HUTCHINSON HEALTH

2013 Community Health Needs Assessment

Welcome,

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

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

Mission

Advancing Health with our Community

Vision

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

We welcome the opportunity, as required in the 2010 Patient Protection and Affordable Care Act, to perform this Community Health Needs Assessment, and to share those findings with our community. We will also outline our current efforts and future plans to meet those needs.

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

Sincerely,

Steven Mulder, MD
President and CEO, Hutchinson Health

Team and Resources

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

Brenda Birkholz, RN, Manager, Occupational Health and Out-Patient Education
Anna Harvala, Human Relations Representative
Linda Hoof, Controller/Accounting Services Manager
Tracy Marquardt, Education Services Representative
Emily Schermann, Mental Health Administrative Assistant
Steven Mulder, MD, President and CEO

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

City of Hutchinson
GFW Schools
Glencoe Regional Health Services
Heartland Community Action Agency
Hutchinson Health
Litchfield Chamber of Commerce
McLeod County Board of Commissioners
Meeker County Highway Department
Meeker County Public Health
Meeker-McLeod-Sibley Community Health Services
Meeker Memorial Hospital
Minnesota Rubber and Plastics
Sibley County Board of Commissioners
Sibley County Public Health
Sibley East Schools
Sibley Medical Center
University of Minnesota Extension – Meeker, McLeod, Sibley Counties
Vivid Image

Also engaged to consult in the process through CLT was Kim McCoy, MPH, MS, from Stratis Health.

Approach

We used three sources of data for our assessment:

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

Second, we used internal resources to develop an on-line survey that could be distributed broadly in the community. The content was developed by the Community Benefits Work Group and the survey was implemented by our Education Service Staff.

Third, we participated in Meeker, McLeod, Sibley Healthy Communities Collaborative Community Needs Assessment.*

*We gratefully acknowledge the work of Sibley Medical Center, which served as an important source on the work of the Meeker, McLeod, Sibley Healthy Communities Collaborative Community Needs Assessment.

Publicly Available Data

Who we Serve

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

McLeod County

	2000	most recent
DEMOGRAPHICS		
Total population	34,863	36,651 (2010)
Percent of Color	5.0%	7.2% (2010)
Percent age 65+	13.9%	15.3% (2010)
Percent in poverty	5.2%	8.2% (2011)
CHILDREN AND YOUTH		
Child population (0-19)	10,496	10,086 (2010)
Students connected to a caring adult in the community	N/A	76.5% (2010)
Students highly engaged in enrichment activities	N/A	65.2% (2010)
CIVIC ENGAGEMENT		
Voting-age turnout	61.8%	68.2% (2012)
ECONOMY AND WORKFORCE		
Median household income	$59,457	$53,315 (2009)
Proportion of adults working, 16-64	82.6%	79.3% (2007-2011)
Percent (age 25+) with bachelor's degree or higher	15.4%	18.3% (2007-2011)

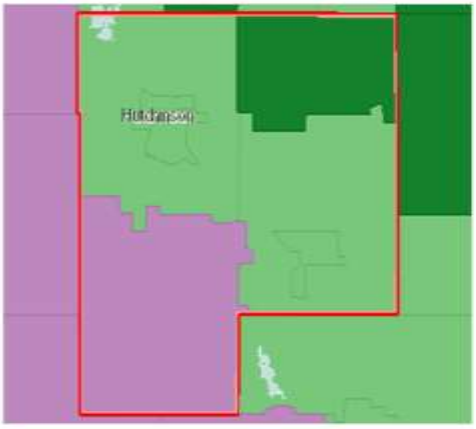
EDUCATION		
Percent meeting or exceeding standards in 3rd grade reading	N/A	80.7% (2012)
9th grade average attendance	95.6%	95.1% (2008)
Percent meeting or exceeding standards in 11th grade math	N/A	46.3% (2012)
Graduation rate (on time)	N/A	79.6% (2010)
HEALTH		
Percent of adults (20+) with diagnosed diabetes	N/A	7.7% (2009)
Percent of adults (20+) who are obese	N/A	28.9% (2009)
Percent uninsured, Under 65	N/A	9.4% (2010)
Rate of psychiatric hospital admissions per 1,000	5.4	6.1 (2009)

McLeod County

	2000	most recent
HOUSING		
Share of all households paying 30% or more of income for monthly housing costs	18.1%	29.4% (2007-2011)
Homeownership gap	23.1%	N/A
Homeownership rate	78.2%	77.3% (2007-2011)
IMMIGRATION		
Percent foreign born	2.2%	3.3% (2007-2011)
PUBLIC SAFETY		
Serious crime rate per 100,000 residents	3,170	1,880 (2010)
TRANSPORTATION		
Rate of fatalities and injuries per 100,000	825	447 (2011)
Percent of bridges deficient or obsolete	N/A	10.4% (2009)

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
McLeod County, MN	34,898	36,651	1,753	5.02%
Minnesota	4,919,481	5,303,925	384,444	7.81%
United States	280,421,907	307,745,539	27,323,632	9.74%

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



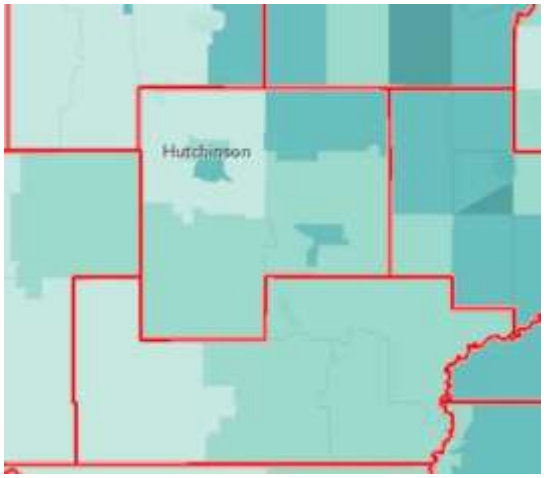
Population Change, Percent by Tract, 2000 - 2010

