



Community Health Needs Assessment



Mayo Clinic Health System – Mankato

September , 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 to bring this new knowledge quickly 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 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. MCHS in Mankato is a 272-bed, acute-care hospital and also operates family medicine clinics in Mankato (Northridge and Eastridge campuses), Lake Crystal, St. Peter and Le Sueur.



Mankato is one of 17 hospitals within MCHS and is part of its Southwest Minnesota Region, which includes hospitals in Fairmont, New Prague, Springfield, St. James and Waseca. MCHS in Mankato supports the community through inpatient and outpatient services and offers:

- Inpatient services in emergency medicine, labor and delivery, multi-specialty and general surgery
 - Medical care with hospital-based programming, including Family Birthing Center, Regional Joint Center, Andreas Cancer Center, bariatric surgery, dialysis, hospice, hospital medicine, internal medicine, pulmonary medicine, medical oncology, medical transportation, neurology, neurosurgery, general surgery, obstetrics/gynecology, orthopedic surgery, palliative care, pediatrics and adolescent medicine, sleep medicine, and women's health
- Outpatient services in allergy treatment, anticoagulation follow-up, asthma and immunology, audiology, behavioral health, cardiac rehabilitation, pediatric and adolescent medicine, diabetes education, digestive care, ear/nose/throat, emergency medicine, hospice, home care, family medicine, imaging, infectious diseases, infusion therapy, internal medicine, laboratory testing, pulmonary rehabilitation, medical supply store, neurology, obstetrics shared-care program, occupational health, rehabilitation therapies, radiation oncology, skin care, speech pathology, urology, weight management, women's health, and wound-ostomy

Summary of Community Health Needs Assessment:

For this Community Health Needs Assessment (CHNA), MCHS in Mankato partnered with local county health departments and gathered internal quality data, publicly available health-related data and results from a health care consumer survey to each county and managed by the Minnesota Department of Health. The results of the assessment are being used to guide MCHS in Mankato'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 Mankato area through a community-wide approach. The Mankato 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 Mankato CHNA process identified and prioritized the following health needs:

1. Obesity
2. Hypertension (blood pressure)



Our Community

Geographic Area:

Mayo Clinic Health System in Mankato primarily serves communities in Blue Earth, Le Sueur and Nicollet counties in southern Minnesota, with 85 percent of inpatients residing in these counties. The main medical campus is in Mankato, located in Blue Earth County, and is designated as a sole community hospital and rural referral center for Medicare purposes. MCHS in Mankato is the only hospital in Blue Earth County. Although it serves patients from other counties, the majority are from Blue Earth (42.1 percent), Nicollet (18 percent), and Le Sueur (7.9%), for a total inpatient base of 67.7 percent. For the purposes of this CHNA, the community is defined as Blue Earth, Nicollet and Le Sueur Counties.



Demographics:

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

Population

- Mankato: 41,044
- North Mankato: 13,529
- Blue Earth County: 65,787. Increased by 2.8 percent from 2010 to 2015
- Le Sueur County: 27,663. Decreased by 0.1 percent from 2010 to 2015
- Nicollet County: 33,347. Increased by 1.9 percent from 2010 to 2015
- Minnesota: Increased by 3.5 percent from 2010 to 2015



Age

Population over age 65:

- Blue Earth County: 13.2 percent
- Le Sueur County: 16.4 percent
- Nicollet County: 14.5 percent
- Minnesota: 14.7 percent

Gender

Ratio of males and females:

- Blue Earth County: 50.3/49.7
- Le Sueur County: 50.4/49.6
- Nicollet County: 50.4/49.6
- Minnesota: 49.7/50.3

Racial demographics

According to the U.S. Census Bureau:

- Blue Earth County: 91.7 percent Caucasian, 3.6 percent African-American, 0.4 percent American Indian or Alaska Native, 2.4 percent Asian, .4 percent other
- Le Sueur County: 96.9 percent Caucasian, 0.6 percent African-American, 0.5 percent American Indian or Alaska Native, 0.8 percent Asian, 1.2 percent other
- Nicollet County: 94.1 percent Caucasian, 2.5 percent African-American, 0.4 percent American Indian or Alaska Native, 1.5 percent Asian, 1.5 percent other
- Minnesota: 85.4 percent Caucasian, 6 percent African-American, 1.3 percent American Indian or Alaska Native, 4.9 percent Asian, .1 percent other

Ethnicity, which is measured separately from race, showed that 3.3 percent of the population in Blue Earth County, 5.8 percent in Le Sueur County and 4.2 percent in Nicollet County identified themselves as Hispanic or Latino.

