

Hendricks Community Hospital Association
Community Health Needs Assessment
2022



Developed by:



Communities • Businesses • Solutions

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Community Health Needs Assessment

SUMMARY

Purpose

Hendricks Community Hospital Association (HCHA) agreed to participate in a Community Health Assessment process conducted by Development Services Inc. (DSI) of Ivanhoe, Minnesota. A community health needs assessment aims to better understand health issues within our community and develop a plan to address the local community's needs. Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct community health needs assessments and adopt implementation strategies to meet the needs identified in the assessment process. DSI began working with HCHA in January 2022 to establish a method for collecting primary data through surveys and focus groups, reviewing secondary data, and developing priorities for implementation.

Description of Hendricks Community Hospital Association

The Hendricks Community Hospital Association (HCHA) consists of a hospital with two clinics in Hendricks and Ivanhoe, 24 licensed acute care beds, 48 licensed long-term care beds, senior living with a 16-unit customized living facility, home health care, and hospice. HCHA also offers outreach and eConsult specialty services, outpatient services, emergency room, ambulance services, social services, and adult day care. HCHA is the largest employer in Lincoln County, employing approximately 160 team members.

Description of Community Served and Public Input

HCHA provided DSI with utilization demographics and previous health needs assessments. A community postal patron was distributed to all households in the HCHA service area, asking residents to complete the survey online. HCHA promoted the online survey via local newspapers and online platforms. Four focus group meetings were held in March 2022: Administration, Providers, Board of Directors, and Community. Secondary data analysis included data from the County where HCHA is located (Lincoln County, Minnesota) and two surrounding counties representing market share (Deuel and Brookings County, South Dakota) and data for the State of Minnesota and the United States.

HCHA promoted the online survey within six communities in the market area, with 129 returned. A total of 25 individuals participated in the four focus groups. No identifiable information is disclosed in the focus group summary to maintain confidentiality.

Prioritized Health Needs

On April 28, 2022, members of the hospital board and hospital leadership met to identify the top community health needs through the CHNA process. Prior to the meeting, the team was provided with the findings from the community survey, a summary of each of the focus group discussions, raw survey data, and secondary data analysis findings to supplement the findings. The board members were given time to review the qualitative and quantitative data and asked to identify the top two priority needs in preparation for the meeting.

The top health priorities were identified through the Community Health Needs Assessment process and recognized as focus areas by the HCHA Board of Directors. The following priorities were identified as top priorities:

- Health and Wellness Activities
- Health and Wellness Education
- Transportation Services

After the top community health needs were identified, the Board of Directors focused on what HCHA could do to meet the needs identified, considering the resources available to HCHA and discussing opportunities to partner with local organizations. The process focused on identifying specific action steps toward addressing the top health concerns in the community. The action plan includes the identified priorities, the project impact, the goal, strategies, and the outcome objective for each identified priority.

Dissemination

HCHA posted the Community Health Needs Assessment online at <http://www.hendrickshosp.org>. HCHA also disseminated a local newspaper's press release of the community health needs assessment findings and implementation strategy.

Resolution to Approve Community Health Needs Assessment

Implementation Plan

Whereas the Hendricks Community Hospital Association (HCHA) board approved of and oversaw the implementation of a Community Health Assessment process to improve community health status and meet Internal Revenue Service mandates enacted through the Patient Protection and Affordable Care Act.

Now, therefore, be it resolved that the Board of HCHA does hereby adopt this resolution to accept the Community Health Needs Assessment Implementation Plan presented on this day to address the following prioritized health needs:

- Health and Wellness
- Health and Wellness Education
- Transportation Services

Upon vote taken, the following voted:

For: 7

Against: 0

Whereupon said Resolution was declared duly passed and adopted this 26th day of May 2022.



Board Chair



Attest: Board Secretary

COMMUNITY DEMOGRAPHICS

HCHA is located in the City of Hendricks, Minnesota, servicing an area of approximately 30 miles surrounding the community. The communities of Hendricks and Ivanhoe are the primary service area. Residents in neighboring Astoria, Lake Benton, Toronto, and White also use the facility. According to the 2021 Census, the population of Hendricks was 667, with 405 households. The population projections from 2020 show a steady decline in residents for the City of Hendricks by 0.6%, and Lincoln County is showing a decline of 0.52%. According to the 2020 Census, Hendricks has a median household income of \$47,092 compared to \$53,557 for Lincoln County and \$71,382 for Minnesota. Approximately 19.5% of residents in Hendricks live in poverty compared to 8.77% in Lincoln County and 8.3% in Minnesota. The median age in Lincoln County is 42.4 years compared to Hendricks at 52.8 and Minnesota at 37.8.

Hendricks benefits from wind power development due to the town's location along the Buffalo Ridge. Agriculture is another key industry in the county. Lincoln County consists of the cities of Lake Benton, Tyler, Ivanhoe, Hendricks, and Arco. The Lincoln County Pioneer Museum in Hendricks provides the opportunity to see a one-room schoolhouse, Icelandic church, train depot, and various exhibits. Lincoln County has an abundance of outdoor recreational activities with ample parks, lakes, camping, and golfing opportunities.

STUDY DESIGN AND METHODOLOGY

1. Primary Research

1. *Resident Survey*

The resident survey tool included questions about health care access, community health needs, knowledge of services available, and the respondent's personal health choices. The survey was targeted to residents in the six surrounding communities in the hospital's service area, with 129 surveys returned. All residents in the zip codes serving the Minnesota communities of Hendricks, Ivanhoe, Lake Benton, Tyler, and the South Dakota communities of Astoria and White received notice of the survey through a press release printed in local newspapers and online platforms. An online survey was developed and posted on Facebook and the Hospital website. Printed copies of the survey were distributed to local businesses in Hendricks and Ivanhoe for residents to complete in written form.

2. *Community Focus Group*

Key community stakeholders from various sectors, including public health, finance, health care, government, and consumers, were invited to participate in a community focus group to discuss community health needs more deeply. A total of 25 community stakeholders participated in the four focus group discussions.

