



**Community Health Needs Assessment
2022**



Dear Community,

On behalf of the medical staff and employees at Glencoe Regional Health, I would like to extend our sincere thanks for the opportunity to care for you. Our mission is to improve every life by offering high-quality, safe, and accessible healthcare. We collaborate with others to coordinate and improve the health of our communities and commit our skills and resources to benefit the whole person through all stages of life.

Glencoe Regional Health strives to be your preferred healthcare partner for life. Our core values include:

- Compassion
- Authenticity
- Respect
- Excellence
- Safety

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

We are pleased to present you with the results of our 2022 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,

A handwritten signature in black ink that reads "Patty Henderson". The signature is written in a cursive, flowing style.

Patricia D. Henderson, RN, BSN, MBA
President and CEO

Executive Summary

Glencoe Regional Health (GRH) is required to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years. The following document, and past and future activities described therein, serve to meet that requirement. The implementation strategy was approved by the Glencoe Regional Health Board of Directors on November 28, 2022.

Our CHNA process began in March 2022, when we contracted with CliftonLarsonAllen LLP, a professional services firm, to assist us with the assessment process. Through regular meetings and discussions, we determined our community; identified key community organizations, agencies, and businesses with a broad array of perspectives about our community's health needs; and held a series of interviews with those individuals to gather their thoughts about health concerns, the causes of those health concerns, and ideas to better address those issues. Through this work and the review of available data, priority areas emerged.

Similar to our past CHNAs, the highest-priority health needs for our community were identified as mental health and obesity. Responding effectively to the community's mental health needs will require a more open dialogue about mental health, as well as expanding resources to assist individuals with short-term and long-term mental health needs. Responding to obesity trends will call for us to positively impact individual behavioral choices related to healthy eating and active living.

In response to the identified community health needs, we have developed an Implementation Strategy that identifies the actions we plan to take over the next three years to better address each need, as well as the anticipated impacts of those actions. The 2019 and 2022 Community Health Needs Assessment Reports and Implementation Strategies are available on our website at <https://grhsonline.org/about-us/community-health-needs-assessment/>.

We truly believe this CHNA and associated implementation strategy will benefit community health, thus supporting Glencoe Regional Health's mission of improving every life by offering high-quality, safe, and accessible healthcare.

This CHNA was conducted partially in response to the enactment of the Patient Protection and Affordable Care Act. In addition to this legal requirement, the CHNA and associated implementation strategy support the fulfillment of the mission of GRH. It also supports a goal of GRH to enhance our care coordination and outreach services to improve the coordination and delivery of primary care services to patients in our service area with a focus on chronic conditions and preventive care.

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

Community Health Needs Assessment

Glencoe Regional Health Glencoe, Minnesota

Approved November 28, 2022

Introduction

Glencoe Regional Health (GRH) is an independent not-for-profit health care system headquartered in Glencoe, Minnesota. Our organization is made up of:

- A 25-bed critical access hospital
- Clinics in Glencoe, Lester Prairie, and Stewart
- GlenFields Living with Care, a 108-bed skilled nursing facility
- Orchard Estates, a 40-unit senior living community

With more than 550 employees, we are one of the largest employers in Glencoe and McLeod County. Our work is guided by our organizational mission, vision, and values. These statements affirm our commitment to our patients, residents, tenants, employees, and the community.

Our mission – To improve every life by offering high-quality, safe, and accessible healthcare.

People – Foster an engaged, compassionate culture with the spirit of service to enrich the experience of all.

Community – Build relationships with a commitment to equity, inclusion, and diversity with a focus on health and wellness.

Quality – Maximize each experience with a focus on safety and continuous improvement.

Stewardship – Champion the ethical, efficient, and responsible use of all resources.

Our vision – Be your preferred healthcare partner for life.

Our medical specialties include:

- Allergy Medicine
- Audiology
- Cardiology
- Emergency Medicine
- Family Medicine
- General Surgery
- Hematology and Oncology
- Hospitalists
- Internal Medicine
- Mental Health
- Midwife Services
- Nephrology
- Neurology
- Obstetrics and Gynecology
- Orthopedics
- Otolaryngology
- Pain Management
- Pediatrics
- Podiatry
- Preventive Health Services
- Pulmonology
- Sleep Medicine
- Urology

Our medical services include:

- Acute Care Unit
- Ambulance
- Anesthesia
- Anticoagulation Clinic
- Best Beginnings Birth Center
- Cardiac Rehabilitation
- Clinic Care Coordination
- Diabetes & Nutrition Education
- Emergency Room
- Hyperbaric Oxygen Treatment
- Infusion services
- Laboratory
- Medical Imaging
- Occupational Therapy
- Physical Therapy
- Respiratory Therapy
- Speech-Language Therapy
- Transitional Care
- Urgent Care
- Vaccination Services
- Vascular Consultations
- Wound Care
- Nursing Assistant Training Program

Glencoe Regional Health has received six Patient Safety Awards from the Minnesota Hospital Association:

- **SAFE SITE** – For our work to reduce the number of surgical errors in the operating room. SAFE SITE protocol requires the surgical team to call a “time out” before an incision is made. The team confirms the details of the surgery using a script and checklist.
- **SAFE COUNT** – For our procedures to prevent objects from being left inside a mother following delivery of her baby. SAFE COUNT requires a team of attendants to count each piece of equipment or bandage before and after the delivery.
- **SAFE SKIN** – For our efforts to prevent pressure ulcers from forming on bed patients’ skin.
- **SAFE from FALLS** – For our work to protect our patients who are at risk from falls. Teams are created to assess a patient’s risk, to notify all staff, and then to create a procedure for transferring the patient safely in any transfer situation.
- **SAFE ACCOUNT** – For our work to prevent retained objects in the operating room. Teams work collectively to count and account for surgical items used in the operating room in an effort to prevent them from being unintentionally left behind in patients.
- **PARTNERSHIP for PATIENTS Excellence** – For reaching a superior level of performance and patient safety through the Hospital Engagement Network 2.0 (HEN 2.0) by reducing at least six hospital-acquired conditions and meeting three or more patient and family engagement criteria.

Additionally, GRH’s Center for Advanced Wound Care has received the Healogics Robert A. Warriner III, MD, Clinical Excellence Award, which recognizes the wound center for scoring in the top 10 percent of eligible Healogics Wound Care Centers on the clinical excellence measure. The wound center has also received the Center of Distinction award, which recognizes the wound center for achieving outstanding clinical outcomes for twelve consecutive months.

Visit our website at www.grhsonline.org for additional information about Glencoe Regional Health, including addresses and contact information of our various facilities; helpful information for patients and visitors; information about billing, insurance, and financial assistance; our history; our partnerships with other healthcare providers; health classes; various health resources; and more.

Glencoe Regional Health is pleased to submit this Community Health Needs Assessment. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we have taken this change in law as an opportunity to improve our community service and continuously focus on meeting the changing healthcare needs of our community.

Consistent with the requirements of Section 501(r)(3), our Community Health Needs Assessment is organized as follows:

- Review of Previous Community Health Needs Assessments
- Our Community
- Community Health Needs Assessment Methodology
- Prioritized Community Health Needs
- Health Resources

Review of Previous Community Health Needs Assessments

Glencoe Regional Health conducted CHNAs and published the related CHNA reports in 2013, 2016, and 2019. In those assessments, mental health and obesity were identified as significant community health needs.

