



2016

Community Health



Needs Assessment

Welcome,

Thank you for your interest in Hutchinson Health's 2016 Community Health Needs Assessment. Hutchinson Health was born on January 1, 2013, out of the integration of Hutchinson Medical Center and Hutchinson Area Health Care. The new organization is comprised of a 66 bed acute care hospital, a 30 provider multispecialty clinic, an orthopedic and rehab clinic, a mental health clinic, a rural health clinic, and a 120 bed long term care skilled nursing facility. Our nearly 700 employees and medical staff provide a broad array of primary care, specialty, inpatient and outpatient services.

We have a rich tradition of providing excellent care to the acutely ill and injured, as well as care for chronic disease. In coming together to form Hutchinson Health, we recognized a need to be more involved with our community in promoting health and wellness. This is reflected in our Mission and Vision:

Mission

- Advancing Health with our Community

Vision

- Provide a caring, personal experience for each patient
- Deliver excellent care supported by evidence-based medical science
- Foster a workplace where all can thrive
- Lead in promoting health and wellness with our community
- Create innovative models of care

We welcome the opportunity, as required in the 2010 Patient Protection and Affordable Care Act, to perform this Community Health Needs Assessment, and to share those findings with our community.

We will also outline our current efforts and future plans to meet those needs.

We look forward to partnering with groups and individuals throughout our community to identify and address our common health care and health promotion needs. We welcome your feedback.

Sincerely,

Steven Mulder, MD
President and CEO

Team and Resources

The internal Hutchinson Health team that designed and conducted the Community Health Needs Assessment was comprised of the following members:

- Candace Hoversten, Wellness Program Coordinator
- Glen Kegley, Chief Operating Officer
- Amy Martin, Wellness Program Coordinator
- Steven Mulder, MD, President and Chief Executive Officer

Externally, our primary resource was the Meeker, McLeod, Sibley Healthy Communities Leadership Team (CLT). Partners in the Healthy Communities collaborative include:

- Blue Cross/Blue Shield
- City of Hutchinson
- Ecumen
- Glencoe Regional Health Services
- Glencoe Silver Lake School District
- Heartland Community Action Agency
- Hutchinson Health
- Litchfield Chamber of Commerce
- McLeod County Board of Commissioners
- McLeod County Public Health
- Meeker County Board of Commissioners
- Meeker County Highway Department
- Meeker County Public Health
- Meeker-McLeod-Sibley Community Health Services
- Meeker Memorial Hospital
- Minnesota Department of Health
- Region Nine Development Commission
- Ridgeview Sibley Medical Center
- Sibley County Board of Commissioners
- Sibley County Health and Human Services
- Sibley East School District
- Tri-Valley Migrant Head Start
- University of Minnesota Extension – Meeker, McLeod, Sibley Counties
- Vivid Image, Inc

Approach

We used four sources of data for our assessment:

First, we used publicly available data on the demographics and health indicators for our community.

Second, we participated in Meeker, McLeod, Sibley Healthy Communities Collaborative Community Assessment.

Third, Wellness Program Coordinators distributed an online survey broadly across the community. The content of the survey was developed by the Community Benefits Work Group in 2013 as referenced in the 2013 Community Health Needs Assessment.

Fourth, a secondary survey was developed following results of the online survey, in an attempt to further identify needs within the top areas. This secondary survey was distributed in paper in the community

Publicly Available Data

Who We Serve

Our Primary Service Area consists of the communities and surrounding areas of Hutchinson, Glencoe, Litchfield, Dassel, Cokato, Buffalo Lake, Hector, Silver Lake and Brownton. The majority of our service area lies within McLeod County.

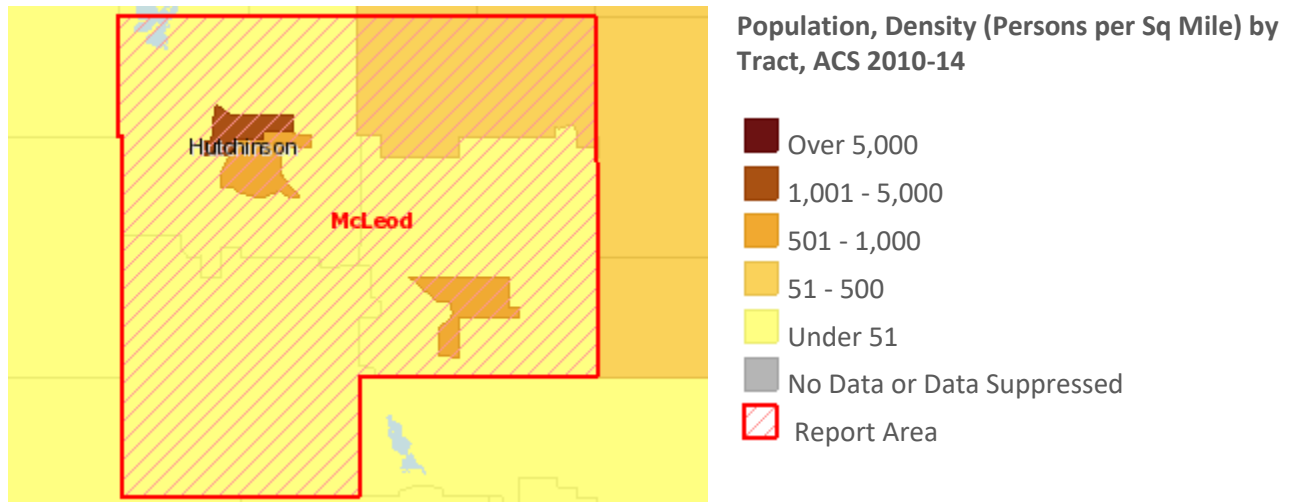
Demographics

McLeod County

Total Population A total of 36,172 people live in the 491.47 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2010-14 5-year estimates. The population density for this area, estimated at 73.6 persons per square mile, is less than the national average population density of 88.93 persons per square mile.

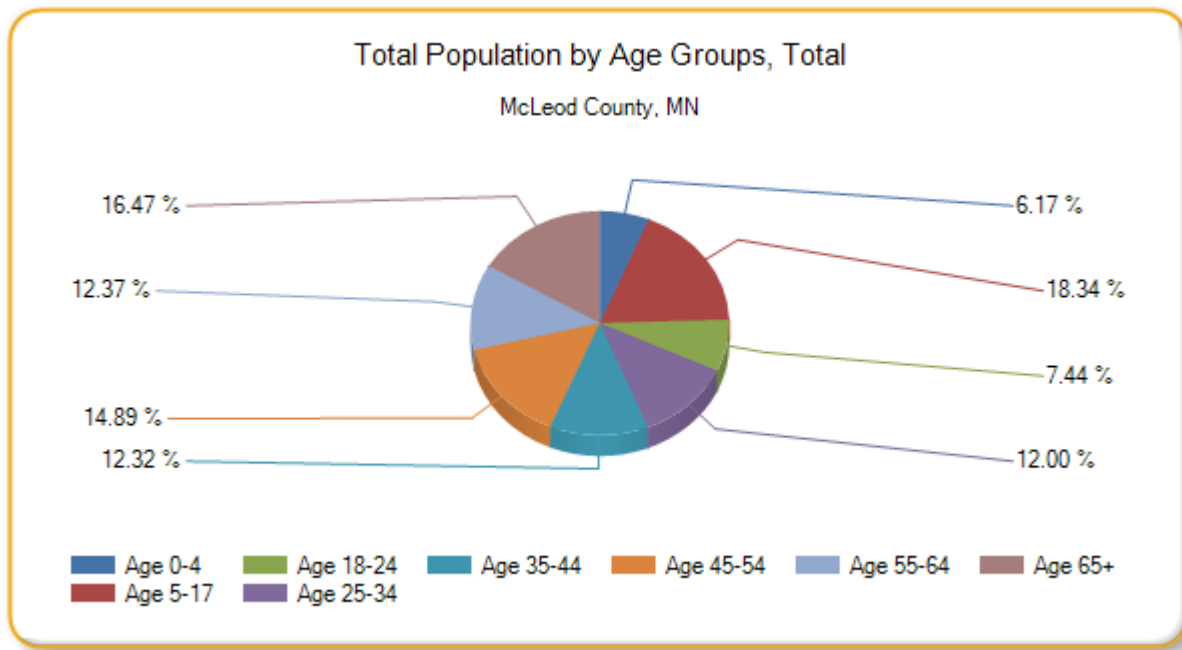
Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
McLeod County, MN	36,172	491.47	73.6
Minnesota	5,383,661	79,628.4	67.61
United States	314,107,083	3,531,932.26	88.93

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Total Population by Age Groups, Percent

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65
McLeod County, MN	6.17%	18.34%	7.44%	12%	12.32%	14.89%	12.37%	16.47%
Minnesota	6.5%	17.28%	9.37%	13.65%	12.47%	14.59%	12.58%	13.57%
United States	6.36%	17.13%	9.96%	13.47%	12.96%	14.09%	12.29%	13.75%

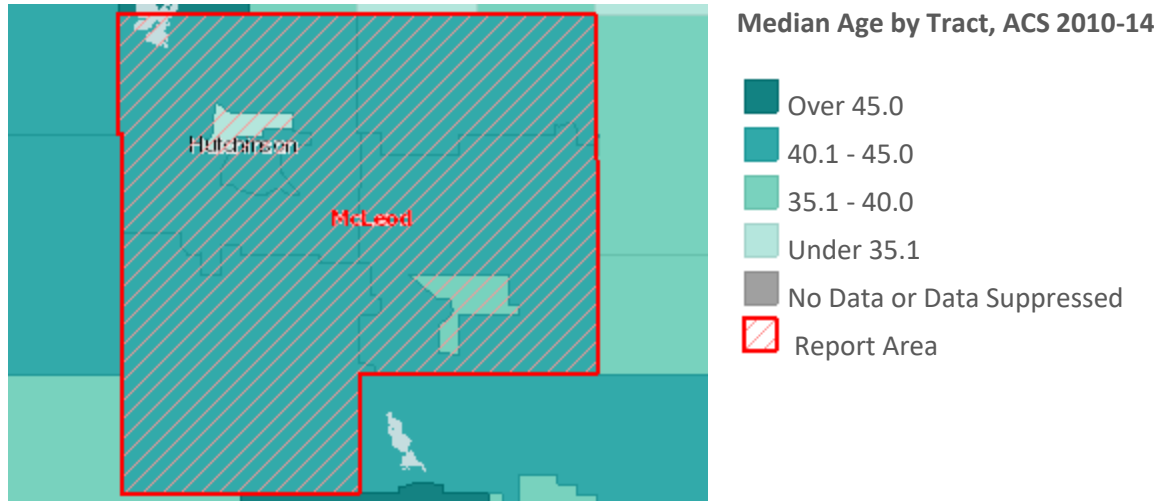


Median Age

This indicator reports population median age based on the 5-year American Community Survey estimate.

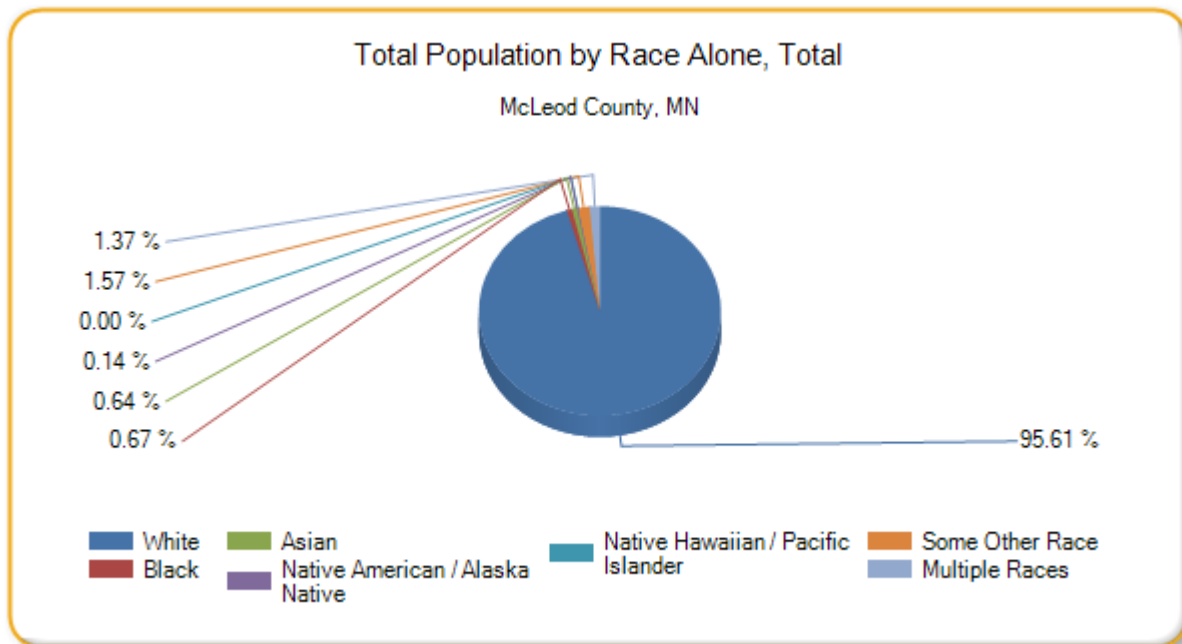
Report Area	Total Population	Median Age
McLeod County, MN	36,172	39.6
Minnesota	5,383,661	37.6
United States	314,107,072	37.4

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Total Population by Race Alone, Percent

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
McLeod County, MN	95.61%	0.67%	0.64%	0.14%	0%	1.57%	1.37%
Minnesota	85.18%	5.4%	4.29%	1.05%	0.04%	1.46%	2.58%
United States	73.81%	12.6%	5%	0.82%	0.17%	4.7%	2.91%

