MAYO CLINIC

Community Health Needs Assessment

Mayo Clinic Health System – Fairmont

September 30, 2016

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Executive Summary

***Enterprise Overview**:*

Mayo Clinic is a not-for-profit, worldwide leader in patient care, research and education. Each year, Mayo Clinic serves more than 1 million patients from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services through many campuses and facilities, including 21 hospitals located in communities throughout the United States, including Arizona, Florida, Minnesota, Wisconsin and Iowa.

Mayo Clinic provides a significant benefit to all communities, local to global, through its education and research endeavors. Mayo Clinic reinvests its net operating income funds to advance breakthroughs in treatments and cures for all types of human disease and quickly bring this new knowledge to patient care. With its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo Clinic is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively. Through its Centers for the Science of Health Care Delivery and Population Health Management, Mayo Clinic explores and advances affordable, effective health care models to improve quality, efficiency and accessibility in health care delivery to people everywhere.

Entity Overview:

Mayo Clinic Health System (MCHS) is a family of clinics, hospitals and health care facilities serving more than 70 communities in Iowa, Wisconsin and Minnesota. It encompasses more than 900 providers and serves more than half a million patients each year. As part of Mayo Clinic — a leading caregiver with over 150 years of patient care, research and medical education expertise — the organization provides health care options to communities ranging from primary to highly specialized care. MCHS is recognized as one of the most successful regional health care systems in the United States.

MCHS is a family of clinics, hospitals and health care facilities serving more than 70 communities in Iowa, Wisconsin and Minnesota. It includes more than 900 providers and serves more than half a million patients each year. As part of Mayo Clinic, a leading caregiver with nearly 150 years of patient care, research and medical education expertise, the organization provides a full spectrum of health care options to local neighborhoods, ranging from primary to highly specialized care. MCHS is recognized as one of the most successful regional health care systems in the U.S.

MCHS provides patients with access to cutting edge research, technology and resources. Our communities have the peace of mind that their neighbors are working together around the clock on their behalf.

The system was developed to bring a new kind of health care to communities. By putting together integrated teams of local doctors and medical experts, we've opened the door to information sharing in a way that allows us to keep our family, friends and neighbors healthier than ever before. Mayo

Clinic's greatest strength is translating idealism into action. It's what our staff does every day for our patients, and it's how we transform hope into healing.

MCHS was created to fulfill the commitment to bring Mayo Clinic quality health care to local communities. As part of this commitment, the health system has a long tradition of supporting community health and wellness. Mayo Clinic Health System in Fairmont provides a 57-bed, acute-care hospital, as well as family medicine clinics in Sherburn and Truman, Minn., and Armstrong, Iowa, and a behavioral health clinic in Blue Earth, Minn. Fairmont is one of 17 hospitals within MCHS and is part of its Southwest Minnesota region, which also includes hospitals in New Prague, Waseca, Springfield, St. James and Mankato.

MCHS in Fairmont supports the community through inpatient and outpatient services and offers:

- Inpatient emergency medicine.
- Inpatient labor and delivery.
- Multi-specialty and general surgery.
- Express Care (located in the Fairmont Wal-Mart).
- The hospital's Birth Place provides comprehensive care to families with low- and high-risk pregnancies, during labor, delivery and postpartum.
- The Pacemaker Clinic helps individuals with heart disease monitor their heart's performance post implant using the convenience of technology, along with individualized treatment.
- The Lutz Wing, which has been serving south central Minnesota and north central Iowa since 1972, offers residents skilled nursing care. The 40-bed skilled nursing home is adjacent to the hospital, with easy access to all hospital services and medical specialists.
- Inpatient Transitional Care provides a step between hospital and home for patients who continue to need daily skilled care by a nurse and/or therapist. Patients who benefit from this type of care include those who are older, suffering from chronic illnesses or requiring daily therapy following an accident or injury.
- Same-Day Surgery Program is available for those procedures requiring only a brief hospital stay. Here patients can check in and go home the same day.
- Outpatient services in allergy treatment; anticoagulation follow up; audiology; behavioral health; radiation and chemotherapy for cancer; cardiac rehabilitation; diabetes education; dialysis; ear/nose/throat; emergency medicine; family medicine; foot and ankle; infusion therapy; internal medicine; laboratory testing; Mayo Clinic medical supply store; medical specialty assessment and treatment; medical oncology; nutrition; OB/GYN shared-care program; occupational health; optical services (retail eyewear, ophthalmology, optometry); orthopedics; pain management; radiation and imaging; rehabilitation therapies; respiratory therapy; skin care; sleep lab; and speech pathology.