Between 2019 and 2022, Glencoe Regional Health took the following actions to address the previously identified community health needs:

Obesity

- Created Prairie Trail, a walking path on our campus, as an opportunity for our patients, residents, tenants, staff, and community to enjoy the outdoors while engaging in activities to promote physical and mental wellness.
- Increased accessibility of our dietician to assist with obesity issues.
- Annually coordinated and executed the Glencoe Days Fun Run & Walk to support, promote, and celebrate getting active in our community.
- Our MOTION program helped patients establish exercise programs and diet choices that can help reduce BMI in pre-operative patients, to help reduce the risk of post-operative infections.
- Staff attended a Diabetes Fundraiser in Winsted with a booth providing information on diabetes and performing blood pressure and blood glucose screenings in 2020 and 2021.
- Staff served on the Glencoe in Motion committee, to encourage movement and exercise, as well as to partner with the City to create safe opportunities to be active, including: sidewalk repair, trialing bike lanes, and writing a letter of support for a grant to create safe routes to school for walkers and bikers.
- Held a radio interview with Amanda Leino, MD, about establishing healthy habits for kids.
- Published blogposts encouraging community members to utilize our walking path, Prairie Trail, and discussing the benefits of walking and staying active.
- Published blogposts about staying active safely during the winter months.
- Published social media posts about making healthy choices, nutrition tips, and MyPlate information.
- Hung MyPlate posters in our cafeteria dining room to provide nutritional information.
- Sent out a monthly e-newsletter with nutrition and exercise related information.

Mental Health

- Began working with Praestan Health to provide some mental health services at GRH.
- Started our partnership with the Lorenz Clinic to offer mental health services 5 days a week for our patients.
- Created Prairie Trail, a walking path on our campus, as an opportunity for our patients, residents, tenants, staff, and community to enjoy the outdoors while engaging in activities to promote physical and mental wellness.
- Hosted a family outdoor movie night, in partnership with 2B CONTINUED. Attendees parked in our East parking lot and enjoyed free pop and popcorn while watching “Inside Out,” and hearing a brief message about mental health.
- Put on a Health Update on the radio about COVID-19 and holiday stress, presented by Michelle Becker, OTR/L.
- Held a radio interview with Abby Bennett, MPAS, PA-C, about suicide prevention.

- Created a pen pal program between staff and GlenFields residents to help participants stay socially connected while socially distancing during the pandemic.
- Published blogposts to help children and adolescents cope during COVID-19 quarantine, including tips on how to support their mental well-being.
- Published a blogpost for farmers experience stress and anxiety during COVID-19-impacted harvest seasons, with resources and tips to care for their mental health.
- Published a blogpost on how to manage stress during the holiday season.
- Published blogposts about caring for your mental health in general, including simple tips.
- Created a mental health bingo card, shared on social media and our website, to help folks find fun ways to care for their mental well-being.
- Hosted QPR training on our campus, helping participants recognize the warning signs of a suicide crisis.
- Sponsored a local mental health nonprofit, 2B CONTINUED, and their events, including their Annual Continuing Ed Conference, Dancing Like the Stars event, Evening of Education, QPR training, Park 'N Watch Cinemas, and screening of a film-based education program about anxiety.
- Posted 2B CONTINUED's suicide prevention and awareness signage and banners at each of our facilities during May, Mental Health Awareness Month.
- Published social media posts including tips on caring for your mental well-being, mental health resources, and suicide prevention information.
- Published a monthly e-newsletter with information about mental health.

Our Community

Glencoe Regional Health is located in Glencoe, McLeod County, Minnesota. To more accurately identify the individuals who access Glencoe Regional Health for care, we analyzed our hospital admission volume by zip code for calendar years 2016-2021. Based on that analysis, we define our community as individuals who reside in the following zip codes:

Total Hospital Admissions					
City/Zip Code	2017	2018	2019	2020	2021
GLENCOE - 55336	38.88%	35.00%	35.85%	35.22%	36.13%
LESTER PRAIRIE - 55354	5.93%	5.83%	6.76%	6.22%	6.55%
BROWNTON - 55312	4.37%	3.96%	3.38%	3.67%	3.99%
SILVER LAKE - 55381	2.70%	2.60%	3.09%	3.22%	3.68%
GAYLORD - 55334	6.13%	6.67%	3.77%	5.22%	3.68%
STEWART - 55385	3.12%	2.71%	3.29%	2.56%	2.87%
ARLINGTON - 55307	3.53%	3.54%	4.54%	4.00%	2.56%
WINSTED - 55395	2.91%	2.08%	3.19%	2.22%	2.25%
PLATO - 55370	2.39%	2.40%	2.13%	1.56%	1.74%
NEW AUBURN - 55366	1.04%	1.67%	1.45%	1.11%	1.13%
BUFFALO LAKE - 55314	1.87%	2.29%	1.84%	2.00%	0.82%

This area, covering the majority of McLeod County, as well as portions of Sibley and Renville Counties, captures approximately 65-70 percent of the hospital's volume between 2017 and 2021. While we recognize that many individuals travel greater distance to receive their healthcare at Glencoe Regional Health, we're limiting our community to this geographic area to facilitate analysis of significant health needs. We believe that an expanded definition of our community would result in substantively identical findings.

For all qualitative data collected during the CHNA, our community is the area defined above. However, for quantitative analysis, we are defining our community as McLeod County. We do this because a significant amount of publicly available data is provided at the county level and because we believe the portions of Sibley and Renville Counties that are inside of our defined community are similar enough to our community that the McLeod County data also fairly represents them.

In 2020, the U.S. Census Bureau conducted the nation's most recent census and published that data by county. Similarly, the Population Health Institute collects and reports health data and demographic data by county on an annual basis. U.S. census data is primarily from the 2020 census, with some figures being estimated based on that census and others being actual data from subsequent years. Population Health Institute data is as of 2022.

