Limited awareness of services

(Social, economic and clinical care factors)

Rating criterion	Data highlights
Magnitude	There is insufficient data available to understand whether Woodbury residents are aware of the proper services they need to be healthy. Limited awareness of services may lead to residents to not seek needed services, such as access to health insurance where 4% of Woodbury residents have no health insurance coverage[1]. About 15% of Woodbury residents speak another language at home other than English. Of this, about 5% say they speak English less than "very well"[2].
Impact	Older residents who are isolated, lower-income residents and resident of Limited English Proficiency (LEP) are less likely to be aware of services and navigate the necessary channels to access services.
Seriousness	Limited awareness of services can impact health, such as access to health care services, which can result in late diagnoses or poor management of chronic health conditions that can contribute to poorer health outcomes and reduced quality of life.
Interest	This topic was the 12th most common theme from the community conversations and ranked 8th by the leadership team. Community comments include: lack of awareness to available services and resources, navigation support for resources, and lack of communication outside constituent/customer relationships. About 8 in 10 residents awarded "excellent" or "good" ratings to the quality of public information and City communications; only four percent of respondents felt that the quality was "poor."[3] In Woodbury, the major source that residents go to for information is: The Woodbury City Update Newsletter (57%), Parks and Rec Brochure (43%), Daily/Local newspaper (33%), Other resident/word of mouth (31%), and City website (30%)[4].

[1,2] American Community Survey 2010-2014.
[3,4] City of Woodbury 2015 Resident Survey.

Woodbury THRIVES
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Criteria and ratings used in the prioritization process

	Rating categories	Rating assigned
Magnitude How many people are affected? What is the variance from key targets, when applicable? How many people will be impacted in the future?	A= 30% of the population or more B=20-29% C=10-19% D=less than 10%	**Unclear**
Impact What populations/geographic areas experience greater burden (i.e., health disparities)?	A = disparities evident B = no disparities noted	**A**
Seriousness Does the problem lead to death, disability, or impairment of quality of life?	A = direct cause of death/disability/impairment B = contributing cause C =general risk factor for health	**C**
Seriousness What are the emerging trends?	A = likely to increase B = likely to stay constant C = likely to improve	**B**
Identified need How did stakeholder group(s) rank this as a priority concern? (7/8)	A = 1 or 2 B = 3 or 4 C = 5 or 6 D = 7 or 8	**D/D**

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Growing obesity rate

(Healthy behavior factor)

Rating criterion	Data highlights
Magnitude	Although obesity is a problem for many residents, adult obesity rate for the state (26.1%) and Washington County has exceeded the Healthy People 2020 goal (adult obesity rate of less than 30.8%) in 2014[1]. Approximately 34% of Washington County adults reported being overweight and 24% obese[2]. According to HealthEast clinic patient data, more than 4,900 patients who live in Woodbury are overweight or obese.
Impact	In Minnesota, obesity rates are higher among lower-income residents than higher-income residents[3]. Although local data are not available, national estimates suggest disparities in obesity by race/ethnicity. Obesity rates by racial/ethnic group are not available through local data sources.
Seriousness	Obesity is a risk factor for many chronic diseases. People who are at a healthy weight are less likely to experience premature death, develop chronic diseases, including type 2 diabetes, heart disease, and some types of cancer, and experience complications during pregnancy[4].
Interest	Stakeholders were not asked about obesity directly. However, across all stakeholder groups, obesity-related concerns were discussed. Comments from community members include: access to healthy foods, affordable food options that are quick to make.

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[1] MDH Center for Health Statistics, 2014.

[2] Metro SHAPE 2014 Survey.

[3] Behavioral Risk Factors Surveillance System, 2014 data.

[4] Healthy People 2020.