***Summary of Community Health Needs Assessment*:**

For this Community Health Needs Assessment (CHNA), MCHS in Fairmont partnered with local county health departments and gathered internal quality data, publicly available health-related data and results from a health care consumer survey, by individual county, managed by the Minnesota Department of Health. The results of the assessment are being used to guide MCHS in Fairmont's strategies and partnerships to maximize community health and wellness, patient care and population health management.

MCHS is committed to studying and responding to health needs in the Fairmont area through a community-wide approach. The Fairmont CHNA project aims to leverage and strengthen existing relationships among health care providers, community services agencies, organizations and volunteers in new ways to understand and respond to local health needs and invite renewed awareness and engagement with the community at large.

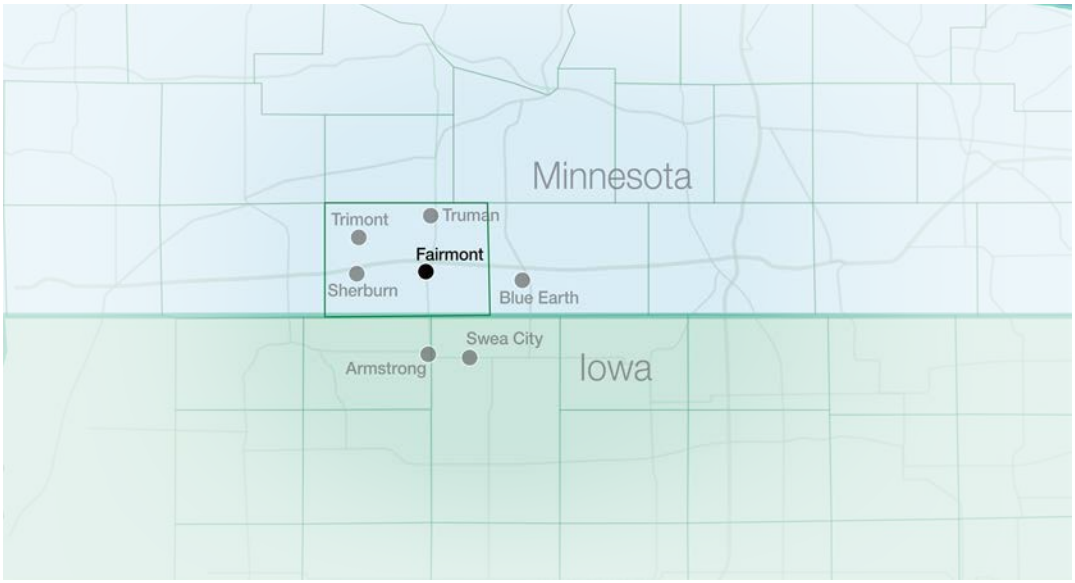
The Fairmont CHNA process identified and prioritized the following health needs:

1. Obesity
2. Hypertension (blood pressure)

Our Community

Geographic Area:

Mayo Clinic Health System in Fairmont primarily serves communities located in Martin County (82 percent of inpatients), Minn. It also serves communities in Faribault, Watonwan and Jackson counties in south central Minnesota, and Kossuth, Emmett and Palo Alto counties in north central Iowa. Although MCHS in Fairmont serves patients from the other counties, the "majorities" are from Martin County; for purposes of the CHNA, the community is defined as Martin County. The main city served is Fairmont, with the balance of the service area being small towns and rural agricultural areas. The main medical campus is in Fairmont and is licensed as an acute-care hospital.



Demographics:

According to the 2010 U.S. Census (updated to reflect 2015 estimates):

Population

- Fairmont: 10,221. Decreased 4.2 percent from 2010 to 2015
- Martin County: 20,022. Decreased 3.9 percent from 2010 to 2015
- Five surrounding counties have an average population of 12,400 residents
- Minnesota's population increased by 3.5 percent from 2010 to 2015

Age

Percentage of population over age 65:

- Martin County: 22.1 percent
- Minnesota: 14.7 percent

Gender
The ratio of males and females in Martin County was 49.3 to 50.7. This is similar to the Minnesota ratio of 49.7 to 50.3.

