



Community Health Needs Assessment



Mayo Clinic Health System – Albert Lea and Austin

November, 2016



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Executive Summary

Enterprise Overview:

Mayo Clinic is a not-for-profit organization committed to inspiring hope and contributing to health and well-being by providing the best care to every patient through integrated practice, research and education. Mayo Clinic serves more than 1 million patients annually 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.

A significant benefit that Mayo Clinic provides to all communities, local to global, is 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 brings this new knowledge to patient care. 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. Mayo Clinic's Center for the Science of Health Care Delivery works to innovate and validate effective, affordable and accessible health care delivery models to benefit health care for people everywhere.

Through this Community Health Needs Assessment (CHNA), Mayo Clinic better understands local health needs to help inform its strategies and partnerships to benefit community health and advance its mission.

Entity Overview:

Mayo Clinic Health System – Albert Lea and Austin offers a broad range of inpatient, outpatient and specialty services in southern Minnesota and northern Iowa, including a convenience care clinic, cancer center, physical medicine and rehabilitation center and inpatient and outpatient drug and alcohol treatment facilities.

In 2015, Mayo Clinic Health System –Albert Lea and Austin had 316,349 clinic visits. Hospital inpatient days totaled 15,350, with an additional 1,668 days for newborn care. Mayo Clinic Health System – Albert Lea and Austin operates regional clinics in Adams, Alden, Blooming Prairie, Kiester, Leroy, New Richland and Wells, Minnesota and in Lake Mills, Iowa.

Summary of Community Health Needs Assessment:

As separate communities 23 miles apart in two different counties, Albert Lea and Austin's demographics are similar, but specific community needs vary. Health needs prioritization also varies to a certain degree to ensure that each community's unique health issues are addressed and that local buy in to CHNA plans is achieved.



Mayo Clinic Health System – Albert Lea and Austin has long history of reaching out to its communities for feedback, collectively identifying local health care needs and building partnerships to meet those needs.

We are committed to these valuable partnerships and to our role in improving the quality of life for those who live in the communities we serve. To that end, our leadership and staff serve on local boards and initiatives, including economic development and Chamber of Commerce committees, family services collaborative, community college foundation, historical societies, Red Cross and everything in between.

Working in conjunction with Freeborn County Public Health, Mower County Community Health and Human Services (MCHHS), and the Minnesota Department of Health, Mayo Clinic Health System – Albert Lea and Austin took a multi-faceted approach to gathering information and identifying local health needs.

Each county, with Albert Lea and Austin as the largest communities, respectively, conducted a similar random, mail community survey with similar questions, with the help of the Minnesota Department of Health and its data analyst. In addition, separate surveys and feedback mechanisms were employed within each county to supplement the community survey, solicit feedback from typically underserved or at-risk populations and gain general perspectives about social and environmental issues affecting health.

The 2016 Freeborn and Mower County CHNA processes advanced the following priorities (in order of highest significance):

Freeborn:

1. Mental wellness
2. Healthy eating

Mower:

- 1) Healthy and resilient communities as related to personal behaviors including illegal chemical use, family dynamics, nutrition and exercise (communities defines as family systems, worksites, faith communities, schools, neighborhoods and overall cities/towns).



Our Community

Geographic Area:

Freeborn County: Mayo Clinic Health System – Albert Lea and Austin, Albert Lea Campus (MCHS-AL)

The Freeborn County CHNA is based on the population of Freeborn County in Southern Minnesota, located at the crossroads of I-90 and I-35. Freeborn County was chosen because the overwhelming majority of served on the Albert Lea Campus of Mayo Clinic Health System -- Albert Lea and Austin -- are from this geographic area.

Mower County: Mayo Clinic Health System – Albert Lea and Austin, Austin Campus (MCHS-AU)

The Mower County CHNA is based on the population of Mower County in Southern Minnesota and was chosen because the majority of patients served on the Austin Campus of MCHS – Albert Lea and Austin are from this geographic area.



Demographics:

	Freeborn County	Mower County
2015 population estimates		
Total population	30,613	39,116
Persons under 5 years	5.8%	6.9%
Persons under 18	21.9%	25.0%
Persons 65 and older	21.5%	17.6%
Total Female	50.4	50%



Ethnicity/Race		
White alone, not Hispanic or Latino	81%	87%
Black or African American	1.1	3.4%
Am. Indian/Alaska Native/Hawaiian Native/Other Pacific Islander	0.5%	0.7%
Asian alone	1.3%	2.3%
Hispanic or Latino Origin	9.5%	11.2%
Two or more races reported	1.2%	1.5%
Foreign born	3.2%	7.1%
% living below poverty level	12.5%	12.1%
Language other than English spoken at home, 5+ years	7.6%	12.9%



Assessing the Needs of the Community

Overview:

Our 2013 CHNA included limited input from underserved, low income and minority populations. Concerted efforts in 2016 to reach those populations led to developing simple surveys distributed to specific groups to solicit input. In Freeborn County, surveys were distributed to identify groups and in Mower County, Mower Refreshed (the Austin campus community engagement initiative) continuously surveyed the community through distribution of surveys at community events and other opportunities where underserved populations are present.

