MAYO CLINIC

Community Health Needs Assessment

Mayo Clinic Hospital - Rochester

September 2016

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Executive Summary

***Enterprise Overview**:*

Mayo Clinic is a not-for-profit organization committed to inspiring hope and contributing to health and well-being by providing the best care to every patient through integrated practice, research and education. Mayo Clinic serves more than 1 million patients annually from communities throughout the world, offering a full spectrum of care from health information, preventive and primary care to the most complex medical care possible. Mayo Clinic provides these services through many campuses and facilities, including 21 hospitals located in communities throughout the United States, including Arizona, Florida, Minnesota, Wisconsin and Iowa.

A significant benefit that Mayo Clinic provides to all communities, local to global, is through its education and research endeavors. Mayo Clinic reinvests its net operating income funds to advance breakthroughs in treatments and cures for all types of human disease, and quickly brings this new knowledge to patient care. Through its expertise and mission in integrated, multidisciplinary medicine and academic activities, Mayo Clinic is uniquely positioned to advance medicine and bring discovery to practice more efficiently and effectively. Mayo Clinic's Center for the Science of Health Care Delivery works to innovate and validate effective, affordable and accessible health care delivery models to benefit health care for people everywhere.

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

Entity Overview:

Mayo Clinic Hospital - Rochester is one of the largest private, non-profit hospitals in the world, providing a broad range of services in virtually every medical and surgical specialty. The hospital encompasses two facilities (Saint Marys campus and Methodist campus) that are located within a mile of each other within the wider Mayo Clinic Rochester, Minnesota, campus. Patient care services at Mayo Clinic in Rochester span primary and community care to highly complex specialty care across numerous campus facilities.

Mayo Clinic Hospital is a global, national, state, regional and local public service resource, serving patients from Olmsted County, southeastern Minnesota counties, every state and 135 countries throughout the world. The two hospital campuses combined have 2,059 licensed beds and 96 operating and procedural rooms. Mayo Clinic Hospital is accredited by the American College of Surgeons as a Level 1 Trauma Center, directly serving patients within a 200-mile radius, while also caring for patients from a much broader geographical area. Mayo One helicopter service is available for patients within a 50- to 150-mile radius and transports emergently ill patients to Mayo Clinic Hospital in Rochester.

Mayo Clinic Hospital statistics for 2015	
Inpatient and outpatient surgical procedures	58,345
Admissions of unique patients	59,466
Patient days	320,155
Observation unit stays	14,633
Emergency room visits	72,247
Patients from Olmsted County	41,611
Patients (within a 120-mile radius)	67,111
Patients from the U.S. (outside of 120-mile radius)	57,738
International patients	3,262

Mayo Clinic Hospital operates on a nondiscriminatory basis, regardless of race, color, sex, religion or national origin.

Summary of Community Health Needs Assessment:

Mayo Clinic is committed to studying and responding to local health needs in Olmsted County through a community-wide, collaborative approach. Mayo Clinic partnered with Olmsted County Health Department and Olmsted Medical Center to engage with and survey comprehensive and diverse stakeholder community groups and public health-related data.

The Olmsted County CHNA process was developed by all participants with the intent of leveraging and strengthening existing relationships among health care providers, community service agencies, organizations and volunteers in Olmsted County to understand and respond to local health needs, as well as invite renewed awareness and engagement with the community at large.

The methods used to assess local health needs in 2016 were built upon learnings from the same community partnership in 2013. The results of the assessment are being used to inform Mayo Clinic's strategies and partnerships to maximize community health and wellness, population health management efforts and to advance our mission.

A full copy of the Olmsted County CHNA report can be found at: https://www.co.olmsted.mn.us/OCPHS/reports/Needs percent20Assessment/Pages/2016-Community-Health-Needs-Assessment-Plan.aspx. The report describes in detail the process of how health needs were researched and identified. The 2016 Olmsted County CHNA process advanced the following priorities (in order of highest significance):

1) Injury prevention
2) Immunizations
3) Overweight/obesity/physical activity
4) Mental health
5) Financial stress

Our Community

Overview

This CHNA covers the geographic area of Olmsted County, Minn., including the cities of Rochester (pop. 112,225), Byron (pop. 5,328), Chatfield (pop. 2,799), Dover (pop. 745), Eyota (pop. 2,032), Oronoco (pop. 1,446), Pine Island (pop. 3,337) and Stewartville (pop. 6,037) for a county population of 151,436.*

