Community Health Needs Assessment

2019

Dear Community:

On behalf of the medical staff and employees at Glencoe Regional Health, I would like to extend our sincere thanks for the opportunity to care for you. Our mission is to provide high quality, convenient, and personal health care. We do so by providing comprehensive, evidence-based, cost-effective health care services and education. We collaborate with others to coordinate and improve the health of our communities and commit our skills and resources to benefit the whole person through all stages of life.

Glencoe Regional Health strives to be the health care provider of choice and employer of choice in our area. Our core values include:

- Compassion
- Authenticity
- Respect
- Excellence
- Service

To support the fulfillment of our mission and vision as a nonprofit hospital, as well as meet the requirements enacted by the 2010 Patient Protection and Affordable Care Act, Glencoe Regional Health has conducted a community health needs assessment (CHNA). A CHNA is a review of current health data, activities, resources, initiatives, gaps, and limitations to identify key health needs and areas of improvement.

We are pleased to present you with the results of our 2019 CHNA. We invite your feedback and comments on our current CHNA, as your input will help guide and impact our next CNHA, which will be undertaken again in three years.

Sincerely,

Patricia D. Henderson, RN, BSN, MBA
Chief Nursing Officer and Interim President and CEO

Executive Summary

Glencoe Regional Health (GRH) is required to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years. The following document, and past and future activities described therein, serve to meet that requirement. The implementation strategy was approved by the Glencoe Regional Health Board of Directors on November 25, 2019.

Our CHNA process began in March 2018. This was a collaborative process involving our local hospitals and public health. Through regular meetings and discussions, a community behavioral health survey was deployed, similar to one that occurred in 2014. Work continued throughout 2018 and 2019, with strategic efforts identified and implemented to gain community input into the health issues facing our communities. Information was shared among the organizations as it related to individual efforts occurring by each group. Through this work and the review of available data, priority areas emerged.

Additionally, we partnered with students from Ridgewater College's Minnesota Alliance for Nursing Education (MANE) nursing program to assist us in our CHNA process. Through this partnership data trends were analyzed, additional key community stakeholders were identified and surveyed, priority areas were reaffirmed, and recommendations emerged on our implementation strategy.

Similar to our past CHNAs, the highest-priority health needs for the community served by Glencoe Regional Health were identified as access to needed services (specifically mental health) and obesity trends (especially in our female population). Responding to those obesity trends will call for us to positively impact individual behavioral choices related to healthy eating and being active. An additional emerging area of concern was identified late in our process related to vaping lung disease.

The GRH Board of Directors reviewed the health status statistics and trends for GRH's service area, as well as the work completed by the Ridgewater nursing students. The Board also reviewed the priorities and recommendations developed. (There were no community-supplied comments on the 2016 CHNA to take into consideration.) Based upon an analysis of GRH's capabilities and capacity, it was decided to continue our efforts to focus upon mental health during the next three years. It was also determined that we need to increase efforts to impact obesity and physical activity, being mindful to focus on efforts that impact women when possible. The planned intervention is as follows:

- Mental Health
    - We will support local community and public health efforts; provide training opportunities for staff, providers and the community; increase community awareness of mental health and local resources available; and establish a sustainable mental health counseling service. We will also continue our partnership with Behavior Healthcare Providers (BHP)/Diagnostic Evaluation Centers (DEC) within our Emergency Department to provide mental health triage services. Additionally, we will partner with the GRH Foundation to explore the creation of scholarships specifically for students pursuing degrees related to mental health.

- Obesity
    - Our interventions for obesity will focus on efforts to educate patients and the community about healthy choices and lifestyles, especially MyPlate, the nutrition guide published by the USDA. We will also begin implementation and promotion of Motion, our new motivational wellness program. We will partner with the GRH Foundation on the creation of a walking path around the hospital that would be accessible to the community. We will also explore opportunities to participate in and/or host events where a focus on healthy eating and physical activity would be appropriate. Additionally, our providers will continue to address the issue on a per patient basis at individual appointments.

- Vaping Lung Disease
    - Because vaping is an emerging issue and data is still forthcoming, it is not a focus or official priority area for this CHNA. However, we recognize that this issue may need more attention going forward. In anticipation of this, we will monitor trends, State data, and our own admissions related to vaping lung disease. As additional data becomes available, we will support and partner with our local public health agencies as needed on efforts to educate the community about vaping and its impact on health.

We truly believe this CHNA and associated implementation strategy will benefit community health, thus supporting Glencoe Regional Health's mission of providing comprehensive, high quality, cost effective, community-based health care services to the residents of the communities we serve.

This Community Health Needs Assessment (CHNA) was conducted partially in response to the enactment of the Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119(2010)), of Section 501(R) of the Internal Revenue Code. According to REG-106499-12: "Section 501(c)(3) requires a hospital organization to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA."

In addition to this legal requirement, the CHNA and associated implementation strategy support the fulfillment of the mission of Glencoe Regional Health. It also supports a goal of GRH to institute a functional health care home model to enhance the coordination and delivery of primary care services to patients in our service area.

Comments on the CHNA and its accompanying implementation strategy can be emailed to GRH at CHNA.Comments@grhsonline.org.

