Glencoe Hospital & Clinic 1805 Hennepin Ave. N | Glencoe, MN 55336-1416
Lester Prairie Clinic 1024 Central Ave. | Lester Prairie, MN 55354-4525
Stewart Clinic 300 Bowman St. | Stewart, MN 55385-0256

320-864-3121 | Fax 320-864-7887 | glencoehealth.org

Community Health Needs Assessment

2025

Dear friends and neighbors,

On behalf of the medical staff, employees, and Board of Directors 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.
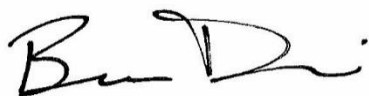
Glencoe Regional Health strives to be your preferred healthcare partner for life. Our core values include:

- Compassion
- Authenticity
- Respect
- Excellence
- Safety

To fulfill 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 2025 CHNA. We invite your feedback and comments on our current CHNA, as your input will help guide and influence our next CHNA, which will be undertaken again in three years.

Sincerely,

Ben Davis, MBA, FACHE
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 October 27, 2025.

Our CHNA process began in January 2025, when we contracted with CliftonLarsonAllen LLP, a professional services firm, to assist us with the assessment and analysis 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 **behavioral health**, which includes both mental health and substance abuse, and **obesity**. Responding effectively to the community's behavioral health needs will require a more open dialogue about mental health and substance abuse, as well as expanding resources to assist individuals with short-term and long-term behavioral 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 2022 and 2025 Community Health Needs Assessment Reports and Implementation Strategies are available on our website at www.glencoehealth.org/our-organization/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@glencoehealth.org.

Community Health Needs Assessment

Glencoe Regional Health
Glencoe, Minnesota

Approved October 27, 2025

Introduction

Glencoe Regional Health (GRH) 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 700 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 a 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 services include:

- Acute Care
- Ambulance
- Anesthesia
- Cardiac Rehabilitation
- Clinic Care Coordination
- Diabetes & Nutrition Education
- Emergency Care
- Infusion services
- Laboratory
- Medical Imaging
- Occupational Therapy
- Physical Therapy
- Pregnancy Care
- Rehabilitation Services
- Respiratory Therapy
- Speech-Language Therapy
- Sports Medicine
- Transitional Care
- Urgent Care
- Vaccinations
- Vascular Consultations
- Wound and Ostomy Care

Our medical specialties include:

- Allergy Medicine and Asthma
- Audiology
- Cardiology
- Ear, Nose, Throat (ENT)
- Family Medicine
- General Surgery
- Hematology and Oncology
- Internal Medicine
- Mental Health
- Midwife Services
- Nail Care
- Nephrology
- Neurology
- Obstetrics and Gynecology
- Orthopedics
- Pain Management
- Pediatrics
- Podiatry
- Skin Care
- Sleep Medicine
- Urology

We're proud to say that we've implemented programs and policies that help to keep our patients and residents safe, whether they're in our hospital, clinics, or long-term care facility.

- The Minnesota Hospital Association (MHA) created the SAFE program to help hospitals adopt standard procedures and safety measures that will protect patients from:
  - Mistakes in surgery (SAFE SITE)
  - Falls and resulting injury (SAFE from FALLS)
  - Infection following delivery (SAFE COUNT)

- Skin sores on bed patients (SAFE SKIN)
- Supplies used in the operating room being unintentionally left behind in patients (SAFE ACCOUNT)

- Our surgical care improvement project (SCIP) committee presents recommendations to improve care before, during, and after surgery and to reduce the number of post-surgical complications.

- Our online medication administration record (OMAR) provides staff with an up-to-date, detailed electronic record of our patients' medications. The list is created when a patient enters our system, and is periodically reviewed and updated by the patient and all providers.

- Our IV "smart pump" infusion system helps to reduce or eliminate errors in IV dosage. The IV medication is programmed into the pump, providing safe, accurate, and reliable delivery at the appropriate rate and doses.

- Every baby born at our hospital is fitted with a HUGS ankle band programmed to match the mother's wrist band. In addition to removing doubt about moms' and babies' identities, the baby ankle band carries a microchip, monitored by staff, to ensure that the baby stays in our birth center until discharged – the chip transmits a signal every ten seconds. GRH doors and elevators are equipped with alarms triggered by the HUGS system.

- Methicillin-resistant Staphylococcus aureus (MRSA) is an antibiotic-resistant staph infection that can be easily spread in hospitals. At GRH, a patient with MRSA is placed in a private room with a sign outside to alert healthcare workers and visitors. Staff wear protective clothing to avoid spreading the infection to other patients. Staff and visitors are required to wash their hands. Patients with MRSA are educated about ways to avoid spreading the infection when they leave the hospital.

Visit our website at www.glencoehealth.org for additional information about Glencoe Regional Health, including addresses 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; the ways in which we give back and support our community's health and well-being; 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 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 community health needs assessments (CHNAs) and published the related CHNA Reports in 2013, 2016, 2019, and 2022. In those assessments, mental health and obesity were identified as significant community health needs.

Between 2021 and 2024, Glencoe Regional Health took the following actions to address the previously identified community health needs:

Mental Health
- Hosted two annual, free community events on Prairie Trail, our outdoor walking path on our Glencoe campus:
  - Fun Run and Walk – annually coordinated this event as part of Glencoe Days, the community's annual summer festival, to connect with nature and each other. More than 450 people of all ages participated.
  - Scarecrow Stroll – annually coordinated this event starting in 2023, engaging the business community and GRH employees in a competitive scarecrow-building contest in the fall. A family-friendly event that offers social connections and reduces feelings of isolation. We estimate participation at over 500 people, with 360 being children.
- Launched the Community Cares volunteer program in 2024, offering an opportunity for community members to find meaning and purpose through volunteer roles that build relationships with employees, patients, and residents. Specific roles for volunteers include Gratitude Hero, Patient and Resident Escort, and 1:1 Visitor Companion.
- In 2024, we conducted a comprehensive review of past community giving/donations, redesigned our approach, identified priority areas for funding in alignment with mental health, and communicated changes to our community, in addition to a start date of January 2025.
- Staff served on the Together We Are Glencoe committee to build bridges between new and longtime residents of Glencoe, enhancing empathy, understanding, and social connections.
- Continued top-level sponsorship and support of 2B CONTINUED and its work around suicide prevention, mental health, and wellness.

- GRH employees were volunteer dancers at 2B's annual fundraiser "Dancing Like the Stars" in 2024.
- Kristine Knudten, MD, served on the organization's Board of Directors in 2021, 2022, and 2023, and Kristen Budahn, MD, FAAFP, began service on the Board of Directors in 2023.
- At 2B's annual conference, employees staffed an informational booth about mental health services and support.
- Posted 2B CONTINUED's suicide prevention and awareness signage on our Glencoe campus during May, Mental Health Awareness Month. Displayed banner and support message at our Lester Prairie Clinic year-round.

- Offered mental health services on our Glencoe campus five days per week for GRH patients and residents of GlenFields Living with Care.
- Supported a Medical Directorship at Integrations Wellness and Recovery Center with Jake Traxler, MD.
- Implemented patient screening at all clinic sites using the PHQ-2/9 depression assessment as a proactive strategy to manage care.
- Held a radio interview with Alexandria Kalina, MD, FAAP, regarding anxiety, depression, and bullying in children.
- Published blogposts about caring for your mental health, including simple tips.
- 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.

Obesity

- Hosted two annual, free community events on Prairie Trail, our outdoor walking path on our Glencoe campus:
    - Fun Run and Walk – annual coordination of this event as part of Glencoe Days, the community's annual summer festival, to support, promote, and celebrate getting active in our community. More than 450 people of all ages participated.
    - Scarecrow Stroll – annual coordination of this event starting in 2023, engaging the business community and GRH employees in a competitive scarecrow-building contest. A family-friendly event with movement, games and exercises, refreshments, and voting. We estimate participation at over 500 people, with 360 being children.

- Enhanced Prairie Trail through the addition of a registered Little Free Library near the heart of the walking path, requiring a short walk from a variety of walking path entry points.
- Launched the Community Cares volunteer program in 2024, offering an opportunity for community members to engage in volunteer roles that facilitate low-impact movement inside the facility, as well as outside on Prairie Trail. Specific roles for volunteers include Helping Hands Garden Hero, Trishaw Bike Pilot, and Walking Buddy.
- In 2024, we conducted a comprehensive review of past community giving/donations, redesigned our approach, identified priority areas for funding in alignment with obesity, and communicated changes to our community, in addition to a start date of January 2025.
- At the McLeod County Fair in 2024, GRH nursing staff offered free blood pressure readings to fair attendees.
- Staff served on the Glencoe in Motion committee during its existence to encourage movement and exercise in our community by developing a walking routes map and an outdoor scavenger hunt activity.
- Held radio interviews with Amanda Leino, MD, about establishing healthy eating and exercise habits for children.
- Held a radio interview with Alexandria Kalina, MD, FAAP, regarding obesity in children.
- 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.