Community Input

In Freeborn County, medically underserved, low income and minority populations were reached through surveys distributed at Adult Basic Education, Women, Infants and Children (WIC,) and the Freeborn County Newborn Clinic.

In Mower County, those same populations were reached through focus groups, as well as a county-wide random survey that identified the top ten health needs conducted in collaboration with MCHHS. To improve the level of authentic input of the underserved, Mower Refreshed then created a short community survey listing the top ten health needs that surfaced from the county-wide random survey and strategically engaged with individuals, worksites, schools, faith communities, and community organization to surface a top focus for the 2016 CHNA.

The short survey, on line and hard copy, as well as in English and Spanish, offered an opportunity for Mower County community members ages 14 and older to identify from the top ten health needs the focused health concerns that would drive the 2016 CHNA implementation strategies. Over six hundred individuals took part in the short community survey with a significant sampling of ethnicities and age groups offering an authentic glimpse as the opinions of Mower County community members, not just stakeholders. Utilizing social media, such as Facebook and Twitter was a key strategy to engage community members.

The primary tool for each was a community survey developed to determine individual health habits and health concerns that would provide a glimpse into the health status of the community, which then could be compared against other county and state data to identify outliers. In Mower County, the Mower Refreshed program conducted ongoing surveys over the past three years to keep a pulse on the communities' needs and foster ideas for implementation ideas that were strength based and solution focused, ideas that held promise to impact the 2013 CHNA identified needs.

The survey was supported by key informant surveys and face-to-face meetings with community representatives. Survey respondents and community representatives provided valuable feedback and anecdotal information to clarify issues and gaps in community care and services and reviewed other local organizations' surveys of their constituents.



Feedback from 2013 CHNA and Implementation Plan

No specific feedback was received online or in writing at the Albert Lea campus but due to the model of direct community engagement, Mower Refreshed, being explored at the Austin campus the following feedback was received on the 2013 CHNA or Implementation Plan at the Austin campus:

- CHNA offered opportunity for individuals and groups to identify and impact health needs that are important to the community members.
- The locally developed process used to conduct the CHNA created authentic and direct feedback versus primarily stakeholder driven.
- The CHNA provided local data for community partners to utilize when seeking funding for their programming.
- Stronger collaborations have been observed between organizations who are addressing common health needs identified by the CHNA.
- The CHNA allowed not only identification of health needs but through Mower Refreshed, an opportunity to engage in the solutions.
- The CHNA is becoming a funding strategy in some nonprofits organizations within Mower County. Utilizing the current CHNA to determine grant distribution based on impact the potential grantee would have on the CHNA.

Process and Methods:

Freeborn County

Community Survey Instrument

The survey instrument used for the project was adapted from surveys conducted in 2013 in these nine counties. The county public health agencies and Mayo Clinic Health System worked together to slightly revise the survey content with technical assistance from the Minnesota Department of Health Center for Health Statistics. The survey was formatted by the vendor, Survey Systems, Inc. of New Brighton, MN, as a “scan able”, self-administered English-language questionnaire. (See Appendix A)

Sample

A two-stage sampling strategy was used for obtaining probability samples of adults living in each of the nine 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 (Marketing Systems Group of Horsham, PA). Address-based sampling was used so that all households would have an equal chance of being sampled for the survey. Marketing Systems Group obtained the list of addresses from the U.S. Postal Service. For the second stage of sampling, the “most recent birthday” method of within-household respondent selection was used to specify one adult from each selected household to complete the survey.



Survey Administration

An initial survey packet that included a cover letter, the survey instrument, and a postage-paid return envelope was mailed on April 20, 2016, to 16800 sampled households (2000 in six of the counties and 1600 in three of the counties). About one week after the first survey packets were mailed (April 29), 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 the survey. The remaining completed surveys were received over the next five weeks, with the final date for the receipt of surveys being June 17, 2016.

Completed Surveys and Response Rate

Completed surveys were received from 4782 adult residents of the nine counties; thus, the overall response rate was 28.5% (4782/16800). County-specific response rates can be found on the next page.

Data Entry and Weighting

The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc. To ensure that the survey results are representative of the adult population of each of the nine 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. The weighting also includes a post-stratification adjustment so that the gender and age distribution of the survey respondents mirrors the gender and age distribution of the adult populations of the nine counties, according to U.S. Census Bureau American Community Survey 2010-2014 estimates.

Community Input

In addition to the randomized public survey, three stakeholder sessions were held to elicit perspectives from representatives of local services agencies and organizations. Invitations were sent to specific agency and organization contacts, with encouragement to invite others to attend. The format included specific questions, but allowed for a free flow of ideas, topics and responses. Abbreviated surveys were attempted through Freeborn County Public Health, WIC program and Newborn Clinic participants, but only successful with Adult Basic Education class members and with a representative group of the Karen Population, in an attempt to solicit input from typically underserved populations.