Comparison of Demographics – Minnesota and McLeod County

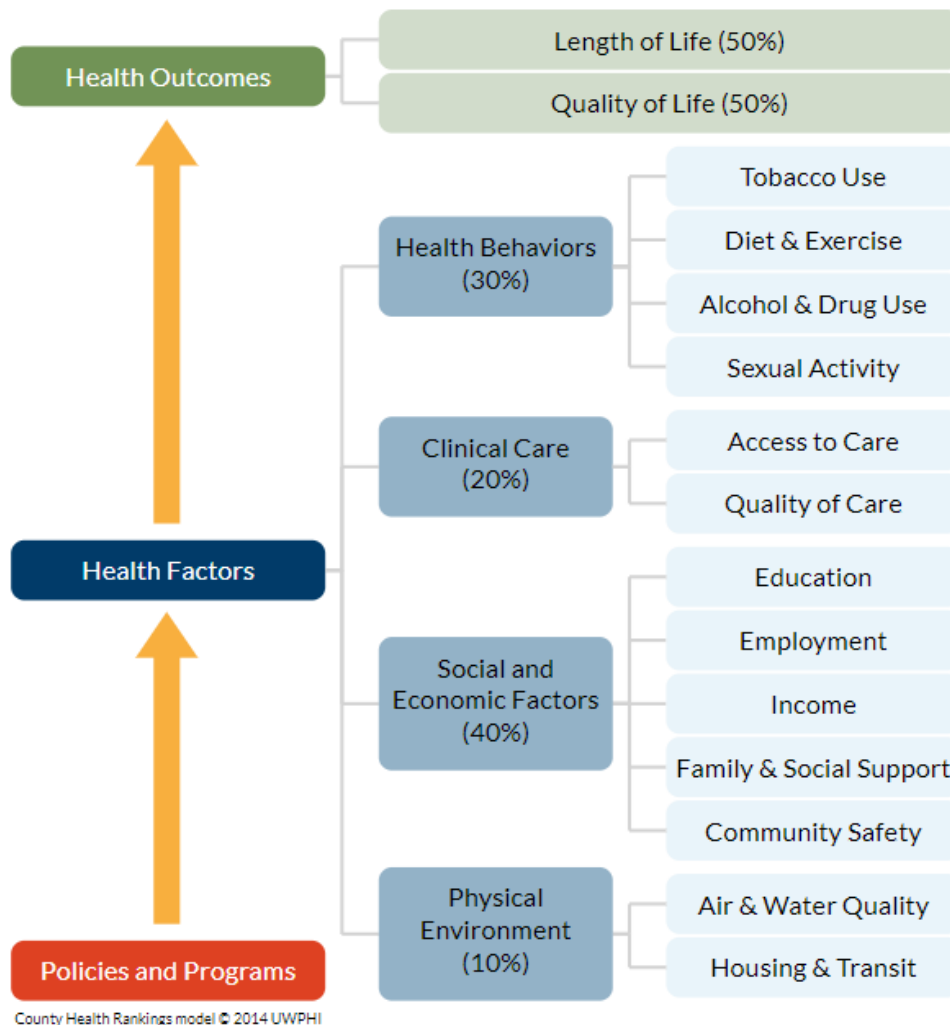
	McLeod County	Minnesota
Population	36,735	5,707,390
Age < 18	22.4%	23.1%
Age 65+	19.1%	16.7%
Caucasian	96.2%	83.0%
African American	1.1%	7.4%
American Indian	0.6%	1.4%
Asian	0.8%	5.4%
Hispanic	7.2%	5.8%
Per Capita Income	\$33,628	\$38,881
Persons in Poverty	5.8%	9.3%
Median Monthly Rent	\$724	\$1,010
Median Monthly Homeowner Costs	\$1,357	\$1,606
Uninsured	5.7%	5.3%
High School Graduate	93.3%	93.4%
Bachelor’s Degree or Higher	17.3%	36.8%

Our community has a slightly lower percentage of youth and a higher percentage of elderly individuals than Minnesota does as a whole. Our community has much less racial/ethnic diversity than Minnesota does, with most minority populations comprising a smaller portion of the community than in Minnesota as a whole. The one exception is Hispanic individuals, which are more common in our community than in Minnesota.

Although our community per capita income is 13.5% lower than the state average, our community also has a significantly lower percentage of individuals living in poverty. This relatively positive comparison is due to the lower cost of living in our community, as evidenced by the median monthly rent and median monthly homeowner costs, each of which is approximately \$250 - \$300 lower than the Minnesota average.

Although our community’s high school graduation rate is equal to the state average, our community has a much smaller percentage of adults with a college degree. This reflects the fact that the majority of individuals in our community work in “blue collar” occupations.

The Population Health Institute publishes annual health data for every county in the United States. The data is aggregated into health outcomes and health factors. The Population Health Institute separates health outcomes into mortality (length of life) and morbidity (quality of life). Health factors are separated into four factors that largely influence the health outcomes: physical environment, society and economics, clinical care, and health behaviors.



In 2013, our community had very positive rankings compared to other Minnesota counties. However, between 2013 and 2022, our community’s health factors and health outcomes have both worsened relative to Minnesotans overall. Despite those worsening positions, our community still ranks in the top half of the state’s counties in health factors and in the top third of the state’s counties in health outcomes. The largest ranking drops were in quality of life, health behaviors, clinical care, and physical environment. Ranking improvements occurred in length of life and social and economic factors. Because today’s health factors lead to tomorrow’s health outcomes, these rankings indicate that our community is currently experiencing positive length and quality of life because of historic factors and health choices, but it’s also experiencing a decline in relative length and quality of life because of declining health factors and health choices.

2022 County Health Rankings for the 87 Ranked Counties in Minnesota

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Aitkin	65	80	Fillmore	19	34	Martin	33	52	Rock	67	16
Anoka	15	20	Freeborn	55	72	McLeod	25	43	Roseau	59	31
Becker	73	62	Goodhue	45	45	Meeker	14	53	Scott	2	5
Beltrami	86	81	Grant	80	30	Mille Lacs	84	83	Sherburne	10	17
Benton	50	59	Hennepin	23	11	Morrison	52	68	Sibley	26	63
Big Stone	66	40	Houston	7	10	Mower	64	69	St. Louis	72	61
Blue Earth	42	29	Hubbard	60	70	Murray	35	23	Stearns	41	51
Brown	34	13	Isanti	47	57	Nicollet	8	6	Steele	22	39
Carlton	49	66	Itasca	77	74	Nobles	71	82	Stevens	9	9
Carver	1	1	Jackson	20	19	Norman	83	71	Swift	78	73
Cass	85	84	Kanabec	69	79	Olmsted	5	2	Todd	56	77
Chippewa	63	44	Kandiyohi	37	47	Otter Tail	40	33	Traverse	36	65
Chisago	24	25	Kittson	30	26	Pennington	39	32	Wabasha	11	21
Clay	43	14	Koochiching	81	76	Pine	76	85	Wadena	82	78
Clearwater	79	86	Lac qui Parle	21	42	Pipestone	57	56	Waseca	27	58
Cook	53	38	Lake	13	27	Polk	44	54	Washington	4	3
Cottonwood	62	41	Lake of the Woods	31	50	Pope	58	15	Watonwan	70	75
Crow Wing	48	46	Le Sueur	16	36	Ramsey	54	55	Wilkin	38	18
Dakota	6	7	Lincoln	51	22	Red Lake	68	49	Winona	32	28
Dodge	12	12	Lyon	28	24	Redwood	61	37	Wright	3	4
Douglas	29	8	Mahnomen	87	87	Renville	74	67	Yellow Medicine	18	60
Faribault	75	64	Marshall	46	35	Rice	17	48			

McLeod County's Health Rankings (Out of 87 Counties)

	2022	2019	2016	2013
Length of Life	10	20	26	14
Quality of Life	49	18	6	8
Overall Health Outcomes	25	13	12	7
Health Behaviors	43	46	52	15
Clinical Care	57	39	48	27
Social & Economic Factors	17	25	19	43
Physical Environment	79	51	54	42
Overall Health Factors	43	29	35	22

Community Health Needs Assessment Methodology

Glencoe Regional Health's executives led the planning, conduct, and reporting of the CHNA. We contracted with CliftonLarsonAllen LLP, a professional services firm, to conduct community interviews and to assist in preparing this CHNA report and Implementation Strategy.

Interviews

We gathered qualitative information and perspectives on community health needs through one-on-one and small group interviews with key community stakeholders. These interviews were conducted in May and June 2022. The primary goal of these interviews was to ascertain a range of perspectives on the community's health needs. We gathered information from the following specified groups within our community:

- People with special knowledge or expertise in public health
- Government health departments and other government agencies
- Leaders, representatives, or members of medically-underserved populations
- Leaders, representatives, or members of low-income populations
- Leaders, representatives, or members of minority populations.