2016 economic conditions

According to County Health Rankings:

Single-parent households

Percentage of children living in a single-parent household:

- Blue Earth County: 22 percent
- Le Sueur County: 27 percent
- Nicollet County: 26 percent
- Minnesota: 28 percent



Access to healthy foods

Percentage of low-income families with limited access to healthy foods:

- Blue Earth County: 16 percent
- Le Sueur County: 1 percent
- Nicollet County: 8 percent
- Minnesota: 6 percent

Employment

Unemployment rate:

- Blue Earth County: 3.4 percent
- Le Sueur County: 5.3 percent
- Nicollet County: 3 percent
- Minnesota: 4.1 percent

Education

High-school graduation rates:

- Blue Earth County: 86 percent
- Le Sueur County: 90 percent
- Nicollet County: 92 percent
- Minnesota: 81 percent

Income

According to the U.S. Census Bureau, the median household income (in 2014 dollars), 2010-2014 was:

- Blue Earth County: \$50,977
- Le Sueur County: \$60,296
- Nicollet County: \$59,963
- Minnesota: \$60,828

Poverty

According to the U.S. Department of Agriculture, the percentage of people living in poverty was:

- Blue Earth County: 17.9 percent
- Le Sueur County: 8.9 percent
- Nicollet County: 10.2 percent
- Minnesota: 11.5 percent

The percentage of children under 18 living in poverty was:

- Blue Earth County: 17 percent
- Le Sueur County: 11 percent
- Nicollet County: 11 percent
- Minnesota: 15 percent



Health behaviors

According to County Health Rankings:

Adult smoking

The percentage of adults who smoke is:

- Blue Earth County: 18 percent
- Le Sueur County: 15 percent
- Nicollet County: 16 percent
- Minnesota: 16 percent

Obesity

The percentage of adults who are obese is:

- Blue Earth County: 28 percent
- Le Sueur County: 33 percent
- Nicollet County: 30 percent
- Minnesota: 26 percent

Physical activity

The percentage of residents reporting doing “no physical activity” was:

- Blue Earth County: 19 percent
- Le Sueur County: 19 percent
- Nicollet County: 17 percent
- Minnesota: 20 percent

Clinical care

According to County Health Rankings:

Health insurance coverage

Those under 65 who have no health insurance:

- Blue Earth County: 6.3 percent
- Le Sueur County: 7 percent
- Nicollet County: 5.6 percent
- Minnesota: 6.8 percent

Primary-care physicians

Number of people per primary-care physician:

- Blue Earth County: 1,010
- Le Sueur County: 9,270
- Nicollet County: 1,100
- Minnesota: 1,100



Dentists

Number of people per dentist:

- Blue Earth County: 1,190
- Le Sueur County: 3,470
- Nicollet County: 1,500
- Minnesota: 1,500

Diabetic monitoring

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

- Blue Earth County: 92 percent
- Le Sueur County: 93 percent
- Nicollet County: 89 percent
- Minnesota: 89 percent



Assessing the Needs of the Community

Overview:

In 2013, Mayo Clinic Health System in Mankato identified and prioritized community health needs in Blue Earth, Le Sueur, and Nicollet counties through a comprehensive process that included input from local community and organization leaders, public health officials, and hospital leadership. Since completion of the 2013 Community Health Needs Assessment (CHNA), the final report has been posted on the MCHS in Mankato internet homepage for public review and comment. A link was clearly identified in the introductory comments as a place to submit comments to this report. However, none have been submitted since it was posted.

In 2016, the MCHS in Mankato 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 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 MCHS 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

Mayo Clinic Health System in Mankato partnered with:

- Blue Earth County Public Health Department
- Nicollet County Public Health
- Le Sueur County Public Health
- Public Health
- Open Door
- Minnesota Valley Action Council
- Salvation Army
- VINE Faith in Action



Input from representatives from community organizations and over 1,000 completed CHNA surveys helped identify our community health needs. An additional survey process with community organizations serving a cross section of constituents, including the underserved, provided prioritization of the top two identified needs. All surveys and community input occurred between April 1 and Aug. 19, 2016.