Racial demographics
According to the U.S. Census Bureau:

- Martin County: 97.2 percent Caucasian, 0.6 percent African-American, 0.4 percent American Indian or Alaska Native, 0.8 percent Asian and 1 percent Other
- Minnesota: 85.4 percent Caucasian, 6 percent African-American, 1.3 percent American Indian or Alaska Native, 4.9 percent Asian and .1 percent Other

Ethnicity, which is measured separately from race, showed that 4.4 percent of the people in Martin County identified themselves as Hispanic or Latino.

2016 economic conditions
According to County Health Rankings:

Single-parent households
Percentage of children living is a single-parent household:

- Martin County: 31 percent
- Minnesota: 28 percent

Access to healthy foods
The percentage of low-income families with limited access to healthy foods:

- Martin County: 11 percent
- Minnesota: 6 percent

Employment
The unemployment rate in Martin County was 4.6 percent, very similar to that of Minnesota, which was 4.1 percent.

Educational attainment
Martin County had a high school graduation rate of 82 percent, very similar to that of Minnesota as a whole, which was 81 percent.

Income
According to the U.S. Census Bureau, the median household income was:

- Martin County: $52,579
- Minnesota: $60,828

Poverty
According to the U.S. Census Bureau and county health data, the percentage of people in living in poverty:

- Martin County: 12.2 percent; with 20 percent of children under 18 living in poverty
- Minnesota: 11.5 percent; with 15 percent of children under 18 living in poverty

Health behaviors
According to County Health Rankings:

Obesity
The percentage of adults who are obese:

- Martin County: 33 percent
- Minnesota: 26 percent

Physical activity
The percentage of residents reporting doing "no physical activity:"

- Martin County: 29 percent
- Minnesota: 20 percent

Clinical care
According to County Health Rankings:

Health insurance coverage
Those under 65 who have no health insurance:

- Martin County: 9 percent
- Minnesota: 9 percent

Primary-care physicians
Number of people per primary-care physician:

- Martin County: 1,130
- Minnesota: 1,100

Dentists
Number of people per dentist:

- Martin County: 2,020
- Minnesota: 1,500

Diabetic monitoring
Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring:

- Martin County: 88 percent
- Minnesota: 89 percent

Assessing the Needs of the Community

Overview:

In 2013, Mayo Clinic Health System in Fairmont identified and prioritized community health needs in Martin County through a comprehensive process that included input from local community partner organizations, public health officials and hospital leadership. Since completion of the 2013 Community Health Needs Assessment, the final report has been posted on the MCHS in Fairmont internet homepage for public review and comment. A link was clearly identified in the posted introductory comments as a place to submit comments to this report. However, no comments had been submitted since the report was posted.

In 2016, the MCHS in Fairmont CHNA process was led by an internal MCHS interdisciplinary work group comprised of representatives from Public Affairs and Community Relations, with input from hospital leadership, Quality, Compliance and Fiscal Services. This interdisciplinary work group viewed the CHNA as an opportunity to better understand known health care needs and, if possible, identify emerging needs within each of the six MCHS communities in the Southwest Minnesota region — Fairmont, Mankato, New Prague, Springfield, St. James and Waseca.

Health needs were prioritized using Mayo Clinic Health System criteria and community based data from four sources:

- Southwest Minnesota CHNA Survey
- Minnesota COMPASS data
- Mayo Clinic Health System quality data
- Open Door Health Center (ODHC) 2014 Service Area Needs Assessment

Community input

MCHS in Fairmont surveyed randomly selected individuals in Martin and Faribault counties and partner organizations that also serve this area. Input from county residents and key service organizations were essential in driving the identification and prioritization of community health needs. They represented a broad range of the community including children, adults, seniors, families and underserved populations.

Public Health Department input

Human Services of Faribault and Martin counties provided valuable information regarding community health needs and a unique perspective for underserved populations. It represents all residents in the two counties and has a significant focus on providing services for low- and moderate-income residents. This agency provides social services for children, adults, seniors and individuals with disabilities, as well as services in maternal-child health, disease prevention and control, community and emergency preparedness, and environmental health.

