Glencoe Regional Health Services

# 2013 COMMUNITY HEALTH NEEDS ASSESSMENT

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Dear Community:

On behalf of the medical staff and employees at Glencoe Regional Health Services, I would like to extend our sincere thanks for the opportunity to care for you, your friends and your family over the years. Our mission at Glencoe Regional Health Services is to provide high quality, convenient and personal health care to those we serve. 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 Services 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 Services has conducted a community health needs assessment (CHNA). A CHNA is essentially a review of current health activities, resources, initiatives, gaps and limitations to identify areas of improvement.

We are pleased to present you with the results of our 2013 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,

Jon D. Braband, FACHE
President and CEO

## Executive Summary

Glencoe Regional Health Services (GRHS) 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 majority of the hospital facility's CHNA process occurred in mid-2013. The CHNA was a collaborative process involving four hospitals, public health, other community service agencies and public bodies, plus community representatives, coordinated by a facilitator from StratisHealth. The process consisted of two half-day workshops, held on May 22 and June 5. The three highest-priority health needs for the community served by GRHS were identified as 1) mental health, 2) obesity prevention, and 3) prevention/wellness.

The GRHS Board of Directors reviewed the health status statistics and trends for GRHS' service area. The Board also reviewed the ranked priorities as developed by the community forum process. Based upon an analysis of GRHS's capabilities and capacity, it was determined that we would focus on mental health as the key area to address during the next three years. This will be addressed by providing additional mental health counseling services. This planned intervention will be monitored over time to determine its effectiveness and whether the community needs are being addressed in this area.

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

We welcome and invite feedback on our CHNA. Comments on the CHNA and its accompanying implementation strategy can be emailed to GRHS at CHNA.comments@grhsonline.org.

## Community Served

GRHS determined its service area by reviewing patient origin, essentially looking at where the majority of its patients come from over time. This has been fairly stable over a four year period, as noted in Table 1. For the purpose of this CHNA, the primary service area of Glencoe Regional Health Services has been determined to be McLeod County, from which approximately 70% of its patients come.

**Table 1**

| Total Hospital Admissions | | | | |
|---|---|---|---|---|
| **City/Zip Code** | **2009** | **2010** | **2011** | **2012** |
| GLENCOE - 55336 | 41.9% | 44.5% | 41.5% | 43.5% |
| STEWART - 55385 | 2.1% | 1.7% | 3.5% | 2.8% |
| GAYLORD - 55334 | 5.3% | 7.3% | 6.0% | 6.0% |
| LESTER PRAIRIE - 55354 | 6.1% | 4.1% | 6.5% | 5.6% |
| BROWNTON - 55312 | 5.5% | 3.2% | 3.4% | 3.3% |
| HUTCHINSON - 55350 | 8.5% | 9.1% | 9.1% | 10.1% |
| ARLINGTON - 55307 | 5.2% | 5.3% | 5.6% | 5.4% |
| WINSTED - 55395 | 4.1% | 4.5% | 2.6% | 2.2% |
| SILVER LAKE - 55381 | 2.0% | 2.3% | 2.4% | 2.9% |
| PLATO - 55370 | 1.6% | 0.9% | 1.0% | 1.4% |
| NEW AUBURN - 55366 | 1.2% | 0.5% | 1.8% | 0.9% |
| NORWOOD-YOUNG AMERICA - 55368/55397 | 1.9% | 1.7% | 2.4% | 0.7% |
| GREEN ISLE - 55338 | 1.6% | 0.6% | 1.6% | 1.0% |
| HAMBURG - 55339 | 0.2% | 0.2% | 0.2% | 0.7% |
| BUFFALO LAKE - 55314 | 2.1% | 3.4% | 2.5% | 1.8% |
| OTHER | 10.7% | 10.9% | 10.0% | 11.9% |
| **McLeod County:** | **71.8%** | **70.3%** | **70.0%** | **71.8%** |
| Non-McLeod County: | 28.2% | 29.7% | 30.0% | 28.2% |
| **TOTAL** | 100.0% | 100.0% | 100.0% | 100.0% |

A map of GRHS' primary service area is also available in the appendix at the end of this report. See Appendix A.

## Demographics

An evaluation of available demographic data from the U.S. Census Bureau shows the following:

- McLeod County is relatively more dense than Minnesota (74.7 persons per square mile versus 66.3 persons per square mile, respectively), but less dense than the U.S. as a whole (at 87.9 persons per square mile).
- McLeod County is slightly "older" than both Minnesota and the U.S., with the over-65 age group being 14.9% for McLeod County, 12.7% for Minnesota and 12.9% for the U.S.
- The McLeod County population is less poor than Minnesota and the U.S. (with 7.5% being below the Federal Poverty Level in McLeod County, 11.0% in Minnesota, and 14.7% in the U.S.).
- Relatively fewer residents of McLeod County receive Medicaid than Minnesota as a whole or the U.S. (with 12.5%, 14.0% and 16.6% of the population on Medicaid, respectively).

See Appendix B, C, D, and E.

In addition, information available from the U.S. Department of Labor's Bureau of Labor Statistics shows that the unemployment rate in McLeod County is slightly higher compared to Minnesota as a whole (5.5% versus 5.1%), but lower than the U.S. unemployment rate (at 7.7%). See Appendix F.

## Health Status

An evaluation of health status indicators from the Centers for Disease Control and Prevention (CDC) shows that residents of McLeod County are relatively more physically active than Minnesota as a whole (19.1% reporting no leisure time physical activity, versus 19.8%, respectively), and more active than the U.S. population as a whole (23.8% reporting no leisure time physical activity). It also shows:

- Fewer McLeod County residents report using tobacco products (12.4%) than Minnesota as a whole (17.1%) or the U.S. population (18.6%).
- Residents of McLeod County have relatively similar prevalence of diabetes as the State of Minnesota (7.8% and 7.5%, respectively), and less than the U.S. population (9.6%).
- McLeod County and Minnesota have similar prevalence rates of heart disease (3.9% and 3.7%, respectively), and less than the U.S. (4.3%).
- Heart disease mortality is similar in McLeod County and Minnesota (age adjusted rates of 79.3 and 76.0 per 100,000 population, respectively), both of which are far less than the mortality rate for the U.S. (134.7 per 100,000).
- Residents of McLeod County have a lower cancer mortality rate than Minnesota as a whole or the U.S. population (age adjusted rate of 154.8 for McLeod County compared to 169.0 and 176.7 respectively).

See Appendix G, Appendix H, Appendix I, Appendix J, Appendix K and Appendix L.

Information available from the CDC shows that McLeod County has relatively more teen births than the State of Minnesota as a whole (33.0 per 1,000 births, versus 26.8 per 1,000, respectively), but less than the U.S. rate (at 41.2 per 1,000). McLeod County has fewer babies born with low birth weights (5.3%) than Minnesota (6.5%) or the U.S. (8.1%). In addition, information available from the Minnesota Department of Health's Center for Health Statistics indicates that relatively more expectant mothers receive prenatal care in their first trimester of pregnancy in McLeod County (89.5%) than the State of Minnesota as a whole (86.0%). See Appendix M, Appendix N, and Appendix O.

## Assessment Process and Methodology

The CHNA assessment process utilized by GRHS was a collaborative effort coordinated through the Meeker, McLeod, Sibley Healthy Communities Leadership Team (CLT). This group planned a focus group/workshop approach, in which participants from a variety of area agencies and businesses were invited to participate in two, half-day planning sessions. Under the auspices of a grant from Stratis Health (Minnesota's designated Quality Improvement Organization, or "QIO"), Kim McCoy, MPH, MS, served as the project planner and facilitator. Active participants and planning agents in the process included the four hospitals serving the McLeod, Meeker and Sibley counties: Glencoe Regional Health Services (Glencoe – McLeod County), Hutchinson Health (Hutchinson – McLeod County), Meeker Memorial Hospital (Litchfield – Meeker County) and Sibley Medical Center (Arlington – Sibley County).

Invitations to participate in the two half-day workshops were sent out to over 100 people and agencies in the three-county area, representing public health, education, business, local government and other community service agencies. Approximately 60 individuals participated in the two focus group sessions, which were held on May 25 and June 5, 2013, in centrally-located Hutchinson. Participants included representatives from the City of Hutchinson, GFW Schools, Glencoe Regional Health Services, Heartland Community Action Agency, Hutchinson Health, Litchfield Chamber of Commerce, McLeod County Board of Commissioners, McLeod County Food Shelf, McLeod County Human Services, Meeker County Highway Department, Meeker County Public Health, Meeker-McLeod-Sibley Community Health Services, Meeker Memorial Hospital, Minnesota Rubber and Plastics, Sibley County Board of Commissioners, Sibley County Public Health, Sibley East Schools, Sibley Medical Center, University of Minnesota Extension – Meeker, McLeod, Sibley Counties, and other local businesses. It was felt that the needs and interest of the medically underserved, low income and minority populations were able to be represented through input from representatives from the McLeod County Food Shelf, County Public Health and Human Services, city and county government officials, and other community service agencies. The needs of the most significant minority population in the area were also felt to be represented through participation by a Spanish interpreter employed by Glencoe Regional Health Services.