Community Served by the Hospital Facility

GRH has determined its service area by reviewing patient origin over time. This was accomplished by identifying of patients' place of residence. Patient origin has been fairly consistent year-over-year, as noted in Table 1. For the purpose of this CHNA, the primary service area of Glencoe Regional Health is McLeod County, from which approximately 71% of its patients originated over the past five years.

Table 1

Total Hospital Admissions					
City/Zip Code	**2014**	**2015**	**2016***	**2017**	**2018**
GLENCOE - 55336	36.34%	36.4%	38.81%	38.88%	35.00%
STEWART - 55385	2.50%	3.3%	2.77%	3.12%	2.71%
GAYLORD - 55334	8.27%	5.4%	5.45%	6.13%	6.67%
LESTER PRAIRIE - 55354	5.2%	7.3%	5.07%	5.93%	5.83%
BROWNTON - 55312	5.1%	3.3%	3.82%	4.37%	3.96%
HUTCHINSON - 55350	12.7%	11.5%	15.30%	13.62%	10.42%
ARLINGTON - 55307	4.2%	4.2%	2.39%	3.53%	3.54%
WINSTED - 55395	2.7%	4.1%	3.06%	2.91%	2.08%
SILVER LAKE - 55381	3.5%	3.9%	2.68%	2.70%	2.60%
PLATO - 55370	1.4%	1.3%	1.91%	2.39%	2.40%
NEW AUBURN - 55366	1.2%	1.3%	0.76%	1.04%	1.67%
NORWOOD-YOUNG AMERICA - 5368/55397	0.9%	1.9%	1.72%	1.14%	2.92%
GREEN ISLE - 55338	0.9%	1.0%	1.34%	.62%	2.29%
HAMBURG - 55339	0.3%	1.0%	0.57%	.94%	.83%
BUFFALO LAKE - 55314	2.5%	2.4%	3.73%	1.87%	2.29%
OTHER	12.2%	11.9%	10.62%	10.81%	14.79%
McLeod County:	**69.44%**	**71.1%**	**73.42%**	**73.92%**	**65.00%**
Non-McLeod County:	30.7%	29.0%	26.58%	26.08%	35.00%
TOTAL	100.0%	100.0%	100.00%	100.00%	100.00%

**2016 data shown here varies slightly from the data shown in the 2016 CHNA. A full year of data was not available at the time the 2016 report was written and filed. The numbers shown here reflect the entire year.*

Primary Market Area, Glencoe Regional Health Services, Glencoe, Minnesota

Custom Territories
- Glencoe Zip Code
- Primary Market Area

Copyright © and (P) 1988–2006 Microsoft Corporation and/or its suppliers. All rights reserved. http://www.microsoft.com/mappoint/
Portions © 1990–2005 InstallShield Software Corporation. All rights reserved. Certain mapping and direction data © 2005 NAVTEQ. All rights reserved. The Data for areas of Canada includes information taken with permission from Canadian authorities, including: © Her Majesty the Queen in Right of Canada, © Queen's Printer for Ontario. NAVTEQ and NAVTEQ ON BOARD are trademarks of NAVTEQ. © 2005 Tele Atlas North America, Inc. All rights reserved. Tele Atlas and Tele Atlas North America are trademarks of Tele Atlas, Inc.

Demographics

An evaluation of available demographic data from the U.S. Census Bureau shows that McLeod County has an estimated population of 35,873 as of July 1, 2018. The percentage of McLeod County's population aged 65 and older is slightly higher than both Minnesota and the U.S., with 18.7% for McLeod County, 15.9% for Minnesota, and 16% for the U.S.

McLeod County is relatively more dense than Minnesota (74.6 persons per square mile versus 66.6 persons per square mile, respectively), but less dense than the U.S. as a whole (at 87.4 persons per square mile). McLeod County is relatively less racially diverse, with 90.8% being categorized as White alone (not Hispanic or Latino), compared to 79.5% in Minnesota and 60.4% in the U.S. McLeod County is slightly more ethnically diverse than Minnesota, with 6.5% categorized as Hispanic or Latino compared to Minnesota's 5.5%, but less than the U.S. average of 18.3%. Within the community of Glencoe in which we are based, the Hispanic/Latino population is nearly 12% of the population.

The McLeod County population is relatively less poor than Minnesota and the U.S. (with 7.7% being below the Federal Poverty Level in McLeod County, 9.6% in Minnesota, and 11.8% in the U.S.). According to Data USA and a 2017 analysis of the Census Bureau's American Community Survey County conducted by the Kaiser Family Foundation, McLeod County residents have a similar rate of having health insurance compared to Minnesota as a whole, and a higher rate compared to the U.S. The rates of uninsured are 4.8% for McLeod County, 5% for Minnesota, and 9% for the U.S. Within McLeod County, 53.8% are covered by employee plans, 13.1% are on Medicaid, 13.7% are on Medicare, 13% are covered on non-group plans, and 1.61% are on military or VA plans. Compared to Minnesota as a whole and the U.S., fewer residents of McLeod County receive Medicaid. 17% of Minnesota residents and 21% of the population are covered by Medicaid, compared to 13.1% in McLeod County.

As of September 2019, the not seasonally adjusted unemployment rate in McLeod County is about the same in McLeod County compared to Minnesota (2.6% versus 2.5%), but lower than the U.S. unemployment rate (at 3.3%). Similar to Minnesota as a whole at 92.8%, in McLeod County 92.1% of residents have a high school diploma. This is higher than the U.S. as a whole, in which 87.3% have a high school diploma.