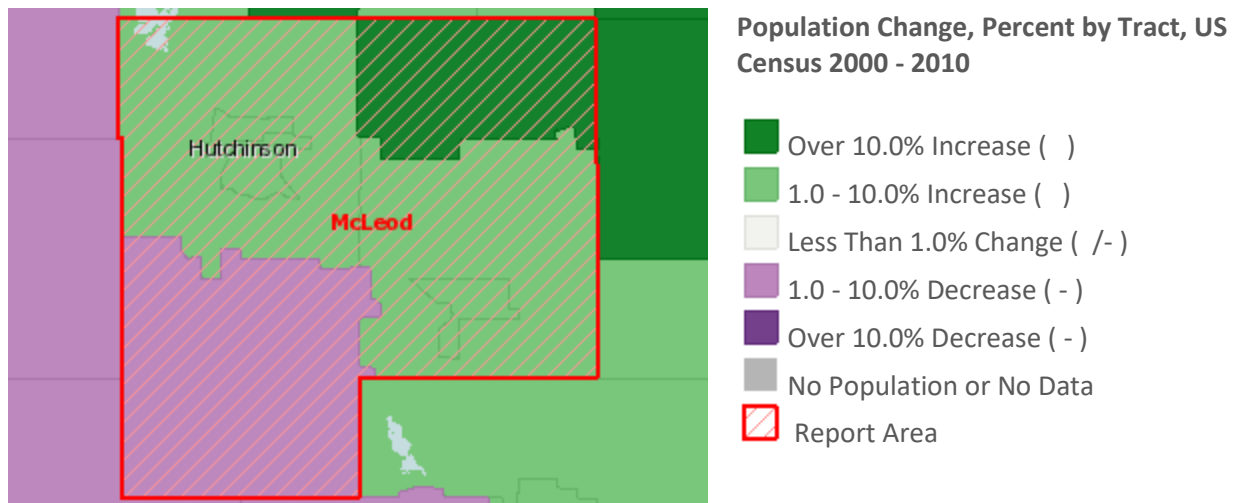


Change in Total Population

According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area grew by 1753 persons, a change of 5.02%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
McLeod County, MN	34,898	36,651	1,753	5.02%
Minnesota	4,919,481	5,303,925	384,444	7.81%
United States	280,405,781	307,745,539	27,339,758	9.75%

Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract



Social Economic Factors

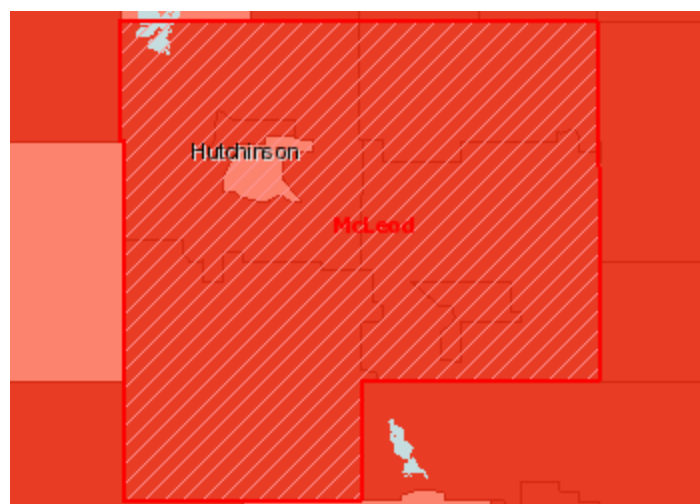
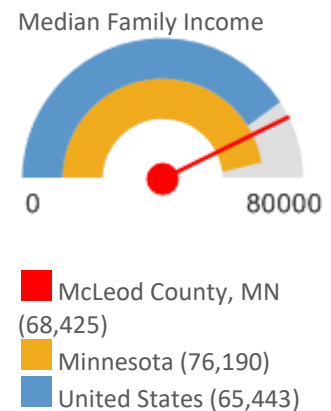
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Income - Median Family Income

This indicator reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

Report Area	Total Family Households	Average Family Income	Median Family Income
McLeod County, MN	10,114	\$77,890	\$68,425
Minnesota	1,372,311	\$94,560	\$76,190
United States	76,958,064	\$86,963	\$65,443

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Median Family Income by Tract, ACS 2010-14

- Over \$65,000
- \$55,001 - \$65,000
- \$45,001 - \$55,000
- Under \$45,001
- No Data or Data Suppressed
- Report Area

Income - Families Earning Over \$75,000

In the report area, 44.27%, or 4,477 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As *defined* by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

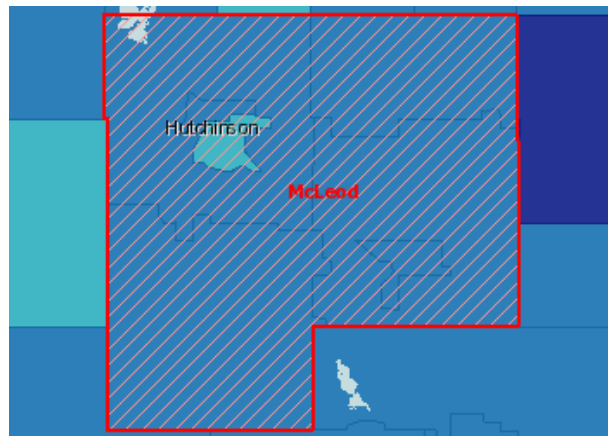
Report Area	Total Families	Families with Income Over \$75,000	Percent Families with Income Over \$75,000
McLeod County, MN	10,114	4,477	44.27%
Minnesota	1,372,311	698,893	50.93%
United States	76,958,064	33,389,114	43.39%

Percent Families with Income Over \$75,000



- McLeod County, MN (44.27%)
- Minnesota (50.93%)
- United States (43.39%)

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Family Income Over \$75,000, Percent by Tract, ACS 2010-14

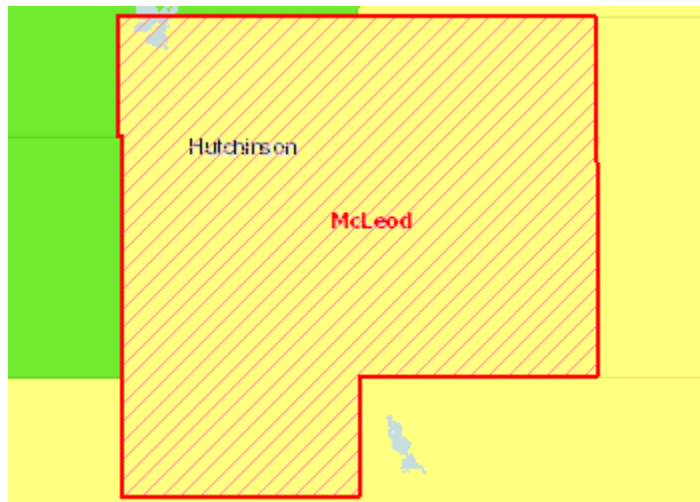
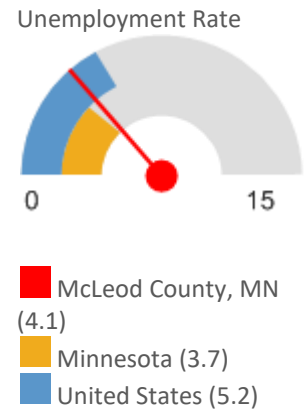
- Over 55.0%
- 40.1 - 55.0%
- 25.1 - 40.0%
- Under 25.1%
- No Data or Data Suppressed
- Report Area

Unemployment Rate

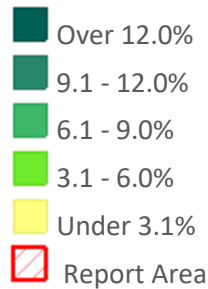
Total unemployment in the report area for the current month was 849, or 4.1% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
McLeod County, MN	20,532	19,683	849	4.1
Minnesota	3,043,633	2,929,793	113,840	3.7
United States	161,840,590	153,430,373	8,410,217	5.2

Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 - July. Source geography: County



Unemployment, Rate by County, BLS 2016 - July



Poverty - Population Below 100% FPL

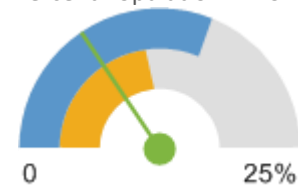
Poverty is considered a key driver of health status.

Within the report area 7.83% or 2,786 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

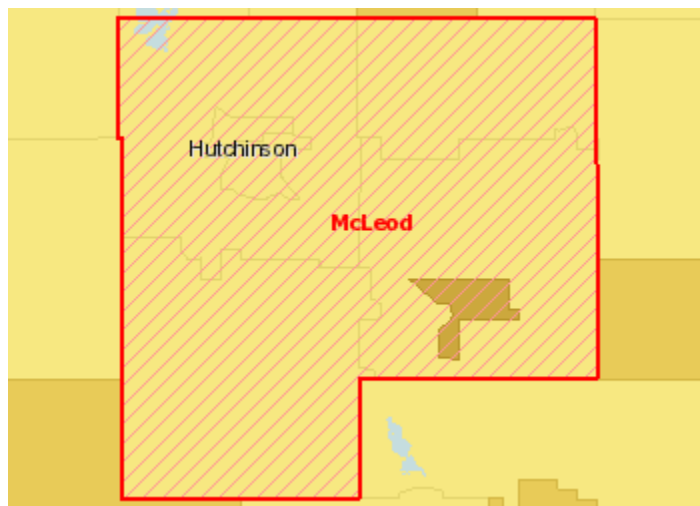
Report Area	Total Population	Population in Poverty	Percent Population in Poverty
McLeod County, MN	35,599	2,786	7.83%
Minnesota	5,260,351	605,761	11.52%
United States	306,226,400	47,755,608	15.59%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Percent Population in Poverty



- McLeod County, MN (7.83%)
- Minnesota (11.52%)
- United States (15.59%)



Population Below the Poverty Level, Percent by Tract, ACS 2010-14

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area

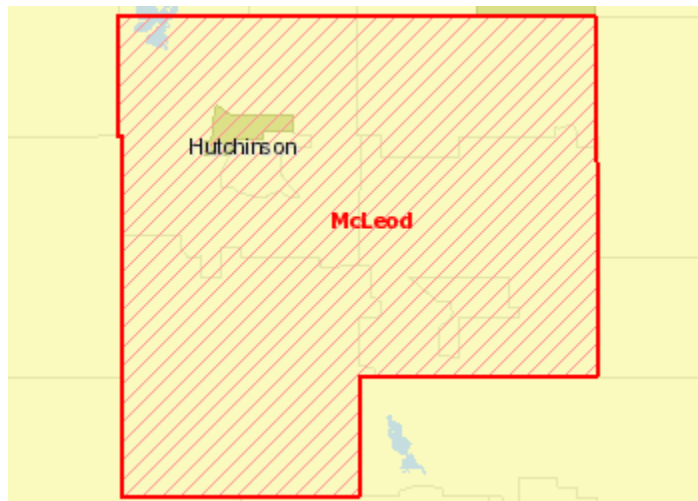
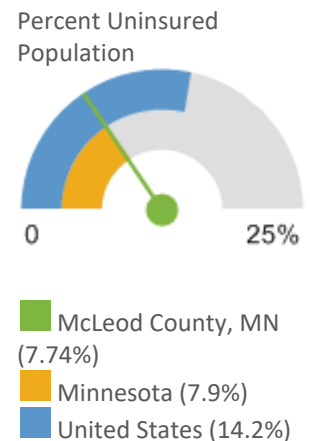
Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
McLeod County, MN	35,804	2,773	7.74%
Minnesota	5,325,251	420,827	7.9%
United States	309,082,272	43,878,140	14.2%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Uninsured Population, Percent by Tract, ACS 2010-14

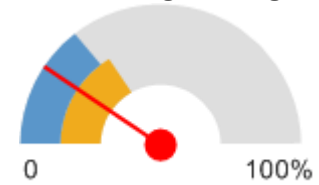
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area

Population with Bachelor's Degree or Higher

18.87% of the population aged 25 and older, or 4,646 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

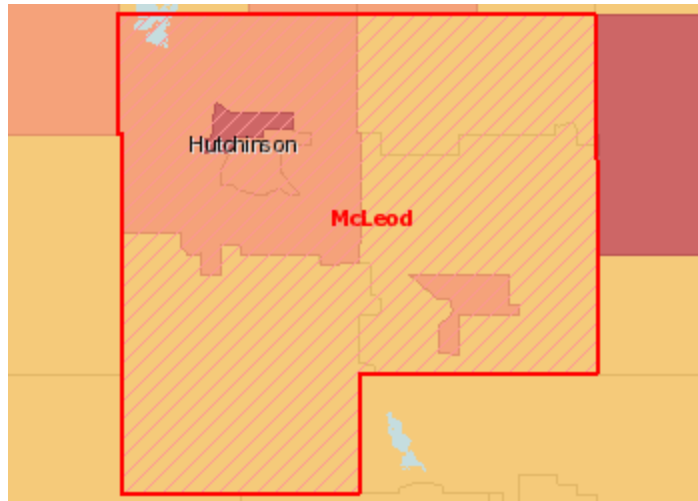
Report Area	Total Population Age 25	Population Age 25 with Bachelor's Degree or Higher	Percent Population Age 25 with Bachelor's Degree or Higher
McLeod County, MN	24,615	4,646	18.87%
Minnesota	3,599,228	1,193,912	33.17%
United States	209,056,128	61,206,144	29.28%

Percent Population Age 25 with Bachelor's Degree or Higher



- McLeod County, MN (18.87%)
- Minnesota (33.17%)
- United States (29.28%)

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Population with a Bachelor's Degree or Higher, Percent by Tract, ACS 2010-14

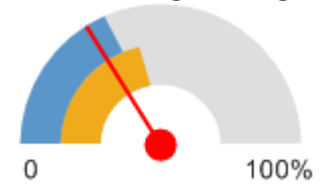
- Over 23.0%
- 18.1 - 23.0%
- 13.1 - 18.0%
- Under 13.1%
- No Data or Data Suppressed
- Report Area

