



Community Health Needs Assessment



Mayo Clinic Health System – Waseca

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 Waseca provides a 25-bed, critical-access hospital located in Waseca, Minnesota. It also operates family medicine clinics in Janesville, Waseca and Waterville.



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

- Emergency medicine
- Inpatient services, including transitional care
- Outpatient family medicine and multi-specialty clinic
- Outpatient surgery
- Urgent care
- Outpatient services in audiology, behavioral health, cardiac resting and rehabilitation, diabetes education, health promotion, laboratory testing, nutritional counseling, radiology and imaging, rehabilitation therapies, speech pathology, and women's health services.

Summary of Community Health Needs Assessment:

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

1. Obesity
2. Hypertension (blood pressure)



Our Community

Geographic Area:

Mayo Clinic Health System in Waseca serves communities in Waseca County and portions of Blue Earth, Le Sueur and Steele counties in southern Minnesota. The main medical campus is in Waseca and consists of a multi-specialty clinic and critical-access hospital, which is the only hospital in Waseca County. Although MCHS in Waseca serves patients from other counties, the majority are from Waseca County (86 percent). For the purposes of the CHNA, the community is defined as Waseca County.



Demographics

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

Population

The City of Waseca's population was 9,241. Waseca County's population was 18,989. Waseca County decreased its population by 0.8 percent from 2010 to 2015. Minnesota's population increased 3.5 percent during the same period.

Age

Waseca County had 16.7 percent of its population over the age of 65. In comparison, 14.7 percent of Minnesota's population is over the age of 65.

Gender

The ratio of males and females in Waseca County was 47.2/52.8. This is similar to the Minnesota ratio of 49.7/50.3.



Racial demographics

According to the U.S. Census Bureau:

- Waseca County's population was 94.5 percent Caucasian, 2.4 percent African-American, 0.9 percent American Indian or Alaska Native, 0.8 percent Asian and 1.4 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 5.8 percent of the people in Waseca County identified themselves as Hispanic or Latino.

2016 economic conditions

According to County Health Rankings:

Single-parent households

The percentage of children living in a single-parent household in Waseca County was 23 percent, compared to 28 percent in Minnesota.

Access to healthy foods

The percentage of low-income families with limited access to healthy foods in Waseca County was 7 percent. In Minnesota, that percentage is measured at 6 percent.

Employment

The unemployment rate in Waseca County was 4.7 percent, which is almost the same as Minnesota's 4.1 percent.

Education

Waseca County had a high school graduation rate of 84 percent, which is a little higher than that of 81 percent in Minnesota.

Income

According to the U.S. Census Bureau:

The median household income in Waseca County (in 2014 dollars) was \$53,482, lower than the state's median income of \$60,828.

Poverty

According to the U.S. Census Bureau:

The percentage of people in Waseca County living in poverty was 14.8 percent, higher than the state's percentage of 11.5.

The percentage of children under 18 living in poverty in Waseca County was 14 percent, compared to 15 percent of children across the state, according to County Health Rankings.



Health behaviors

According to County Health Rankings:

Adult smoking

The percentage of adults who smoke in Waseca County was 16 percent, which is the same as the state's percentage.

Obesity

The percentage of adults who are obese in Waseca County was 30 percent, higher than the 26 percent of obese adults in the state.

Physical activity

The percentage of residents in Waseca County reporting doing "no physical activity" was 23 percent, compared to 20 percent of Minnesota residents.

Clinical Care

According to County Health Rankings:

Health insurance coverage

Of those under 65 in Waseca County, 10 percent had no health insurance, while 11 percent of the same group across Minnesota had no insurance.

Primary care physicians

There were 2,390 people per primary care physician in Waseca County, compared to 1,100 people per physician in Minnesota.

Dentists

There were 2,110 people per dentist in Waseca County and 1,500 in Minnesota.

Diabetic monitoring

Percentage of diabetic Medicare enrollee's ages 65-75 who receive HbA1c monitoring was 87 percent in Waseca County, compared to 89 percent in Minnesota.



Assessing the Needs of the Community

Overview:

In 2013, MCHS in Waseca identified and prioritized community health needs in Waseca 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 Waseca 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 Waseca 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 Waseca surveyed randomly selected individuals in Waseca 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

Human Services of Waseca County provided valuable information regarding community health needs and a unique perspective for underserved populations. This public health department represents all residents in Waseca County and has a significant focus on providing services for low- and moderate-income residents. It provides social services for children, adults, seniors and individuals with disabilities, as well as services in maternal-child health, disease prevention and control, community and emergency preparedness and environmental health.