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Criteria and ratings used in the prioritization process

	Rating categories	Rating assigned
Magnitude How many people are affected? What is the variance from key targets, when applicable? How many people will be impacted in the future?	A= 30% of the population or more B=20-29% C=10-19% D=less than 10%	A
Impact What populations/geographic areas experience greater burden (i.e., health disparities)?	A = disparities evident B = no disparities noted	A
Seriousness Does the problem lead to death, disability, or impairment of quality of life?	A = direct cause of death/ disability/impairment B = contributing cause C =general risk factor for health	A
Seriousness What are the emerging trends?	A = likely to increase B = likely to stay constant C = likely to improve	A
Identified need How did stakeholder group(s) rank this as a priority concern? (3/4)	A = 1 or 2 B = 3 or 4 C = 5 or 6 D = 7 or 8	B/B

Inadequate transportation

(Social and economic factors)

Rating criterion	Data highlights
Magnitude	The topic of inadequate transportation includes transportation issues within the city of Woodbury and between Woodbury and the greater Twin Cities. Over 33,000 east metro residents do not have a household vehicle. About 2.2% of Woodbury residents do not have access to a vehicle[1]. One in five (22%) residents indicated that expanded mass transit options should be the top priority for the city to focus on for the next two years[2]. Currently, there is limited transportation data.
Impact	Lower-income, residents with disabilities and aging residents are more likely to rely on public transportation to access health care services, community resources, and places of employment.
Seriousness	Regardless of the mode of transportation chosen by residents, limited transportation options can make it difficult for residents to seek the health care and other community services they need to support health and improve quality of life. Reliable transportation helps ensure residents can purchase healthy foods, access health care services and other supports, and socialize with others.
Interest	About 50%of Woodbury residents would be "very" or "somewhat" likely to use bus rapid transit connection from Woodbury to the Central Corridor line between Saint Paul and Minneapolis while about 40% would be likely to use expanded express bus service to downtown Minneapolis and Saint Paul[3]. About 30% would be likely to use a local bus system to provide service within Woodbury between neighborhoods, retail and commercial areas and park and ride lots[4]. Multiple stakeholder groups identified transportation issues, including insufficient public transit infrastructure or unreliable options as a barrier to health. Comments from community includes: access to reliable transportation options, particularly for seniors; intra-city transportation solutions.

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[1] American Community Survey 2010-2014.

[2-4] City of Woodbury 2015 Resident Survey.

Woodbury THRIVES
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Criteria and ratings used in the prioritization process

	Rating categories	Rating assigned
Magnitude How many people are affected? What is the variance from key targets, when applicable? How many people will be impacted in the future?	A= 30% of the population or more B=20-29% C=10-19% D=less than 10%	**Unclear**
Impact What populations/geographic areas experience greater burden (i.e., health disparities)?	A = disparities evident B = no disparities noted	**Unclear**
Seriousness Does the problem lead to death, disability, or impairment of quality of life?	A = direct cause of death/ disability/impairment B = contributing cause C =general risk factor for health	**B**
Seriousness What are the emerging trends?	A = likely to increase/worsen B = likely to stay constant C = likely to improve	**A**
Identified need How did stakeholder group(s) rank this as a priority concern? (6/6)	A = 1 or 2 B = 3 or 4 C = 5 or 6 D = 7 or 8	**C/C**

Increased prevalence of poverty

(Social and economic factors)

Rating criterion	Data highlights
Magnitude	In the east metro, over 130,000 residents live in poverty and an additional 160,000 residents live at risk of entering poverty[1]. While the median household income for Woodbury is almost $99,000, poverty still exists[2]. The rate of poverty in Woodbury is 3.5% for residents with incomes at or below 100% Federal Poverty Line (FPL) and 7% for residents with incomes between 100-200%[3]. In Woodbury, at least 35% of renters are considered "cost-burdened households" (defined as spending 30% or more of their income on housing-related costs) compared to 20% of homeowners[4]. In South Washington School District, there were a total of 116 homeless students and of this total, 36 students attended a school in Woodbury[5].
Impact	In Minnesota, persons of color are more likely to live in poverty than white residents. In the 7-county Twin Cities region, 24% of persons of color live in poverty, compared to 6% of white residents[6]. Children experience poverty at higher rates than adults. In Woodbury, about 9.3% of children (age 17 and under) live in poverty[7].
Seriousness	There is a strong association between income and health. Across multiple indicators of health, people with lower incomes tend to have poorer health outcomes. Lower-income neighborhoods may lack the resources and amenities that support health.
Identified need	Poverty or concerns about affordable services and resources was identified as a barrier to health by all stakeholder groups. Affordability and cost was the fourth most common barrier to health among community conversation respondents. Comments from community members include: affordable housing options, daycare, and services for all; access to affordable and healthy foods, eliminating homeless in children/youth population, addressing poverty among senior population.