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 2023 and 2024. Based on that analysis, we define our community as individuals who reside in the following zip codes:

Total Hospital Admissions				
	Outpatient Admissions		Inpatient Admissions	
City/Zip Code	2023	2024	2023	2024
GLENCOE - 55336	36.55%	35.62%	36.54%	29.49%
HUTCHINSON - 55350	16.47%	18.57%	17.53%	19.77%
LESTER PRAIRIE - 55354	5.70%	5.60%	3.21%	4.29%
BROWNTON - 55312	4.33%	4.33%	3.95%	2.94%
GAYLORD - 55334	4.12%	4.07%	4.57%	4.07%
SILVER LAKE - 55381	3.56%	3.82%	1.60%	4.63%
STEWART - 55385	2.86%	3.19%	2.10%	3.28%
ARLINGTON - 55307	2.95%	2.47%	2.22%	2.26%
WINSTED - 55395	2.29%	2.16%	1.11%	1.81%
BUFFALO LAKE - 55314	2.07%	2.07%	1.73%	2.03%
PLATO - 55370	1.64%	1.69%	1.48%	1.58%
NEW AUBURN - 55366	0.98%	1.00%	1.36%	0.90%

This area, covering the majority of **McLeod County**, as well as portions of Sibley and Renville counties, captures approximately 77 percent of the hospital's inpatient volume and 84 percent of the hospital's outpatient volume between 2023 and 2024. While we recognize that many individuals travel greater distances to receive their healthcare at Glencoe Regional Health, **we're focusing 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 those areas.

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 as of 2025 based on that census and others being actual data from subsequent years. Population Health Institute data is as of 2024.

Comparison of Demographics – Minnesota and McLeod County

	McLeod County	Minnesota
Population	36,771	5,706,494
Children Under Age 18	22.3%	22.3%
Age 65+	19.7%	18.2%
Caucasian	88.6%	76.3%
Hispanic	7.0%	6.1%
Asian	0.7%	5.2%
African American	0.6%	7.0%
American Indian	0.4%	1.2%
Median Household Income	$78,468	$87,117
Persons in Poverty	7.7%	9.3%
Median Monthly Rent	$906	$1,291
High School Graduate	93.4%	94.2%
Bachelor's Degree or Higher	19.6%	40.0%
Uninsured	5.2%	5.1%
Disabled	13.3%	12.2%

Our community has a slightly higher percentage of elderly individuals than Minnesota does as a whole. Our community has 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. The Hispanic population fills a variety of valued roles in our community, with a large proportion of working Hispanic adults being occupied in agricultural and factory positions.

Although our community's high school graduation rate is similar 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.
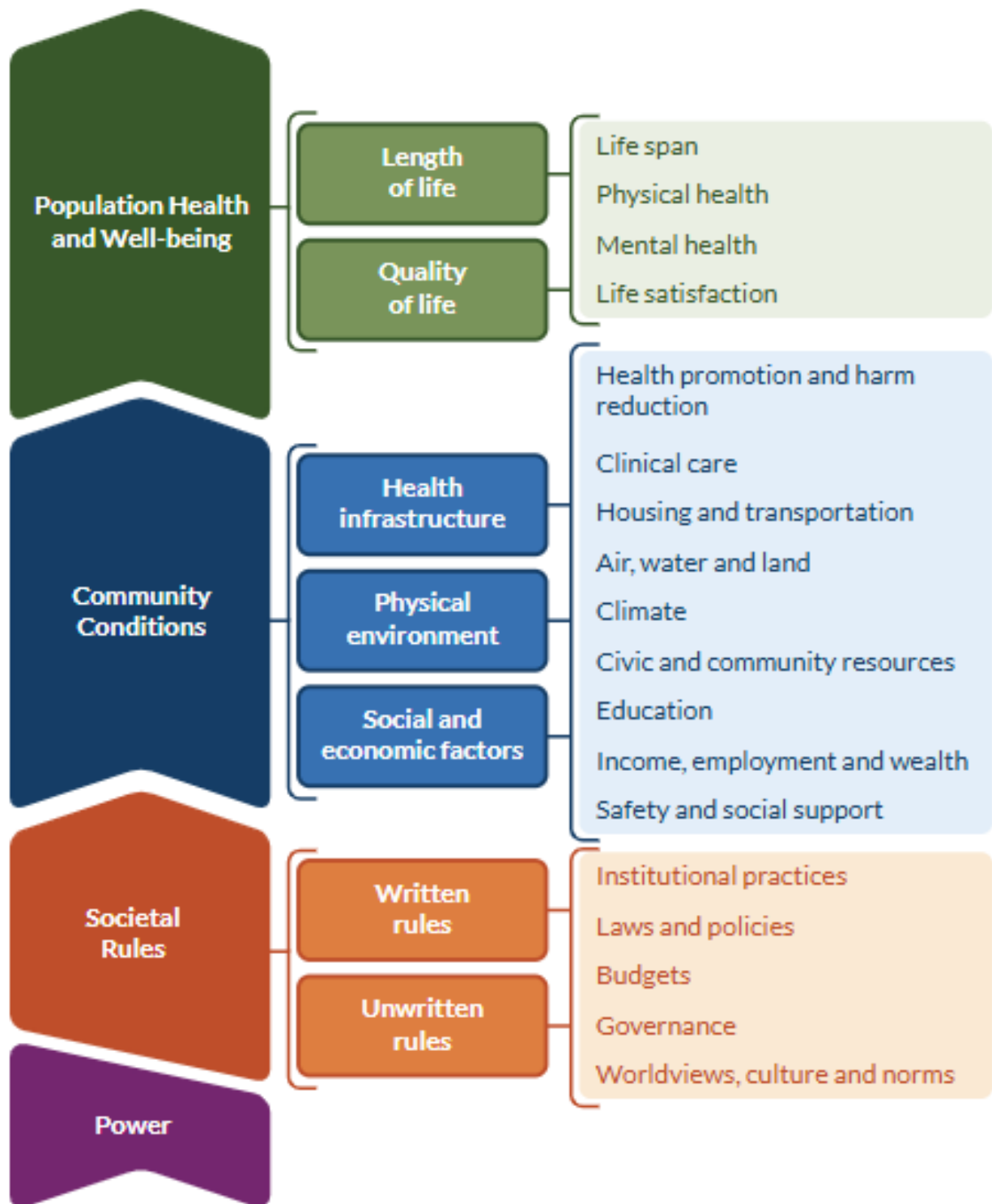
Although our community per capita income is 11 percent lower than the state average, our community also has a significantly lower percentage of individuals living in poverty. This relatively positive comparison is due to the lower cost of living in our community, as evidenced by the median monthly rent, which is approximately $400 lower than the Minnesota average.

Our community has about the same percentage of uninsured individuals. We have a slightly higher percentage of disabled individuals, with disabilities including hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and/or independent living difficulty.

The Population Health Institute publishes annual health data for every county in the United States. The data is aggregated by various categories that ultimately lead to the health outcomes of mortality (length of life) and morbidity (quality of life). The factors that lead to mortality and morbidity outcomes are:

- Population health and well-being represent how well and how long we live, including our physical, mental, and social well-being.
- Community conditions encompass where we live, learn, work, and play. For example, affordable housing, clean water, and opportunities to build wealth impact health.
- Societal rules are set and held by people who wield power and shape the conditions that affect our health. Written rules are formalized in policies and laws, while worldviews and norms are unwritten rules.
- Power is our ability to create change. People and groups who hold power influence societal rules and determine how they are applied.

Population Health and Well-being

- **Length of life**
  - Life span
  - Physical health
- **Quality of life**
  - Mental health
  - Life satisfaction

Community Conditions

- **Health infrastructure**
  - Health promotion and harm reduction
  - Clinical care
  - Housing and transportation
- **Physical environment**
  - Air, water and land
  - Climate
  - Civic and community resources
- **Social and economic factors**
  - Education
  - Income, employment and wealth
  - Safety and social support

Societal Rules

- **Written rules**
  - Institutional practices
  - Laws and policies
  - Budgets
- **Unwritten rules**
  - Governance
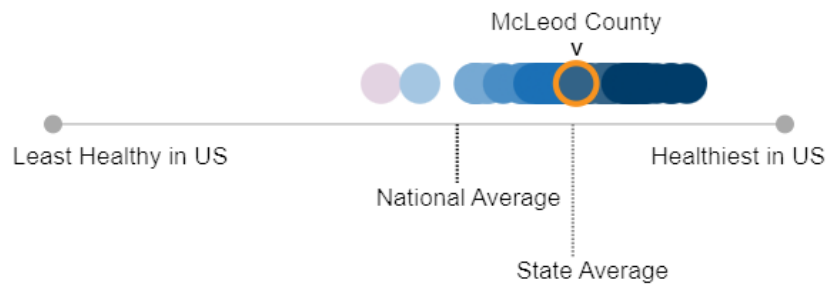 - Worldviews, culture and norms

Power

University of Wisconsin Population Health Institute Model of Health © 2025

County Health Rankings & Roadmaps

McLeod County Community Conditions - 2025

McLeod County

Least Healthy in US

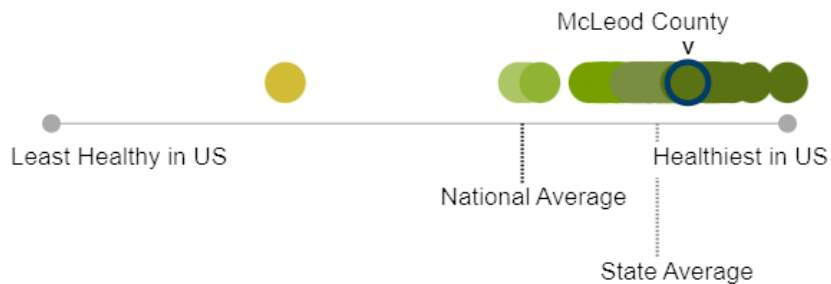National Average

State Average

Healthiest in US

McLeod County is faring slightly better than the average county in Minnesota for Community Conditions, and better than the average county in the nation.

