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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 24 hospitals located in communities throughout the United States, including Arizona, Florida, Georgia, Minnesota, Wisconsin and Iowa.

A significant benefit that Mayo Clinic provides to all communities, local to global, is 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 to patient care quickly. Through 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. In addition, 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 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 the Mayo Clinic Health System (MCHS) and is part of its Southwest Minnesota region, which also includes hospitals in New Prague, Waseca, Springfield, St. James and Mankato.

Mayo Clinic Health System 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 Birth Place** in the hospital 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 that 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, speech pathology and sports medicine.

Mayo Clinic Health System is a family of clinics, hospitals and health care facilities serving more than 70 communities in Iowa, Georgia, Wisconsin and Minnesota. Mayo Clinic Health System encompasses 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 communities, ranging from primary to highly specialized care. Mayo Clinic Health System is recognized as one of the most successful regional health care systems in the United States.

Through the power of collaboration, Mayo Clinic Health System provides patients with access to cutting-edge research, technology and resources that comes from Mayo Clinic. Our communities have the peace of mind that their neighbors are working together around the clock on their behalf.

Mayo Clinic Health 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. We call this power "the Mayo Effect."
**Summary of Community Health Needs Assessment:**

For this Community Health Needs Assessment (CHNA), Mayo Clinic Health System in Fairmont partnered with local community leaders to engage with all available stakeholder groups in the community, review publicly available health-related data and survey individuals. The results of the assessment are being used to guide Mayo Clinic Health System in Fairmont’s strategies and partnerships to maximize community health and wellness, patient care and population health management.

Mayo Clinic Health System 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, as well as invite renewed awareness and engagement with the community at large.

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

1. Chronic disease
2. Access to health care

The Mayo Clinic Health System in Fairmont community assessment process was led by an internal Mayo Clinic Health System committee comprised of representatives from hospital leadership, public affairs, compliance and fiscal services.

This committee viewed the CHNA as an opportunity to better understand known health care needs and, if possible, identify emerging needs within each of the six Mayo Clinic Health System communities in the Southwest Minnesota region — Fairmont, Mankato, New Prague, Springfield, St. James and Waseca.

The committee also viewed this as an opportunity to begin assessing key elements of community receptivity to changes in care delivery, in particular the Mayo Clinic Health System objectives related to future care delivery, which are outlined by the Institute for Healthcare Improvement (IHI) Triple Aim Goal of:

1. Improving the patient experience of care, including quality and satisfaction
2. Improving the health of populations
3. Reducing the per capita cost of health care
Our Community

Overview:

Mayo Clinic Health System in Fairmont primarily serves communities located in Martin County, Minn. It also serves communities in Faribault, Watonwan and Jackson counties in south-central Minn., and Kossuth, Emmett and Palo Alto counties in north-central Iowa. 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.

Description:

According to the 2010 US Census:

Population

- Fairmont: 10,660
- Martin County: 20,840. Decreased by 1.8 percent from 2010 to 2012.
- Five surrounding counties: each has approximately 12,500 residents

Minnesota’s population increased by 1.4 percent from 2010 to 2012.

Age

Percentage of population over age 65:

- Martin County: 21.1 percent
- Minnesota: 13.6 percent
Gender
The ratio of males and females in Martin County was 49.2/50.8. This is similar to the Minnesota ratio of 49.7/50.3.

Racial Demographics
According to the U.S. Census Bureau:
- Martin County: 97.7 percent Caucasian, 0.4 percent African-American, 0.3 percent American Indian or Alaska Native, 0.6 percent Asian and 1 percent Other
- Minnesota: 86.5 percent Caucasian, 5.5 percent African-American, 1.3 percent American Indian or Alaska Native, 4.4 percent Asian and 2.3 percent Other

Ethnicity, which is measured separately from race, showed that 3.8 percent of the people in Martin County identified themselves as Hispanic or Latino.

Economic conditions
According to County Health Rankings:

Single-parent households
Percentage of children living in a single-parent household:
- Martin County: 25 percent
- Minnesota: 27 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 6.1 percent, very similar to that of Minnesota, which was 6.4 percent.

Educational attainment
Martin County had a high school graduation rate of 84 percent, higher than that of Minnesota as a whole, which was 77 percent.

Income
According to the U.S. Census Bureau, the median household income was:
- Martin County: $44,791
- Minnesota: $58,476

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

According to County Health Rankings:

Obesity
The percentage of adults who are obese in Martin County was 27 percent, which is almost the same as Minnesota with 26 percent.

Physical activity
The percentage of residents in Martin County reporting doing “no physical activity” was 22 percent; in Minnesota as a whole it was 19 percent.