(See Appendix B)

County Data and State Benchmarking

Review of current demographic data, as well as comparisons with other MCHS sites and neighboring counties allowed for apples to apples comparisons of self-reported health issues and behaviors. Freeborn County results significantly higher than those of neighboring counties were factored into prioritizing community health needs and determining outliers for consideration. (See Appendix C)



Mower County

Community Survey Instrument

Mower County Community Health (MCCH) worked with the Minnesota Department of Health's Center for Health Statistics to create a customized survey that was mailed out to a random sampling of Mower County households. MCCH also invited Mayo Clinic Health System, Austin campus to collaborate on questions for this longer survey, creating a collaborative foundation for both health organizations to better understand the residents they serve and develop a partnership for Community Health Needs Assessments.

The customized survey was sent to a random sampling of Mower County households. From this county-wide survey, the top ten health needs were identified for the 2016 CHNA. Data from the county wide survey was analyzed by the Minnesota Department of Health (MDH) and returned to the local health department as part of its overall data collection process.

Community input

In order to get feedback from citizens that perhaps were not represented in the returned randomized mailed survey completed by MCCH, MCHS-AU formed focus groups, as well as a short community survey with the top ten health needs identified from the random survey conducted in collaboration with MCCH.

The short survey, on line and hard copy, as well as in English and Spanish, offered an opportunity for Mower County community members ages 14 and older to identified from the top ten health needs the top three health concerns that would drive the 2016 CHNA implementation strategies. Over six hundred individuals took part in the short community survey with a significant sampling of ethnicities and age groups offering an authentic glimpse as the opinions of Mower County community members, not just stakeholders.

Overall top community health needs identified

Freeborn County

1. Mental wellness
2. Healthy eating
3. Chronic disease
4. Dental Care

Mower County Top Ten from County-wide Random Survey

1. Use of illegal drugs
2. Unhealthy eating habits
3. Obesity among adults
4. Lack of exercise (physical activity)
5. Alcohol use by underage
6. Obesity among children
7. Parents with inadequate/poor quality parenting skills
8. Abuse of over the counter and prescription drugs
9. Adolescents becoming sexually active
10. Children and adolescents unsupervised after school



Mower County top focus for 2016 CHNA:

Build healthy and resilient communities as related to personal behaviors including illegal chemical use, family dynamics, nutrition and exercise (communities defines as family systems, worksites, faith communities, schools, neighborhoods and overall cities/towns).



Addressing the Needs of the Community

Overview:

Freeborn County

Mental wellness

Mental wellness continues as the top community health issue, with about 28% of survey respondents self-reporting a mental health issue of depression, anxiety, stress or other mental health issue, with 22.5% who identify themselves as having mental distress. The current survey also reveals a significant increase in respondents, ages 18 to 34, 32% of who report diagnoses of depression and 29% who report diagnoses of anxiety or panic attacks. These percentages are 30 to 40% higher than reported in 2013.

Despite a variety of community groups working to create awareness of mental health issues, improve access to care and reduce stigma, those reporting numbers have increased from the 2013 community survey. Key informants and community feedback support mental health as the greatest health issue in Freeborn County which underlies all other health, behavior, social and environmental issues. The consensus is that good mental health is necessary for other positive health changes to occur. (See Appendix A)

Emergency Room diagnoses also support the increased prevalence of mental health issues as “dizziness and giddiness” remain in the top 10 diagnoses over the three years and in 2015 “anxiety state” was also in the top 10. (See Appendix D)

Healthy eating

Obesity rates have increased from 13.0% in 2013 CHNA survey to 15.5% in 2016 CHNA survey. Eating habits reported include 55% of respondents who eat fast food one to two times weekly, 16% who had 0 servings of vegetables yesterday and 19% who had 0 servings of solid fruit yesterday (as reads the survey question.) Limited access to healthy food in Freeborn County was identified by CDC as worse than peer counties for morbidity. This year’s survey also reveals that 52.1% of respondents do not meet state guidelines for moderate activity five days a week, vigorous activity three days a week or both. (See Appendix G)

In delving further into the community survey, of note is that of those who have diabetes, 42% also report a depression diagnosis. That supports prioritizing mental health because of the many challenges of managing diabetes when suffering from depression.

Although the 2016 Gallup Well-Being Index for Albert Lea reports a significant improvement in wellbeing since is 2014 baseline survey, it identifies a slight increase in obesity and those reporting chronic disease issues, as well as a significant decline in respondents’ exercise frequency. (See Appendix H)



Even with the community promotion of local parks, bike trails and Blue Zones activities, 18% of community respondents reported no participation in physical activities or reported no participation in physical activities or exercise within the past 30 days.