Mayo Clinic Hospital in Rochester provides critical and complex tertiary care to Mayo Clinic Health System patients, as well as patients referred from primary care providers throughout the U.S. and world. Through numerous outpatient facilities, Mayo Clinic in Rochester provides a complete spectrum of primary care to community patients in Olmsted County. For patients living outside of the county, primary care is provided through Mayo Clinic Health System (MCHS). CHNAs from nearby MCHS hospitals within the rural geographic regions of southern Minnesota, western Wisconsin and northern Iowa collectively represent the regional reach and breadth of Mayo Clinic's primary and community health care.

*2015 estimated per U.S Census (http://www.census.gov/en.html)

Demographics:

The 2015 U.S. Census data estimates that Olmsted County, Minn., has a population of 151,436. Olmsted County residents are grouped demographically as follows:

Ethnicity (as of July 1, 2015)	**Percentage of population**
Asian alone	6.2
Black or African-American	5.8
American Indian and Alaska Native	0.3
Hispanic or Latino	4.8
Native Hawaiian and other Pacific Islander	0.1
White only	85.5
Age (as of July 1, 2015)	**Percentage of population**
Under 5	7.1
Under 18	24.7
Over 65	14
Residents living at or below the national poverty level (2010-2014)	9.8
Residents foreign born	9.9
Residences where languages other than English are spoken by persons five and older	12.4
Persons under the age of 65 without health insurance	5.7
Median household income (2010-2014)	$ 67,089

http://www.census.gov/quickfacts/table/PST045215/27109

Available Resources

Community health care providers

Additional health resources and providers for health and wellness services in Olmsted County include:

- **Zumbro Valley Health Center** (http://www.zvhc.org/): Provides mental health care, pharmaceutical services, emergency housing services and a dental clinic to underinsured residents of Olmsted County.
- **Community Health Services** (http://chsiclinics.org/locations/rochester/): Serves patients in the community who are migrant farm workers, as well as their families.

- **Olmsted County Public Health Department** (https://www.co.olmsted.mn.us/OCPHS/Pages/default.aspx): Provides a broad spectrum of health and social services to county residents. Mayo Clinic works closely with the county on a number of efforts to improve access to health services and improve community health.
- **Olmsted Medical Center** (http://www.olmmed.org/): Provides full-spectrum health care to residents of Olmsted County. Mayo Clinic and Olmsted Medical Center are frequent collaborators in community-wide efforts to advance health, and health care for community members.
- **Hawthorne Education Center** (http://www.mayo.edu/diversity/resources/community-outreach/hawthorne-health-initiative): Collaborates with Mayo Clinic, Rochester Public Schools and numerous community agencies and volunteers to improve health literacy and health care access to diverse communities in Rochester, especially recent immigrants to Olmsted County.
- **Salvation Army of Olmsted County**, operating Good Samaritan Health and Dental Clinics (http://salvationarmynorth.org/community-pages/good-samaritan-clinic/: These clinics are a primary provider of medical and dental services to un- and underinsured residents in Olmsted County. In 2014 (the most recent service data available), Good Samaritan Health and Dental Clinics cared for more than 2,300 community patients. Mayo Clinic provides staffing assistance and financial support for pharmaceutical aid to patients of the Good Samaritan clinics. In addition, health professionals gave 6,730 volunteer hours to serve patients in these clinics. The majority of volunteers were Mayo Clinic physicians and allied health professionals.