- Over 10.0% Increase (+)
- 1.0 - 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 - 10.0% Decrease (-)
- Over 10.0% Decrease (-)
- No Population or No Data

Median Age by Tract, 2007-11

Zoom in to view data

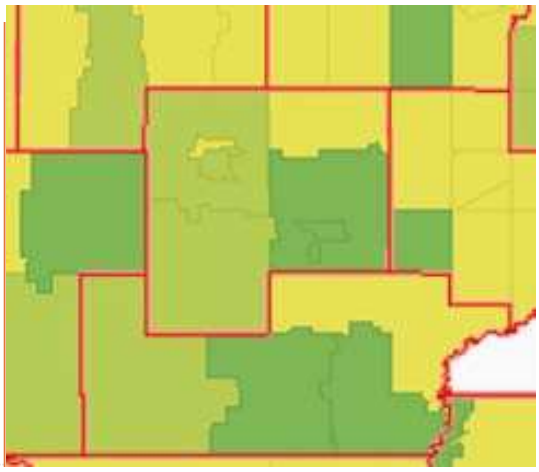
- Over 43.0
- 38.1 - 43.0
- 33.1 - 38.0
- Under 33.1
- No Data or Data Suppressed



Population, Hispanic or Latino, Percent by Tract, 2007-11

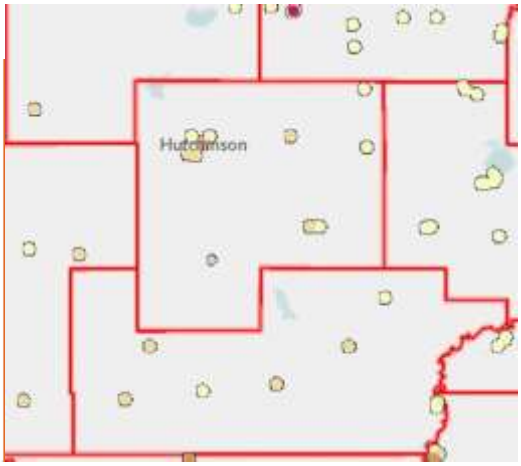
Zoom in to view data

- Over 20.0%
- 7.1 - 20.0%
- 3.1 - 7.0%
- Under 3.1%
- No Hispanic Population Reported
- No Data or Data Suppressed



Students Eligible for Free or Reduced-Price Lunch by School, 2010-11

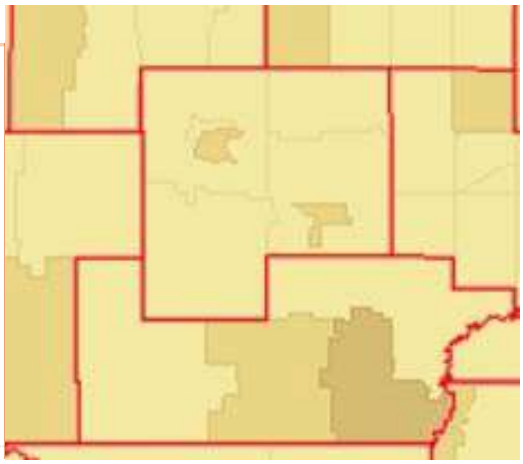
- Over 90.1%
- 75.1 - 90.0%
- 60.1 - 75.0%
- 45.1 - 60.0%
- Under 45.1%
- No Data or Data Suppressed



Population Below the Poverty Level, Percent by Tract, 2007-11

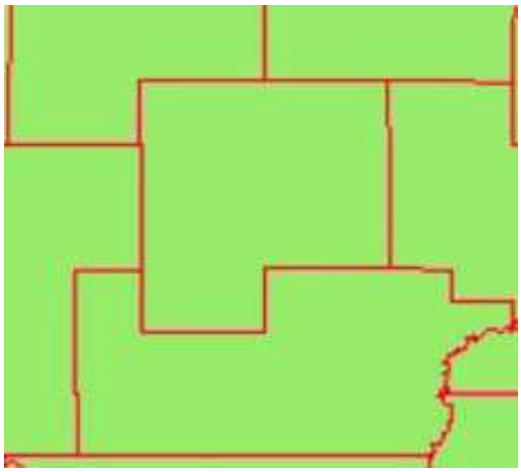
Zoom in to view data

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



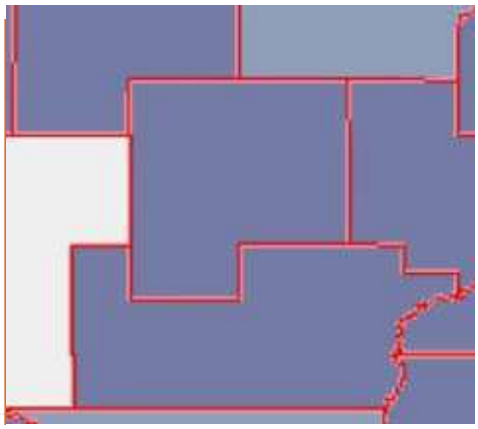
Unemployment, Rate by County, 2013-July

- Over 12.0%
- 9.1 - 12.0%
- 6.1 - 9.0%
- 3.1 - 6.0%
- Under 3.1%



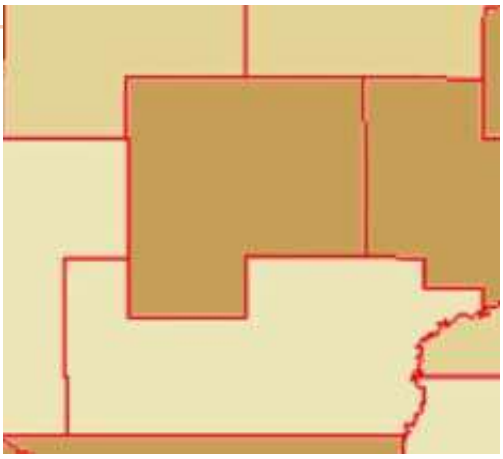
Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by County, 2011