Clinical care

According to County Health Rankings:

Health insurance coverage
Of those under 65 in Martin County, 11 percent had no health insurance, about the same for Minnesota with 10 percent.

Primary-care physicians
There were 1,042 people per primary care physician in Martin County, compared with 1,140 in Minnesota.

Dentists
There were 3,253 people per dentist in Martin County, higher than the 1,660 in Minnesota as a whole.

Diabetic screening
The percentage of diabetics screened in the past year in Martin County was 84 percent, compared with 88 percent in Minnesota.

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
### Dental
- Carlson Dental Office
- Fairmont Family Dentistry
- Jeffrey Fordice, DDS
- Oral & Maxillofacial Associates PC
- Reiter Dental PA
- Southern Minnesota Orthodontics

### Fitness/wellness
- Ancient Wisdom Studio for the Healing Arts
- Anytime Fitness
- Cutting Edge Fitness of Fairmont
- Curves

### Food shelf
- Faribault Area Food Shelf
- Salvation Army Martin County Food Shelf
- Sage Screening Program

### Home care
- Prairie River Home Care Inc.
- United Hospital District Home Health
- Baywood Home Care in Sherburn

### Long-term care/memory care/senior care
- St. Luke’s Lutheran Care Center
- Lakeview Methodist Health Care Center
- Good Samaritan Society
- Truman Senior Living

### Medical clinic
- Center for Specialty Care/Center for Primary Care
- Dulcimer Medical Center
- Renew Skin & Laser Center, LLC
- Smart Clinic

### Outpatient physical therapy
- Rehab Care Group
Assessing the Needs of the Community

**Overview:**

Mayo Clinic Health System in Fairmont identified and prioritized community health needs through a comprehensive process that included input from local community and organization leaders, public health officials, hospital leadership and other community stakeholders.

**Community Input:**

Mayo Clinic Health System in Fairmont partnered with Human Services of Faribault and Martin counties and local community leaders to gather community input.

Representatives of the community 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. These representatives were asked to meet in order to share information and discuss community health need perceptions.

**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. This public health department represents all residents in Faribault and Martin 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.

**Interviews and surveys specific to underserved residents**

An additional interview and survey were conducted by Mayo Clinic Health System September 13, 2013 with Carmen Reckard, R.N., P.H.N., supervisor of Human Services of Faribault and Martin counties. The purpose was to research the community health needs for underserved residents.

Survey questions included:

1. What specific groups of people or demographic does your organization serve?
2. Based on your experience, what are the top three quality of life concerns for those whom you serve?
3. In your opinion, what are the top three health concerns of those whom you serve?
4. In your opinion, what could our community do to improve concerns you identified in #2 and #3?
5. In your opinion, what barriers exist in our community that prevents those whom you serve from being as healthy as they could be?
Community collaboration

The following people participated in the Community Health Needs Assessment:

<table>
<thead>
<tr>
<th>When</th>
<th>Who</th>
<th>People or Demographic Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2012 and</td>
<td>LeeAnn Backstrom</td>
<td>Broad interests of the community, with interests in aging, community culture and health care</td>
</tr>
<tr>
<td>November 2012</td>
<td>Community volunteer</td>
<td>Unspecified</td>
</tr>
<tr>
<td>Angie Garbers</td>
<td>Community volunteer</td>
<td>Broad interests of the community, with interests in access to health care and disabilities advocating</td>
</tr>
<tr>
<td>Virginia Holcomb</td>
<td>Community volunteer</td>
<td>Broad interests of the community, with interests in access to health care, aging and community culture</td>
</tr>
<tr>
<td>RuthAnn Jones</td>
<td>Community volunteer</td>
<td>Broad interests of the community, with interests in healthcare</td>
</tr>
<tr>
<td>Robert Lintelman</td>
<td>Government</td>
<td>Broad interests of the community, with interests in access to health care and education</td>
</tr>
<tr>
<td>Arlynn Lueth</td>
<td>Business/farming</td>
<td>Broad interests of the community, with interests in access to health care and health care costs</td>
</tr>
<tr>
<td>Lori Pomereneke</td>
<td>Community volunteer</td>
<td>Broad interests of the community, including youth and 4-H programs</td>
</tr>
<tr>
<td>Helen Rode</td>
<td>Government</td>
<td>Broad interests of the community, with interests in aging advocacy</td>
</tr>
<tr>
<td>Jolene Rosol</td>
<td>Business</td>
<td>Broad interests of the community, with interests in access to health care and health care costs</td>
</tr>
<tr>
<td>James Simser</td>
<td>Education</td>
<td>Broad interests of the community, with interests in youth education and physical fitness</td>
</tr>
<tr>
<td>Jenny Trushenski</td>
<td>Government</td>
<td>Broad interests of the community, with interests in community education, youth education and access to health care</td>
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<tr>
<td>November 2012</td>
<td>Kathy Werner</td>
<td>All residents of Faribault and Martin counties, including underserved populations</td>
</tr>
<tr>
<td></td>
<td>Human Services of Faribault and Martin Counties Executive director</td>
<td></td>
</tr>
<tr>
<td>September 2013</td>
<td>Carmen Reckard, R.N., P.H.N.</td>
<td>All residents of Faribault and Martin counties, including underserved populations</td>
</tr>
<tr>
<td></td>
<td>Human Services of Faribault and Martin Counties Supervisor</td>
<td></td>
</tr>
</tbody>
</table>
**Process and Methods:**

