



Community Health Needs Assessment



Mayo Clinic Health System – St. James

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 St. James provides a 13-bed, critical-access hospital in St. James, Minnesota, and operates family medicine clinics in St. James and Trimont.



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

- Inpatient acute services
- Emergency medicine
- Outpatient surgery and medical care
- Inpatient transitional care, providing a step between hospital and home
- Urgent care
- Outpatient services in audiology, behavioral health, cardiac rehabilitation, cardiology, family medicine, gastroenterology, general surgery, gynecology, hospice care, laboratory testing, medical specialty assessment and treatment, nutrition, obstetrics shared-care program, otolaryngology, rehabilitation, speech therapy, and urology.

Summary of Community Health Needs Assessment:

For this Community Health Needs Assessment (CHNA), MCHS in St. James 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 St. James' 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 St. James area through a community-wide approach. The St. James 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 St. James CHNA process identified and prioritized these health needs for the St. James area:

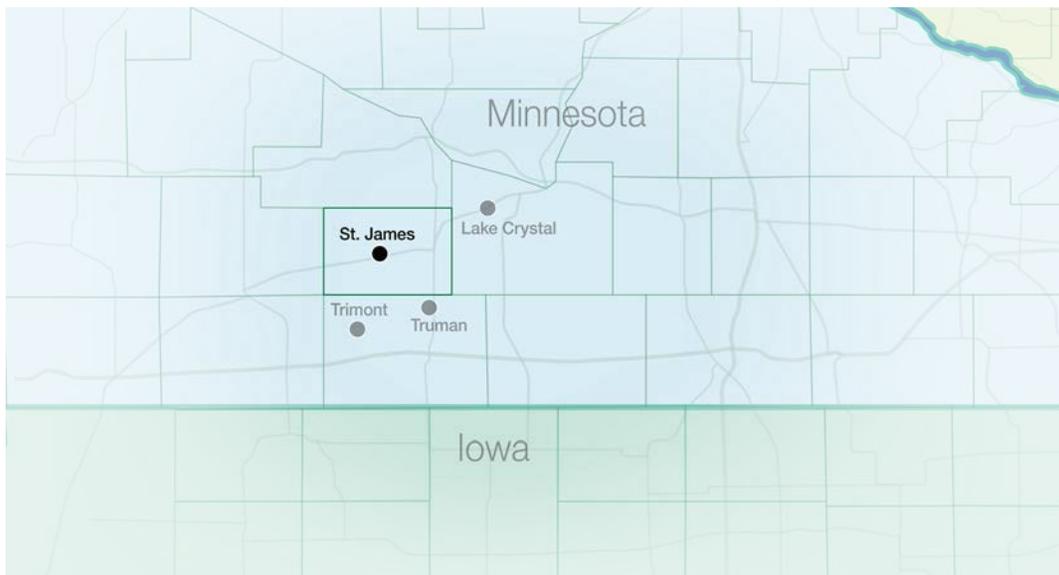
1. Obesity
2. Hypertension (blood pressure)



Our Community

Geographic Area:

Mayo Clinic Health System in St. James primarily serves communities in Watonwan County and portions of Blue Earth, Brown, Cottonwood and Martin counties in southwestern Minnesota. The main medical campus is in St. James and consists of a family medicine clinic and critical-access hospital, which is one of two hospitals in Watonwan County. Although MCHS in St. James serves patients from the other counties, the majority (84.6 percent) are from Watonwan County. For the CHNA, the community is defined as Watonwan County.



Demographics

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

Population

St. James' population was 4,605, while Watonwan County's was 10,952.

Watonwan County's population decreased by 2.3 percent from 2010 to 2015, compared to a 3.5 percent increase in Minnesota's during the same period.

Age

Watonwan County had 19.6 percent of its population over the age of 65, higher than the 14.7 percent of Minnesota's population in that age group.

Gender

The ratio of males and females in Watonwan County was 50/50, which is similar to the Minnesota ratio of 49.7/50.3.



Racial demographics

According to the U.S. Census Bureau:

- Watonwan County's population was 95.2 percent Caucasian, 1.4 percent African-American, 1.2 percent American Indian or Alaska Native, 1.2 percent Asian and 1 percent other.
- Minnesota's population was 85.4 percent Caucasian, 6 percent African-American, 1.3 percent American Indian or Alaska Native, 4.9 percent Asian and .1 percent other.
- Ethnicity, which is measured separately from race, showed that 23.2 percent of the people in Watonwan County identified themselves as Hispanic or Latino.

Economic Conditions

According to County Health Rankings:

Single-parent households

The percentage of children living in a single-parent household in Watonwan County was 32 percent, compared to 28 percent in Minnesota.