Prioritized health needs

Top two health concerns facing people in Freeborn County

1. Mental wellness
2. Healthy eating

	Community feedback	Community survey data support for community feedback	Underserved respondents group	CDC primary indicators for Freeborn County
Mental fitness	<ul style="list-style-type: none"> -Stigma remains. -Underlines anger, violence, chemical use, risky behaviors and homelessness to a great extent -Shortage of mental health providers and access to mental health services, generally. -Increase in mental health issues over the last three to five years. 	<ul style="list-style-type: none"> -28% of respondents responded “yes” to “any mental health issues.” -4% increase in respondents reporting depression diagnosis from 2013 – 2016 community survey. -7% increase in respondents reporting anxiety or panic attacks diagnosis from 2013 – 2016 community survey. 	<ul style="list-style-type: none"> -95% of Karen ethnic group agree or somewhat agree they have control over things affecting their lives and don’t spend a lot of time worrying or upset. -Of Karen, Hispanic and Caucasians attending Adult Basic Education, 42% identify stress as a health concern, 34% identify anxiety as a health concern and 29% identify depression as a health concern. 	<ul style="list-style-type: none"> -Moderate morbidity ranking for older adult depression, as compared with peer counties.
Healthy eating	<ul style="list-style-type: none"> -Lack of access to healthy foods. -Limited understanding about preparing healthy foods. -Unmet nutrition needs for seniors; unaware of or unable to access local services. -Rise in diabetes and pre-diabetes rates. 	<ul style="list-style-type: none"> - 55% eat fast food 1 – 2 times weekly. -19.6% reported no servings of solid fruits yesterday. -16% reported no servings of vegetables yesterday. 	<ul style="list-style-type: none"> -100% of Karen respondents agree or somewhat agree that they eat and know how to prepare healthy meals and have access to health food. -Of Adult Basic Education respondents, 26% identified unhealthy eating as a huge community concern. 	<ul style="list-style-type: none"> -Worse morbidity ranking for limited access to healthy food, as compared with peer counties. -Moderate morbidity ranking for adult diabetes and adult obesity, as compared with peer counties.



Prioritization process and criteria

A community group comprised of United Way, Statewide Health Improvement Program, Freeborn County Public Health, Fountain Centers addiction program, MCHS-AL, Freeborn County Mental Health Center and Blue Zones Vitality Project representatives and a clergy member reviewed survey results, provided unique perspectives from each program and thoroughly discussed and vetted current gaps in health and wellness using this process:

- Progress towards goals and objectives identified in 2013 CHNA
- Community impact of 2013 CHNA Implementation Plan
- Goals and objectives of Freeborn County Public Health 5-year plan
- Current local programs already working to meet identified needs from 2016 CHNA survey and community input
- Ability to impact needs that rose to the top through surveying in input process
- Resources necessary to impact needs identified
- Anecdotal information or representative experience with needs and programs developed or methods used to affect improvements or change

Identified health needs not chosen to pursue

The community group recognized chronic health issues as significant, but static since the 2013 community survey and determined that focusing on and working towards improved mental health was necessary before tackling chronic diseases specifically and that improved mental health would lead to greater ability to manage health, generally. Working towards healthy eating and access to healthy food and its preparation determined to be low-hanging fruit because of current community efforts in this area which would also contribute to improved health and the potential for chronic disease prevention and management.

Access to dental care remains a gap in Freeborn County. Dental care costs and dental insurance costs continue to rise and local dentists will not accept medical assistance. On community survey, only 63% of respondents reported having a dental exam within the past year. Adult Basic Education respondents identified lack of dental care for those unable to pay as a huge community concern.

MCHS-AL has no Dentists on staff and despite conversations with local Dentists, has had no success encouraging them to provide free or reduced-cost screenings or treatment. Thus its ability to impact dental care access and cost is slim to none.

Available resources

Continuing and expanding on much of the work from our 2013 CHNA Implementation Plan strategies allows us to utilize resources already committed to funding the Fit Forever program, leading the Chamber Worksite Wellness Mental Health Workgroup and ensuring participation in the Blue Zones Vitality Project, as well as the United Way Mental Health Committee.

The community group discussing and prioritizing health needs highly supported increased focus on workplaces as an effective vehicle to provide education, awareness, education and wellness programs. Plans for a pilot program to reduce stress through education are also on the docket, led by an MCHS-AL representative. (See Appendix H)



Freeborn County Public Health, in its recent five-year Community Health Improvement Plan (CHIP) identified mental health as a top concern and is willing to take on a lead role in pulling together mental health groups and committees across the county which includes a close working relationship with MCHS-AL. (See Attachment C)

In addition, the local Farmer’s Market and Food Grower’s Association is increasing their efforts to grow and sell easily accessible and affordable healthy food and to seek out partners with land to accommodate hoop houses or hothouses to assure locally-grown food year round. Planning is also underway to move the food co-op to a central, easily-accessible location downtown where it is more visible and to enlist local growers to increase the inventory and selection of food available there. Joining forces with these groups to support and promote healthy food options is a natural for MCHS-AL and could lead to more opportunities to create awareness and offer healthy cooking demonstrations and education for the community.