In addition to medical providers from Glencoe Regional Health, the following agencies, organizations, and businesses participated in the CHNA process by contributing their perspectives, opinions, and observations. We thank them for their past and continued assistance.

- McLeod County Department of Health & Human Services
- City of Glencoe
- City of Stewart
- Glencoe School District
- Glencoe Police Department
- Glencoe Chamber of Commerce
- Lorenz Clinic
- Security Bank & Trust
- Allina Health (ambulance services)
- Integrations Wellness & Recovery Center

Each participant was asked the following questions. Their feedback was carefully considered by Glencoe Regional Health in determining our community's significant community health needs.

1. What are the most significant health issues you see in our community?
2. Do any of those health needs disproportionately impact any demographic groups within our community?
3. How would you prioritize the health needs that you identified?
4. What are the root causes of the health needs that you identified?
5. How would you recommend that we better respond to the health needs, either to prevent them from arising or to treat them after they occur?

Quantitative Data

The CHNA included consideration and analysis of the following publicly available data:

- Center for Rural Health
 - <https://www.ruralhealthinfo.org/charts/7?state=MN>
- Centers for Disease Control Obesity
 - <https://www.cdc.gov/obesity/data/adult.html>
 - <https://www.cdc.gov/obesity/data/childhood.html>
 - www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf
 - <https://www.cdc.gov/childrensmentalhealth/data.html>
- Diabetes Research Institute
 - https://www.diabetesresearch.org/diabetes-statistics?gclid=EAIaIQobChMliJa3p8Sy5AIVph6tBh3tXQL6EAAYASAAEgKCq_D_BwE
- Glencoe Regional Health
 - <https://grhsonline.org/>
- Hutchinson Leader, “What Minnesota Towns are doing with old Shopko spaces”
 - https://www.crowrivermedia.com/hutchinsonleader/news/business/what-minnesota-towns-are-doing-with-old-shopko-spaces/article_3ee947e6-98a5-11ec-9763-7f789f3ed636.html
- McLeod County Department of Health & Human Services
 - https://www.mcleodcountymn.gov/departments/health_human_services/
- Merritt Hawkins, an AMN Healthcare Company
 - https://www.merrithawkins.com/uploadedFiles/Merritt_Hawkins_2018_incentive_review.pdf
 - https://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Content/News_and_Insights/Thought_Leadership/mhawwhitepaperpsychiatry2018.pdf
- National Library of Medicine, “Mental Illness Stigma, Help Seeking, and Public Health Programs”
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3698814/>
- Population Health Institute’s county health rankings
 - <https://www.countyhealthrankings.org/app/minnesota/2022/overview>
- The Mayo Clinic, Obesity
 - <https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>
- U.S. Census Bureau’s Census QuickFacts
 - https://www.census.gov/quickfacts/fact/table/mcleodcountyminnesota,MN/PST04522_1
- U.S. Department of Health and Human Services Office of Minority Health, Obesity and Hispanic Americans
 - <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=70>

Information Gaps

Glencoe Regional Health did not receive direct input from members of the low-income, minority and medically-underserved populations in our community, instead obtaining input from individuals and organizations that work with those individuals on a daily basis. Although we are unable to identify any specific information gaps, we recognize that members of those populations may have provided different information if they directly participated. Additionally, we recognize that other individuals who weren't invited to participate may have provided different input.

Request for Feedback

Glencoe Regional Health was willing to consider written comments related to its 2013, 2016, and 2019 CHNA reports and Implementation Strategies but received no such input. If any reader would like to provide input on this community health needs assessment, they can submit their comment(s) by email at CHNA.Comments@grhsonline.org.

Determination of Significance

While many needs were identified during the CHNA process, this report focuses on those needs that were deemed significant by Glencoe Regional Health. A health need's significance was evaluated based on many factors. The factor given the most weight was the relative importance placed on the health need by the community participants as a whole. Other factors included the number of people in our community impacted by the health need; the impact of that health need on quality of life and length of life; and the impact on low-income, minority, and other medically-underserved populations. The decision was made by Glencoe Regional Health's executive leadership team.

Prioritization of Significant Community Health Needs

The significant community health needs were then prioritized by Glencoe Regional Health based on various factors including the number of people impacted, the impact of that health need on quality of life and length of life, Glencoe Regional Health's ability to respond effectively to the health need, and the estimated effectiveness of feasible interventions. This decision was also made by Glencoe Regional Health's executive leadership team.

Prioritized Community Health Needs

Through the CHNA process, Glencoe Regional Health identified the following significant community health needs. Each need is identified as a top priority, so the order of listing here is not intended to imply one need's import over the other.

- Obesity
- Mental Health

In 2018 and 2019, Meeker, McLeod and Sibley Counties conducted a joint community health needs analysis and published a 2021-2016 Meeker-McLeod-Sibley Community Health Improvement Plan. Obesity and mental health were also identified as the top two concerns in that report.

Obesity

Obesity was identified as one of the significant community health needs in each of our prior CHNAs, and the community is still concerned with the situation in 2022. In 2019, the most recent year in which data is available, 35.6 percent of McLeod County adults were obese. This rate - greater than one in three - exceeds Minnesota's average of 30 percent but is lower than the national average of approximately 41 percent. Community participants indicated a multitude of factors that impact obesity, such as:

- Excessive use of electronics, such as video games, social media, and television
- Too much time spent working leaves little time or energy for physical activity
- Limited availability of healthy foods through local stores and restaurants
- The cost of healthy foods such as lean meats, fruits, and vegetables
- Limited knowledge about how to prepare delicious, healthy meals
- A shortage of affordable, convenient exercise options, especially in the winter
- A general culture of unhealthy eating and living
- Unhealthy school meals
- Reduced physical activity during the COVID-19 pandemic

The concerns above can be summarized as two overall factors that are likely to impact obesity in our area: healthy eating and active living.

Throughout our relatively rural community, access to healthy, affordable foods such as fresh fruits, vegetables, and meats is a significant concern. While approximately 1 percent of individuals in our nation had limited access to healthy food outlets in 2019, the rate in Minnesota in 2019 was 5.7 percent and the rate in our community was 11.9 percent. Additionally, McLeod County experienced a significant decline, from 6.4 percent of people experiencing food insecurity in 2018 to 11.9 percent in 2019. This decline in our community relates to the closure of two ShopKo stores in Hutchinson and Glencoe in early 2019. The remaining grocery stores in our community are concentrated in Hutchinson, although there are several grocery stores in Glencoe. Aside from those towns, residents can generally only access the limited foods that are available at gas stations, dollar stores, and similar businesses, which tend to offer more processed, less nutritious foods.

The relatively small number of grocery stores poses an increasing challenge for individuals with transportation difficulties, such as more rural individuals, low-income individuals, disabled individuals, the elderly, and adolescents. Some individuals do not have their own personal transportation, may not be able to afford frequent longer drives, and/or may not have any friends or family upon which they can rely for transportation assistance. In addition to traditional costs like repairs, maintenance, and insurance, vehicles have recently become an even larger cost due to the rapid increase in the price of gasoline in early 2022. The further a person lives from a town with a grocery store, the larger the financial challenge for that individual.