According to County Health Rankings and Roadmaps, there is a relatively lower incidence of violent crime in McLeod County (92 incidents per 100,000 population) than Minnesota (241 per 100,000) or the U.S. (399 per 100,000).

Health Status and Assessment Indicators

An evaluation of health assessment indicators from MMS is included below. For purposes of our assessment, data specific to McLeod County, MMS Hispanic data, and Minnesota data was used to determine priorities. Additional data from the Ridgewater nursing students is included after the MMS health assessment indicators.

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes
Social Determinants of Health								
Burden of housing costs	24.5%	26.3%	23.1%	25.1%		25.8%	2013-2017 American Community Survey	Percent of households paying 30% or more of their income for housing
All ages living in poverty	9.1%	7.7%	7.7%	8.0%	28.7%	9.5%	2017 MN Vital Statistics Hispanic: 2011-15 ACS	Percent all ages living in poverty
Households with income <$35,000	27.8%	25.7%	27.1%	26.6%	40.0%	25.4%	2013-2017 American Community Survey	Percent households with total income <$35,000
Unemployment rate	4.2%	5.0%	3.7%	4.1%	10.0%	3.6%	2017 MN Vital Statistics Hispanic: 2011-15 ACS	Percent unemployed, annual average
Currently uninsured (under 65)	5.0%	4.8%	6.7%	5.2%	40.3 %	5.1%	2017 American Community Survey Hispanic: 2011-15	Percent of residents under 65 without health insurance
Child dependency ratio	33.8	30.7	31.7	31.8		29.8	2017 MN Vital Statistics	Number of people aged 0-14 per 100 person of working age (15-64)
Four year high school graduation rate	91.7%	83.8%	88.6%	87.1%		83.2%	2017 MN Vital Statistics	Four-year high school graduation rate per 100 (%), 2017-2018
High school dropout rate	2.5%	5.4%	4.4%	4.3%		4.6%	2017 MN Vital Statistics	High school dropout rate per 100 (%), 2017-2018
Adults, food insecurity	8.2%	8.5%	10.8%	8.9%	35.6%		2018 MMS Healthy Communities Survey	Percent of adults who worried “sometimes” or “often” food would run out before having money to buy more

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes
Mental Health								
Suicide mortality	20.7	13.0	Suppressed	14.7		12.9	2013-2017 MDH Center for Health Statistics	Age-adjusted suicide death rates per 100,000, 2013-2017
Adults, past year suicidal thoughts	1.9%	4.7%	0.8%	3.0%	9.0%		2018 MMS Healthy Communities Survey	Percent who considered attempting suicide during the last year
Adults with mental health concerns; depression, anxiety/panic attacks, other mental health problems	27.2%	31.9%	18.9%	27.8%	36.3%		2018 MMS Healthy Communities Survey	Percent of adults that have ever been told by a health profession that they have (at least) one of the following: depression, anxiety/panic attacks, other mental health problems Calculated from 3 survey questions
Adults, days mental health not good, past 30 days	45.3%	54.9%	43.5%	49.5%	55.6%	32.2%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent of adults who had one or more days in the past 30 days where mental health was not good
Youth, past year suicidal thoughts	12.2%	12.8%					2017 SHARE Survey	Percent of 5th, 7th, 9th , 11th graders who considered attempting suicide during the last year
			12.5%			11.4%	2016 MN Student Survey	Percent of 8th, 9th , 11th graders who considered attempting suicide during the last year (not asked for 5th)
Youth, suicide attempts during the last year	20.1%	17.2%					2017 SHARE Survey	Of those who considered suicide, percent of 5th, 7th, 9th, 11th graders who attempted suicide
			3.4%			3.6%	2016 MN Student Survey	Percent of 8th, 9th , 11th graders who attempted suicide during the last year (not asked for 5th and asked of all students, not only those who considered suicide)
Adults, seek help for mental health care	12.5%	17.9%	9.1%	14.4%	20.2%		2018 MMS Healthy Communities Survey	Percent of adults seeking help from a health professional about a mental health issue

McLeod County has a relatively lower number of mental health providers (the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care). According to data from the National Provider Identification (NPI), our ratio of mental health providers is 540:1 compared to Minnesota as a whole at 430:1. ***This has been and continues to be a key issue in the development of our overall health goals in this process.***

