

# Community Health Needs Assessment for Madison Healthcare Services

## Executive Report



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## Executive Summary

One of the primary focuses of any healthcare facility is identifying and addressing the health needs of the area they serve. Madison Healthcare Services (MHS) has put forth time, effort, and resources to doing just that. As a non-profit facility, MHS is dedicated to reinvesting in our healthcare system to meet the needs of the communities we provide services to. With the enactment of the Affordable Care Act, tax-exempt hospitals are required to conduct a Community Health Needs Assessment every three years. Madison Healthcare Services conducted a Community Health Needs Assessment on the county of Lac qui Parle in Minnesota, where the majority of our marketplace resides. The surrounding rural communities we serve within Lac qui Parle County include Madison, Marietta, Louisburg, Bellingham, Dawson, Nassau, Ortonville, and Boyd.

First we performed a demographic analysis of Lac qui Parle County using data from the U.S. Census Bureau and County Health Rankings. Then we utilized additional resources including the Minnesota Department of Health, and Countryside Public Health to further our assessment. We finished our evaluation with primary data we compiled through a community survey. We collaborated with Countryside Public Health, Prairie Five Rides, Lac qui Parle County Family Service Center, Lac qui Parle County Commissioners, Lac qui Parle Valley School District, and the City of Madison. Using all this information, our Community Health Needs Committee determined the health needs for the county.

The committee identified two main health needs in our area which are back / joint pain and mental health. Our area experiences lack of education, local outreach provider services to treat these conditions, and prevention when facing these problems. Since we are located in a rural area, we realize the importance of collaborating with local members of our communities, public health officials, and numerous organizations to address health concerns in the region. Together, we can recognize where improvements are needed and strive to increase the quality of care we provide to our patients. In order to address these chronic and acute diseases, we want to positively influence the health habits of people in our region by providing education on preventing and managing them.

### **Overview of Madison Healthcare Services**

Madison Healthcare Services is located in Southwest Minnesota in the rural community and county seat of Madison, MN. Madison Healthcare Services (MHS) is a critical access facility that includes the hospital, clinic, care center, and subsidiaries. Madison Healthcare Services exists as a non-profit Christian organization called by God to affirm the worth of all people, to

provide health care, residential and community service in a competent and caring manner. Our vision is to provide healthcare services that exceed our customers' expectations. Our values are placing those we serve first, everyone at MHS is an equally important member of our team, each of us is personally responsible for continually finding ways to improve, and we practice the golden rule. The hospital is a critical access hospital licensed for 12 beds. The hospital practices general medicine and surgery with 6 staffed providers and 12 outreach physicians. In FY2018, the Hospital had 259 inpatient admissions and 12,834 outpatient visits. The services offered include:

- ✚ Activities
- ✚ Advanced Care Planning
- ✚ Allergy, Asthma & Immunology
- ✚ Audiology
- ✚ Bone Densitometry
- ✚ Cardiology
- ✚ Cardiac Rehab
- ✚ Cardiac Stress Testing
- ✚ Care Coordination
- ✚ Community Education
- ✚ Consultations
- ✚ Counseling Services
- ✚ Diagnostic Imaging
- ✚ Discharge Planning
- ✚ Direct Access Lab Testing
- ✚ Emergency Care with 24-Hour Emergency Coverage
- ✚ ENT
- ✚ Gastroenterology
- ✚ General Surgery
- ✚ Hospice
- ✚ Home Health
- ✚ IPRO Continuous Glucose Testing
- ✚ Laboratory / Pathology
- ✚ Medical & Surgical Care
- ✚ MRI
- ✚ Nephrology
- ✚ Nuclear Imaging
- ✚ Obstetrics
- ✚ Occupational, Physical, and Speech Therapy
- ✚ Oncology
- ✚ Ophthalmology & Optometry
- ✚ Orthopedic Consultations & Surgery
- ✚ Outpatient Services
- ✚ Palliative Care
- ✚ Pain Injections
- ✚ Pharmacy
- ✚ Podiatry
- ✚ Respite Program
- ✚ Sleep Studies
- ✚ Social Services
- ✚ Surgical Services
- ✚ Swing Bed Program
- ✚ Telehealth (eConsult & eEmergency)
- ✚ Upper GI Endoscopy & Colonoscopy
- ✚ Urology

Other facilities on campus with the hospital include the clinic, care center, and Hilltop Residence. The clinic had 6,656 clinic visits in FY2018. Medical Staff for our facilities consist of two family practice physicians, two physicians' assistants and two nurse practitioners.

The care center is a skilled nursing facility licensed for 56 beds and Hilltop Residence is a secure 36-unit Housing and Urban Development (HUD) that is managed by Madison Healthcare Services. Residents receive many services provided by home health, the hospital, clinic, and the care center. These facilities are all conveniently attached allowing easy access to medical services for anyone on campus.

