



Community Health Needs Assessment



Mayo Clinic Health System – New Prague

September 2016



Table of Contents

Executive Summary	3
Our Community	6
Assessing the Needs of the Community	10
Addressing the Needs of the Community.....	19
Evaluation of Prior CHNA and Implementation Strategy.....	23



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 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 New Prague provides a 25-bed, critical-access hospital located in New Prague, Minn., and operates family medicine clinics in Montgomery and New Prague, and express-care clinics in New Prague and Belle Plaine.



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

- **Inpatient labor and delivery**, hospital medicine, emergency medicine, laboratory service, pharmacy and radiology.
- **Multi-specialty and general surgery**. Surgical specialties include anesthesia, audiology, ENT, OB/GYN and urology.
- **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 who require daily therapy following an accident or injury.
- **The Family Birth Center** offers comprehensive care to families with low- and high-risk pregnancies during labor, delivery and postpartum. Care is provided by an interdisciplinary health care team consisting of the primary care provider and other medical staff, the infant's physician, nursing, lactation consultants, social services, pharmacy, occupational and physical therapy, environmental dietary consultation and chaplain services.
- **The Peace Center** is a food-distribution center serving individuals in New Prague and the surrounding area. Founded in 1983 and located on the campus of MCHS in New Prague, the center helps nearly 5,000 individuals each year with their everyday needs.
- **The Fitness Center**, located near the New Prague hospital, is the community health club with more than 1,000 members of all ages and fitness levels. This facility offers state-of-the-art equipment, free weights and a wide variety of group exercise classes and programs.
- **Outpatient services** in allergy treatment, audiology, breastfeeding assessment, cardiac rehabilitation, diabetes education, ear/nose/throat, emergency medicine, family medicine, foot and ankle, gastroenterology, infectious diseases, infusion therapy, internal medicine, laboratory testing, medical specialty assessment and treatment, neurology, nutrition, obstetric shared-care program, OB/GYN, orthopedics, pain management, pediatrics, psychiatry, rehabilitation therapies, radiology and imaging, respiratory therapy, sleep medicine, social services, speech pathology, urology, and women's health.
- **Rochester-managed service** for cardiology and medical oncology.



Summary of Community Health Needs Assessment:

For this Community Health Needs Assessment (CHNA), MCHS in New Prague 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, which was managed by the Minnesota Department of Health. The results of the assessment are being used to guide MCHS in New Prague'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 New Prague area through a community-wide approach. The New Prague 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, as well as invite renewed awareness and engagement with the community at large.

The New Prague CHNA process identified and prioritized these health needs:

1. Obesity
2. Hypertension (blood pressure)



Our Community

Geographic Area:

Mayo Clinic Health System in New Prague primarily serves communities in Scott and Le Sueur counties in south-central Minnesota. The main medical campus is in New Prague, located in Scott County. Scott County is a mixed suburban and rural county, while Le Sueur County is rural and agricultural. MCHS in New Prague's patient base draws from approximately 60,000 residents in Scott, Le Sueur, Rice and Sibley counties. Although MCHS in New Prague serves patients from other counties, the majority are from Scott (59.3 percent) and Le Sueur (27.9 percent), for a total inpatient base of 87.2 percent. For the purposes of this CHNA, the community is defined as Scott and Le Sueur counties.



Demographics:

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

Population

- **New Prague:** 7,582
- **Scott County:** 141,660. Increased by 9 percent from 2010-2015
- **Le Sueur County:** 27,663. Decreased by 0.1 percent from 2010-2015
- **Minnesota.** Increased by 3.5 percent from 2010 to 2015

Age

Population over age 65:

- **Scott County:** 9.6 percent
- **Le Sueur County:** 16.4 percent
- **Minnesota:** 14.7 percent



Gender

The ratio of males and females:

- **Scott County:** 49.9/50.1
- **Le Sueur County:** 50.4/49.6
- **Minnesota:** 49.7/50.3

Racial demographics

According to the U.S. Census Bureau:

- **Scott County's population:** 86.7 percent Caucasian, 3.7 percent African-American, 1.1 percent American Indian or Alaska Native, 6.3 percent Asian and 2.2 percent other
- **Le Sueur County's population:** 97.5 percent Caucasian, .5 percent African-American, .4 percent American Indian or Alaska Native, .6 percent Asian and one percent other
- **Minnesota's population:** 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 4.9 percent of the population in Scott County and 5.8 percent in Le Sueur County identified themselves as Hispanic or Latino.