## Community Health Needs Identified

During the two-day focus group process, the group first reviewed and evaluated data on the relative health status of the area, including historical data on age, race, language and income, disease-specific indicators and relative access to health care services. The group next focused on the question, "What are our communities' biggest health care problems?" The collaborative group developed a list of ten topics that were felt to have a potential impact upon the health status of the area's population. Through conversations and the review of current data, ten topics were identified as having links to health outcomes. These included:

- Access to Health Care
- Chronic Disease
- Collaboration between organizations
- Mental Health
- Obesity prevention
- Parent/Family Support
- Prevention and Wellness
- Senior Services/Support
- Substance Abuse
- Teens

Below are the complete findings:

| Access to Health Care | |
|---|---|
| **Current Activities or Resources** | **Gaps and Limitations** |
| • Public health – dental varnishing, county-based purchasing care vans, Child and Teen Checkups, lead testing at WIC (Women, Infants and Children), immunizations<br>• Mental health services in schools<br>• Case management services for elderly through county agencies<br>• Health care agencies in all counties – hospitals and clinics<br>• All 3 counties have pharmacies<br>• MA and MN Care for some county residents | • Lack of transportation for some people<br>• Dental care limited for some populations due to money<br>• Lack of mental health providers<br>• Medical insurance not available to all<br>• Medical insurance doesn't cover all costs for everyone<br>• Pediatric care – access to services<br>• Lack of identification before crisis (hard to be proactive; often find out too late)<br>• Opportunities for collaboration across settings<br>• Difficulty navigating the system<br>• Lack of trained health care interpreters |

| Chronic Disease | |
|---|---|
| **Current Activities or Resources** | **Gaps and Limitations** |
| • Diabetes education<br>• Blood pressure readings<br>• Chronic disease self-management (McLeod)<br>• Church – nurses offering general education<br>• Community measurements – depression, asthma, diabetes<br>• Monthly community education<br>• Home health care<br>• Community Health Improvement Plan (CHIP)<br>• Case management – health plans<br>• Hutch Health – pre-diabetes classes, wellness screenings for community | • Knowing about events/services and get the word out<br>• Funding/time of educators/nurses/volunteers<br>• Transportation<br>• Educating on programs and getting people to go<br>• Motivating people to take part in their care<br>• Increase screenings for chronic disease<br>• Low participation in case management program |

| Collaboration Between Organizations | |
|---|---|
| **Current Activities or Resources** | **Gaps and Limitations** |
| • Heart of Hutch<br>• SHIP (Statewide Health Improvement Program)- networking<br>• Mental health – PACT (Putting All Communities Together) for Families Collaborative (Meeker/McLeod)<br>• Cooking classes – U of M, Salvation Army, McLeod Social Services<br>• MCCC – Meeker County Care Connections<br>• AAA – Senior Services<br>• Wellness – Meeker/McLeod business<br>• Hunger Solutions – food shelves<br>• Parenting – Parent Support Outreach Program, Head Start<br>• Dental – Rice Regional Dental Clinic<br>• Transit – all 3 counties<br>• Housing – Heartland<br>• Disaster planning | • Education and awareness that resources are available (public)<br>• Access to resources<br>• Government regulations that restrict funding use (e.g., target populations, demographics, county boundaries, etc.)<br>• Direct service staff are not knowledgeable about resources<br>• Hunger – bust myths for elderly re: SNAP (Supplemental Nutrition Assistance Program) and other social service programs<br>• Turf wars<br>• Funding<br>• Lack of time to coordinate |

| Mental Health | |
|---|---|
| **Current Activities or Resources** | **Gaps and Limitations** |
| • Hutchinson Health – 12-bed inpatient/outpatient, 24-hour crisis line<br>• Meeker Memorial – senior behavioral unit<br>• Stepping Stones<br>• Woodland Centers<br>• Crow River Counseling<br>• Jonas Center<br>• Lighthouse Counseling<br>• New Beginnings<br>• Schools (high schools, colleges)<br>• Lutheran Social Services<br>• Social Services Case Management<br>• Pact for Families (McLeod and Meeker)<br>• Informal services, e.g., clergy, public health., support groups<br>• General practitioners<br>• Birthright<br>• Common Cup<br>• EAPs (Employee Assistance Programs)<br>• Catholic Charities<br>• School-linked mental health grants<br>• Text 4 Life | • Capacity<br>• Limited specialties (e.g., children's mental health, chemical dependency, eating disorders)<br>• Transportation<br>• Funding and reimbursement<br>• Underinsured, uninsured, MA population<br>• Stigma<br>• Family choice not to seek help<br>• Long wait times for appointments<br>• Lack of trained health care interpreters |

| Obesity Prevention | |
|---|---|
| **Current Activities or Resources** | **Gaps and Limitations** |
| • Clinic quality improvement re: BMI readings and MD counseling<br>• Farmers Markets (increasing number)<br>• School lunch program mandates<br>• GSL/Hutch School gardens<br>• "Kitchen Kamp" – Extension/SS work with families<br>• Worksite Wellness – "challenges"<br>• Trails/parks/maps – collaborate with highway department and parks<br>• Community education/summer programming<br>• Education/screenings – health fairs, county fair<br>• Taste testing at WIC – more healthy choices | • Knowledge of what other agencies/entities are doing<br>• Limited resources - dedicated staff for promotion<br>• Can't make people take advantage of programs available<br>• Societal change re: family eating patterns/expectations<br>• Lack of adequate social media marketing (Twitter, FB, etc)<br>• Activities for kids not related to competition just to be physically active<br>• Gender-based |

| Parent/Family Support | |
|---|---|
| **Current Activities or Resources** | **Gaps and Limitations** |
| • Early education – ECFE (Early Childhood Family Education), HS/EHS, preschool, WIC, Watch Me Grow, MOPS (Mothers of Preschoolers), Extension services<br>• Mentoring of young families – public health, WIC, MOPS, CPS/SS programs<br>• Support to young families – WIC, Common Cup (misc. faith-based)<br>• Growing up healthy – EAP (employee assistance counseling through health insurance/employer), pediatricians, mental health providers, school counseling, psychiatry, social workers, nurse, Fare for All grocery program<br>• Housing/finance/transportation/access to services – Heartland, social services, public transit (fee) | • Services often income- or fee-based<br>• Hours of service limited to daytime<br>• Lack of awareness<br>• Extended waiting time for mental health counseling<br>• Lack of adolescent support groups<br>• No Big Brother/Big Sister YMCA programs<br>• Decreased daily living skills teaching at schools<br>• Services across the board for middle class |

| Prevention and Wellness | |
|---|---|
| **Current Activities or Resources** | **Gaps and Limitations** |
| **Work site wellness**<br>• SHIP funding (MMS)<br>• Innovative programs<br>• Collaborative services | **Work site wellness**<br>• Funding and staffing |
| **Preventing health screenings and rates**<br>• Mobile dental and medical van – Sibley<br>• Active partnership grant – McLeod<br>• Direct access (reduced lab testing cost) – Meeker<br>• Migrant health (mobile) – Meeker, McLeod, Sibley & Kandiyohi Counties | **Preventing health screenings and rates**<br>• Education<br>• Cost<br>• Access and follow-up care<br>• Funding/coverage of service |
| **Immunizations**<br>• MN vaccines for kids<br>• Sliding fee scales<br>• School and public health collaboration<br>• MIIC database (MN Immunization Information Connection) | **Immunizations**<br>• Education<br>• Cost for adults<br>• Access |

| Senior Services/Support | |
|---|---|
| **Current Activities or Resources** | **Gaps and Limitations** |
| • Educational opportunities – hospital and community education, library programming, AAA (caregiver support, falls prevention, chronic disease management)<br>• Physical activity/fitness – Silver Sneakers, Bone Builders<br>• End of life services – hospice, skilled nursing facilities, specialized dementia care<br>• Housing options (housing with and without services)<br>• Socialization opportunities within city limits (nutrition programs, senior centers, etc)<br>• Senior dining/Meals on Wheels<br>• Home health care | • General awareness of services available – health plan-covered fitness plans, independent living skills to stay at home<br>• Transportation – assistive transportation that is affordable (aging lacks confidence required for public system access)<br>• Access to grocery delivery is limited<br>• Pharmacy – limited delivery of prescription medications<br>• Socialization opportunities (awareness of and transportation to)<br>• Resistance to accepting help |

| Substance Abuse | |
|---|---|
| **Current Activities or Resources** | **Gaps and Limitations** |
| • D.A.R.E. program<br>• Prevention and Intervention grant – Sibley County Partnering in Prevention<br>• Project Harmony (Pregnant women/moms)<br>• Winsted: Resource and Recovery<br>• Community support groups (AA and NA)<br>• WINGS – teen chemical dependency<br>• Glencoe Regional Health Services – interpreters<br>• Social services<br>• Public messaging/public service announcements<br>• Responsible server training<br>• LAMP (Litchfield Area Mentorship Program)<br>• LARPP (Litchfield Area Rural Partners in Prevention)<br>• Hutchinson Health<br>• MEADA (Methamphetamine Education and Drug Awareness Coalition of McLeod County)<br>• Corrections treatment program<br>• Toward 0 Deaths<br>• ZAP (Zero Adult Provider) | • D.A.R.E. – expand age groups, increase law enforcement engagement with kids<br>• Volunteers in programs<br>• Parental involvement<br>• Lack of community engagement<br>• Knowledge regarding community resources<br>• Lack of interpreters<br>• Synergy among organizations<br>• Financial resources<br>• Social stigma |

| Teens | |
|---|---|
| **Current Activities or Resources** | **Gaps and Limitations** |
| • Youth groups – church support (Hutchinson)<br>• Schools – speakers/presentations<br>• Access to activities – community garden, sports, FFA, Girl/Boy Scouts<br>• Promise Neighborhood Institute– planning and prevention grant<br>• Drug Free Communities Grant<br>• CD counselors – hospitals, schools<br>• Family planning grant<br>• Health classes<br>• Planned Parenthood | • Difficulty getting information to kids (schools not ready, limited time)<br>• Smaller communities = fewer activities, fewer churches, fewer opportunities<br>• Health classes – start early – self-esteem, etc (strengthen curriculum)<br>• Barriers in readiness, open to discussion, family reluctance/not ready for communication<br>• Lack of things to do – jobs, entertainment<br>• Teens don't know how to talk to adults<br>• Lack of therapists |

## Action Planning

Upon reviewing the top ten leading health care indicators, a list of criteria was created to assess the areas most needing improvement in our community. The goal was to then determine the top three topics for developing plans to implement change in the community. The decision making criteria included:

- Affordability
- Sustainability
- Can we make an impact?
- Is it realistic?
- Is there support already in place?
- With whom can we collaborate for a bigger impact?
- Is the community ready to engage?
- Data/ability to measure change
- Awareness of what is changing beyond 3 years
- Support of leadership
- Legislative/county commissioner support
- Multiple impact points/overlap with multiple areas

Using the above decision making criteria, the group voted and identified Mental Health (26 votes), Obesity Prevention (21 votes) and Prevention/Wellness (20 votes) as the top three areas upon which to focus future efforts.