Johnson Memorial Health Services in Dawson, MN and Appleton Area Health Services in Appleton, MN are bordering hospitals to Madison Healthcare Services. Together, these three facilities make up the Lac qui Parle Health Network (LqPHN). The vision of the LqPHN is to assist its members in building and maintaining quality healthcare services to the populations of Lac qui Parle and Swift Counties.

## **Process**

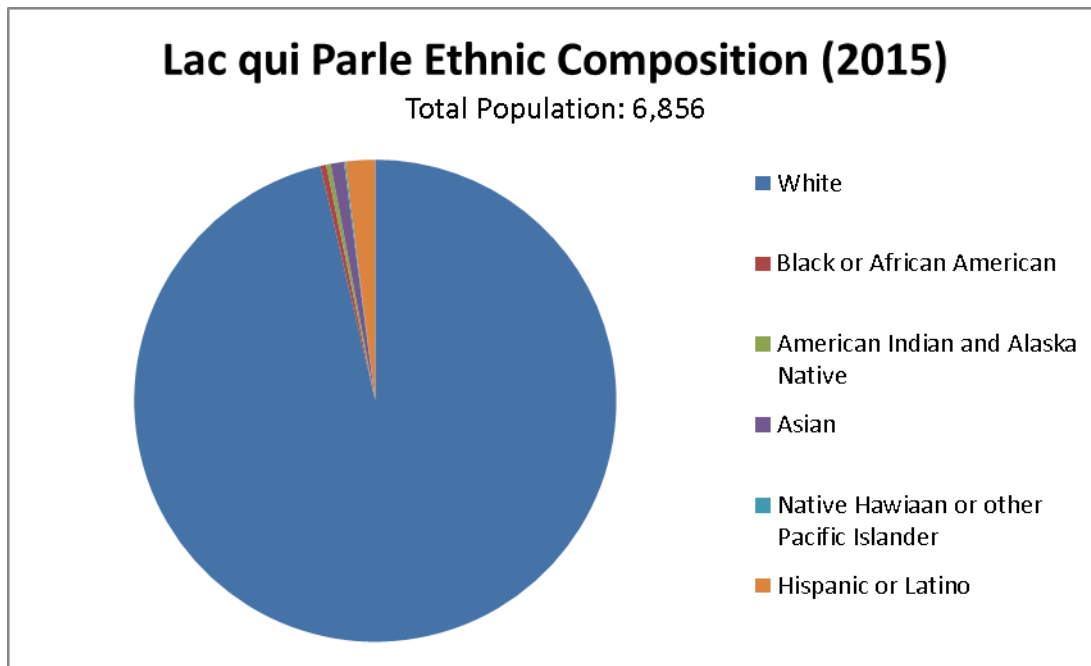
Madison Healthcare Services partnered with Countryside Public Health, Prairie Five Rides, Lac qui Parle County Family Service Center, Lac qui Parle County Commissioners, Lac qui Parle Valley School District, and the City of Madison in order to address health needs within the region. We began the assessment process by forming a Community Health Needs Committee. The focus of this committee was to branch out into the community in multiple ways in order to identify the health needs that we should address. The committee was formulated to plan, budget, implement, and monitor the entire process of our Community Health Needs Assessment. Once we established the health priorities affecting Lac qui Parle County, we devised implementation and action plans to address the health needs in our communities while collaborating with other local organizations.

## ***Demographic Analysis***

The initial data presented to the Community Health Needs Committee was the demographic analysis of Lac qui Parle County. Information was compiled using the U.S. Census Bureau and County Health Rankings. This information would be used to help our committee make decisions and form an analysis of the health needs of the community our facility serves. The demographic analysis we gathered from secondary data included the population trends, ethnic composition, age composition, educational attainment, and poverty rates of residents in Lac qui Parle County. We also presented statistics on the prevalence of health conditions and diseases, the number of residents uninsured, causes of death, and other health statistics of our area.

## U.S. Census Bureau

According to the U.S. Census Bureau, Lac qui Parle County's population was estimated to be 6,856 in 2015. The age group of the area in 2015 was 5.2% persons under 5 years, 20.0% persons under 18 years, and 25.1% persons 65 years and over. The ethnic breakdown for 2015 was 97.4% white, 0.4% Black or African American, 0.3% American Indian and Alaska Native, 0.9% Asian, 0.1% Native Hawaiian or other Pacific Islander, and 2% Hispanic or Latino. The median household income for the county from 2010-2014 was \$48,426, with the persons below poverty at 10.4% of the population.