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 Waseca 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 Waseca 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 Waseca 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 Waseca 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 Waseca 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 (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

Other available resources

Within the service area of Mayo Clinic Health System in Waseca, there are other resources available to meet the identified community health needs.

Chiropractic	
Beschnett & Harvey Chiropractic	Waseca
Arnfelt Chiropractic Center	Waseca
Precision Chiropractic and Wellness	Waseca



Dental	
Main Street Dental Clinic	New Richland
Waseca Family Dentistry	Waseca
Alpha Orthodontics	Waseca
Kolpin & Chawra: Rodney A. Kolpin, DDS	Waseca
Prairie Dental Arts	Waseca
Bryan Anderson, DDS	Waseca
Southern Minnesota Ortho	Waseca
Fitness/exercise/wellness	
Curves	Waseca
Workout Center Inc.	Waseca
Anytime Fitness	Waseca
Snap Fitness	Waseca
24-Hour Workout Center, Inc.	Waseca
Mayo Clinic Health System's exercise facility	Waseca
Food shelf	
Waseca Area Neighborhood Service Center Food Shelf	Waseca
Janesville Community Food Shelf	Janesville
We Share Food Shelf	Elysian
Food Shelf Grace Lutheran	Waseca
Free/reduced clinic	
Health Finders Collaborative - Faribault	Faribault
Sage Screening Program	Waseca and various
Long-term care/memory care/senior care	
Good Samaritan Society	Waterville
Traditions of Waterville	Waterville
Lake Shore Inn Nursing Home	Waseca
Colony Court	Waseca
New Richland Care Center	New Richland
Janesville Nursing Home	Janesville



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 Mayo Clinic Health System provider charges.
2. Detailed data on all culturally diverse populations served, since much publicly available data is collated into general population information.
3. Outpatient clinical and ancillary services accessed by individuals.

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 Waseca CHNA process identified and prioritized the following health needs for the Waseca 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 Waseca 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 Waseca County compare to Minnesota and national performance?
- b. How is Waseca County currently and in 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 Waseca 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. Stakeholder's 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	
1	<p>Access to health care – to increase access to health care services and lower the cost of access to health care</p>	<p>MCHS in Waseca implemented Patient Online Services. This interactive web-based system allows patients to email their provider, access test results and documentation, ask any questions of their provider and have immediate access to their information. Efforts to enroll community members and encourage use of POS are ongoing. 24 x 7 Mayo Clinic nurse line telephone-based services were implemented and promoted to our patients and the community.</p>	<p>Mayo Model of Community Care Phase I implemented:</p> <ul style="list-style-type: none"> - Primary care provider assignment process for patient scheduling and registration - Nurse Triage Program - Patient Online Services - Care Transitions Program for follow-up calls/visits post discharge -Team-Based Care Program for pre-visit planning and daily huddles <p>Changes in hospitalist schedule model impacted number of clinic patients to be rescheduled</p>	<p>Increased access for patients due to assignment to a PCP; proactively contacting and scheduling patients for visits; follow-up calls and scheduling of visits post discharge provide greater continuity of patient care; providing viable alternatives for patients who want to access their info on-line; making appointments online and speaking with an RN has eliminated the need in many cases for them to see someone in the clinic. Increased availability also achieved through the use of Advanced Practice Providers. Reduction in number (50%) of clinic patients being rescheduled.</p>



2	<p>Chronic disease – reduce the prevalence of obesity in the Waseca area</p>	<p>As part of our community dietary and wellness program, MCHS in Waseca partnered with Waseca intermediate school physical education teachers and provided education to 4th-6th grade students on energy needs and the benefits of physical activity. We also are working with the Hartley elementary school (K-3) teachers to provide fun and informative wellness activities for kids. Other healthy lifestyle education activities include the early childhood and family education fair, the senior and caregiver expo, taste of the farm, community walks/marathon sponsorship and promotion of national health and wellness months throughout the year.</p>	<p>Community Wellness Dietician Program implemented:</p> <ul style="list-style-type: none"> - Nutrition and wellness education for elementary school students - Presentations to local community members at Waseca Public Library - Submission of articles to <i>Waseca County News</i> - Speaking engagements at Waseca Exchange Club, Health Science Academy, Connecting Communities Conference, etc. - Promotion of nutrition and wellness at local community events, such as Food Drive and Taste of the Farm <p>Diabetic educator on-site and engaged with patients. Family Medicine referrals made to nutritionists and physical therapists for exercise/weight reduction. Expansion of Bariatric Surgery Program offerings.</p>	<p>Increased awareness of chronic disease and the effects of obesity with an emphasis on education, prevention measures, healthy living and patient engagement.</p>
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