[1-4,6-7] American Community Survey 2010-2014. The 2014 federal poverty line (FPL) for a family of four was $23,850.

[5] Community Action Reaching Every Student, District Homeless Liaison

Woodbury THRIVES
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Criteria and ratings used in the prioritization process

	Rating categories	Rating assigned
Magnitude How many people are affected? What is the variance from key targets, when applicable? How many people will be impacted in the future?	A= 30% of the population or more B=20-29% C=10-19% D=less than 10%	D
Impact What populations/geographic areas experience greater burden (i.e., health disparities)?	A = disparities evident B = no disparities noted	A
Seriousness Does the problem lead to death, disability, or impairment of quality of life?	A = direct cause of death/ disability/impairment B = contributing cause C =general risk factor for health	A
Seriousness What are the emerging trends?	A = likely to increase B = likely to stay constant C = likely to improve	Unclear
Identified need How did stakeholder group(s) rank this as a priority concern? (4/5)	A = 1 or 2 B = 3 or 4 C = 5 or 6 D = 7 or 8	B/C

Lack of social connectedness

(Social, economic and physical environment factors)

Rating criterion	Data highlights
Magnitude	There is insufficient data to determine the number of residents who live in isolation. However, isolation may be a particular concern as east metro residents age. In Washington County, one-fourth of its residents age 65 or older live alone; while 6% of Woodbury adults age 65 and older live alone. In a City of Woodbury 2015 Resident Survey, 35% of residents rated the sense of community in Woodbury as "Fair" or "Poor". In the same survey, 42% of the residents said they have neither strong ties to their neighborhood nor to the community as a whole—an increase of 33% from 2013.
Impact	Aging residents, communities of color, and residents without reliable transportation are all at greater risk of being socially isolated.
Seriousness	Social isolation is a risk factor for chronic conditions, including obesity, high blood pressure, cancer, and diabetes.[1,2] Multiple issues may contribute to this association. Isolated residents can experience higher stress levels and delay seeking care for potential health concerns. Individuals who are isolated may not know about and take advantage of health resources available to them. In addition, they may feel higher levels of stress, which can lead to coping mechanisms (e.g., poor eating habits, tobacco use, alcohol abuse, inadequate sleep) that result in poorer health. Isolation can also mask symptoms of poor health and lead to delays in seeking care.[3]
Interest	Social isolation was identified as a health concern among community conversation respondents. A small subset of residents expressed not feeling connected to residents outside of their cultural community, particularly if there is a cultural, language or age divide. Comments from community members include: More community gatherings to engage with others, low-cost community spaces to meet and build peer relationship, independent living for seniors.

[1]Cacioppo, J. & Hawkley, L. (2013). Social isolation and health, with an emphasis on underlying mechanisms. *Perspectives in Biology and Medicine, (3 Suppl)*: S39-S52.

[2] Lochner, et al., (2003). Social capital and neighborhood mortality rates in Chicago. *Social Science & Medicine, 8*, 1979-1085.

[3] Institute of Medicine. (2001). Health and behavior: The interplay of biological, behavioral, and societal influences. Washington D.C., National Academy Press.

Criteria and ratings used in the prioritization process

	Rating categories	Rating assigned
Magnitude How many people are affected? What is the variance from key targets, when applicable? How many people will be impacted in the future?	A= 30% of the population or more B=20-29% C=10-19% D=less than 10%	**A**
Impact What populations/geographic areas experience greater burden (i.e., health disparities)?	A = disparities evident B = no disparities noted	**Unclear**
Seriousness Does the problem lead to death, disability, or impairment of quality of life?	A = direct cause of death/ disability/impairment B = contributing cause C =general risk factor for health	**B**
Seriousness What are the emerging trends?	A = likely to increase B = likely to stay constant C = likely to improve	**A**
Identified need How did stakeholder group(s) rank this as a priority concern? (8/1)	A = 1 or 2 B = 3 or 4 C = 5 or 6 D = 7 or 8	**D/A**

Need to be more inclusive

(Social factors)