If healthy foods were to become more easily accessible in our area, community participants expressed concern that healthy eating would still not be instantly achieved, for a few reasons. First, community members may not have sufficient cooking experience and knowledge to be able to turn healthy foods into meals that they and their families would happily eat. Improvement in this area would likely require significant education on meal preparation and recipes. Second, as adults in our community work very hard to support themselves and their families, they may not have sufficient time and/or energy to prepare a healthy meal. One reason for the popularity of fast food and packaged meals is they tend to be prepared quickly. Improvement in this area would likely require either education on efficient meal preparation or occupational/living changes that provide community members with more time to prepare healthy meals.

While 80.7 percent of Minnesotans live within a half mile of a park or three miles of a recreational facility, only 62.3 percent of our community members meet this criterion. Although our community has fitness centers in Glencoe, Silver Lake, Lester Prairie, Winsted, Gaylord, Brownton, and Arlington, these facilities may not be easily accessible to individuals with limited transportation, limited time, and/or limited financial resources, such as community members who need to work long hours or multiple jobs, youth under age 16, and elderly individuals. Even if an individual has sufficient time and available transportation to use a fitness facility, the cost of a membership may be prohibitive. Aside from one-time enrollment fees, memberships at fitness centers in our community generally range from \$30 to \$60 per month for an individual or \$85 - \$120 per month for a family.

Obesity is a major concern across the United States because of the related health issues it can cause. Obesity has been linked to more than 60 chronic diseases, including some of the most significant illnesses our nation faces: diabetes, coronary heart disease, hypertension, stroke, high cholesterol, liver disease, gallbladder disease, sleep apnea, osteoarthritis, depression, and several types of cancer. According to the Mayo Clinic, people with obesity are more likely to develop a number of potentially serious health problems, including:

- **Heart disease and strokes:** obesity makes you more likely to have high blood pressure and abnormal cholesterol levels, which are risk factors for heart disease and strokes.
- **Type 2 diabetes:** obesity can affect the way the body uses insulin to control blood sugar levels, which raises the risk of insulin resistance and diabetes.
- **Certain cancers:** obesity may increase the risk of cancer of the uterus, cervix, endometrium, ovary, breast, colon, rectum, esophagus, liver, gallbladder, pancreas, kidney, and prostate.
- **Digestive problems:** obesity increases the likelihood of developing heartburn, gallbladder disease, and liver problems.
- **Sleep apnea:** people with obesity are more likely to have sleep apnea, a potentially serious disorder in which breathing repeatedly stops and starts during sleep.

- **Osteoarthritis:** obesity increases the stress placed on weight-bearing joints, in addition to promoting inflammation within the body, which may lead to complications such as osteoarthritis.
- **Severe COVID-19 symptoms:** obesity increases the risk of developing severe symptoms if you become infected with the virus that causes COVID-19, which may require treatment in intensive care units or even mechanical assistance to breathe.

Because of its close connection to obesity, diabetes was frequently raised as a concern by community participants. In 2018, 34.2 million people of all ages - 10.5 percent of the U.S. population—had diabetes. The diabetes rate in Minnesota is slightly lower than the national rates, with 7.8 percent of Minnesota adults diagnosed as diabetic in 2019. Unfortunately, the rate in our community is closer to the national average at 8.3 percent in 2019. According to the Diabetes Research Institute,

“Diabetes is caused by the body’s inability to create or effectively use its own insulin, which is produced by islet cells found in the pancreas. Insulin helps regulate blood sugar (glucose) levels – providing energy to body cells and tissues.”

- “Without insulin, the body’s cells would be starved, causing dehydration and destruction of body tissue.”
- “People with type 1 diabetes must have insulin delivered by injection or a pump to survive.”
- “Many people with type 2 diabetes can control their blood glucose by following a healthy meal plan and a program of regular physical activity, losing excess weight, and taking medications. Medications for each individual with diabetes will often change during the course of the disease. Insulin also is commonly used to control blood glucose in people with type 2 diabetes.”

Similar to obesity, people with diabetes are at an increased risk of serious health complications including vision loss, heart disease, stroke, kidney failure, lower limb amputation, and premature death.

Within the larger conversations about obesity, interview participants expressed particular concern for three demographic groups within our community: women, children, and Hispanic individuals. Although statistics about these groups at the county level are unavailable, national data indicates that such concern may be warranted. According to the CDC, approximately 19.7 percent of U.S. children were obese between 2017 and 2020. Although purely a guess, community participants indicated that the childhood obesity rate in our community could be closer to 60 percent today. Similarly, Hispanic Americans are 1.2 times more likely to be obese than non-Hispanic white Americans and Hispanic children are 1.8 times more likely to be obese than non-Hispanic white American children.

As discussed above, obesity and diabetes were already a major problem in our community in 2019. Unfortunately, community participants almost unanimously expressed concern over the decline in physical activity since the beginning of the COVID pandemic in March 2020. Interview participants believe that the government-recommended self-isolation periods that ran for months at a time were enough to significantly modify the behavior community members, resulting in a community that is generally less physically activity. Although publicly available data is currently limited to years 2019 and earlier, we and our community members are concerned that such data will reflect a significant increase in both obesity and diabetes rates once data for 2020 - 2022 becomes available.

Mental Health

A common concern among community members was mental health among both adults and children. Among adults, depression and anxiety were identified by interview participants as the most common concern, although more severe issues like bipolar disorder, dissociative identity disorder (former known as schizophrenia), dementia, obsessive compulsive disorder (OCD), and post-traumatic stress syndrome (PTSD) also occur. Among adolescents, identified issues focused on depression and anxiety, although community participants identified several related issues as related to depression and anxiety: bullying, aggression, acting out, panic attacks, disproportionate reactions, suicide and suicidal ideations, substance abuse, sexual activity, apathy, and poor teamwork. When asked about potential root causes of the rising depression and anxiety in our area, community participants identified the following factors:

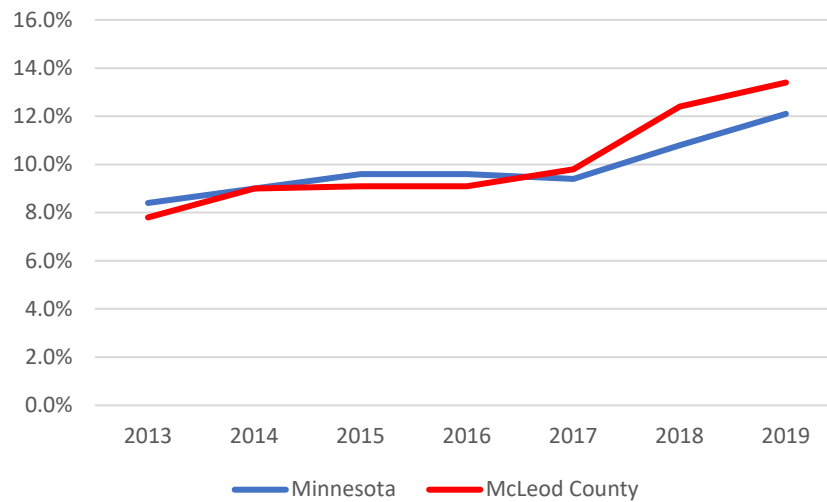
- Past trauma including sexual, mental, emotional, or physical abuse; death of a loved one; or a life-threatening illness or injury.
- Economic/financial struggles among adults and the resulting impact on their children.
- Increased time on social media and playing video games, which results in increased exposure to bullying, information bombardment, and comparison to unrealistic ideals.
- For adolescents, a lack of adult supervision, attention, guidance, modeling, etc.
- A general lack of a feeling of “community” among community members.