## Implementation Strategy

The Glencoe Regional Health Services Board of Directors reviewed the intake process and recommendations of the collaborative and approved an implementation strategy on November 25, 2013. 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 (the most significant need as determined by the focus group process).

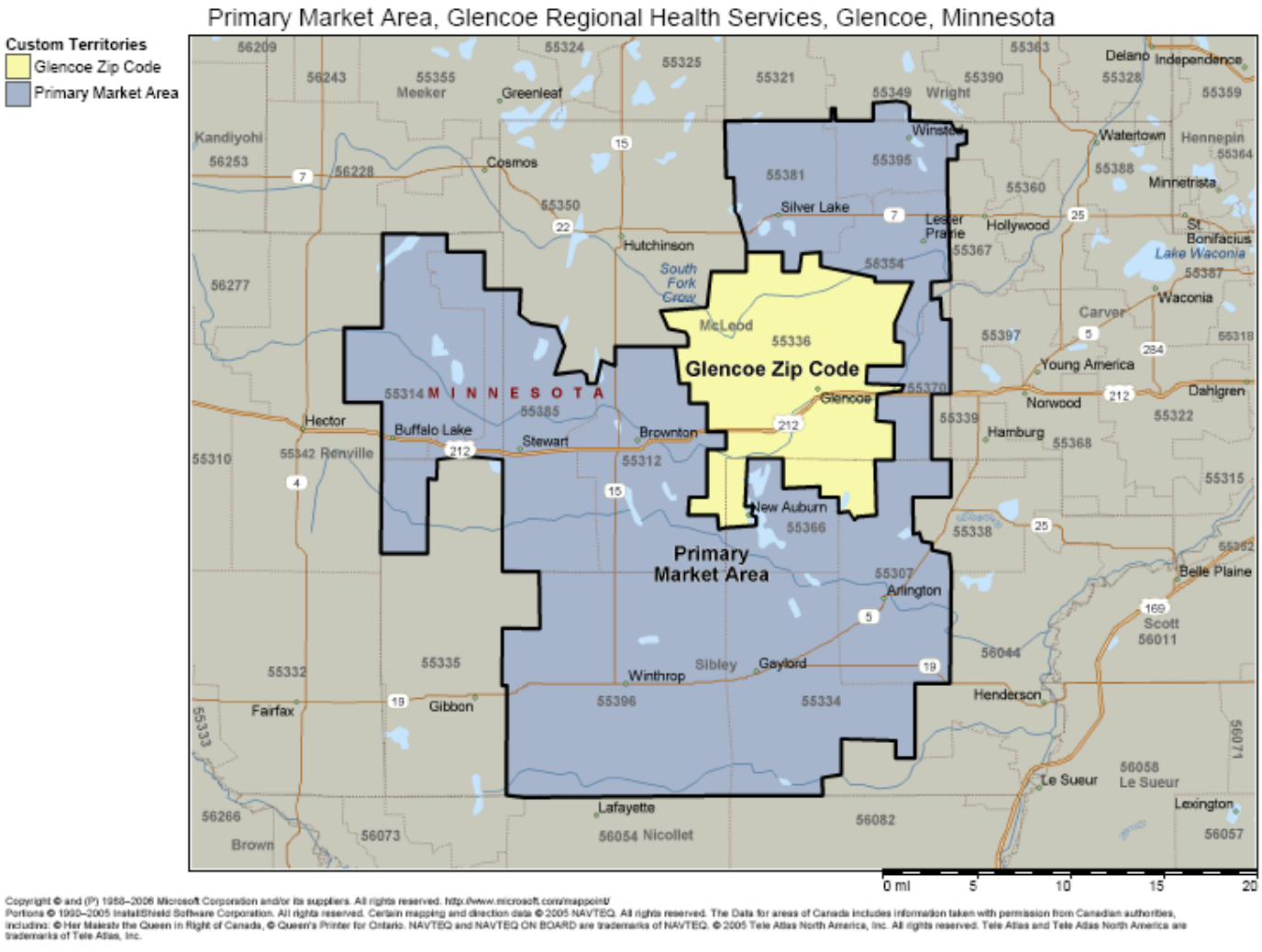
GRHS intends to address this community need by making more mental health counseling services available. The planned approach is to provide psychiatric services through a contracted third-party provider, via telemedicine. The anticipated start of this service is no later than March, 2014. This intervention will be monitored over time to determine its effectiveness and whether the community needs are being addressed in this area. We will assess utilization as a proxy measure of acceptance of the service. The assumption will be that use of the service will have a positive impact on the overall mental health status of the patients of the community.

Regarding the other top two identified needs, it was determined that obesity prevention and prevention/wellness can be addressed on a per-patient basis during one-on-one encounters with GRHS medical providers. It was also determined that GRHS will evaluate avenues to collaborate with other community agencies to address these issues as these opportunities present themselves.

## CHNA Availability

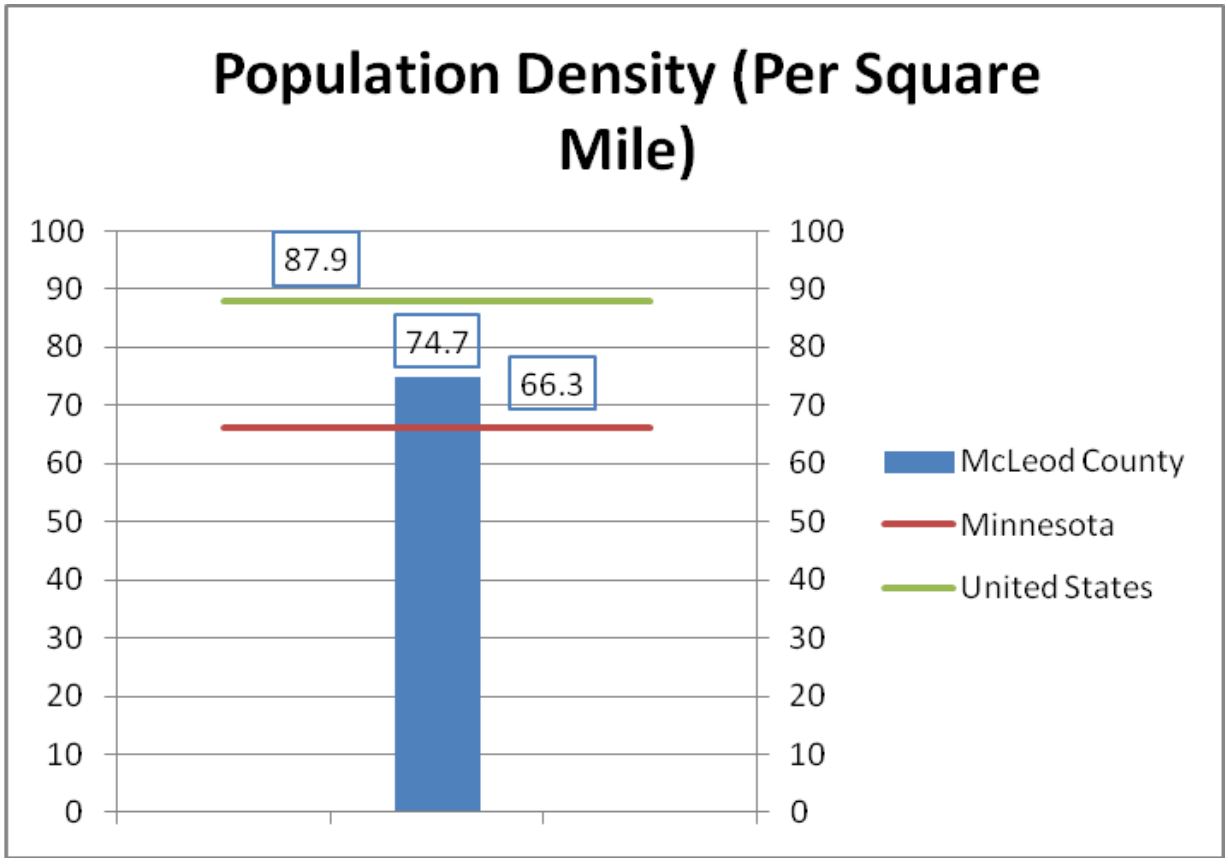
This report is available on the Glencoe Regional Health Services website: www.grhsonline.org/chna. Paper copies are also available without charge upon request. Comments and suggestions are welcome, and may be submitted via email to CHNA.comments@grhsonline.org.