Prioritization Process

The primary and secondary research data were analyzed to develop the top unmet needs. The needs identified were further discussed to define priorities which would be further developed into implementation strategies.

2. Secondary Research

1. *Quality of Life Survey*

In early 2019, Southwest Health and Human Services (SWHHS) completed a Quality of Life survey in their service area, including Lincoln County. Sources include the Wilder Foundation data book for Lincoln County.

2. *Minnesota's 2020 Title V Maternal and Child Health Block Grant Needs Assessment*. In the summer of 2018, Minnesota's Title V Maternal and Child Health Needs Assessment ask 2,700 respondents about their most significant unmet needs.

3. *County Health Rankings*

The County Health Rankings is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual rankings provide yearly data to improve community health by identifying key factors contributing to overall health. The data gathered in the following key areas allows the community health outcomes to be analyzed and empowers sustainable change in areas of need: physical environment, social and economic factors, clinical care, and health behaviors.

4. *U.S. Census Bureau*

Demographic data from the U.S. Census Bureau was analyzed as part of the needs assessment. Sources include the 2020 Census and 2020-2021 Population Estimates.

SUMMARY OF KEY FINDINGS

The Community Health Needs Assessment provides the opportunity to learn and improve health care through interaction with residents. The community survey, focus groups, and research provide valuable insights into guiding future strategies. Overall, the community survey and focus group sessions indicate a positive outlook on the services HCHA is providing to the community it serves.

The services utilized most by the survey respondents were that of the clinic, laboratory, and radiology. The respondents indicated the care received at the HCHA was highly satisfactory, with an average positive response rate of 72%. It should also be noted the outpatient services received a 49% highly satisfied response from the respondents. Many respondents and focus group participants were grateful for the variety of the services offered by HCHA and feel it is often taken for granted by community members.

Overall, community members indicated that Lincoln County is a safe and healthy place, as represented in the primary and secondary research data. Residents were asked to list the top concerns in their community that impact the quality of life and community issues in predefined age groups. Concerns were identified in social and physical interaction and educational opportunities in two out of the four age groups, with educational opportunities and job opportunities being the highest indicators.

The primary and secondary research data found the most significant unmet needs in health and wellness, mental health, social activities, transportation, and social interaction.

PRIMARY RESEARCH FINDINGS

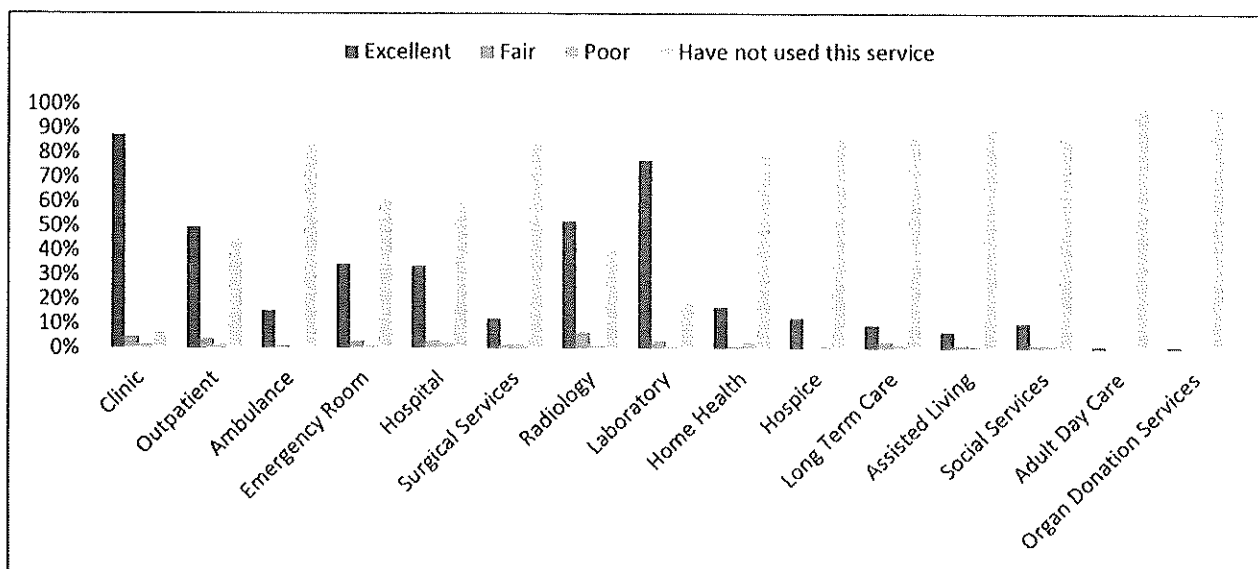
As part of the primary research, HCHA performed an online survey for the service area seeking feedback on health care services and the overall community health promoted via Facebook and the Hospital website. Residents could also obtain a paper version of the survey at local businesses in Hendricks and Ivanhoe. Focus group meetings were held to deepen the conversation with residents on community health needs. Demographic information on survey respondents was collected, with just over 56% of respondents female and 43% male. Survey respondents were predominately 60 years of age and over. The 60-69 age segment had the highest response rate at 40.1%, followed by those 70-79 years of age (17.21%). Nearly 28% of the survey respondents had household incomes below \$50,000. Out of 120 respondents, 31% indicated their highest level of completed education was a bachelor's degree, and trade school followed with 25%. The respondent rate from the Hendricks zip code was 53%, followed by approximately 16% from the Ivanhoe zip code.

HCHA Services

Nearly 88% of the survey respondents indicated they were highly satisfied with the care received at the HCHA clinic. The laboratory services also received a high satisfactory ranking of respondents of 77%, and over 54% of respondents were highly satisfied with the care received in the radiology services.

