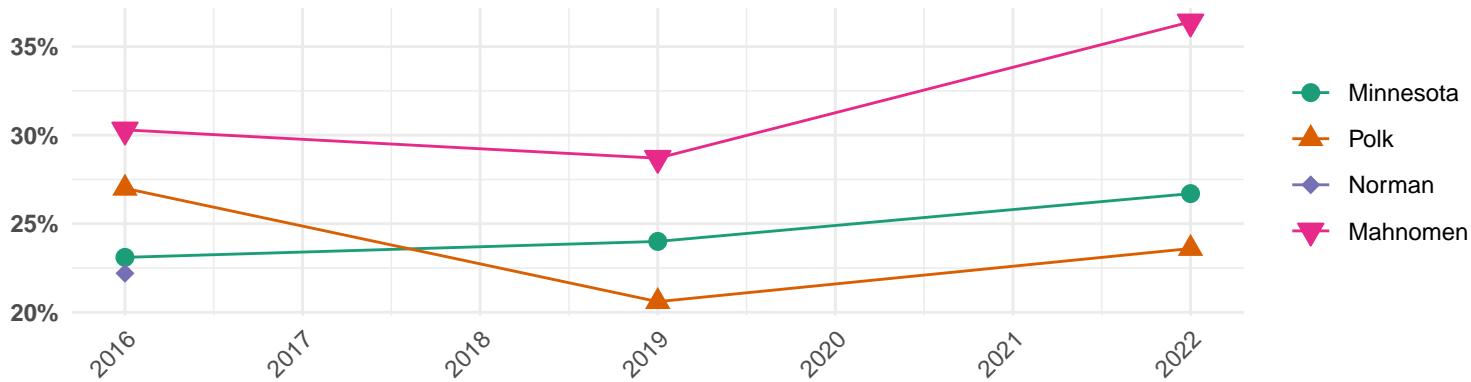
Depression among adults 2022



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	22.7	25.5	28.4	Crude	Minnesota	22.1	24.8	27.7
Age-Adjusted	CHS	22.5	26.1	29.9	Crude	CHS	21.3	24.8	28.4
Age-Adjusted	Polk	22.3	25.8	29.5	Crude	Polk	21.2	24.7	28.2
Age-Adjusted	Norman	21.4	25.1	29.2	Crude	Norman	19.8	23.3	27.1
Age-Adjusted	Mahnomen	25.1	29.4	33.5	Crude	Mahnomen	23.8	27.8	31.8

PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>

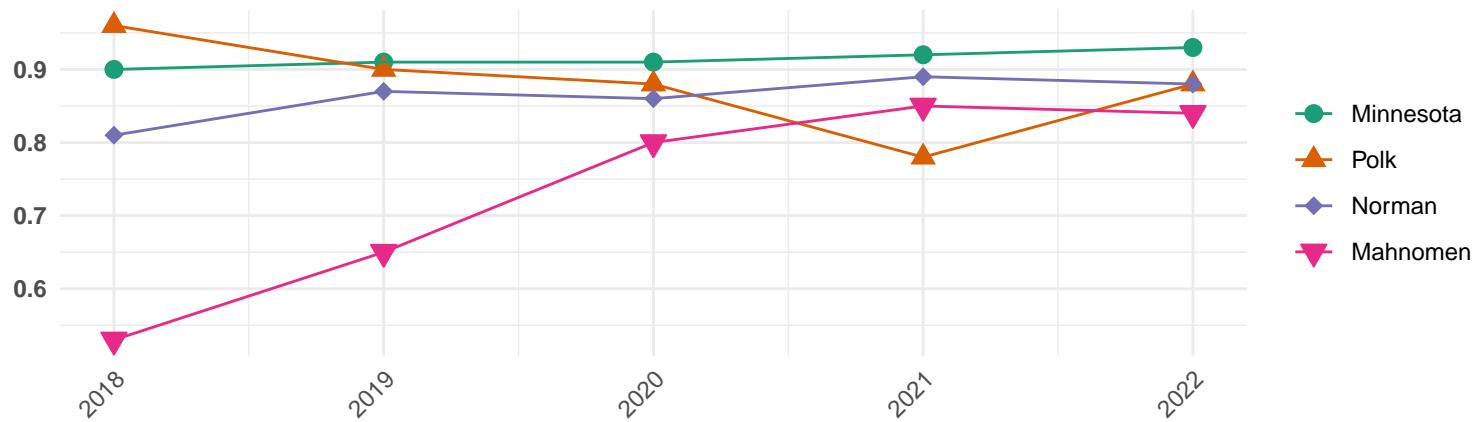
Percentage of 9th graders reporting over the past two weeks, how often have you been bothered, feeling down, depressed or hopeless several days (MSS)



Year	geography	MSS Indicator Pct	% Change
2019	Minnesota	24.0%	NA
2022	Minnesota	26.7%	2.7%
2019	Polk	20.6%	NA
2022	Polk	23.6%	3.0%
2019	Norman	NA	NA
2022	Norman	NA	NA
2019	Mahnomen	28.7%	NA
2022	Mahnomen	36.4%	7.7%

Minnesota Department of Education. (2024). Minnesota Student Survey Tables 2013–2022. <https://public.education.mn.gov/MDEA>

Adolescent Mental Health and/or Depression Screening



Year	Location	Optimal Care Rate
2021	Minnesota	0.92
2022	Minnesota	0.93
2021	Polk	0.78
2022	Polk	0.88
2021	Norman	0.89
2022	Norman	0.88
2021	Mahnomen	0.85
2022	Mahnomen	0.84

Minnesota Statewide Quality Reporting and Measurement System Public Use File,

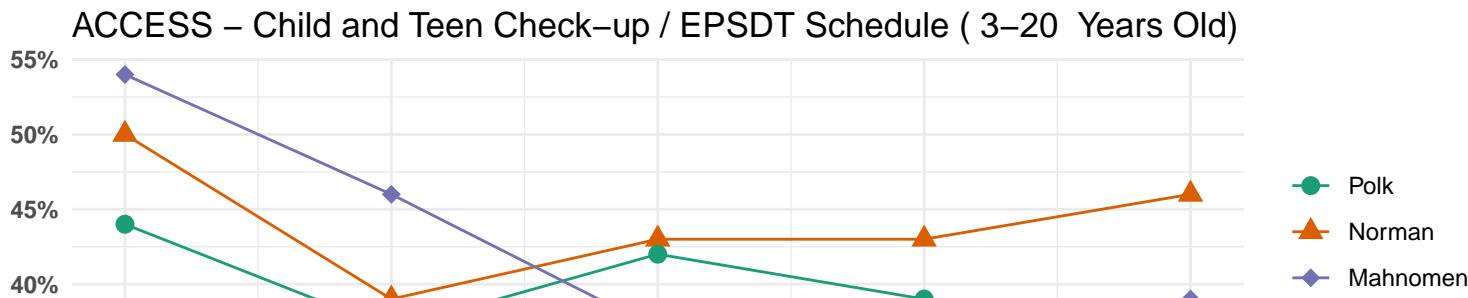
Minnesota Department of Health, [2018–2022]. <https://www.health.state.mn.us/data/hcquality/pufs.html>

ACCESS – Child and Teen Check-up / EPSDT Schedule (0–20 Years Old)



Year	Geography	Ratio
2022	Polk	44%
2023	Polk	43%
2022	Norman	39%
2023	Norman	42%
2022	Mahnomen	33%
2023	Mahnomen	36%

CTC Participation Ratio Ages 0–20 per EPSDT Schedule (Healthcare)—line 10
 Eligible/Received one initial or periodic screening



Year	Geography	Ratio
2022	Polk	39%
2023	Polk	33%
2022	Norman	43%
2023	Norman	46%
2022	Mahnomen	33%
2023	Mahnomen	39%

CTC Total Eligibles Receiving Preventative Dental Services Ages 3–20 per EPSDT schedule (Line 12b/8)

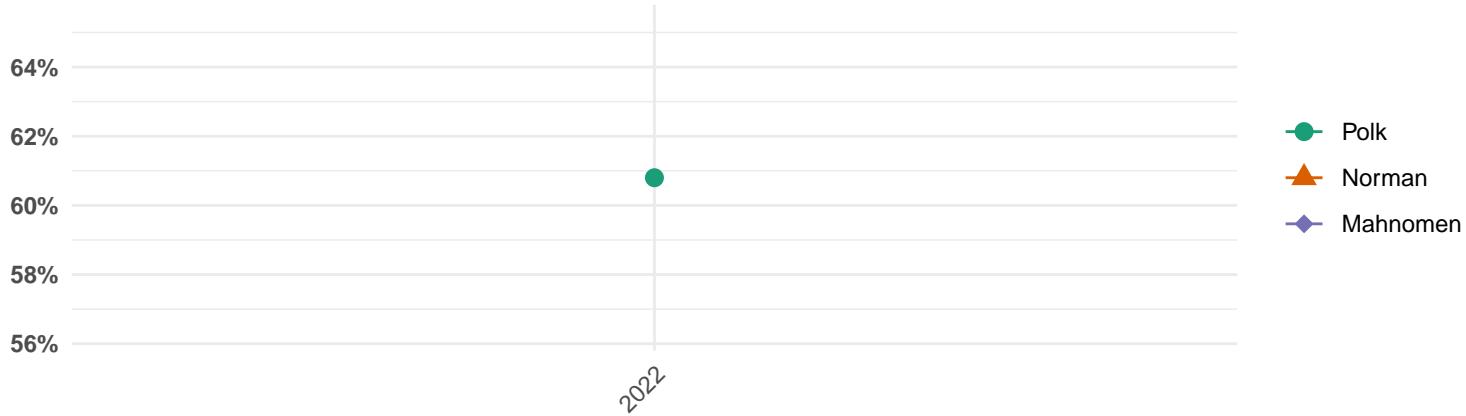
Percentage of 9th graders in the PNM service area who reported that the community cared at "quite a bit" or "very much" (MSS)



Year	geography	MSS Indicator Pct	% Change
2019	Minnesota	38.0%	NA
2022	Minnesota	27.7%	-10.3%
2019	Polk	40.9%	NA
2022	Polk	27.4%	-13.5%
2019	Norman	NA	NA
2022	Norman	NA	NA
2019	Mahnomen	23.4%	NA
2022	Mahnomen	35.7%	12.3%

Minnesota Department of Education. (2024). Minnesota Student Survey Tables 2013–2022. <https://public.education.mn.gov/MDEA>

% of 11th graders in the PNM service area who have not used alcohol, marijuana, and/or drugs



Year	geography	MSS Indicator Pct	% Change
2022	Polk	60.8%	0.0%
2022	Norman	NA	NA
2022	Mahnomen	NA	NA

Minnesota Department of Education. (2024). Minnesota Student Survey Tables 2013–2022. <https://public.education.mn.gov/MDEA>

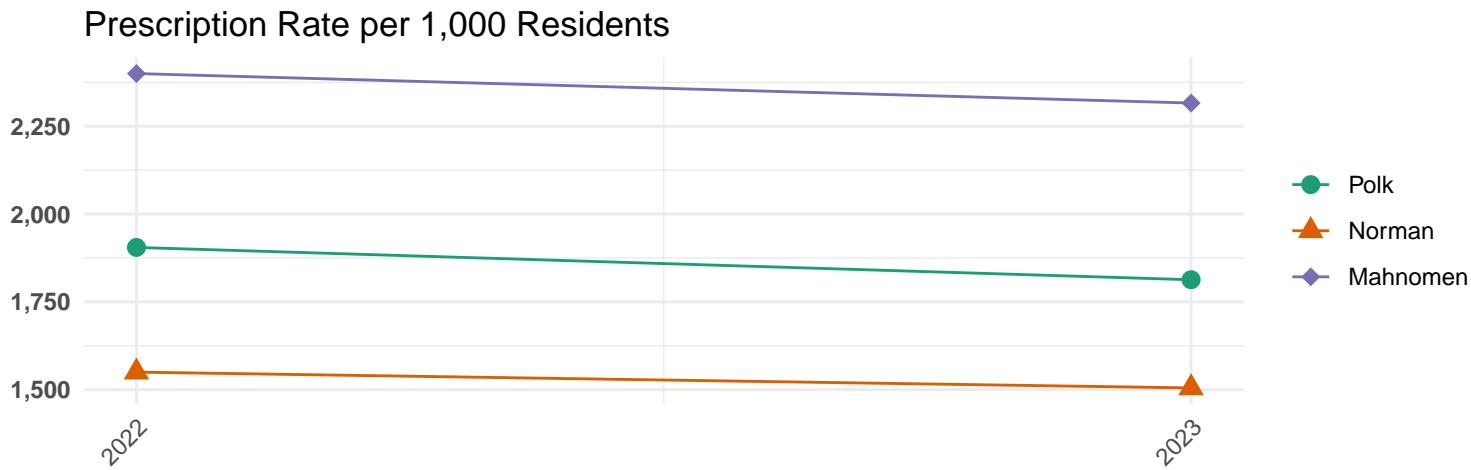
Drug use

Polk, Norman, and Mahnmoen did not experience a big change from 2022 to 2023 in prescription rates per 1,000 residents according to the Prescription Drug Monitoring Dashboard provided by Minnesota's Board of Pharmacy. Prescription rates enable us to compare how our counties measure up against each other. Out of the three counties, Mahnomen has the highest prescription rate per 1000 residents. Mahnomen also had the highest Neonatal Abstinence Syndrome (NAS) rate (52.3) and age-adjusted nonfatal drug overdose rate per 1,000 residents (9.8). Both NAS and nonfatal drug overdoses are significantly higher for Mahnomen when compared to Minnesota.