# Appendix A



# Appendix B

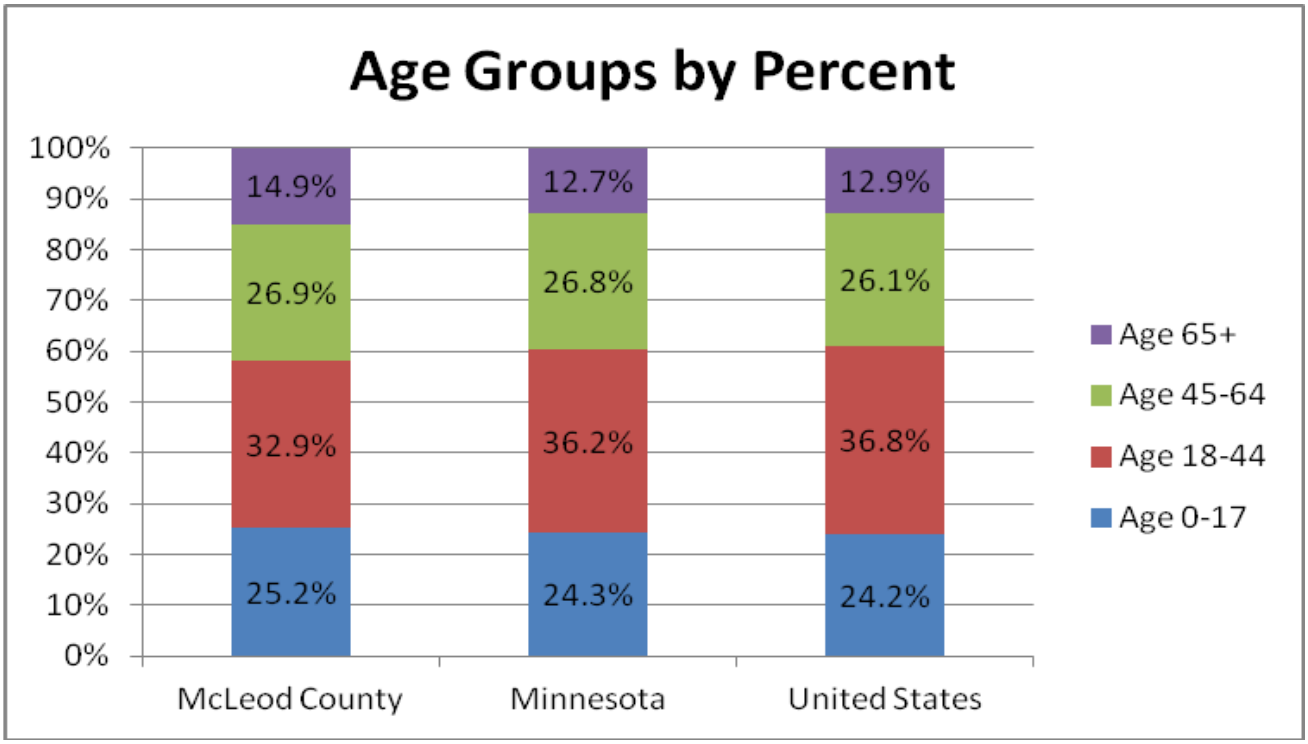
| Total Population | | | |
|---|---|---|---|
| **Report Area** | **Total Population** | **Total Land Area (Square Miles)** | **Population Density (Per Square Mile)** |
| McLeod County | 36,719 | 491 | 74.7 |
| Minnesota | 5,278,190 | 79,605 | 66.3 |
| United States | 310,346,360 | 3,530,998 | 87.9 |




Data Source: U.S. Census Bureau, American Community Survey, 2007-11
http://www.census.gov/acs/www/

# Appendix C

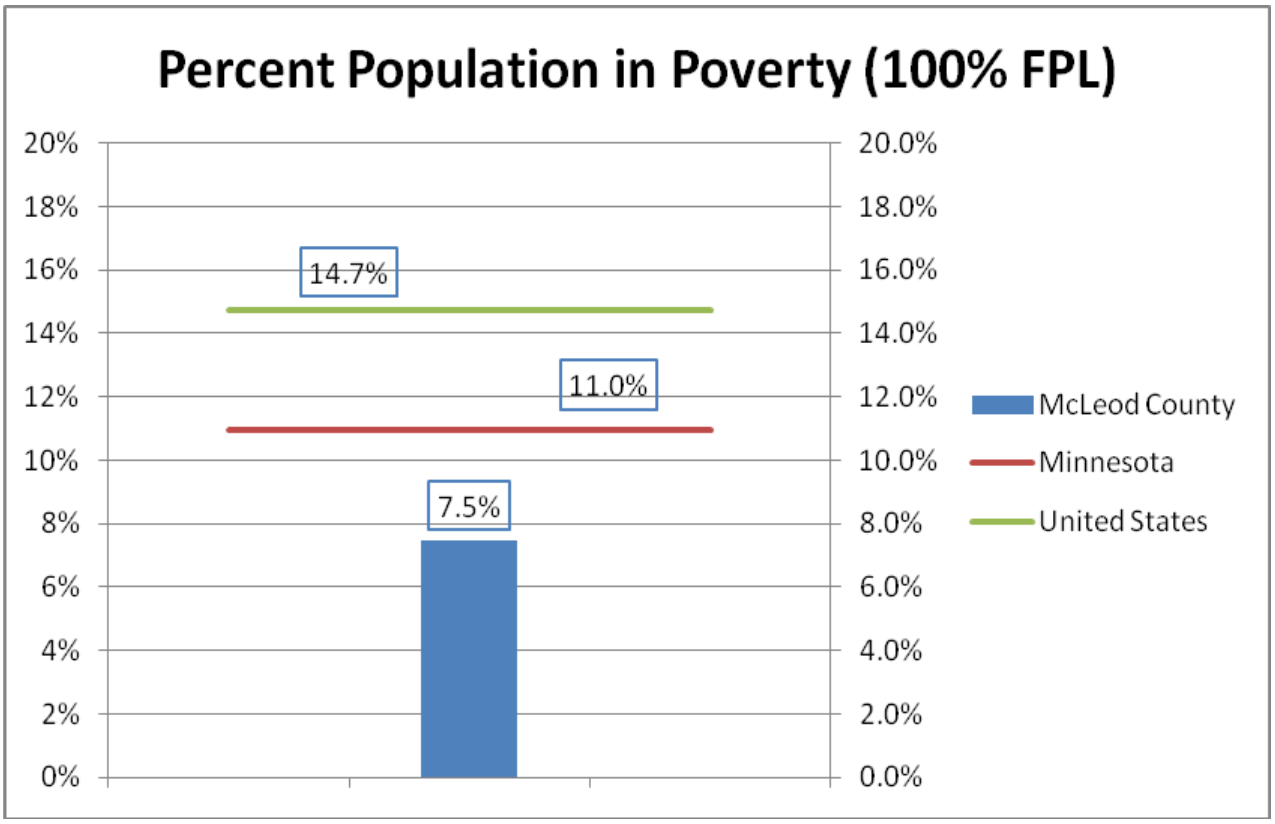
| Total Population by Age Groups | | | | | |
|---|---|---|---|---|---|
| **Report Area** | **Age 0-17** | **Age 18-44** | **Age 45-64** | **Age 65+** | **Total Population** |
| McLeod County | 9,255 | 12,089 | 9,889 | 5,486 | 36,719 |
| Minnesota | 1,280,596 | 1,910,791 | 1,414,307 | 672,496 | 5,278,190 |
| United States | 74,047,748 | 112,859,948 | 80,087,256 | 39,608,816 | 306,603,768 |




Data Source: US Census Bureau, American Community Survey: 2007-11.
http://www.census.gov/acs/www/

# Appendix D

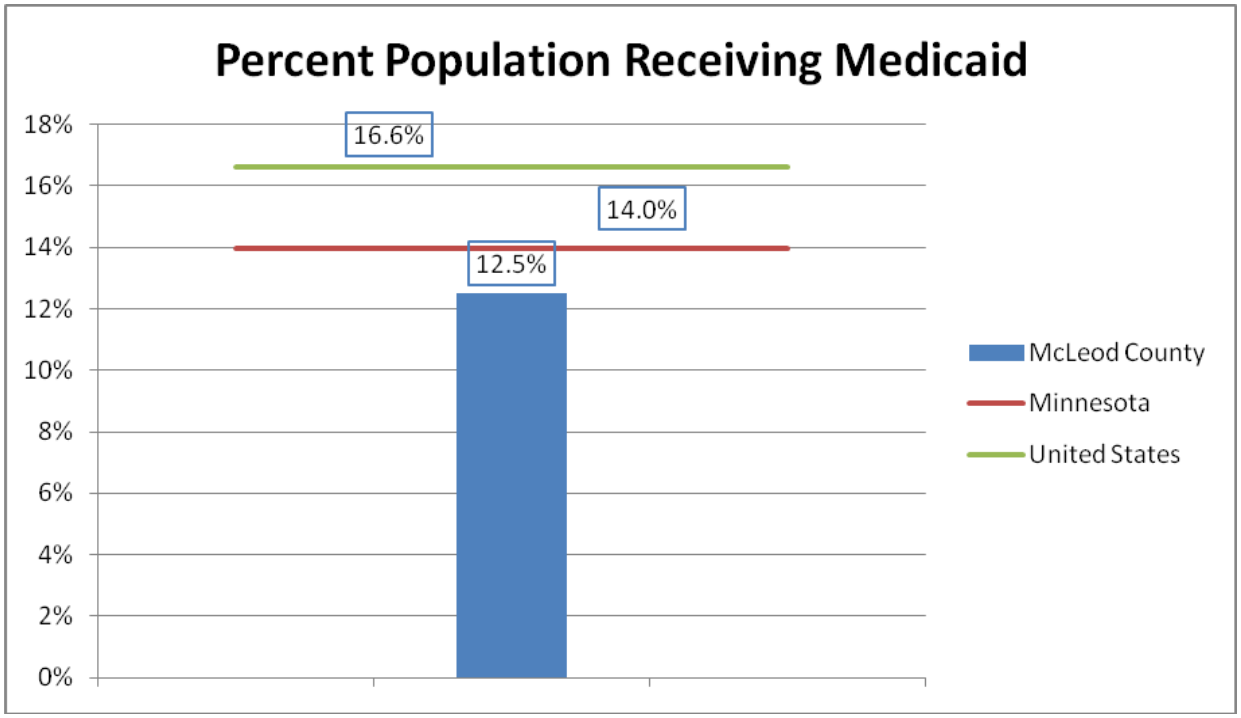
| Population in Poverty | | | |
|---|---|---|---|
| **Report Area** | **Total Population** | **Population in Poverty** | **Percent Population in Poverty (100% FPL)** |
| McLeod County | 36,085 | 2,701 | 7.5% |
| Minnesota | 5,155,949 | 565,154 | 11.0% |
| United States | 289,788,000 | 42,739,924 | 14.7% |




Data Source: US Census Bureau, American Community Survey: 2007-11.
http://www.census.gov/acs/www/