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes

Substance Use								
Adult binge drinking, past 30 days	29.4%	26.3%	31.6%	28.3%	29.7%	20.0%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent of adults drinking four or more drinks on any one occasion for females, and five or more drinks on any one occasion for males
Adolescents using alcohol, past 30 days	8.5%	8.8%					2017 SHARE Survey	Percent 7th, 9th , 11th graders who used alcohol on one or more days in the last 30 days
			23.7%			13.9%	2016 MN Student Survey	Percent 8th, 9th, 11th graders who used alcohol on one or more days in the last 30 days
Motor vehicle deaths that are related to alcohol	11	3	3	17			MN Department of Public Safety	Number of alcohol related motor vehicle deaths, 2011-2015
DWI incidents, age < 21	14	50	28	92		6,609	Minnesota Department of Public Safety	DWI Incidents, 2013-2017
DWI incidents, age 21+	297	757	353	1407		119,092	Minnesota Department of Public Safety	DWI Incidents, 2013-2017
Adults who drove when perhaps had too much to drink	10.6%	9.2%	10.4%	9.9%	12.2%		2018 MMS Healthy Communities Survey	Percent who drove “sometimes” or “often” when perhaps had too much to drink
Adults who are current cigarette smokers	14.0%	10.5%	8.6%	11.2%	23.2%	14.5%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent of adults 18 and older who have smoked at least 100 cigarettes in their lifetime and now smoke cigarettes every day or some days
Adolescents who used any tobacco products	4.2%	5.6%					2017 SHARE Survey	Percent 7th, 9th , 11th graders who used any tobacco products in the last 30 days
			23.9%			13.0%	2016 MN Student Survey	Percent 8th, 9th, 11th graders who used any tobacco, including hookah and e-cigarettes, in the last 30 days
Adolescents who use e-cigarettes	8.5%	9.5%					2017 SHARE Survey	Percent 7th, 9th , 11th graders who used any e-cigarettes in the last 30 days
			19.2%			10.3%	2016 MN Student Survey	Percent 8th, 9th , 11th graders who used any e-cigarettes in the last 30 days

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes
Adolescents who use marijuana	5.0%	4.3%					2017 SHARE Survey	Percent 7th, 9th, 11th graders who used marijuana in the last 30 days
			13.7%			8.6%	2016 MN Student Survey	Percent 8th, 9th, 11th graders who used marijuana in the last 30 days
Obesity and related health outcomes and health behaviors								
Adults who eat recommended number of fruits and vegetables daily	32.5%	36.7%	37.4%	35.5%	49.0%		2018 MMS Healthy Communities Survey	Percent adults who consumed five or more fruit and/or vegetable servings yesterday
Adults, water consumption	54.9%	52.1%	62.3%	55.1%	54.3%		2018 MMS Healthy Communities Survey	Percent adults who drank water four or more times per day during the past week
Adults, moderate physical activity	22.8%	21.3%	26.2%	22.8%	7.3%		2018 MMS Healthy Communities Survey	Percent adults who get at least 30 minutes of moderate physical activity 5 or more days per week
Adults who meet aerobic physical activity guidelines	41.0%	39.0%	42.0%	40.3%	26.0%	51.1%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent participated in 150 minutes or more of aerobic (moderate, vigorous, or combination) physical activity per week (calculated from one or more questions)
Youth who meet physical activity guidelines	46.8%	42.0%					2017 SHARE Survey	Percent of 5th, 7th, 9th, 11th graders who average 60 minutes or more of physical activity daily
			49.9%			41.8%	2016 MN Student Survey	Percent of 5th, 8th, 9th, 11th graders who were physically active for 60 minutes or more on at least five of the last seven days
Adults, overweight or obese	76.2%	74.8%	75.8%	75.4%	77.0%	64.9%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent adults with BMI in overweight or obese category based on self-reported height and weight; BMI= (weight in kilograms)/(height in meters)^2 Overweight: BMI between 25.0 and 29.9 Obese: BMI≥30.0
Indicator	**Meeker**	**McLeod**	**Sibley**	**All 3 counties**	**MMS Hispanic**	**MN**	**Source**	**Notes**
Obesity and related health outcomes and health behaviors (continued)								

Adolescents, overweight or obese (9th graders)	23.6%		24.8%			24.2%	2016 Minnesota Student Survey	Percent of 9th graders with BMI (from self-reported height/weight) in the overweight or obese category. Not in SHARE Survey so not available for McLeod and low counts for Meeker in MSS.
Children, obese	11.8%	16.5%	11.7%	14.1%		12.9%	2017 Minnesota WIC Information System	Percent of WIC children aged 2-5 years with BMI ≥95th percentile
Adults, percent diabetes or prediabetes	17.7%	15.2%	15.0%	15.9%	25.5%	9.4%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent of adults ever been told by a health professional that they have diabetes or prediabetes (not including during pregnancy)
Adults, percent high blood pressure/ hypertension or pre- hypertension	38.7%	34.4%	30.5%	34.9%	31.4%	26.6%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent of adults ever been told by a health professional that they have high blood pressure/hypertension or pre-hypertension (not including during pregnancy) MN: does not include pre-hypertension
Adults, percent high cholesterol or triglycerides	31.1%	24.3%	34.8%	28.6%	29.7%	29.0%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent of adults ever been told by a health professional that they have high cholesterol or triglycerides

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes
Access to Care								
Mental health access in area	1450:1	540:1	2480:1			430:1	2018 NPI Registry	Ratio of population to mental health providers
Adults, delay in getting mental health appointment	29.2%	36.9%	39.4%	35.2%	20.0%		2018 MMS Healthy Communities Survey	Percent adults who sought mental health care and had to wait 15 days or more to get an appointment
Delay of medical care because of cost or lack of insurance	13.0%	12.3%	12.9%	12.6%	22.5%		2018 MMS Healthy Communities Survey	Percent of adults who delayed or did not get care due to cost, no insurance or not covered by insurance
Dental health access in area	2570:1	1380:1	2970:1			1410:1	2017 Area Health Resource File	Ratio of population to dentists
Delay of dental care because of cost or no insurance	18.0%	9.2%	16.0%	13.3%	29.4%		2018 MMS Healthy Communities Survey	Percent of adults who delayed or did not get care due to cost or no insurance
Health care access in area	1780:1	1160:1	7410:1			1120:1	2017 Area Health Resource File	Ratio of population to primary care providers