Expanding the work and resources to include the identified need for increased physical activity is a good fit with the Blue Zones Vitality Project initiatives and our partnership with the “Y” youth programs. MCHS-AL also supports the new “Y” Diabetes Prevention Program with promotion and patient referrals.

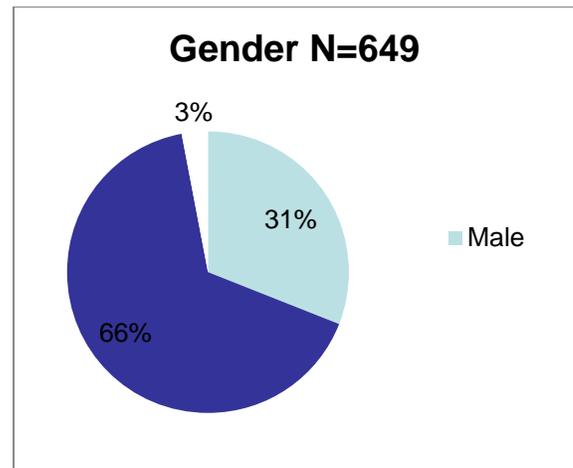
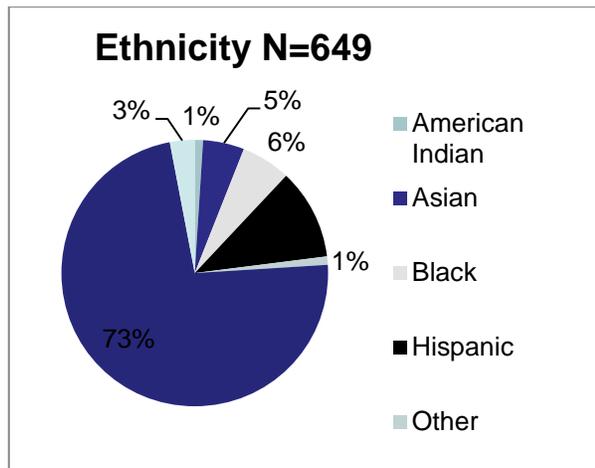
Overview:

Mower County

Identified health needs

The following are the top ten health issues that surfaced through the MCCH survey and focus groups in Mower County. The measure next to the health need shown communicates the percentage of community members who identified the health needs as a big problem. These percentages were derived from the short community survey completed by six hundred and forty-nine individuals:

Use of illegal drugs (72%)
Unhealthy eating habits (65%)
Obesity among adults (60%)
Lack of exercise (physical activity) (58%)
Alcohol use by underage (52%)
Obesity among children (51%)
Parents with inadequate/poor quality parenting skills (51%)
Abuse of over the counter and prescription drugs (46%)
Adolescents becoming sexually active (43%)
Children and adolescents unsupervised after school (41%)



Prioritized health needs

Top health concern facing people in Mower County

Build healthy and resilient communities as related to personal behaviors including illegal chemical use, family dynamics, nutrition and exercise (communities defines as family systems, worksites, faith communities, schools, neighborhoods and overall cities/towns).

Prioritization process and criteria

MCHS-AU utilized the Mower Refreshed Leadership Team that consists of fourteen community members from a wide variety of community organizations. The team approached the top ten health needs identified by community members with a root cause analysis strategy.

The team sought to look at the root causes for the top ten to identify an overall focus for the implementation of efforts by Mower Refreshed and our community partners. A quote by Dee Edington is central to the work the team seeks to impact: “We set up wellness for failure if we don’t work on improving the environment and culture before we work on individual behavior changes.”

As in the 2013 CHNA process, the participants were able to rate the top ten health concerns listed as no problem, little problem, big problem. The simplicity of the short survey is a strategy to engage a larger group of people, impacting the 2016 CHNA and in turn impacting the community engagement implementation strategies for the county and the partners who are seeking to improve the health and wellbeing of the county residents.

An additional point of measure in the 2016 CHNA will be not only to surface the overall top focus of health needs for Mower County but to individually identify the top three health needs in each age category and ethnic groups. Though drilling down to the specific top three of the individual sub groups is not necessary we believe it will assist our community partners serving those specific groups when seeking funding, determining relevancy of programming, and future direction for their organizations.



Available resources

Key resources are the community partners that meet on a regular basis through our three teams (Healthier Choices, Mental Fitness, Workforce Wellness) as well as those partners who seek us out when desiring to create or develop a wellness idea. It is through these relationships and shared resources that the implementations of the CHNA strategies are possible.