## County Health Rankings

To further evaluate the demographics of the county, we used data from the County Health Rankings. Often, information gaps put a limit on the hospital's ability to assess all of the community needs. In our particular situation, information gaps that may have occurred in our assessment is that our needs may have developed on the basis of opinions from our Community Health Needs Committee and those we sent surveys to. These opinions may not reflect the true needs of the population. After reviewing these statistics, we acknowledged that Lac qui Parle County fails to meet the national benchmark in some health behaviors but has also improved or has narrowed the gap between the national benchmarks. Adult obesity is at 29% in the county, which is only 2% more than the national benchmark. Physical inactivity within the county is at 24%, the national benchmark is 19%. Access to exercise opportunities

is at 47% compared to the national benchmark of 91%. Frequent mental distress is 9% compared to the national benchmark of 10%. The statistics show that 6% of Lac qui Parle County adults are uninsured. Primary care physicians are 960 people per physician. Other social and economic factors of Lac qui Parle County include a high school graduation rate of 96% and an unemployment rate of 3.5%. Overall, Lac qui Parle County ranks 25<sup>th</sup> on health factors out of 87 counties in Minnesota and 8<sup>th</sup> overall.

<b>Lac qui Parle (LQ) (2019)</b>					
	Lac qui Parle County	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87)
<b>Health Outcomes</b>					<b>8</b>
<b>Length of Life</b>					<b>12</b>
Premature death	4,500	3,600 – 5,700	5,400	5,300	
<b>Quality of Life</b>					<b>1</b>
Poor to fair health	11%	11 – 12%	12%	12%	
Poor to physical health days	2.9	2.7 – 3.1	3.0	3.0	
Poor to mental health days	3.0	2.8 – 3.2	3.1	3.2	
Low birthweight	5%	3 – 7 %	6%	7%	
<b>Additional Health Outcomes</b> (not included in overall ranking)					
Life expectancy	83.0	80.9 – 85.0	81.0	80.9	
Premature age-adjusted mortality	270	210 – 340	280	270	
Child mortality			40	40	
Infant mortality			4	5	
Frequent physical distress	9%	9 – 9%	9%	9%	
Frequent mental distress	9%	9 – 10%	10%	10%	
Diabetes prevalence	12%	9 – 15%	9%	8%	
HIV prevalence			49	171	
<b>Health Factors</b>					<b>25</b>
<b>Health Behaviors</b>					<b>24</b>
Adult smoking	14%	13 – 15%	14%	15%	
Adult obesity	29%	23 – 35%	26%	28%	
Food environment index	8.9		8.7	9.0	
Physical inactivity	24%	19 – 31%	19%	19%	
Access to exercise opportunities	47%		91%	87%	
Excessive drinking	21%	20 – 22%	13%	23%	
Alcohol-impaired driving deaths	67%	39 – 82%	13%	29%	
Sexually transmitted infections	116.7		152.8	413.2	
Teen births	8		14	16	

**Lac qui Parle (LQ) (2019) \*CONTINUED\***

	Lac qui Parle County	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87)
<b>Additional Health Behaviors</b>					
(not included in overall ranking)					
Food insecurity	8%		9%	9%	
Limited access to healthy foods	4%		2%	6%	
Drug poisoning deaths			10	12	
Motor vehicle crash deaths			9	8	
Insufficient sleep	29%	28 – 30%	27%	30%	
<b>Clinical Care</b>					<b>64</b>
Uninsured	6%	5 – 6%	6%	5%	
Primary care physicians	960:1		1,050:1	1,120:1	
Dentists	2,230:1		1,260:1	1,410:1	
Mental health providers	6,690:1		310:1	430:1	
Preventable hospital stays	6,893		2,765	5,703	
Mammography screening	51%		49%	46%	
Flu vaccinations	22%		52%	49%	
<b>Additional Clinical Care</b>					
(not included in overall ranking)					
Uninsured adults	6%	5 – 7%	6%	5%	
Uninsured children	5%	3 – 6%	3%	3%	
Other primary care providers	955:1		726:1	955:1	
<b>Social &amp; Economic Factors</b>					<b>21</b>
High school graduation	96%		96%	83%	
Some college	68%	61 – 75%	73%	75%	
Unemployment	3.5%		2.9%	3.5%	
Children in poverty	13%	9 – 17%	11%	12%	
Income inequality	4.2	3.7 – 4.7	3.7	4.3	
Children in single-parent households	24%	17 – 31%	20%	28%	
Social associations	26.8		21.9	13.0	
Violent crime	36		63	236	
Injury deaths	79	50 – 112	57	64	