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes
Senior Health								
Adults aged 65 years and older	19.5%	18.4%	18.0%	18.7%	3.0%	15.4%	2017 Census	Hispanic: 2013-2017 5-year estimates
Elderly dependency ratio (65+ years)	32.5	29.4	28.8	30.2		23.7	2017 Census	2017 number of people age 65+ per 100 persons of working age (15-64)
Adults 65+, overall health status	21.8%	17.4%	23.3%	20.1%	50.0%	18.3%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent of adults 65 years and older who self-report having “fair” or “poor” health Hispanic: low n(8)
Alzheimer’s mortality	16.8	22.8	12.1			26.3	2011-2017 MDH Center for Health Statistics	Age adjusted mortality rate per 100,000 – 2011- 2017 (needed to use this many years to get a non-suppressed rate for Sibley)

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes
Screening								
Adults, flu shot	51.5%	60.1%	56.2%	56.6%	54.9%		2018 MMS Healthy Communities Survey	Percent of adults who had a flu shot within the past year
Adults, blood sugar check	52.5%	61.0%	56.5%	57.4%	52.9%		2018 MMS Healthy Communities Survey	Percent of adults who had their blood sugar checked within the past year
Adults, general health exam	61.3%	76.6%	67.6%	70.0%	60.2%	70.3%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent of adults who had a general health exam within the past year MN: percent of adults who had a routine check-up within the past year

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes
Disease Incidence/Mortality								
Cancer mortality (leading cause of death)	159.8	150.1	157.7	154.7		151.0	2013-2017 MDH Center for Health Statistics	Age adjusted rate per 100,000 all cancer types combined
Cancer incidence, all types	410.8	448.9	457.9			455.3	2012-2016 MN Cancer Surveillance System	Age adjusted rate per 100,000 all cancer types combined
Breast cancer incidence, females	106.0	118.1	131.6			129.1	2012-2016 MN Cancer Surveillance System	Age adjusted rate per 100,000 all cancer types combined, females
Lung cancer incidence	45.2	48.4	44.4			56.1	2012-2016 MN Cancer Surveillance System	Age adjusted rate per 100,000 all cancer types combined
Unintentional injury mortality	37.8	36	51.9			42.4	2013-2017 MDH Center for Health Statistics	Age adjusted rate per 100,000 unintentional injury

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes
Disease Incidence/Mortality (continued)								
Asthma hospitalizations	3.4	5.4	3.2			5.6	2015 Minnesota Health Association	Age adjusted rate per 100,000, 2013-2015
Lyme disease	8.6	7.3	2.2			25.2	MDH Vector Disease Program	Cumulative incidence per 100,000 people of Lyme disease cases, 2008-2013
West Nile virus	2.3	2.6	1.3				MDH Vector Disease	Unadjusted incidence rates of West Nile virus per 100,000,

							Program	2002-2016

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes
Other								
Adolescents who ever had sexual intercourse	14.3%	16.6%					2017 SHARE Survey	Percent of 7th, 9th and 11th graders who have ever had sexual intercourse
			33.1%			22.1%	2016 MN Student Survey	Percent of 9th and 11th graders who have ever had sexual intercourse
Teen birth rate	17.8	14.2	13.1	15.1		14.2	2013-2017 MDH Center for Health Statistics	Total number of births per 1,000 total population of women aged 15-19
Childhood immunizations	73.1%	71.6%	74.1%			67.8%	2018 Minnesota Immunization Information Connection	Percent of children age 24-35 months up to date with immunizations (vaccine series)
Adults, physical activity classes or activities through community education	12.5%	11.3%	8.1%	11.0%	9.0%		2018 MMS Healthy Communities Survey	Percent of adults who use physical activity classes or activities through community education
Adults, text messaging while driving	59.1%	59.5%	49.2%	57.2%	53.7%		2018 MMS Healthy Communities Survey	Percent of adults who never read or send a text message while driving

Indicator	Meeker	McLeod	Sibley	All 3 counties	MMS Hispanic	MN	Source	Notes
Other								
Adults, seat belt use	90.8%	92.3%	89.4%	91.2%	81.2%		2018 MMS Healthy Communities Survey	Percent of adults who always wear a seatbelt when driving or riding in a car
Adults, public transportation	4.7%	6.1%	2.2%	4.9%	21.6%		2018 MMS Healthy Communities Survey	Percent of adults who use public transportation
Adults, participate in worksite wellness program	62.6%	43.6%	45.4%	49.4%			2018 MMS Healthy Communities Survey	Of those who have a wellness program at their worksite, percent of adults who participate
Overall health status	10.8%	11.1%	7.5%	10.2%	29.6%	12.8%	2018 MMS Healthy Communities Survey MN source: 2017 BRFSS	Percent of adults who self-report having "fair" or "poor" health

Additional Data and Insight from Ridgewater Nursing Students: At-Risk Population

Nursing students from Ridgewater College's MANE nursing program also completed a review of the available data from MMS to further assist us with identifying priorities, as well as to determine where additional community input was needed. Their analysis of the data brought to light a disparity for the female population of our service area. Specifically:

- When looking at the overweight/obesity statistics statewide in Minnesota, men have a higher prevalence with 30% compared to 26% of women.
- When looking at McLeod, Meeker, and Sibley counties overweight/obesity statistics, women are 44.2% overweight and 20.4% obese compared 36.4% and 13.1% respectively of men.