The data diagram illustrates the satisfaction levels of services provided by the survey respondents consisting of 129 responses. It should be noted that the services most utilized by the respondents are the clinic at 93%, laboratory at 82%, and radiology at 60%. The majority of services available at HCHA have not been utilized by the respondents, with organ donation and adult daycare indicating a 1% usage rate and 10% usage of the assisted living services.

Chart 1
HCHA Service Satisfaction Levels



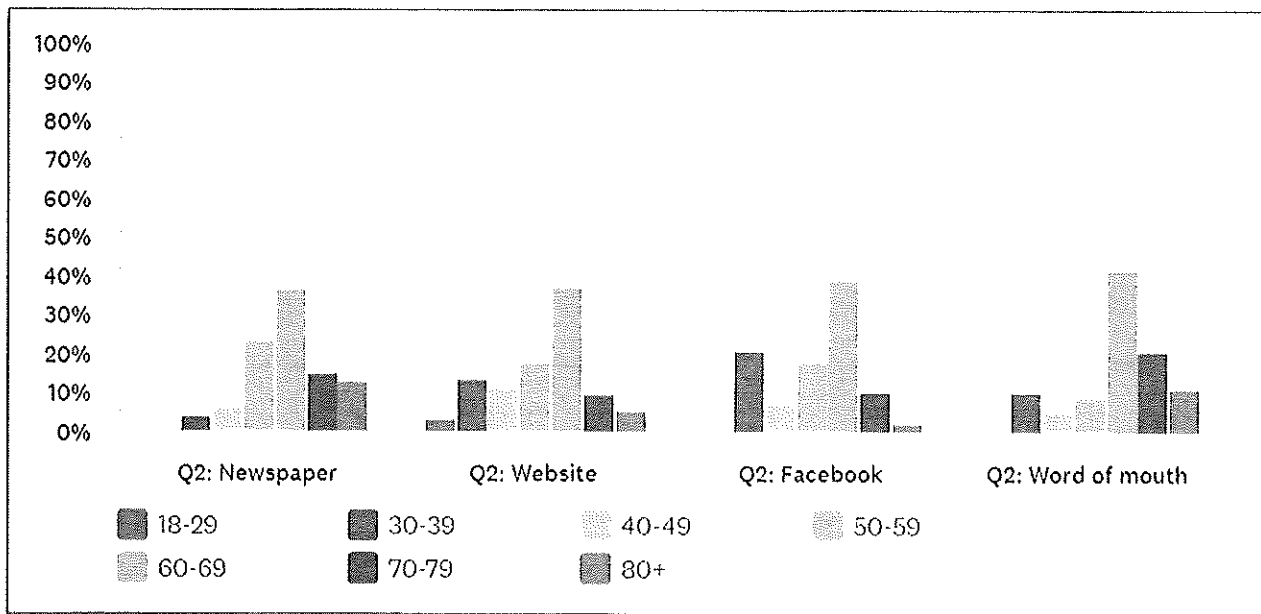
HCHA's overall services are highly satisfactory by 56% of the respondents, and approximately 48% of respondents indicated they felt there was no reason preventing them from receiving care at HCHA. A reoccurring dialogue among community focus group participants indicated that HCHA has a wide array of services available for a small community, comparable to larger communities. The survey respondents and focus group results highlighted the awareness that the services available at HCHA might not be known to all residents until individuals need assistance.

Communication

Respondents were asked how they acquired knowledge about the services provided at HCHA. Of the 122 responses, 74% of respondents indicated word of mouth is a prevalent means of communication, and 43% accessed the HCHA website.

The following table illustrates the responses for the best ways HCHA should communicate with the public on general hospital services for all community members. The analysis of data demonstrates that preferred methods of communication vary by age, with younger age segments having more preferences for electronic forms of communication and middle-aged adults indicating higher levels of communication through mass media. The respondents over the age of 60 show all forms of communication being utilized. Still, word of mouth is the most prevalent at 56%. It should be noted that many residents use numerous forms of communication to gather information concerning HCHA.

Chart 2
Communication Platforms by Age Category



Survey respondents were asked if they had utilized AveraChart to assist in receiving communication concerning their healthcare information. Out of the 128 respondents, 59% indicated they had used AveraChart. When asked to rank the ease of use of AveraChart, the respondents stated satisfaction in their responses; 37% excellent, 26% fair, and 1% poor. Out of the 129 survey participants, 58 survey respondents completed comments to explain their experience of using AveraChart. 60% of the respondents indicated AveraChart is easy to utilize, and 16% indicated there is no need to use it.

Pandemic

Over 90% of respondents indicated HCHA responded appropriately to the pandemic in vaccinations, followed by 88% satisfaction with testing and 83% with treatment. Each focus group responded in the same manner, stating precautions were in place before or when needed—the prevention methods taken by HCHA aided in minimizing positive cases within the community. HCHA's ability to get supplies promptly for their community members helped noncommunity members experience the level of care HCHA offers.

The survey respondents were asked to identify how the pandemic has affected their social interaction within the last two years, with 60% indicating they were somewhat affected. Out of 129 respondents, 44% were extremely satisfied with their current social interaction received every week, and 50% were somewhat satisfied. Respondents indicated they would like to see more clubs, organizations, wellness classes or activities for various ages, and wellness educational events to improve social interaction within the community. One area of concern is awareness of community activities and overcoming this barrier by using all forms of advertising platforms to increase awareness.

To identify if the pandemic affected respondents' ability to see providers, we asked respondents to determine their frequency of seeing providers and if the frequency of visiting the provider negatively influenced their health in the last two years. 84% of respondents see their provider with the same frequency as pre-pandemic. Out of 125 respondents, 96% do not feel the pandemic has had a negative impact on their overall health. During focus group discussions, preventative care was identified as an area of concern due to the directive from the CDC limiting services during the beginning of the pandemic. With restrictions lifting and services returning, preventive care services should be encouraged.