Mower County Health and Human Services continues to be a significant partner in the CHNA process for MCHS-AU. It is this community partner who with each CHNA has committed to providing the county-wide survey to identify the top ten needs because they see the value in the local data gathered between MCHHH and MCHS-AU with Mower Refreshed. The identified need/focus from the short community surveys completed by Mower Refreshed has become central to the Mower County Community Health Implementation Plans (CHIP).



Evaluation of Prior CHNA and Implementation Strategy

Freeborn County

MCHS – AL identified and prioritized significant health needs in Freeborn County in 2013, in partnership with Freeborn County Public Health which led to the development of goals and objectives to improve mental health reduce obesity and increase chronic disease prevention. The following details progress in those areas since 2013.

Mental health

Implementation strategies for mental health focused on two initiatives: (1) workplace wellness, with an emphasis on stress and wellbeing to reach our population where they work and (2) expanding mental health clinical services in Southeast Minnesota by blending the CMS COMPASS care coordination model into the adult complex care coordination model to identify people with mental health issues at clinic visits for other health issues.

The COMPASS model is built on a referral process where patients with chronic disease are identified, screened and referred for mental health care. As the priority health need identified, addressing mental health is crucial to making improvement in chronic diseases or obesity. All patients needing care coordination have a psychiatrist engaged in the care coordination team. To further assist with the enormity of mental health needs identified and to increase access to care, new Licensed Social Workers LICSWs were hired to accommodate patient needs.

Chaired and authored by an MCHS-AL in employee volunteer, the Albert Lea/Freeborn County Chamber Worksite Wellness Committee developed a comprehensive “Address Stress” program. According to the American Institute of Stress, workplace stress is far and away the major source of stress for American adults and it has escalated progressively over the past few decades. Increased levels of job stress as assessed by the perception of having little control but lots of demands have been demonstrated to be associated with increased rates of heart attack, hypertension, stroke, cancer, diabetes, fertility issues, depression and more. The Chamber’s wellness initiative has garnered support from local worksites, many of whom have taken workplace pledges to help improve their employees’ health. In collaboration with Blue Zones/Vitality Project and Statewide Health Improvement Program (SHIP,) the “Address Stress program has engaged a community volunteer to teach mind/body stress and anxiety relief techniques that will be reinforced by workplace managers and supervisors and with top management.

Mental health practitioners agree that improving mental health is key and a precursor to dealing with obesity and chronic health conditions. So our on mental health has been more focused and intense to allow for success with obesity and other chronic health conditions.



Obesity

Fit Forever, organized and supported by the Community Relations Committee of MCHS in Albert Lea, is a collaborative child's anti-obesity effort with the Albert Lea Family "Y" and Albert Lea Area Schools. It was developed to encourage activity and good nutrition which would not only lead to lower incidence of obesity among youth, but encourage parents and families to make subtle changes as youth share information gained at Fit Forever activities. Pre and post-tests help measure awareness, as well as health improvements, for participants. The program, comprised of local 6th and 7th graders continues to grow, with membership increasing by 20%, which also led to 20% of 6th and 7th grade students participating. Individual session participation also increased from four to six per class to eight to 10 per class and full sessions increased from six to nine in 84 participants in total which is about 20% of students in 6th and 7th grades.

We also support the program with funds for Fit Forever program costs and some "Y" memberships for 6th and 7th graders at a set amount of \$10,000 annually and the "Y" Executive Director sits on our Community Relations Committee.

Chronic Health Disease Prevention

With a memo of understanding to collaborate with the Y-USA pre-diabetes program, we presented program information to medical staff and care coordinators to create an awareness of the program and its effectiveness and to increase referrals to the program. We also partnered with Mayo Clinic Community Research and the Statewide Health Improvement Program (SHIP) in Freeborn County to support the evidence-based community program "Living Well with Chronic Disease." MCHS – AL referrals have increased by about 20%, with an increase of 30% in men who attended the program, which met program targets. Increased and ongoing communication with MCHS care coordinators and their subsequent referral to the program has had a great impact on program participation and identifying the patients who would most benefit from completing the program.

MCHS in Albert Lea participated in WellConnect, a new regional consortium of health care providers, public health, social service agencies and the like, where evidence-based chronic disease prevention and intervention programs are introduced and vetted among the community stakeholders. Together, the consortium members create a communication plan, identify best practices for engaging physicians and referral staff and, ultimately, help patients achieve optimal health through education and skills learned by attending these programs. New patient and referral websites are in process to increase access and convenience to the information, referrals and program registration.

We also continue to offer public education opportunities for diabetes, cancer and healthy eating and hold Women's Heart Healthy symposiums annually, where our physicians and nutritionists provided women with information and tools to make positive lifestyle changes to prevent heart disease.



The impact over time of supporting and referring to community wellness programs, where people gain knowledge and practical tips about how to live healthier through good nutrition, activity and stress-reduction techniques, is a deliberate strategy to help them take responsibility for their health and lower utilization of clinic services and associated costs. In addition, participants in these programs form their own support networks where they may continue to meet or chat or touch base to share information and success when the program series is complete. Staff from MCHS-AL, including Public Affairs, Community Engagement, Nursing and Nutrition, participates in teams creating awareness of these programs, developing community resources lists and building a referral process.