# Appendix E

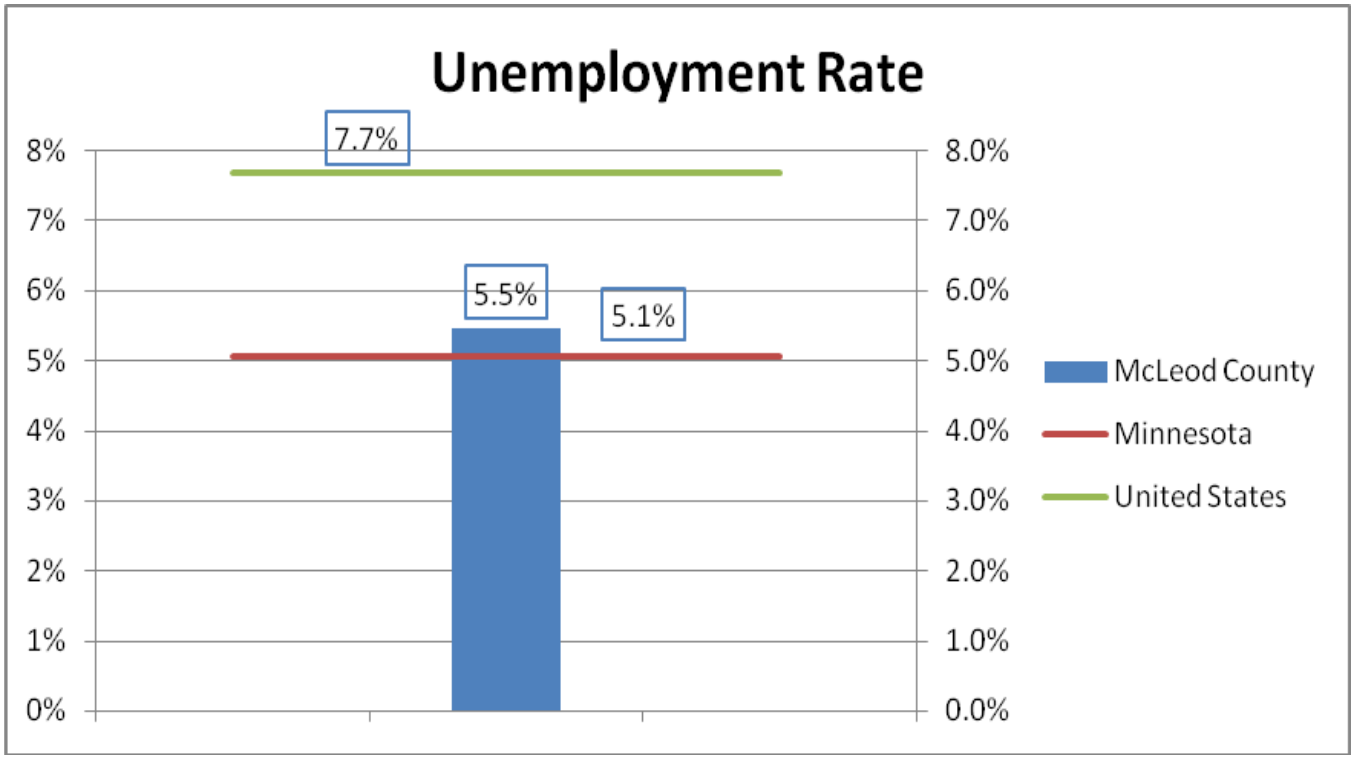
| Population Receiving Medicaid | | | |
|---|---|---|---|
| **Report Area** | **Total Population** | **Population Receiving Medicaid** | **Percent Population Receiving Medicaid** |
| McLeod County | 36,573 | 4,570 | 12.5% |
| Minnesota | 5,312,239 | 742,877 | 14.0% |
| United States | 309,231,232 | 51,335,184 | 16.6% |




Data Source: US Census Bureau, American Community Survey: 2009-11.
http://www.census.gov/acs/www/

# Appendix F

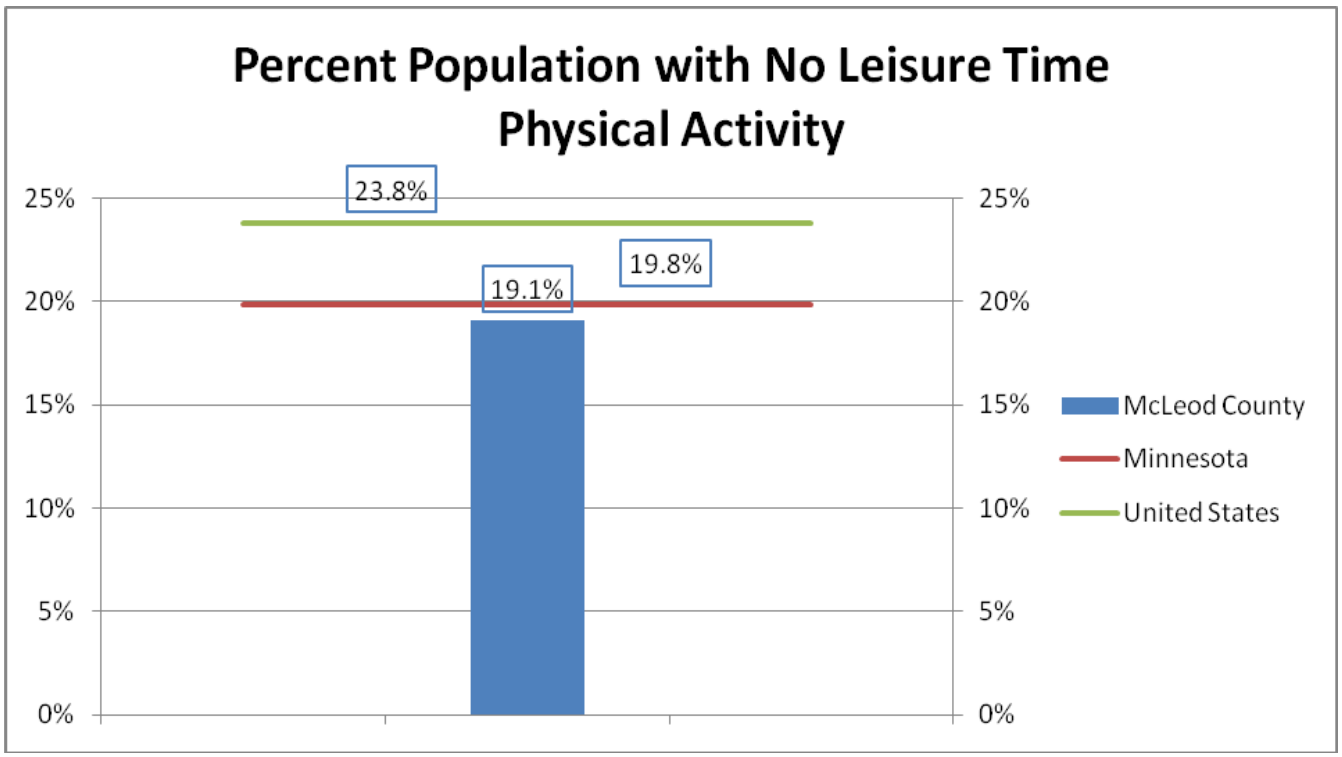
| Unemployment Rate | | | | |
|---|---|---|---|---|
| **Report Area** | **Labor Force** | **Number Employed** | **Number Unemployed** | **Unemployment Rate** |
| McLeod County | 20,088 | 18,992 | 1,096 | 5.5% |
| Minnesota | 3,012,495 | 2,859,720 | 152,775 | 5.1% |
| United States | 157,195,791 | 145,112,518 | 12,083,273 | 7.7% |




Data Source: US Department of Labor, Bureau of Labor Statistics: 2013-August.
http://www.bls.gov/

# Appendix G

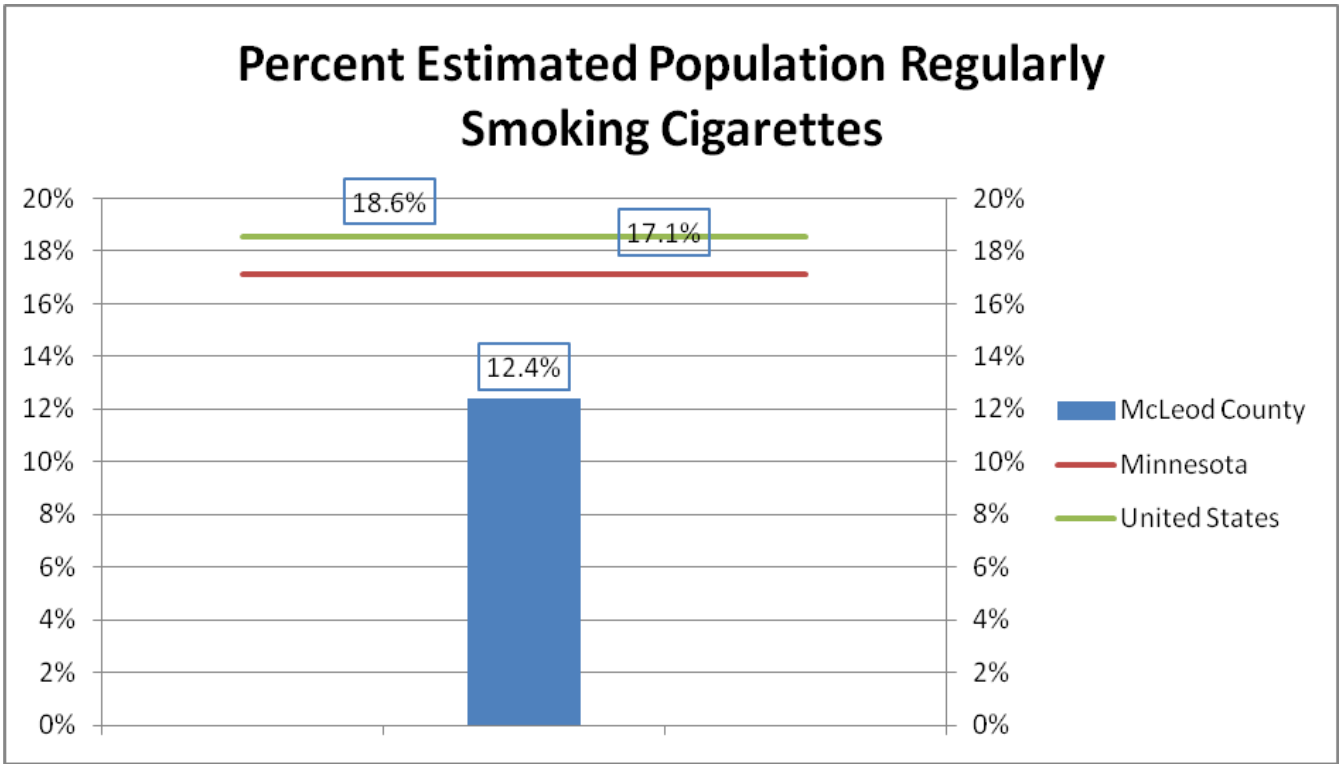
| Physical Inactivity (Adult) | | | |
|---|---|---|---|
| **Report Area** | **Total Population Age 20+** | **Population with no Leisure Time Physical Activity** | **Percent Population with No Leisure Time Physical Activity** |
| McLeod County | 26,539 | 5,069 | 19.1% |
| Minnesota | 3,881,016 | 770,301 | 19.8% |
| United States | 226,142,005 | 53,729,295 | 23.8% |




Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas: 2010.
http://www.cdc.gov/diabetes/atlas/countydata/atlas.html

# Appendix H

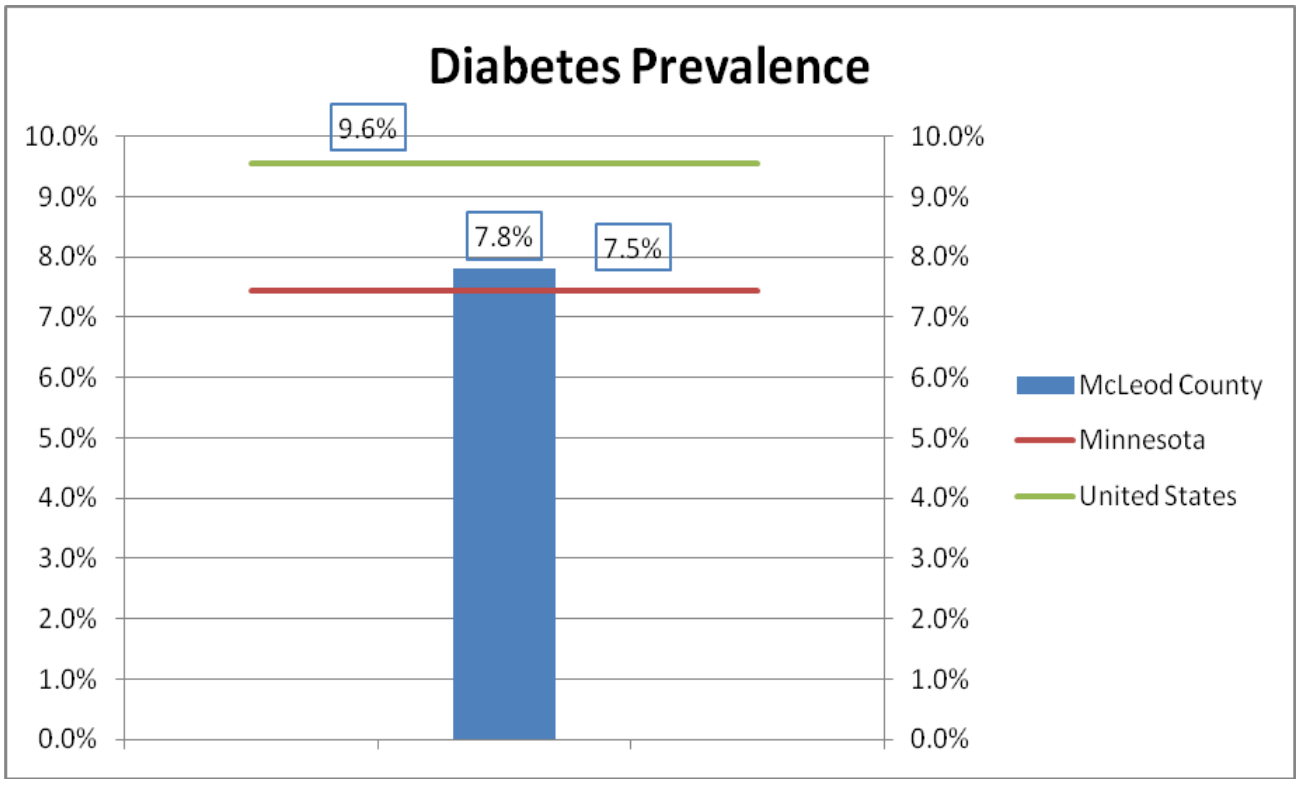
| Tobacco Usage | | | |
|---|---|---|---|
| Report Area | Total Population Age 18+ | Estimated Population Regularly Smoking Cigarettes | Percent Estimated Population Regularly Smoking Cigarettes |
| McLeod County | 27,319 | 3,388 | 12.4% |
| Minnesota | 3,959,836 | 677,131 | 17.1% |
| United States | 229,932,154 | 42,664,071 | 18.6% |




Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11. http://www.cdc.gov/brfss/

# Appendix I

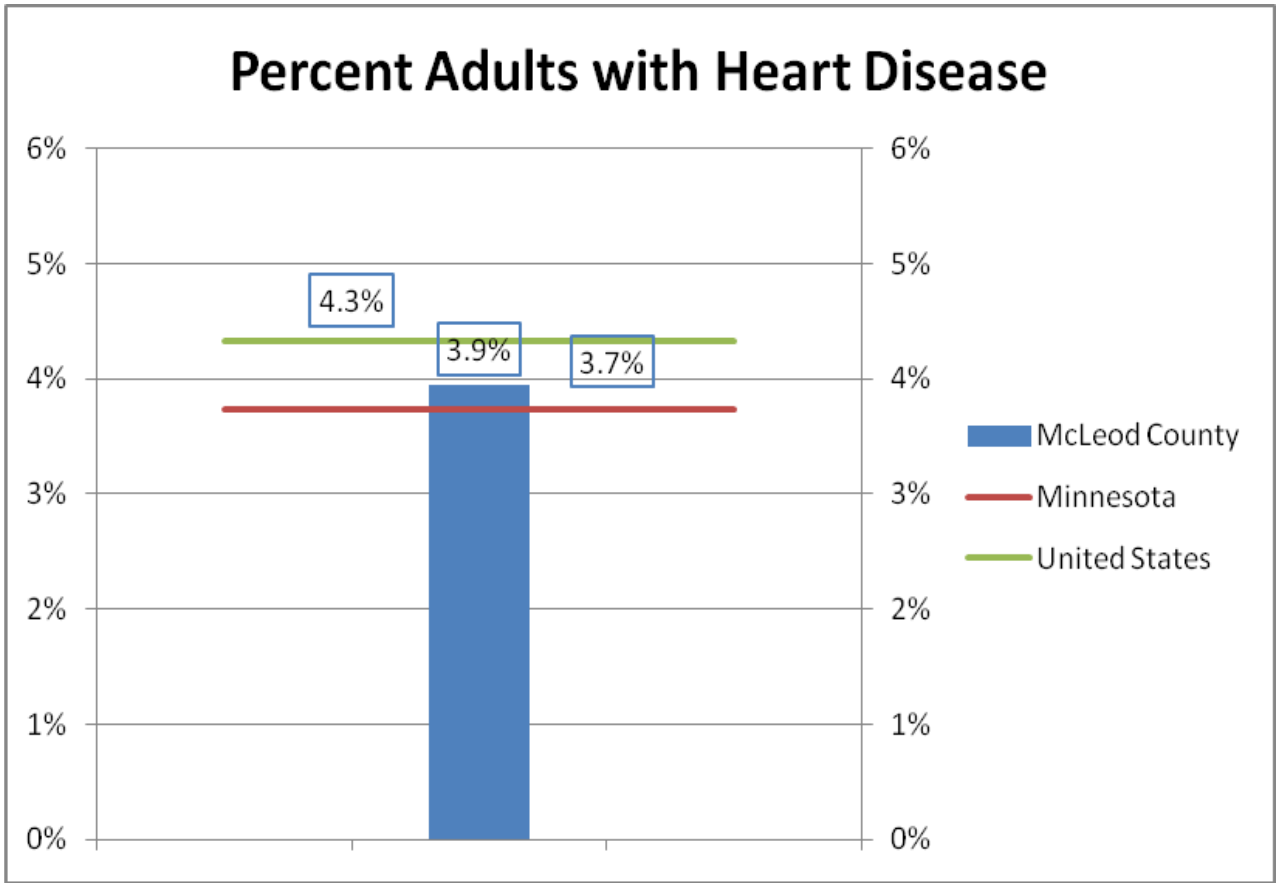
| Diabetes Prevalence | | | |
|---|---|---|---|
| **Report Area** | **Total Population Age 20+** | **Population with Diagnosed Diabetes** | **Percent Population with Diagnosed Diabetes** |
| McLeod County | 26,500 | 2,067 | 7.8% |
| Minnesota | 3,887,041 | 289,614 | 7.5% |
| United States | 228,834,127 | 21,876,232 | 9.6% |




Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas: 2010.
http://www.cdc.gov/diabetes/atlas/countydata/atlas.html