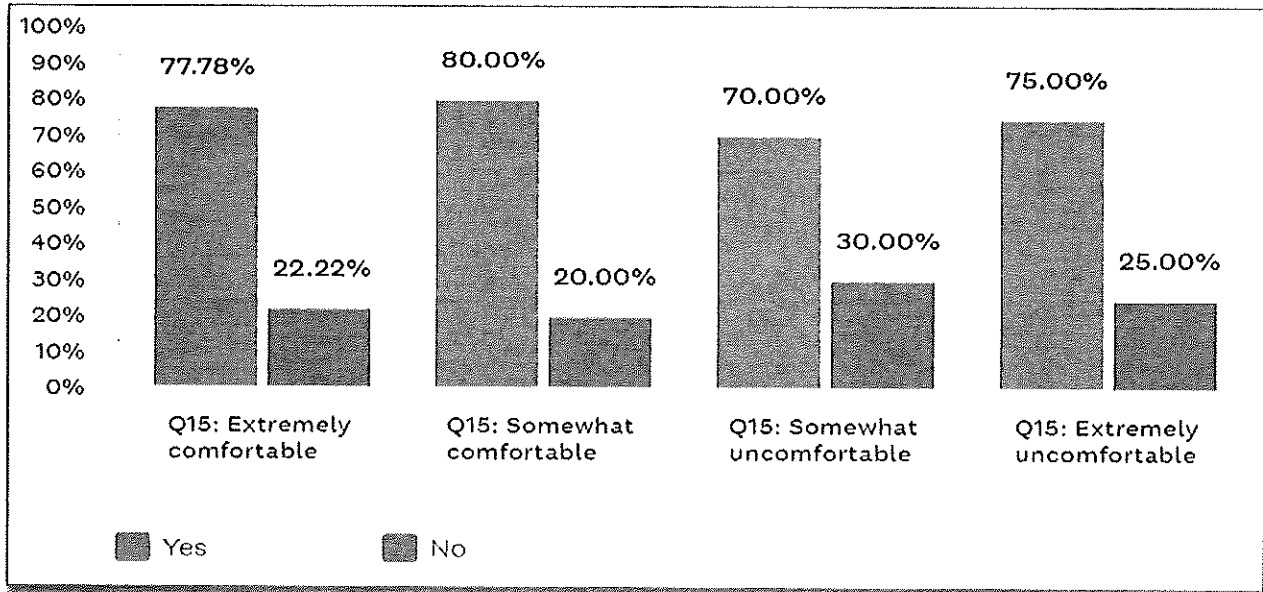
Telehealth

Survey respondents were asked about their utilization, comfort level, and reasons for not utilizing telehealth. Out of 128 respondents, 73% indicated they had used telehealth 0 times in the last two years, and 25% used telehealth 1-5 times within the previous two years. The comfortability of telehealth varies; 26% of the respondents were extremely comfortable, 52% were somewhat comfortable, 18% were somewhat uncomfortable, and 3% were extremely uncomfortable. When asked for their reason for not using the telehealth service, the most significant response at 34% was no interest, followed by a lack of awareness of services provided at 25%. 78% of the 122 respondents

answered yes when asked if they thought it would be beneficial to have an educational program on telehealth services and how to utilize them.

The diagram demonstrates that 122 respondents felt there is a need to further their knowledge concerning telehealth services and utilization of telehealth, no matter the comfort level.

Chart 3
Comfort with Telehealth



Mental Health Needs

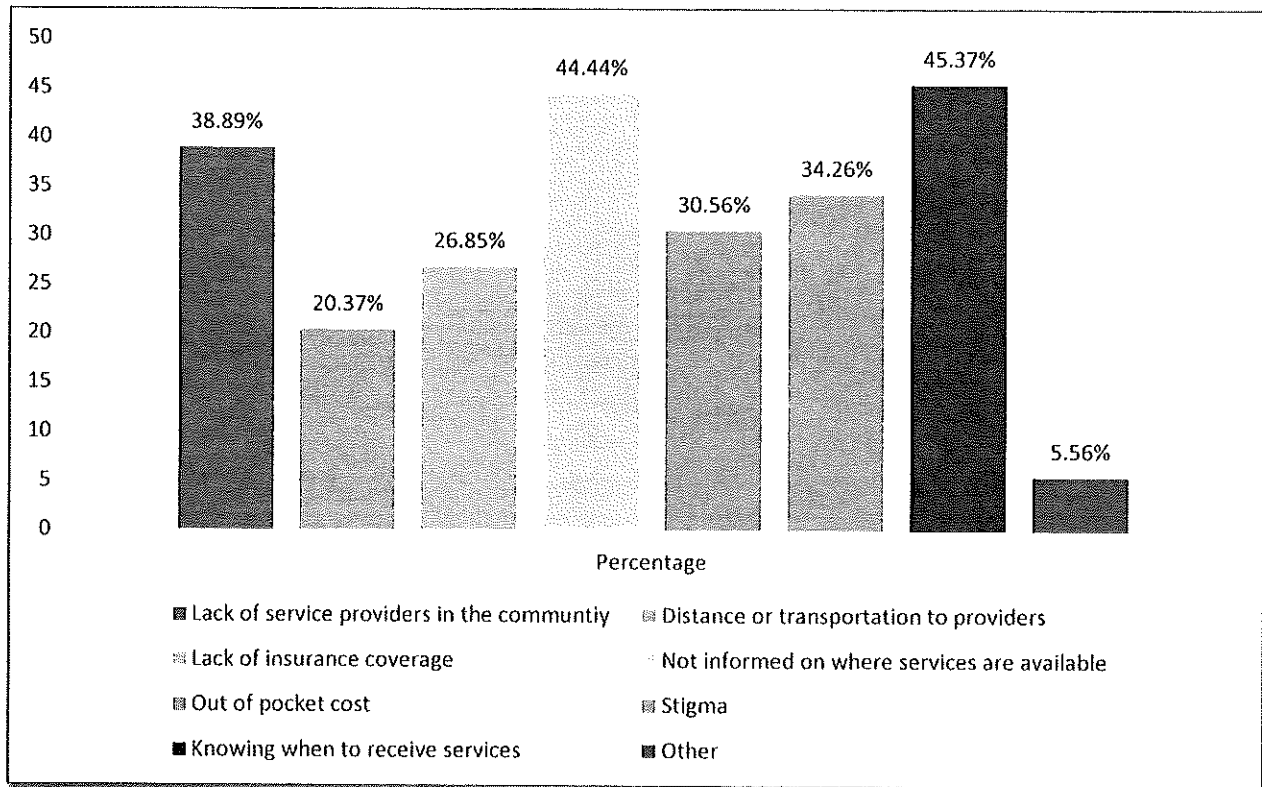
Community members were asked if they felt HCHA was doing what it could to address the community's mental health needs. 60% of respondents indicated yes, and 40% stated no, with 108 respondents. Respondents were asked to suggest how HCHA can better address the community's mental health needs. They expressed that the key barriers were the lack of access to mental health services and counseling for individuals and/or families. One suggestion to overcome the obstacles concerning mental health was to have a mental health provider on staff in HCHA. Other recommendations include access to educational sessions, support groups, or group therapy.