Comparing the fatal drug overdose data (page 60) can be challenging because it is currently presented as counts rather than rates. Instead of comparing these counts across counties, we should focus on the impact each count has on the community. Over the span of about nine years, the state of Minnesota lost 8,991 people to drug overdoses. Polk County experienced 34 fatalities, Norman County had 4, and Mahnomen County lost 43. Although it's easy to get lost in the data and numbers, when we remember that these are lives we're dealing with, we start to appreciate the importance of the work we do and the good that exists in our communities.

We currently do not know the age of the individuals who died by overdose. However, a good measure for how our communities are doing is years of potential life lost. Premature death is defined as dying before the age of 75 years of age. When we look at potential life years lost (dying before 75), Mahnomen is almost three times more than Polk, Norman, and the state of Minnesota. There can be multiple reasons for why this is significantly higher but the main point is that it is so much higher.

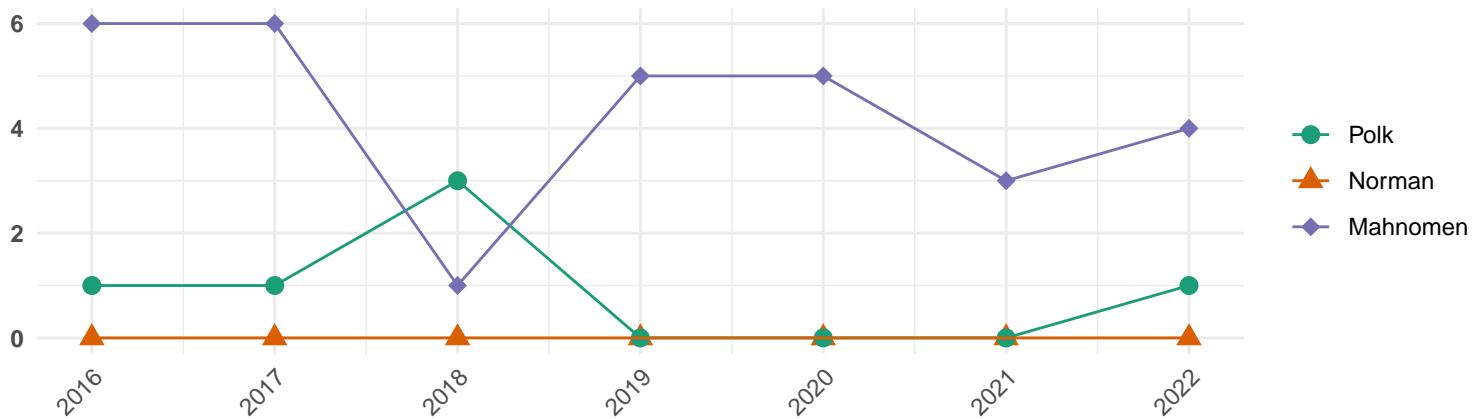
In addition to addressing drug overdoses, it's important to consider other significant public health concerns such as binge drinking and smoking. These behaviors can also contribute to premature death and years of potential life lost. By examining the data on binge drinking and smoking, we can better understand their impact on our communities and develop strategies to mitigate these risks



Year	Location	Prescription Rate
2022	Polk	1,905.0
2023	Polk	1,813.0
2022	Norman	1,550.0
2023	Norman	1,505.0
2022	Mahnomen	2,400.0
2023	Mahnomen	2,316.0

Minnesota Board of Pharmacy. (2024). Prescription Monitoring Program. <https://mn.gov/boards/pharmacy-pmp/reports/data-dash>

Neonatal Abstinence Syndrome 2016–2022

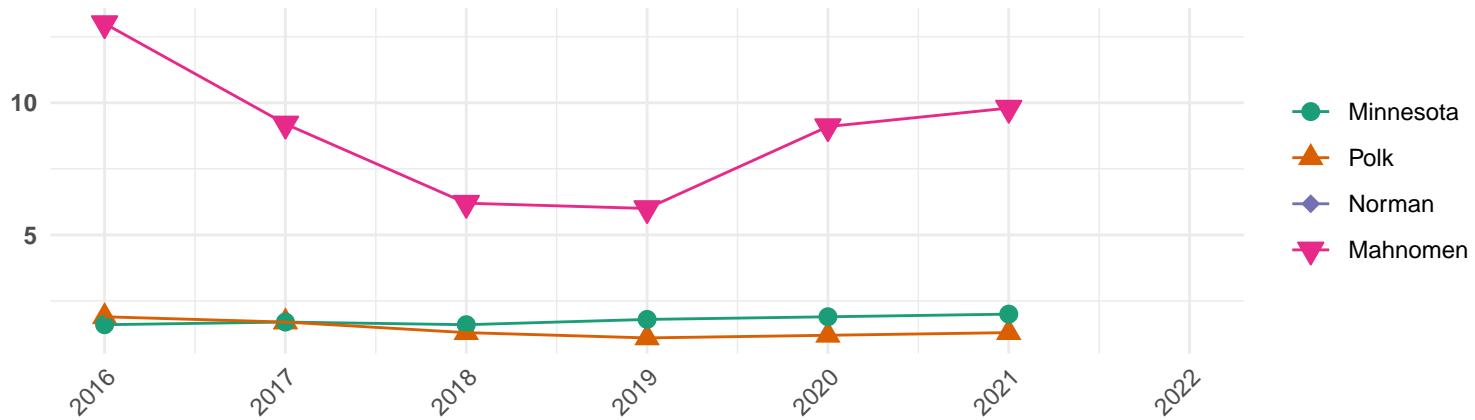


Location	NAS Total 2016–2022	NAS Rate 2016–2022
Minnesota	2791	6.2
Polk	6	4.1
Norman	0	0.0
Mahnomen	30	52.3

Minnesota Department of Health. (2023). Neonatal Abstinence Syndrome (NAS) DATA BRIEF: STATEWIDE AND COUNTY TRENDS, 2016–2022.

<https://www.health.state.mn.us/communities/opioids/documents/2023nasdatabrief.pdf>.

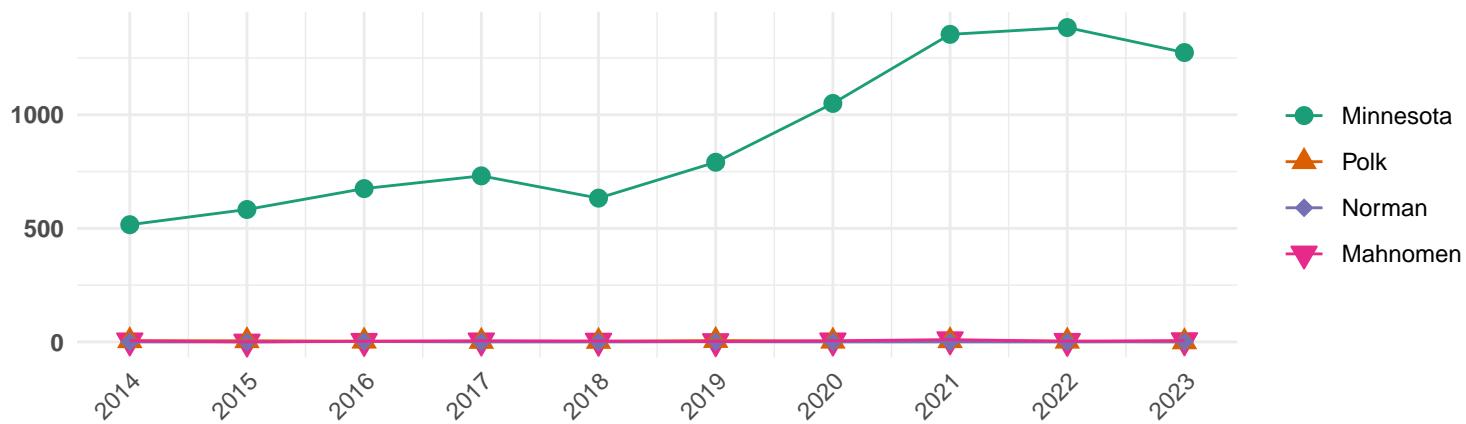
Nonfatal Drug Overdose



Year	Location	Count	Age-Adjusted Rate per 1,000
2021	Minnesota	11506	2.0
2022	Minnesota	8359	NA
2021	Polk	39	1.3
2022	Polk	21	NA
2021	Norman	6	NA
2022	Norman	NA	NA
2021	Mahnomen	46	9.8
2022	Mahnomen	25	NA

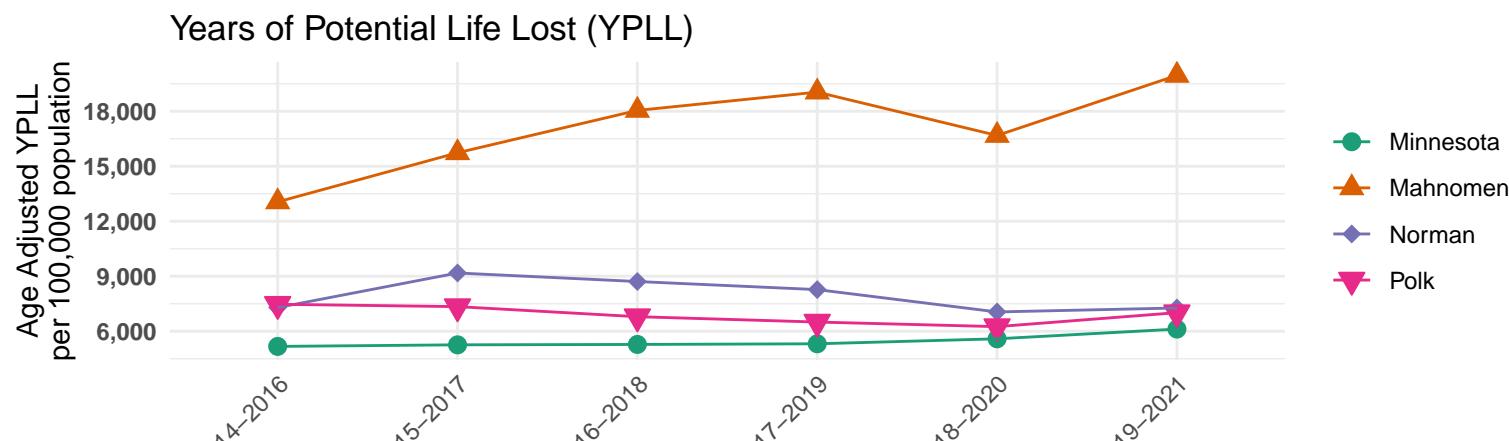
Minnesota Department of Health. (2023). Nonfatal Drug Overdose Dashboard. <https://www.health.state.mn.us/communities/opioids/data/nonfataldata.html>

Fatal Drug Overdose



TimeRange	Location	Total
2014–2023	Minnesota	8991
2014–2023	Polk	34
2014–2023	Norman	4
2014–2023	Mahnomen	43

Minnesota Department of Health. (2024). COUNTY – LEVEL DRUG OVERDOSE DEATHS FROM 2014 – 2023. <https://www2cdn.web.health.state.mn.us/communi>



Date Range	location	Lower CI	Value	Upper CI
2019–2021	Minnesota	6,042.5	6,116	6,191.1
2019–2021	Mahnomen	15,199.6	19,956	24,712.8
2019–2021	Norman	4,878.3	7,267	9,657.3
2019–2021	Polk	5,968.5	7,012	8,056.8

University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org.

Behavioral Factors

Behavioral factors play a crucial role in determining the overall health and well-being of a community. These factors include habits and behaviors that can either positively or negatively impact health outcomes. In this section, we will explore several key behavioral factors that significantly affect our population:

Binge Drinking Among Adults: Excessive alcohol consumption can lead to a range of health issues, including liver disease, cardiovascular problems, and increased risk of accidents and injuries. Understanding the prevalence of binge drinking helps us address its impact on public health.

Percentage of Mothers Who Smoke: Smoking during pregnancy poses serious risks to both the mother and the unborn child, including low birth weight, preterm birth, and developmental issues. Monitoring smoking rates among mothers is essential for promoting healthier pregnancies and better outcomes for infants.

Current Cigarette Smoking Among Adults: Smoking remains a leading cause of preventable diseases and deaths. By examining current smoking rates, we can identify trends and target interventions to reduce smoking-related health problems.