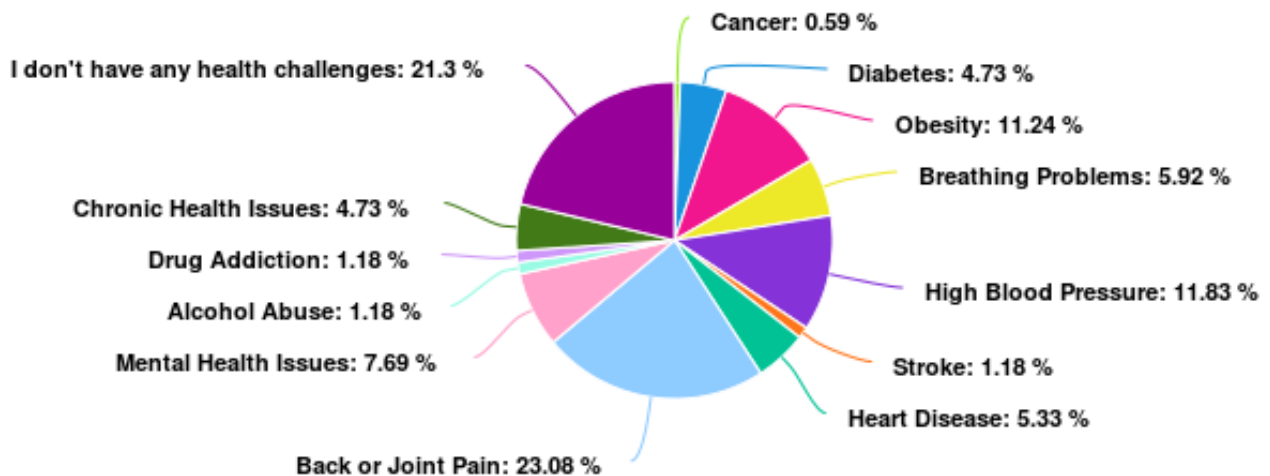
## Assessment Tools

The Demographic Analysis provided an informational foundation that led us to dig deeper into statistical assessments of health and disease in Lac qui Parle County. We continued using sources such as the Minnesota Department of Health and Countryside Public Health to comprise additional secondary data. We compiled primary data through our community survey. This assessment would aid in the development and utilization of an implementation strategy to target our current health needs as a community.

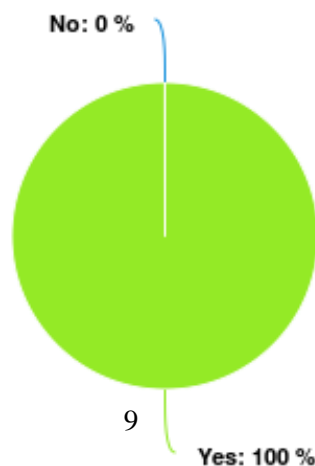
### Community Survey

In the summer of 2019, we distributed a community health needs survey to a random selection of home owners in Lac qui Parle County. We also posted this survey on our website. There were a total of 154 respondents to the survey. The graphs on the following pages summarize some of the results from the survey.

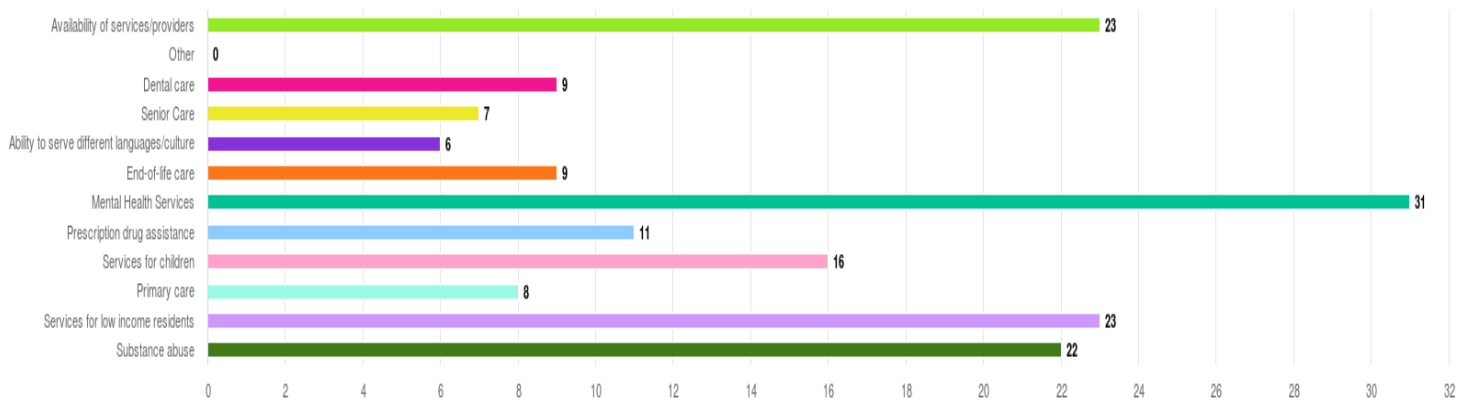
#### What are the Top 3 Health Conditions You Face?