Process and Methods:

In January 2016, MCHS started planning for the CHNA process. Plans were developed to facilitate stakeholder input, assemble research and implement a prioritization process taking into account internal organizational filters and community priorities. The following sources and efforts provided the information for this document.

Southwest Minnesota CHNA survey and methodology

The CHNA survey instrument used for the project was adapted from an MCHS survey conducted in 2013 in eight counties in southwestern Minnesota. Individual county public health departments and MCHS worked together to revise survey content in 2016, with technical assistance from a senior research scientist from the Minnesota Department of Health Center for Health Statistics.

This level of coordination between MCHS and the county health department's was intended to capture a range of identified health needs from multiple organizations serving the overall population of a common service area. Input from the individual county health departments identified high-priority needs for inclusion in the survey. To meet the information needs of all parties, individual county surveys were generated. The survey was formatted by the vendor as a "scan able", self-administered English-language questionnaire.

Survey sampling

A two-stage sampling strategy was used for obtaining probability samples of adults living in each of the eight counties. A separate sample was drawn for each county. The first stage was a random sample of county residential addresses purchased from a national sampling vendor. Address-based sampling was used so that all households would have an equal chance of being selected for the survey. The survey vendor obtained the list of addresses from the U.S. Postal Service. The second stage of sampling used the "most recent birthday" method of within-household respondent selection to specify one adult from each selected household to complete the survey.

Survey administration

An initial survey packet including a cover letter, the survey instrument and a postage-paid return envelope was mailed on April 20, 2016, to 14,800 sampled households (2,000 in five counties and 1,600 in three counties). On April 29, about one week after the first survey packets were mailed, a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. Two weeks after the reminder postcards were mailed (May 11-13), another full survey packet was sent to all households that still had not returned one. The remaining completed surveys were received over the next five weeks, with the final date for receipt of surveys set for June 17, 2016.

Completed surveys and response rate

Completed surveys were received from 4,196 adult residents of the eight counties; the overall response rate was 28.35 percent. County-specific response rates can be found below. All data was aggregated by county in the collecting and analysis of this data. No personal information was retained, and all individual surveys were shredded.

Data entry and weighting

The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc. To ensure the survey results are representative of the adult population of each of the eight counties, the data were weighted when analyzed. The weighting accounts for the sample design by adjusting for the number of adults living in each sampled household. It also includes a post-stratification adjustment so that gender and age distribution of survey respondents mirrors the gender and age distribution of adult populations of the eight counties, according to the U.S. Census Bureau.

In the CHNA process, MCHS also looked at surrounding counties as it prepared similar reports in five other south central Minnesota communities. The table below shows eight counties involved in the CHNA survey; corresponding county Health Departments partnered with MCHS in this survey process.

2016 Community Survey completed by County

County	Completed Surveys	Response Rate
Blue Earth	450	22.5%
Brown	608	30.4%
Faribault	496	31.0%
Le Sueur	592	29.6%
Martin	430	26.9%
Nicollet	611	30.6%
Waseca	584	29.2%
Watonwan	425	26.6%
Total	**4,196**	**28.3%**

MCHS and the county health departments identified the following health concerns for further investigation through the survey. Shared health concerns by both entities are noted:

a.	Chronic disease management and prevention	Public Health & MCHS
b.	Access to health care	Public Health & MCHS
c.	Nutrition	Public Health & MCHS
d.	Access to dental care	
e.	Physical exercise and stress management	Public Health & MCHS
f.	Distracted driving	
g.	Smoking cessation	
h.	Alcohol abuse	
i.	Community-based health and wellness services	Public Health & MCHS

MCHS quality data
MCHS collects data from internal Electronic Health Records (EHRs), based on best-practice guidelines. Data collected and reviewed portrays patients who have chosen a provider at each respective MCHS site to manage their primary care needs. Data on chronic conditions include ensuring:

Optimal diabetes care measures the percentage of patients' age 18-75 years diagnosed with Type 1 or Type 2 diabetes who have chosen MCHS in Fairmont as their primary care provider and achieved all of these goals:

- Blood pressure < 140/90
- Hemoglobin A1C <8
- Tobacco free
- Taking aspirin, as recommended
- Taking statin medication, if indicated

Optimal vascular care measures the percentage of patients between the ages of 18-75 years with a diagnosis of vascular disease who have chosen MCHS in Fairmont as their primary care provider and achieved all of these goals:

- Blood pressure < 140/90
- Tobacco free
- Taking aspirin, as recommended
- Taking statin medication, if indicated

Optimal hypertension care measures the percentage of patients with a diagnosis of hypertension age 18-80 years who have chosen MCHS in Fairmont as their primary care provider and have a blood pressure less than 140/90.