County Health Rankings & Roadmaps

McLeod County Population Health and Well-being - 2025

McLeod County

Least Healthy in US

National Average

State Average

Healthiest in US

McLeod County is faring slightly better than the average county in Minnesota for Population Health and Well-being, and better than the average county in the nation.

In 2025, our community's conditions were approximately equal with the average Minnesota county and significantly better than the average national county. Similarly, in 2025, our community's population health and well-being were slightly better than the average Minnesota county and significantly better than the average national county.

Because today's community conditions lead to tomorrow's health and well-being, these rankings indicate that our community is currently experiencing positive health and well-being because of positive historic community conditions. While the community's future health and well-being may decline slightly due to current community conditions, it is likely to remain better than the average Minnesota county and significantly better than the average national county.

Community Health Needs Assessment Methodology

Glencoe Regional Health's executives led the planning, execution, and reporting of the CHNA. We contracted with CliftonLarsonAllen LLP, a professional services firm, to conduct community interviews, analyze findings, and 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 between April and July 2025. 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, board members, and executives 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
- Winsted-Lester Prairie Police Department
- Glencoe-Silver Lake Public School District
- Glencoe Police Department
- Integrations Wellness & Recovery Center
- United Community Action Partnership
- 2B CONTINUED
- McLeod Food Shelf

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:

- Brookings Institute: "The Mental Health Landscape of Older Adults in the US"
  - https://www.brookings.edu/articles/the-mental-health-landscape-of-older-adults-in-the-us/
- Centers for Disease Control
  - https://www.cdc.gov/obesity/data/childhood.html
  - https://www.cdc.gov/children-mental-health/data-research/index.html
  - https://www.cdc.gov/nchs/products/databriefs/db508.htm#section_1
  - https://www.cdc.gov/mmwr/volumes/73/wr/mm7302a5.htm
  - https://www.cdc.gov/diabetes/php/data-research/index.html
- Diabetes Research Institute
  - https://www.diabetesresearch.org/diabetes-statistics?gclid=EAIaIQobChMIiJa3p8Sy5AIVph6tBh3tXQL6EAAYASAAEgKCq_D_BwE
- Glencoe Regional Health
  - https://glencoehealth.org
- Health Resources and Services Administration
  - https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf
- McLeod County Department of Health & Human Services
  - https://www.mcleodcountymn.gov/departments/health_human_services/
- McLeod Meeker Sibley Community Health Services

https://mmspublichealth.org/current-initiatives/community-health-assessment-chip/

- Mental Health America
  https://mhanational.org/resources/stigma/
- Minnesota Department of Health
  https://www.health.state.mn.us/data/mchs/surveys/tobacco/docs/teenscommercialtobacco2023.pdf
- National Alliance on Mental Illness
  https://www.nami.org/wp-content/uploads/2025/05/Minnesota-GRPA-Data-Sheet-8.5-x-11-wide.pdf
- National Institute on Alcohol Abuse and Alcoholism
  https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics
  https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-adverse-impact-health
- National Institutes of Health
  https://www.nih.gov/news-events/nih-research-matters/trends-us-methamphetamine-use-associated-deaths
  https://nida.nih.gov/publications/research-reports/methamphetamine/what-are-long-term-effects-methamphetamine-misuse
- Population Health Institute
  https://www.countyhealthrankings.org/health-data/minnesota?year=2025
  https://storymaps.arcgis.com/stories/dfa16f71e24448eeb2e58d0a90b04244
- Rural Health Information Hub
  https://www.ruralhealthinfo.org/charts/7?state=MN
- Substance Abuse and Mental Health Services Administration
  https://library.samhsa.gov/sites/default/files/minnesota-iccpud-state-report-2024.pdf
- The Global Statistics
  https://www.theglobalstatistics.com/inflation-rates-in-us-by-year/
- The Mayo Clinic, Obesity
  https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742

- Treatment Magazine: "The Workforce Shortage in Addiction Care Reaches a Crisis Stage"

  https://treatmentmagazine.com/the-workforce-shortage-in-addiction-care-reaches-a-crisis-stage/

- U.S. Census Bureau Statistics

  https://data.census.gov/profile/McLeod_County,_Minnesota?g=050XX00US27085

  https://data.census.gov/profile/Minnesota?g=040XX00US27

- U.S. Department of Health & Human Services

  https://opa.hhs.gov/adolescent-health/mental-health-adolescents

  https://opa.hhs.gov/adolescent-health/mental-health-adolescents/access-adolescent-mental-healthcare

  https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-summary.pdf

- U.S. Drug Enforcement Agency

  https://www.dea.gov/alert/dea-reports-widespread-threat-fentanyl-mixed-xylazine

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 past 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@glencoehealth.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. 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 importance over the other.

- **Obesity**
- **Behavioral Health, including mental health and substance abuse**

In 2018 and 2019, Meeker, McLeod and Sibley Counties conducted a joint community health needs analysis and published a 2021-2026 Meeker-McLeod-Sibley Community Health Improvement Plan. **Obesity, mental health, and substance abuse were also identified as the top 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 2025. Between 2019 and 2022, the most recent year in which data is available, the **percentage of McLeod County adults who were obese increased from 35.6 percent to 40.3 percent**. The 2022 rate – two out of five adults - exceeded Minnesota's average of 33.6 percent and was equal to the national average.

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, partially attributable to cultural changes 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.

For most of our community, access to healthy, affordable foods, such as fresh fruits, vegetables, and meats is a significant concern. While approximately 5.7 percent of Minnesota households had limited access to healthy food outlets in 2019, the rate in our county was more than double that, at 11.9 percent of households in McLeod County. This limited access is primarily due to the rural nature of the area. The grocery stores in our community are concentrated in Hutchinson and Glencoe. Aside from those towns, residents have local access to the limited foods that are available at gas stations, convenience stores, dollar stores, and similar businesses, which tend to offer more processed, less nutritious foods. As a final positive note, some of the dollar stores in our community have begun to offer fresh produce for sale.

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 have any friends or family upon which they can rely for transportation assistance, and/or may not be able to afford frequent longer drives. In addition, traditional costs like repairs, maintenance, insurance, and gasoline have become more expensive in recent years, with the U.S. experiencing inflation of 22.4 percent between January 2020 and June 2025. 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 87.0 percent of Minnesotans live within a half mile of a park or three miles of a recreational facility, only 79.0 percent of our community members meet this criterion. Although our community has fitness centers in Hutchinson, Glencoe, Silver Lake, Lester Prairie, Winsted, and Brownton, 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 transportation available to use a fitness facility, the cost of a membership may be prohibitive.

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

Because of its close connection to obesity, diabetes and pre-diabetes were frequently raised as a concern by community participants. In 2021, 11.6 percent of adults in the United States – 38.1 million people – were diagnosed with diabetes, while another 38.0 percent – 97.6 million people – have prediabetes. The diabetes rates in Minnesota and McLeod County were slightly better in 2022, at 9.0 percent and 8.9 percent, respectively.

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: the elderly, children, and Hispanic individuals. Although statistics about these groups at the county level are unavailable, national data indicates that such concern may be warranted.

National statistics indicate that diabetes rates tend to increase with age, impacting 29.2 percent of U.S. adults aged 65 years or older in 2022. Hispanic adults have a slightly higher prevalence of diabetes in the United States at 11.7 percent. Although diabetes tends to be relatively rare among children aged 18 and younger – 0.35 percent – approximately 19.7 percent of U.S. children were obese between 2017 and 2020, implying that some of these children are likely to develop diabetes later in life if they don't significantly change their eating and lifestyle habits.