Process and Methods Used to Conduct the Assessment

In March 2018, GRH staff members began meeting with representatives from Hutchinson Health, Ridgeview Sibley Medical Center, Meeker Memorial Hospital, and Meeker-McLeod-Sibley Public Health (MMS) to identify strategies and tactics for the next community health needs assessments required by each organization.

2018 Community Health Survey

Early efforts identified for the assessment included the deployment of a community health survey, similar to the one conducted in 2014 by MMS. A review of the previous survey was conducted, with additional questions identified to be included in the survey based on the results of the last CHNA and the needs of the partners. By conducting a second survey, data was able to be compared to see where new trends were emerging and where there had been change compared to the earlier survey.

Because the 2014 MMS Community Health survey underrepresented the Hispanic/Latino population, additional efforts were employed as part of the 2018 survey to target this population. The survey was deployed to key partners across the three counties to collect a convenience sample of Hispanic adults. Because it was a convenience sample that did not specifically target ages and genders, there are some limitations in the data compared to the main survey.

During the overview of the 2018 MMS data presentation, the data highlighted showed areas where rates were worse than the 2014 rate, better than the 2014 rate and significantly different that the 2014 rate. A summary of those findings is below, with the complete findings included in the appendix.

Areas of with rates of improvement from 2014 to 2018:

- Asthma
- Blood pressure checks
- Annual checkup with a health care provider
- Pneumonia shots
- Shingle vaccines
- Access to community resources that promote exercise (walking trails, bike paths, water parks/pools, etc.), use of a seatbelt, use of cigars, chewing tobacco and e-cigarettes, and alcohol use.

Areas with rates that are worse than 2014:

- Cancer
- Heart trouble
- Stroke
- Anxiety or Panic Attacks
- Delay in seeking medical care
- Seeking help for mental health
- Delay in seeking help for mental health
- Moderate and vigorous physical activity

Areas with significantly different rates from 2014 to 2018:

- Use of public transportation
- Use of community food shelf
- Obesity
- Being overweight

2019 Community Health Assessment Indicators

MMS developed a list of 2019 Community Health Assessment Indicators based on the review and analysis of available data. This data was shared with and reviewed by the hospital partners. Data sources used to develop these indicators included the 2018 MMS Community Health Survey, 2017 MN Vital Statistics, and 2013-2017 Minnesota Department of Health (MDH) Center for Health Statistics, as well as data from the MDH Disease Vector Program, Minnesota Health Association, the MN WIC information system, the 2017 SHARE survey, and the 2016 MN Student Survey. Data from the 2013-2017 American Community Survey and 2018 Minnesota Immunization Information Connection was also reviewed, in addition to other sources.

The indicators assisted in the development of priority areas and are documented in the Health Status and Indicators section of this report.

Additional Data Analysis by Ridgewater Nursing Students

As previously noted under the health status and indicators section, nursing students from Ridgewater College's MANE nursing program completed a review of the available data from MMS to further assist us with identifying priorities.

Community Input

For previous assessments, community input was gathered via a town hall approach that invited key stakeholders together to review data and offer input. While the strategy was successful in getting input, it had some limitations. As a result, it was decided to take a different approach with key stakeholders in an effort to better formulate action plans, as the groups were looking for avenues that would better drive stakeholders in the implementation phase.

To ensure that key stakeholders had opportunities for input, additional surveys and outreach were completed. This included the deployment of a survey specific to medical staff providers at GRH and Hutchinson Health, as well as key informant interviews and focus groups with key organizations and groups for additional insight conducted by MMS. Groups and organizations targeted by MMS included local school principals, counselors and teachers, the Child Protection Team, adults that work with youth and adults, law enforcement, parents, senior citizens, ministerial groups, Hispanic community members, and a local 4H group. This data was shared among the partners for use in their assessments.

Additionally, GRH conducted a community survey as part of its strategic planning process, which included questions about community health needs. GRH also partnered with nursing students from Ridgewater College to conduct additional surveys and interviews with key community members and stakeholders to better drive our implementation strategy. That outreach included local city leaders, law enforcement, clergy, and the McLeod County Food Shelf.

Priorities

After meeting and reviewing available data with our public health partners, staff, and nursing students, we developed our list of priorities. The final prioritized list of topics included:

- Mental Health
    - Access to resources
    - Getting people to the right level of care
    - Increased needs for care
    - Break the stigma held by mental illness
    - Lack of mental health providers

- Access to care
    - Mental health resources

    - Transportation

- Obesity
    - Behaviors / Exercise
    - Food choice
    - Educating People

Emerging Issue: Vaping/Vaping Lung Disease

An emerging issue was identified late in our assessment as vaping lung disease was making headlines across Minnesota and the nation. To address this issue, Ridgewater nursing students conducted several key informant interviews with local leaders to gain additional insight. They also looked for additional data that was not included in the MMS indicator data. After reviewing the survey results and additional limited data they were able to find, it was concluded this was not a priority at this time, but an issue we needed to keep on our radar. The nursing students have provided strategies to address vaping as more data becomes available in the future.