Appropriate childhood immunizations measures the percentage of two-year olds who have chosen MCHS in Fairmont for their primary care needs and had four DTaP/DT, three IPV, one MMR, three H influenza type B, three Hepatitis B, one VZV, and four pneumococcal conjugate vaccines within the HEDIS-specified time period and by their second birthday.

Secondary external data/research
Secondary research consisted of gathering publicly available health-related data for the hospital's service area. Whenever possible, data was collected at the county level. Sub-county level data was not a focus of this research, but was reviewed, when available. This data was used to validate identified health needs using the internal and external process defined in the Process and Methods section. Secondary data/research was accessed from 2015 U.S. Census data estimates through the 2014 Minnesota COMPASS database and the Open Door Health Center Service Area Needs Assessment completed in August 2014.

Publicly available data reviewed included:

1. Socio-economic
2. Poverty rates
3. Health behaviors
4. Clinical care
5. Demographics
6. Obesity rates
7. Insurance coverage

Open Door Health Center (ODHC)

Open Door is a Federally Qualified Health Center (FQHC) serving southern Minnesota since 1983 providing medical, dental, behavioral health and enrollment services. Open Door receives grant dollars under Section 330 of the Public Health Service Act, which qualifies it for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHC's must serve an underserved area or population, offer a sliding fee schedule, provide comprehensive services, have an ongoing quality assurance program and have a governing board of directors. A 2014 needs assessment from Open Door confirms its primary mission to assist in serving underserved populations in southern Minnesota. The ODHC 2014 Service Area Needs Assessment is intended to serve as a planning tool, providing up-to-date, relevant information on the target service population. The data captured is a snapshot, with a mix of older and newer data, as available. Where possible, ODHC patient data summaries also were included. Essentially all of southern Minnesota was included to help with decisions on outreach, service gaps and opportunities, and potential partnership opportunities. Much of the region is like other parts of rural and suburban Minnesota. The southwest part is more rural and faces more challenges with population loss. Outside of the regional centers of Mankato in Blue Earth County and Rochester in Olmsted County, most of the counties are rural and have more adults who are older.

The assessment also provides data on health-status indicators, including those related to access, general health, dental health, behavioral and mental health, women's health and prenatal care, and children's health. As a whole, data from the region often reflects a slightly better health status than the U.S., overall. However, there are some pockets within the region where the needs are greater in one or more indicators. For example, across the region, low-income persons struggle to get access to dental and mental health care. In the western and southern rural counties, diabetes rates are a concern. Using the information found in this document, ODHC can better plan for targeted service delivery to help strengthen existing programs, plan new initiatives and ultimately, improve health equity among those at greatest risk.

Minnesota COMPASS
Minnesota COMPASS is a Minnesota database of regional and state social indicators. It measures progress in our state, its seven regions, 87 counties and larger cities. COMPASS tracks trends in topic areas such as education, economy and workforce, health, housing, public safety, and a host of others.

Data for southern Minnesota was reviewed in the following areas:

- Obesity: http://www.mncompass.org/health/obesity#5-5674-g
- Health care coverage: http://www.mncompass.org/health/health-care-coverage#5-7474-g
- Diabetes: http://www.mncompass.org/health/diabetes#5-5663-g
- Mental health admissions: http://www.mncompass.org/health/mental-health-admissions#5-4563-g

Data Used in the CHNA:

County Health Rankings http://www.countyhealthrankings.org/
The County Health Rankings is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute and measures the health of nearly all counties in the nation, ranking them within states. The rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

Open Door Health Center
Service Area Needs Assessment, August 2014

COMPASS Minnesota
- Obesity: http://www.mncompass.org/health/obesity#5-5674-g
- Health care coverage: http://www.mncompass.org/health/health-care-coverage#5-7474-g
- Diabetes: http://www.mncompass.org/health/diabetes#5-5663-g
- Mental health admissions: http://www.mncompass.org/health/mental-health-admissions#5-4563-g