Community participants expressed concern that many of these factors worsened significantly during the COVID pandemic. In particular:

- Increased economic/financial stress during the COVID pandemic and the subsequent period of hyperinflation in prices.
- Academic stress among adolescents who struggled to learn effectively in an online educational structure.
- General isolation and loneliness across all demographics during the COVID pandemic.
- Lack of emotional development by adolescents during the COVID pandemic, including interpersonal interactions and coping skills, the lack of which can lead to disproportionately strong responses to seemingly minor issues, lack of social skills, panic attacks and similar issues.
- Even more time spent playing video games and on social media apps, with the attendant exposure to bullying, information bombardment, and comparison to unrealistic ideals.

In 2013, 7.8 percent of adults in our community reported frequent mental distress, which is defined as 14 or more days of poor mental health per month. At that time, our community’s rate was slightly lower than the 8.4 percent of adults throughout Minnesota overall. Although the rates of frequent mental distress rose between 2013 and 2019 in both our community and Minnesota, the rate of increase was greater in our community, exceeding the state average in 2017. By 2019, 13.4 percent of adults in our community reported frequent mental distress, a 72 percent increase in just six years.

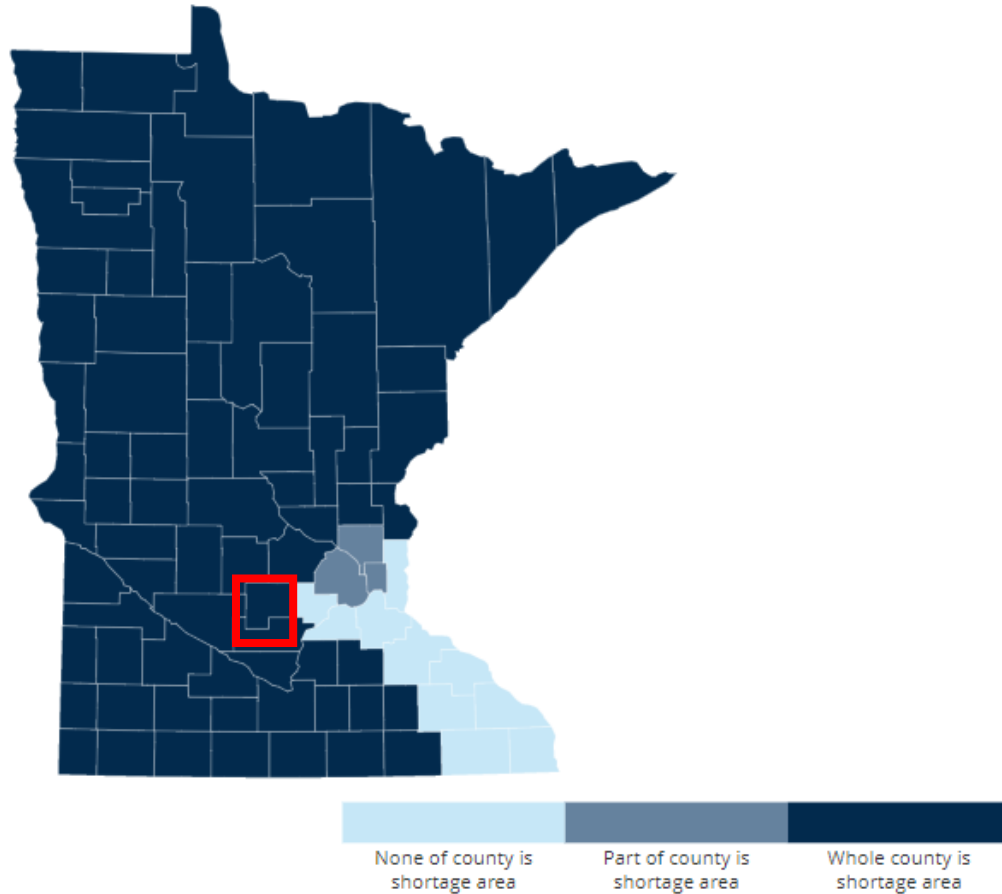
Frequent Mental Distress



While community participants expressed concern for the mental health condition of adults, they expressed far more concern for the condition of youth in our area. According to Centers for Disease Control and Prevention, in 2017, one in six U.S. children were diagnosed with a mental, behavioral, or developmental disorder. According to the U.S. Department of Health & Human Services, the prevalence is even higher among low-income youth (21 percent), youth in the child welfare system (50 percent) and youth in the juvenile justice system (70 percent). Additionally, an estimated 49.5 percent of adolescents have had a mental health disorder at some point in their lives. Among children ages 3-17, 9.8 percent were diagnosed with ADHD, 9.4 percent were diagnosed with anxiety, 4.4 percent were diagnosed with depression, 2.9 percent were diagnosed with eating disorders, and 8.9 percent were diagnosed with various behavior problems.

The general stigma related to mental health, both across the nation and in our community, may prevent individuals from self-identifying a problem and seeking treatment before an emergency arises, although community participants see this as less of a concern in younger adults and adolescents. Research related to this stigma indicates that factors increasing the likelihood of treatment avoidance or delay for presenting for care include (a) lack of knowledge to identify features of mental illnesses, (b) ignorance about how to access treatment, (c) prejudice against people who have mental illness, and (d) the expectation of discrimination against people diagnosed with mental illness. Community participants indicated concern that the combined prejudice and expectation of discrimination may lead individuals in our area to hide their own struggles and prevent individuals from admitting that they have concerns about the mental health of a loved one. Community participants feel that we should reframe mental illness into mental well-being or as a spectrum of well-being to try and alleviate this issue.

Health Professional Shortage Areas: Mental Health, by County, 2022 - Minnesota



While suicidal tendencies tend to be treated quickly in our community, it is harder to gain treatment for chronic, serious mental health disorders. The lack of accessibility in obtaining diagnoses and effective treatment is a concern. Individuals in our community feel that our area has insufficient access to psychiatrists, psychologists and counselors, especially for adolescents. Additionally, our community's resources that are available to low-income individuals face excessive demand. These feelings are supported by the fact that Minnesota average 343 residents per mental health professional while our community has 435 individuals per mental health provider.

The shortage of mental health professionals is not unique to our own community or even to Minnesota. It is a nationwide problem, and one that does not have an easy fix. Merritt Hawkins, a physician-recruitment firm based in Texas, released their 2018 Review of Physician and Advanced Practitioner Recruiting Incentives and a white paper, *The Silent Shortage*, which provides insight into the growing issue of mental health care in the US. Below is an excerpt listing drivers of the shortage:

“The shortage of psychiatrists in the United States is driven in part by a growing need for psychiatric services. Consider:

- One in every five adults in America experiences some form of a mental illness.
- Nearly one in 20 adults in America (13.6 million) live with a serious mental illness.

- 60 percent of adults with a mental illness received no mental health services in the prior year.
- Suicide is the third leading cause of death in youths ages 10 - 24, and the tenth leading cause of death for adults in the U.S.
- The average delay between onset of mental health symptoms and intervention is 8 - 10 years.
- Over \$193 billion dollars in lost earnings a year result from serious mental illness.
- 24 percent of state prisoners have ‘a recent history of a mental health condition.’”