Implementation Strategy & Board Adoption

The Glencoe Regional Health's Board of Directors reviewed the intake process and recommendations of the collaborative on November 25, 2019. Based upon an analysis of organizational capability, it was determined that the best impact could be made by addressing the mental health needs of the community (a highly significant need as determined by available data and community input) and increasing efforts to address obesity.

- Mental Health
  - We will support local community and public health efforts, provide training opportunities for staff, providers, and the community (including QPR training seminars); increase community awareness of mental health and local resources available (including via digital channels); and establish a sustainable mental health counseling service. We will also continue our partnership with Behavior Healthcare Providers (BHP)/Diagnostic Evaluation Centers (DEC) within our Emergency Department to provide mental health triage services. Additionally, we will partner with the GRH Foundation to explore the creation of scholarships specifically for students pursuing mental health-related degrees.

    It should be noted that it has been part of our implementation strategy previously to establish a sustainable mental health service. While this has been part of our strategy before, we have continued to run into challenges related to insurance providers and getting financial backing from payers. This has resulted in unanticipated delays in our implementation. However, we have made progress on this front, as we have now established payer agreement with Prime West. We anticipate the service to start by the end of 2020.

- Obesity
  - Our interventions for obesity will focus on efforts to educate patients and the community about healthy choices and lifestyles, especially MyPlate, the nutrition guide published by the USDA. We will utilize digital channels and other strategies as part of this outreach. We will also begin implementation and promotion of our Motion program, a new motivational wellness program. We will partner with the GRH Foundation on the creation of a walking path around the hospital that would be accessible to the community. We will also explore and undertake opportunities to participate in and/or host events where a focus on healthy eating and physical activity would be appropriate, being mindful of opportunities to impact women. Additionally, our providers will continue to address the issue on a per patient basis at individual appointments.

Making the CHNA Report Widely Available to the Public

This report will be available on the Glencoe Regional Health website: www.grhsonline.org. Paper copies are also available without charge upon request. Comments and suggestions are welcome. They may be submitted via email to CHNA.Comments@grhsonline.org or mailed to us at 1805 Hennepin Ave. N., Glencoe, MN 55336.

APPENDIX

Meeker McLeod Sibley Community Health Survey
2014 to 2018 Significant Differences Comparison

This table contains ALL dichotomous variables (two discrete answer options only) from the MMS Healthy Communities Survey with a statistically significant difference from 2014 to 2018. Some additional key variables were tested for significance and included. All variables with significant differences are designated in the full data book.

Indicator	2014	2018	2014	2017[ii]	Notes
Overweight (told by health professional)	65.8%	59.7% ↓			
Cancer **Skin cancer or other cancer (calculated)**	8.1%	10.7% ↑	10.4%	11.5% ↑	In BRSS, cancer is asked in two separate questions: *ever told you had skin cancer* or *ever told you had any other cancer*. Because they are not asked the same way, they are not directly comparable. MN rate calculated from BRFSS for those who answered "Yes" to either question.
Heart trouble or angina **Angina or coronary heart disease or heart attack (calculated)**	7.3%	10.6% ↑	5.5%	5.2% ↓	In BRSS, heart troubles is asked in two separate questions: *ever told you had angina or coronary heart disease* or *ever told you had a heart attack*. Because they are not asked the same way, they are not directly comparable. MN rate calculated from BRFSS for those who answered "Yes" to either question.
Stroke or stroke related health problems	2.3%	3.7% ↑	2.2%	2.4% ↑	
Anxiety or panic attacks	14.8%	19.8% ↑			
Obesity (told by health professional)	12.4%	16.8% ↑			
Asthma	11.8%	9.7% ↓	11.8%	10.7% ↓	
Flu shot within the past year – adults 65+	77.4%	77.2% ↓	64.3%	65.1% ↑	MMS 2014 to 2018 statistically significant difference for all adults, but not for 65+.
Blood pressure (checked in the past year)	87.1%	89.4% ↑	26.6%	27.0% ↑	
Visited a doctor for a routine checkup within the past year	66.5%	70.0% ↑	69.8%	70.3% ↑	In MMS survey asked as: *When was the last time you had a general health exam?* In BRFSS asked as*: About how long has it been since you last visited a doctor for a routine checkup?*
Ever had a pneumonia shot – adults 65+	71.1%	79.3% ↑	72.6%	78.2% ↑	

	MMS Rate		MN Rate [i]		
Indicator	**2014**	**2018**	**2014**	**2017[ii]**	**Notes**