Mower County

The Austin Campus (MCHS-AU) of Mayo Clinic Health System –Albert Lea and Austin continues to partner with Mower County Community Health & Human Services (MCCHHS) to assure individual voices in the communities served weigh in on the top three health needs that drive MCHS-AU's community engagement efforts.

Those community members identified obesity (child and adult), mental health and access to healthcare as the top three concerns to be addressed and as such, drive the work being done through Mower Refreshed, MCHS-AU's community engagement initiative. MCHS-AU supports Mower Refreshed with by employing a coordinator to provide the community coordination of developing a model of community engagement initiative to improve the health and wellness of the county. The work grows from three core teams: Healthier Choices, Mental Fitness, and Workforce Wellness.

Any effort or program the Mower Refreshed teams focus on directly back to the current CHNA. Likewise, the coordinator's work is centered on CHNA community responses. The model seeks to engage, equip and empower communities to make healthy living easier, as well as to offer a venue for community partners to directly engage with MCHS-AU in creating communities focused on health, not healthcare alone. <http://mowerrefreshed.org/>

Obesity

The following efforts of the healthier choices team have been implemented to impact obesity and health concerns related to obesity:

Refreshed Dining - engages restaurants in achieving specific criteria that promotes access to healthy eating when dining out. There are currently five restaurants actively participating and a goal of adding two locations annually. <http://mowerrefreshed.org/refreshed-dining/>

Refreshed School Assemblies - started as a pilot and is now a regular part of the IJ Holton Intermediate School that serves over three hundred students. The assemblies bring in community members to share their stories of inspiration of making wellness (physical, mental, financial, etc.) a priority in their lives. The assemblies also connect students to organizations that encourage healthy lifestyles such as the YMCA, MCHS-AU, Parks and Recreation, etc. and offer points of engagement for the students after school and during the summer.



Harvest 5k - is an annual walk/run developed to address the need for donations of healthy foods to area food shelves. The event raises awareness, funds, and food donations and also educates on the importance of donating healthy food items and the current points of connection to the food shelves.

Know Your Numbers Wellness Fair - hosted by MCHS-AU and area community partners, gave access to community members wanting to know their health numbers. The event provided participants with information on their numbers, immediate access to health coaching and referral to care providers if needed.

Family Kitchen Connection Pilot - was developed based on community members who moved to the area from other countries and identified the need to better understand how to cook healthy American food. The objectives of the pilot were to connect these new community members with locally-established community members to build “community” as they cooked and partook in a family style meal, as well as to reinforce the health value of dining together as a family. Mower Refreshed is currently exploring how to offer this regularly in the community due to the success of the pilot, demonstrated by the overwhelming evaluation from participants, and the ability to offer the program with minimal cost.

Harvest Fest...Explore Living Mower Healthy – A collaborative event with over forty community partners to promote good nutrition and active living, MCHS-AU is a key financial supporter and participant for this new event, which was developed in response to the downtown retailers association reaching out to Mower Refreshed to consider how they could promote healthy living.

Supporting Partners: MCHS-AU care providers actively support programming offered by the Austin YMCA that directly addresses diabetes through the Diabetes Prevention Program (DPP) and childhood obesity through a new pilot being offered at the local YMCA for children and their parents struggling with significant obesity. MCHS-AU was pivotal in assisting the local YMCA in securing the DPP for the community.

Mental Health

Community Video on Resiliency: Community members on the mental fitness team created a video to be used by community groups and when presenting to community organizations on fostering resiliency. <http://mowerrefreshed.org/mower-refreshed-speak-life/>

Presentations on Adverse Childhood Experiences (ACES): The Mental Fitness Team created a community presentation and regularly presents to community groups on ACES and the importance of building communities of resiliency. The message centers around the ability for every person to positively impact the environments in which they live, work, learn, pray and play by speaking and acting in ways that build resiliency and foster empathy. The conversation focuses on creating resilient environments to shift culture.



On-campus Yoga Pilot: MCHS-AU offered a six month pilot to explore the need, desire for, and impact of offering yoga with promising results. Classes were free to employees and community members and took place on the medical campus. MCHS-AU collaborated with local yoga instructors and financed their salaries for the pilot. Mower Refreshed and MCHS-AU is now exploring how to best integrate the class beyond the pilot.

Second Hand Trauma: As a significant issue to many of the local professionals such as law enforcement, human services, immigrant support services, health care providers and other, MCHS-AU has partnered with over seven other community groups to host training on what secondary trauma is, how supervisors/managers support their employees, and what local resources are available to assist those dealing with the effect of the trauma.

Assessing Mental Health Care: Workforce Wellness Team and Mental Fitness Team members are collaborating to develop a similar booklet to the one described above focused on mental health points of access in the Mower County area.