2016 economic conditions

According to County Health Rankings:

Single-parent households

The percentage of children living in a single-parent household:

- **Scott County:** 16 percent
- **Le Sueur County:** 27 percent
- **Minnesota:** 28 percent

Access to healthy foods

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

- **Scott County:** 4 percent
- **Le Sueur County:** 1 percent
- **Minnesota:** 6 percent

Employment

The unemployment rate:

- **Scott County:** 3.5 percent
- **Le Sueur County:** 5.3 percent
- **Minnesota:** 4.1 percent



Education

High-school graduation rates:

- **Scott County:** 86 percent
- **Le Sueur County:** 90 percent
- **Minnesota:** 81 percent

Income

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

- **Scott County:** \$86,510
- **Le Sueur County:** \$60,296
- **Minnesota:** \$60,828

Poverty

According to the U.S. Census Bureau, the percentage of people living in poverty was:

- **Scott County:** 5.5 percent
- **Le Sueur County:** 8.9 percent
- **Minnesota:** 11.5 percent

Health behaviors

According to County Health Rankings:

Adult smoking

The percentage of adults who smoke was:

- **Scott County:** 14 percent
- **Le Sueur County:** 15 percent
- **Minnesota:** 16 percent

Obesity

The percentage of adults who are obese was:

- **Scott County:** 25 percent
- **Le Sueur County:** 33 percent
- **Minnesota:** 26 percent

Physical activity

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

- **Scott County:** 17 percent
- **Le Sueur County:** 19 percent
- **Minnesota:** 20 percent



Clinical care

According to County Health Rankings:

Health insurance coverage

Those under 65 with no health insurance:

- **Scott County:** 8 percent
- **Le Sueur County:** 9 percent
- **Minnesota:** 9 percent

Primary-care physicians

Number of people per primary-care physician:

- **Scott County:** 1,690
- **Le Sueur County:** 9,270
- **Minnesota:** 1,100

Dentists

Number of people per dentist:

- **Scott County:** 2,250
- **Le Sueur:** 3,470
- **Minnesota:** 1,500

Diabetic monitoring

The percentage of diabetic Medicare enrollees ages 65-75 who receive HbA1c monitoring:

- **Scott County:** 91 percent
- **Le Sueur County:** 93 percent
- **Minnesota:** 89 percent



Assessing the Needs of the Community

Overview:

In 2013, MCHS in New Prague identified and prioritized community health needs in Scott and Le Sueur counties through a comprehensive process that included input from local community partner organization, public health officials and hospital leadership. Since completion of the 2013 CHNA, the final report has been posted on the MCHS in New Prague internet homepage for public review and comment. A clearly identified link in the introductory comments indicated that comments could be submitted about this report. However, no comments were submitted since this posting.

In 2016, the MCHS in New Prague 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

MCHS in New Prague surveyed randomly selected individuals in Le Sueur County and partner organizations also serving 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

Scott County Public Health and Le Sueur County Public Health provided valuable information regarding community health needs and a unique perspective for underserved populations. This public health department represents all residents in Scott and Le Sueur counties, with 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 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 “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 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 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 services on health and wellness Public Health & MCHS

Mayo Clinic Health System 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:



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 New Prague 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 that have chosen MCHS in New Prague 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 that have chosen MCHS in New Prague 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 New Prague 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. FQHCs must serve an underserved area or population, offer a sliding fee schedule, provide comprehensive services, and have an ongoing quality assurance program and 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

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 New Prague, there are other resources available to meet the identified community health needs, including nine hospitals:

1. St. Francis Regional Medical Center
2. Minnesota Valley Health Center
3. District One Hospital
4. Sibley Medical Center
5. Northfield Hospital
6. St. Peter Hospital
7. Fairview Southdale, Edina
8. Ridgeview, Waconia
9. Fairview Ridges, Burnsville



Other health care-related organizations in the New Prague service area

Chiropractic

Back & Neck Clinic	New Prague
Erickson Family Chiropractic	New Prague
Giesen Family Chiropractic	New Prague
New Prague Family & Sports Chiropractic Center	New Prague
Lonsdale Chiropractic	Lonsdale
Belle Plaine Chiropractic	Belle Plaine
River Valley Chiropractic	Belle Plaine
Todd Meeker Chiropractic	Belle Plaine
Montgomery Family Chiropractic	Montgomery

Dental

Douglas Vayda, DDS DMSc	New Prague
Main Street Dental	New Prague
New Prague Dental Center	New Prague
New Prague Gentle Dental Care	New Prague
Geoffrey Iverson, DDS	Montgomery
Mark Brahs, DDS	Montgomery
Lonsdale Family Dental Clinic	Lonsdale
Belle Plaine Family Dentistry	Belle Plaine

Fitness/wellness

Anytime Fitness	New Prague Jordan Montgomery Elko New Market
Snap Fitness	New Prague Belle Plaine Le Center Le Sueur Lonsdale Montgomery
Way to Yoga	New Prague

Food shelf

CAP Agency Food Shelf	Shakopee
Montgomery Food Shelf	Montgomery
Le Center Food Shelf	Le Center
Jordan Area Food Shelf	Jordan