STI/HIV: The prevalence of sexually transmitted infections (STIs) and HIV is a critical public health concern. Effective prevention, testing, and treatment strategies are necessary to control the spread of these infections and improve the health of affected individuals.

By analyzing these behavioral factors, we can gain valuable insights into the health challenges faced by our community and develop targeted strategies to promote healthier behaviors and improve overall health outcomes.

On the next page, you will see that binge drinking rates are consistent across our three counties and the state of Minnesota. Approximately 1 in 5 people in Minnesota and our communities engage in binge drinking.

While Mahnomen County has a higher percentage of mothers who smoked during pregnancy, it is encouraging to see a significant decline in smoking during pregnancy from 2021 to 2022 in Mahnomen. Changing any habit is challenging and maintaining these changes takes time which is why it is so great to see this decrease.

However, it is important to note that Mahnomen County also has a significantly higher smoking rate among all adults compared to the other counties.

As we continue to address these behavioral factors, it's also crucial to focus on sexually transmitted infections (STIs) and HIV. These public health concerns require our attention to ensure effective prevention, testing, and treatment strategies. Let's now examine the data on STIs and HIV in our counties to understand their impact and how we can improve health outcomes in this area.

Chlamydia, Gonorrhea, and Syphilis data in this report should only be compared to the county it pertains to since these are counts. What is also difficult with counts even when looking at the impact internally, is counts don't factor in population growth or decline. However, counts do provide us with insight of the actual impact for if someone gets an STI or HIV. Polk County experienced an increase in Chlamydia cases from 2022 to 2023. Norman and Mahnomen nearly had no cases of gonorrhea in 2023. Syphilis we saw a decline in Polk County and an increase in Mahnomen County.

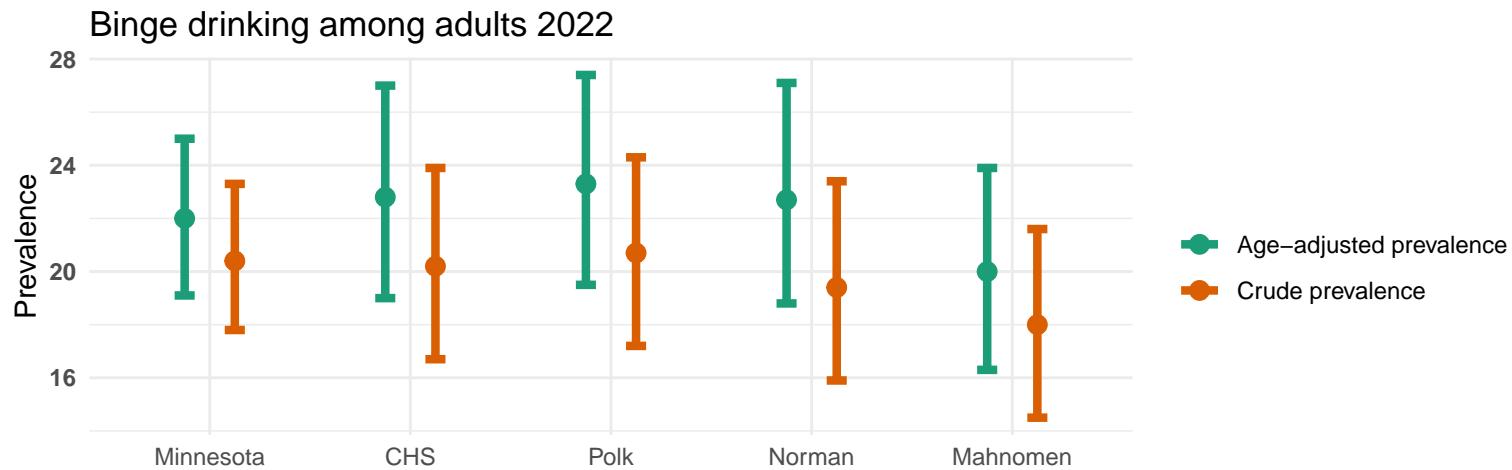
We are able to compare prevalence more reliable than counts. Polk County has the highest percentage of HIV in relation to Norman and Mahnomen. Mahnomen and Polk County's experience a new HIV case (incidence) in 2023.

In addition to addressing STIs and HIV, it's essential to focus on preventive measures such as vaccinations and prenatal care. Vaccinations play a critical role in preventing infectious diseases and maintaining public health. Ensuring that pregnant women receive adequate prenatal care is equally important for the health of both the mother and the baby. Let's explore the data on vaccination rates and prenatal care in our counties to understand how well we are performing

TOGETHER WE CAN build a better future!

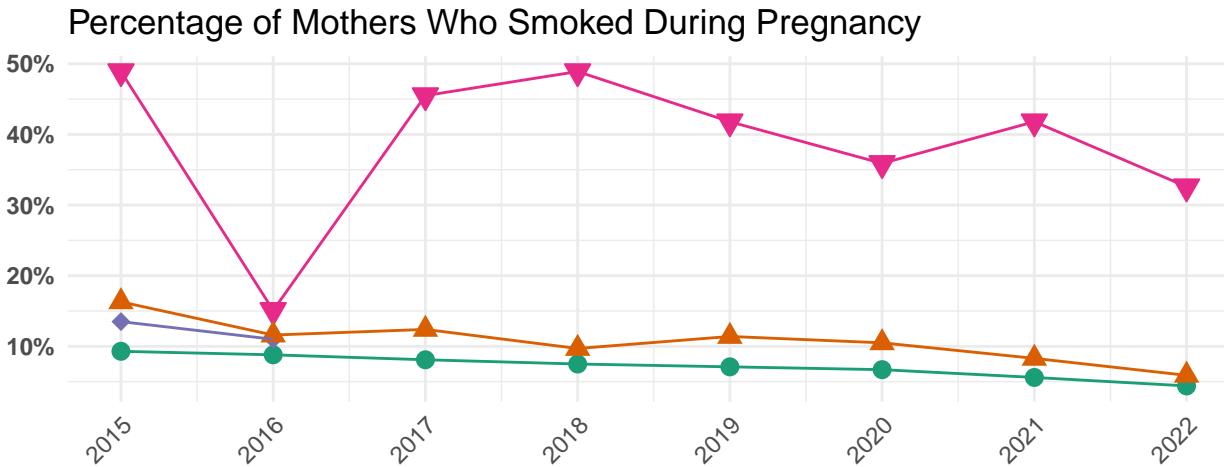


in these areas and identify opportunities for improvement.



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	19.1	22.0	25.0	Crude	Minnesota	17.8	20.4	23.3
Age-Adjusted	CHS	19.0	22.8	27.0	Crude	CHS	16.7	20.2	23.9
Age-Adjusted	Polk	19.5	23.3	27.4	Crude	Polk	17.2	20.7	24.3
Age-Adjusted	Norman	18.8	22.7	27.1	Crude	Norman	15.9	19.4	23.4
Age-Adjusted	Mahnomen	16.3	20.0	23.9	Crude	Mahnomen	14.5	18.0	21.6

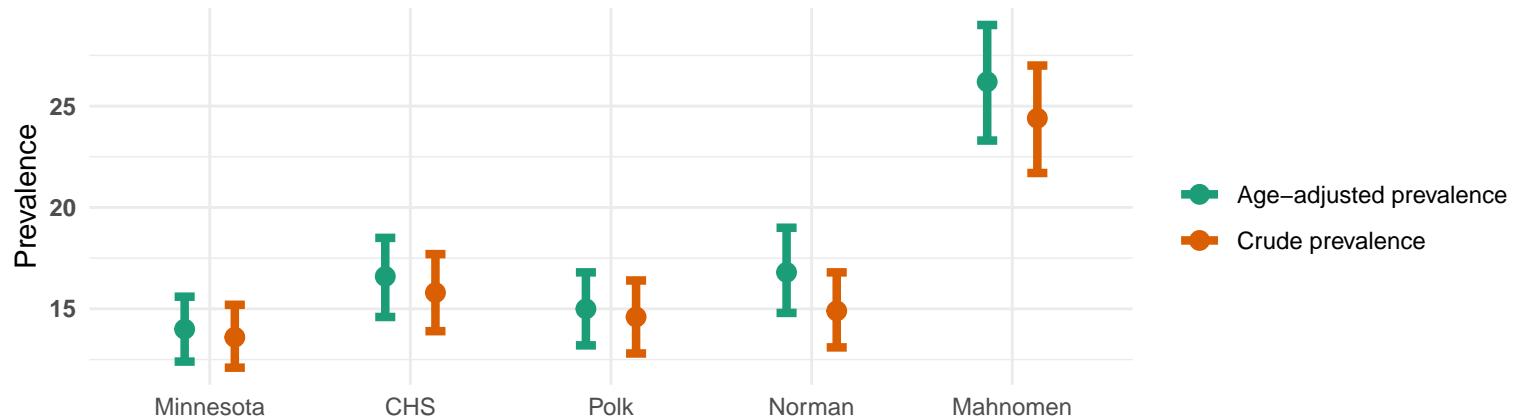
PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>



Year	Location	% of Mothers Who Smoked	% Change
2021	Minnesota	5.6%	NA
2022	Minnesota	4.4%	-1.2%
2021	Polk	8.3%	NA
2022	Polk	5.9%	-2.4%
2021	Norman	NA	NA
2022	Norman	NA	NA
2021	Mahnomen	41.8%	NA
2022	Mahnomen	32.6%	-9.2%

The Annie E. Casey Foundation, KIDS COUNT Data Center <https://datacenter.aecf.org/data/tables/1822-births-to-mother-who-smoked-during-pregnancy?nloc=1>

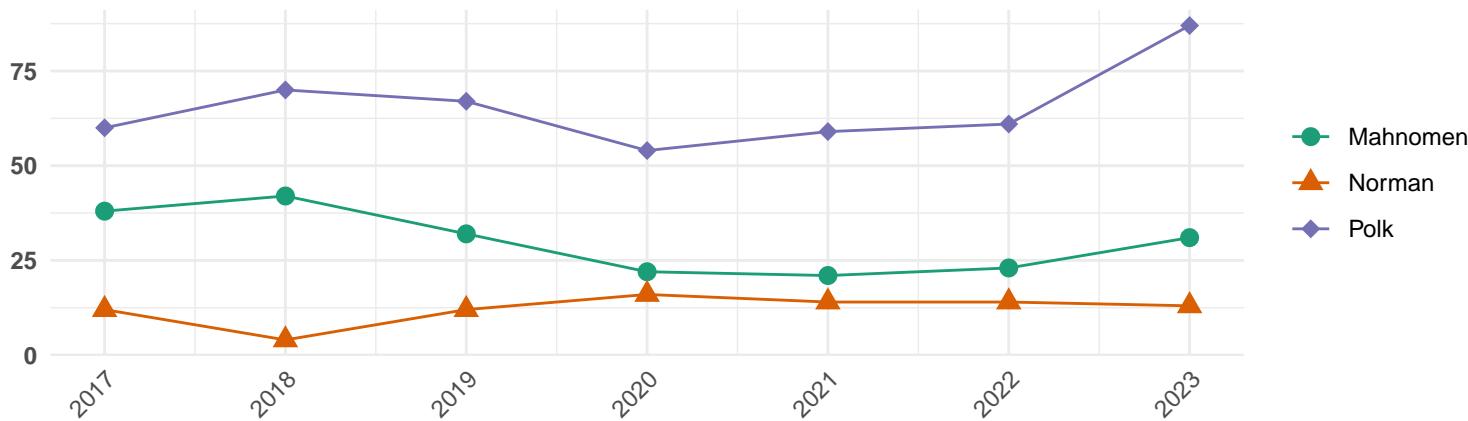
Current cigarette smoking among adults 2022



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	12.4	14.0	15.6	Crude	Minnesota	12.1	13.6	15.2
Age-Adjusted	CHS	14.6	16.6	18.5	Crude	CHS	13.9	15.8	17.7
Age-Adjusted	Polk	13.2	15.0	16.8	Crude	Polk	12.8	14.6	16.4
Age-Adjusted	Norman	14.8	16.8	19.0	Crude	Norman	13.1	14.9	16.8
Age-Adjusted	Mahnomen	23.3	26.2	29.0	Crude	Mahnomen	21.7	24.4	27.0

PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>

Chlamydia Cases

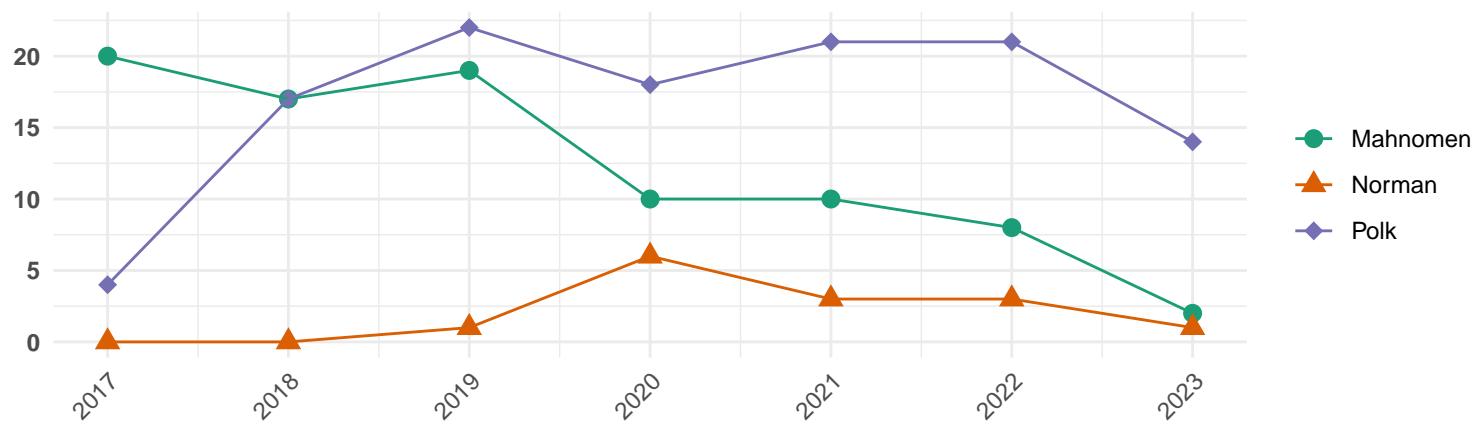


Year	Location	Count
2022	Mahnomen	23.0
2023	Mahnomen	31.0
2022	Norman	14.0
2023	Norman	13.0
2022	Polk	61.0
2023	Polk	87.0

Minnesota Department of Health. (2024). STI Statistics. <https://www.health.state.mn.us/diseases/stds/stats/index.html>

Minnesota Department of Health. (2024). HIV/AIDS Statistics. <https://www.health.state.mn.us/diseases/hiv/stats/index.html>

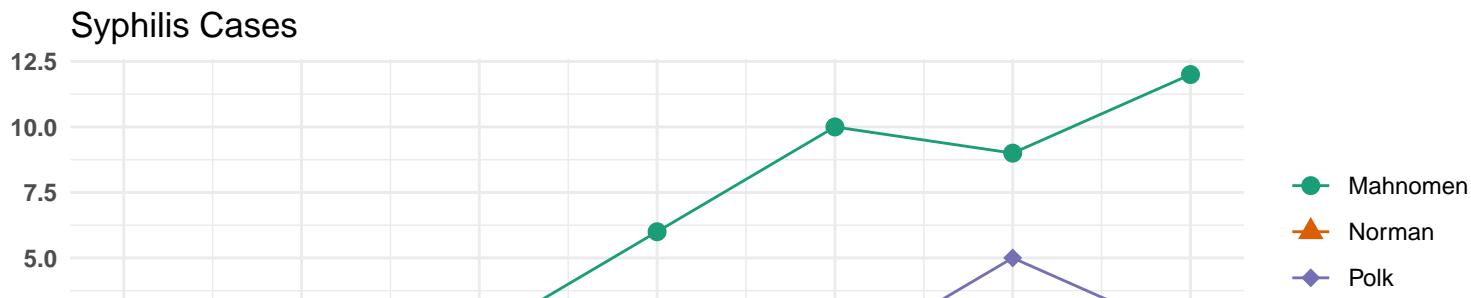
Gonorrhea Cases



Year	Location	Count
2022	Mahnomen	8.0
2023	Mahnomen	2.0
2022	Norman	3.0
2023	Norman	1.0
2022	Polk	21.0
2023	Polk	14.0

Minnesota Department of Health. (2024). STI Statistics. <https://www.health.state.mn.us/diseases/stds/stats/index.html>

Minnesota Department of Health. (2024). HIV/AIDS Statistics. <https://www.health.state.mn.us/diseases/hiv/stats/index.html>

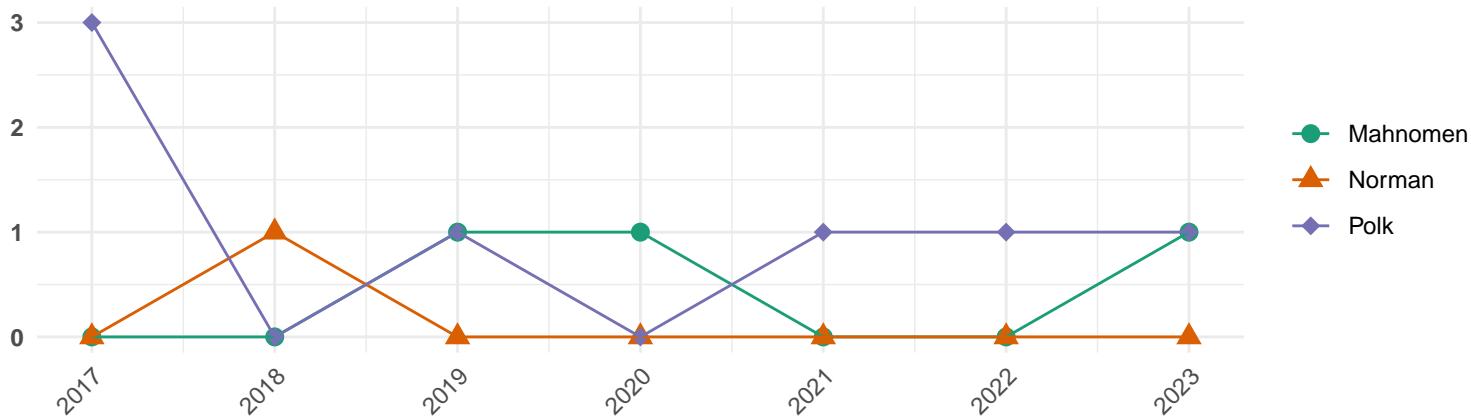


Year	Location	Count
2022	Mahnomen	9.0
2023	Mahnomen	12.0
2022	Norman	0.0
2023	Norman	0.0
2022	Polk	5.0
2023	Polk	2.0

Minnesota Department of Health. (2024). STI Statistics. <https://www.health.state.mn.us/diseases/stds/stats/index.html>

Minnesota Department of Health. (2024). HIV/AIDS Statistics. <https://www.health.state.mn.us/diseases/hiv/stats/index.html>

HIV Incidence

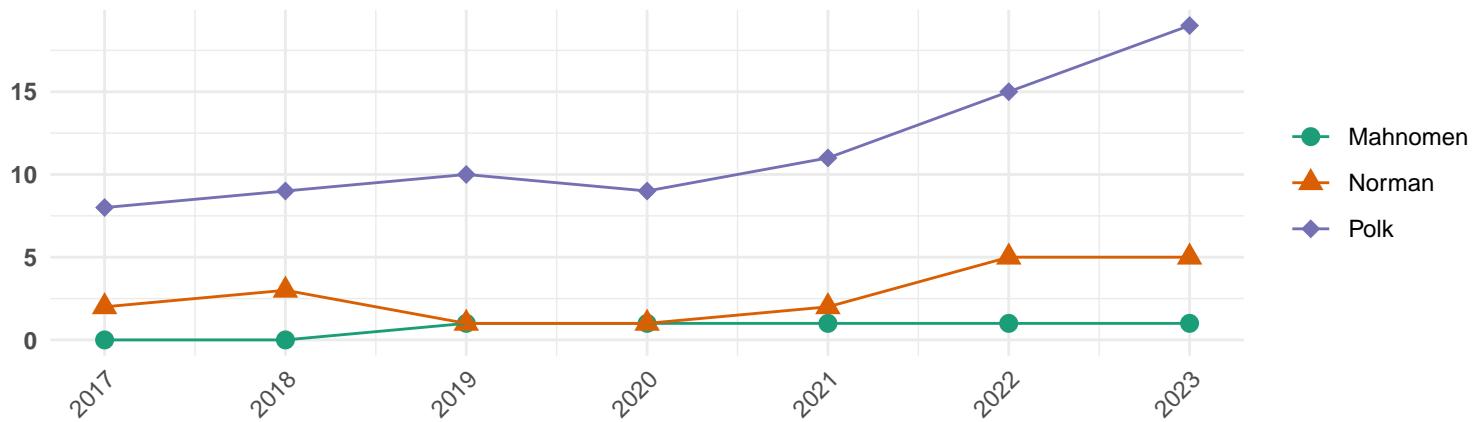


Year	Location	Incidence
2022	Mahnomen	0.0
2023	Mahnomen	1.0
2022	Norman	0.0
2023	Norman	0.0
2022	Polk	1.0
2023	Polk	1.0

Minnesota Department of Health. (2024). STI Statistics. <https://www.health.state.mn.us/diseases/stds/stats/index.html>

Minnesota Department of Health. (2024). HIV/AIDS Statistics. <https://www.health.state.mn.us/diseases/hiv/stats/index.html>

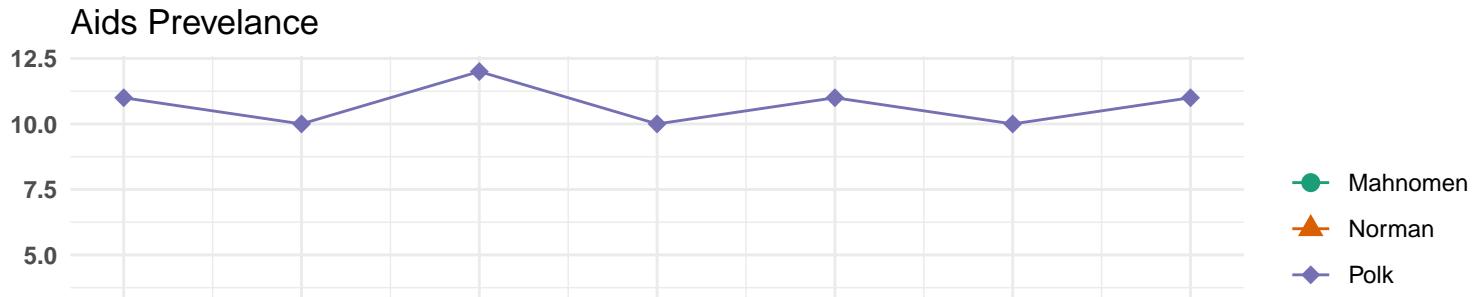
HIV Non Aids Prevelance



Year	Location	Prevelance
2022	Mahnomen	1.0
2023	Mahnomen	1.0
2022	Norman	5.0
2023	Norman	5.0
2022	Polk	15.0
2023	Polk	19.0

Minnesota Department of Health. (2024). STI Statistics. <https://www.health.state.mn.us/diseases/stds/stats/index.html>

Minnesota Department of Health. (2024). HIV/AIDS Statistics. <https://www.health.state.mn.us/diseases/hiv/stats/index.html>

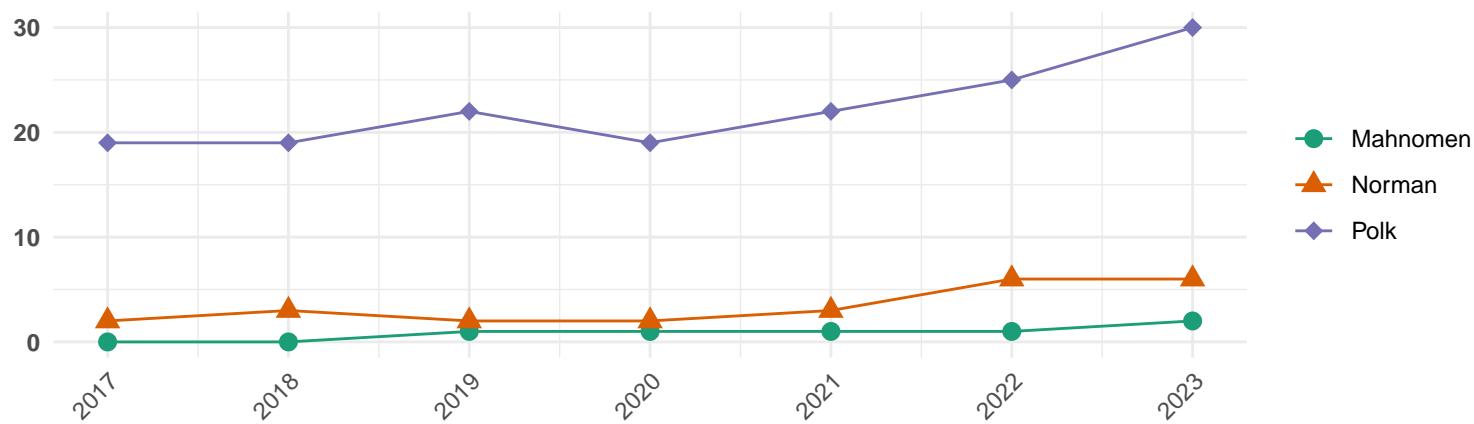


Year	Location	Prevelance
2022	Mahnomen	0.0
2023	Mahnomen	1.0
2022	Norman	1.0
2023	Norman	1.0
2022	Polk	10.0
2023	Polk	11.0