Population with Associate's Level Degree or Higher

32.02% of the population aged 25 and older, or 7,882 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

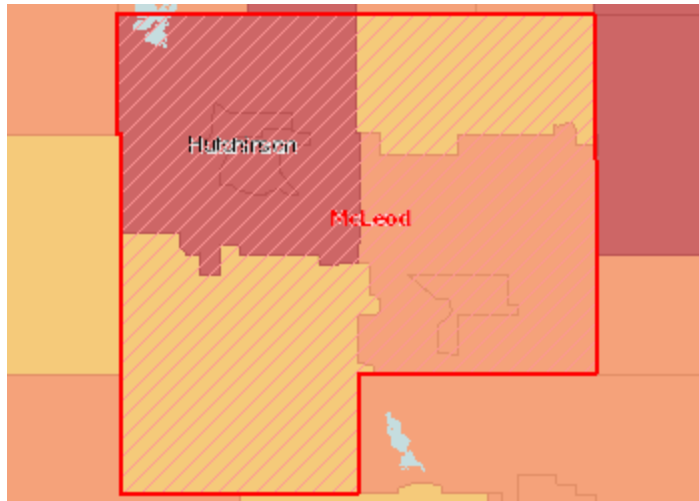
Report Area	Total Population Age 25	Population Age 25 with Associate's Degree or Higher	Percent Population Age 25 with Associate's Degree or Higher
McLeod County, MN	24,615	7,882	32.02%
Minnesota	3,599,228	1,572,278	43.68%
United States	209,056,128	77,786,232	37.21%

Percent Population Age 25 with Associate's Degree or Higher



- McLeod County, MN (32.02%)
- Minnesota (43.68%)
- United States (37.21%)

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

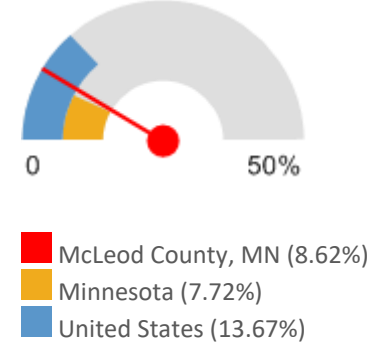


Population with No High School Diploma

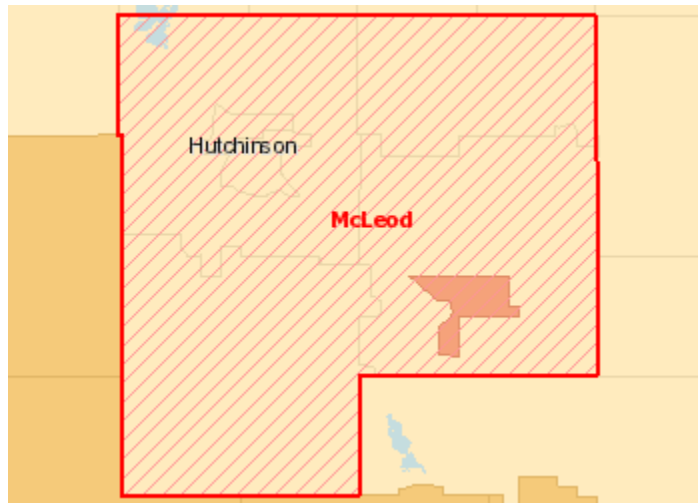
Within the report area there are 2,123 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 8.62% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes ([Freudenberg Ruqlis, 2007](#)).

Report Area	Total Population Age 25	Population Age 25 with No High School Diploma	Percent Population Age 25 with No High School Diploma
McLeod County, MN	24,615	2,123	8.62%
Minnesota	3,599,228	277,778	7.72%
United States	209,056,128	28,587,748	13.67%

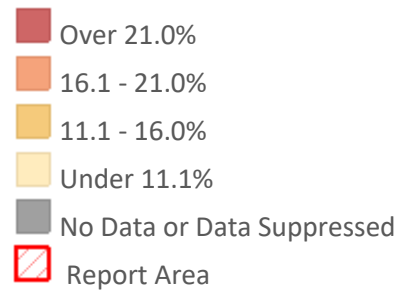
Percent Population Age 25 with No High School Diploma



Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract



Population with No High School Diploma (Age 25), Percent by Tract, ACS 2010-14

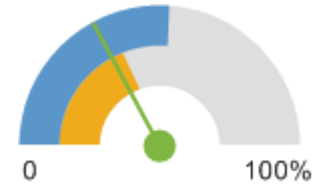


Children Eligible for Free/Reduced Price Lunch

Within the report area 1,906 public school students or 34.14% are eligible for Free/Reduced Price lunch out of 5,583 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
McLeod County, MN	5,583	1,906	34.14%
Minnesota	850,454	326,864	38.44%
United States	50,195,195	26,012,902	52.35%

Percent Students Eligible for Free or Reduced Price Lunch



- McLeod County, MN (34.14%)
- Minnesota (38.44%)
- United States (52.35%)

Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2013-14. Source geography: Address



Lack of Social or Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

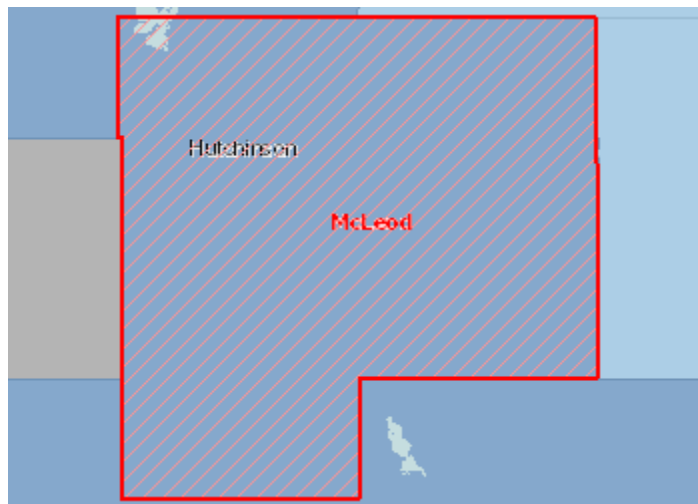
Report Area	Total Population Age 18	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
McLeod County, MN	27,464	4,998	18.2%	17.7%
Minnesota	3,997,594	563,661	14.1%	14.1%
United States	232,556,016	48,104,656	20.7%	20.7%

Percent Adults Without Adequate Social / Emotional Support (Age-Adjusted)



- McLeod County, MN (17.7%)
- Minnesota (14.1%)
- United States (20.7%)

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



Inadequate Social/Emotional Support, Percent of Adults Age 18 by County, BRFSS 2006-12

- Over 23.0%
- 19.1 - 23.0%
- 15.1 - 19.0%
- Under 15.1%
- No Data or Data Suppressed
- Report Area

Clinical Care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

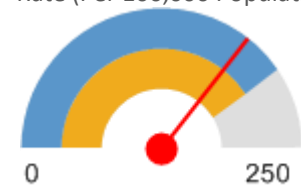
Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

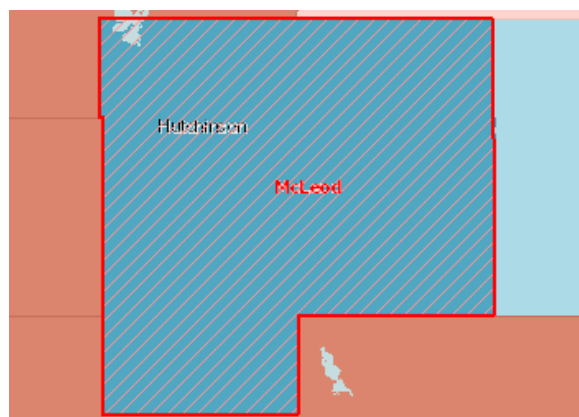
Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
McLeod County, MN	35,882	64	560.7	178.3
Minnesota	5,401,609	11,066	488.1	204.8
United States	317,105,555	643,219	493	202.8

Mental Health Care Provider Rate (Per 100,000 Population)



- McLeod County, MN (178.3)
- Minnesota (204.8)
- United States (202.8)

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016. Source geography: County



Access to Mental Health Care Providers, Rank by County, CHR 2016

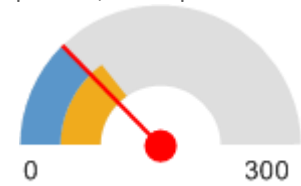
- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed; -1
- Report Area

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

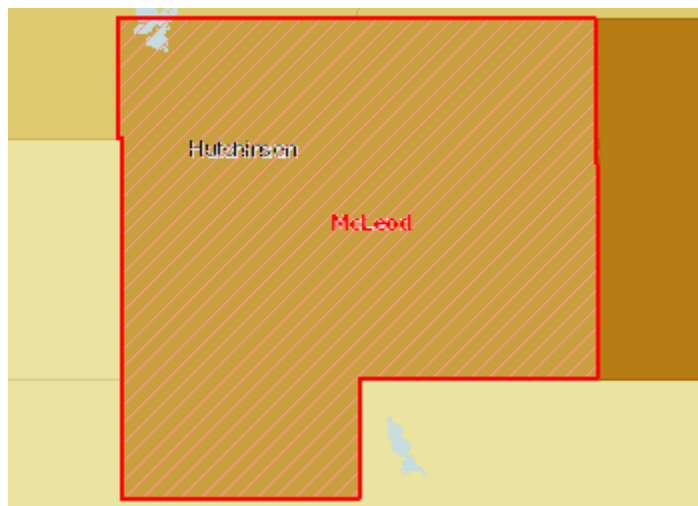
Report Area	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Pop.
McLeod County, MN	35,918	27	75.2
Minnesota	5,420,380	4,940	91.1
United States	316,128,839	239,500	75.8

Primary Care Physicians, Rate per 100,000 Pop.



- McLeod County, MN (75.2)
- Minnesota (91.1)
- United States (75.8)

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. Source geography: County



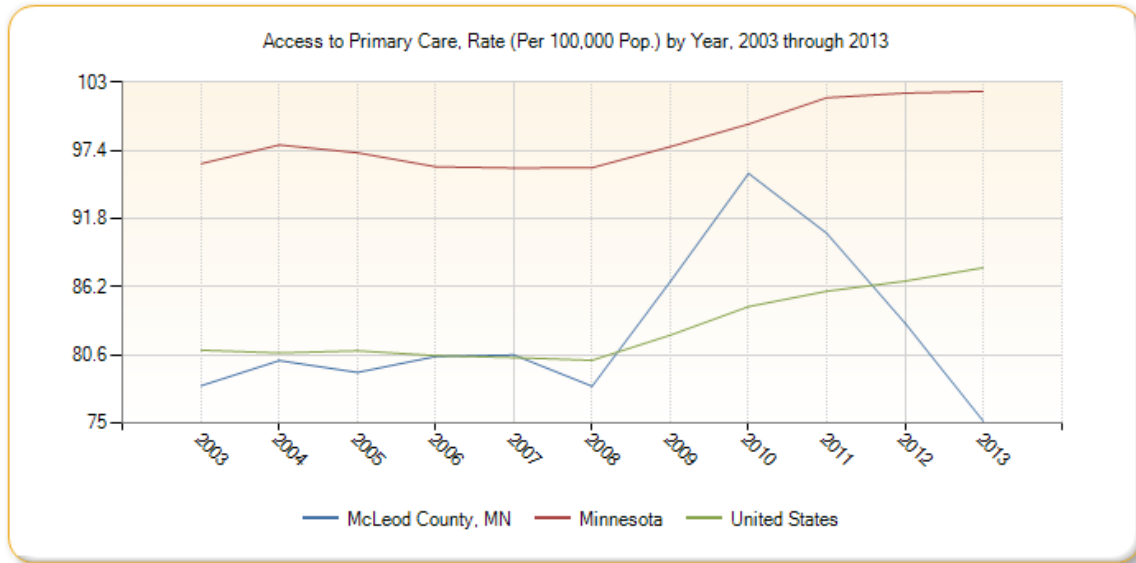
Access to Primary Care Physicians, Rate per 100,000 Pop. by County, AHRF 2013

- Over 80.0
- 60.1 - 80.0
- 40.1 - 60.0
- Under 40.1
- No Primary Care Physicians or No Data
- Report Area

Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2003 through 2013

This indicator reports the rate of primary care physicians per 100,000 population by year. This figure represents all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported above.

