

Southern St. Louis County

Community Health Assessment 2012 - 2013

Purpose

The purpose of the community health assessment is to convene a diverse stakeholder group to identify what factors affect the health of its population and what resources are available within the community to address these factors. Completing a Community Health Assessment is a core function of local public health.

Data Sources

- Bridge to Health - BTH (2000, 2005, 2010)
- Minnesota Student Survey MSS (2004, 2007, 2010)
- Minnesota Department of Health Statistics
- Minnesota Department of Human Services
- Census Data

Process

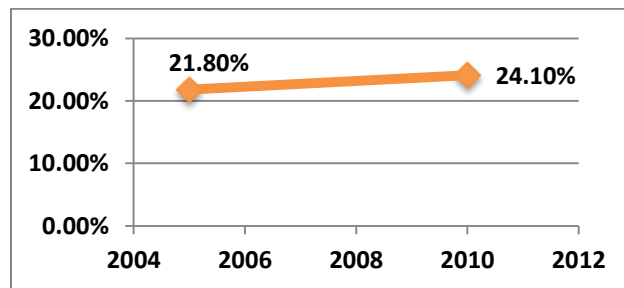
- Highlighted data sets from the above sources were compiled into a Community Health Assessment Data Profile Document. The Profile is posted online at www.communityhealthboard.org (Health Data tab)
- An opinion survey was distributed and completed by 109 St. Louis County residents.
- Community stakeholders met during 2012- 2013 to review data and identify top health issues.

Partners Involved:

- Lake Superior College – Nursing Program
- Arrowhead Parish Nurse Association
- Healthcare Systems -Essentia Health & St. Luke's
- American Lung Association
- Integrity Health
- Lake Superior Healthcare Center
- Arrowhead Area Agency on Aging
- Community Action Duluth
- Institute of Sustainable Futures
- CHUM Agency
- LISC Director
- Gloria Dei Lutheran Church
- United Way
- UMD Medical School
- Ely Bloomenson Hospital

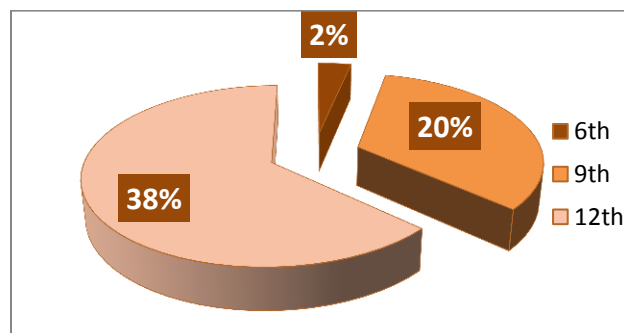
Priority: Obesity

According to data from Bridge To Health, from 2005 to 2010, percentage of adults reported as obese increased from 21.8% to 24.1% (BTH).



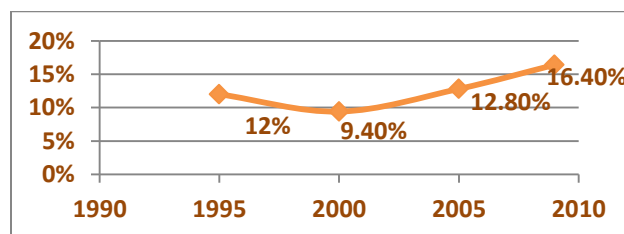
Priority: Alcohol, Tobacco and other Drug use in Children and Adolescents

The percentages of adolescents who reported as using marijuana on one or more days in the last two months (2010) were 6th graders- 2%, 9th graders- 20%, and 12th graders- 38% (MSS).



Priority: Disparity and Inequity related to Poverty

According to Minnesota Department of Health, percentages of people reported as living in poverty were in 1995- 12%, 2000- 9.4%, 2005- 12.8%, 2009- 16.4% (MDH).



Priority: High number of single parent households in poverty

According to Minnesota Department of Health, percentages of single females with children under 18 living in poverty 2006-2010 were 44.3% (MDH).

Priority: High Smoking rate in Pregnancy

Percentage of mothers who smoked during pregnancy
1996-2000 – 22%
2001-2005- 22.6%
2006-2010- 20.3%

Priority: Poor Dental Access

Percentage of adults who reported as postponing dental work in the past year were in 2000- 25.5%, 2005- 23.8%, 2010- 22.4% (BTH).

Priority: Lack of Exercise

According to Bridge to Health, percentage of adults who reported as engaging in moderate activity 3 or more days a week for at least 30 minutes decrease from 2005- 69.2% to 2010- 40.7% (BTH).

Priority: Uninsured/Uninsured

Percentages of adults who reported as uninsured were 2000 – 4.8%, 2005- 9.1% and 2010- 8.3% (BTH).

Priority: High Incidence of Heart Disease

According to Bridge to Health, percentages of adults reported with heart trouble or angina were in 200- 8.1%, 2005- 9.3% and 2010-8.8% (BTH).

Priority: High rates of Anxiety and Depression

According to Bridge to Health, percentages of adults reported with anxiety were in 2000- 5.1%, 2005- 6.5% and 2010- 8.6 % (BTH). According to Bridge to Health, percentages of adults reported with depression were in 2000- 7.8%, 2005- 13.3% and 2010- 12.5% (BTH).

Priority: Unprotected Sex in Adolescents

Priority: Healthcare needs to integrate public health and mental health

The percentages of adolescents who reported feeling under great pressure in the last 30 days (2010) are 12th graders - 41%, 9th graders 29%, 6th graders – 17% (MSS).