Free/reduced clinic



Mdewakanton Sioux (Native Americans)	Shakopee
Health Finders Collaborative	Northfield
SAGE Screening Programs – Allina	Various locations

Home care

Crystal Care Home Health Agency	New Prague
Heart to Hands Home Care	New Prague
International Quality Home Care	New Prague

Long-term care/memory care/senior care

Monarch (Mala Strana)	New Prague
The Lutheran Home	Belle Plaine
Kings Way Assisted Living	Belle Plaine
St. Gertrude’s Nursing Home	Shakopee
The Villages of Lonsdale	Lonsdale
Three Links of Northfield	Northfield
Traditions	Montgomery
Central Health Care, Inc.	Le Center
Ecumen-Country Neighbors	Le Center

Medical care

Parkview Medical Clinic	New Prague
Family Health Medical Clinic of Lonsdale	Lonsdale
Other primary and specialty clinics in Jordan, Waconia, St. Peter, Burnsville, Edina, Faribault, Arlington, Northfield	

Outpatient physical therapy

Optimal Sports Physical Therapy	New Prague
Outpatient physical therapy also available in Waconia, St. Peter, Burnsville, Edina, Faribault, Northfield	

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 New Prague CHNA process identified and prioritized these health needs for the New Prague area:

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 New Prague site leadership, including the site 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.

Community Partner Organizations that received the health need ranking survey:

- 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:

- 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:

- 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 Scott and Le Sueur counties compare to Minnesota and national performance?
- b. How are Scott 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 Scott and Le Sueur counties to address the health priority?

Criteria 3: Feasibility and effectiveness of implementation plan

- a. What is the 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 about 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?

Mayo Clinic Health System 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, these 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
<p>1 Access to health care – to increase access to health care services via telephone and web-based programs</p>	<p>Implemented Patient Online 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 questions, and have immediate access to their information. Efforts to continue to enroll community members and encourage routine use are ongoing.</p> <p>Telephone reminder programs have been implemented to remind patients of scheduled appointments and/or reminders for rechecks. This program is ongoing.</p>	<p>In 2015, strengthened and expanded our work on improving access to include telephone, web-based programming, Patient Online Services and non-physician visits (registered nurse or pharmacist visits). 2015 efforts include: Expert RN (triage line); Nurse Line (symptom-based phone resource); increased enrollment in Patient Online Services for questions, follow up, results review, etc.; Medication Therapy Management Program: pharmacist visits to review multiple medications, interactions, etc.; Anti-coagulation Clinic: registered nurse visit; call center restructuring to improve access; implemented fourth quarter 2015 and remains in-progress</p>	<p>Expert RN and Nurse Line have been effective in providing real-time phone triage for patients with known diagnoses or for patients with symptoms or provider-type questions. Patient Online Services allows patients to communicate with providers electronically, see results, ask questions, etc. The impact has been positive, allowing patients a way to electronically communicate with their primary care provider. Medication Therapy Management was designed for patients with 10 or more medications to give them an opportunity to meet with a pharmacist to review medication needs, interactions and side effects. The impact has been positive, giving the ability to monitor and reduce medication issues for our older patients. Anti-coagulation Clinic has had a positive impact by</p>



				<p>closely monitoring patient's labs while taking blood thinners. Call center redesign began in 2015 and will conclude in 2016. Impact will be positive through the creation of phone pods to improve patient scheduling.</p>
2	<p>Health and wellness – to increase health and wellness in the community</p>	<p>The Fit Kids Programs now is in every 3rd grade classroom in the New Prague school district. Each third grader receives 60-90 minutes of training per month from October through May on nutrition, exercise and the benefits of decreased electronic screen time. MCHS-New Prague and the MCHS-New Prague Fitness Center are the primary sponsors of the Run New Prague half marathon, 10K, 5K, family run and kids run. In addition, the Fitness Center offers a 5K prep course that prepares any interested community member to run the 5K race.</p>	<p>Fit Kids for all area 3rd graders. ImPACT concussion management program. Contracted with Belle Plaine, New Prague and Montgomery School Systems for athletic training support for sports programs and events. Implemented three community-wide health/wellness challenges: Great Weight Loss, Winter Warrior and Running Club (for non-runners). Lunch and Learn programs designed and offered at local industrial business.</p>	<p>Increased physical activity decreased sedentary time and improved nutrition choices. Students enrolled in sports complete the concussion pre-test; following an injury, they are retested and monitored until medically cleared to return to play. Athletic Trainer Support available at least weekly to help keep student athletes healthy and ready to play; available at sporting events to assess injuries. Good community participation in fitness-focused challenges designed for adults desiring to reduce weight and increase fitness. Nutrition presentation and tips; monthly yoga classes offered at work sites.</p>