#### Are You Able to Visit a Healthcare Provider When Needed?



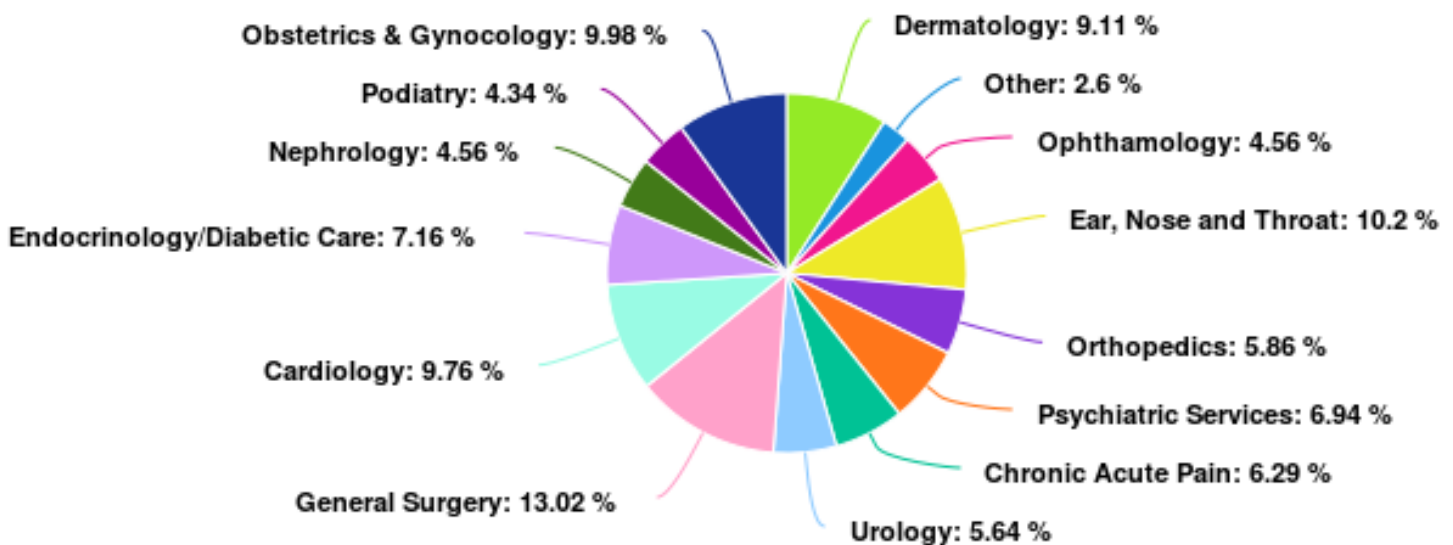
## What are the Greatest Gaps in Healthcare Services for our Community?



Of the surveyors that responded, 86% were from the community of Madison and Louisburg, MN. The town of Madison is where Madison Healthcare Services is located. Based on the survey, about 88% of respondents go to their physician's office for routine healthcare. Of the 154 participants, 100% responded that they are able to visit a healthcare provider when needed.

The survey allowed respondents to specify the specialists they would like to have access to in our community. The chart below displays the percentage of respondents who would like to see certain services added to our community.

## What Specialists Would You Like Access to in our Community?



## *Identify and Prioritize Health Needs*

By utilizing both the primary and secondary data we researched and analyzed, the Community Health Needs Committee was able to identify and prioritize health needs in our community. Significant data analyzed, provided evidence that care in our area was experiencing health gaps when it came to the services we provided for these health conditions. Using resources with our community members and professionals, we decided to focus on two key health needs that our community would greatly benefit from. The two health needs identified and prioritized by our committee include:

### **1. Back/Joint Pain**

Back and Joint pain have been an ongoing issue in our community and will be a continued area of focus for our committee. Madison Healthcare Services is striving to provide the services and procedures needed to relieve back and joint pain so one can get back to the activities that he/she enjoys. Madison Healthcare Services has added new Orthopedic services to its long list of specialty services. With the addition of this new Orthopedic Surgeon, Madison Healthcare Services will be able to offer total joint replacements, partial joint replacements and a variety of joint injection procedures to help relieve joint pain. Patients will now be able to have joint replacement surgery, recovery and physical therapy right in their community without the need to travel for these services. In addition to our orthopedic surgery options, MHS offers pain injection procedures performed by an Interventional Radiologist on a monthly basis. Pain injection procedures are performed to help alleviate severe neck and back pain and offer a great alternative to narcotic prescription use. To further expand non-surgical treatments for joint and back pain, our therapy department recently received certifications in Therapeutic Pain Relief.