Survey respondents were asked to identify the top 3 areas of concern in mental health community awareness and education needs. A total of 103 responses indicated the need for individual counseling within the community. With a 53% response rate, 46% stated that crisis support would be beneficial, and 28% indicated that couples counseling would be needed.

In the diagram below, 108 respondents were asked to indicate what would prevent them from using available mental health services; the top two responses were not being informed about available

services, with a 44% response rate and 45% not knowing when to receive services. Lack of service providers was the third barrier with 38%.

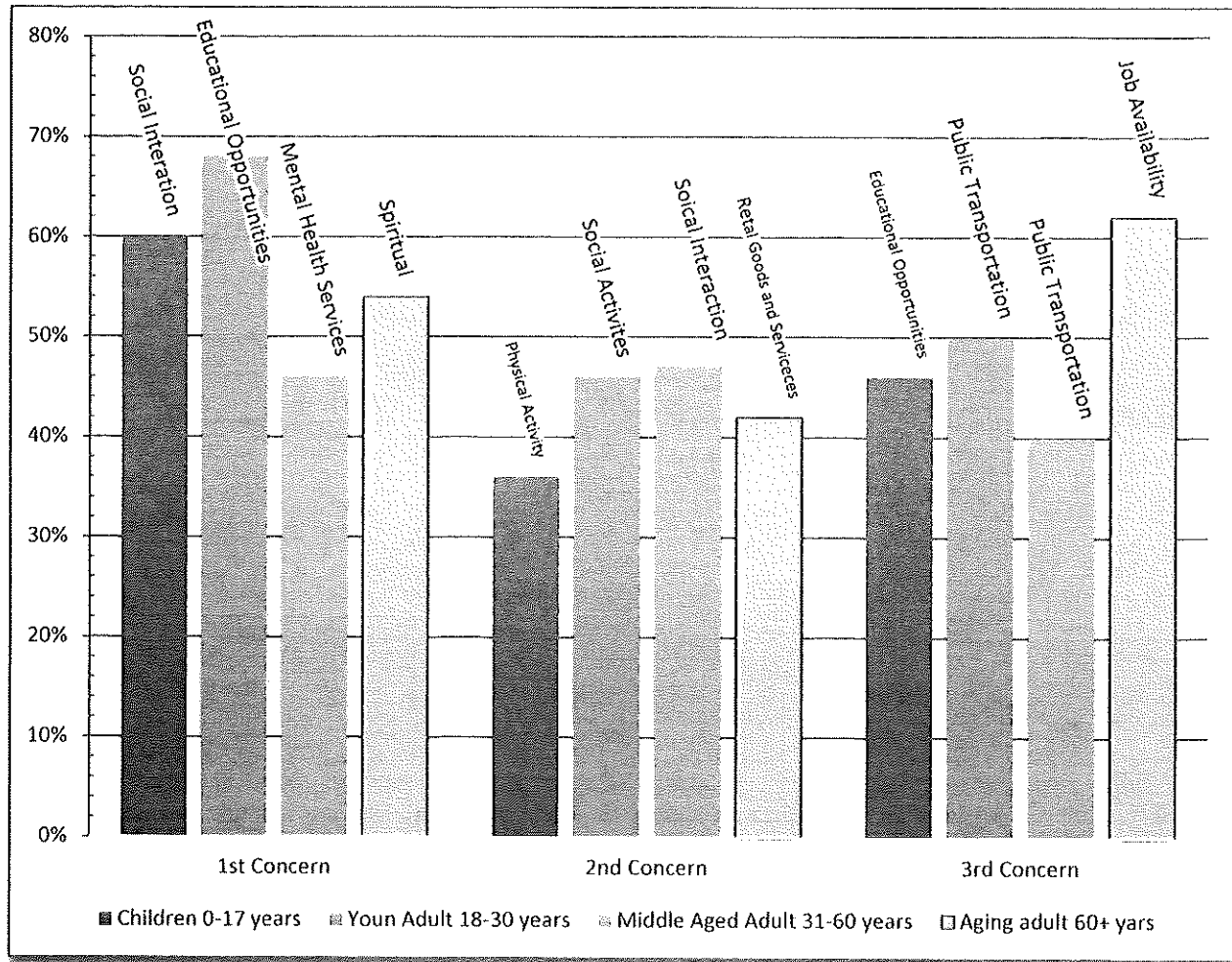
Chart 4
Reasons for not Utilizing Mental Health Services



