MAYO CLINIC

Community Health Needs Assessment

Mayo Clinic Health System – Springfield

September 2016

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Executive Summary

***Enterprise Overview**:*

Mayo Clinic is a not-for-profit, worldwide leader in patient care, research and education. Each year, Mayo Clinic serves more than 1 million patients from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services through many campuses and facilities, including 21 hospitals located in communities throughout the United States, including Arizona, Florida, Minnesota, Wisconsin and Iowa.

Mayo Clinic provides a significant benefit to all communities, local to global, through its education and research endeavors. Mayo Clinic reinvests its net operating income funds to advance breakthroughs in treatments and cures for all types of human disease and 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. Mayo Clinic Health System in Springfield has a 24-bed, critical-access hospital in Springfield, and operates family medicine clinics in Lamberton and Springfield.

Springfield is one of 17 hospitals within MCHS and is part of its Southwest Minnesota Region, which also includes hospitals in Fairmont, Mankato, New Prague, St. James and Waseca.

MCHS 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.

Summary of Community Health Needs Assessment:

For this Community Health Needs Assessment (CHNA), MCHS in Springfield 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 Springfield'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 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 these health needs:

1. Obesity
2. Hypertension (blood pressure)

Our Community

Geographic Area:

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 and critical-access hospital, which is one of three hospitals in Brown County. Although MCHS in Springfield serves patients from other counties, the majority are from Brown County (52.40 percent.) For the purposes of the CHNA, the community is defined as Brown County.

Demographics

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

Population

- Springfield: 2,103
- Population of the counties served by MCHS in Springfield:
    - Brown, 25,313
    - Cottonwood, 11,549
    - Redwood, 15,471

There was an estimated population decline from 2010 to 2015 in all three counties ranging from 3.7 percent in Redwood County to 1.2 percent in Cottonwood County. Minnesota's population as a whole was estimated to have grown by 3.5 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 (27 percent) than Minnesota (14.7 percent) had in 2015. Here's a more detailed breakdown:

- **Springfield:** 23 percent under age 18; 49 percent between 19 and 64; 26 percent over 65.
- **Brown County:** 21.6 percent under age 18; 58 percent between 19 and 64; 20.4 percent over 65.
- **Cottonwood County:** 23.8 percent under age 18; 53.5 percent between 19 and 64; 22.7 percent over 65.
- **Redwood County:** 24.4 percent under age 18; 54.7 percent between 19 and 64; 20.9 percent over 65.
- **Minnesota:** 23.4 percent under age 18; 61.9 percent between 19 and 64; 14.7 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 County Health Rankings:

- Brown County: 28.7 percent
- Cottonwood County: 28.6 percent
- Redwood County: 30.5 percent
- Minnesota: 26 percent

Economic conditions
According to the 2010 U.S. Census:

Education

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 $47,000. All three counties are below Minnesota's median household income of $60,828.

Poverty
In 2010, Brown, Cottonwood and Redwood counties, 9 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 August 2015, unemployment rates were:

- **Brown County:** 3.3 percent
- **Cottonwood County**: 4.6 percent
- **Redwood County**: 3.2 percent
- **Minnesota:** 3.6 percent
- **United States:** 5.1 percent

Assessing the Needs of the Community

Overview:

In 2013, MCHS in Springfield identified and prioritized community health needs in Brown County through a comprehensive process that included input from local community partner organizations, public health officials and hospital leadership. Since completion of the 2013 CHNA, the final report has been posted on the MCHS in Springfield 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 it was posted.

In 2016, the MCHS in Springfield 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 Springfield surveyed randomly selected individuals in Brown 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

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.

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.

In the CHNA process, MCHS looked at counties surrounding Brown County as it prepared similar reports in five other south-central Minnesota communities. The table below shows eight counties involved in the CHNA survey and their response rates.

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' ages 18-75 diagnosed with Type 1 or Type 2 diabetes who have chosen MCHS in Springfield 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 ages 18-75 with a diagnosis of vascular disease who have chosen MCHS in Springfield 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 with a diagnosis of hypertension who have chosen MCHS in Springfield as their primary care provider and have a blood pressure less than 140/90.