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



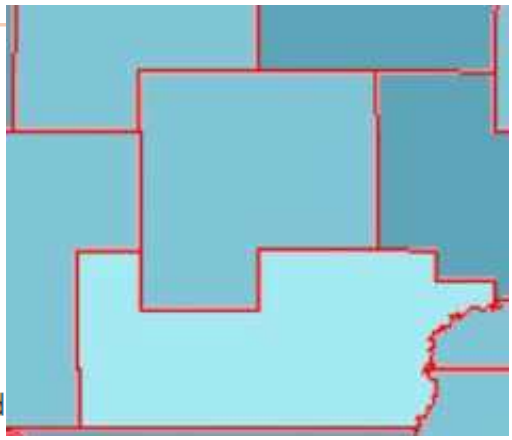
Primary Care Physicians, Rate per 100,000 Pop. by County, 2013

- Over 90.0
- 65.1 - 90.0
- 40.1 - 65.0
- Under 40.1
- No Primary Care Facilities or No Data



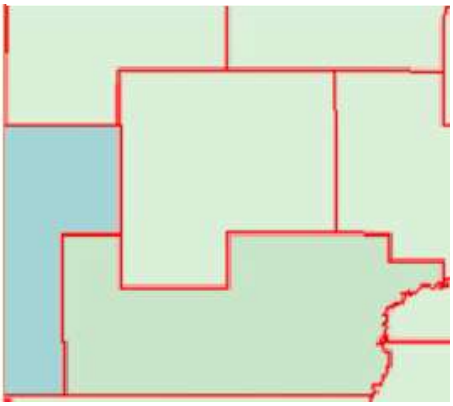
Patients with Mammogram in Past 2 Years, Percent of Female Medicare Enrollees, Age 67-69 by County, 2010

- Over 72.0%
- 64.1 - 72.0%
- 56.1 - 64.0%
- Under 56.1%
- No Data or Data Suppressed



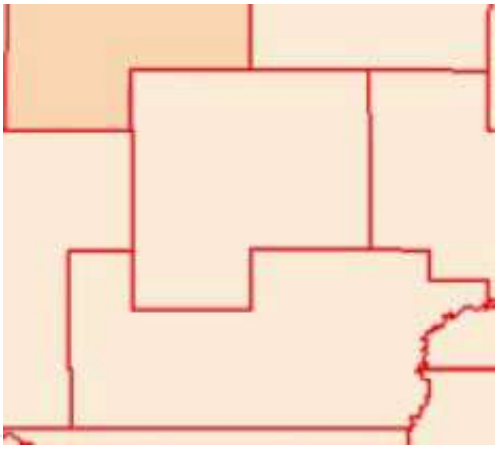
Heart Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, 2006-10

- Over 220.0
- 180.1 - 220.0
- 150.1 - 180.0
- 120.1 - 150.0
- Under 120.1
- No Data or Data Suppressed



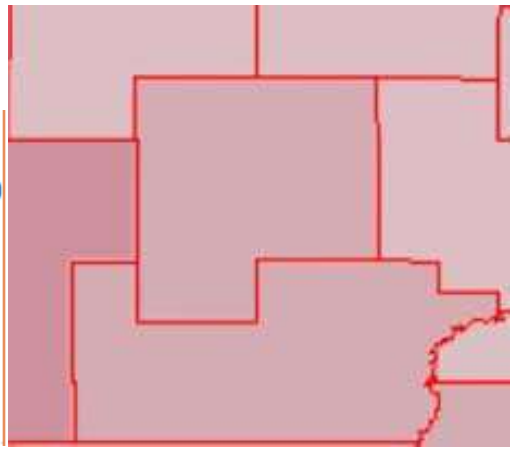
Adults Age 20+ Diagnosed with Diabetes (Prevalence), Percent by County, 2010

- Over 11.0%
- 9.6 - 11.0%
- 8.1 - 9.5%
- Under 8.0%



Adults Age 20+ Obese (BMI >= 30.0), Percent by County, 2010

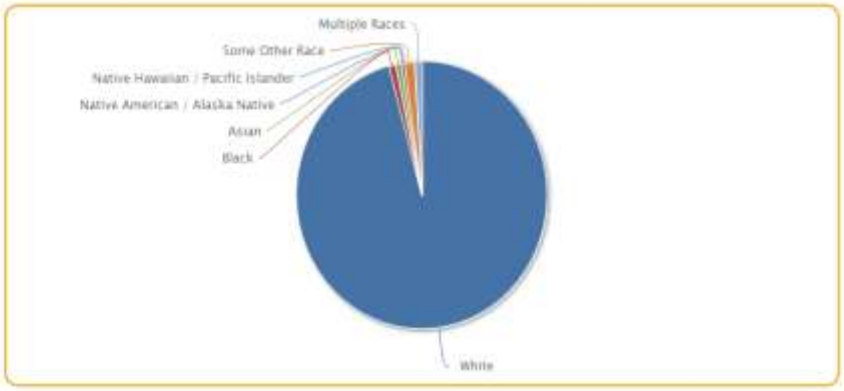
- Over 34.0%
- 30.1 - 34.0%
- 26.1 - 30.0%
- Under 26.1%