Community Concerns

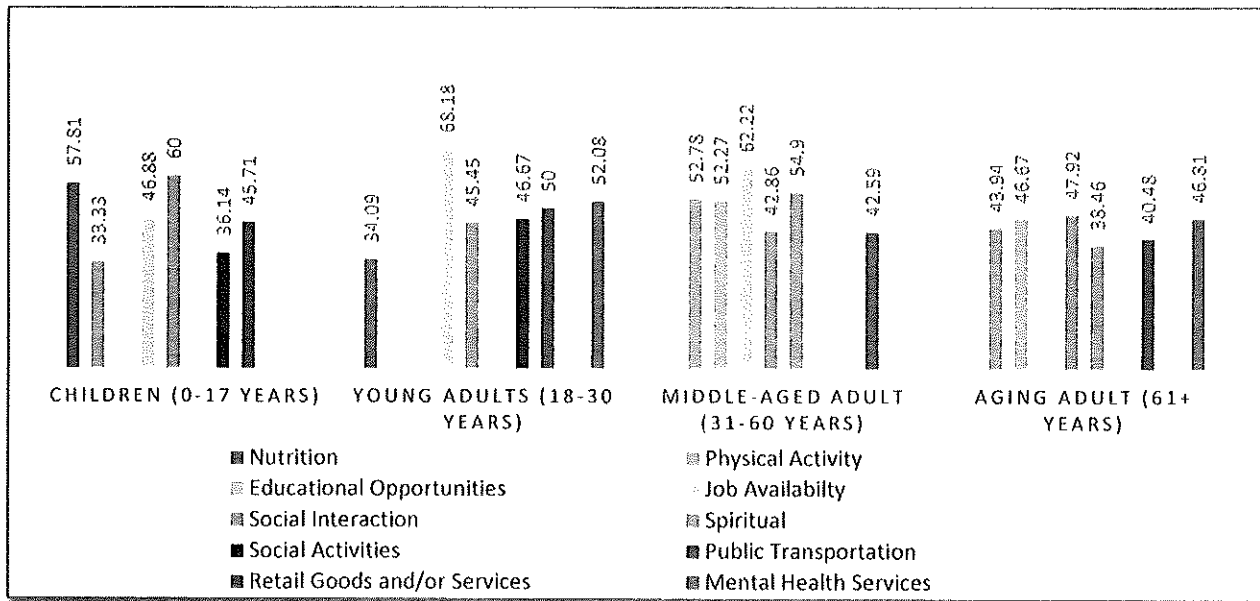
Chart 5 highlights the top three community concerns from the 122 respondents in the four age groups: children (0-17 years), young adults (18-30 years), middle-aged adults (31-60 years), and aging adults (61+ years). Upon evaluation, two out of the four age groups indicate concern about social and physical interaction and educational opportunities. It should be noted that educational opportunities and job opportunities were the highest indicators with 68% and 62%.

Chart 5
Quality of Life & Community Needs Concerns



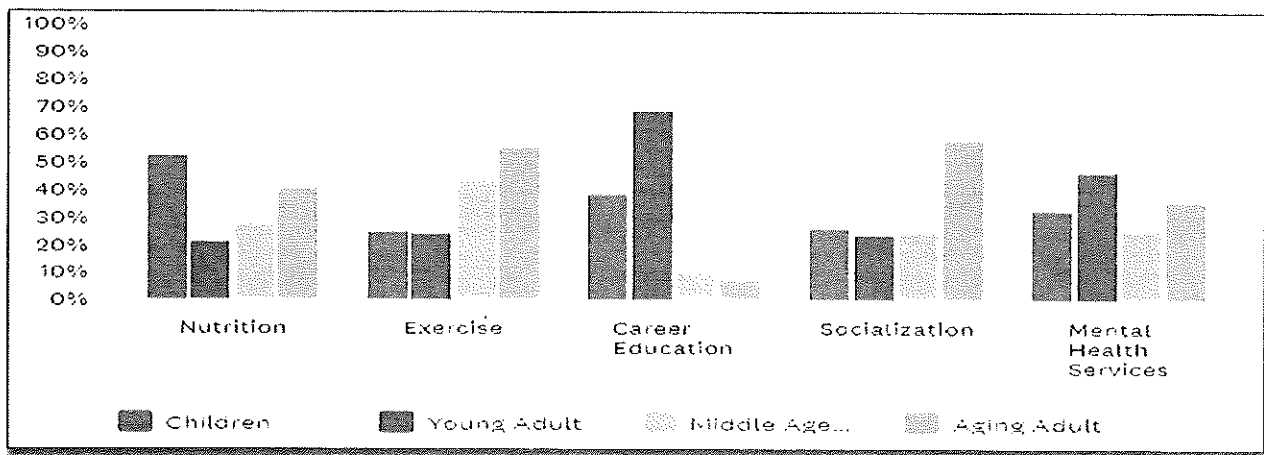
After further analysis of the top 6 concerns in each age group, the responses indicated patterns among the respondents. Job availability was the number one concern in age groups 0-60 years of age, with an average of 59% of respondents, with young adults showing the most concern with 68%. 49% of respondents in all four age groups indicated social interaction as a concern, with children having the highest percentage at 60%. Public transportation is the third concern, with respondents indicating an average of 45% within the age of 0-30 years of age and 61+ years, with the most significant concern in the 18-30 years of age bracket at 50%. It also should be noted that physical activity also was reported in three age brackets with an average of 43% concern indication. Mental health, social activities, and educational opportunities had concerns in two of the four age groups: respondents on average indicated concerns at 49% in mental health, educational opportunities at 49%, and social activities at 41%.

Chart 6
Top 6 Concerns in Each Age Group



Residents were also asked to indicate one educational program that would most benefit the four age groups. The results are in chart 7. The educational programs chosen as a top priority within the community in each age group are nutrition for children (52%), career education for young adults (68%), exercise for middle-aged adults (44%), and socialization programs for aging adults (58%). It should be noted that the respondents also found the following to be of interest; exercise at 55%, mental health services at 47%, and nutrition at 40%.

Chart 7
Beneficial Educational Programs



Focus Groups Summary

Focus group participants were given various questions concerning the community's overall health in areas of community misperceptions, needs not being addressed within the community, and barriers regarding mental health. The reoccurring topics include self-care in nutrition and obesity, community education concerning nutrition, community exercise opportunities, shortages in mental health services, and public transportation. Most participants felt these areas of concern would be consistent over the next three years and the near future due to the community's population demographics.