Appropriate childhood immunizations
Measures the percentage of two-year old children who have chosen MCHS in Springfield 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

COMPASS Minnesota

- Obesity: http://www.mncompass.org/health/obesity#5-5674-g
- Health care coverage: http://www.mncompass.org/health/health-care-coverage#5-7474-g
- Diabetes: http://www.mncompass.org/health/diabetes#5-5663-g
- Mental Health Admissions: http://www.mncompass.org/health/mental-health-admissions#5-4563-g

U.S. Census Bureau

quickfacts.census.gov

Minnesota Department of Health

Partnership Division, Public Health Practice Section, May, 2015 survey of 48 Minnesota Community Health Boards, south-central Minnesota data.

U.S. Census Bureau

quickfacts.census.gov

***U.S Department of Labor**:*

http://data.bls.gov/map/MapToolServlet?state=27&datatype=unemployment&year=2015&period=M08&survey=la&map=county&seasonal=u

Other available resources

Within the service area of MCHS 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
Backbone to Health	Springfield
In-Line Chiropractic, LLC	Morgan
Red Rock Chiropractic Center	Lamberton
Chiro-Plus	Redwood Falls
Sleepy Eye Chiropractic	Sleepy Eye
Active Life Chiropractic	Redwood Falls
Broadway Chiropractic	New Ulm
Musselman Family Chiropractic	New Ulm
Neubauer Family Chiropractic	New Ulm
Redwood Chiropractic	Redwood Falls

Dental

Bruce Turner, DDS	Comfrey
Pollard & Rubey Dental Care	Sleepy Eye
Curtis Dental	Sleepy Eye
Beers Family Dental	Springfield
Redwood Dental Studios	Redwood Falls
Dental Health Clinic	New Ulm
Southern MN Orthodontics	New Ulm
New Ulm Dental Clinic	New Ulm

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
Curves	Sleepy Eye

Food Shelf

SAFE Food Shelf	Springfield
Food Shelf	Sleepy Eye
Food Shelf	New Ulm

Long-term care/memory care/senior care

St. John's Circle of Care	Springfield
Divine Providence Nursing Home	Sleepy Eye
Sleepy Eye Care Center	Sleepy Eye
Good Samaritan Society-Sunwood	Redwood Falls
Wood Dale Nursing Home	Redwood Falls
Oak Hills Living Center	New Ulm

Medical clinics

Affiliated Community Medical Centers	Redwood Falls
Morgan Medical Clinic (affiliated with Sleepy Eye Medical Center)	Morgan
Sleepy Eye Medical Center	Sleepy Eye
Comfrey Clinic (affiliated with Sleepy Eye Medical Center)	Comfrey
New Ulm Medical Center	New Ulm
Mayo Clinic Health System (affiliated with Springfield)	Lamberton
Avera Medical Group	Redwood Falls

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 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 Springfield CHNA process identified and prioritized these health needs for the Springfield 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 Springfield 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 does Brown County compare to Minnesota and national performance?
b. How is Brown County 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 Brown County to address the health priority?

Criteria 3: Feasibility and effectiveness of implementation plan

a. Availability of adequate resources (staff, time, space, partnerships) to address the health priority?
b. Can action have an impact on the quality of life?
c. What are the costs?
d. Are community organizations receptive to addressing the health priority?
e. Are community residents somewhat open to knowing more 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:

Identified Need	2014 Actions	2015 Actions	Impact
Access to health care – to increase access to health care services	It was determined MCHS-Springfield required 5-6 locally based primary care providers. We have been able to recruit all except 1-2 additional Family Medicine physicians, who are a difficult recruit for rural Minnesota. A new model for staffing the Emergency Department has helped with recruiting primary care to our community.	Continued recruitment efforts directed toward Family Medicine; continued review and alterations to clinic schedules to optimize clinic appointment slots	Access increased with additional providers; opened up additional appointment slots per new provider to increase access Continue to recruit 1-2 additional Family Medicine physicians
Chronic disease – address obesity	Our community has a group of individuals that has morphed from addressing issues only with childhood obesity to now working on overall community wellness. This transition happened in 2014. The community wellness team meets monthly and includes members from MCHS-Springfield, local schools, public health, local businesses, community individuals and parents who work to generate and implement new approaches for improving the health of our community.	January and June Community Wellness Challenges**.** Community Walks weekly from May – October**.** Grocery store tours provided by medical center dietician**.** Springfield Community Wellness Team met monthly.	Participants follow calendar-based activities with the goal of starting and maintaining healthy eating and activities. Instilling a habit of regular walking for exercise and comradery. Learning how to purchase and prepare healthy foods. Generating ideas and implementing actions that benefit the entire community.