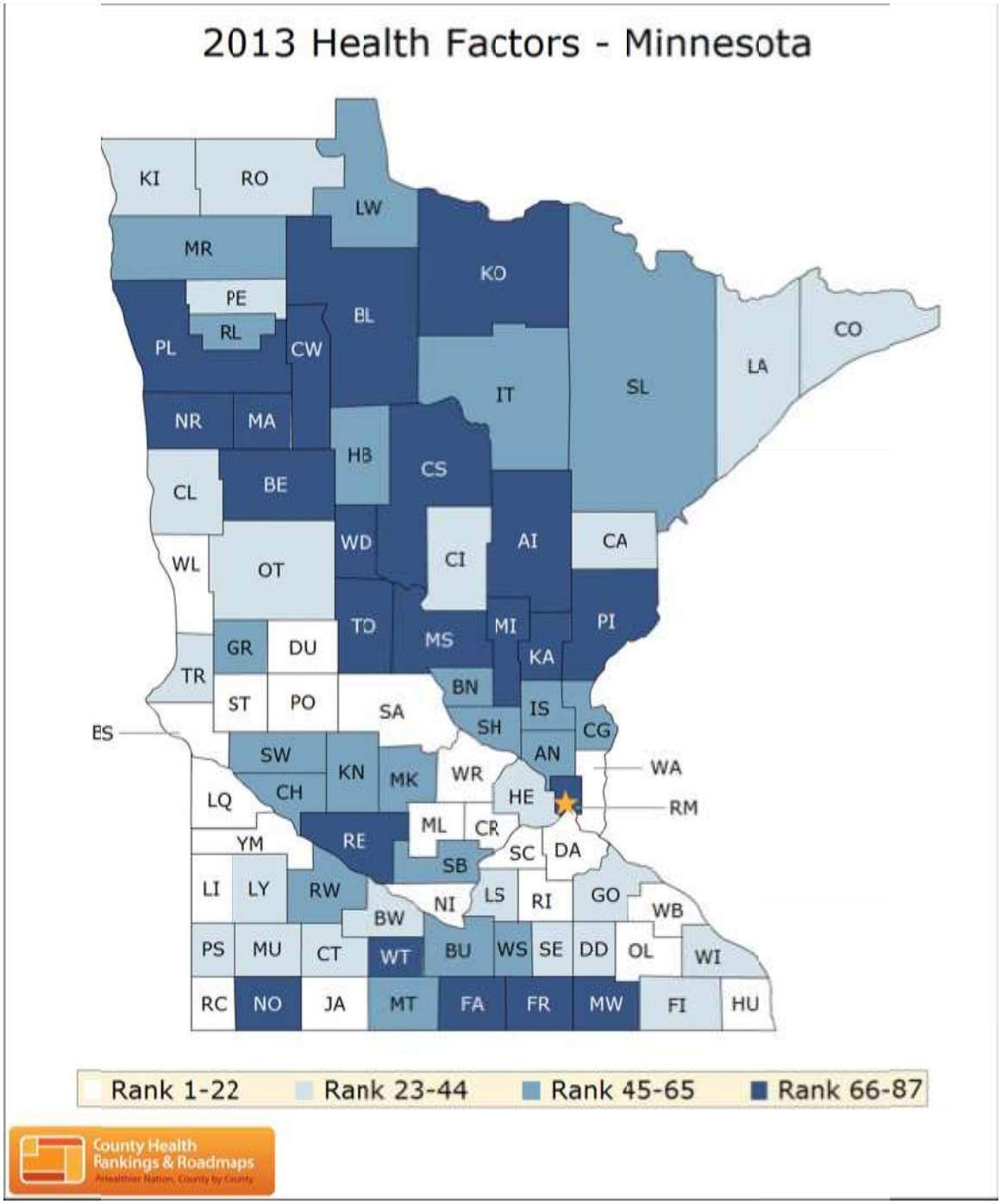
Total Population by Race Alone, Percent

Download Data

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
McLeod County, MN	95.76%	0.84%	0.63%	0.42%	0%	1.33%	1.02%
Minnesota	86.33%	5.02%	3.95%	1.09%	0.04%	1.37%	2.21%
United States	74.09%	12.52%	4.73%	0.82%	0.16%	5.13%	2.55%



		Immunization rates among children age 24-35 months		
		2010	2011	2012
MN	**Series (4:3:1:3:3:1:3)**	**43.5**	**55.7**	**62.3**
	DTaP (4)	70.3	72.0	77.4
	Polio (3)	82.9	85.6	89.9
	MMR (1)	84.6	86.0	87.0
	Hib (3)	60.8	79.7	82.3
	Hep B (3)	79.8	79.6	84.5
	Varicella (1)	82.7	84.3	85.5
	PCV (3)	79.5	80.0	79.0
Meeker	**Series (4:3:1:3:3:1:3)**	**54.0**	**52.0**	**56.0**
	DTaP (4)	73	66.0	69.0
	Polio (3)	86	79.0	86.0
	MMR (1)	88	84.0	81.0
	Hib (3)	73	78.0	77.0
	Hep B (3)	78	74.0	73.0
	Varicella (1)	82.0	78.0	77.0
	PCV (3)	82	76.0	76.0
McLeod	**Series (4:3:1:3:3:1:3)**	**59**	**61.0**	**73.0**
	DTaP (4)	78	72.0	81.0
	Polio (3)	87.0	81.0	91.0
	MMR (1)	87	87.0	90.0
	Hib (3)	78	83.0	84.0
	Hep B (3)	82.0	80.0	86.0
	Varicella (1)	86	87.0	87.0
	PCV (3)	82	84.0	84.0