Public Health Department input

The Blue Earth, Le Sueur and Nicollet County Public Health Departments provided valuable input into identification of a wide variety of known health needs in our community. This information, including input from six other southern Minnesota health departments, was built into the survey used for community input. The survey instrument was designed, then administered by a senior research scientist with the Minnesota Department of Health.

County health departments participating in the CHNA survey process:

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

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 survey 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 departments 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 scannable, 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. For the first stage of sampling, a random sample of county residential addresses was purchased from a national sampling vendor. Address-based sampling was used so that all households would have an equal chance of being included in 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 rates

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.



2016 Community Survey Response 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 services on health and wellness | Public Health & MCHS |

MCHS quality data

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

- Optimal diabetes care
- Optimal vascular care
- Optimal hypertension care
- Appropriate childhood immunizations



Measures focused on:

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 Mankato 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 age 18-75 years with a diagnosis of vascular disease, who have chosen MCHS 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 age 18-80 years with a diagnosis of hypertension who have chosen MCHS in Mankato as their primary care provider and have a blood pressure less than 140/90.

Appropriate childhood immunizations

Measures the percentage of two-year old children who have chosen MCHS in Mankato 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

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 Olmstead 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 was reviewed for Southern Minnesota 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 collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measuring the health of nearly all counties in the nation and 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 Mankato, there are other resources available to meet the identified community health needs.



Other health care-related organizations

Chiropractic

Chiropractic Family Clinic, PA, Lake Crystal
Lovett Chiropractic, Madelia
Madelia Chiropractic Office, Madelia
Anderson Family Chiropractic, Mankato
Andrews Family Chiropractic, Mankato
Barnett Chiropractic & Acupuncture Clinic, Mankato
Chrysalis Chiropractic LLC, Mankato
Hoyt Chiropractic, Mankato
Mortenson Chiropractic & Wellness, Mankato
River Ridge Chiropractic, Mankato
Saggau Chiropractic, Ltd., Mankato
Sister Rosalind Gefre Massage and Wellness Centers, Mankato
Skrien Chiropractic Clinic, Mankato
Thiele Chiropractic Office, Mankato
Village East Chiropractic Center, Mankato
Petron Family Chiropractic, New Ulm
Verschaetse Chiropractic Clinic, New Ulm
Guse Chiropractic Office, New Ulm
New Ulm Chiropractic, New Ulm
Advanced Chiropractic of Mankato, North Mankato
Back to Wellness Chiropractic of Mankato, North Mankato
Charles T. Uhler, DC, St. Peter
Hulsebus Chiropractic, St. Peter
Rising Sun Chiropractic, St. Peter
St. Peter Chiropractic & Acupuncture, St. Peter
Steven J. Moore, DC, St. Peter



Dental

Apple Tree Dental, Madelia
Aspen Dental, Mankato
Advanced Dental Solutions, Mankato
Associates in Oral & Maxillofacial Surgery, Mankato
Broad Street Family Dental, Mankato
Commerce Drive Dental, Mankato
Daufenbach Dental Studio, North Mankato
Douglas Vose, DDS, Mankato
James Kalina, DDS, Mankato
Madison Avenue Dental, Mankato
Main Street Dental Clinic, Mankato
Mankato Family Dentistry, Mankato
Midwest Dental, Mankato
Minnesota State University Dental Clinic, Mankato
North Mankato Family Dentistry, Mankato
Open Door Health Center, Mankato
Oz Family Dentistry, Mankato
Pediatric & Adolescent Dentistry, Mankato
Peter C. Roth, DDS, Mankato
River City Dental Care, Inc., Mankato
River Valley Dental of Mankato, Mankato
Southeastern Oral & Maxillofacial Surgery, Mankato
Southern Minnesota Endodontics, Mankato
Southern Minnesota Periodontics, Mankato
Total Dental Concepts, Mankato
Westwood Dental Arts, Mankato
Anderson Orthodontics, St. Peter
Riverside Dental Care, St. Peter
Snyder, Mary, DDS – St. Peter
St. Peter Family Dental – St. Peter
Valley View Dental – St. Peter