### **2. Mental Health**

The committee identified mental health as a gap in our community. Madison Healthcare Services is working to address this need further. The Lac qui Parle Health Network (LqPHN), together with Woodland Centers, received a grant to improve the access for behavioral health patients in our community by integrating behavioral health into family practice and to reduce the stigma of mental health using marketing and education campaigns.

In April of 2019, Madison Healthcare Services added a Psychiatric Mental Health Nurse Practitioner to our family practice two days a month. We then added mental health counseling services weekly starting in July of 2019. In addition to improving access to behavioral health services for our patients, we are aggressively marketing to the community to reduce the stigma and increase their awareness of services. We are offering educational opportunities to both staff and the community at large such as the “Make it OK campaign” at our high school and

community events, allowing students, staff, etc. to sign a pledge.... Three steps to “Make it OK” include:

1. Learn - The more we learn about mental illnesses, the more common we realize these illnesses are.
2. Talk - The more we talk about mental illnesses, the closer we come to stopping the stigma.
3. Share - Encourage others to join by taking the pledge online.

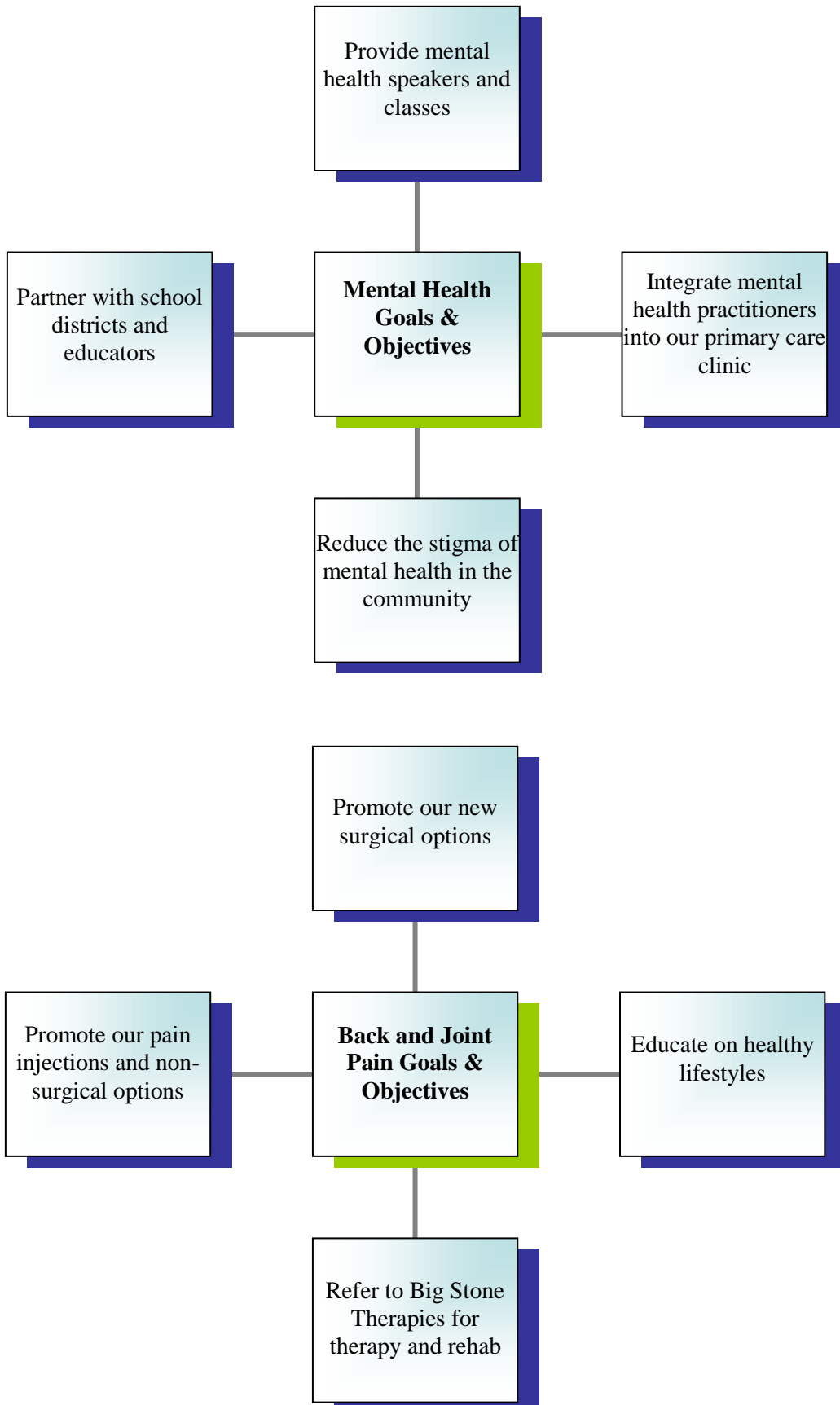
Various speakers are lined up for the upcoming year including Amy Dee for the Community and Staff, and Ted Matthews from the MN Department of Ag for Minnesota Farmers to talk with anyone working with farmers such as through finance, church, healthcare providers, etc to make them aware of farmer counseling needs and the stressors through farming.