2013 Health Factors - Minnesota
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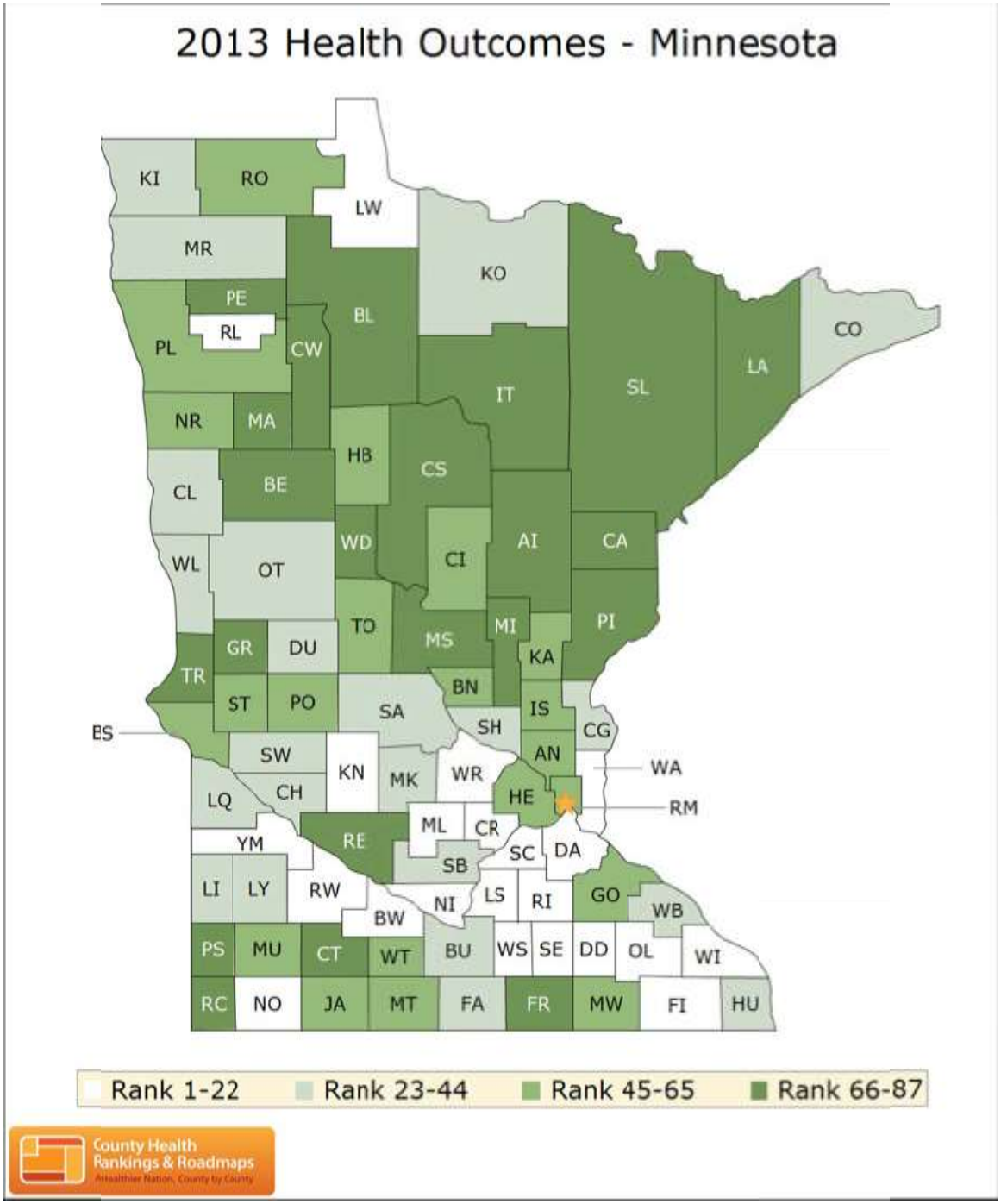
County Health Rankings & Roadmaps


2013 Health Outcomes - Minnesota
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County Health Rankings & Roadmaps

Internally Developed Survey

The Hutchinson Health Community Benefits Work Group discussed methods of obtaining direct community feedback on health needs. An electronic survey was selected as a way to reach the largest number of people with the most efficient use of resources.

The content of the survey was developed out of the collective input of the Work Group. All members of the group are long-time residents of Hutchinson Health's service area. While we do not represent all demographic or special needs groups in the community, we believe we collectively have a broad knowledge of the community, and felt our approach was reasonable, albeit not strictly scientific.

The survey was distributed mainly through employers in the community, including but not limited to the three largest employers in the community: 3M, Hutchinson Health, and the Hutchinson School District.