It should be noted that all focus groups found mental health services as an increasing area of concern containing several services needed. However, each group found it difficult to know how to break down the barriers of the community's needs due to its complexity and shortages in services available nationwide. One focus group indicated a mental health resource center within HCHA would help the community by providing a starting point for individuals in need of services available in the surrounding area.

Focus group participants indicated that the Hendricks and surrounding communities are healthy places. Residents noted amenities such as good parks, lakes, community resources such as local food shelves, local grocery stores, friendly community members, and good medical care as positive attributes to living in Hendricks and the surrounding area. Areas for potential growth and development include biking and walking trails, wellness activities for all age populations, public transportation for those in need, and more engagement opportunities.

The four focus groups indicated that HCHA excels at providing services to community members. The broader communities of the Hendricks area are grateful to have a wide array of services available for the size of the community and the facility's location. It is a service that should be utilized as a selling point to bring new individuals or families to the community. Each focus group was asked to identify concerns with current staffing levels. All focus groups indicated; that this is a concern due to the current shortage of individuals in the medical field but felt comfortable with the current staffing level. One focus group attested to the professionalism of the HCHA team members by indicating, from a patient's perspective, they would not know there was a team member shortage due to the excellent service provided by all team members during their visits.

SECONDARY RESEARCH FINDINGS

Quality of Life Survey

Southwest Health and Human Services completed a Quality-of-Life survey in early 2019 to learn about the health and habits of residents living in southwest Minnesota. Wilder Research contracted with SWHHS to produce reports of six counties in the service area, included in the 2019 Community Health Assessment. The survey was mailed to 1,200 random households in Lincoln County, with 412 surveys completed and returned. The 2015 Southwest Healthy Community Survey findings are listed below in overall health, nutrition, physical activity, and mental health for Lincoln County.

84% of respondents indicated their health is good to excellent, with 12% indicating excellent. The respondents were asked to answer questions regarding eating habits and daily fruit and vegetable

intake; 30% indicated five or more daily servings, 41% consumed 3-4 daily servings, and 29% indicated 0-2 servings per day. 83% of the respondents noted adequate availability of fresh fruits and vegetables. However, 57% stated the fruits and vegetables were too expensive. Respondents (52%) also indicated that they travel 20 miles one way to get their groceries.

The recommended physical activity for adults per week is 30 minutes of moderate exercise for five or more days a week or 20 minutes of vigorous activity for three or more days a week. Out of the 380 respondents in Lincoln County, 11% indicated they meet one of the activity level recommendations, and 19% meet both; 59% of the respondents did not meet either recommendation for physical activity, and 18% of respondents did not participate in any extra physical activity outside of their daily activities. The most prevalent barrier to not participating in additional physical activity was a lack of self-discipline and lack of time.

Other physical activity barriers indicated by 56% of the respondents included the cost of membership fees, a lack of programs and facilities by 53% of respondents, a lack of care for sidewalks, paths, and trails was indicated by 43% of respondents, and 36% indicated they did not have sidewalks or walking path or trails. Compared to the rest of the southwest region studied, Lincoln County is less likely to have access to public recreation such as walking or biking trails/paths, general wellness centers, or fitness clubs. 40% of the respondents indicated water recreation utilization for water activities.

The respondents were asked to give information concerning their past interaction with their medical doctor in the areas of depression and anxiety or panic attacks. 17% of respondents indicated a doctor had told them they had depression and 17% stated the same with anxiety and panic attacks. When asked what prevented or delayed mental health care in the past year, the key barriers were the following: 58% did not think it was severe enough, 55% indicated cost, and 33% indicated each of these reasons: lack of mental health insurance coverage, lack of knowledge on where to go, and they were too nervous or afraid, and 20% indicated transportation issues.

Minnesota's 2020 Title V Maternal and Child Health Block Grant Needs Assessment

In the summer of 2018, Minnesota's Title V Maternal and Child Health Needs Assessment distributed a survey asking, "What are the biggest unmet needs of women, children, and families in your community?" The response rate was over 2,700, with transportation as the greatest unmet need by 11% of the respondents. The term transportation includes the need and availability of public transportation and the ownership of a personal vehicle. The study reported that the populations often in need of public transportation tend to be young (those without a driver's license), disabled persons, the low-income working population, and the aging population. It was noted that reliable and affordable transportation is often reduced in rural communities but is needed to support their community's health.

County Health Rankings

The County Health Rankings is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual rankings provide yearly data to improve community health by identifying key factors contributing to overall health. The data gathered in the following key factors allow the community health outcomes to be analyzed and empower

sustainable change in areas needing improvements: physical environment, social and economic factors, clinical care, and health behaviors.

The data points were listed below for both Lincoln County and neighboring counties whose residents may receive services at HCHA. The data was analyzed against state and national benchmarks to determine the health outcome ranking of the county. Areas where Lincoln County fares worse than the State of Minnesota or top U.S. Performers, include adult obesity, access to exercise opportunities, excessive drinking, and children in poverty. Lincoln County also ranks lower than others in diabetes prevalence and mammography screenings.