Minnesota Department of Health. (2024). STI Statistics. <https://www.health.state.mn.us/diseases/stds/stats/index.html>

Minnesota Department of Health. (2024). HIV/AIDS Statistics. <https://www.health.state.mn.us/diseases/hiv/stats/index.html>

HIV & Aids Prevelance



Year	Location	Prevelance
2022	Mahnomen	1.0
2023	Mahnomen	2.0
2022	Norman	6.0
2023	Norman	6.0
2022	Polk	25.0
2023	Polk	30.0

Minnesota Department of Health. (2024). STI Statistics. <https://www.health.state.mn.us/diseases/stds/stats/index.html>

Minnesota Department of Health. (2024). HIV/AIDS Statistics. <https://www.health.state.mn.us/diseases/hiv/stats/index.html>

Vaccines

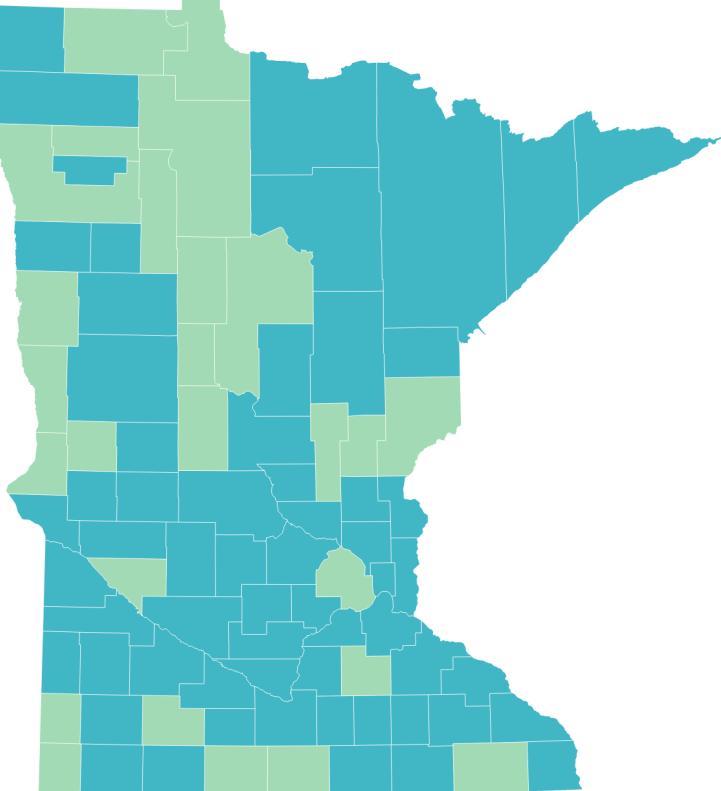
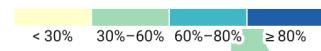
According to Minnesota Department of Health, childhood and adolescent vaccination rates decreased during the COVID-19 pandemic. Healthy People (HP) 2030 Goal is to increase vaccination rates. Infants and children need to get vaccinated to prevent diseases like hepatitis, measles, and pertussis. Teaching people about the importance of vaccines, sending vaccination reminders, and making it easier to get vaccines can help increase vaccination rates in children, adolescents, and adults. The following map and the next plot/table use the same data but just display it differently.

Minnesota, Norman County, and Mahnomen County all experienced declines in vaccination rates for the seven vaccine series, DTaP, Hep A, Hep B, Hib, MMR, PCV, Polio, Rotavirus, and Varicella. Polk County improved their vaccination rate for Varicella, Rotavirus, Polio, MMR, Hep B, DTaP, and the seven vaccine series.

Percent of children with complete childhood immunization series in 2023

Roll over map for more information

Minnesota: 63.0%

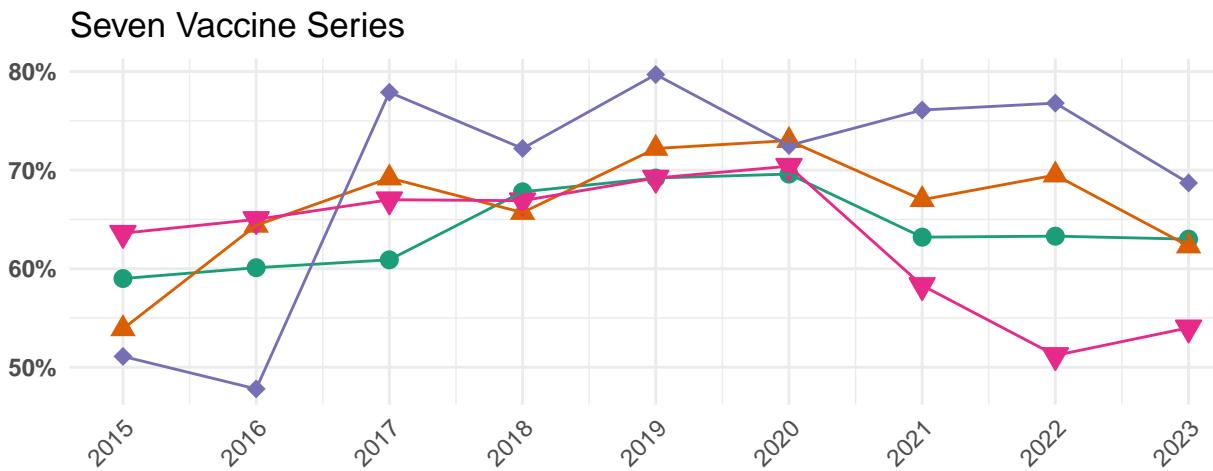


Series includes: diphtheria, tetanus, pertussis (DTaP); polio; measles, mumps, rubella (MMR); haemophilus influenzae type b (Hib); hepatitis B (Hep B); varicella (chickenpox); and pneumococcal conjugate vaccine (PCV).

Data are Minnesota Immunization Information Connection (MIIC) rates for children ages 24-35 months.

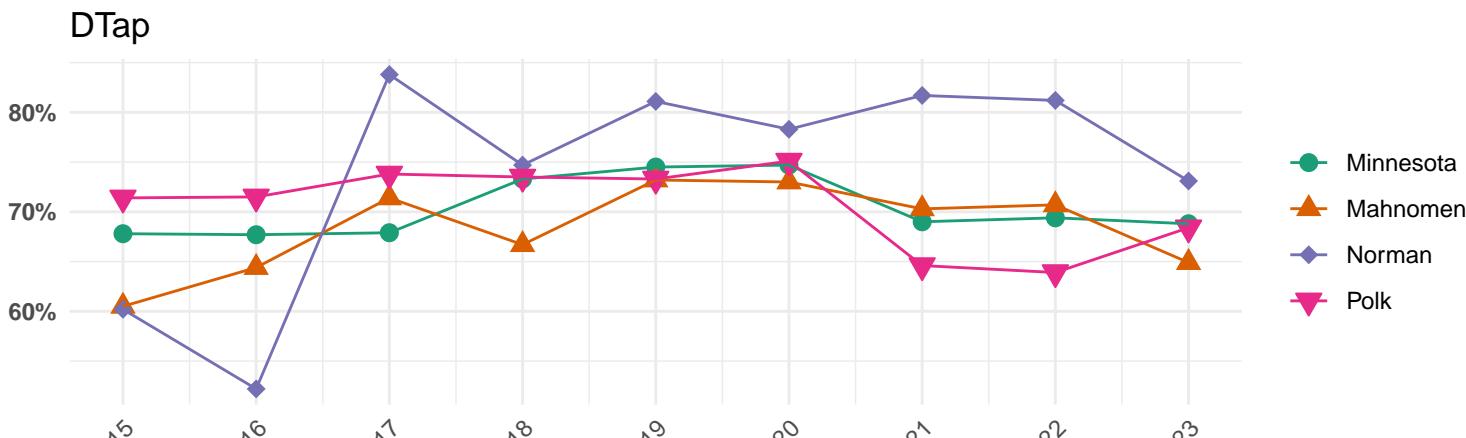
Vaccination coverage among children ages 24-35 months in MIIC. Includes children born July 2020 through June 2021 who were up to date at 24 months. Analyzed as of July 2023.

Source: Minnesota Department of Health • Created with Datawrapper



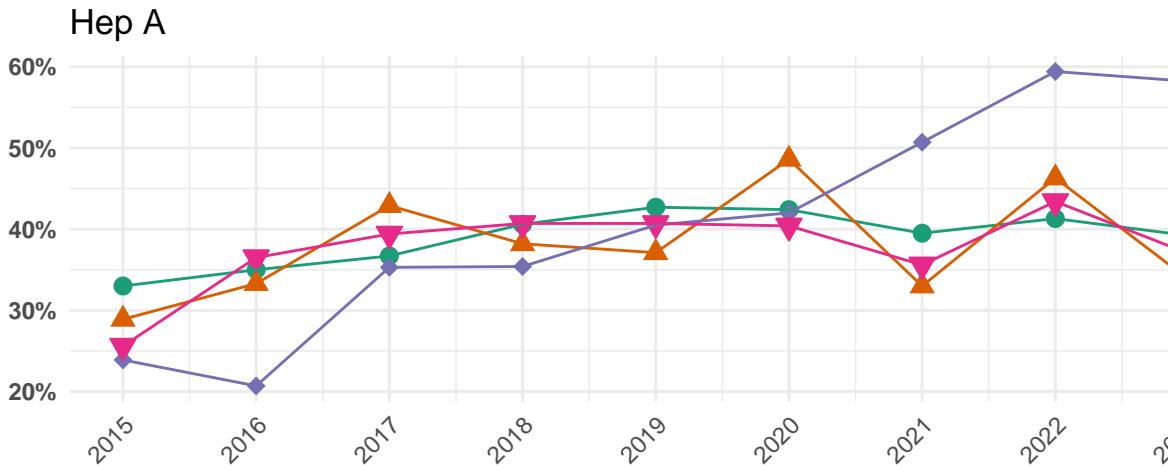
Year	Location	Seven vaccine series	% Change
2022	Minnesota	63.3%	NA
2023	Minnesota	63.0%	-0.3%
2022	Mahnomen	69.5%	NA
2023	Mahnomen	62.3%	-7.2%
2022	Norman	76.8%	NA
2023	Norman	68.7%	-8.1%
2022	Polk	51.2%	NA
2023	Polk	54.0%	2.8%

Minnesota Department of Health. (2015–2023). Immunizations query: Childhood immunizations.
 Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/immunizations-query>.
 Retrieved November 2024.



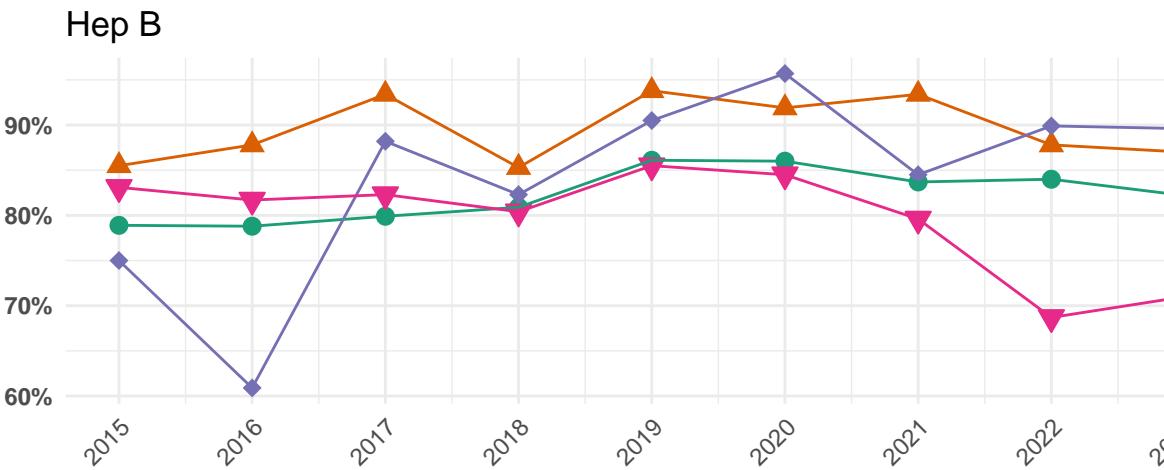
Year	Location	DTap	% Change
2022	Minnesota	69.4%	NA
2023	Minnesota	68.8%	-0.6%
2022	Mahnomen	70.7%	NA
2023	Mahnomen	64.9%	-5.8%
2022	Norman	81.2%	NA
2023	Norman	73.1%	-8.1%
2022	Polk	63.9%	NA
2023	Polk	68.4%	4.5%

Minnesota Department of Health. (2015–2023). Immunizations query: Childhood immunizations.
 Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/immunizations-query>.
 Retrieved November 2024.