The contents, results and graphic depiction of the survey follow:

Community education on a healthy diet

Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count
	27	65	241	245	196	3.67	774
						answered question	774
						skipped question	2

Opportunities for exercise/active lifestyle

Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count
	29	52	183	293	219	3.80	776
						answered question	776
						skipped question	0

Access to primary care (for example, family physicians)

Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count
	43	83	223	214	211	3.60	774
						answered question	774
						skipped question	2

Access to healthy foods

Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count
	34	73	207	256	200	3.67	770
						answered question	770
						skipped question	6

Specialty medical care

Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count
	20	71	231	270	183	3.68	775
						answered question	775
						skipped question	1

Stress Management Education

Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count
	25	77	259	240	171	3.59	772
						answered question	772
						skipped question	4

Senior/Elderly health care services

Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count
	25	55	244	269	177	3.67	770
						answered question	770
						skipped question	6

Alternative health services (for example, massage, acupuncture)

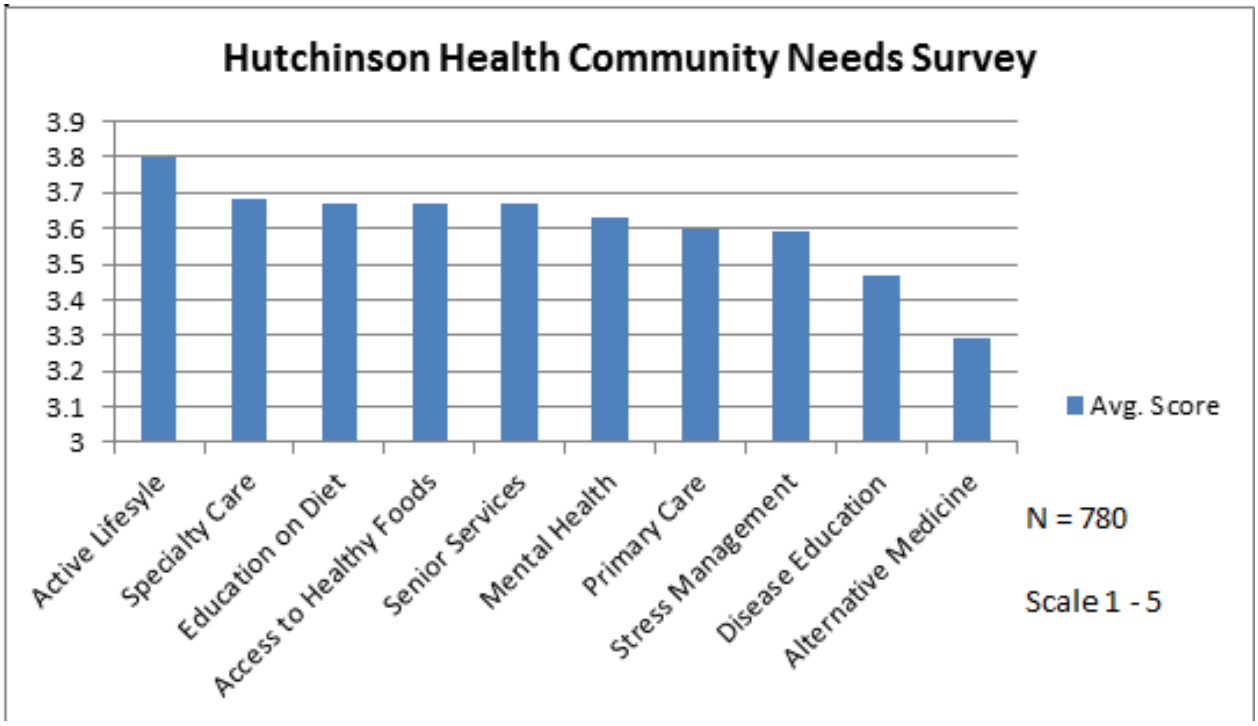
Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count
	50	126	265	199	126	3.29	766
						answered question	766
						skipped question	10

Education on specific diseases and illnesses

Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count
	20	82	300	254	117	3.47	773
						answered question	773
						skipped question	3

Behavioral Health Services

Answer Options	1-Low need	2	3	4	5-High need	Rating Average	Response Count
	26	74	252	228	193	3.63	773
						answered question	773
						skipped question	3


Hutchinson Health Community Needs Survey
3.9
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3.4
3.3
3.2
3.1
3
Active Lifesyle
Specialty Care
Education on Diet
Access to Healthy Foods
Senior Services
Mental Health
Primary Care
Stress Management
Disease Education
Alternative Medicine
Avg. Score
N = 780
Scale 1 - 5

Meeker, McLeod, Sibley Healthy Communities Collaborative

Several members of the Hutchinson Health Community Benefits Work Group, along with other Hutchinson Health staff representing specific topical areas, participated in the MMS CLT needs assessment focus group:

MMS CLT Needs Assessment Methodology

Data
A broad range of quantitative and qualitative data was compiled for Meeker, McLeod and Sibley Counties, including a secondary data profile and stakeholder interviews. Collection of statistical data was done at the state, regional, and local levels with data from 2000-2012.

The quantitative data collection process utilized the following sources:

- Healthy People 2020
- County Health Rankings
- US Census Bureau 2010
- US Census Bureau, 2006-2010 American Community Survey
- Centers for Disease and Control
- Minnesota Health Department
- City Data

The MMS Community Leadership Team (CLT) initiated, planned and implemented the project. Personnel that participated represent a variety of sectors including public health and medical services, non-profit and social organizations, and the business community. Two Focus Groups were formed that represented a total of 60 key community leaders in May and June of 2013.

Assessment Process:
The assessment initiative was conducted in two distinct phases. Initially, phone conferences were held with a consultant from Stratus Health to determine how to gather key stakeholders' input and information. Between the local public health staff and the hospital staff in Meeker, McLeod and Sibley Counties, it was decided to conduct Community Focus Groups. Through collaboration, a list of key stakeholders was developed and invitations were sent out to the community.