Cooperative Health action Triad (CHAT): Mower Refreshed has been working with Austin Public Schools to develop a model to address the increased mental health needs observed by school professionals (social workers, school psychologists, etc.). The school district reached out to MCHS-AU with concerns about increased risky behaviors and desired support to consider how it might be addressed. Collaboratively, it was determined that it required a culture shift and not just programs or policies changes. CHAT was developed by the partnerships and consists of three points (TRIAD): community, students and staff. MCHS-AU through Mower Refreshed has offered focus groups, surveying, practical strategies and implementation of collective ideas to shift culture to be grounded in wellbeing versus reacting to behaviors alone.

Independent Field Study – Psych 1271: In collaboration with Riverland Community College, MCHS-AU offered a course in the fall of 2015 that equips and engages students in exploring community engagement, especially engagement that addresses mental health needs in the community. Students are matched with non-profit organizations in need of additional support to strengthen programs to improve mental fitness.



Access to Healthcare

Healthcare Options in Mower County Booklet: Because how, when and where to access healthcare service was confusing, there was high utilization of urgent care settings for non-urgent health concerns. Stories heard through focus groups confirmed the confusion and need to provide a resource that was meaningful to the communities served.

Through Mower Refreshed connection with community partners, a group gathered to develop a healthcare options booklet for the Mower County area. MCHS-AU, through Mower Refreshed Workforce Wellness Team continuously engaged a wide range of community members to develop the booklet and assure the book's content was meaningful and easy to understand. The booklet has been printed and is currently being distributed through MCHS-AU, schools, businesses and community organizations and is available in both hard copy and online, in Spanish and English.

http://mowerrefreshed.org/wp-content/uploads/2016/04/mc-care-resources-booklet_web.pdf



Appendix A: Community mail surveys



2016 Freeborn
County CHNA.xlsx



Freeborn crosstabs
2.xlsx



Freeborn additional
analyses 7-23-13.xls

Appendix B – Community feedback



Tell us what you
think.docx



Tell us what you
think edited 10 16.do

Appendix C –Freeborn County Public Health Improvement Plan



Freeborn County
Community Health Im

Appendix D – Benchmarking



CDC_FrequentlyRec
ommendedIndicators.



CDC Freeborn
County Health Indica!



2016 peer county
comparisons.xlsx

Appendix E – MCHS-AL Top ER diagnoses

2013			2014			2015		
diagCount	ICD_DIAG1	DIAG_DESCRIPTION	diagCount	ICD_DIAG1	DIAG_DESCRIPTION	diagCount	ICD_DIAG1	DIAG_DESCRIPTION
389	786.5	CHEST PAIN NOS	233	786.5	CHEST PAIN NOS	173	786.59	CHEST PAIN NEC
201	784	HEADACHE	158	599	URIN TRACT INFECTION NOS	154	599	URIN TRACT INFECTION NOS
200	382.9	OTITIS MEDIA NOS	134	784	HEADACHE	116	465.9	ACUTE URI NOS
178	599	URIN TRACT INFECTION NOS	123	465.9	ACUTE URI NOS	113	784	HEADACHE
173	780.4	DIZZINESS AND GIDDINESS	114	786.59	CHEST PAIN NEC	102	789.09	ABDOMINAL PAIN, OTHER SPECIFIED SITE
166	465.9	ACUTE URI NOS	109	780.79	OTH MALAISE&FATIGUE	88	786.52	PAINFUL RESPIRATION
156	558.9	NONINF GASTROENTERIT NEC	109	486	PNEUMONIA, ORGANISM NOS	82	300	ANXIETY STATE NOS
154	786.59	CHEST PAIN NEC	105	780.2	SYNCOPE AND COLLAPSE	82	780.4	DIZZINESS AND GIDDINESS
147	780.2	SYNCOPE AND COLLAPSE	102	780.4	DIZZINESS AND GIDDINESS	78	883	OPEN WOUND OF FINGER
139	883	OPEN WOUND OF FINGER	102	382.9	OTITIS MEDIA NOS	78	R07.89	OTHER CHEST PAIN



Appendix F – Data and resource links

1. <http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MN/Freeborn/>
2. <http://quickfacts.census.gov>
3. <http://www.census.gov>
4. <http://www.countyhealthrankings.org/our-approach>
5. <https://www.healthypeople.gov/2020/How-to-Use-DATA2020>
6. http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf
7. <https://mn.gov/admin/demography/data-by-topic/population-data/our-estimates/>
8. [http://www.health.state.mn.us/divs/chs/mss/Minnesota Student Survey](http://www.health.state.mn.us/divs/chs/mss/Minnesota%20Student%20Survey)

Appendix G – MDH guidelines for physical activity



MDH importance of physical activity.pdf

Appendix H – 2016 Gallup Well-Being Index



Blue Zones 2016 Summary (9-2-16).pp



BZ 2016 Oversample Report (3).pdf