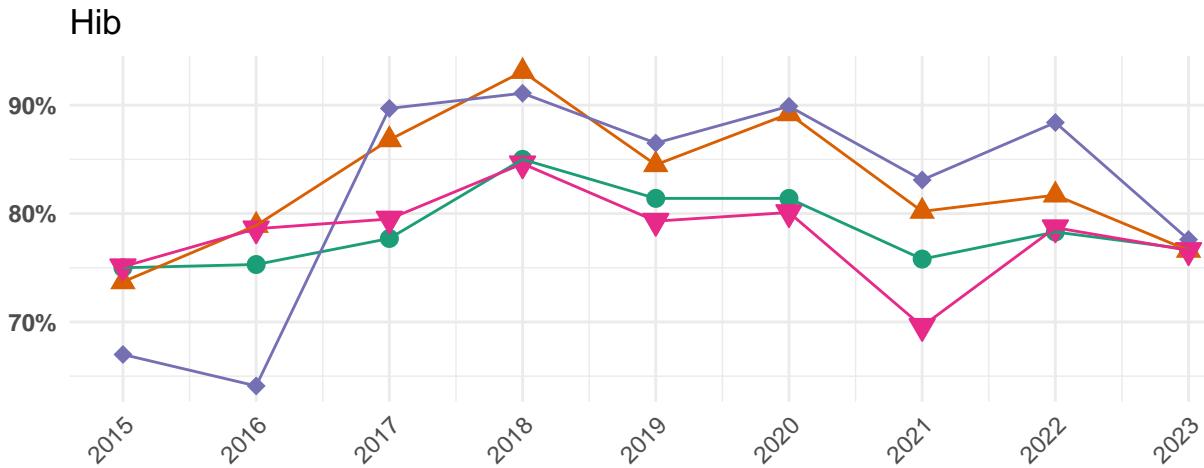
Year	Location	Hep A	% Change
2022	Minnesota	41.3%	NA
2023	Minnesota	39.2%	-2.1%
2022	Mahnomen	46.3%	NA
2023	Mahnomen	33.8%	-12.5%
2022	Norman	59.4%	NA
2023	Norman	58.2%	-1.2%
2022	Polk	43.4%	NA
2023	Polk	37.0%	-6.4%

Minnesota Department of Health. (2015–2023). Immunizations query: Childhood immunizations.
 Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/immunizations-query>.
 Retrieved November 2024.



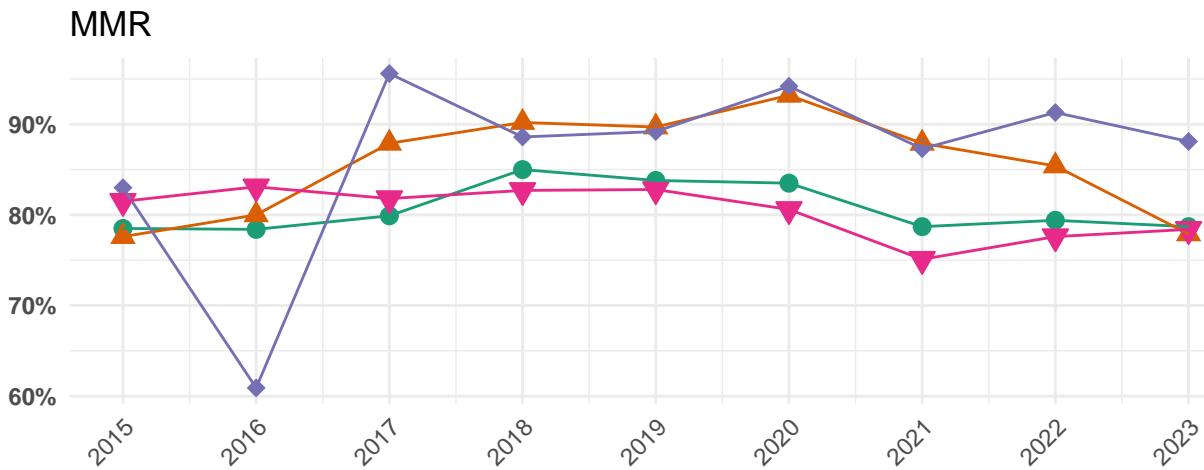
Year	Location	Hep B	% Change
2022	Minnesota	84.0%	NA
2023	Minnesota	82.2%	-1.8%
2022	Mahnomen	87.8%	NA
2023	Mahnomen	87.0%	-0.8%
2022	Norman	89.9%	NA
2023	Norman	89.6%	-0.3%
2022	Polk	68.7%	NA
2023	Polk	71.0%	2.3%

Minnesota Department of Health. (2015–2023). Immunizations query: Childhood immunizations.
 Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/immunizations-query>.
 Retrieved November 2024.



Year	Location	Hib	% Change
2022	Minnesota	78.3%	NA
2023	Minnesota	76.7%	-1.6%
2022	Mahnomen	81.7%	NA
2023	Mahnomen	76.6%	-5.1%
2022	Norman	88.4%	NA
2023	Norman	77.6%	-10.8%
2022	Polk	78.7%	NA
2023	Polk	76.6%	-2.1%

Minnesota Department of Health. (2015–2023). Immunizations query: Childhood immunizations.
 Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/immunizations-query>.
 Retrieved November 2024.



Year	Location	MMR	% Change
2022	Minnesota	79.4%	NA
2023	Minnesota	78.7%	-0.7%
2022	Mahnomen	85.4%	NA
2023	Mahnomen	77.9%	-7.5%
2022	Norman	91.3%	NA
2023	Norman	88.1%	-3.2%
2022	Polk	77.6%	NA
2023	Polk	78.4%	0.8%

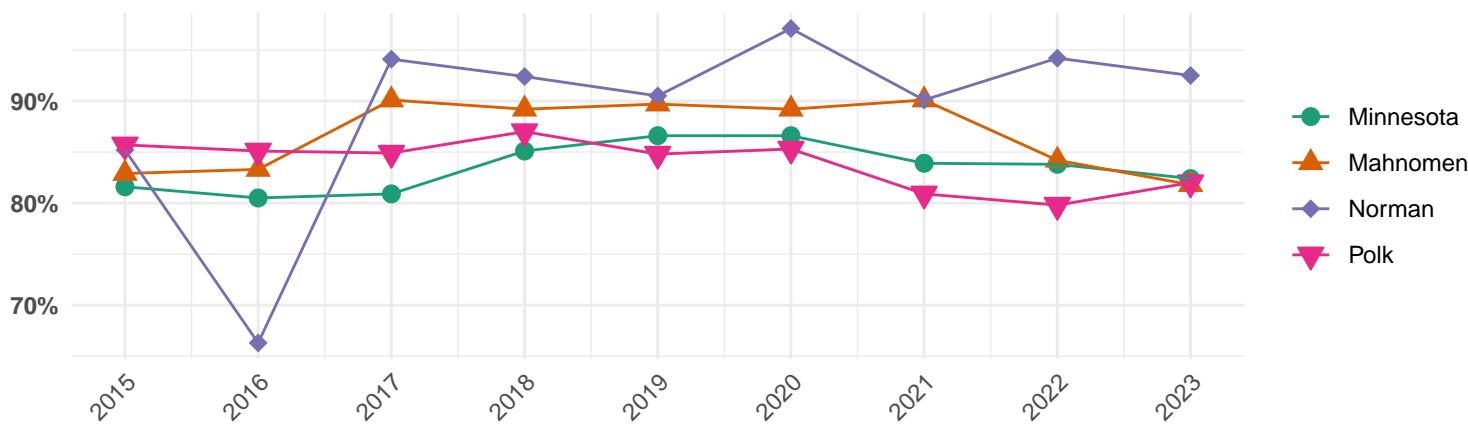
Minnesota Department of Health. (2015–2023). Immunizations query: Childhood immunizations.
 Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/immunizations-query>.
 Retrieved November 2024.



Year	Location	PCV	% Change
2022	Minnesota	78.0%	NA
2023	Minnesota	76.1%	-1.9%
2022	Mahnomen	82.9%	NA
2023	Mahnomen	75.3%	-7.6%
2022	Norman	89.9%	NA
2023	Norman	86.6%	-3.3%
2022	Polk	78.7%	NA
2023	Polk	75.8%	-2.9%

Minnesota Department of Health. (2015–2023). Immunizations query: Childhood immunizations.
 Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/immunizations-query>.
 Retrieved November 2024.

Polio



Year	Location	Polio	% Change
2022	Minnesota	83.8%	NA
2023	Minnesota	82.4%	-1.4%
2022	Mahnomen	84.2%	NA
2023	Mahnomen	81.8%	-2.4%
2022	Norman	94.2%	NA
2023	Norman	92.5%	-1.7%
2022	Polk	79.8%	NA
2023	Polk	82.0%	2.2%

Minnesota Department of Health. (2015–2023). Immunizations query: Childhood immunizations.
 Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/immunizations-query>.
 Retrieved November 2024.

Rotavirus

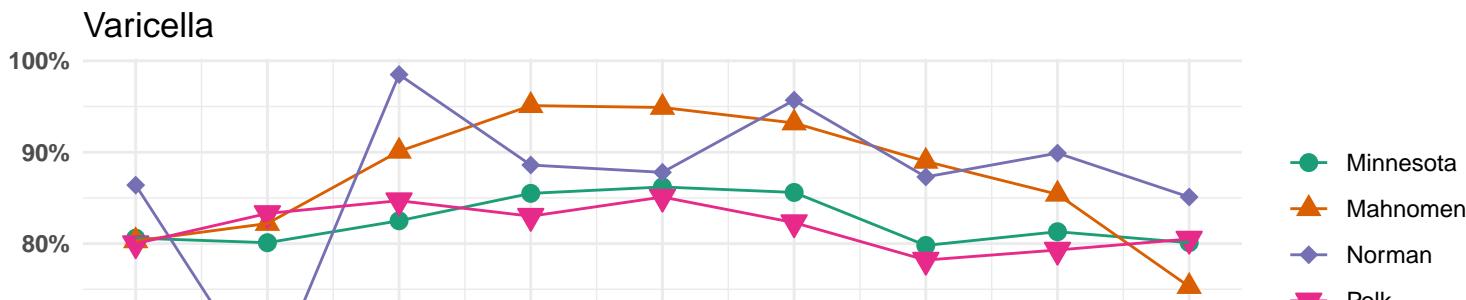


Year	Location	Rotavirus	% Change
2022	Minnesota	71.5%	NA
2023	Minnesota	69.8%	-1.7%
2022	Mahnomen	61.0%	NA
2023	Mahnomen	57.1%	-3.9%
2022	Norman	81.2%	NA
2023	Norman	79.1%	-2.1%
2022	Polk	62.8%	NA
2023	Polk	69.2%	6.4%

Minnesota Department of Health. (2015–2023). Immunizations query: Childhood immunizations.

Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/immunizations-query>.

Retrieved November 2024.



Year	Location	Varicella	% Change
2022	Minnesota	81.3%	NA
2023	Minnesota	80.1%	-1.2%
2022	Mahnomen	85.4%	NA
2023	Mahnomen	75.3%	-10.1%
2022	Norman	89.9%	NA
2023	Norman	85.1%	-4.8%
2022	Polk	79.3%	NA
2023	Polk	80.5%	1.2%

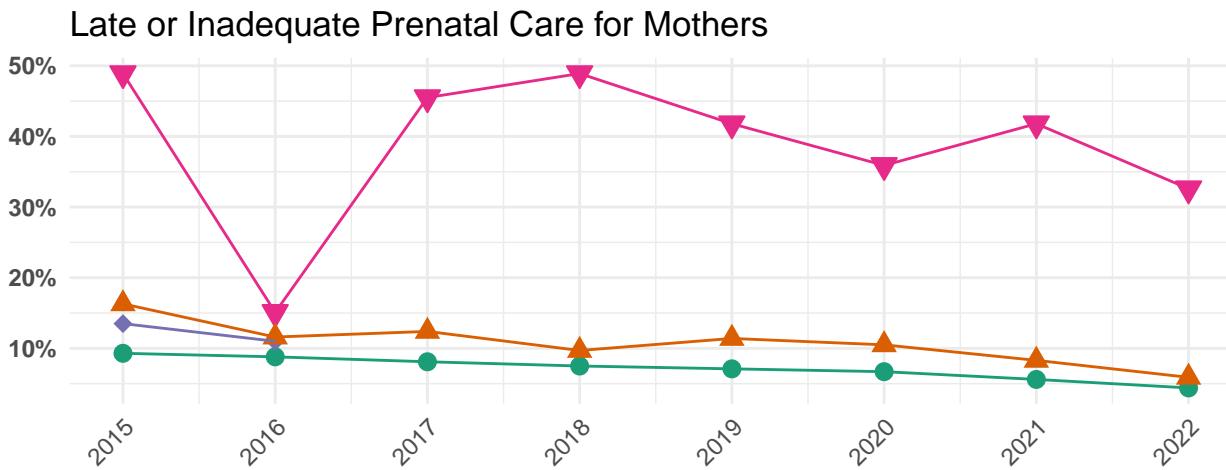
Minnesota Department of Health. (2015–2023). Immunizations query: Childhood immunizations.
 Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/immunizations-query>.
 Retrieved November 2024.