As discussed above, obesity and diabetes have been a major problem in our community since we began conducting community health needs assessments in 2012. Unfortunately, community participants expressed concern over the decline in physical activity during the

COVID-19 pandemic. Interview participants believe that the government-recommended self-isolation periods that ran for months at a time were enough to significantly modify the behavior of community members, resulting in a community that is generally less physically active than it used to be. While the statistics do show a decrease in physical activity, the rate of decline isn't as large as we may have expected. The percentage of McLeod County residents that were physically inactive increased from 20.0 percent in 2019 to 22.7 percent in 2022.

Behavioral Health - 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 other issues like post-traumatic stress syndrome (PTSD), dementia (among the elderly), and more severe acute psychotic disorders like bipolar disorder, dissociative identity disorder (former known as schizophrenia), and obsessive-compulsive disorder (OCD) were also identified.

Among adolescents, identified issues focused on depression, anxiety, attention deficit hyperactivity disorder (ADHD), and a lack of coping skills, although community participants identified several related issues related to depression and anxiety: increased 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 children within their sphere of influence
- Increased time spent on social media and playing video games, which results in increased exposure to bullying, information bombardment, and comparison to unrealistic ideals
- Increased isolation and loneliness driven by the COVID-19 pandemic but continuing after
- For adolescents and young adults, stunted development of emotional and social skills during the COVID-19 pandemic
- For adolescents, a lack of adult supervision, attention, guidance, modeling, etc.

- A general lack of a feeling of "community" among community members

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 for the first time in 2017. **By 2022, 16.9 percent of adults in our community reported frequent mental distress – a 117 percent increase in just nine years – compared to 15.6 percent of adults in Minnesota as a whole.**

Additionally, the National Alliance on Mental Illness reports that in 2023:

- 1,077,000 Minnesota adults had a mental health condition
- 241,000 Minnesota adults had a serious mental illness
- 221,000 Minnesota adults had serious thoughts of suicide
- 226,000 Minnesota adults reported needing mental health treatment but not receiving it; cost was a prevailing factor

Frequent Mental Distress
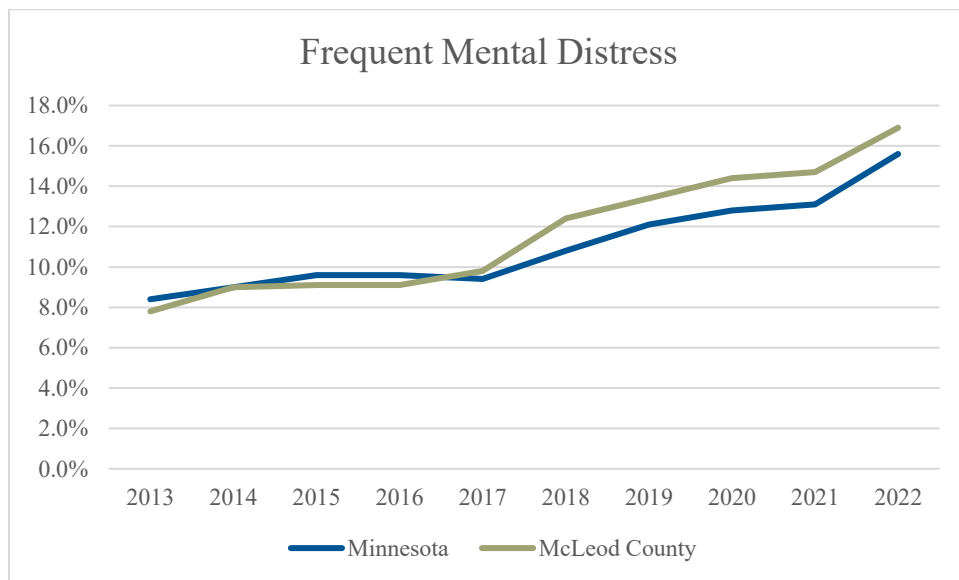
According to Centers for Disease Control and Prevention (CDC), one in seven U.S. children had a current diagnosed mental or behavioral health condition in 2018-2019. With limited

exceptions, the prevalence of anxiety, depression, and behavior disorders increase as a child approaches adulthood.
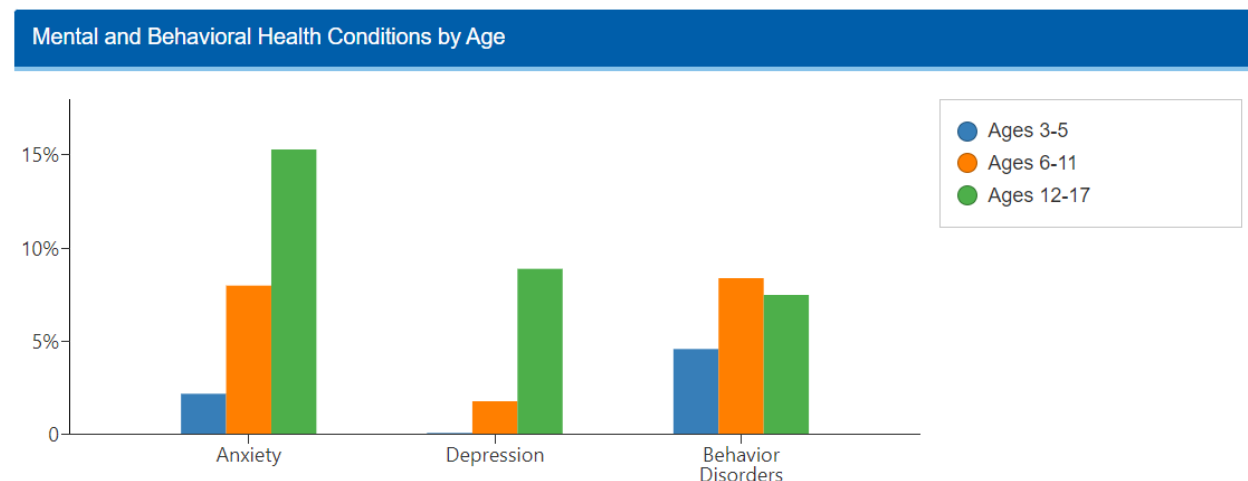
The same CDC report provides the following about U.S. high school students in 2023:

- 40 percent reported persistent feelings of sadness or hopelessness in the past year
- 20 percent reported seriously considering suicide in the past year
- 9 percent reported attempting suicide in the past year

According to the U.S. Department of Health and 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 diagnosis 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.

Additionally, the National Alliance on Mental Illness reports that in 2023:

- 64,000 Minnesota adolescents had serious thoughts of suicide
- 14 percent of Minnesota youth aged 0-17 had experienced at least 2 adverse childhood experiences (ACEs), which are linked to mental illness and substance abuse in adulthood
- Minnesota had one school psychologist for every 1,077 students (the recommended ratio is one psychologist for every 500 students)

Interview participants indicated that adolescent mental health significantly worsened in our community during the COVID-19 pandemic and that this decline was exacerbated by social media use before, during, and after the pandemic. Social media is a significant enough concern that in early 2024, the U.S. Attorney General recommended added a warning label to all social media platforms. From its report,

> "Social media can provide benefits for some children... However, increasingly, evidence is indicating there is reason to be concerned about the risk of harm social media use poses to children and adolescents. Children and adolescents on social media are commonly exposed to extreme, inappropriate, and harmful content, and those who spend more than 3 hours a day on social media face double the risk of poor mental health, including experiencing symptoms of depression and anxiety. This is deeply concerning as a recent survey of teenagers showed that, on average, they spend 3.5 hours a day on social media."

The Attorney General based that conclusion on the following statistics:

- Approximately 40 percent of children aged 8-12 and 95 percent of teenagers used social media in 2022
- When asked about the impact of social media on their body image, 46 percent of adolescents aged 13-17 said social media makes them feel worse, 40 percent said it makes them feel neither better nor worse, and only 14 percent said it makes them feel better
- Roughly two-thirds of adolescents are "sometimes" or "often" exposed to hate-based content
- Research indicates that social media may perpetuate body dissatisfaction, disordered eating behaviors, social comparison and low self-esteem, especially among adolescent girls

Mental health among our elderly population was also raised as a frequent concern by community interview participants. These concerns are reinforced by the national findings of a July 2024 report by the Brookings Institute:

> "Aging into older adulthood introduces many mental health stressors, such as physical decline, losses of loved ones, and reduced mental acuity. These stressors may lead to a diagnosable mental illness or result in frequent bouts of psychological distress that do not meet the criteria of a diagnosable illness.

Regardless of clinical diagnosis, psychological distress can impair functioning for adults ages 65 and older....