Overweight (told by health professional)	65.8%	59.7% ↓			
Cancer **Skin cancer or other cancer (calculated)**	8.1%	10.7% ↑	10.4%	11.5% ↑	In BRSS, cancer is asked in two separate questions: *ever told you had skin cancer* or *ever told you had any other cancer*. Because they are not asked the same way, they are not directly comparable. MN rate calculated from BRFSS for those who answered “Yes” to either question.
Heart trouble or angina **Angina or coronary heart disease or heart attack (calculated)**	7.3%	10.6% ↑	5.5%	5.2% ↓	In BRSS, heart troubles is asked in two separate questions: *ever told you had angina or coronary heart disease* or *ever told you had a heart attack*. Because they are not asked the same way, they are not directly comparable. MN rate calculated from BRFSS for those who answered “Yes” to either question.
Stroke or stroke related health problems	2.3%	3.7% ↑	2.2%	2.4% ↑	
Anxiety or panic attacks	14.8%	19.8% ↑			
Obesity (told by health professional)	12.4%	16.8% ↑			
Asthma	11.8%	9.7% ↓	11.8%	10.7% ↓	
Flu shot within the past year – adults 65+	77.4%	77.2% ↓	64.3%	65.1% ↑	MMS 2014 to 2018 statistically significant difference for all adults, but not for 65+.
Blood pressure (checked in the past year)	87.1%	89.4% ↑	26.6%	27.0% ↑	
Visited a doctor for a routine checkup within the past year	66.5%	70.0% ↑	69.8%	70.3% ↑	In MMS survey asked as: *When was the last time you had a general health exam?* In BRFSS asked as*: About how long has it been since you last visited a doctor for a routine checkup?*
Ever had a pneumonia shot – adults 65+	71.1%	79.3% ↑	72.6%	78.2% ↑	

Shingles vaccine	17.3%	20.4% ↑	28.7%	34.3% ↑	
Delayed getting medical care	23.7%	26.8% ↑			
Seek help from a health professional about mental health issues	10.6%	14.4% ↑			
Delayed seeking help for mental health issues	9.6%	12.3% ↑			
Used community food shelf	5.7%	3.8% ↓			
Moderate physical activity (any)	87.4%	82.9% ↓			
Vigorous physical activity (any)	62.2%	59.2% ↓			
Participated in 150 minutes or more of aerobic, moderate, vigorous, or combination, physical activity per week (CDC guidelines)	45.2%	40.3% ↓	52.7%	51.1% ↓	Questions asked differently between BRFSS and MMS Community Healthy survey. Therefore the MMS rate is an underestimate relative to BRFSS because the question /responses are not as specific and do not capture all physical activity minutes. MN – 2013
Community does not have:					
Walking trails	18.1%	12.6% ↓			
Bicycle paths, shared use paths or bike lanes	19.4%	12.9% ↓			
Public swimming pools or water parks	19.9%	14.3% ↓			
Public recreation centers	23.3%	18.3% ↓			
Schools, colleges or universities that are open for public use for exercise or physical activity	22.7%	19.0% ↓			
Shopping mall for physical activity or walking	27.6%	23.4% ↓			

Health club, fitness center or gym	11.1 %	8.8% ↓			
Assembled emergency kit with basic medical supplies	32.9%	40.8% ↑			
Relationship where physically hurt, threatened or afraid	4.8%	2.8% ↓			
Always wear a seatbelt	86.4%	91.2% ↑	89.3%	96.3% ↑	
Use public transportation	7.5%	4.9% ↓			
Current Smoker	14.4%	11.2% ↓	16.3%	14.5% ↓	
Cigar, cigarillo or little cigar use (Non-user)	89.5%	95.6% ↑			
Pipe smoking (Non-user)	97.4%	99.4% ↑			
Use of chewing tobacco, snuff, or snus (Non-user)	93.4%	96.7% ↑	96.0%	95.2% ↓	In MMS survey asked as: *How often do you use snuff, snus, or chewing tobacco?* In BRFSS asked as: *Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?*
E-cigarette use (Non-user)	95.2%	97.6% ↑	Not available	96.3%	In MMS survey asked as: *How often do you use e- cigarettes?* In BRFSS asked as: *Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?*
Marijuana use (Non-user)	97.9%		95.5 %		
Adults who have had at least one drink of alcohol within the past 30 days	71.8%	68.8% ↓	61.7%	61.9% ↑	
Obese **Overweight** **Normal weight or underweight**	33.6% 40.9% 25.5%	39.1% ↑ 36.4% ↓ 24.6% ↓	27.6% 36.5% 35.9%	28.4% ↑ 36.5% 35.1% ↓	Calculated based on self-reported height and weight.
Age Groups **18-34** **35-44** **45-54** **55-64** **65+**	25.1% 16.6% 20.7% 16.4% 1.3%	24.3% 15.8% 18.1% 18.3% 23.5%	29.9% 16.2% 18.5% 17.0% 18.4%	29.2% 16.3% 16.5% 17.6% 20.4%	Not tested for significance but provided for reference in interpreting results.

Red highlight indicates 2018 (MMS) or 2017 (MN) rate that is worse (may be a higher or lower percent) than the 2014 rate, and the difference is statistically significant (p<.05).

Green highlight indicates 2018 (MMS) or 2017 (MN) rate that is better (may be a higher or lower percent) than the 2014 rate, and the difference is statistically significant (p<.05).

Yellow highlight indicates 2018 (MMS) rate that is significantly different than the 2014 rate, but whether this difference is better or worse, may be open to interpretation; other rates may fit in this category. For example, more people may have been told by a health professional they are obese because more are obese, or because more health professionals are discussing the issue with patients.

[i] **Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed May 31, 2019]. URL: http://www.cdc.gov/brfss/brfssprevalence/**

[ii] **2017 is the most recent year for which data is available.**