Report Area	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
McLeod County, MN	78.07	80.13	79.16	80.47	80.6	78.03	86.63	95.5	90.58	83.21	75.17
Minnesota	96.3	97.84	97.2	96.05	95.95	95.97	97.7	99.55	101.72	102.1	102.24
United States	80.99	80.76	80.94	80.54	80.38	80.16	82.22	84.57	85.83	86.66	87.76

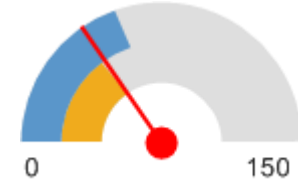


Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

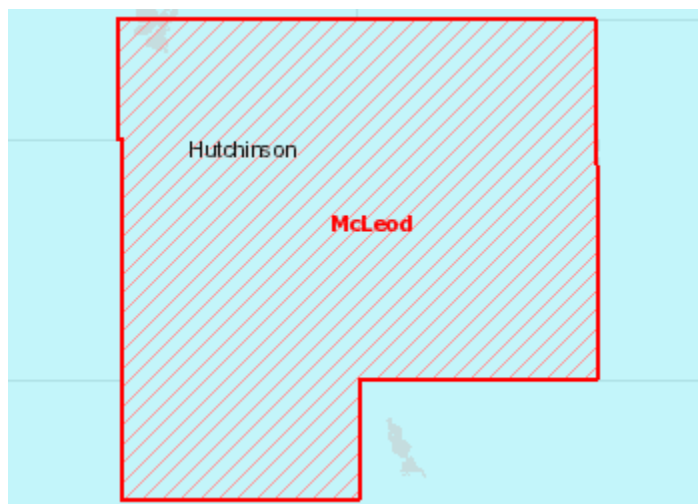
Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
McLeod County, MN	4,931	228	46.3
Minnesota	534,391	23,978	44.9
United States	58,209,898	3,448,111	59.2

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



- McLeod County, MN (46.3)
- Minnesota (44.9)
- United States (59.2)

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County



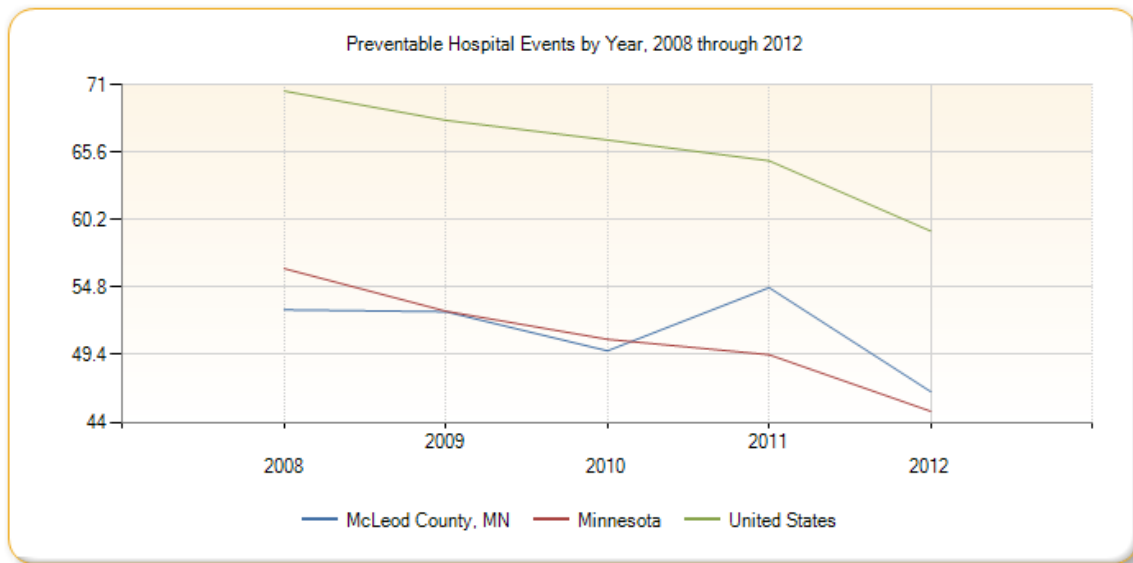
Ambulatory Care Sensitive Conditions, Rate (Per 1,000 Medicare Enrollees) by County, DA 2012

- Over 100.0
- 80.1 - 100.0
- 60.1 - 80.0
- Under 60.1
- No Data or Data Suppressed
- Report Area

Preventable Hospital Events by Year, 2008 through 2012

Rate of Ambulatory Care Sensitive Condition Discharges (per 1,000 Medicare Part A Beneficiaries)

Report Area	2008	2009	2010	2011	2012
McLeod County, MN	52.99	52.84	49.71	54.76	46.44
Minnesota	56.29	52.88	50.63	49.4	44.87
United States	70.5	68.16	66.58	64.92	59.29



Physical Environment

A community’s health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Food Access - Low Food Access

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

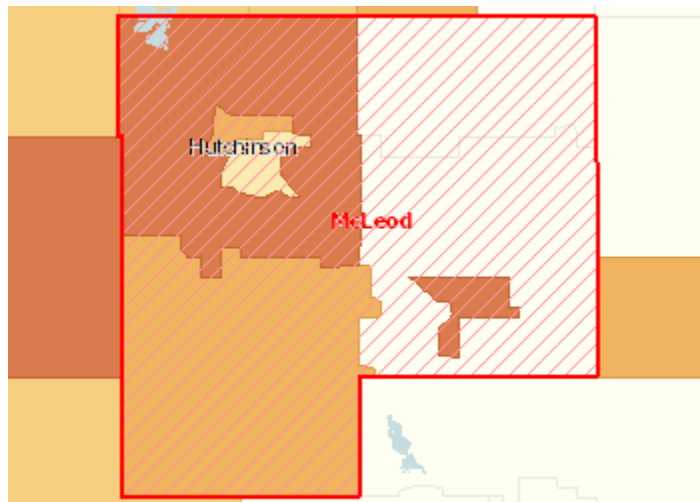
Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
McLeod County, MN	36,651	12,158	33.17%
Minnesota	5,303,925	1,641,890	30.96%
United States	308,745,538	72,905,540	23.61%

Percent Population with Low Food Access



- McLeod County, MN (33.17%)
- Minnesota (30.96%)
- United States (23.61%)

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract



Population with Limited Food Access, Percent by Tract, FARA 2010

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
- Report Area

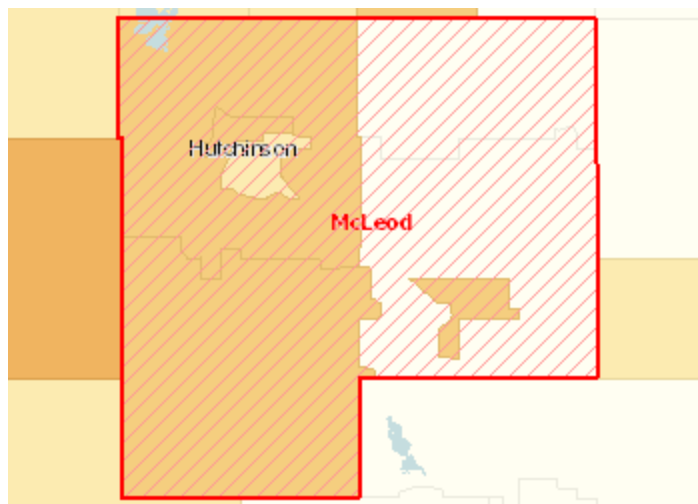
Food Access - Low Income Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
McLeod County, MN	36,651	2,211	6.03%
Minnesota	5,303,925	341,126	6.43%
United States	308,745,538	19,347,047	6.27%

Percent Low Income Population with Low Food Access



Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract



Population with Limited Food Access, Low Income, Percent by Tract, FARA 2010

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
- Report Area

Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

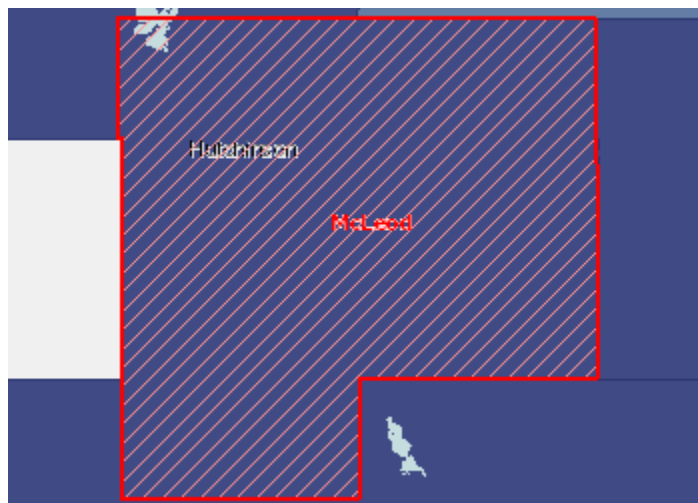
Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
McLeod County, MN	36,651	6	16.37
Minnesota	5,303,925	648	12.2
United States	312,732,537	31,715	10.1

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2014. Source geography: County

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



- McLeod County, MN (16.37)
- Minnesota (12.2)
- United States (10.1)



Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by County, CBP 2014

- Over 12.0
- 8.1 - 12.0
- 4.1 - 8.0
- Under 4.1
- No Fitness and Recreation Centers
- Report Area

Health Behaviors

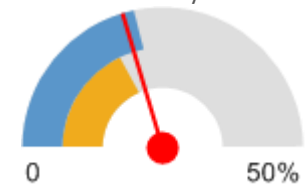
Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Physical Inactivity

Within the report area, 5,698 or 20.4% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population Age 20	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
McLeod County, MN	26,380	5,698	20.4%
Minnesota	3,995,754	747,566	18.2%
United States	234,207,619	52,147,893	21.8%

Percent Population with no Leisure Time Physical Activity



- McLeod County, MN (20.4%)
- Minnesota (18.2%)
- United States (21.8%)

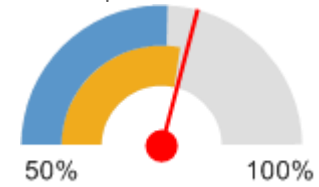
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

Fruit/Vegetable Consumption

In the report area an estimated 21,582, or 79.1% of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause of significant health issues, such as obesity and diabetes.

Report Area	Total Population (Age 18)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
McLeod County, MN	27,285	21,582	79.1%
Minnesota	3,926,248	3,066,400	78.1%
United States	227,279,010	171,972,118	75.7%

Percent Adults with Inadequate Fruit / Vegetable Consumption



- McLeod County, MN (79.1%)
- Minnesota (78.1%)
- United States (75.7%)

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2005-09. Source geography: County

Walking or Biking to Work

This indicator reports the percentage of the population that commutes to work by either walking or riding a bicycle.

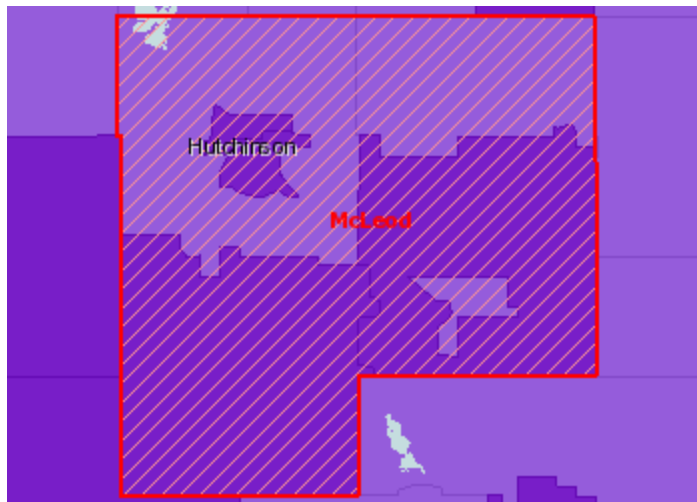
Report Area	Population Age 16	Population Walking or Biking to Work	Percentage Walking or Biking to Work
McLeod County, MN	18,503	757	4.09%
Minnesota	2,733,199	98,099	3.59%
United States	141,337,152	4,764,868	3.37%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Percentage Walking or Biking to Work



- McLeod County, MN (4.09%)
- Minnesota (3.59%)
- United States (3.37%)



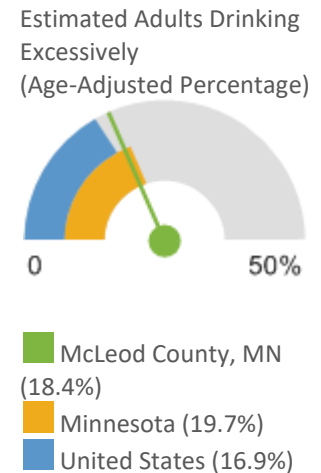
Workers Traveling to Work by Walking/Biking, Percent by Tract, ACS 2010-14

- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Walking or Biking
- No Data or Data Suppressed
- Report Area

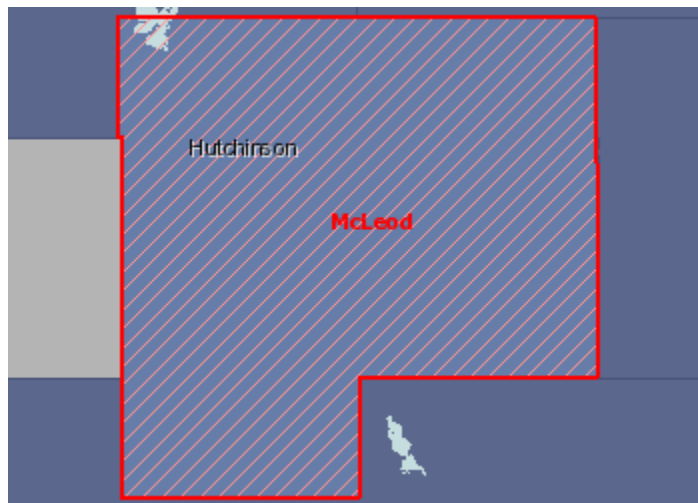
Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

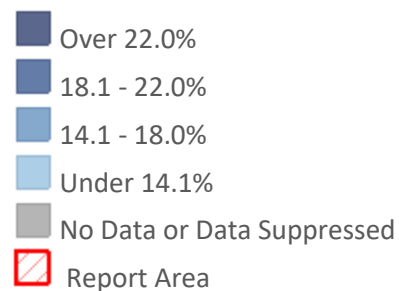
Report Area	Total Population Age 18	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
McLeod County, MN	27,464	4,806	17.5%	18.4%
Minnesota	3,997,594	771,536	19.3%	19.7%
United States	232,556,016	38,248,349	16.4%	16.9%



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



Excessive Drinking, Percent of Adults Age 18 by County, BRFSS 2006-12



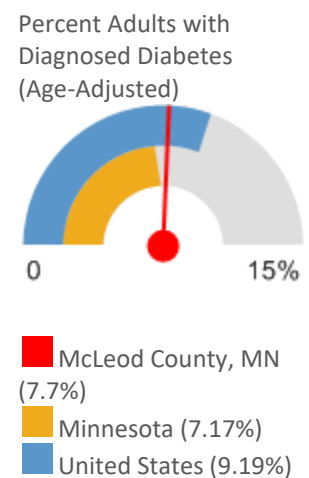
Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
McLeod County, MN	26,293	2,419	9.2	7.7%
Minnesota	3,995,370	314,894	7.88	7.17%
United States	236,919,508	23,685,417	10	9.19%



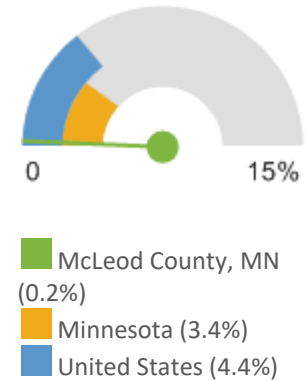
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

Heart Disease (Adult)

52, or 0.2% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

Report Area	Survey Population (Adults Age 18)	Total Adults with Heart Disease	Percent Adults with Heart Disease
McLeod County, MN	24,109	52	0.2%
Minnesota	4,011,987	134,631	3.4%
United States	236,406,904	10,407,185	4.4%

Percent Adults with Heart Disease



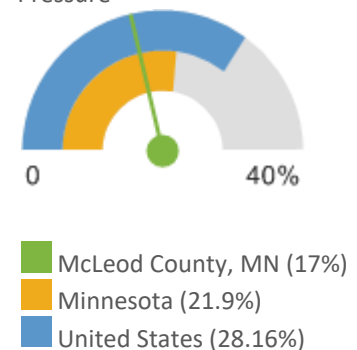
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

High Blood Pressure (Adult)

4,669, or 17% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Report Area	Total Population (Age 18)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
McLeod County, MN	27,464	4,669	17%
Minnesota	3,997,594	875,473	21.9%
United States	232,556,016	65,476,522	28.16%

Percent Adults with High Blood Pressure



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County

High Cholesterol (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol.