Rates of mental illness vary by demographic group. Non-Hispanic Black and lower-income older adults are most likely to experience mental illness and substance use disorder (SUD). Women are more likely to experience mental illness, but men are more likely to experience SUD. The prevalence of mental illness remained relatively consistent between 2010 and 2019. Those ages 85 and older are most likely to experience symptoms of depression, while adults between ages 65 and 74 are most likely to experience alcohol use disorder (AUD). Across all age groups, men have significantly higher suicide rates than women. The most striking difference is between men and women ages 85 and older: women in this age group have the lowest suicide rate among all older adults, while men have the highest by a significant margin. Non-Hispanic older White adults also tend to have the highest suicide rate within our sample. There has been an uptick in suicides since the mid-to-late 2000s, particularly pronounced for men 85 and older since 2018. The difference in prevalence between mental illness and suicide reinforces the complex causes of suicide, where mental illness is one among several risk factors. Additionally, although we highlight rates of any mental illness (AMI), serious mental illness (SMI), symptoms of depression, SUD, and AUD, we emphasize the heavy burden that sub-clinical levels of psychological distress, meaning the experience of symptoms of a mental health condition that do not rise to the level of a diagnosis, also place on older adults."

Community participants frequently identified a stigma in our community related to admitting mental health concerns, whether it be self-identification or that of a friend or family member. This 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.

Mental health stigma can be broken down into three related categories:

- *Social stigma* is the societal attitude and belief that mental health challenges are a sign of weakness or personal failure

- *Self-stigma* happens when someone develops negative perceptions (often similar to those involved in social stigma) about themselves because of their mental health challenges
- *Structural stigma* involves institutional policies, practices, and systems that perpetuate discrimination against people with mental health conditions

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.**

Research related to reduction of these stigmas indicates that the following steps are helpful:

- Education and awareness – promote accurate information about mental health conditions through educational campaigns, workshops, and events in your community to dispel myths and misconceptions
- Open dialogue – encourage open conversations about mental health in families, schools, workplaces, and communities to foster understanding and empathy
- Language matters – the words that you use when speaking or writing about mental health conditions can feed stereotypes and negative attitudes if you aren't careful; respectful, person-centered language is a powerful tool in reducing stigma
- Share personal experience – share personal experiences with mental health conditions to showcase resiliency and help show others that recovery is possible
- Advocate for policy changes – advocate for policy changes that protect the rights of people with mental health conditions and promote access to quality mental health care
- Create supportive environments – create supportive environments in workplaces, schools, and communities where people feel comfortable seeking help without fear of judgment or discrimination
- Peer support – creating support groups and networks where people can connect with others who have shared experiences with mental health conditions facilitates meaningful conversation and provides mutual support and encouragement
- Champion inclusivity – use your words and your actions to promote inclusivity and acceptance of people with mental health conditions; everyone is a valued member of society and deserves dignity and respect

In juxtaposition, the lack of the above conditions can lead to continuation or growth of the stigma related to mental health concerns.

The lack of accessibility in obtaining diagnoses and effective treatment, both short-term and long-term, was identified by interview participants as the top concern related to mental health in our community.

While suicidal ideation tends to be treated quickly in our community, it is harder to gain treatment for chronic, serious mental health disorders. 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 McLeod County had 375 individuals per mental health provider, compared to approximately 300 residents per mental health provider in the United States and 278 residents per mental health provider in Minnesota. As a positive note, those statistics are an improvement from the 2021 rates of 343 residents per mental health provider in Minnesota and 435 individuals per mental health provider in McLeod County.

Health Professional Shortage Areas: Mental Health, by County, July 2025 – Minnesota

None of county is shortage area — At least part of county is shortage area — Whole county is shortage area
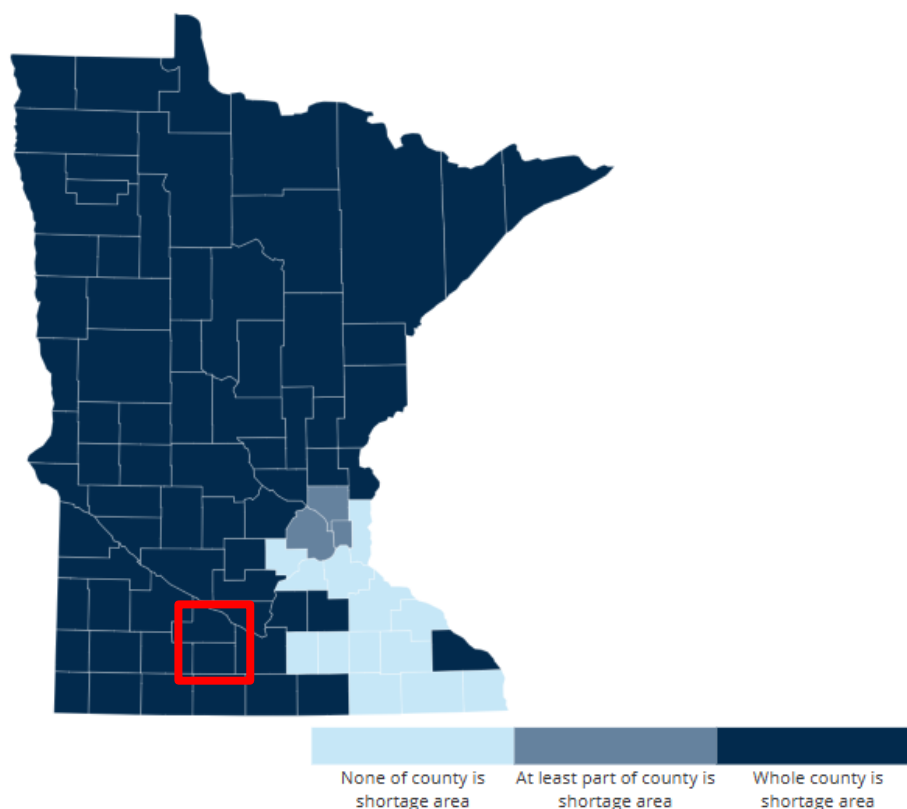
The shortage of mental health professionals is not unique to our own community or even to Minnesota. It is a nationwide problem, and one that does not have an easy fix. According to a report published in November 2024 by the U.S. Health Resources and Services Administration, a division of the U.S. Department of Health:

- In 2023, approximately 59 million U.S. adults (23 percent) had a mental illness and nearly half of those (46 percent) did not receive treatment
- In 2023, 6 in 10 psychologists in the U.S. did not accept new patients
- In 2023, the national average wait time for behavioral health services was 48 days
- As of August 2024, more than one third of the U.S. population (122 million people) lived in a Mental Health Professional Shortage Area.
- By 2037, the U.S. is predicted to have:
    - A shortage of 391,000 mental health counselors, meeting 46.1 percent of national demand
    - A shortage of 324,000 psychologists, meeting 46.2 percent of national demand
    - A shortage of 196,000 adult psychiatrists, meeting 32.8 percent of national demand
    - A shortage of 37,000 child and adolescent psychiatrists, meeting 48.1 percent of national demand
    - A shortage of 147,000 marriage and family therapists, meeting 49.2 percent of national demand
- In 2023, 60 percent of adults with mental illness and perceived unmet need for services identified cost as one of the main reasons for not receiving behavioral health services
- In 2017, only 46 percent of psychiatrists accepted Medicaid payments from new patients, with low reimbursement rates and administrative burdens being cited by mental health providers as the main reasons
- The majority of the behavioral health workforce identifies as female and non-Hispanic White, which may not be representative of the communities they serve

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 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.

Behavioral Health - Substance Abuse

Substance abuse covers a broad range of health issues, including tobacco, alcohol, prescription drugs, and illicit drugs. Each of these is a health need in our state and community, although **alcohol, opiates (prescriptions and fentanyl), methamphetamines ("meth"), cannabis/marijuana, nicotine, and underage vaping are currently considered the most significant by interview participants.**

Community participants expressed significant concerns about alcohol use in our area. According to the National Institute on Alcohol Abuse and Alcoholism, alcohol is the most commonly abused substance in the United States. In a 2023 survey, 84.9 percent of adults reported drinking alcohol at some point in their lifetime and 51.6 percent reported that they drank alcohol in the last month.

In the same survey:

- 21.6 percent of youth ages 12-17 reported drinking alcohol at some point in their lifetime and 6.9 percent reported drinking alcohol in the last month
- 23.5 percent of adults reported that they engaged in binge drinking within the last month and 3.9 percent of youth ages 12-17 reported that they engaged in binge drinking within the last month
- 2.9 percent of youth between the ages of 12 and 17 had alcohol use disorder, a chronic brain disorder marked by compulsive drinking, loss of control over alcohol use, and negative emotions when not drinking. AUD in this age-group was more common among girls than boys.

The majority of these statistics are slightly improved compared to the 2020 survey, except for teenage binge drinking, which worsened from 1.7 percent to 3.9 percent.

According to the Population Health Institute, the proportion of adults in McLeod County who indicated that they drank excessively worsened from 22.7 percent in 2019 to 24.6 percent in 2022. For comparison, Minnesota's ratio was slightly worse in 2019 (23.4 percent of adults), but the state experienced improvement and had a lower ratio (22.6 percent of adults) than McLeod County in 2022.

