



Community Health Needs Assessment



Mayo Clinic Health System – Springfield

November 15, 2013



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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 Springfield has a 24-bed critical-access hospital in Springfield, as well as family medicine clinics in Lambertton and Springfield, and a state-of-the-art, full-service dental clinic in Springfield, which provides comprehensive dental care for all ages.

Springfield is one of 17 hospitals within Mayo Clinic Health System (MCHS) and is part of its Southwest Minnesota region, which also includes hospitals in Fairmont, Mankato, New Prague, St. James and Waseca.

Mayo Clinic Health System in Springfield supports the community through inpatient and outpatient services and offers:

- Emergency medicine
- General surgery and medical care
- Inpatient transitional care, providing a step between hospital and home
- Outpatient services in audiology, cardiac rehabilitation, diabetes education, digestive care, ear/nose/throat, emergency medicine, family medicine, laboratory testing, mammography, medical specialty assessment and treatment, nutrition, obstetrics shared-care program, medication therapy management, radiology and imaging, rehabilitation therapies, speech pathology and urology



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. It includes more than 900 providers and serves more than half a million patients each year. As part of Mayo Clinic — a leading caregiver with nearly 150 years of patient care, research and medical education expertise — the organization provides a full spectrum of health care options to 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, MCHS provides patients with access to cutting-edge research, technology and resources that come 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 Springfield 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 Springfield'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 Springfield area through a community-wide approach. The Springfield 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 Springfield CHNA process identified and prioritized the following health needs for the Springfield area:

1. Chronic disease
2. Access to health care

The Mayo Clinic Health System in Springfield CHNA 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 community health needs assessment 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 Springfield serves communities in portions of Brown, Cottonwood and Redwood counties in southwestern Minnesota. The main medical campus is in Springfield and consists of a family medicine clinic, dental clinic and critical-access hospital, which is one of three hospitals in Brown County.



Demographics:

According to the 2010 U.S. Census:

Population

Springfield's population was 2,152. Population of the counties served by MCHS in Springfield was: Brown, 25,893; Cottonwood, 11,687; and Redwood, 16,059.

There was an estimated population decline from 2010 to 2012 in all three counties ranging from a -1.8 percent population growth rate in Brown County to -0.8 percent in Cottonwood County. Minnesota's population as a whole was estimated to grow by 1.4 percent over the same time span.

Age

Springfield and the counties it serves had a significantly higher percentage of people over the age of 65 (26 percent) than the whole of Minnesota (13 percent) had in 2010. Here's a more detailed breakdown:



- **Springfield:** 23 percent under 18, 49 percent between 20 and 64, and 26 percent over 65.
- **Brown County:** 22 percent under 18, 56 percent between 20 and 64, and 19 percent over 65.
- **Cottonwood County:** 24 percent under 18, 53 percent between 20 and 64, and 21 percent over 65.
- **Redwood County:** 25 percent under 18, 53 percent between 20 and 64, and 20 percent over 65.
- **Minnesota:** 24 percent under 18, 60 percent between 20 and 64, and 13 percent over 65.

Gender

In Springfield and the counties it serves, females made up more of the population than males, but not by more than 2.5 percent. All three counties were close to 50/50, which mirrors the gender percentage for Minnesota.

Racial demographics

In Springfield and the counties it serves, Caucasians comprise the largest portion of the population. Springfield and Brown County were 98 percent Caucasian, while Cottonwood and Redwood counties were closer to 90 percent Caucasian. All have small percentages of African-Americans, American Indians and Asians.

Ethnicity

Ethnicity, which is measured separately from race, showed that less than 1 percent of the people in Springfield and the counties it serves identified themselves as Hispanic or Latino.

Obesity

According to the Centers for Disease Control and Prevention, **obesity rates** in 2010 were:

- Brown County: 28.7 percent
- Cottonwood County: 28.6 percent
- Redwood County: 30.5 percent.

County Health Rankings reports the Minnesota obesity rate was nearly 26 percent.

Economic conditions

According to the 2010 U.S. Census:

Educational Attainment

- **Brown County:** Of people over 25 years of age, approximately 11 percent had no high school diploma, 40 percent were high school graduates, 22 percent had some college, and 27 percent had an associates, bachelors, graduate or professional degree.



- **Cottonwood County:** Of people over 25 years of age, approximately 15 percent had no high school diploma, 37 percent were high school graduates, 22 percent had some college, and 26 percent had an associates, bachelors, graduate or professional degree.
- **Redwood County:** Of people over 25 years of age, approximately 13 percent had no high school diploma, 39 percent were high school graduates, 24 percent had some college, and 24 percent had an associates, bachelors, graduate or professional degree.

Income

Median household incomes in Brown, Cottonwood and Redwood counties are all around \$45,000. All three counties are below Minnesota's median household income of \$58,476.