Report Area	Survey Population (Adults Age 18)	Total Adults with High Cholesterol	Percent Adults with High Cholesterol
McLeod County, MN	17,448	6,706	38.43%
Minnesota	3,103,328	1,102,821	35.54%
United States	180,861,326	69,662,357	38.52%

Percent Adults with High Cholesterol



- McLeod County, MN (38.43%)
- Minnesota (35.54%)
- United States (38.52%)

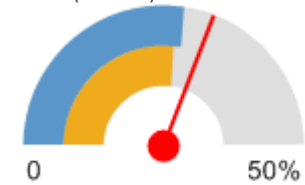
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Obesity

30.8% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
McLeod County, MN	26,405	8,212	30.8%
Minnesota	3,996,376	1,080,787	26.7%
United States	234,188,203	64,884,915	27.5%

Percent Adults with BMI > 30.0 (Obese)

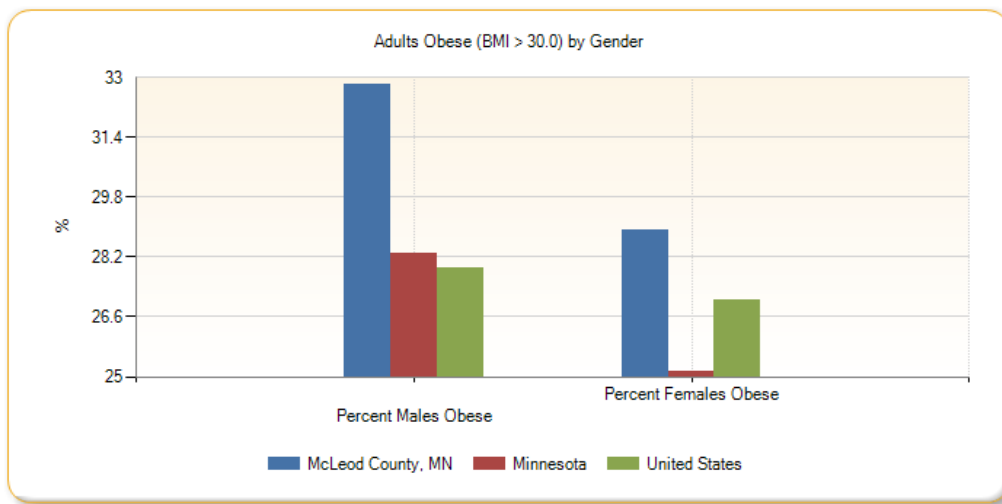


- McLeod County, MN (30.8%)
- Minnesota (26.7%)
- United States (27.5%)

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

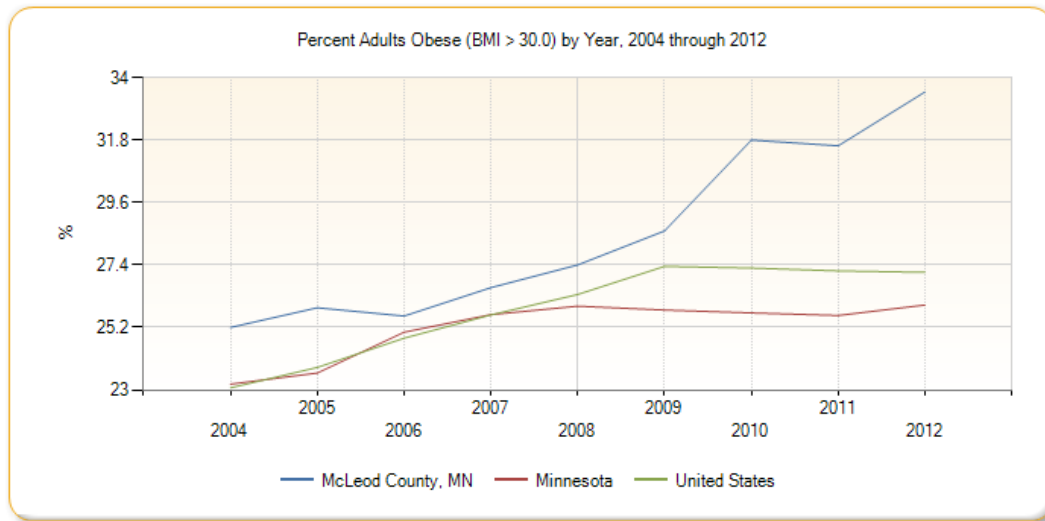
Adults Obese (BMI > 30.0) by Gender

Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
McLeod County, MN	4,298	32.8%	3,914	28.9%
Minnesota	564,573	28.31%	516,212	25.13%
United States	32,051,606	27.92%	32,833,321	27.06%



Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2012

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012
McLeod County, MN	25.2%	25.89%	25.6%	26.6%	27.4%	28.6%	31.8%	31.6%	33.5%
Minnesota	23.2%	23.59%	25.03%	25.65%	25.95%	25.81%	25.71%	25.62%	25.99%
United States	23.07%	23.79%	24.82%	25.64%	26.36%	27.35%	27.29%	27.19%	27.14%



Overweight

35.4% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Survey Population (Adults Age 18)	Total Adults Overweight	Percent Adults Overweight
McLeod County, MN	23,087	8,165	35.4%
Minnesota	3,780,697	1,399,672	37%
United States	224,991,207	80,499,532	35.8%

Percent Adults Overweight



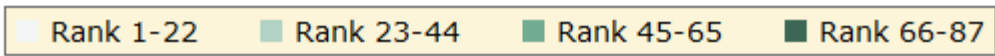
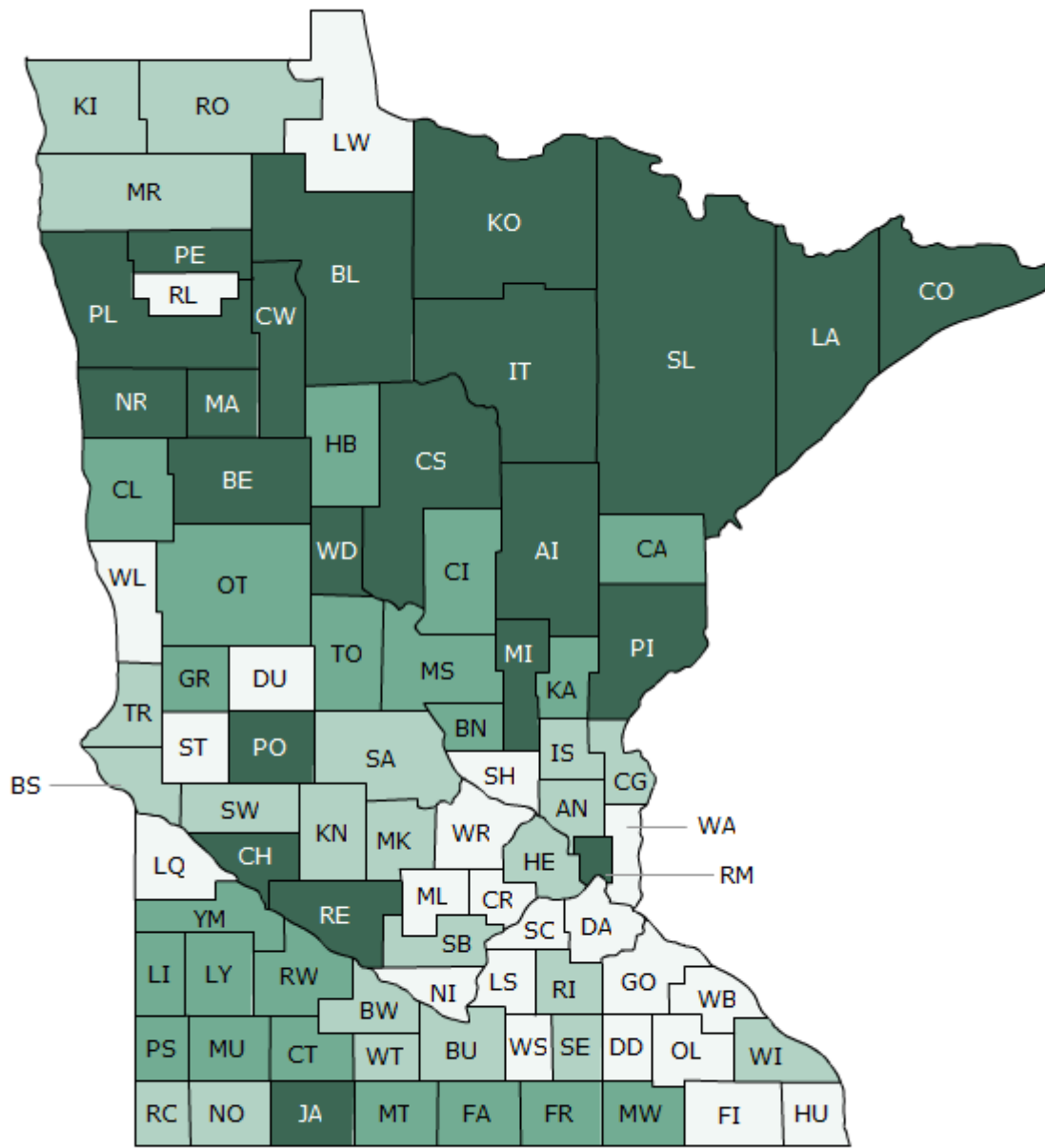
- McLeod County, MN (35.4%)
- Minnesota (37%)
- United States (35.8%)

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

2016 HEALTH OUTCOMES

The green map below shows the distribution of Minnesota’s **health outcomes**, based on an equal weighting of length and quality of life. Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org.

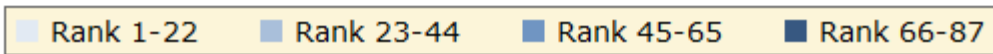
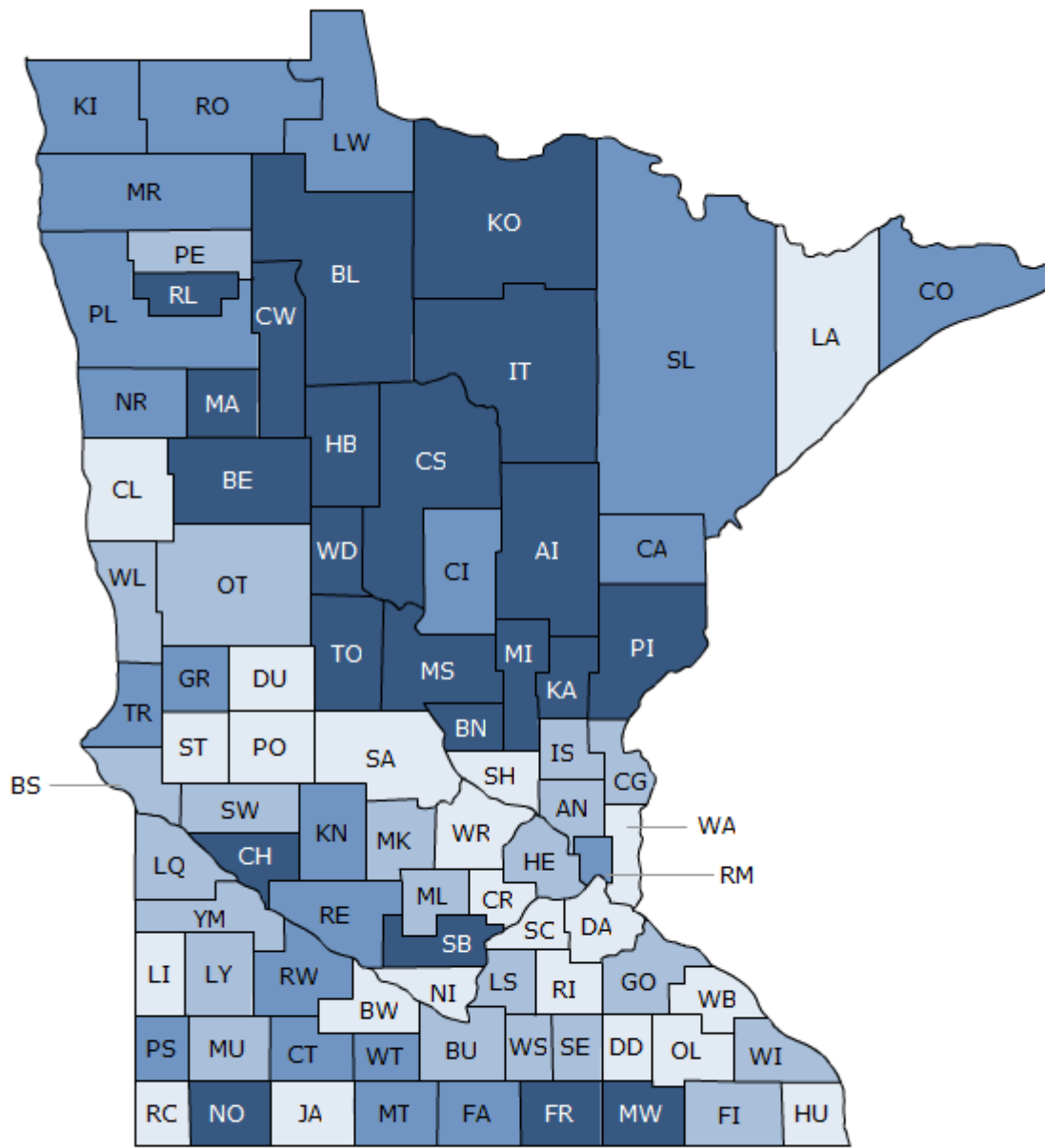
McLeod County – Rank 12