Approximately 100 people were selected to participate in the Focus Groups. The selection of the personnel asked to participate was based on:

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

Invitations were sent by mail and e-mail with a request to respond for attendance. Recommendation was to meet for two sessions and assess the health needs of our

community.

Findings

Phase I

The Focus Group was held on May 25th, 2013 with 60 people in attendance. Public Health, local businesses, city/town health officials, elected officials and other community members were in attendance. The goal of the first focus group was to present the data on the health status of Meeker, McLeod and Sibley Counties and explore input from key stakeholders.

More specifically, the data presented included compiled data related to:

- Demographic and socio-economic characteristics (e.g. age, gender, race/ethnicity, language, and income)
- Social determinants of health (e.g. education, crime, housing, and employment)
- Health status and morbidity/mortality (e.g. chronic disease, cancer, mental health, substance abuse/addiction, infectious disease, oral health and maternal and child health)
- Access to care and services (e.g. insurance status, primary care/specialty care use, hospital, and emergency department use)

The Focus Groups then had conversation about thoughts, input, and concerns from the key stakeholders.

- The Focus Groups met to gather input on the question, "What are our communities' biggest health care problems?"
- Brainstorming resulted in the development of a large list of health problems.

Phase II

The Focus Group reconvened on June 5th, 2013. The same set of key stakeholders attended the second meeting. The goal of the second meeting was to look at the health concerns and issues that arose in Phase I and define key areas to create short and long-term strategic plans to implement within the community.

- Community members participated in the rating and sorting process to prioritize and identify significant health needs according to their perceptions of the community health needs. The list was rated based on the following criteria:
    - How important is the problem to our community?
    - What is the likelihood of being able to make a measurable impact on the problem?
- Does the community have the ability to address this problem? Through conversations between stakeholders, 10 topics were identified that had clear disparities in health outcomes and access for segments of the population.
    - Access to Health Care
    - Chronic Disease
    - Collaboration between organizations
    - Mental Health
    - Obesity
    - Parent/Family Support
    - Prevention and Wellness
    - Senior Services/Support
    - Substance Abuse

- Teens

After establishing the areas of concern, the question became: What do McLeod, Meeker and Sibley Counties already have to offer in these areas of concern and where does the limitation of care exist?

The following is a summary of findings:

	Current Assets	Current Limitations
Prevention and Wellness	• Work Site Wellness • Preventative Health Screenings • Immunizations	• Work Site Wellness • Preventative Health Screenings • Immunizations
Obesity	• Clinic Quality Improvement • Farmers' Markets • School Lunch Programs • Worksite Wellness • Trails/Parks- Maps from highway department • Community Education and Seminars • Preventative Screenings- Health Fairs, County Fairs	• Knowledge of what is offered in the community • Limited resources for promotion of programs • Engagement of the community in taking part in its health care • Societal expectations on eating patterns • Lack of adequate social media marketing • Lack of activities for children that do not participate in organized sports
Mental Health	• Hutchinson Health- 12 bed inpatient/outpatient unit • Meeker Memorial- Senior Behavioral Unit • School-linked mental health grants • General practitioners • Social Services Case Management	• Capacity in facilities • Limited specialties (children's mental health, chemical dependency, eating disorders) • Transportation • Funding • Underinsured, uninsured, MA population • Societal stigma • Long wait times to receive care • Lack of qualified interpreters
Parent/Family Support	• Early Education- ECFE, HS/EHS, Preschool, WIC, MOPS • Mentoring of young families- Public Health, WIC, MOPS • Growing up healthy- Employee assistance counseling through health insurance/employer • Housing/finance/transportation/ access to services- Heartland, social services	• Services are often income or fee-based • Hours for these programs are limited to the daytime • Lack of awareness of the services • Lack of adolescent support groups

	Current Assets	Current Limitations
Chronic Diseases	• Diabetes Education • Blood Pressure Screenings • Local Churches offer general health education • Community Measurements focus on chronic diseases • Monthly community education • Home Health Care • Case Management	• Lack of knowledge on the services and programs in place • Funding and time of the staff and volunteers • Transportation • Motivating people to take part in their health and care to make a change • Lack of screenings for chronic disease
Teens	• Youth Groups • Schools- speakers/presentations • Access to activities- community garden, sports, FFA • Planning and Prevention Grant • Drug Free Communities Grant • Health Classes • Planned Parenthood	• Difficult to get information to teens • In a smaller community there are fewer activities, churches, and opportunities • Barriers in readiness to have open discussions about health and sexual activities • Lack of therapists
Substance Abuse	• D.A.R.E Program • Prevention and Intervention Grant • Project Harmony (Pregnant Women and Mothers) • Community Support Groups (AA and NA) • WINGS- Teen chemical dependency • Social Services	• D.A.R.E – Expand the age groups and have more input from law enforcement • Lack of volunteers • Lack of parental involvement • Lack of knowledge of the community resources • Funding • Social Stigma
Senior Services/Support	• Educational opportunities- Hospital and community education, library programs, AAA • Physical Activities- Silver Sneakers, Bone Builders • End of Life Services • Housing Options • Socialization opportunities within city limits • Meals on Wheels • Home Health Care	• General awareness of services available • Transportation • Access to grocery delivery • Pharmacy- limited delivery options • Resistance to accept help