Access to healthy foods

The percentage of low-income families with limited access to healthy foods in Watonwan County was 1 percent, lower than the 6 percent of Minnesota's low-income families.

Employment

The unemployment rate in Watonwan County was 4.9 percent, about the same as Minnesota's 4.1 percent.

Education

Watonwan County had a high school graduation rate of 85 percent, higher than Minnesota's 81 percent.

Income

According to the U.S. Census Bureau:

The median household income (in 2014 dollars) in Watonwan County was \$50,638, lower than the Minnesota median of \$60,828.

Poverty

According to the U.S. Census Bureau:

The percentage of people in Watonwan County living in poverty was 10.4 percent, which was lower than Minnesota at 11.5 percent.



Health behaviors

According to County Health Rankings:

Adult smoking

The percentage of adults who smoke in Watonwan County was 15 percent, while Minnesota's percentage was 16.

Obesity

The percentage of adults who are obese in Watonwan County was 30 percent, about the same as Minnesota's obesity rate of 26 percent.

Physical activity

The percentage of residents in Watonwan County reporting doing "no physical activity" was 25 percent, which is higher than the 20 percent reported for Minnesota as a whole.

Clinical care

According to County Health Rankings:

Health insurance coverage

Of those under 65 in Watonwan County, 15 percent had no health insurance, while 9 percent of Minnesotans in that age group had no insurance.

Primary care physicians

There were 2,230 people per primary care physician in Watonwan County, compared with 1,100 per physician in Minnesota.

Dentists

There were 2,770 people per dentist in Watonwan County, with 1,500 in Minnesota.

Diabetic monitoring

Percentage of diabetic Medicare enrollees ages 65-75 who receive HbA1c monitoring in Watonwan County was 87 percent, about the same as Minnesota's 89 percent.



Assessing the Needs of the Community

Overview:

In 2013, MCHS in St. James identified and prioritized community health needs in Watonwan 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 St. James 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 St. James 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

Mayo Clinic Health System in St. James surveyed randomly selected individuals in Watonwan 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 Watonwan County Health Department provided valuable information regarding community health needs and a unique perspective for underserved populations. This public health department represents all residents of Watonwan County, with several programs directed at low- to moderate-income individuals and families and the Latino community. Services provided include W.I.C., family health, family planning and Latino health.

Process and Methods:

In January 2016, MCHS started planning for the CHNA process. Plans were developed to facilitate stakeholder input, assemble research and implement a prioritization process taking into account internal organizational filters and community priorities. The following sources and efforts provided the information for this document.



Southwest Minnesota CHNA survey and survey methodology

The CHNA survey instrument used for the project was adapted from an MCHS survey conducted in 2013 in eight counties in southwestern Minnesota. Individual county public health departments and MCHS worked together to revise survey content in 2016, with technical assistance from a senior research scientist from the Minnesota Department of Health Center for Health Statistics.

This level of coordination between MCHS and the county health departments was intended to capture a range of identified health needs from multiple organizations serving the overall population of a common service area. Input from the individual county health departments identified high-priority needs for inclusion in the survey. To meet the information needs of all parties, individual county surveys were generated. The survey was formatted by the vendor as a “scan able”, self-administered English-language questionnaire.

Survey sampling

A two-stage sampling strategy was used for obtaining probability samples of adults living in each of the eight counties. A separate sample was drawn for each county. The first stage was a random sample of county residential addresses purchased from a national sampling vendor. Address-based sampling was used so that all households would have an equal chance of being selected for the survey. The survey vendor obtained the list of addresses from the U.S. Postal Service. The second stage of sampling used the “most recent birthday” method of within-household respondent selection to specify one adult from each selected household to complete the survey.

Survey administration

An initial survey packet including a cover letter, the survey instrument and a postage-paid return envelope was mailed on April 20, 2016, to 14,800 sampled households (2,000 in five counties and 1,600 in three counties). On April 29, about one week after the first survey packets were mailed, a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. Two weeks after the reminder postcards were mailed (May 11-13), another full survey packet was sent to all households that still had not returned one. The remaining completed surveys were received over the next five weeks, with the final date for receipt of surveys set for June 17, 2016.

Completed surveys and response rates

Completed surveys were received from 4,196 adult residents of the eight counties; the overall response rate was 28.35 percent. County-specific response rates can be found below. All data was aggregated by county in the collecting and analysis of this data. No personal information was retained, and all individual surveys were shredded.



Data entry and weighting

The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc. To ensure the survey results are representative of the adult population of each of the eight counties, the data were weighted when analyzed. The weighting accounts for the sample design by adjusting for the number of adults living in each sampled household. It also includes a post-stratification adjustment so that gender and age distribution of survey respondents mirrors the gender and age distribution of adult populations of the eight counties, according to the U.S. Census Bureau.