Prenatal Care

Prenatal care is essential for ensuring the health and well-being of both mothers and their babies. Adequate prenatal care helps to monitor the progress of the pregnancy, identify and manage potential health issues, and provide important health education to expectant mothers. Here, we examine the data on late or inadequate prenatal care (PNC) for mothers in Minnesota and our counties.

- Minnesota: The state of Minnesota saw a decrease in the percentage of mothers receiving late or inadequate prenatal care, from 5.6% in 2021 to 4.4% in 2022, representing a 1.2% improvement.
- Polk County: Polk County also experienced a significant improvement, with the rate decreasing from 8.3% in 2021 to 5.9% in 2022, a 2.4% improvement.
- Norman County: Data for Norman County is not available for both years. I believe this may be due to suppression rules for not having enough data because the majority of Norman births happen out of state more than like in North Dakota.
- Mahnomen County: Mahnomen County had the highest rates of late or inadequate prenatal care, but it also saw the most substantial improvement, decreasing from 41.8% in 2021 to 32.6% in 2022, a 9.2% improvement.

These improvements are encouraging, especially in Mahnomen County, which had the highest initial rates but also the most significant reduction. Ensuring that all expectant mothers receive timely and adequate prenatal care is crucial for the health of both mothers and their babies. Continued efforts to improve access to and the quality of prenatal care will help further reduce these rates and improve health outcomes across our communities.



Year	Location	Late or Inadequate PNC for Mothers	% Change
2021	Minnesota	5.6%	NA
2022	Minnesota	4.4%	-1.2%
2021	Polk	8.3%	NA
2022	Polk	5.9%	-2.4%
2021	Norman	NA	NA
2022	Norman	NA	NA
2021	Mahnomen	41.8%	NA
2022	Mahnomen	32.6%	-9.2%

The Annie E. Casey Foundation, KIDS COUNT Data Center,
<https://datacenter.aecf.org/rawdata.axd?ind=1823&loc=25>

Primary Care Providers and Dental Services:

Access to comprehensive health care services, including primary care and dental care, is essential for maintaining overall health and well-being. Primary care providers play a critical role in early detection, prevention, and management of various health conditions. They offer a wide range of services, from routine check-ups and immunizations to managing chronic diseases and coordinating specialist care.

Similarly, dental services are vital for preventing and treating oral health issues, which can significantly impact overall health. Regular dental check-ups and cleanings help prevent cavities, gum disease, and other oral health problems. Dentists also provide essential education on maintaining good oral hygiene practices.

Improving access to these services can lead to better health outcomes for our communities. Efforts to increase the availability of primary care providers and dentists, especially in underserved regions, are crucial. This includes initiatives to attract and retain healthcare professionals in rural areas, expanding telehealth services, and ensuring affordable care for all residents.

Population per Primary Care Provider (2022) - Minnesota: 1,133 people per primary care provider.

- Norman County: Data not available (NA).
- Polk County: 1,809 people per primary care provider.
- Mahnomen County: 5,414 people per primary care provider.

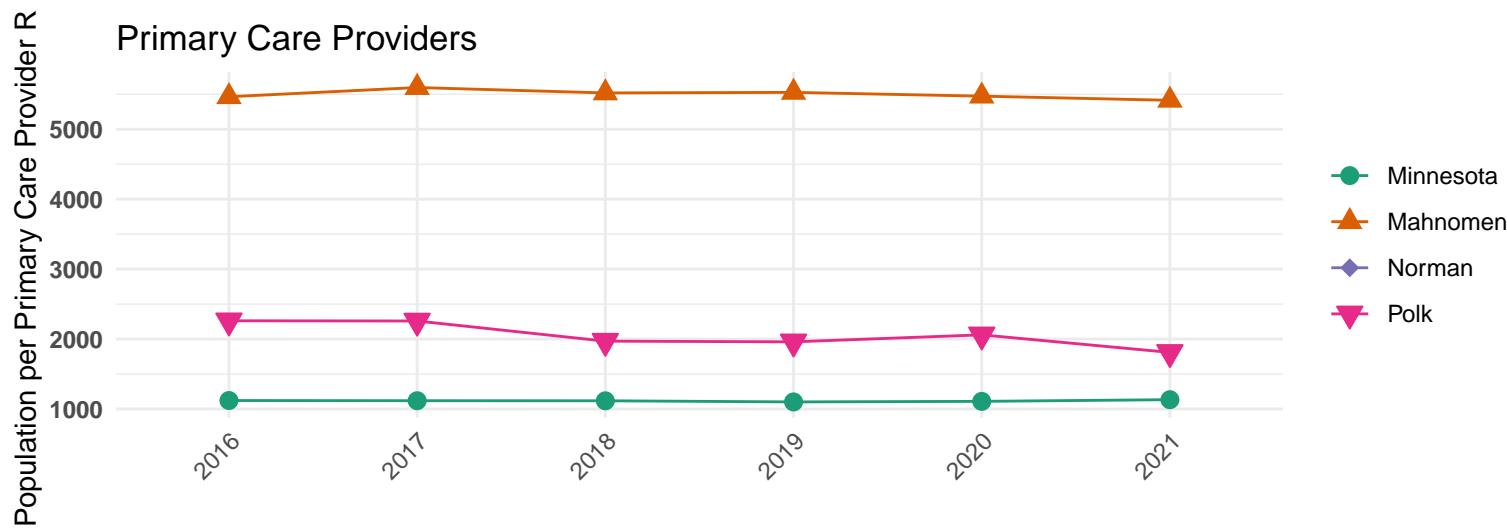
This indicates that, on average, Minnesota has 1,133 people per primary care provider, which suggests relatively good access to primary care across the state. Polk County has a higher ratio of 1,809 people per provider, indicating less access compared to the state average. Mahnomen County has the highest ratio with 5,414 people per provider, suggesting significantly less access to primary care services.

Population per Dentist (2022) - Minnesota: 1,287 people per dentist

- Mahnomen County: Data not available (NA)
- Norman County: 1,594 people per dentist
- Polk County: 2,195 people per dentist

This data suggests that, on average, Minnesota has 1,287 people per dentist, indicating relatively good access to dental care across the state. Norman County has a slightly higher ratio of 1,594 people per dentist, suggesting less access compared to the state average. Polk County has the highest ratio with 2,195 people per dentist, indicating significantly less access to dental care services.

Even with potentially less access to primary care providers, the age-adjusted prevalence for having routine checkups is similar to the state average in Minnesota. About 3 out of 4 people are predicted to get their routine checkups. However, the consistency is not as strong for Medicaid beneficiaries receiving dental services. Assessing current performance is challenging due to lagging data and significant fluctuations in historical data.



Date Range	location	Value
2021	Minnesota	1,133
2021	Mahnomen	5,414
2021	Norman	NA
2021	Polk	1,809

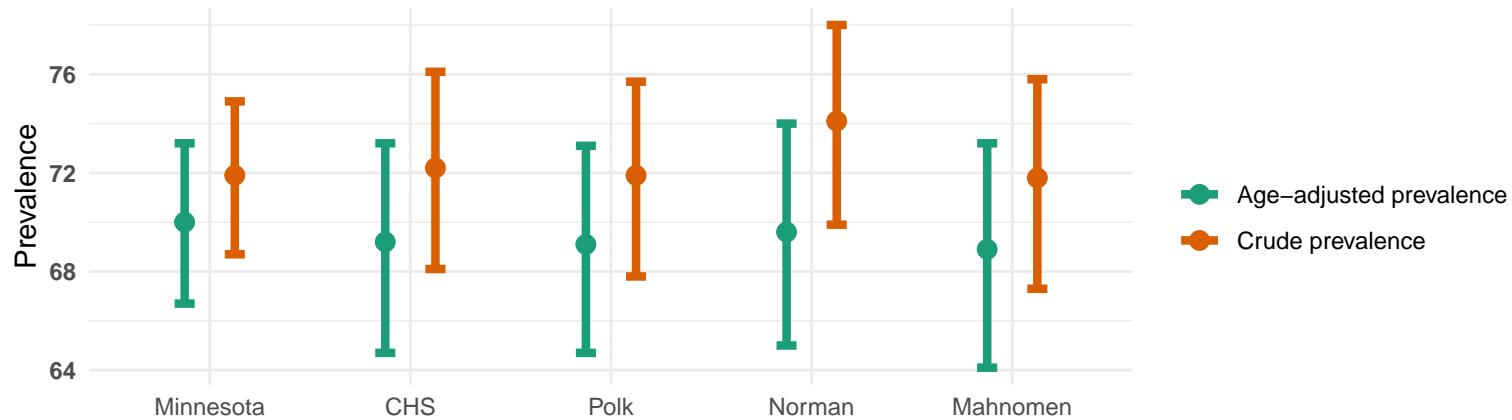
University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org.



Date Range	location	Value
2022	Minnesota	1,287
2022	Mahnomen	NA
2022	Norman	1,594
2022	Polk	2,195

University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org.

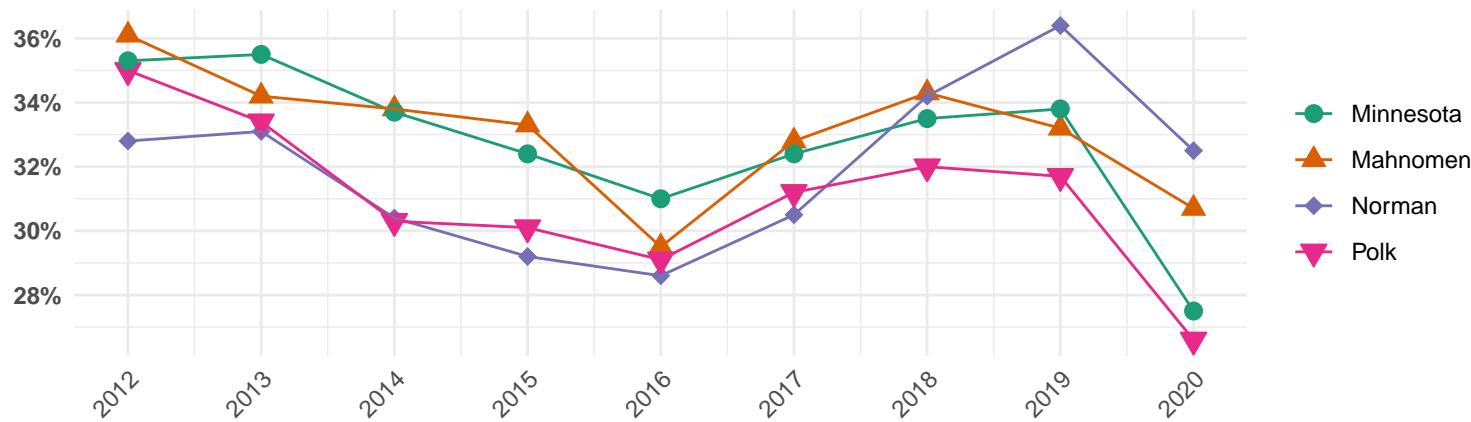
Visits to doctor for routine checkup within the past year among adults 2022



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	66.7	70.0	73.2	Crude	Minnesota	68.7	71.9	74.9
Age-Adjusted	CHS	64.7	69.2	73.2	Crude	CHS	68.1	72.2	76.1
Age-Adjusted	Polk	64.7	69.1	73.1	Crude	Polk	67.8	71.9	75.7
Age-Adjusted	Norman	65.0	69.6	74.0	Crude	Norman	69.9	74.1	78.0
Age-Adjusted	Mahnomen	64.1	68.9	73.2	Crude	Mahnomen	67.3	71.8	75.8

PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>

Medicaid Dental Service Use



Year	geography	Dental Services Recipients	% Change
2019	Minnesota	33.8%	NA
2020	Minnesota	27.5%	-6.3%
2019	Mahnomen	33.2%	NA
2020	Mahnomen	30.7%	-2.5%
2019	Norman	36.4%	NA
2020	Norman	32.5%	-3.9%
2019	Polk	31.7%	NA
2020	Polk	26.6%	-5.1%

Minnesota Department of Health. (2012–2020). Oral Health query:Medicaid dental service use.