Fitness/exercise/wellness

Snap Fitness, Le Center
Snap Fitness, Le Sueur
Anytime Fitness Gyms, Madelia
Anytime Fitness Gyms, Mankato
Body Beautiful Weight Loss Spa, Mankato
Build n Tone Fitness, Mankato
Curves, Mankato
Fitness for \$10, Mankato
Jo's Fitness Garage - Mankato
Ideal Weigh to Be, Mankato
Inspired Aging–Integrative Therapies, Mankato
Planet Fitness, Mankato
Profile by Sanford, Mankato
Slimmer Weigh, Mankato
Sun Moon Yoga, Mankato
Worthy of Wellness, Mankato
YMCA, Mankato
Broadway Chiropractic, New Ulm
Snap Fitness, New Ulm
Snap Fitness, North Mankato
Anytime Fitness Gyms, St. Peter
Cornerstone Wellness Center, St. Peter
The Pulse Fitness, St. Peter

Food shelf

Le Sueur Emergency Food Shelf, Le Sueur
Le Sueur Food Shelf, Le Sueur
Madelia Emergency Food Shelf, Madelia
Echo Food Shelf, Mankato
Salvation Army, Mankato
New Ulm Area Emergency Food Shelf, New Ulm
New Ulm Area Food Emergency Distributors, New Ulm
SHEAF–Sleepy Eye Area Food Shelf, Sleepy Eye

Free/reduced clinic

Open Door Health Care Center (medical/dental)
Sage Screening Program, MCHS and others



Hospital/clinic

Minnesota Valley Health Center, Inc. (Essentia Health), LeSueur
Madelia Community Hospital and Clinics, Madelia
New Ulm Medical Center (Allina Health), New Ulm
Sleepy Eye Medical Center, Sleepy Eye
River's Edge Hospital, St. Peter

Long-term care/memory care/senior care

Autumn Grace, Mankato
Cedar Haven, Mankato
Mankato House Healthcare Center, Mankato
MRCI, Mankato
Natural Surroundings, Mankato
Oak Terrace, Mankato
Oaklawn Health Care Center, Mankato
Pathstone Living, Mankato
Mapleton Community Home, Mapleton
Good Samaritan Society, St. Peter

Medical clinic

Mankato Clinic–Lake Crystal Family Practice, Lake Crystal
Mankato Anesthesia Associates, Ltd., Mankato
Mankato Clinic–J. Scott Sanders Center for Sleep Medicine, Mankato
Mankato Clinic at Adams Street (Urgent Care and Occupational Medicine), Mankato
Mankato Clinic at Madison East, Mankato
Mankato Clinic at Main Street, Mankato
Mankato Clinic at Wickersham, Mankato
Ophthalmology Associates, Mankato
Orthopaedic & Fracture Clinic, Mankato
Mankato Clinic at Mapleton, Mapleton
Mankato Clinic–North Mankato Family Practice, North Mankato
Mankato Clinic–Daniels Health Center, St. Peter

Outpatient physical therapy

Orthopaedic & Fracture Clinic Physical Therapy/Sports Medicine Center, Mankato
Pediatric Therapy Services, Inc., Mankato
Wenger Physical Therapy, North Mankato



Information gaps

Some gaps in the information may lead to an incomplete assessment of community health needs.

Gaps identified in this process include:

1. Total cost of care, factoring in outpatient visits, medications, ancillary treatments and non-affiliated MCHS provider charges
2. 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 then designed, 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

Overview:

In January 2016, Mayo Clinic Health System started planning for the CHNA. Plans were developed to facilitate stakeholder input, assemble research, and implement a prioritization process factoring internal organizational filters, and community stakeholder input into the final priorities.

The Mankato CHNA process identified and prioritized these 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 work group, in coordination with operational leadership. Six criteria were identified that would help prioritize and match 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 the review by the Mankato site leadership, including the site administrator, nursing administrator and medical director.

Community

A second set of surveys was 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 Mayo Clinic Health System 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.