Poverty

In 2010, Brown, Cottonwood and Redwood counties, 10 to 12 percent of the population was identified as living below the poverty level. This is close to the Minnesota average of 11 percent.

Employment

Brown, Cottonwood and Redwood counties have significantly lower rates of unemployment than the United States average. Unemployment rates in the counties fluctuate seasonally, but they are generally trending lower since 2010.

According to the U.S. Bureau of Labor Statistics in May 2013, **unemployment rates** were:

- **Brown County:** 5.7 percent
- **Cottonwood County:** 4.6 percent
- **Redwood County:** 6 percent
- **Minnesota:** 5.3 percent
- **United States:** 7.6 percent

Other Available Resources:

Within the service area of Mayo Clinic Health System in Springfield, there are other resources available to meet the identified community health needs, including three other hospitals:

- Sleepy Eye Medical Center, Sleepy Eye
- New Ulm Medical Center (Allina Health), New Ulm
- Redwood Area Hospital, Redwood Falls

Other health care-related organizations

Chiropractic

Bradley J. Haugo, DC

Springfield

Theresa M. Beckman, DC

Springfield



In-Line Chiropractic, LLC	Morgan
Red Rock Chiropractic Center	Lamberton
Chiro-Plus	Redwood Falls
Bittner Chiropractic Office	Redwood Falls
Maaland Chiropractic	Redwood Falls
Sleepy Eye Chiropractic	Sleepy Eye
David J. Haler	Sleepy Eye

Dental

Stephen H. Danielson, DDS	Lamberton
Bruce Turner, DDS	Comfrey
Pollard & Rubey Dental Care	Sleepy Eye
Curtis & Larson Dental	Sleepy Eye
Springfield Dental Clinic	Springfield

Fitness/exercise/wellness

Anytime Fitness	Springfield
Dungeon's Gym Health Club	Sleepy Eye
Sleepy Eye Fitness Center	Sleepy Eye
Snap Fitness	Redwood Falls
Falls Fitness, LLC	Redwood Falls

Food shelf

Safe Food Shelf	Springfield
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Long-term care/memory care/senior care

St. John's Circle of Care	Springfield
Divine Providence Nursing Homes	Sleepy Eye
Sleepy Eye Care Center	Sleepy Eye
Good Samaritan Society-Sunwood	Redwood Falls
Ommen Corey Nursing Home	Redwood Falls
Wood Dale Nursing Home	Redwood Falls

Medical clinics

Affiliated Community Medical Centers	Redwood Falls
Morgan Medical Clinic	Morgan



Assessing the Needs of the Community

Overview:

Mayo Clinic Health System in Springfield 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 Springfield partnered with the City of Springfield, the Brown County Department of Public Health, the *Springfield Advance Press* and local 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:

The Brown County Public Health Department provided valuable information regarding community health needs and a unique perspective for underserved populations. This public health department represents all residents in Brown County and provides services to everyone regardless of age, background or socio-economic level. Services include home health, universal contact for newborns, W.I.C., elder care, health screens, community health education, radon, S.H.I.P. programs, Heart of New Ulm and Heart of Brown County.

Interviews and surveys specific to underserved residents

An additional interview and survey were conducted by Mayo Clinic Health System October 4, 2013, with Karen Moritz, Brown County director of public health and human services. 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 prevent those whom you serve from being as healthy as they could be?



Collaborating organizations

The following organizations participated on the Community Health Needs Assessment:

When	Who	People or Demographic Served
8/24/2012	Mac Tilberg City of Springfield City Manager	All residents and organizations in Springfield and local government
9/10/2012 10/15/2012	Ken Koll Rotary Club Member	Business community and its employees
9/10/2012 10/15/2012	Doris Weber Springfield Advance-Press Editor	Business community and its employees
9/10/2012 10/15/2012 10/4/2013	Karen Moritz Brown County Public Health & Human Services Registered Nurse and Director	All residents of Brown County, including underserved populations

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 CHNA 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



completed between September 10 and October 15, 2012. A total of 220 were distributed; 118 people in the hospital's service area responded, representing a 53 percent return rate.

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 community health needs assessment include:

Centers for Disease Control – Obesity Prevalence
cdc.gov/diabetes/atlas/countydata/obprev/data_Minnesota.pdf

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

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

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

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

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



ers.usda.gov/data-products/county-level-data-sets/poverty.aspx#.UiDYsD-tnTo, accessed 8/30/2013

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. Hispanic perspective — a community member representing a Hispanic community perspective chose not to participate

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 15, 2012 meeting, secondary data/research and input from the county Public Health director was also reviewed by MCHS in order to identify community health needs perceived by community representatives.

A final interview and survey with the county public health director was conducted October 2, 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 community health needs assessment.



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 October 15, 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