# Appendix J

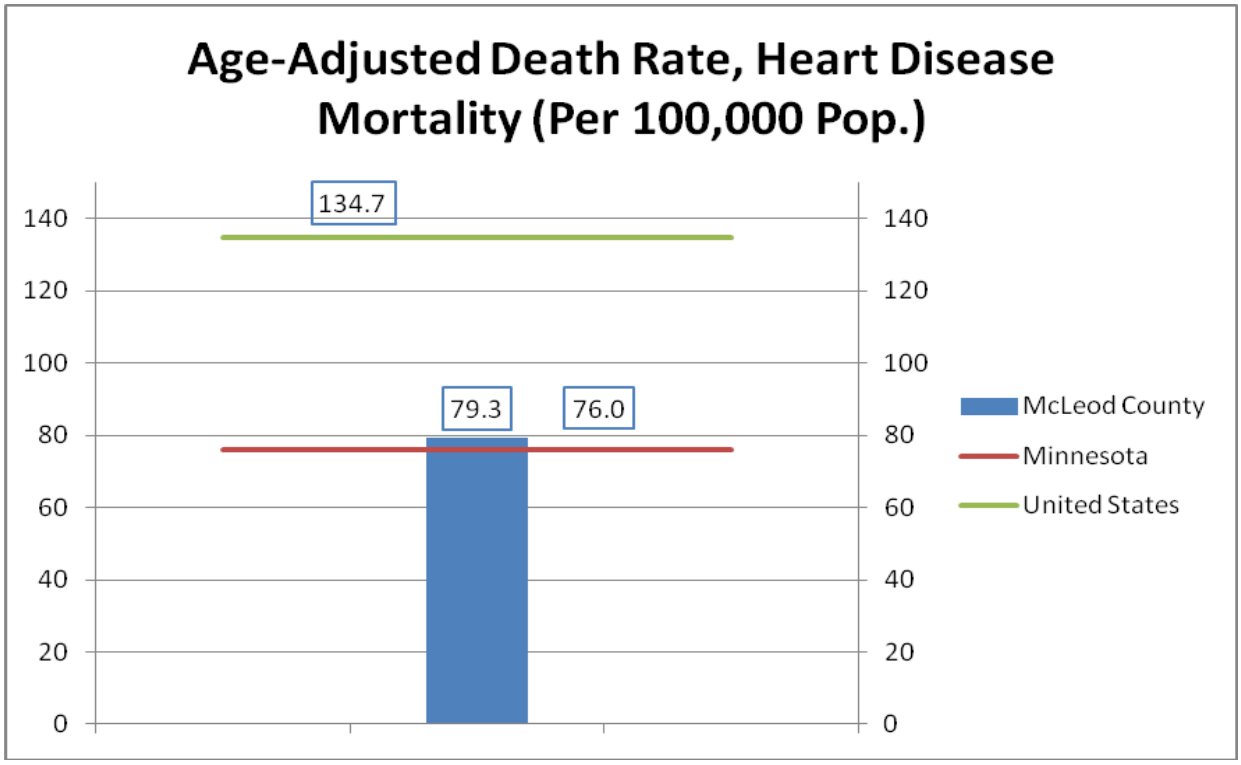
| Heart Disease Prevalence | | | |
|---|---|---|---|
| Report Area | Total Population Age 18+ | Total Adults with Heart Disease | Percent Adults with Heart Disease |
| McLeod County | 27,319 | 1,079 | 3.9% |
| Minnesota | 3,997,594 | 149,050 | 3.7% |
| United States | 235,375,690 | 10,183,713 | 4.3% |




Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10. http://www.cdc.gov/brfss

# Appendix K

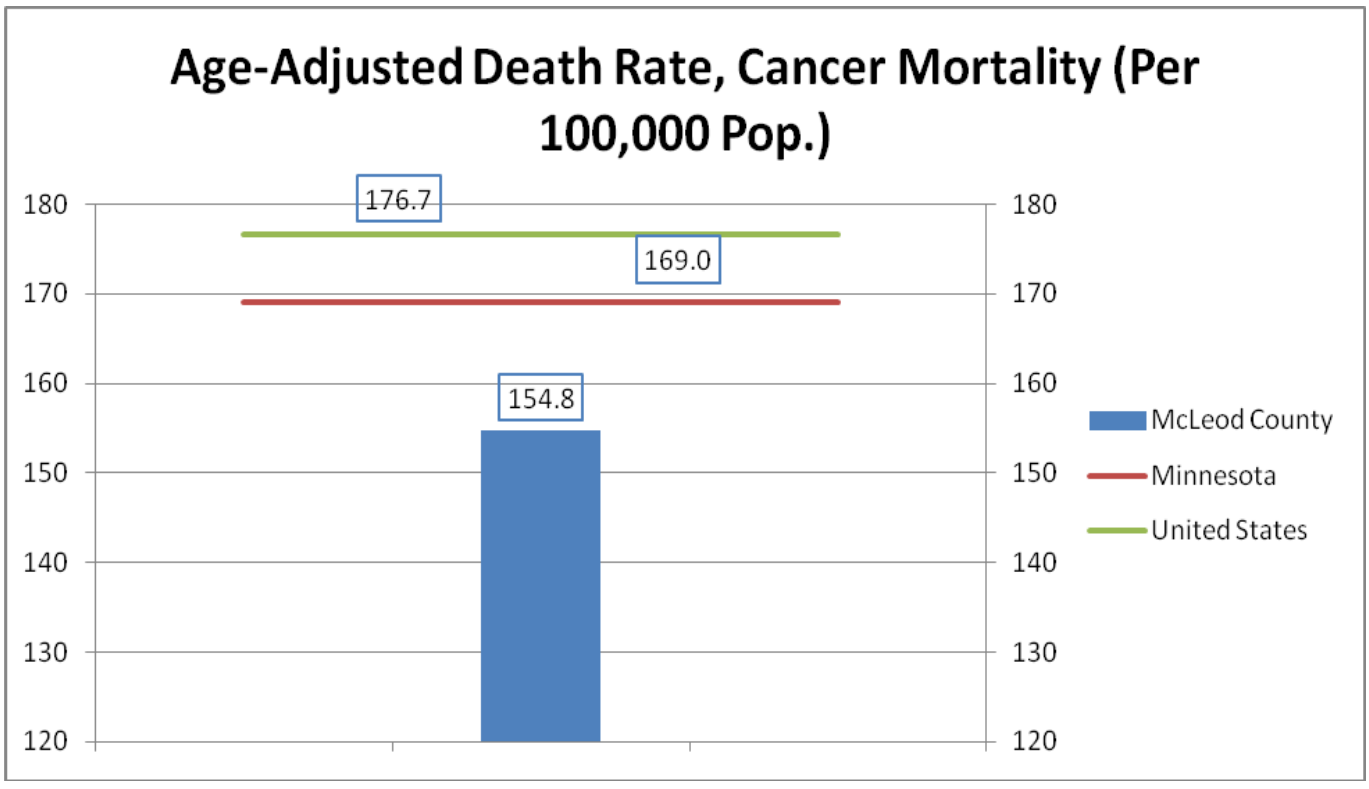
| Heart Disease Mortality | | | | |
|---|---|---|---|---|
| Report Area | Total Population | Average Annual Deaths, 2006-2010 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate, Heart Disease Mortality (Per 100,000 Pop.) |
| McLeod County | 36,788 | 39 | 106.0 | 79.3 |
| Minnesota | 5,240,581 | 4,385 | 83.7 | 76.0 |
| United States | 303,844,430 | 432,552 | 142.4 | 134.7 |




Data Source: Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10.
http://www.cdc.gov/nchs/nvss.htm/

# Appendix L

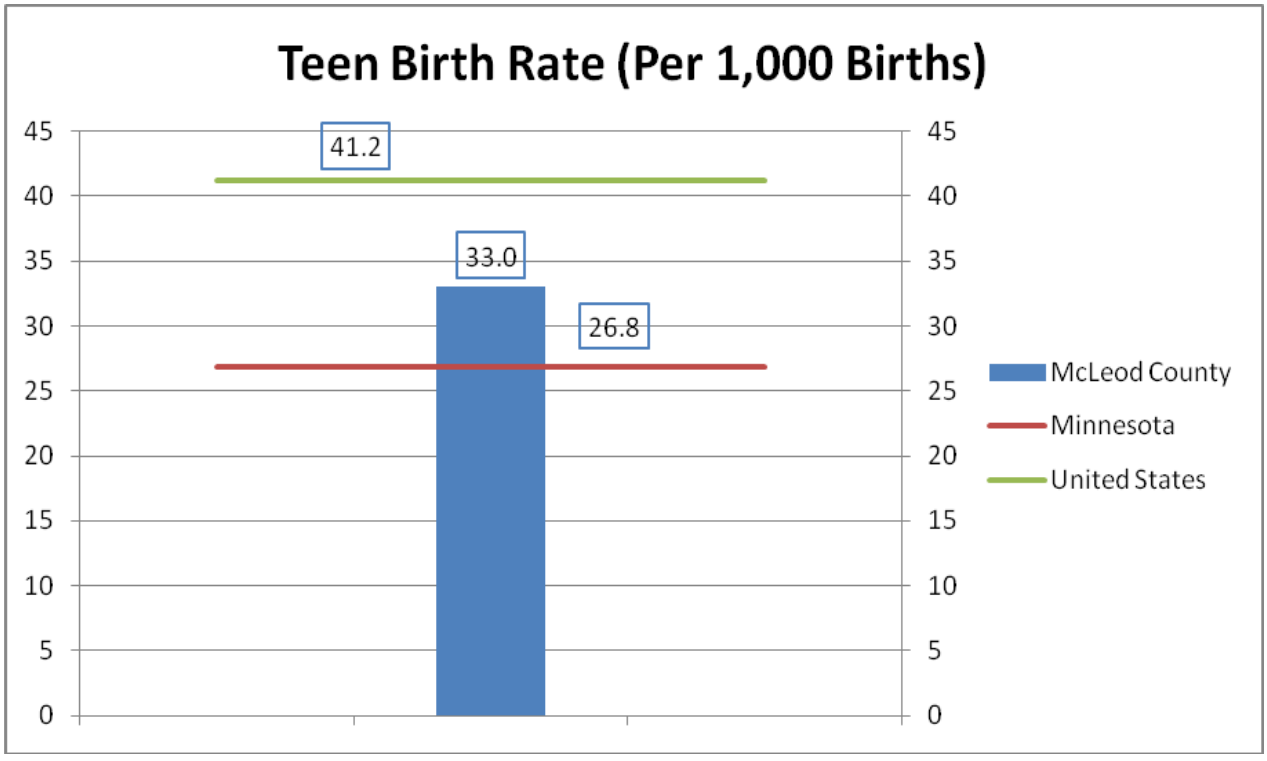
| Cancer Mortality | | | | |
|---|---|---|---|---|
| Report Area | Total Population | Average Annual Deaths, 2006-2010 | Crude Death Rate (Per 100,000 Pop.) | Age-Adjusted Death Rate, Cancer Mortality (Per 100,000 Pop.) |
| McLeod County | 36,788 | 68 | 184.8 | 154.8 |
| Minnesota | 5,240,581 | 9,379 | 179.0 | 169.0 |
| United States | 303,844,430 | 566,121 | 186.3 | 176.7 |