Rating criterion	Data highlights
Magnitude	There is insufficient data available to understand whether Woodbury (or Washington County) residents have the social supports that they need to be healthy. In Woodbury, communities of color (non-Caucasian, non-Hispanic origin) make up 26% of the population; and 10.5% of this population are foreign born[1]. Among Woodbury residents, about 15% speak another language at home other than English[2]. Of this 15 percent, about 5% say they speak English less than "very well"[3]. For students, Hmong (3.4%) and Spanish (2.3%) are the second and third most common home languages spoken among students in Washington County School districts[4].
Impact	Aging residents, communities of color, and residents with special needs are all at risk of being excluded. Although an asset of immigrant and refugee communities is often the tight-knit relationships in place, they may not feel connected to residents outside of their cultural community, particularly if they do not share the same language. As residents age, they may have fewer opportunities to connect with others if declining physical health impacts their mobility. In Washington County, 26% of residents age 65 or older live alone[5].
Seriousness	With the dramatic increase in the number and proportion of aging residents, and growing diverse population, the need for more inclusive and culturally-specific services are likely to be in greater demand as the region becomes more diverse. In Washington County, there is an anticipated increase in the following populations: Black/African American (11.8%), Asian (9.8%) and Hispanic/Latino (4.9%)[6].
Interest	The need to be more inclusive was identified as the second most important priority by the Woodbury THRIVES leadership team. Inclusivity was among the top ten health concerns among community conversation respondents. Community conversations included an interfaith focus group from the following faith groups: Christian, Muslim, Jewish, Atheist and Agnostic. Comments from community members included: Cultural understanding, seek out and engage underrepresented voices from the community, communities (faith and neighborhoods) are siloed.

[1-3,5] American Community Survey 2010-2014.

[4] 2016 Minnesota Student Survey.

[6] Department of Employment and Economic Development, American Community Survey 2015 Estimates.

Woodbury THRIVES
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Criteria and ratings used in the prioritization process

	Rating categories	Rating assigned
Magnitude How many people are affected? What is the variance from key targets, when applicable? How many people will be impacted in the future?	A= 30% of the population or more B=20-29% C=10-19% D=less than 10%	B
Impact What populations/geographic areas experience greater burden (i.e., health disparities)?	A = disparities evident B = no disparities noted	A
Seriousness Does the problem lead to death, disability, or impairment of quality of life?	A = direct cause of death/ disability/impairment B = contributing cause C =general risk factor for health	B
Seriousness What are the emerging trends?	A = likely to increase B = likely to stay constant C = likely to improve	A
Identified need How did stakeholder group(s) rank this as a priority concern? (5/2)	A = 1 or 2 B = 3 or 4 C = 5 or 6 D = 7 or 8	C/A

Physical inactivity

(Healthy behavior factors)

Rating criterion	Data highlights
Magnitude	Across the 6-county metro area, about 76% of adults reported spending six or more hours in front of a screen or sitting at a table for work or enjoyment on a typical day[1]. The trend is similar for about 73% of Washington County adults. About 12% of Washington County adults reported that they have not participated in a physical activity (such as gardening, walking, exercising) within the last 30 days and one-third said they are insufficiently active (less than 150 minutes of physical activity per week) in a usual week[2].
Impact	In the 6-county metro area, rates of physical inactivity are higher among lower-income residents, younger working residents and residents with a college degree or higher[3]. In Washington County, 22% of adults do not meet the Healthy People 2020 physical activity guidelines (150 minutes per week of aerobic activity guideline through leisure time)[4]. There is no data available describing rates of physical inactivity by race/ethnicity.
Seriousness	Physical inactivity contributes to obesity, a risk factor for many chronic diseases including heart disease, type 2 diabetes, some types of cancer, and complications during pregnancy[5]. As technology becomes more readily available and used in the workforce and home life, there is a risk that a more sedentary lifestyle will be adopted.
Interest	One-third of residents said that there is (far) too little indoor gym space for physical activity[6]. The top concern among community conversation respondents was physical inactivity. Local stakeholders saw a need for improved sidewalks/walking paths with connections, lack of places for physical activity, such as indoor options, particularly during cold winter months. In addition, residents noted the need for more affordable options.

[1-4] Metro SHAPE 2014 Survey.

[5] Healthy People 2020.

[6] City of Woodbury 2015 Resident Survey.