We will continue with staff training and development through lunch and learns and nonviolent crisis intervention (CPI). MHS will collaborate with the area schools with the “Walk a Mile in Our Shoes Campaign” for high school students and working on positive character traits for middle and elementary students. The plan going forward is to market for Suicide Prevention Awareness Month and other activities such as “Win with Wellness Bingo” that we have utilized in the past.

### *Development of Implementation Plan*

To provide quality, patient-centered care and improve the health of those we serve, we will work to meet the identified needs of our community. Chronic and acute diseases, especially those affecting mobility and mental health, take a toll on whoever they affect. Low income and uninsured individuals and families affected suffer huge financial burdens. It is our desire to implement programs that help support our community financially, emotionally, and physically.

On the next page are diagrams of the goals and objectives our committee comprised in order to address our health needs identified.



### **Budget to Address Identified Needs**

The Community Health Needs Committee devised a budget that was integrated into Madison Healthcare Services overall budget and strategic plan. The budget for provision of services in our needs assessment will include personnel, program development, and the implementation and monitoring of our plan. Our total budget dedicated to our Community Health Needs Assessment totaled to \$205,000.

<b>Community Health Needs Assessment Budget</b>		
Personnel	Addition of a Mental Health Nurse Practitioner, Counselor and Orthopedic Surgeon	\$105,000
Program Development, Implementation, and Monitoring	Additional equipment and program development and creation	\$100,000
<b>Total Budget for Community Health Need Assessment:</b>		<b>\$205,000</b>

## *Execution & Monitoring of Implementation Plan*

### **Mental Health Initiative**

Lac qui Parle Health Network (LqPHN) created a strategic plan and the topic of mental and behavioral health support emerged as a high priority. Increased visits to the emergency department and long waits for patients with need for behavioral health services were a main factor in identifying this gap in the health care systems for the community.

The Lac qui Parle Health Network was awarded a Rural Health Network Development Program Grant. The Development Grant will build on the strategic plan created by the Planning Grant to build a sustainable system for providing integrated behavioral health and primary care.

This project is collaboration between the members of the Lac qui Parle Health Network (LqPHN) including Appleton Area Health Services in Appleton, Johnson Memorial Health Services in Dawson and Madison Healthcare Services in Madison; and Woodland Centers Mental Health Providers.

The grant has two goals. One is to develop system efficiencies that lead to integrated behavioral health and primary care and shared cost savings in the Lac qui Parle Health Network (LqPHN) region. In addition, they hope to reduce the stigma associated with seeking behavioral health wellness, prevention and treatment services and increase community awareness and understanding of behavioral health issues and resources available in the community.

### **Community Wellness Program**

The Lac qui Parle Health Network (LqPHN) is a non-profit tax-exempt hospital services cooperative for three local, rural community hospital-based provider organizations including Madison Healthcare Services, Johnson Memorial Health Services, and Appleton Area Health Services. The LqPHN offered challenges focusing on wellness: 100 Day Challenge and Wellness Bingo.

Lac qui Parle Health Network sponsored the Wellness Bingo Challenge. In the fall of 2019, the Lac qui Parle Health Network once again challenged the Madison, Dawson, and Appleton communities to get healthier by playing Win with Wellness Bingo. The cards provided tips for improving the health habits and behaviors for those that joined the challenge. Each bingo card had up to 12 opportunities to complete a bingo. To keep participants motivated at the end of each month they put their name in for prizes for each bingo they received that month and had a grand prize at the conclusion of the challenge.

## **Programs for Uninsured, Low-Income, and Minority Groups**

In order to address the uninsured, low-income, and minority groups, by law our hospital cannot refuse to see anyone regardless of their ability to pay. The Direct Access Lab Program is another source for those who are uninsured and want lab work performed at a lower cost. Madison Healthcare Services also offers a 10% off uninsured discount they are able to receive for getting services here.