In the CHNA process, MCHS looked at counties surrounding Watonwan 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 St. James 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 St. James 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 St. James 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 St. James 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, 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 (ODHC)

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 2010 Population Finder

<http://www.census.gov/popfinder/index.php?fl=2757040>

Other available resources

Within the service area of MCHS in St. James, there are other resources available to meet the identified community health needs, including another hospital in Watonwan County, Madelia Community Hospital.



Other health care-related organizations

Chiropractic

St. James Family Chiropractic, St. James

David J. Haler, DC, St. James

James Hermoe, DC, St. James

Dentistry

St. James Family Dentistry, St. James

Steve Pitcher, DDS, St. James

Fitness/exercise/wellness

Anytime Fitness, St. James

Food shelf

Watonwan County Food Shelf, St. James

Mountain Lake Community Food Shelf, Mountain Lake

Free/reduced clinic

Sage Screening Programs, St. James area with multiple locations

Long-term care/memory care/senior care

Trimont Health Center, Trimont, Good Samaritan Society, St. James

Medical clinics

Madelia Community Hospital and Clinic, Madelia

Sanford Health Mountain Lake Clinic, Mountain Lake

Outpatient physical therapy

St. James Rehabilitation Services, St. James

Information gaps

Some gaps in the information may lead to an incomplete assessment of community health needs. Gaps identified in this process include:

1. Total cost of care factoring in outpatient visits, medications, ancillary treatments, and non-affiliated MCHS provider charges.
2. Detailed data on all culturally diverse populations served, since much publicly available data is collated into general population information.

Analytical methods

MCHS compiled and analyzed internal and publicly available data. The survey instrument was then designed, administered, and the collected data was analyzed by a senior research scientist with the Minnesota Department of Health.



Third-party assistance

A community needs assessment survey was designed and administered by the Minnesota Department of Health. Survey printing and mailing was completed by an outside vendor under a business-associate agreement with MCHS.



Addressing the Needs of the Community

Overview:

In January 2016, Mayo Clinic Health System started planning for the CHNA. Plans were developed to facilitate stakeholder input, assemble research, and implement a prioritization process factoring internal organizational filters, and community stakeholder input into the final priorities.

The St. James CHNA process identified and prioritized the following health needs for the St. James 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 St. James 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 Watonwan County compare to Minnesota and national performance?
- b. How is Watonwan 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 Watonwan 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 needed

- 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, the following 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
<p>1 Chronic disease – engage and educate community about chronic disease</p>	<p>Medical center staff continues to lead a community initiative called Healthy Families, Healthy Futures, aimed at lowering obesity through programs and activities in partnership with local school and community leadership. We created a formal educational program for our largest employer in the community, which has about 65 percent Hispanic workers, and are sending a dietician and diabetes educators on-site to conduct monthly meetings about the management of diabetes. We are looking to expand this relationship to other needs of their employees. We have provided a Spanish-speaking endocrinologist on-site in 2014.</p>	<p>Hosted follow-up meeting to Smithfield Foods diabetes group program from 2014. Hosted a free Diabetes Prevention class in November. Hosted community event with over 150 people in attendance. We had the clinic setting specifically targeting the AQM Goals set by the enterprise: diabetes education, colorectal cancer screening, cervical cancer screening, childhood immunizations, asthma, and hypertension. We also dedicated a room to Women’s Health.</p>	<p>These efforts have yielded marked improvement in the management of these patients’ health. Follow-up meeting gauged personal progress in diabetes management. Increased awareness of chronic disease management. The anticipated impact of the diabetes prevention classes was to educate attendees on healthy changes they can make to their lifestyle in order to prevent diabetes. Community event broadened community relationships and trust, as well as knowledge about services provided and access to areas in the medical center the general public normally does not visit.</p>



2	Access to health care – to increase access to health care services	MCHS in St. James hired a Spanish-speaking physician assistant in Family Medicine who will assist in these outreach efforts. We are working with leaders in the Hispanic community to put together a regular event hosted at the hospital aimed at educating the community and discussing health care delivery in the region, as well as changes in the industry. We also are participating with school and county social services staff in a recent grant application that was approved. The grant focuses on decreasing health care disparities for minorities in our service area.	Added new providers in Family Medicine, Orthopedics and Pediatrics. Pediatrics was a new service in 2015. Three presentations were done to community groups to promote and inform residents about Patient Online Services.	Increased access with addition of Pediatrics specialty to St. James. Increased use of Patient Online Services after community members became more familiar with it.
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