Additionally, between 2018 and 2022, 40.9 percent of McLeod County driving deaths involved alcohol impairment, and that rate was well above Minnesota's rate of 30.6 percent of driving deaths. Further, this problem isn't limited to adults. In a 2024 survey of Minnesota residents conducted by the Substance Abuse and Mental Health Services Administration, past-month alcohol consumption increased from 1.2 percent of Minnesota Middle School students (ages 12-14) to 13.6 percent of high school students (ages 15-17), then 57.5 percent of adults over age 21. Additionally, per the same report, in 24 percent of Minnesota's fatal crashes involving a 15- to 20-year-old driver, the driver had a blood alcohol concentration (BAC) greater than 0.01 percent.

Minnesota

State Population: 5,714,300

Population Ages 12–20: 713,000

Past-Month Alcohol Use	
Ages 12–20	
Past-Month Alcohol Use – Number (Percentage)	176,000 (24.7%)
Past-Month Binge Alcohol Use – Number (Percentage)	109,000 (15.3%)
Ages 12–14	
Past-Month Alcohol Use – Number (Percentage)	3,000 (1.2%)
Past-Month Binge Alcohol Use – Number (Percentage)	* (*%)
Ages 15–17	
Past-Month Alcohol Use – Number (Percentage)	30,000 (13.6%)
Past-Month Binge Alcohol Use – Number (Percentage)	* (*%)
Ages 18–20	
Past-Month Alcohol Use – Number (Percentage)	* (*%)
Past-Month Binge Alcohol Use – Number (Percentage)	* (*%)
Adults Ages 21+	
Past-Month Alcohol Use – Number (Percentage)	2,361,000 (57.5%)
Past-Month Binge Alcohol Use – Number (Percentage)	1,098,000 (26.8%)
Average Age of Initiation	
Average Age of Initiation	16.1
Alcohol-Attributable Deaths and Years of Potential Life Lost Under the Age of 21	
Alcohol-Attributable Deaths (under 21)	55
Years of Potential Life Lost (under 21)	3,232
Fatal Crashes Involving a 15- to 20-Year-Old Driver With Blood Alcohol Concentration (BAC) > 0.01%[1]	
Number of Fatalities Involving 15- to 20-Year-Old Driver With BAC > 0.01%	14
Percentage of All Fatal Crashes Involving a 15- to 20-Year-Old Driver	24%

*Estimate was suppressed due to low statistical precision.

Alcohol abuse is a significant concern because of its commonality and the major impacts it has on our community. According to the National Institute on Alcohol Abuse and Alcoholism:

- In the United States, the rate of alcohol-related emergency department visits increased 47 percent between 2006 and 2014, which translates into approximately 210,000 additional visits per year
- In 2017, approximately 10.5 percent of U.S. children lived with a parent who has AUD
- Overall, alcohol contributes to about 7.1 percent of all emergency department visits
- An estimated 178,000 people die from alcohol-related causes annually, making it of the leading causes of preventable death in the United States
- In 2022, alcohol-impaired driving accounted for 32 percent of all driving deaths
- In 2010, alcohol misuse cost the United States approximately $249 billion, with three-quarters of that being attributable to binge drinking
- Research indicates that alcohol use during the teenage years can interfere with normal adolescent brain development and increase the risk of developing AUD.

According to the National Institutes of Health, meth use in the United States increased by 43 percent between 2015 and 2019, but the rates of overdose deaths attributable to meth nearly tripled in the same time period, implying a much greater risk of overdosing if you use meth. Methamphetamine-use disorder ("MUD") without injection also quadrupled among people aged 18-23 years, much larger than the growth among older age groups.

At the national level, several socioeconomic factors are also associated with methamphetamine use and MUD. These include low educational attainment, low household income, lack of insurance, housing instability, and involvement with the criminal justice system, generally indicating that it has a great impact on lower-income individuals. There were also stronger relationships between meth use and other illnesses, such as hepatitis, HIV/AIDS, sexually transmitted diseases, or depression.

Community participants expressed concerns about meth primarily because of the major consequences of its use. According to the National Institutes of Health, people who use meth long-term may exhibit symptoms that can include **significant anxiety, confusion, insomnia, mood disturbances, and violent behavior**. They may also display a number of psychotic features, including paranoia, visual and auditory hallucinations, and delusions. Psychotic symptoms may last for months or years after a person quits using meth, and stress has been shown to precipitate spontaneous recurrence of meth psychosis.

These and other problems reflect significant changes to the brain caused by meth use. Neuroimaging studies have demonstrated alterations in the activity of the dopamine system that are associated with motor speed and impaired verbal learning, as well as severe structural and functional changes in areas of the brain associated with emotion and memory. In addition to the neurological and behavioral consequences of meth abuse, long-term users also suffer physical effects such as weight loss, severe tooth decay and tooth loss, and skin sores.

Community participants indicated that they are concerned about use of opioids, such as prescription pain killers, fentanyl, and xylazine. Additionally, while marijuana use is increasingly viewed as acceptable in the United States and in our community, **community participants expressed concern about the major impact of marijuana and similar THC-based products that are laced with fentanyl or xylazine**.

Between 2021 and 2023, McLeod County experienced 11.9 drug overdose deaths per 100,000 people, although this is approximately half of the Minnesota average of 22.2 drug overdose deaths per 100,000 people.

Commonly abused prescription opiates include codeine, morphine, oxycodone, methadone, hydromorphone, hydrocodone, and fentanyl. Community participants mentioned fentanyl-laced substances as a concern, due to an increase in fentanyl-related overdose deaths in McLeod County in recent years.

Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It was originally developed as a pain-killer for extreme post-surgery pain and late-stage cancer patients. Powdered fentanyl looks just like many other drugs. It is commonly mixed with drugs like heroin, cocaine, and meth and made into pills that are designed to resemble other prescription opioids. In its liquid form, fentanyl can be found in nasal sprays, eye drops, or coated on paper or small candies. Aside from its extreme potency, fentanyl is dangerous because of its difficulty to detect. Drugs may contain deadly levels of fentanyl that an individual would not be able to see, taste, or smell. It is nearly impossible to tell whether something has been laced with fentanyl, except by directly testing for fentanyl.

Xylazine ("tranq") is similar to, but stronger than, fentanyl. It was originally created as a sedative for large animals. According to the U.S. Drug Enforcement Administration,

> "'Xylazine is making the deadliest drug threat our country has ever faced, fentanyl, even deadlier,' said Administrator Milgram. 'DEA has seized xylazine and fentanyl mixtures in 48 of 50 States. The DEA Laboratory System is

reporting that in 2022, approximately 23 percent of fentanyl powder and 7 percent of fentanyl pills seized by the DEA contained xylazine.'

"Xylazine and fentanyl drug mixtures place users at a higher risk of suffering a fatal drug poisoning. Because xylazine is not an opioid, naloxone (Narcan) does not reverse its effects... People who inject drug mixtures containing xylazine also can develop severe wounds, including necrosis—the rotting of human tissue—that may lead to amputation.

"According to the CDC, 107,735 Americans died between August 2021 and August 2022 from drug poisonings, with 66 percent of those deaths involving synthetic opioids like fentanyl."

Finally, **community participants expressed concern over the significant rise of vaping at our community schools**. Participants indicated that vaping is increasingly common among adolescents, but that parents are not aware of just how common it has become.

Several interview participants who regularly work with high school students were asked for the percentage of high school students they believe vape. The responses ranged from 15 percent to 25 percent. However, the most recent state-level data, from the 2023 Minnesota Youth Tobacco Survey (MYTS), indicates that the proportion of high school students who vaped within the last 30 days *decreased* from 19.3 percent in 2020 to 13.9 percent in 2023. We are unable to determine whether interview participants' perceptions are askew, or if McLeod County's trend actually differs from the state's trend.

While the decrease in teen vaping is a positive sign, the impact of vaping has worsened for those adolescents who do vape. In 2023, a larger share of students who vape were vaping frequently and reported signs of dependence. The 2023 MYTS revealed that among students who vaped in the past 30 days, 49.5 percent vaped on at least 20 of the past 30 days. That was a 47 percent increase in frequent vaping since 2020 and a 165 percent increase since 2017. Similarly, in 2023, 79.6 percent of students who vaped reported experiencing at least one sign of dependence, such as intolerable cravings and reaching for their e-cigarette without thinking about it. Finally, about seven in ten students who vape wanted to quit, and nearly two-thirds had tried to quit, with some having tried to quit as many as ten or more times—without success.

With the rise in certain types of substance abuse, treatment facilities in our area have seen a matching rise in demand, outpacing their ability to care for individuals in need. The two greatest needs expressed by community participants were for additional inpatient and transitional care facilities, although the availability of care depends largely on a person's

financial situation and ability to travel great distances for care. Insurance companies have various positions on whether substance abuse treatment is eligible for coverage and, if so, which facilities may be used. In addition, some insurance providers will not cover services provided by specific types of doctors, nurses, and specialists, even though those providers may be best able to treat an individual's needs. This is one area of medicine in desperate need of reform on a state and national level.