2016 HEALTH FACTORS

The blue map displays Minnesota's summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at countyhealthrankings.org

McLeod County - Rank 35



Existing healthcare facilities and resources within the community that are available to respond to the health needs of the community

Meeker, McLeod, Sibley Healthy Communities Collaborative (MMS HCC)

The Meeker McLeod Sibley Healthy Communities Collaborative (MMS HCC) is a collaboration of organizations and individuals partnering together to promote health and well-being within our communities. Created in January of 1995, the MMS HCC is supported by the Healthy Communities Leadership Team (HCLT), which meets on a quarterly basis. The mission of the HCLT is to advance healthy living within the three counties. This coalition also serves as the Community Leadership Team for MMS CHS's Statewide Health Improvement Program (SHIP) grant, from the Minnesota Department of Health. Hutchinson Health is an active member of the HCLT.

Community Partners and Resources

Heart of Hutch is a volunteer based grassroots movement to help our community live well by inspiring positive change in habits, behaviors and attitudes across our community. The Heart of Hutch was adopted in October of 2011 with identification of a steering committee and three key principles: Eat Smart (making healthy eating the easy choice), Move Naturally (promoting daily physical movement), and Connect Wholeheartedly (increasing family and community social connections). Hutchinson Health is a committed partner who plays an active role on the steering committee and subcommittees. Hutchinson Health also has designated allocation of wellness staff time to help forward this movement.

Hutchinson Health actively partners and will continue to partner with local public health professionals, other health care organizations, and other nonprofit organizations in order to help meet the needs of the community that we serve.

How Data Was Obtained

Data was collected in 4 steps. Each step helped guide the direction of the next.

Step 1: 2014 Community Health Survey - Hutchinson Area

Hutchinson Health representatives assisted staff from the public health agencies representing Meeker, McLeod and Sibley counties in developing the questions for the survey instrument. Technical assistance was received from the Minnesota Department of Health Center for Health Statistics. Existing items from the Behavior Risk Factor Surveillance System (BRFSS) survey instrument and from recent county-level surveys in Minnesota were used to design some of the items on the survey. The survey was formatted by the survey vendor, Survey Systems, Inc. of New Brighton, MN, as a scannable, self-administered English-language questionnaire.

An initial survey packet that included a cover letter, the survey instrument, and a postage-paid return envelope was mailed October 23-24, 2014 to 4500 sampled households (1500 from each county). Two weeks after the first survey packets were mailed, a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. Two weeks after the reminder postcards were mailed, another full survey packet was sent to all households that still had not returned the survey. The remaining completed surveys were received over the next six weeks, with the final date for the receipt of surveys being January 7, 2015.

Completed surveys were received from 1423 adult residents of the three counties; thus, the overall response rate was 31.6% (1423/4500).

Key findings from the 2014 Community Health Survey along with other state and local data was used to facilitate discussion of focus groups at the MMS Community Health Assessment meeting in June 2016. MMS CLT members helped create a list of key community assessment indicators presented at the MMS Community Health Assessment meeting. See Indicator graph below.

**Meeker McLeod Sibley and Minnesota
Community Assessment Indicators
MMS - 2014 MN – 2014**

Indicator	Rate	Rate	Notes
Who			
Elderly dependency ratio (65+ years)	27.4	21.0	2013- Number of people age 65+ per 100 persons of working age (15-64)
Poverty	9.2	11.2	2013 – Percent all ages living in poverty
Employment	5.5%	5.1%	2013 – Unemployment, annual average
Health insurance status	98.2%	92.7%	Currently insured (Local survey, BRFSS)
Child dependency ratio	32.3	29.6	2013- Number of people aged 0-14 per 100 person of working age (15-64)
Education Level	27.2%	29.6%	Percent completed college or higher (Local survey, BRFSS)
Behavior			
Smoked cigarettes (9th graders)	10%	9%	2010 - Percent who smoked any cigarettes in the last 30 days
Alcohol use (9th graders)	19%	19%	2010 - Percent who used alcohol on one or more days in the last 30 days
Exercise habits	24.1%	52.7%	Percent of adults who reported 30+ minutes of moderate physical activity on five or more days per week MN - 2013
Binge drinking	30.7%	19.5%	Four or more drinks on any one occasion for females and five or more drinks on any one occasion for males
Consumption of fruits and vegetables	35.9%	28.4%	Consumed five or more servings per day MN-2013
Seek dental care	74.2%	72.6%	Had a dental exam within the past year
Seek mental health care	10.6%		Seek help from a health professional about a mental health issue
Seek preventative medical care	77.2%	69.8%	Seen a health professional (about own health) in past 12 months
Access			
Use public transportation	7.5%		Percent ever use public transportation such as <i>Trailblazer Transit</i> or Meeker County

Delayed getting medical care due to transportation problems	1.4%		Transit
Lack of quality affordable housing		28.3%	Share of households paying 30% or more of their income for housing, 2010-14 (for Counties, 2014 for state)
McLeod	28.9%		
Meeker	30.9%		
Sibley	26.9%		
Mental health access in your area		490:1	2013 -Ratio of population to mental health providers
McLeod	561:1		
Meeker	1926:1		
Sibley	3730:1		
Indicator	Rate	Rate	Notes
Delayed medical care because of cost		9.2%	MMS – calculated based on cost
Total	9.6%		MN - Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
Of those who delayed medical care	40.9%		
Dental health access in your area		1500:1	2013 - Ratio of population to dentists
McLeod	1380:1		
Meeker	3301:1		
Sibley	2486:1		
Top two reasons delayed getting dental care (MMS)			
Cost too much	67.2%		
Didn't have insurance	39.0%		
Healthcare Access in Your Area		1100:1	2013 - Ratio of population to primary care providers
McLeod	1330:1		
Meeker	2102:1		
Sibley	5024:1		
Outcomes			
Overweight/obese (Adults)	74.5%	64.1%	Calculated based on self-reported height and weight; BMI= (weight in kilograms)/(height in meters) ² <u>Overweight</u> : BMI between 25.0 and 29.9 <u>Obese</u> : BMI≥30.0
Overweight/obese (9th graders)	24%	22%	2010
Mental health concerns; depression, anxiety/panic attacks, other mental health problems	26.4%	18.1%	Calculated from 3 questions for MMS rate MN BRFSS question: (Ever told) you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression

Leading cause of death	170.8	161.3	Cancer, Age Adjusted Death Rate 2009-2013
Chronic disease by cost		\$12,843/ person	
Dementia/Alzheimers		22.6	Age adjusted mortality rate – 2008-2014 (needed to use this many years to get a non-suppressed rate for Sibley)
McLeod	14.6		
Meeker	16.2		
Sibley	14.7		

Step 2: MMS Community Health Assessment

On June 2nd, 2016, representatives from Hutchinson Health participated in the Community Health Assessment meeting with other CLT members and community partners. Personnel that participated represent a variety of sectors including public health and medical services, non-profit and social organizations, and the business community. The focus group formed for this community input session represented a total of approximately 60 key community leaders. Invitations were sent by e-mail with a request to respond for attendance. The selection of the personnel asked to participate was based on:

- Persons with special knowledge or expertise in public health
- Representatives from health departments or government agencies serving community health
- Leaders or members of medically underserved, low-income, minority populations and populations with chronic disease
- Other key stakeholders in the community

Population data was given to participants using a health indicator prevalence comparison. Data was largely taken from the MMS Community Health Survey and a large statewide survey from 2014.

During the overview of MMS data presentation, the data highlighted as significant was elderly and child dependency ratio, exercise habits, binge drinking, and access to healthcare, dental care, and mental health care. Other important indicators were high rates in diabetes, heart trouble, cholesterol, and low rates in shingles vaccinations. After discussing the data, attendees made a list of over 20 health topics they deemed significant for the three counties. Participants voted on three topics they believe need to be most prioritized.

The final list of topics were:

- Access to care
- Obesity
- Choice/behavior/culture
- Mental Health
- Senior Health
- Binge Drinking

Next, breakout sessions generated discussion on what is currently being done to combat each issue, what strategies could be used to address the problems, and what challenges are faced to overcome

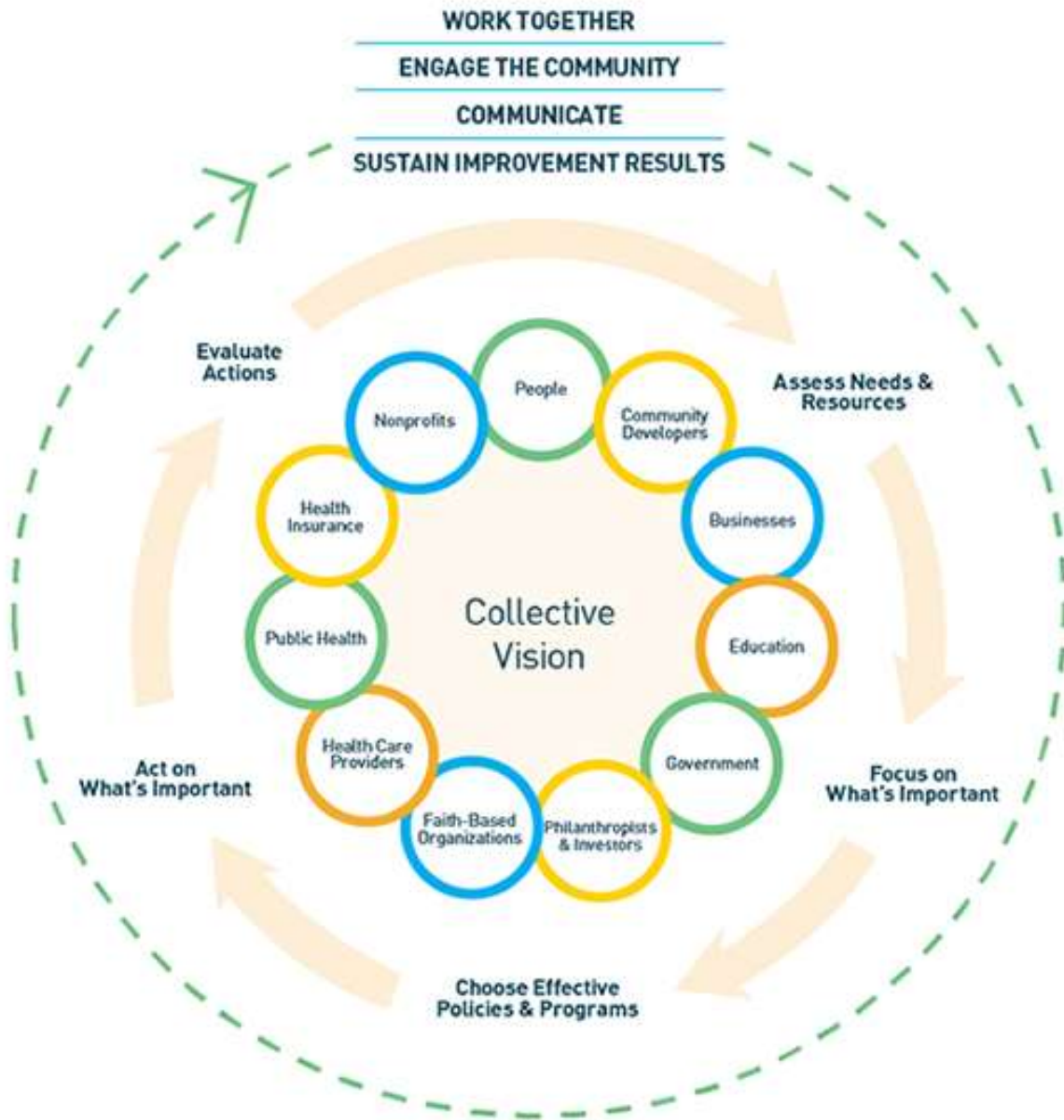
implementing strategies for each issue. Following the breakout sessions, a large group session was held to discuss next steps and where to focus the energy in moving forward. A collective action approach was agreed upon.

Collective Action

MMS Healthy Communities CLT has agreed to use a collective action framework in order to increase efficiencies and decrease duplication. While community partners are active and engaged with community level initiatives there are still internal agency priorities. A challenge arises when balancing agency resources and staff capacity between internal and external priorities. Another challenge is the multifactorial root causes of the identified priority areas. A collective action framework attempts to address both of these challenges. The collective action approach requires collaboration and partnerships to work on overarching goals to address the priority areas, while each agency continues to utilize local agency data and work on interventions specific to their agency. Collectively, all the agency interventions contribute to the overall common goal.