U.S. Census Bureau
quickfacts.census.gov

Minnesota Department of Health
Partnership Division, Public Health Practice Section, May 2015 survey of 48 Minnesota Community Health Boards, south central, Minnesota data

Other Available Resources:

Within the service area of MCHS in Fairmont, there are other resources available to meet the identified community health needs, including two other hospitals:

1. United Hospital District, Blue Earth
2. Sanford Jackson Medical Center, Jackson

Other health care-related organizations in the service area

Carlson Dental Office	Fairmont
Fairmont Family Dentistry	Fairmont
Jeffrey Fordice, DDS	Fairmont
Oral & Maxillofacial Associates PC	Fairmont
Reiter Dental PA	Fairmont
Southern Minnesota Orthodontics	Fairmont
Fitness/wellness	
Fairmont Cross Fit	Fairmont
Sherburn Fit and Tan	Sherburn
Anytime Fitness	Fairmont
Cutting Edge Fitness of Fairmont	Fairmont
Curves	Fairmont
Food shelf	
Faribault Area Food Shelf	Blue Earth
Salvation Army Martin County Food Shelf	Fairmont
Sage Screening Program	Fairmont and other locations
Home care	
Prairie River Home Care Inc.	Fairmont
United Hospital District Home Health	Fairmont
Baywood Home Care in Sherburn	Sherburn
Long-term care/memory care/senior care	
St. Luke's Lutheran Care Center	Blue Earth
Lakeview Methodist Health Care Center	Fairmont
Good Samaritan Society	Jackson
Truman Senior Living	Truman
Medical clinic	
Center for Specialty Care/Center for Primary Care	Fairmont
Dulcimer Medical Center	Fairmont
Renew Skin & Laser Center, LLC	Fairmont
Smart Clinic	Fairmont
United Hospital District	Fairmont
Outpatient physical therapy	
Rehab Care Group	Truman

Information gaps
Some gaps in the information may lead to an incomplete assessment of community health needs. Gaps identified in this process include:

- Total cost of care, factoring in outpatient visits, medications, ancillary treatments, and non-affiliated Mayo Clinic Health System provider charges

Detailed data on all culturally diverse populations served, since much publicly available data is collated into general population information

Analytical methods
MCHS compiled and analyzed internal and publicly available data. The survey instrument was designed and administered, and the collected data was analyzed by a senior research scientist with the Minnesota Department of Health.

Third-party assistance
A community needs assessment survey was designed and administered by the Minnesota Department of Health. Survey printing and mailing was completed by an outside vendor under a business-associate agreement with MCHS.

Addressing the Needs of the Community

Identified Health Needs:

In January 2016, MCHS started planning for the CHNA. Plans were developed to facilitate stakeholder input, assemble research and implement a prioritization process, which factored internal organizational filters and community stakeholder input into the final priorities.
The Fairmont CHNA process identified and prioritized the following health needs:

1) Obesity
2) Hypertension (blood pressure)

Prioritization process:

Mayo Clinic Health System

Internal MCHS criteria for filtering the internal and external data collected was established as part of the assessment process by the interdisciplinary MCHS work group, in coordination with operational leadership. Six criteria were identified that would help prioritize organizational resources and identified needs:

1) Broad population impact
2) Use of existing expertise and resources
3) Feasibility and effectiveness of implementation plans
4) Health disparities associated with the need
5) Cost effectiveness
6) Measurability

Internal review of the selected priorities also was part of this process and included review by the Fairmont site leadership, which included the site administrator and medical director.

Community

A second set of surveys were sent to community partner organizations and 11 regional county public health directors. The survey asked one question: “How would your organization rank the need to address the following health concerns in our region from most important (1) to least important (4)?” The health needs listed in the external survey were identified through the public health and MCHS individual CHNA survey results from spring 2016. The four options for selection were:

1) Community-based health and wellness
2) Hypertension
3) Obesity
4) Other health concerns

An important part of this second survey was to offer the opportunity for written perspective or opinion in the prioritization process.