	Current Assets	Current Limitations
Access to Health Care	• Public Health • Mental Health services in schools • Case Management • Health Care- Hospital and Clinics • Pharmacies in each city • MA and MN Care for county residents	• Lack of transportation • Dental Care limited for underinsured or uninsured • Lack of mental health providers • Medical Insurance- not available for all and does not cover all costs • Lack of pediatric services • Difficulty navigating the health care system • Lack of qualified interpreters
Collaboration between Organizations	• Heart of Hutch • SHIP- Networking • Mental Health- Services in Meeker and McLeod Counties • Disaster Planning • Transportation for a fee	• Education and awareness that resources are available • Access to recourses • Government regulations on restricting funding • Lack of time to coordinate services • Funding

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

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

Core Health Priorities

After analyzing the ten topics with the decision making criteria, the Focus Group individuals voted for their top three topics. The following had the majority of the votes and will be the focus of Hutchinson Health's Community Health Needs Assessment:

- Obesity: Obesity is a particular and increasing problem at a national and state-level, as well as at our community level. Obesity increases an individual's risk for many health problems including coronary heart disease, high blood pressure, stroke, type 2 diabetes, cancer, reproductive problems, and more. The prevalence of obesity (according to Body Mass Index) for the community was comparable to the state (25.9%), but nonetheless extremely high, with approximately 27.6% of the population reporting as obese.

  Obesity as a risk factor was perceived to be the #1 or #2 most significant health problem across the Focus Group. In the last decade, there has been work to push initiates to reduce and prevent obesity, but the challenge has not been met. Gaps and limitation that we are facing include: knowledge of what other agencies/entities are offering, limited resources/staff, inability to force people to take advantage of programs available, societal change, lack of activities for children, and lack of funding/marketing the services that are offered.

- Mental Health: Depression, anxiety, and stress are major health issues throughout the nation and place significant burdens on individuals, families, and communities. Numerous national studies have shown that many of the leading chronic illnesses, such as diabetes and heart disease, are linked to mental illness and the rates of co-occurring physical and mental illness are extremely high. Mental illness also plays a significant role in increasing health care expenditures and is responsible for a large proportion of total hospital emergency department visits and inpatient stays.

  Although currently services are offered at Hutchinson Health, there is still a significant gap and limitations to accessing mental health services. The Focus Group came up with the following gaps/limitations: insufficient capacity, limited specialties (ex: mental health for children, chemical dependency, eating disorders), transportation, funding, community stigma, underinsured or uninsured, and lack of qualified health care interpreters.

- Prevention and Wellness: According to the Centers for Disease Control and Prevention, "As a nation, 75% of our health care dollars goes to treatment of chronic disease. These persistent conditions-the nation's leading causes of death and disability- leave in their wake deaths that could have been prevented, lifelong disability, compromised quality of life, and burgeoning health care costs." Raising awareness and promoting prevention and wellness in our community can decrease the impact of this burden on our population.

  The Focus Groups came to the conclusion to focus efforts on educating and screening the community for health disparities. The current gaps and limitations are as follows: access to care, affordability, funding, education, and lack of staffing.

Conclusions

Reviewing data from our three sources, we reached the following conclusions:

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

Significant challenges remain. Of primary interest from the data are the rates for obesity, those diagnosed with diabetes, and heart disease mortality.

Our electronic survey of 780 community residents had one indicator that scored higher than any other: "Opportunities for exercise/healthy lifestyle."

The McLeod, Meeker, Sibley Healthy Communities Collaborative needs assessment decided, based on review of data and focus group results, that our primary health efforts should center around three areas:

- Obesity
- Prevention and Wellness
- Mental Health

There is a confluence of information and data from our three sources around Obesity and Prevention and Wellness. The Mental Health focus comes primarily from the MMS Collaborative work, and is supported by relatively high ranking for questions on Mental Health and Stress Management on community electronic survey. We therefore feel confident in choosing those three areas of focus: Obesity, Prevention and Wellness, and Mental Health.

Action Plan

Hutchinson Health will continue to actively participate in the Meeker, McLeod, Sibley Collaborative. The Collaborative created three subcommittees to address the chosen areas of focus. Those committees are:

- Disease Prevention and Wellness
- Mental Health
- Healthy Behaviors

Assignments to those committees have been made and they will report back to the MMS Community Leadership Team on plans and progress.

Internally, we will continue and enhance many current efforts that address each of these areas:

- Hutchinson Health Wellness Committee will continue to explore ways to engage staff and increase participation in wellness activities with the goal of advancing a wellness culture within the organization. We will also continue and expand community education and outreach.
- Hutchinson Health was one of the first participants in a program supported by a grant from Allina Health and the George Family Foundation to develop innovative ways to promote and sustain healthy living within our communities. Through this program we have collaborated with over twenty community businesses and other entities, screening about 1,300 people in a formal risk assessment process, and providing just in time education to participants on ways to mitigate risk. We are committed to making this a sustainable program leading the way in building a "health" culture in our community.
- Hutchinson Health is a charter member of Heart of Hutch, a grassroots organization created to promote wellness and healthy living. We will continue to promote and work through this organization, as we realize progress in these areas will not be sustainable without collaborative buy-in from across the community.
- Hutchison Health is the primary resource for Mental Health services in our region. We have five psychiatrists and 14 other Mental Health staff who provide both inpatient and outpatient services. We will continue to explore ways to improve access to our services, as well as ways to promote behaviors and lifestyles that enhance Mental Health.

Conclusion

We wish to acknowledge all who participated in the Community Health Needs Assessment. The members of the Hutchinson Health Community Benefit Work Group, the 780 people who took the time to complete our electronic survey, and the 60 people who participated in the Meeker, McLeod, Sibley Health Communities needs assessment. This was truly a collaborative effort. We learned a great deal from this assessment and have goals that we believe will truly improve the health of our community. We also learned much about the process, which will help us be even more effective when we do another formal assessment in three years.