Results of the community partner survey ranked the topics, as follows:

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

Written comments from community partners survey included:

- We need to do work with our immigrant populations.
- Obesity--particularly related to children
- Healthy eating and increasing physical activity are priorities.
- Other health concern-dental care access
- Dental access is our largest need in our work with MHCP-enrolled families. It is a particular concern in our Head Start programs (children birth to five). Our organization works in all nine counties of Region 9. There are three health plans in our region, Medica, Blue Plus and South Country Health Alliance. Fortunately Pediatric Dental accepts SCHA (a county-based management plan). Unfortunately, there are only a couple of counties who use the plan. Therefore access is VERY limited for those enrolled in the others. Many of our families have to travel well over an hour for dental care.
- Mankato is of particular concern.
- We are seeing mental health and wellness and the aging population as priorities, as well.

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 (Mankato)



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

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 Blue Earth and Nicollet counties compare to Minnesota and national performance?
- b. How are Blue Earth, Nicollet and Le Sueur 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 Blue Earth, Nicollet and Le Sueur 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 needed

- a. Stakeholder 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?

Mayo Clinic Health System prioritized health needs

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

1. Obesity
2. Hypertension

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. Included is a list of actions taken in 2014 and 2015 in the section below.

Identified Need	2014 Actions	2015 Actions	Impact	
1A	<p>Chronic disease – communicate health-related events to the community</p>	<p>Partnered with local newspapers to publish regular stories with information and recommendations on chronic diseases and health/wellness awareness. Hosted free public forums with providers speaking on specific health care-related topics.</p>	<p>Hosted 11 free public forums with providers speaking on specific health care-related topics. Had 250 media hits in Mankato (includes print, web, TV and radio), which included information and recommendations on chronic diseases and health/wellness awareness. Served over 1,000 individuals at Madison East Flu Clinic.</p>	<p>Increased awareness of chronic disease and prevention measures among Mankato-area residents. We use an external tool to track how the community perceives the care we provide and our commitment to meeting the needs of the community.</p>
1B	<p>Chronic disease – communicate changes in health care to community</p>	<p>Got “voice of the customer” input from our communities through our local foundations, public boards and advisory groups to share information on publicly reported quality and safety data. MCHS leaders were part of strategic community boards, including Open Door Health Center, Children’s Museum of Southern Minnesota, United Way, YMCA and Greater Mankato Growth.</p>	<p>Published Community Report. Used interpreter iPad services & axillary kits to connect to non-English speaking patients. MCHS leaders were part of strategic community boards including VINE, Open Door Health Center, Children’s Museum of Southern Minnesota, United Way, YWCA, YMCA and Greater Mankato Growth. Engaged in Behavioral Health Collaborative called South Central Community-Based Initiative-Integrated Services Committee.</p>	<p>Updated community on changes and happenings in our organization and increased awareness of chronic disease and prevention measures among Mankato-area residents. Increased participation in work of community partners that will improve health of community members. Increased awareness and communication with patients. Focus of group is to bring mental health professionals from a 10-county area together to meet and discuss issues that professionals are</p>



				facing with the mental-health population.
2A.	Health promotion and disease prevention –promote healthy lifestyle choices to the public	Invested direct and in-kind support to the health and wellness partnership with the Children’s Museum of Southern Minnesota. Sponsored Mankato Marathon that attracts 5,000 runners and families with a focus on education and keeping fit. Hosted bike-safety event to promote helmets and bike safety to kids and families in our region.	Invested direct and in-kind support to the health and wellness partnership with the Children’s Museum of Southern Minnesota. Sponsored Mankato Marathon that attracts 5,000 runners and families with a focus on education and keeping fit. Hosted bike-safety event in partnership with Children’s museum to promote helmets and bike safety to kids and families in our region. Partnered with BackPack Food Program. Adopted distribution at local elementary school and started monthly packing session for employees. Partnered with Mankato Public Schools as Bike/Walk to School sponsor. Participated in Relay for Life as a team and had information booth.	Increased employee participation in community events. Increased awareness of healthy lifestyle choices.
2B.	Health promotion and disease prevention –build awareness of available health care services	Partnered with Open Door Health Center to provide in-kind support and specialty services to uninsured population in the region. Provided sponsorships and involvement in community health programs and events.	Provided sponsorships and involvement in community health programs and events. Hired first Director of Health Equities.	Reduction in the community’s need to access health care services due to better preventive measures and better management of chronic conditions. Increased employee participation in community events. Offered educational programs for Somali population.