In 2012, Mayo Clinic Health System started planning for the CHNA. Plans were developed to facilitate stakeholder engagement, conduct and assemble research, and prioritize health needs.

The processes and methods used to conduct the community health needs assessment involved working with community representatives and conducting primary and secondary data/research.

The community representatives met to discuss the reason and objectives of the community health needs assessment. At the meetings, the hospital service area was defined by counties; local data and trends were shared by the county public health representative and hospital administrator; county, state and federal data were reviewed; and time was allotted for questions and answers.

**Community health survey**

At the first meeting of community representatives, a survey tool (questionnaire) was given to everyone. Representatives took a minimum of 10 surveys for distribution throughout the community in order to reach individuals who represent a wide range of community members, including underserved residents in the defined service area.

The survey contained questions regarding perceived quality of health care in the community, barriers to health care, use of health care, health care needs and demographic information. The survey was conducted in October and November of 2012 and 69 people in the hospital’s service area responded.

**Secondary 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 is provided, if available. This data was used to help determine and prioritize community health needs. Secondary data/research was accessed between August 2012 and September 2013.

Publicly available data included:

1. Socio-economic
2. Poverty rates
3. Health behaviors
4. Clinical care
5. Demographics
6. Obesity rates
7. Insurance coverage
Data used in the CHNA includes:

Centers for Disease Control – Obesity Prevalence

County Health Rankings
countyhealthrankings.org, accessed 8/30/2013

Demographic Trends and Social Service Landscape
demography.state.mn.us/documents/SusanBrower_MSSA.pdf

Minnesota Diseases & Conditions
health.state.mn.us/macros/topics/diseasestats.html

Minnesota Office of Minority & Multicultural Health Publications
health.state.mn.us/ommh/publications/index.html

Population and Household Counts from 2010 Census, prepared by the Minnesota State Demographic Center
demography.state.mn.us/CityProfiles2010/cty015yr2010.pdf

State of Minnesota: State Demographers Office
demography.state.mn.us/index.html

U.S. Census 2010 Population Finder
census.gov/popfinder/?fl=27:2761816:27015:27033:27127

U.S. Census Bureau
quickfacts.census.gov, accessed 8/30/2013

U.S. Department of Agriculture: Economic Research Service

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 for our population served
2. Detailed data on all culturally diverse populations served, since much publicly available data is collated into general population information
3. Market use data for outpatient services
4. Limited access to indigent or transient population health information
5. Comparative data for Minnesota and Iowa counties where the hospital serves residents; collection and formatting of health care data is handled differently in the two states
**Analytical methods**

Mayo Clinic Health System compiled and analyzed data from the Community Health Survey to identify community health needs discovered via the survey.

During the October meeting, secondary data/research and input from the county Public Health director was also reviewed by Mayo Clinic Health System in order to identify community health needs perceived by community representatives.

A final interview and survey with the county public health supervisor was conducted September 13, 2013, to identify community health needs of all residents including underserved populations.

**Third-party assistance**

No third parties were contracted with or used to assist in conducting the CHNA.
Addressing the Needs of the Community

Overview:

After reviewing and analyzing primary and secondary data collected from the community, Mayo Clinic Health System prioritized the community’s health needs.

Prioritization Process

A second meeting of community representatives was held in November 2012. The objective was to review survey results, analyze data and identify community health care needs. Three questions were asked of the community representatives:

1. What can be done to improve the health and quality of life in our community?
2. What non-traditional methods (technology, team-based care, etc.) can we implement to improve access to health care in our community?
3. As health care premiums, co-pays, and deductibles rise, what health and wellness strategies or programs should we offer to keep our community healthy?

After the community representatives identified the community health needs, the following question drove the prioritization process.

1. Of the community health needs identified, which would provide the greatest benefit to our community?

Mayo Clinic Health System then reviewed all of the available data and community input in order to prioritize the community’s health needs.

Prioritized Community Health Needs:

1. Chronic disease
2. Access to health care