Many of our community's mental health concerns relate closely to access issues. Although Glencoe Regional Health does not currently offer behavioral health services, such services are offered nearby at Hutchinson Health Hospital. Participants perceived a need for additional doctors, nurses, counselors, and others within all available community organizations to keep up with population growth and the increasing frequency of mental health concerns. Unfortunately, attracting providers can be difficult given our rural Minnesota environment.

According to a November 2021 article from *Treatment Magazine*,

> "Skilled behavioral healthcare workers have historically been hard to find, not to mention retain. The work isn't easy and is accompanied by high burnout rates, especially in the addiction treatment field. Layer on a once-in-a-century pandemic, and suddenly the addiction treatment field in the U.S. is faced with an unprecedented workforce shortage."

> "Back in 2015, Pew Charitable Trusts spotlighted the problem in a first-of-its-kind 'provider availability index' that showed how many behavioral health professionals—psychiatrists, counselors, and social workers—were available in each state to treat the estimated 20 million people across the country with a substance use disorder (SUD). The numbers ranged from a high of 70 providers for every 1,000 adults with addiction in Vermont to a low of 11 per 1,000 in Nevada. Nationally, according to Pew, the average at the time was 32 behavioral health specialists for every 1,000 people with SUD. The report did not determine an ideal ratio but noted widespread consensus that the workforce was inadequate. One addiction expert in the report called the crisis 'severe.'"

The article further discusses the impact of the COVID-19 pandemic on treatment services:

> "In many places, it's only gotten worse since then...

In a special September 2021 Psychiatry Online report, researchers contended that a 'rapid and substantial' scaling up of access to effective treatment is needed to address the opioid crisis, which approached 100,000 overdose deaths in the latest 12-month period measured by the Centers for Disease Control and Prevention (CDC). 'Strategies to increase access are hindered by a lack of treatment providers,' the paper's authors say..."

Finally, the article discusses the special challenges faced by rural providers, such as Glencoe Regional Health:

"Many residential treatment centers are located on isolated rural campuses far from urban areas. Recruiting staff to work at these facilities is more difficult—the locale may not be desirable for potential workers who might be weighing the availability of resources, such as schools, transportation, shopping, and cultural and recreational opportunities. Additionally, Ventrell notes, the treatment field has slowly evolved from a social model (like the 12 steps) to a medical model in which it is essential to provide medical care. Concentrations such as psychiatry are often not the first choice in medical schools, he says. Add to that the notion that addiction is one of the least understood areas of behavioral health, and the hiring pool becomes even more limited."

Participants expressed concern over the connection between substance abuse and mental health, estimating that 90 percent of those with substance abuse as their primary issue also have mental health problems. This emphasizes the impact each can have on the other, as well as the importance of treating both problems simultaneously for effective recovery.

Interview participants indicated a desire for additional inpatient treatment, as well as additional transitional housing that would allow recovering individuals to work toward independent living. There is an absence of stepdown programs in our service area, and the community does not have a long-term recovery system available. We also have insufficient long-term support that would typically assist with job coaching, vocational training, housing, food, transportation, and social interaction for those in recovery.

Medical professionals expressed a need for additional collaboration between the state's mental health and substance abuse professionals and other medical professionals to encourage cooperative planning and treatment for individuals with multiple health problems ("co-morbidities"). Similarly, medical professionals indicated a need for better "dual diagnosis" treatment programs within the community to simultaneously treat mental health,

substance abuse, and other physical health problems. Because of the close connections between mental health, substance abuse, and other physical illnesses, any treatment of one is more likely to fail if the other(s) are not also treated effectively.

Conclusion

Glencoe Regional Health conducted this CHNA to better understand our community and the individuals we serve. GRH has developed a strategy to respond to the significant community health needs and created an Implementation Strategy to formalize those responses. That Implementation Strategy was approved by Glencoe Regional Health's Board of Directors on October 27, 2025, 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 we welcome any information to add available resources and increase its usefulness. Such information can be sent to: CHNA.comments@glencoehealth.org.

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.

County 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 Ave N, Glencoe, MN
Phone: (320) 864-3144
Email (public health): McLeod.PHNSupport@mcleodcountymn.gov
Email (human services): McLeod.SOCOfficeSupport@mcleodcountymn.gov
Website: www.mcleodcountymn.gov/departments/health__human_services/index.php

Renville County Department of Human Services
105 S 5th Street, Ste 203H, Olivia, MN
Phone: (320) 523-2202
Email: hs@renvillecountymn.com
Website: www.renvillecountymn.gov/human-services/

Renville County Department of Public Health
105 S 5th St, Ste 119H, Olivia, MN
Phone: (320) 523-2570
Email: rcph@renvillecountymn.com
Website: www.renvillecountymn.gov/public-health/

Sibley County Department of Public Health & Human Services
111 8th Street, Gaylord, MN
Phone: (507) 237-4000
Email: contactPHHS@sibleycounty.gov
Website: www.sibleycounty.gov/330/Public-Health-Human-Services

In addition to government support, the following healthcare facilities and related organizations are currently available within our community:

Hospitals
Glencoe Regional Health
1805 Hennepin Ave N, Glencoe, MN
(320) 864-3121
www.glencoehealth.org

Hutchinson Health
1095 Hwy 15 S, Hutchinson, MN
(320) 234-5000
www.healthpartners.com/care/hospitals/hutchinson/

Medical Clinics
- Glencoe Regional Health – Glencoe Clinic – 1805 Hennepin Ave N, Glencoe, MN
- Glencoe Regional Health – Lester Prairie Clinic – 1024 Central Ave, Lester Prairie, MN
- Glencoe Regional Health – Stewart Clinic – 300 Bowman St, Stewart, MN
- Hutchinson Health Clinic – 3 Century Ave SE, Hutchinson, MN
- Ridgeview Winsted Clinic – 551 4th St N, Winsted, MN
- Something To Crow About Health Clinic – 140 Main St N Ste 2, Hutchinson, MN

Other Health Services
- DaVita Glencoe Dialysis – 1123 Hennepin Ave N, Glencoe, MN
- Fresenius Kidney Care Hutchinson Dialysis – 1069 Hwy 15 S, Hutchinson, MN
- HearingLife of Glencoe – 1130 Hennepin Ave N, Glencoe, MN
- Hutchinson Weight Loss Center – 233 Hassan St SE Ste A, Hutchinson, MN
- Project Pathfinder – 821 11th St E, Glencoe, MN
- Serenity Health & Wellness – 2071 10th St E, Glencoe
- Total Compliance Solutions, Inc. – 40 Main St S, Hutchinson

Mental Health
- 2B CONTINUED – 305 7th St E, Glencoe, MN
- Aspire Counseling – 228 Main St S Ste 110, Hutchinson, MN
- Diamond Counseling – 61231 Hwy 7, Hutchinson, MN
- Find Your Focus Counseling – 904 Hwy 15 S Ste D, Hutchinson, MN
- Firefly Counseling Services – 134 4th Ave NE, Hutchinson, MN

- Hutchinson Health Counseling/Mental Health Services – 1095 Hwy 15 S, Hutchinson, MN
- Integrations Wellness and Recovery – 1135 Hwy 7, Hutchinson, MN
- Journey Mental Health Services – 1110 Greeley Ave N, Glencoe, MN
- Keystone Counseling – 114 Main St N Ste 202D, Hutchinson, MN
- Lakeside Mental Health – 45 Washington Ave E, Hutchinson, MN
- Lighthouse Counseling – 121 1st Ave SE, Hutchinson, MN
- Minnesota Autism Center (MAC) Midwest – 1125 Hwy 7, Hutchinson, MN
- Northstar Counseling – 155 Shady Ridge Rd NW, Hutchinson, MN
- Northwest Family Counseling – 121 1st Ave SE, Hutchinson, MN
- NuLife Services – 12552 200th St, Hutchinson, MN
- Nystrom & Associates
    - 114 Main St N Ste 201B, Hutchinson, MN
    - 20288 Hwy 15 Ste 100, Hutchinson, MN
- Prairie's Edge Counseling Center – 1020 Hwy 7 W Ste A, Hutchinson, MN
- Restorative Behavioral Health Services – 101 Main St S Suite 102, Hutchinson, MN
- Serenity Mental Health Services – 225 3rd Avenue NW, Hutchinson, MN
- Sisu Counseling – 929 12th St E Suite 101, Glencoe, MN
- Stepping Stone Therapeutic – 20288 Hwy 15 N Ste 100, Hutchinson, MN
- The Jonas Center – 925 12th St E, Glencoe, MN
- Transcend Therapeutic – 107 2nd St S, Winsted, MN
- True Balance Counseling – 1040 Adams St SE, Hutchinson, MN
- Wildflower Counseling – 145 Glen St SW, Hutchinson, MN