Accessed from MN Public Health Access Data portal <https://data.web.health.state.mn.us/medicaid-dental-service-use-query>

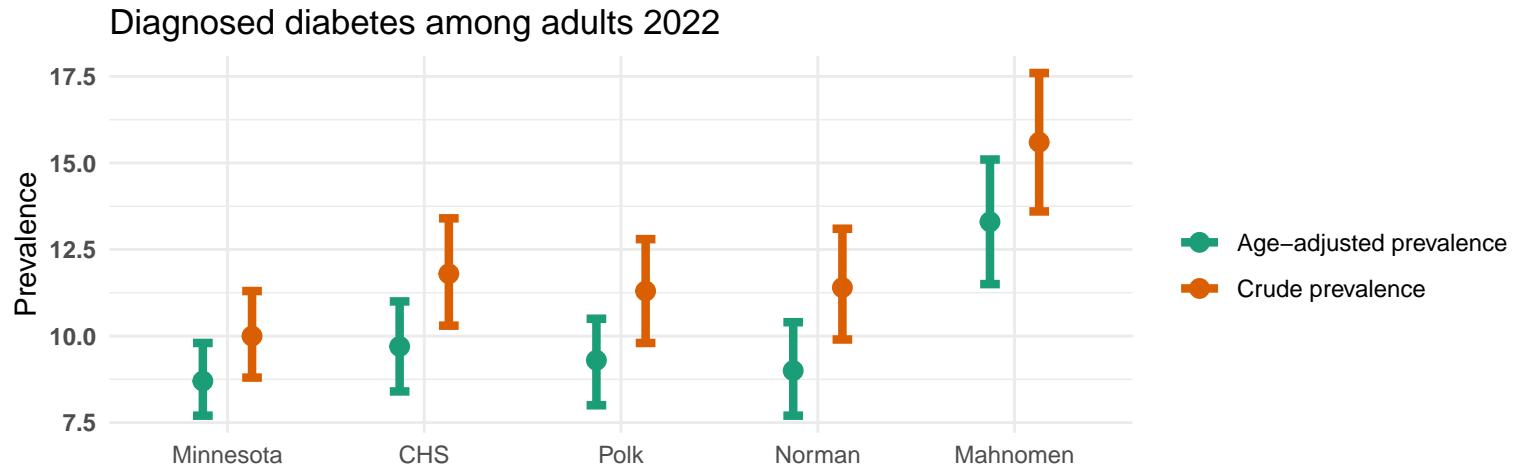
Diabetes, Obesity, and Physical Activity Data

Our local challenges in healthcare access and service consistency are further reflected in the broader health metrics for the state, such as diabetes, obesity, and physical activity levels.

The age-adjusted prevalence for diabetes is similar between Minnesota, Norman, and Polk. However, Mahnomen does have a higher prevalence of diabetes than Polk County and Norman County. The hope would be that all three counties would be doing reasonably well in the optimal diabetic care. However, we are lower compared to Minnesota.

Optimal diabetic care consists of controlling ones blood pressure (less than 140/90 mmHg), maintaining ones HbA1c (< 8.0 mg/dL), taking a statin if its tollorated, a non-tobacco user, and being on a daily aspirin if the patient has ischemic vascular disease Minnesota Department of Health (2018-2022). his care is specifically targeted at patients aged 18-75.

Similarly, the patterns observed in physical activity and obesity among adults mirror those seen in diabetes prevalence. Mahnomen County, in particular, has a higher age-adjusted prevalence of no leisure-time physical activity and obesity compared to the rest of the group.



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	7.7	8.7	9.8	Crude	Minnesota	8.8	10.0	11.3
Age-Adjusted	CHS	8.4	9.7	11.0	Crude	CHS	10.3	11.8	13.4
Age-Adjusted	Polk	8.0	9.3	10.5	Crude	Polk	9.8	11.3	12.8
Age-Adjusted	Norman	7.7	9.0	10.4	Crude	Norman	9.9	11.4	13.1
Age-Adjusted	Mahnomen	11.5	13.3	15.1	Crude	Mahnomen	13.6	15.6	17.6

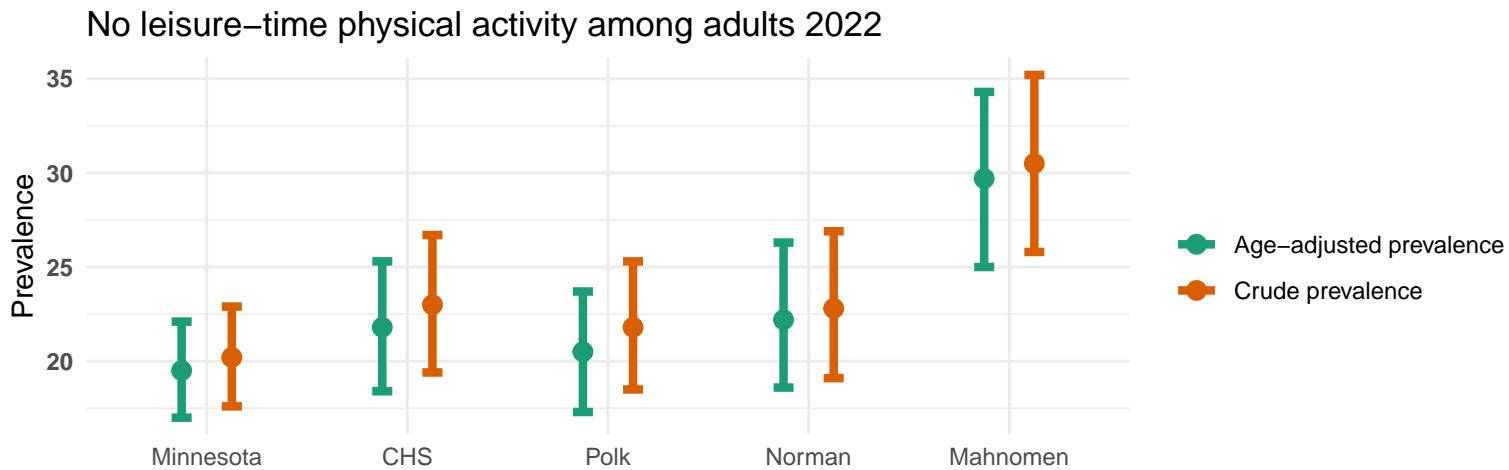
PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>



Year	Location	Optimal Care Rate
2021	Minnesota	0.44
2022	Minnesota	0.45
2021	Polk	0.34
2022	Polk	0.32
2021	Norman	0.39
2022	Norman	0.37
2021	Mahnomen	0.42
2022	Mahnomen	0.38

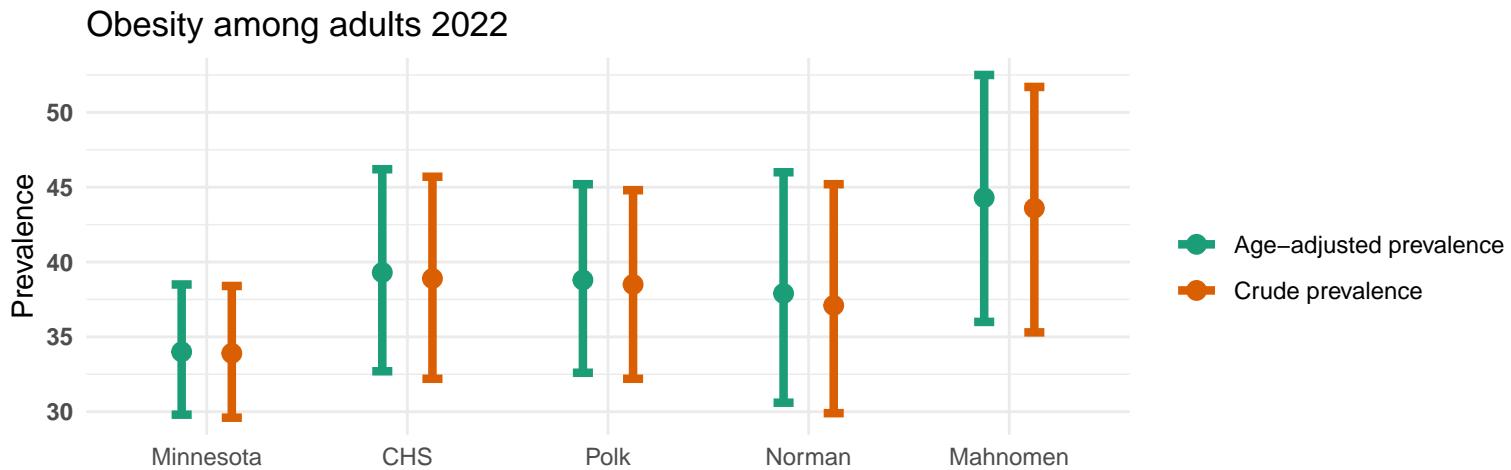
Minnesota Statewide Quality Reporting and Measurement System Public Use File,

Minnesota Department of Health, [2018–2022]. <https://www.health.state.mn.us/data/hcquality/pufs.html>



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	17.0	19.5	22.1	Crude	Minnesota	17.6	20.2	22.9
Age-Adjusted	CHS	18.4	21.8	25.3	Crude	CHS	19.4	23.0	26.7
Age-Adjusted	Polk	17.3	20.5	23.7	Crude	Polk	18.5	21.8	25.3
Age-Adjusted	Norman	18.6	22.2	26.3	Crude	Norman	19.1	22.8	26.9
Age-Adjusted	Mahnomen	25.0	29.7	34.3	Crude	Mahnomen	25.8	30.5	35.2

PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>



Type	Location	Low CI	Prevalence	High CI	Type	Location	Low CI	Prevalence	High CI
Age-Adjusted	Minnesota	29.8	34.0	38.5	Crude	Minnesota	29.6	33.9	38.4
Age-Adjusted	CHS	32.7	39.3	46.2	Crude	CHS	32.2	38.9	45.7
Age-Adjusted	Polk	32.6	38.8	45.2	Crude	Polk	32.2	38.5	44.8
Age-Adjusted	Norman	30.6	37.9	46.0	Crude	Norman	29.9	37.1	45.2
Age-Adjusted	Mahnomen	36.0	44.3	52.5	Crude	Mahnomen	35.3	43.6	51.7

PLACES. Centers for Disease Control and Prevention. Accessed 11/12/2024. <https://www.cdc.gov/places>

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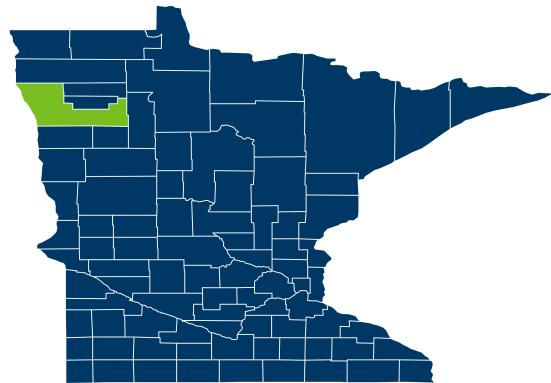
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- . 2024. "Local Area Unemployment Statistics (LAUS) Tool." <https://mn.gov/deed/data/data-tools/county-profiles/>.
- Minnesota Department of Health. 2018-2022. "Minnesota Statewide Quality Reporting and Measurement System Public Use File." <https://www.health.state.mn.us/data/hcquality/pufs.html>.
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- group(P9)&ucgid=pseudo(0400000US27\$0500000).
_____. 2020b. "RACE." [https://data.census.gov/table/DECENNIALPL2020.P1?g=040XX00US27\\$0500000](https://data.census.gov/table/DECENNIALPL2020.P1?g=040XX00US27$0500000).
_____. 2022. "Age and Sex." [https://data.census.gov/table/ACSST5Y2022.S0101?g=040XX00US27\\$0500000](https://data.census.gov/table/ACSST5Y2022.S0101?g=040XX00US27$0500000).

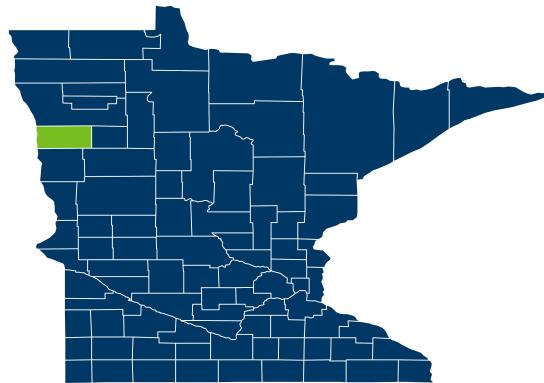
Together We Can Build A Better Future

Please reach out if you have any questions. Below are some extra community resources.

Polk County



Norman County



Mahnomen County

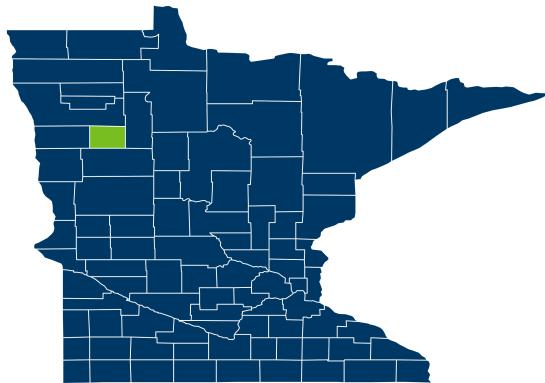


Figure 1: Please click anywhere on the county map to go to a resource page regarding the following topics.

- Housing Instability
- Food Insecurities
- Transportation
- Utility Needs
- Interpersonal Safety