2021 County Health Rankings

	Lincoln County, MN	Deuel County, SD	Brookings County, SD	State of South Dakota	State of Minnesota	Top US Performers
Adult smoking	20%	19%	17%	20%	16%	16%
Adult obesity	30%	41%	30%	32%	29%	26%
Physical inactivity	23%	22%	16%	22%	20%	19%
Access to exercise opportunities	49%	35%	84%	74%	87%	91%
Excessive drinking	23%	26%	22%	24%	23%	15%
Alcohol-impaired driving deaths	0%	0%	14%	36%	30%	11%
Food insecurity	9%	10%	9%	11%	8%	9%
Limited access to healthy foods	4%	27%	16%	11%	6%	2%
Uninsured adults	6%	12%	11%	14%	5%	6%
Uninsured children	5%	7%	5%	6%	3%	3%
Primary care physicians	1,890:1	4,340:1	1,760:1	1,300:1	1,120:1	1,030:1
Dentist	1,880:1	4,350:1	2,190:1	1,620:1	1,340:1	1,210:1
Mental health providers	5,640:1	No data	730:1	530:1	370:1	270:1
Children in poverty	12%	11%	10%	15%	11%	10%
Social associations	24.7	18.4	15.0	16.3	12.9	18.2
Diabetes prevalence	13%	11%	8%	10%	9%	8%
Mammography screening	48%	54%	53%	50%	45%	51%
Median household income	\$55,300	\$65,200	\$59,000	\$60,400	\$74,500	\$72,900

Lincoln County fell in the bottom 50th percentile in the County Health Rankings in the following areas length of life, clinical care, and social and economic factors. Areas of decline since 2018 include quality of life, health factors, health behaviors, social and economic factors, and physical environment.

Areas that would be included in clinical care rankings included uninsured numbers, screenings, and the ratio of primary care physicians, dentists, and mental health providers. Lincoln County has seen an increase in patient-to-physician ratio from 2018 to 2021 but is short of primary care physicians compared to Minnesota. In Lincoln County, there is one physician for every 1,890 residents compared to 1 physician for every 1,120 residents in Minnesota.

Data between the 2018 County Health Rankings and 2021 County Health Rankings were compared to determine areas where key factors of the county’s overall health have made positive progress. Not all areas were measured in 2018 for a comprehensive evaluation. Overall, Lincoln County mirrored many changes on a state and national level. The high school completion rate increased from 82% in 2018 to 92% in 2021, aligning with Minnesota trends. The percentage of air pollution particulate matter decreased from 6.7 to 5.3, below the state at 6.3. Adult obesity increased slightly by 2% and access to exercise opportunities by 1%, while uninsured individuals maintained at 6%. The percentage of children in poverty held at 12%, slightly above the state’s 11%.

Lincoln County Rankings

	2018 Ranking Out of 87 Minnesota Counties	2021 Ranking Out of 87 Minnesota Counties
Health Outcomes	46	34
Length of Life	77	55
Quality of Life	5	21
Health Factors	22	33
Health Behaviors	13	25
Clinical Care	59	59
Social and Economic Factors	37	45
Physical Environment	15	5

IMPLEMENTATION STRATEGIES AND ACTION PLANS FOR 2022-2025

The HCHA Board of Directors developed their action plan by identifying community health priorities indicated in the community health needs assessment. The Board of Directors identified priorities that would impact the majority of the community members in their service area. The action plan includes the identified priorities, the project impact, the goal, strategies, and the outcome objective for each identified priority. This action plan serves as a guide for addressing these priorities over the next three years.

Priority: Health and Wellness Activities

HCHA recognizes that each community member offers unique strengths providing opportunities for all members to contribute to the overall health and wellness of the community. In creating a socially inclusive environment, communities can help individuals thrive in many areas of their lives and positively impact their overall wellness.

Project impact:

Physical activity benefits impact the community's health in terms of physical fitness, social interaction, community involvement, and mental health, creating a better quality of life for all community members.

Goal:

The improvement of physical activities for all ages across Lincoln County year around.

Strategies:

- Identify community events/activities HCHA promotes or sponsor to increase awareness of physical activity benefits.
- Lead or support local efforts to provide the community with physical activities that include all generations of community members.
- Individually or partnering with community businesses/organizations to engage in the development of a community wellness center.

Outcome Objective:

The improvement of health, fitness, and quality of life through daily physical activity at any age, skill, and fitness level.

Priority: Health and Wellness Education

HCHA is seen as a leading influence in the community, primarily related to health and wellness education. The Community Health Needs Assessment revealed the opportunity to expand education efforts on health and wellness by promoting healthy living. The health and wellness education would empower individuals, families, and the community to make healthier choices. The identified educational topics included physical inactivity, obesity, excessive drinking, and diabetes to improve the community's educational level. The assessment process also allowed HCHA to discuss how to increase collaboration with community partners to compile resources in an effort to make a long-lasting impact on individuals, families, and the community.

Project Impact:

Increasing the community's access to easy-to-understand information about healthy lifestyle behaviors by increasing knowledge and skills related to a healthy lifestyle for all community members.

Goal:

Educate and empower families across the lifecycle with the skills and information they need to make behavior changes that support a healthy lifestyle long-term.

Strategies:

- Identify opportunities to use technology to increase educational outreach impacting community members and non-community members by disseminating health and safety information that is accurate, accessible, and actionable.
- Building local partnerships to reach all community members about the importance of healthy lifestyles.
- Capitalize on community events to provide educational information and share healthy living opportunities.

Outcome Objective:

The increased understanding of healthy behaviors to improve individuals, families, and the overall community health.

Priority: Transportation Services:

HCHA recognizes transportation as a barrier in their community. The lack of transportation may lead to rescheduled or missed appointments delayed care or no care, and limited pharmacy access.

Transportation for all community members to receive medical care, access to healthy food, employment, and social connection is essential for the overall health of their community on a multi-generational level.

Project Impact:

Having reliable transportation impacts a person's access to appropriate and well-coordinated healthcare, personal care, and community involvement.

Goal:

Ensuring all community members can get to and from their healthcare-related appointments allows them to receive proper care.

Strategies:

- Defining the expectation of the HCHA public transportation service based on the need of the community HCHA serves.
- Collaborate with local resources to aid in planning initiatives about how a community's health can be affected by the lack of transportation to develop a viable solution.
- Engaging in opportunities that further the implementation of bringing transportation to disadvantaged patients from their homes to the HCHA or from HCHA to other facilities.

Outcome Objective:

The improvement of transportation and health care access for all community members to create a healthier community with access to all their healthcare needs.