Addiction Treatment Services
- Alcoholics Anonymous
    - 520 11th St E, Glencoe, MN
    - 1820 Knight Ave N, Glencoe, MN
    - 1170 Hwy 7, Hutchinson, MN
- Hutchinson Health – 1071 Hwy 15 S, Hutchinson, MN
- Integrations Wellness and Recovery – 1135 Hwy 7, Hutchinson, MN
- Lone Wolf Recovery – 471 2nd St N, Winsted, MN
- Nystrom & Associates – 114 Main St N Ste 201B, Hutchinson, MN
- Sobriety First (Dave Yurek) – 471 2nd St N, Winsted, MN

Fitness Centers

- Americas Fitness Center – 1065 Hwy 15 S, Hutchinson, MN
- Americas Fitness Center – 518 Central Ave, Lester Prairie, MN
- Americas Fitness Center – 135 Main Ave E, Winsted, MN
- Anytime Fitness – 525 S Grade Road SW, Hutchinson, MN
- Glencoe Fitness 24/7 – 712 11th St E, Glencoe, MN
- H Fit 360 – 114 Main St N, Hutchinson, MN
- Hutchinson Recreation Center – 900 Harrington St SW, Hutchinson, MN
- Knockout Nutrition – 719 13th St E, Glencoe, MN
- Nekton Sports Performance – 21612 190th St, Hutchinson, MN
- Panther Fieldhouse, 1621 16th St E, Glencoe, MN
- The Stronghold Gym – 2391 Hennepin Ave N, Glencoe, MN
- Uptown Gym – 104 Lake Ave S Ste B, Silver Lake, MN

Numerous additional facilities, programs, and resources are available in the cities outside of, but close to, our community.

Community Health Needs Assessment

Implementation Strategy

2025

Implementation Strategy

**Glencoe Regional Health
Glencoe, Minnesota**

Approved October 27, 2025

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 700 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 a 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.glencoehealth.org for additional information about Glencoe Regional Health, including addresses 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; the ways in which we give back and support our community's health and well-being; and more.

Review of Previous Community Health Needs Assessments

Glencoe Regional Health conducted community health needs assessments (CHNAs) and published the related CHNA Reports in 2013, 2016, 2019, and 2022. In those assessments, mental health and obesity were identified as significant community health needs.

Between 2021 and 2024, Glencoe Regional Health took the following actions to address the previously identified community health needs:

Mental Health
- Hosted two annual, free community events on Prairie Trail, our outdoor walking path on our Glencoe campus:
  - Fun Run and Walk – annually coordinated this event as part of Glencoe Days, the community's annual summer festival, to connect with nature and each other. More than 450 people of all ages participated.
  - Scarecrow Stroll – annually coordinated this event starting in 2023, engaging the business community and GRH employees in a competitive scarecrow-building contest in the fall. A family-friendly event that offers social connections and reduces feelings of isolation. We estimate participation at over 500 people, with 360 being children.
- Launched the Community Cares volunteer program in 2024, offering an opportunity for community members to find meaning and purpose through volunteer roles that build relationships with employees, patients, and residents. Specific roles for

volunteers include Gratitude Hero, Patient and Resident Escort, and 1:1 Visitor Companion.

- In 2024, we conducted a comprehensive review of past community giving/donations, redesigned our approach, identified priority areas for funding in alignment with mental health, and communicated changes to our community, in addition to a start date of January 2025.
- Staff served on the Together We Are Glencoe committee to build bridges between new and longtime residents of Glencoe, enhancing empathy, understanding, and social connections.
- Continued top-level sponsorship and support of 2B CONTINUED and its work around suicide prevention, mental health, and wellness.
    - GRH employees were volunteer dancers at 2B's annual fundraiser "Dancing Like the Stars" in 2024.
    - Kristine Knudten, MD, served on the organization's Board of Directors in 2021, 2022 and 2023, and Kristen Budahn, MD, FAAFP, began service on the Board of Directors in 2023.
    - At 2B's annual conference, employees staffed an informational booth about mental health services and support.
    - Posted 2B CONTINUED's suicide prevention and awareness signage on our Glencoe campus during May, Mental Health Awareness Month. Displayed banner and support message at our Lester Prairie Clinic year-round.
- Offered mental health services on our Glencoe campus five days per week for GRH patients and residents of GlenFields Living with Care.
- Supported a Medical Directorship at Integrations Wellness and Recovery Center with Jake Traxler, MD.
- Implemented patient screening at all clinic sites using the PHQ-2/9 depression assessment as a proactive strategy to manage care.
- Held a radio interview with Alexandria Kalina, MD, FAAP, regarding anxiety, depression, and bullying in children.
- Published blogposts about caring for your mental health, including simple tips.
- 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.

Obesity

- Hosted two annual, free community events on Prairie Trail, our outdoor walking path on our Glencoe campus:
    - Fun Run and Walk – annual coordination of this event as part of Glencoe Days, the community's annual summer festival, to support, promote, and celebrate getting active in our community. More than 450 people of all ages participate.
    - Scarecrow Stroll – annual coordination of this event starting in 2023, engaging the business community and GRH employees in a competitive scarecrow-building contest. A family-friendly event with movement, games and exercises, refreshments, and voting. We estimate participation at over 500 people, with 360 being children.
- Enhanced Prairie Trail through the addition of a registered Little Free Library near the heart of the walking path, requiring a short walk from a variety of walking path entry points.
- Launched the Community Cares volunteer program in 2024, offering an opportunity for community members to engage in volunteer roles that facilitate low-impact movement inside the facility, as well as outside on Prairie Trail. Specific roles for volunteers include Helping Hands Garden, Trishaw Bike Pilot, and Walking Buddy.
- In 2024, we conducted a comprehensive review of past community giving/donations, redesigned our approach, identified priority areas for funding in alignment with obesity, and communicated changes to our community, with a start date of January 2025.
- At the McLeod County Fair in 2024, GRH nursing staff offered free blood pressure readings to fair attendees.
- Staff served on the Glencoe in Motion committee during its existence to encourage movement and exercise in our community by developing a walking routes map and an outdoor scavenger hunt activity.
- Held radio interviews with Amanda Leino, MD, about establishing healthy eating and exercise habits for children.
- Held a radio interview with Alexandria Kalina, MD, FAAP, regarding obesity in children.
- 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.

Significant Community Health Needs

In October 2025, Glencoe Regional Health published our most recent CHNA Report. In conducting our CHNA, we collected information about community health needs through interviews held between April and July 2025. These findings were supplemented with quantitative data obtained from various public sources.

Based on that CHNA, we identified **obesity** and **behavioral health** as significant health needs. In doing so, we recognize the interconnectedness of mental health and substance abuse as key elements of behavioral health. As such, this is a reframing and expansion of mental health—which has been a community health need in previous CHNAs.

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 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.

Behavioral Health, including Mental Health and Substance Abuse

Planned Action	Resources Being Committed	Planned Collaborations	Anticipated Impact
Explore the expansion of in-house mental health services • Incorporate lessons learned regarding patient preference and past mental health partnerships • Continue the Integrations Wellness & Recovery Center medical directorship • Continue partnerships with providers for GlenFields residents • Explore partnership opportunities with local school district	GRH senior leadership team Financial support GRH providers	Integrations Wellness & Recovery Center Glencoe-Silver Lake Public School District	Increased access to mental health wellness resources
Formalize GRH provider substance abuse education • Continue partnership with Integrated Telehealth Partners for Emergency Department patients	GRH Pain Committee GRH providers GRH Emergency Department	Integrated Telehealth Partners	GRH providers receive peer-reviewed data regarding pain medication prescriptions written Prescriptions written for opioids and benzodiazepines decrease

Behavioral Health, including Mental Health and Substance Abuse (continued)

Planned Action	Resources Being Committed	Planned Collaborations	Anticipated Impact
Strengthen community partnerships by aligning resources and leveraging relationships • Leverage and promote trainings provided by 2BCONTINUED and MEADA • Provide key messages to the community through social channels and special events	Foundation Director Marketing staff Financial support/donations	2B CONTINUED McLeod Education and Drug Awareness (MEADA)	Increased awareness of resources for mental health Increased community understanding of those who may be at risk for suicide

Obesity

Planned Action	Resources Being Committed	Planned Collaborations	Anticipated Impact
Maintain and enhance patient education efforts	Marketing staff GRH providers	None	Patients seeking specific assistance for weight loss receive accurate and consistent information about various options
Maintain and enhance employee wellness	Employee Health and Safety Program Coordinator	Explore collaboration opportunities with Panther Fieldhouse and other local facilities	Increased awareness of health and well-being for leaders and employees Increased participation in healthy activities inside and outside of working hours
Strengthen community partnerships by aligning resources and leveraging relationships • Resurface Prairie Trail on the GRH campus • Provide key messages to the community through social channels and special events	Foundation Director Marketing Staff Financial support/donations	GRH Foundation McLeod Food Shelf Glencoe Chamber of Commerce/Farmer's Market The community at large	Increased awareness around the connection between obesity and chronic diseases Increased awareness of how staying active positively impacts health Increased access to healthy, locally grown foods for vulnerable populations