Community partner organizations that received the health need ranking survey included:

- Open Door Health Center
- Minnesota Valley Action Council
- VINE Faith in Action
- Salvation Army

County Public Health Departments that received the health need ranking survey included:

- Blue Earth County Public Health
- Brown County Public Health
- Cottonwood Public Health
- Human Services of Faribault and Martin Counties
- Le Sueur Public Health
- Nicollet County Public Health
- Rice County Public Health
- Scott County Public Health
- Waseca County Public Health
- Watonwan County Public Health

Results of the community partner survey showed rankings of:

1) Community-based health and wellness
2) Obesity
3) Hypertension
4) Other (variety of other needs)

Prioritization of identified needs:

The MCHS interdisciplinary work group used the identified data sources to collect community input, identify areas of need and help prioritize needs. Prioritization also involved reviewing top identified needs and evaluating them using a MCHS criteria set to match needs with resources.

Criteria 1: Broad population impact

a. How do Martin and Faribault counties compare with Minnesota and national performance?
b. How are Martin and Faribault counties currently, and in the future, going to be affected by the health priority, in terms of number of people affected and severity of the condition (chronic illness, risk of disability or death)?
c. Is there a gap(s) in community efforts to address the health priority?

Criteria 2: Use of existing expertise and resources

a. Are there known strategies to make a difference?
b. Are there adequate resources available in Martin and Faribault counties to address the health priority?

Criteria 3: Feasibility and effectiveness of implementation plan

a. Availability of adequate resources (staff, time, space, partnerships) to address the health priority?
b. Can action have an impact on the quality of life?
c. What are the costs?
d. Are community organizations receptive to addressing the health priority?
e. Are community residents somewhat open to knowing more regarding the priority?

Criteria 4: Health disparities associated with the need

a. Stakeholders awareness of concern

Criteria 5: Measurability

a. Can the impact of the actions taken be measured?
b. Did the data identify this as an issue?
c. Did survey data identify this as an issue?

MCHS prioritized health needs

After an evaluation using the prioritization criteria the final needs selected were:

1. Obesity
2. Hypertension (blood pressure)

At the conclusion of the prioritization process, the results were reviewed by the Southwest Minnesota Regional Management Team, which is made up of MCHS' vice president, chair of Administration, chief medical officer, vice chair of Administration, chief nursing officer, chief financial officer and chief culture officer. The final step was submission of the CHNA report to the local hospital board for review and consent.

Available Resources

To address our identified health needs, the following resources are available:

- Staff time
- Executive leadership time
- Physician participation and outreach
- Educational materials
- Subject matter experts
- Community space
- Promotion of health-related events and programs
- Community outreach

Next step is to work with community partners and organizational leaders to develop an implementation plan that identifies specific tactics, budget, etc.

Evaluation of Prior CHNA and Implementation Strategy

Actions have been taken to address each of the needs identified in the 2013 CHNA. Actions taken in 2014 and 2015 include:

Identified Need		2014 Actions	2015 Actions	Impact
1	**Access to health care – to increase access to health care services by recruiting additional health care providers**	Implemented Patient On-Line Services (POS) for MCHS patients and community members. This interactive web-based system allows patients to email their provider, access test results and documentation, ask any question of their provider and have immediate access to their information. Efforts to continue enrolling community members and to encourage POS utilization are ongoing. 24X7 Mayo Nurse Line telephone-based services are implemented and promoted to our patients and the community.	MCHS-Fairmont recruited six new providers in the areas of behavioral health, family practice and hospitalist. Continued to promote Patient Online Services and Mayo Nurse line as ways to increase access to health care services.	Improved access to health care in behavioral health, family practice and hospitalist. Online access provides secure and convenient way to access health information 24/7 and connect with health care team.
2	**Chronic disease – address obesity and diabetic care**	MCHS-Fairmont participated in the weekly farmers market in Fairmont. At the market, a dietician demonstrated cooking a healthy meal. Recipes for healthy meals were distributed. MCHS-Fairmont also participated in the Wellness Fair. At the fair, a dietician was available to discuss healthy eating habits. Healthy recipes also were distributed.	Delivered monthly Bariatric Surgery and Weight Loss Information Session and had total of 153 attendees. Martin County Weight Loss Revolution partnership with 107 participants. Diabetes Support Group with 66 members. Four service group presentations addressing diabetes care. 30 people attended a Speaking of Health presentation on diabetes. HEALTH program established to encourage weight loss and lifestyle changes. Therapeutic Medication Management with 66 patients.	Education of patients and community increased knowledge of healthy living cause and effect. Improved management by diabetes patients. Increase community knowledge and awareness. Weight loss and lifestyle change of participants. Improved coordination of diabetic care.