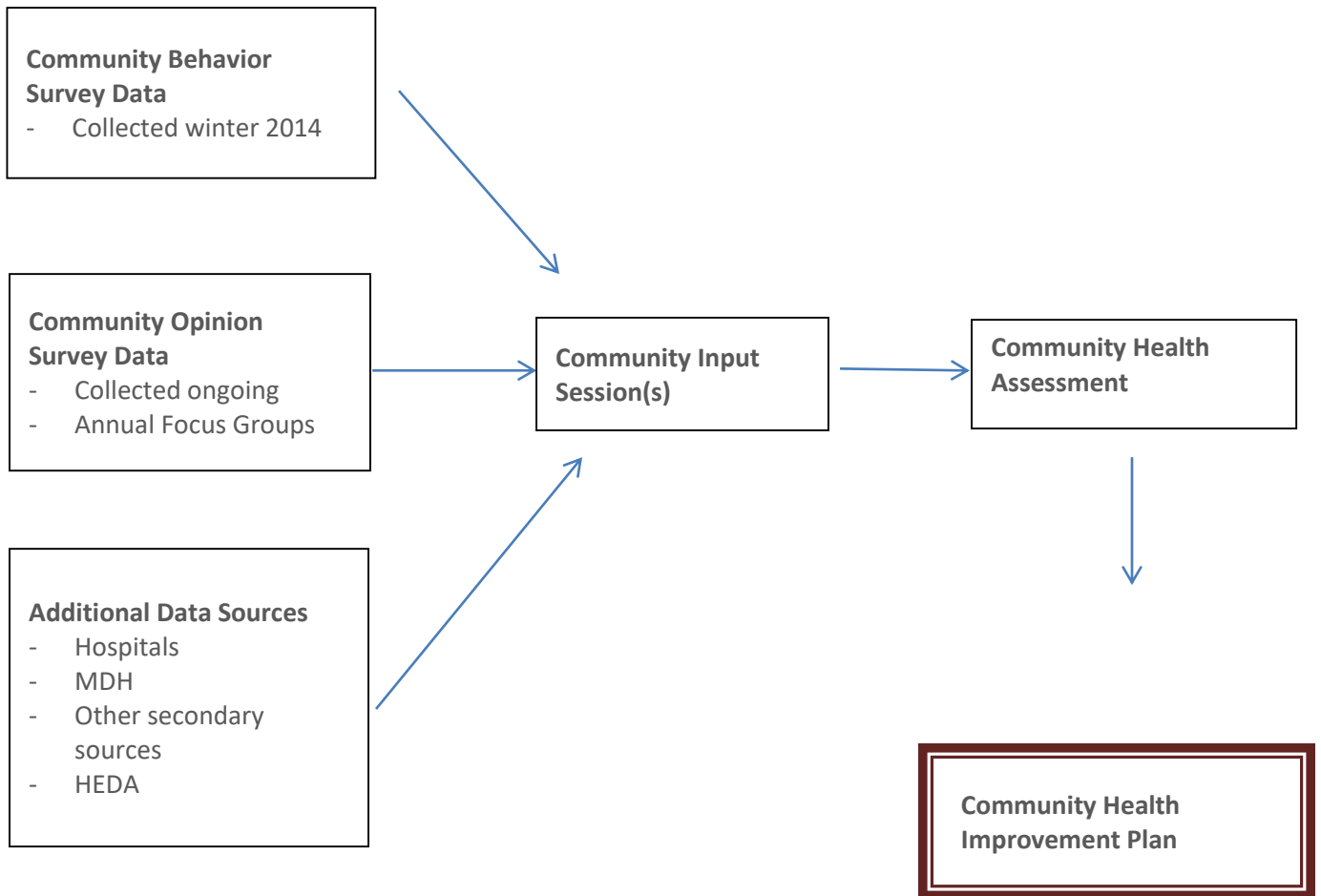
Diagram A represents a visual of the collective action approach created by The Centers for Disease Prevention and Control (CDC).

Diagram A



This approach will allow each partnering agency to identify their contribution towards the identified priority areas. This will allow agencies to share information, resources and coordination of services that will result on a larger impact on the community.

Components of the Community Health Assessment Process

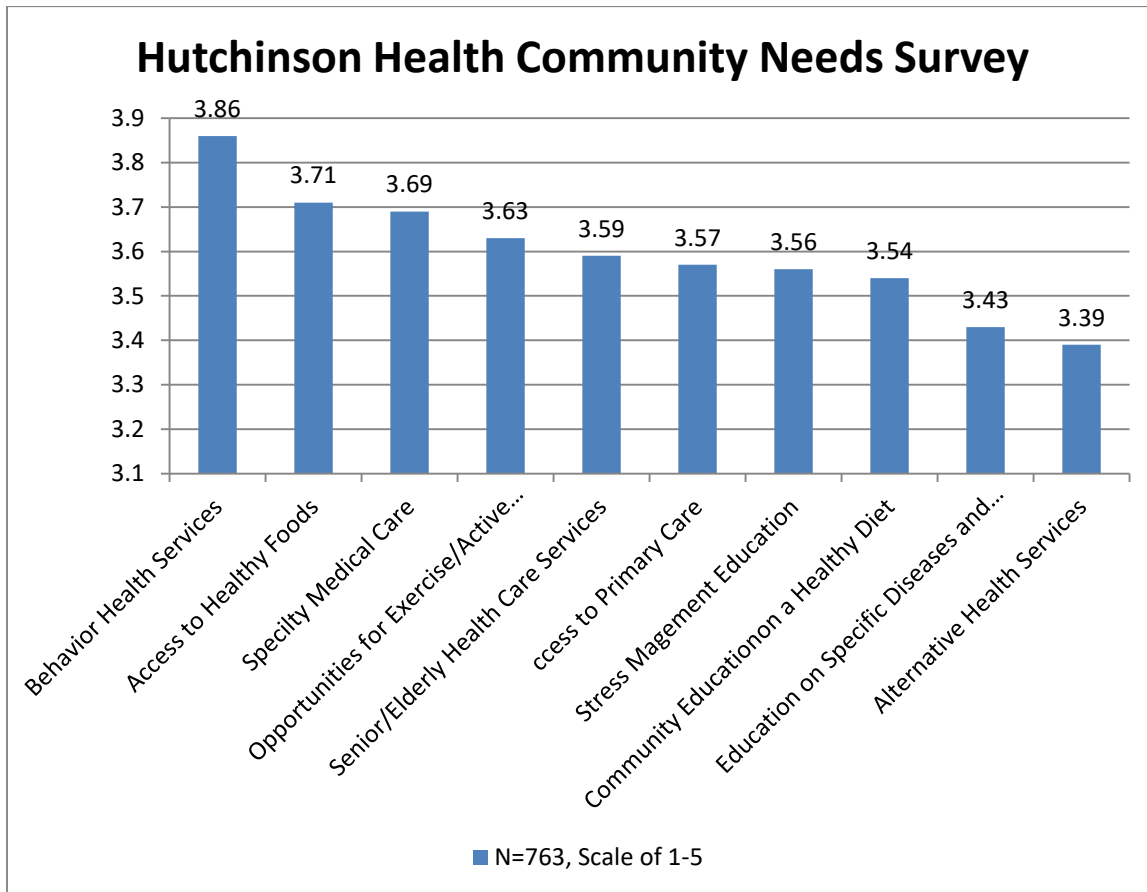


Step 3: Hutchinson Health's Electronic Survey

The content of a 10 question electronic survey was developed in 2013 by Hutchinson Health to obtain direct community feedback on perceived community health needs. This method was selected as a way to reach the largest number of people with the most efficient use of resources.

As in 2013, the 10 question electronic survey was distributed to employers in the community, including but not limited to the three largest employers in the community: 3M, Hutchinson Health, and the Hutchinson School District. A total of 763 people participated in the electronic 2016 survey.

Two distributions of the electronic survey were delivered on the same date. One distribution was sent to Hutchinson Health employees and one to other community employers. The contents, results and graphic depiction of the combined electronic surveys follow:



Hutchinson Health Community Health Needs Assessment 2016

1. Community education on a healthy diet								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	31	54	118	127	84	3.43	414	
	answered question							414
	skipped question							0
1. Community education on a healthy diet								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	8	34	99	127	81	3.68	349	
	answered question							349
	skipped question							1
	39	88	217	254	165	3.54	763	
2. Opportunities for exercise/active lifestyle								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	18	52	115	122	105	3.59	412	
	answered question							412
	skipped question							2
2. Opportunities for exercise/active lifestyle								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	17	32	83	129	87	3.68	348	
	answered question							348
	skipped question							2
	35	84	198	251	192	3.63	760	
3. Access to primary care (for example, family physicians)								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	14	51	97	114	126	3.67	412	
	answered question							412
	skipped question							2
3. Access to primary care (for example, family physicians)								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	30	45	90	103	80	3.45	348	
	answered question							348
	skipped question							2
	44	106	187	217	206	3.57	760	
4. Access to healthy foods								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	21	43	88	137	119	3.71	408	
	answered question							408
	skipped question							6
4. Access to healthy foods								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	19	30	78	122	95	3.71	344	
	answered question							344
	skipped question							6
	40	73	166	259	214	3.71	752	
5. Specialty medical care								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	17	30	110	150	98	3.70	405	
	answered question							405
	skipped question							9
5. Specialty medical care								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	11	26	104	125	78	3.68	344	
	answered question							344
	skipped question							6
	28	56	214	275	176	3.69	749	

6. Stress management education								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	16	54	124	144	69	3.48	407	
								answered question 407
								skipped question 7
6. Stress management education								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	11	26	100	138	67	3.65	342	
								answered question 342
								skipped question 8
	27	80	224	282	136	3.56	749	
7. Senior/elderly health care services								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	24	42	113	139	91	3.56	409	
								answered question 409
								skipped question 5
7. Senior/elderly health care services								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	13	34	102	118	77	3.62	344	
								answered question 344
								skipped question 6
	37	76	215	257	168	3.59	753	
8. Alternative health services (for example, massage, acupuncture)								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	34	61	117	115	80	3.36	408	
								answered question 408
								skipped question 6
8. Alternative health services (for example, massage, acupuncture)								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	19	54	98	104	66	3.42	341	
								answered question 341
								skipped question 9
	53	115	215	220	146	3.39	749	
9. Education on specific diseases and illnesses								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	20	48	156	126	63	3.40	413	
								answered question 413
								skipped question 1
9. Education on specific diseases and illnesses								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	11	36	120	139	42	3.47	348	
								answered question 348
								skipped question 2
	31	84	276	265	105	3.43	761	
10. Behavioral health services								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	14	43	114	121	121	3.71	413	
								answered question 413
								skipped question 1
10. Behavioral health services								
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count	
	10	18	71	99	151	4.04	349	
								answered question 349
								skipped question 1
	24	61	185	220	272	3.86	762	

Step 4: Hutchinson Health's Secondary Paper Survey

A secondary survey was developed following results of the online survey, in an attempt to further identify needs within the top areas. Focus group findings from the MMS Community Health Assessment meeting were also taken into consideration during survey development. The secondary survey was distributed in paper in the community. A total of 165 paper surveys was distributed and collected by Hutchinson Health staff at the Hutchinson Farmers Market, Cashwise, and Walmart from Aug 3-5, 2016.

The paper survey content and results follow:

Hutchinson Health Community Health Needs Survey

Indicate level of need in our community using the rating scale for each item under each category

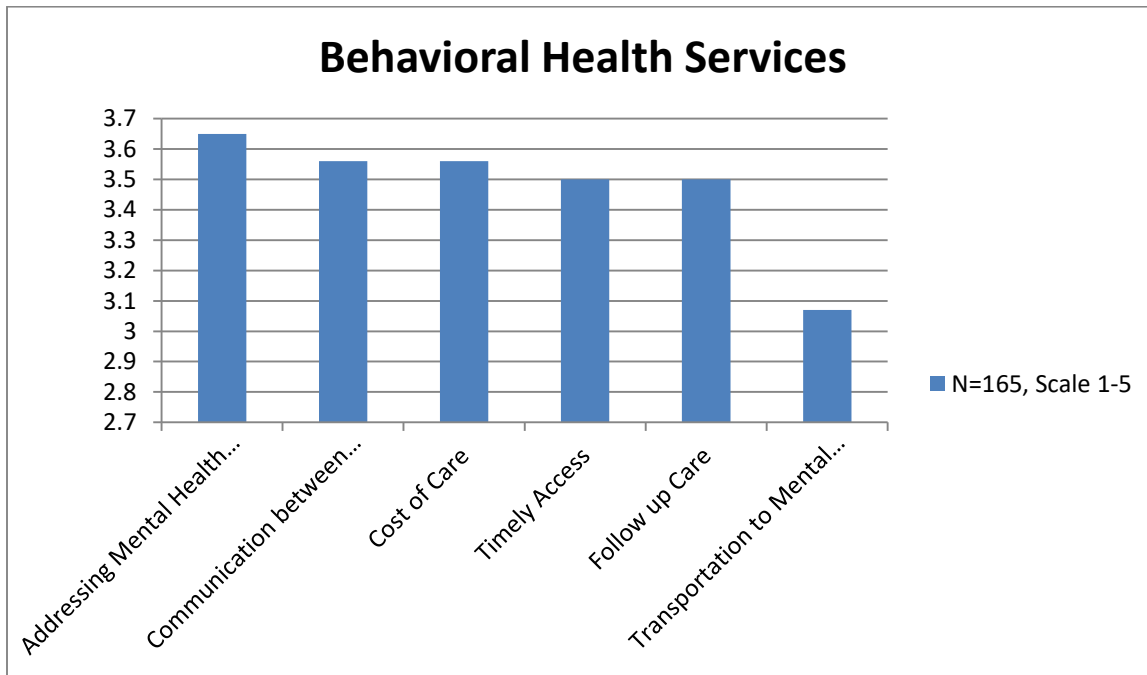
1. MENTAL HEALTH						
Answer Options	1-Low need	2	3	4	5	5-High need
Transportation to mental health services/provider	1	2	3	4	5	
Timely access	1	2	3	4	5	
Follow up care	1	2	3	4	5	
Communication between mental health and primary care	1	2	3	4	5	
Cost of care	1	2	3	4	5	
Addressing mental health stigma	1	2	3	4	5	
2. ACCESS TO HEALTHY FOOD						
Answer Options	1-Low need	2	3	4	5	5-High need
Transportation	1	2	3	4	5	
Nutrition education	1	2	3	4	5	
Restaurant healthy menu options	1	2	3	4	5	
Healthy food support for low income (emergency food support and p	1	2	3	4	5	
Healthy items at community events	1	2	3	4	5	
Cost of healthy foods	1	2	3	4	5	
School nutrition (including daycare and after school programing)	1	2	3	4	5	
3. SPECIALTY MEDICAL CARE						
What specialty medical care is needed for you or your family?						
What specialty medical care have you or a family member received from another provider outside of Hutchinson Health?						
Would you access these services at Hutchinson Health if available?						
Please indicate your awareness of specialty medical services provided at Hutchinson Health?						
Allergy	Yes	No	Occupational Therapy		Yes	No
Audiology	Yes	No	Oncology		Yes	No
Cardiology	Yes	No	Orthopedics		Yes	No
Diabetes Education	Yes	No	Physical Therapy		Yes	No
Ear, Nose and Throat	Yes	No	Podiatry		Yes	No
Internal Medicine	Yes	No	Radiology		Yes	No
Low Back and Neck	Yes	No	Rehabilitation		Yes	No
Mental Health (chemical dependency, therapy, psychiat	Yes	No	Sleep Medicine		Yes	No
Nephrology	Yes	No	Speech-Language Pathology		Yes	No
Obstetrics and Gynecology	Yes	No				