According to these reports, the average per capita number of psychiatrists in the U.S. is 9.35 per 100,000 people, while Minnesota has 8.18 psychiatrists per 100,000 people. Psychiatry also holds the second spot as the most requested physician placement search for the third consecutive year. 59 percent of the nation’s 30,451 psychiatrists are at least 55 years old, and many will retire in the near future. The most concerning aspect of this report is that it was completed before the beginning of the COVID-19 pandemic, which, as described above, significantly increased the mental health needs of our community members.

Finally, community participants expressed concern for the difficulty in finding inpatient treatment access, especially for adolescents, the elderly, and low-income individuals. Adolescent and geriatric access are more limited because of effective care for these groups requires additional specialization, reducing the number of qualified medical providers who can care for them. If an individual has financial means, they can access facilities and professionals that a low-income individual cannot afford and therefore cannot access. This naturally gives low-income individuals fewer opportunities for effective mental health care.

Conclusion

Glencoe Regional Health conducted this CHNA to better understand our community and the individuals we serve. GRH will develop a strategy to respond to the significant community health needs and will create an Implementation Strategy to formalize those responses. That Implementation Strategy will be approved by Glencoe Regional Health’s board of directors no later than May 15, 2023 and will be used by the organization as a guide for thoughtful, impactful decisions and actions in the coming years.

The following pages include a list of resources currently available in our community to address the significant community health needs discussed in this report. Despite our efforts, we recognize that this list may not be all-inclusive and welcome any information to add available resources and increase its usefulness. Such information can be sent to the address provided on page 15 of this report.

Health Resources

The following resources are available in our community to address the significant health needs that were identified in this community health needs assessment.

The counties' health and human services departments provide support to our community members in numerous ways, including chemical dependency, disability services, housing, mental health services, senior services, adoption, child protection, family health services, developmental disabilities, financial assistance, emergency preparedness and environmental health. We recommend that you visit your county's health and human services departments to obtain further information about the services and programs it offers.

- McLeod County Department of Health & Human Services
 - 520 Chandler Avenue N, Glencoe
 - (320) 864-3144
 - Email (public health): McLeod.PHNSupport@co.mcleod.mn.us
 - Email (human services): McLeod.SOCOfficeSupport@co.mcleod.mn.us
 - https://www.mcleodcountymn.gov/departments/health_human_services/
- Sibley County Department of Public Health & Human Services
 - 111 8th Street, Gaylord
 - (507) 237-4000
 - contactPHHS@co.sibley.mn.us
 - <https://www.sibleycounty.gov/330/public-health-human-services>
- Renville County Department of Public Health
 - 105 S 5th Street, Olivia
 - (320) 523-2570
 - rcph@renvillecountymn.com
 - https://www.renvillecountymn.com/departments/public_health/
- Renville County Department of Human Services
 - 105 S 5th Street, Olivia
 - (320) 523-2202
 - hs@renvillecountymn.com
 - https://www.renvillecountymn.com/departments/human_services/

In addition to governmental support, the following health care facilities and related organizations are currently available within our community:

Hospitals

- Glencoe Regional Health
 - 1805 Hennepin Avenue N, Glencoe
 - (320) 864-3121
 - <https://grhsonline.org>

Medical Clinics

- GRH Glencoe Clinic – 1805 Hennepin Avenue N, Glencoe
- Migrant Health Services – 1006 Greeley Avenue N, Glencoe
- DaVita Glencoe Dialysis – 1123 Hennepin Avenue N, Glencoe
- GRH Lester Prairie Clinic – 1024 Central Avenue, Lester Prairie
- Stewart Clinic – 300 Bowman Street, Stewart
- Ridgeview Winsted Clinic – 551 4th Street N, Winsted
- Ridgeview Gaylord Clinic – 660 3rd Street, Gaylord
- Ridgeview Winthrop Clinic – 202 County Road 33, Winthrop
- Winthrop Area Clinic – 211 W 2nd Street, Winthrop

Mental Health

- NorthStar Counseling Center – 1110 Greeley Avenue N, Glencoe
- Lorenz Clinic of Family Psychology – 1805 Hennepin Avenue N, Glencoe
- Migrant Health Services – 1006 Greeley Avenue N, Glencoe
- Sisu Counseling – 929 12th Street E, Suite 101, Glencoe
- The Jonas Center – 925 12th Street E, Glencoe
- Presently Aware – 10332 186th Street, Silver Lake
- Transcend Therapeutic – 107 2nd Street S, Winsted
- Dr. Donna Bahr, LP – 127 Park Avenue, #12, Silver Lake
- Sioux Trail Mental Health Center – 716 Sibley Avenue, Gaylord
- Rachel Swenson Counseling – 230 4th Street, Gaylord
- 2B Continued – 21092 451st Avenue, Arlington

Fitness Centers

- Glencoe Fitness 24/7 – 712 11th Street E, Glencoe
- Midwest Martial Arts & Fitness – 1114 Hennepin Avenue N, Glencoe
- Knockout Nutrition – 719 13th Street E, Glencoe
- Panther Fieldhouse, 1621 16th Street E, Glencoe
- Panther Paws Gymnastics – 1621 16th Street E, Glencoe
- Uptown Gym – 104 Lake Avenue S, Suite B, Silver Lake
- Americas Fitness Center – 518 Central Avenue, Lester Prairie
- Americas Fitness Center – 135 Main Avenue E, Winsted
- Anytime Fitness – 518 Main Avenue, Gaylord
- Brownton Community Center – 310 2nd Street N, Brownton
- Snap Fitness – 108 5th Avenue NW, Arlington

Numerous additional facilities, programs and resources are available in the city of Hutchinson, although it falls outside of our community.

Implementation Strategy

Glencoe Regional Health Glencoe, Minnesota

Approved November 28, 2022

Introduction

Glencoe Regional Health is an independent not-for-profit healthcare system headquartered in Glencoe, Minnesota. Our organization is made up of:

- A 25-bed critical access hospital
- Clinics in Glencoe, Lester Prairie, and Stewart
- GlenFields Living with Care, a 108-bed skilled nursing facility
- Orchard Estates, a 40-unit senior living community

With more than 550 employees, we are one of the largest employers in Glencoe and McLeod County. Our work is guided by our organizational mission, vision and values. These statements affirm our commitment to our patients, residents, tenants, employees and the community.

Our mission – To improve every life by offering high-quality, safe, and accessible healthcare.

People – Foster an engaged, compassionate culture with the spirit of service to enrich the experience of all.

Community – Build relationships with a commitment to equity, inclusion, and diversity with a focus on health and wellness.

Quality – Maximize each experience with a focus on safety and continuous improvement.

Stewardship – Champion the ethical, efficient, and responsible use of all resources.

Our vision – Be your preferred healthcare partner for life.

Visit our website at www.grhsonline.org for additional information about Glencoe Regional Health, including the address and contact information of our various facilities; our medical specialties and medical services; helpful information for patients and visitors; information about billing, insurance, and financial assistance; our history; our partnerships with other healthcare providers; health classes; various health resources; and more.

Review of Previous Implementation Strategies

Glencoe Regional Health conducted CHNAs and published the related CHNA reports in 2013, 2016, and 2019. In those assessments, mental health and obesity were identified as significant community health needs.