Data Source: Centers for Disease Control and Prevention, National Vital Statistics System: 2006-10.
http://www.cdc.gov/nchs/nvss.htm/

# Appendix M

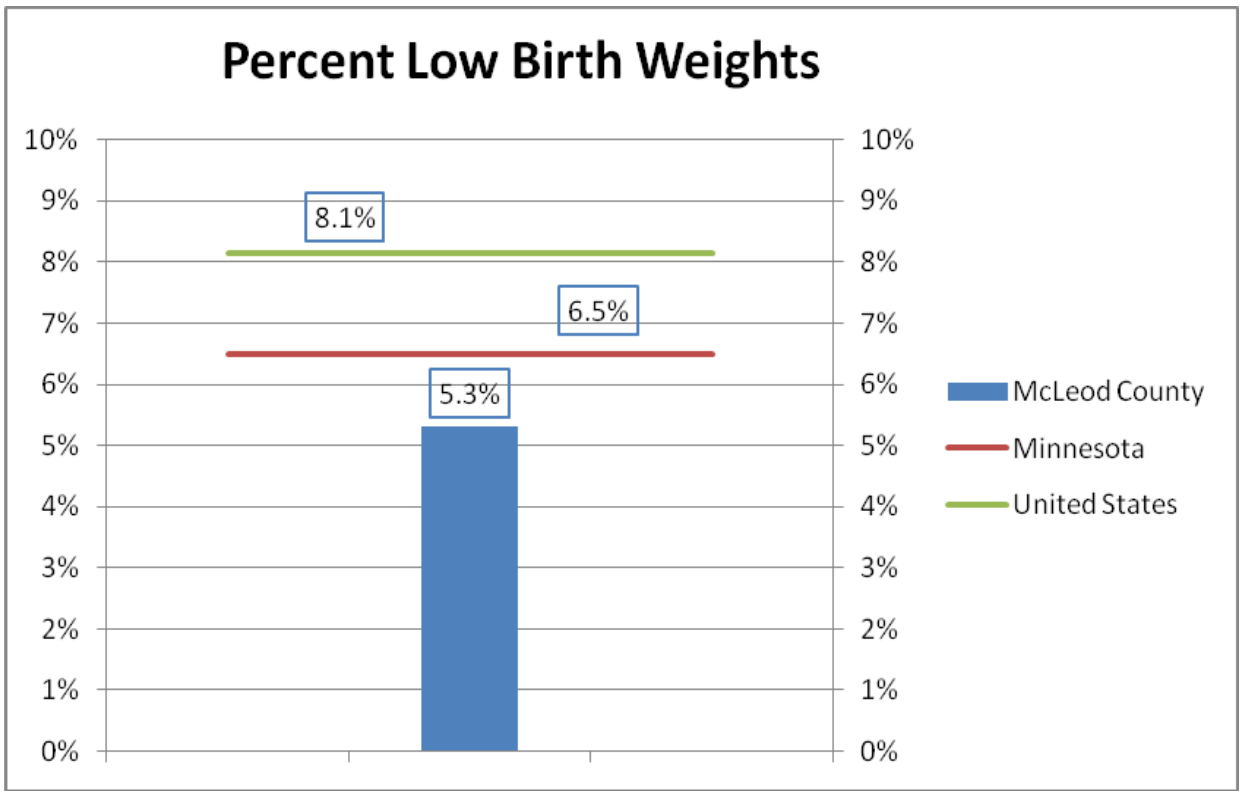
| Teen Births | | | |
|---|---|---|---|
| **Report Area** | **Female Population Age 15-19** | **Births to Mothers Age 15-19** | **Teen Birth Rate (Per 1,000 Births)** |
| McLeod County | 8,697 | 287 | 33.0 |
| Minnesota | 1,274,104 | 34,146 | 26.8 |
| United States | 72,071,117 | 2,969,330 | 41.2 |




Data Source: Centers for Disease Control and Prevention, National Vital Statistics System: 2007-11.
http://www.cdc.gov/nchs/nvss.htm/

# Appendix N

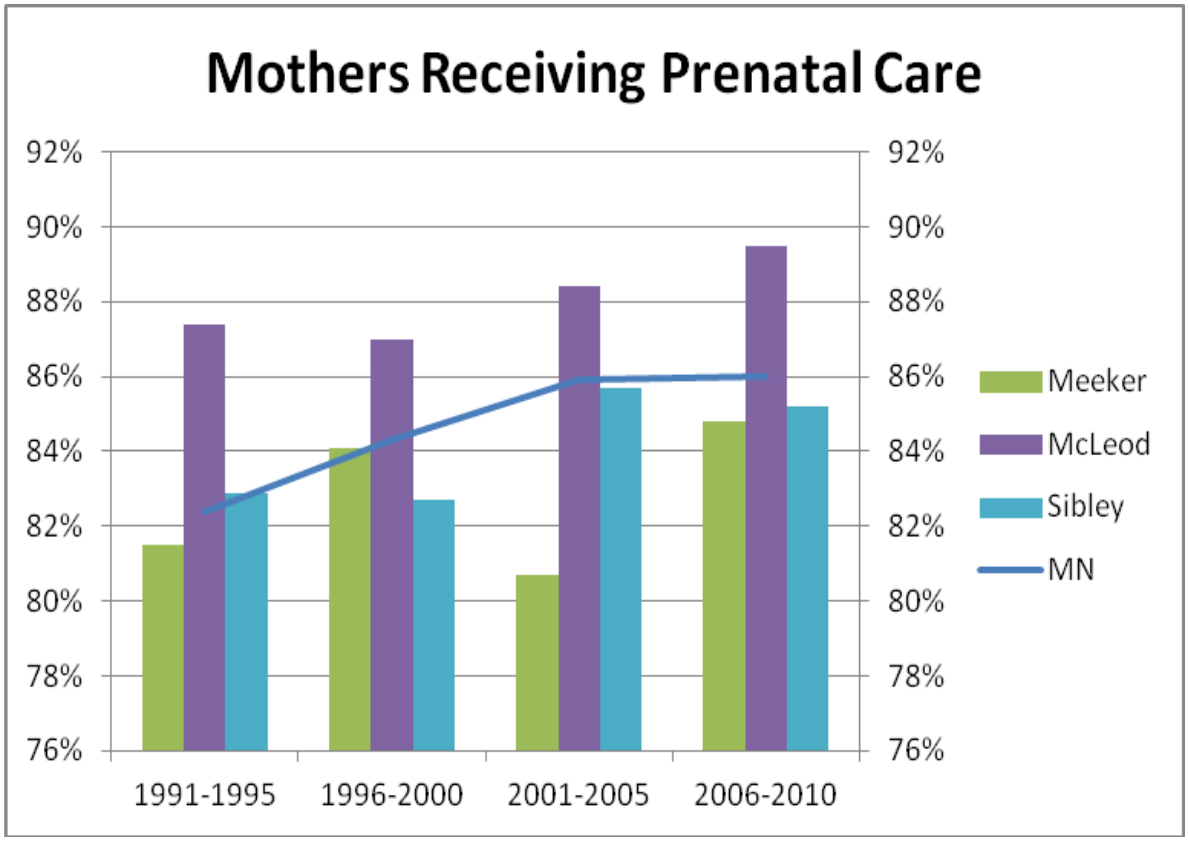
| Low Birth Weight | | | |
|---|---|---|---|
| **Report Area** | **Total Live Births** | **Number Low Weight (<2500g) Births** | **Percent Low Birth Weights** |
| McLeod County | 3,615 | 192 | 5.3% |
| Minnesota | 501,920 | 32,625 | 6.5% |
| United States | 29,300,498 | 2,387,855 | 8.1% |




Data Source: Centers for Disease Control and Prevention, National Vital Statistics System: 2003-09. http://www.cdc.gov/nchs/nvss.htm/

# Appendix O

| | Mothers receiving prenatal care in first trimester (percent) | | | |
|---|---|---|---|---|
| | 1991-1995 | 1996-2000 | 2001-2005 | 2006-2010 |
| **Minnesota (MN)** | 82.4% | 84.3% | 85.9% | 86.0% |
| **Community Health Boards (CHB)** | 84.8% | -- | 85.6% | 87.2% |
| **Meeker** | 81.5% | 84.1% | 80.7% | 84.8% |
| **McLeod** | 87.4% | 87.0% | 88.4% | 89.5% |
| **Sibley** | 82.9% | 82.7% | 85.7% | 85.2% |




**original source** Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs

**local source** Minnesota Department of Health, Center for Health Statistics (*Minnesota State, County, and Community Health Board Vital Statistics Trend Report, 1991-2010*, Natality Section )

**link** http://www.health.state.mn.us/divs/chs/trends/index.html