Paper Survey Findings

Rated on a scale of 1 (low need) to 5 (high need), the scores listed below are the weighted average.

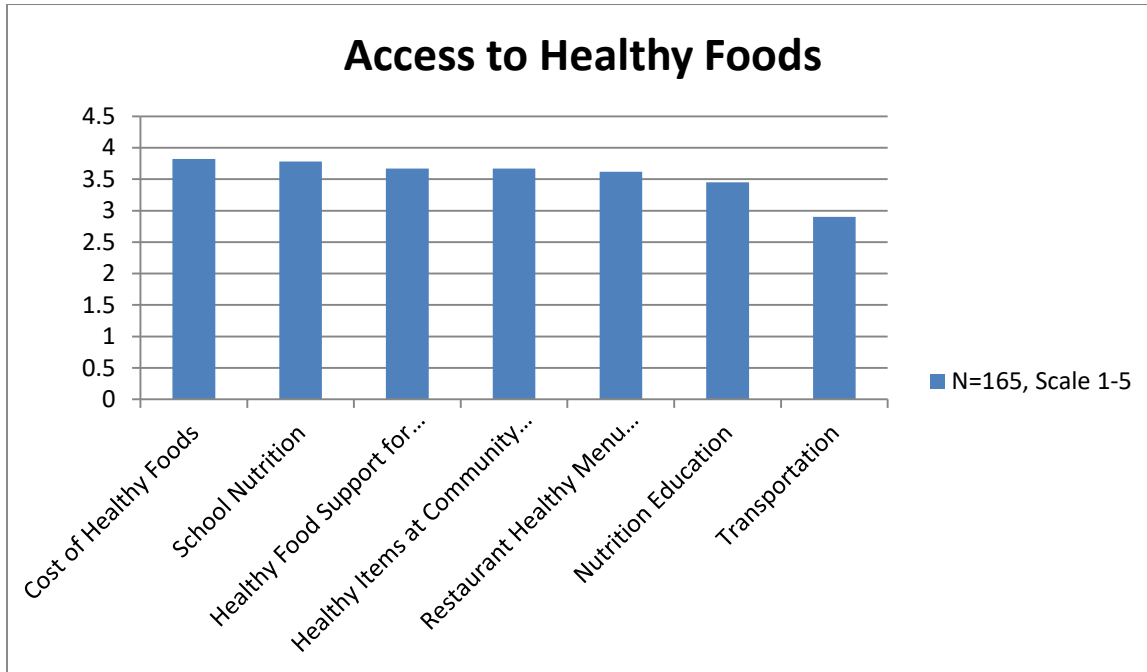
Behavioral Health Services:

- 3.65 Addressing mental health stigma
- 3.56 Communication between mental health and primary care- continuity of care
- 3.56 Cost of care
- 3.50 Timely access
- 3.50 Follow up care
- 3.07 Transportation to mental health services/provider



Access to Healthy Foods:

- 3.82 Cost of healthy foods
- 3.78 School nutrition (including daycare and after school proگرامing)
- 3.67 Healthy food support for low income (emergency food support and programs)
- 3.67 Healthy items at community events
- 3.62 Restaurant healthy menu options
- 3.45 Nutrition education
- 2.90 Transportation



Specialty Medical Care:

Data obtained from this section was mostly qualitative in nature due to the open ended questions posed, with the exception of the question on awareness of specialty medical services provided at Hutchinson Health. Qualitative information received will help Hutchinson Health identify additional specialty service(s) needed to better serve the community. Quantitative data results yielded community awareness of Hutchinson Health specialty services offered. Key findings here indicated that less than 50% of community members who took the survey were aware of 3 specialty services offered at Hutchinson Health: Sleep Medicine, Nephrology and Speech-Language Pathology. Results listed below.

Specialty Medical Service	Aware	Unaware
Allergy	101	64
Audiology	95	70
Cardiology	108	57
Diabetes Education	116	49
Ear, Nose and Throat	115	50
Internal Medicine	109	56
Low back and Neck	97	68
Mental Health	124	41
Nephrology	57	108
Obstetrics and Gynecology	118	47
Occupational Therapy	125	40
Oncology	101	64
Orthopedics	118	47
Physical therapy	134	31
Podiatry	108	57
Radiology	117	48
Rehabilitation	119	46
Sleep Medicine	75	90
Speech-Language Pathology	80	85

CONCLUSIONS

Reviewing data from sources as outlined above, we reached the following conclusions:

The publicly available data demonstrates that the Hutchinson Health service area in general enjoys favorable health indicators, ranking in the top quartile in Minnesota in both health indicators and health outcomes. It should be noted that Minnesota is at or near the top nationally in many of these indicators; to be among “the best of the best” is reason for celebration. Significant challenges remain.

Current limitations in data prevent Hutchinson Health from concluding primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups. Local and state public health efforts are currently underway to focus on identifying health inequities. Hutchinson Health is committed to active participation in these efforts and will continue to consult with public health and other regional health systems regarding solutions to identify and address health inequities. As more information becomes available through public health and other data sources, efforts to address specific need areas for marginalized groups will be developed reflecting our commitment to lead in promoting health, including improving health equity, for all people in our community.

Current work of Meeker-McLeod-Sibley Public Health (MMS) includes development of a pilot to complete a health equity data analysis (HEDA) on chronic disease among low income populations, with a focus on heart disease and diabetes. Using a multi-pronged approach, a HEDA involves identifying differences in health outcomes by population groups, and then considering not only individual factors but also the high level factors (e.g. policies and systems) that create those differences. This additional analysis work will provide not only strong data that reflects local gaps in health equity, but will also provide a framework in which we can partner, collectively, to move analysis into action.

ACTION PLAN

After thoughtful review of available data, current needs and available resources, Hutchinson Health has prioritized two primary areas of focus for this 2016 Community Health Needs Assessment Action Plan: mental health and nutrition.

We believe targeting efforts in these primary areas of focus will not only address those specific need areas, but also greatly impact related high identified community health need areas including access to care, obesity, chronic disease and senior health. The gap between provider identified needs and community interest for both mental health and nutrition appear to be low, as supported by the results from the MMS community input session and community-based electronic and paper survey results. These results indicate that activating individual and community engagement in these areas will be high. We see individual and community engagement as a necessity to achieving improvements that directly impact the health of our population. This work will allow Hutchinson Health to continue to align with community partners invested in shared missions to improve the health of our community (including, but not limited to public health) and expand the work identified in the 2013 Community Health Needs Assessment.

More specifically, Hutchinson Health will rely on clinical expertise of mental health and nutrition staff to guide organization-wide goal setting to address identified community health needs through extending

reach across employees, patients and the community at large.

Hutchinson Health is the primary resource for Mental Health services in our region. We have six psychiatrists and 34 other Mental Health staff who provide both inpatient and outpatient services. At Hutchinson Health, we are actively working on improving access, addressing mental health stigma and improving continuity of care between mental health providers and primary care. Each of the examples listed below provide unique opportunities for Hutchinson Health to expand work towards addressing the identified mental health needs of the community.

These efforts include:

- Participation with the Meeker, McLeod, Sibley counties mental health subcommittee (developed in June 2014) work to address mental health stigma through education and awareness.
- Initiating the process of obtaining certification for Behavioral Health Care Home, expanding on Health Care Home certification that we obtained in May 2016.
- Efforts to improve continuity of care between mental health and emergency room and between mental health and urgent care through improving and formalizing communication channels.
- Development of an specialized autism service line to identify early diagnosis, treatment and management of children with autism or Asperger's Syndrome, reflecting internal partnerships between child psychiatry, child psychology, pediatricians, occupational and speech therapy.

While some of these areas can be labeled as internal process improvements of patient care, initiating communication of these changes through active dialog with patients, employees and community members serves to represent our commitment to provide a caring, personal experience for persons with mental health concerns and their families. Additionally, intentional and direct dialog to the community around mental health topics help to address mental health stigma, presenting mental health as a community concern, not simply isolated to individuals and their families. Increasing community engagement and education around mental health is a specific area Hutchinson Health is committed to as part of this action plan.

With respect to nutrition, cost of healthy food has been identified as a primary barrier to improving access to healthy food for individuals and families in our community. We believe that addressing cost of healthy foods through education and engagement can be interwoven between direct patient care, community education, and employee wellness efforts. Components of such education and engagement can include meal planning, time management, debunking the myths that healthy foods cost more than unhealthy foods and general nutrition education. We believe focusing on the nutrition areas referenced above can actively engage a large percentage of the general population, across all social demographics, in our community.

Internally, we will continue and enhance many current efforts that address mental health and nutrition. Included in this, Hutchinson Health's employee wellness committee will continue to explore ways to engage staff and increase participation in wellness activities with the goal of advancing a wellness culture within the organization. Special attention will be given in guiding work to address mental health and nutrition as indicated by related activities, goals and outcome measures.

Beginning in December of 2015, through a grant from the Minnesota Hospital Association, Hutchinson Health began work to embed patient and family engagement principles into our organization. Hutchinson Health aspires to have patients and their family members engaged at every level of their

care. In June of 2016, Hutchinson Health formed a Patient Family Advisory Committee comprised of patient and family representatives in our community. This committee serves as a sounding board to Hutchinson Health executives and service area leaders that can better align improvements that match not just organizational goals, but patient and community needs. While representation across all service areas of our organization is not possible, best efforts are and will continue to be made to solicit voices that can provide greater input across the identified community health need areas.

Externally, Hutchinson Health will continue to actively participate in the Meeker, McLeod, Sibley Community Leadership Team. This collaboration will provide opportunities to share relevant data, leverage resources and expand impact through work with collaborative partner organizations.

Additionally, efforts to engage with private business, government and other local nonprofit organizations will continue, focusing work to specifically target mental health and nutrition.

Hutchinson Health is a charter member of Heart of Hutch, a grassroots organization created to promote wellness and healthy living through healthy eating, physical activity and social connectedness.

Hutchinson Health has dedicated staff resources and supported volunteerism with Heart of Hutch. Since 2010, Heart of Hutch has provided more than 220 health related activities and initiatives, reaching over 25,000 people in our community.

Hutchinson Health's history of partnering with the community supports a framework that allows for sharing of resources across diverse sectors on best-practices to approach community health. We recognize our fortune in having individuals and the communities in which we serve, bring great enthusiasm and active participation to further fuel work to improve the health of our community. From local governments, private businesses, nonprofit partners and individual community members, opportunities to address policy, system and environmental changes within Hutchinson Health and across the community can be capitalized. Each partner brings a unique set of perspectives that has and will continue to serve to increase innovation and collective action needed to achieve the Triple Aim of improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care.

In order to direct the work of this 2016 Community Health Needs Assessment Action Plan, Hutchinson Health has committed to dedicating staff and other resources related to the action areas referenced above. Beyond a requirement of the 2010 Patient Protection and Affordable Care Act, this action plan reflects Hutchinson Health's mission, values and ethical responsibility to take action to address the identified needs of our community, above and beyond our commitment to provide excellent care to our patients. Current and ongoing efforts will be made to identify staff and resource needs related to this action plan, including organizational goals and outcome measures for 2017, 2018 and 2019.

CLOSING

We wish to acknowledge all who participated in the Community Health Needs Assessment. The members of the Hutchinson Health Wellness service area, the 763 people who took the time to complete our electronic survey, another 165 community members who completed our paper survey and the 60 people who participated in the Meeker, McLeod, Sibley community input session. This was truly a collaborative effort. We learned a great deal from this assessment and have goals that we believe will truly improve the health of our community. We continue to learn much about the process, which will help us continue to improve in identification of the health needs of our community and guide us towards effectively setting goals to reach these targeted areas.

With this 2016 Community Health Needs Assessment Action Plan, Hutchinson Health looks forward to continuing to build off of current partnerships and form new partnerships. As we continue to seek input from persons who represent the broad interests of the community, please do not hesitate to connect with us directly regarding our focus and commitment to improving population health.