Between 2019 and 2022, Glencoe Regional Health took the following actions to address the previously identified community health needs:

Obesity

- Created Prairie Trail, a walking path on our campus, as an opportunity for our patients, residents, tenants, staff, and community to enjoy the outdoors while engaging in activities to promote physical and mental wellness.
- Increased accessibility of our dietician to assist with obesity issues.
- Annually coordinated and executed the Glencoe Days Fun Run & Walk to support, promote, and celebrate getting active in our community.
- Our MOTION program helped patients establish exercise programs and diet choices that can help reduce BMI in pre-operative patients, to help reduce the risk of post-operative infections.
- Staff attended a Diabetes Fundraiser in Winsted with a booth providing information on diabetes and performing blood pressure and blood glucose screenings in 2020 and 2021.
- Staff served on the Glencoe in Motion committee, to encourage movement and exercise, as well as to partner with the City to create safe opportunities to be active, including: sidewalk repair, trialing bike lanes, and writing a letter of support for a grant to create safe routes to school for walkers and bikers.
- Held a radio interview with Amanda Leino, MD, about establishing healthy habits for kids.
- Published blogposts encouraging community members to utilize our walking path, Prairie Trail, and discussing the benefits of walking and staying active.
- Published blogposts about staying active safely during the winter months.
- Published social media posts about making healthy choices, nutrition tips, and MyPlate information.
- Hung MyPlate posters in our cafeteria dining room to provide nutritional information.
- Sent out a monthly e-newsletter with nutrition and exercise related information.

Mental Health

- Began working with Praestan Health to provide some mental health services at GRH.
- Started our partnership with the Lorenz Clinic to offer mental health services 5 days a week for our patients.
- Created Prairie Trail, a walking path on our campus, as an opportunity for our patients, residents, tenants, staff, and community to enjoy the outdoors while engaging in activities to promote physical and mental wellness.
- Hosted a family outdoor movie night, in partnership with 2B CONTINUED. Attendees parked in our East parking lot and enjoyed free pop and popcorn while watching “Inside Out,” and hearing a brief message about mental health.

- Put on a Health Update on the radio about COVID-19 and holiday stress, presented by Michelle Becker, OTR/L.
- Held a radio interview with Abby Bennett, MPAS, PA-C, about suicide prevention.
- Created a pen pal program between staff and GlenFields residents to help participants stay socially connected while socially distancing during the pandemic.
- Published blogposts to help children and adolescents cope during COVID-19 quarantine, including tips on how to support their mental well-being.
- Published a blogpost for farmers experience stress and anxiety during COVID-19-impacted harvest seasons, with resources and tips to care for their mental health.
- Published a blogpost on how to manage stress during the holiday season.
- Published blogposts about caring for your mental health in general, including simple tips.
- Created a mental health bingo card, shared on social media and our website, to help folks find fun ways to care for their mental well-being.
- Hosted QPR training on our campus, helping participants recognize the warning signs of a suicide crisis.
- Sponsored a local mental health nonprofit, 2B CONTINUED, and their events, including their Annual Continuing Ed Conference, Dancing Like the Stars event, Evening of Education, QPR training, Park 'N Watch Cinemas, and screening of a film-based education program about anxiety.
- Posted 2B CONTINUED's suicide prevention and awareness signage and banners at each of our facilities during May, Mental Health Awareness Month.
- Published social media posts including tips on caring for your mental well-being, mental health resources, and suicide prevention information.
- Published a monthly e-newsletter with information about mental health.

Significant Community Health Needs

In December 2022, Glencoe Regional Health published our most recent CHNA. In conducting our CHNA, we collected information about community health needs through interviews in May and June 2022. These findings were supplemented with quantitative data obtained from various public sources. Based on that CHNA, we identified obesity and mental health as significant community health needs.

Glencoe Regional Health is pleased to submit this Implementation Strategy. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we have taken this change in law as an opportunity to improve our community service and continuously focus on meeting the changing healthcare needs of our community.

Consistent with the requirements of Section 501(r)(3), this Implementation Strategy identifies Glencoe Regional Health's planned response to each significant community health need.

Obesity

Planned Action	Resources Being Committed	Planned Collaborations	Anticipated Impact
<p>Focus on employee wellness and preventive care.</p>	<p>Employee Health and Wellness RN.</p>	<p>Collaboration with outside programs that focus on wellness and preventive care for our employees.</p> <p>Explore health and wellness programs.</p> <p>Explore possible collaboration with the Panther Fieldhouse.</p>	<p>Increased awareness of health and wellness for our employees.</p> <p>Increased participation in healthy activities.</p>
<p>Provide education and resources to encourage healthy choices and wellness for our patients, residents, and community. Strengthen community partnerships.</p>	<p>Increased availability of our Dietician in the outpatient setting.</p> <p>Motion program staff.</p> <p>Marketing staff.</p> <p>Investments in Prairie Trail, our walking path.</p> <p>Staff membership on Glencoe in Motion.</p>	<p>Internal staff and programs.</p> <p>Glencoe in Motion committee.</p> <p>Public Health.</p> <p>Support community efforts to create a safe route to school, and improve community paths and walkways.</p>	<p>Increased community awareness around the connection between obesity and chronic diseases.</p> <p>Increased awareness of how staying active positively impacts health, and of safe places to stay active in the community.</p>

Mental Health

Planned Action	Resources Being Committed	Planned Collaborations	Anticipated Impact
<p>Expand our team of mental health providers, with a specific focus on providers who serve adolescents.</p>	<p>Facilities and support staff for mental health professionals.</p> <p>Focused attention on adding professionals who serve adolescents.</p> <p>Consider appropriate spaces when planning for campus renovation.</p> <p>Support of outpatient treatment programs for mental health/substance abuse.</p> <p>Partnering with mental health professionals to meet the mental health needs of our residents.</p>	<p>Collaborate with mental health providers to increase on-site presence at GRH.</p> <p>Support access to telehealth services.</p> <p>Provide Medical Directorship for Integrations Recovery, a treatment facility for those with substance use disorders and mental health concerns.</p>	<p>Increased access for mental health wellness resources.</p> <p>Increased access for adolescents struggling with mental health issues.</p> <p>Medical oversight for patients receiving needed treatment.</p>
<p>Participate in community efforts to raise awareness for suicide risks.</p>	<p>Financial support/donations.</p> <p>Education for providers and staff to raise awareness of mental health issues.</p> <p>Marketing support for the messages to the community.</p>	<p>Continued support of 2B CONTINUED.</p> <p>Encourage attendance at the special educational opportunities provided by 2B CONTINUED.</p> <p>Key messages to the community through social channels.</p>	<p>Increased awareness of resources for mental health.</p> <p>Increased community understanding of those who may be at risk for suicide.</p> <p>Increased awareness for professionals/staff who have a high likelihood of recognizing signs/symptoms of underlying mental illness.</p>
<p>Explore needs and opportunities to support mental health access/resources for our schools and children.</p>	<p>Staff to explore the current needs and resources of the schools and establish a plan for support of those needs.</p>	<p>Collaborate with schools to support the growth of programs and access to mental health care for children.</p> <p>Explore programs that support the healthy development of a child's brain development and mental health well-being.</p>	<p>Increased access to mental health services.</p> <p>Improve access to care by using telehealth services when appropriate.</p>