Criteria and ratings used in the prioritization process

	Rating categories	Rating assigned
Magnitude How many people are affected? What is the variance from key targets, when applicable? How many people will be impacted in the future?	A= 30% of the population or more B=20-29% C=10-19% D=less than 10%	**B**
Impact What populations/geographic areas experience greater burden (i.e., health disparities)?	A = disparities evident B = no disparities noted	**A**
Seriousness Does the problem lead to death, disability, or impairment of quality of life?	A = direct cause of death/ disability/impairment B = contributing cause C =general risk factor for health	**A**
Seriousness What are the emerging trends?	A = likely to increase B = likely to stay constant C = likely to improve	**A**
Identified need How did stakeholder group(s) rank this as a priority concern? (1/3)	A = 1 or 2 B = 3 or 4 C = 5 or 6 D = 7 or 8	**A/B**

Woodbury THRIVES
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Unmet mental health and stress support
(Clinical care and social factors)

Rating criterion	Data highlights
Magnitude	According to the Substance Abuse and Mental Health Services Administration (SAMSHA) nearly 20% of adults experience a diagnosable mental illness, with approximately 5% of adults meeting the criteria for serious mental illness (SMI).[1,2] In addition, between 14-20% of children, youth, and young adults experience some type of mental health or social-emotional disorder. Applying these estimates to adults living the east metro region, approximately 194,000 adults and 30,000 children experience diagnosable mental health problems; nearly 50,000 adult residents experience serious mental illness.[3] In Washington County, 17% of adults reported having depression[4]. For students in Washington County, 9th and 11th grade female students were twice more likely than their male counterparts to have a long-term (lasting 60+ days) mental health, behavioral or emotional problems[5]. In a City of Woodbury 2015 Resident Survey, 59% rated depression, suicide and mental health as major or moderate health concerns in Woodbury.
Impact	Mental illness can affect persons of any age and cultural group. However, traumatic experiences or life circumstances that result in chronic stress (e.g., homelessness, poverty) can exacerbate poor mental health symptoms and impede recovery. People with lower incomes or high deductible/high co-pay health insurance plans may have more difficulty affording and accessing mental health treatment service. New immigrant and refugee populations who have experienced war or other types of violence, displacement from their home and community, extreme poverty, may be experiencing symptoms of post-traumatic stress disorder (PTSD). Unfamiliarity with the mental health system, a lack of culturally-specific mental health providers, and feelings of stigma can be significant barriers to seeking mental health services.
Seriousness	Deaths due to suicide are the third leading cause of premature death in the east metro. A recent Minnesota Department of Health study found that the average life expectancy of adults with SMI is 58 years, compared to 82 years for the general population.[6] While some of this difference is the result of suicide, mental illness can impact overall health and quality of life. Poor mental health can contribute to a range of other issues that impact quality of life and overall health. There are associations between mental illness, poor physical health, and substance abuse. The number of residents experiencing dementia and

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[1] National Survey on Drug Use and Health. (2012). State estimates of adult mental illness. Retrieved from http://www.samhsa.gov/data/2k11/WEB_SR_078/SR110StateSMIAMI2012.htm

[2] Serious Mental Illness (SMI) is defined as mental illness that leads to significant impairment in one or more major life activities, such as employment or functioning in the home.

[3] Kessler, et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry, 62*, 593-602.

[4] Metro SHAPE 2014 Survey.

[5] 2016 Minnesota Student Survey

[6] Minnesota Department of Human Services, Mental health. Retrieved from:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000085

other mental health problems will increase with a growing aging population.

Interest	Mental health and stress support was the second most common barrier to health among community conversation respondents.
	Community concerns include: stress reduction techniques and trainings, mental health and illegal drug use among youths, mental health supports, services and resources in schools and for immigrant refugees.

Criteria and ratings used in the prioritization process

	Rating categories	Rating assigned
Magnitude How many people are affected? What is the variance from key targets, when applicable? How many people will be impacted in the future?	A= 30% of the population or more B=20-29% C=10-19% D=less than 10%	C
Impact What populations/geographic areas experience greater burden (i.e., health disparities)?	A = disparities evident B = no disparities noted	A
Seriousness Does the problem lead to death, disability, or impairment of quality of life?	A = direct cause of death/ disability/impairment B = contributing cause C =general risk factor for health	A
Seriousness What are the emerging trends?	A = likely to increase B = likely to stay constant C = likely to improve	A
Identified need How did stakeholder group(s) rank this as a priority concern? (2/7)	A = 1 or 2 B = 3 or 4 C = 5 or 6 D = 7 or 8	A/D