We also refer our patients to Lac qui Parle County Family Service Center in order to assist them in attaining the financial support and services they need. Through the Pre-paid Medical Assistance (MA) they offer, clients are enrolled with health plans that provide a network of approved vendors. Family Services also provides MNsure application help to get people who are uninsured enrolled in healthcare plans. Each client is assigned a primary clinic, which can refer them to other providers and specialty services if needed. This program also assists with transportation through UCare Health Rides or Blue Plus Blue Ride systems for clients that need it. They also contract with Prairie Five RIDES, which is covered by the state MA program. Expenses of meals and lodging for medical appointments are approved through the county financial workers. These types of programs are also in place for children.

In addition, we practice a Charity Care Policy for patients who have demonstrated the inability to pay. Patients who meet the criteria for charity care will be eligible for a discount for all or part of a bill that a patient is normally expected to pay. We have funds available to provide financial assistance to qualifying patients to relieve them of their financial obligation in whole, or part, for health care services we provide. An inability to pay may be identified at any time. Various discounts will be applied to the patient's bill based on the poverty guidelines they are in. It is the policy of Madison Healthcare Services, consistent with our mission and values, to provide services to all persons, regardless of age, sex, race, religion, origin, or ability to pay.

## **Upgraded Equipment, Services, and Expanded Space**

Madison Healthcare Services Radiology Department is now equipped with state of the art digital imaging equipment, including a fully digital portable x-ray machine. Digital images prove to be much clearer and easier for the medical provider to interpret and therefore, a better imaging exam and allow for proper treatment. The digital imaging equipment will also be used extensively for patients needing orthopedic care and will enable a reduction in radiation dose due to the digital nature of the image.

With the addition of a new Orthopedic surgeon, Madison Healthcare Services has purchased a variety of new orthopedic surgical equipment to be able to perform total joint replacements and various other orthopedic procedures.



Madison Healthcare Services will soon begin offering Ophthalmology services, including cataract surgery. Dr. Renfrow, from Avera Marshall, will start seeing patients at Madison Healthcare Services in early 2020. A variety of ophthalmology equipment has been purchased to allow for a full spectrum of ophthalmology exams and procedures.

Madison Healthcare Services recently added the services of Dr. Karen Tansek, Ear, Nose and Throat specialist. A variety of conditions such as allergic rhinitis, chronic sinusitis and hearing loss can be treated by Dr. Tansek. Also, various surgical procedures such as sinus surgery, tonsillectomies and adenoidectomies are now performed at Madison Healthcare Services. Telemedicine services will be expanded at MHS and will include wound care, Infectious Disease, pulmonology, post-stroke care and tele-cardiology. Upgraded telehealth equipment will be installed in 2020 and will enable telehealth services from a desktop computer for easier patient and provider access.

The Minnesota Department of Health has certified the Lac qui Parle Clinic as a health care home. This means that the Clinic has met a set of rigorous standards to provide patient and family-centered care and is working to improve both the overall quality and affordability of health care. Health care homes, also known as “medical homes” offer a team approach to primary care making it easier for patients to communicate and partner with their care team. Care teams can include clinicians, nurses, specialists, care coordinators and community resources.

In a health care home, a care coordinator who develops a relationship with patients and their families works with them to coordinate their care and achieve better health. This includes streamlining access to appointments, improving communication with specialists, answering questions over the phone and planning for care. This approach to care can be particularly helpful for people with complex and chronic conditions. At the Clinic, patients will see improved clinical outcomes in specific diseases or conditions, have an established relationship with their care team, and care that is patient and family centered.

“We chose to become certified as a Healthcare Home because we are committed to providing the highest quality care to our patients and provide “whole person” care delivery. We want to be their “home” for healthcare and coordinate all their medical needs, whether provided at MHS or specialty clinics elsewhere.” Health care homes are an important component of Minnesota’s 2008 health reform law, also known as “Minnesota’s Vision for a Better State of Health.”

Madison Healthcare Services is currently part of the Caravan Collaborative ACO, and is in the fourth year. As part of this collaborative, MHS focuses on Chronic Care Management. We do this by improving the care for patients, ensuring they receive the right care at the right time. Education to staff and the community on population health and prevention of disease is an important goal. The use of data analytics with our current EMR (electronic medical record) has

enabled us to continue to make strides in improving the health of our patients and our community.

## **Conclusion**

The Community Health Needs Committee will diligently monitor our current programs to ensure they are meeting our identified community needs. The execution of our implementation plan has experienced many successes and continues to progress. Our focus will be to strengthen and grow our collaborations with other organizations to better our education, outreach, and resources for the communities we serve. Madison Healthcare Services values quality on all levels and works diligently to identify ways to make improvements on an ongoing basis. Services are monitored through our Quality Council, internal and external reviews, and participation in state and federal quality reporting measures.

**Sources:**

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