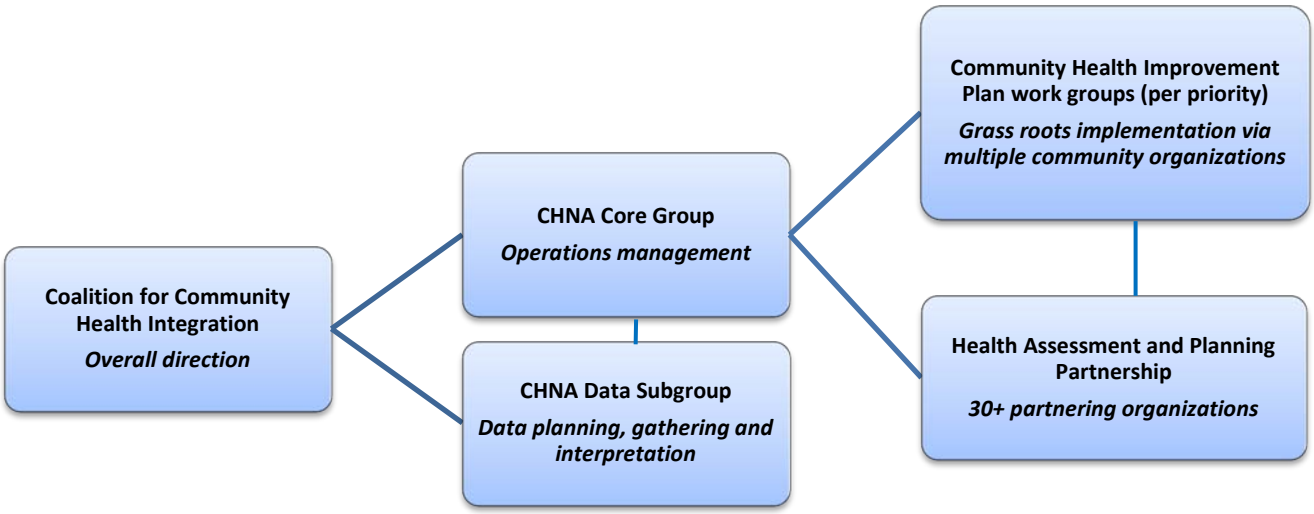
Assessing the Needs of the Community

Overview

The Olmsted County Community Health Needs Assessment (OCCHNA) coalition encompasses the core collaborating organizations of Olmsted County Public Health Department, Olmsted Medical Center and United Way of Olmsted County, and more than 30 community organizations that help align efforts and engage with efforts and unique perspectives throughout Olmsted County.

The OCCHNA team consists of several planning subgroups (See Figure 1) and reports to the Coalition for Community Health Integration, a broad group of health care providers, human service organizations and health insurers working in Rochester and Olmsted County to create opportunities to coordinate and integrate efficient and effective services across organizations to improve the health and well-being of our community. (See Appendix A for a list of organizations represented).

Figure 1: Olmsted County CHNA planning structure:



The 2016 Olmsted County CHNA planning was informed by participant response from the 2013 process and the 2013-2016 community health improvement planning, which is ongoing. Feedback was assessed among 2013 process participants and resulted in the following process improvements in 2016:

- Greater community input on defining health indicators to be measured
- Greater awareness for, and connections with, diverse groups
- More robust health-indicator population data that is benchmarked and measureable for ongoing evaluation of implementation efforts
- Planning for sustainability of implementation efforts as new assessments are conducted

The goal and approach of the assessment process was to ensure community ownership by incorporating strong stakeholder participation and engagement. This in turn helped to ensure accurate and actionable community health improvement priorities and assure ongoing collaborative community

efforts to address identified needs through the Community Health Improvement Plan. This report is intended to be from and for the community and reflect all stakeholder perspectives, along with epidemiological evidence to verify qualitative input and analysis.

Community Input

The 2016 Olmsted County Community Health Needs Assessment planning team gathered input from the following:

February 2014 to April 2014	Outreach to organization and program leaders from human service/non-profit organizations to gather comments from 2013 CHNA process
June 2015 to September 2015	Randomly selected Olmsted County households in a mailed paper survey (n=643/2,000 surveys sent)
December 2014 through February 2016	Listening sessions with local minority and other underrepresented diverse groups. A total of nine affinity groups were gathered, reflecting the opinions of 113 individuals. (See Attachment B for the 2016 OCCHNA Listening Sessions Report).
October 2015 to May 2016	City and county government agency leaders
April 2015 through July 2016	More than 240 community citizens representing broad (private/business, human service/nonprofit, government and private community) perspectives as participants in multiple public prioritization sessions. Participating organizations and agencies are listed in Attachment C.

Mayo Clinic maintains a "contact us" portal to receive comments through its website. Since 2013, no contacts have been received regarding CHNA-related questions or comments. In addition, the Olmsted County planning team did not receive any questions regarding the 2013 report through its offices or web portal. Additional efforts were made to elicit feedback from 2013 participants and are described below.

Process and Methods:

Data and methods of collection

In 2014, the OCCHNA planning team convened a meeting of all interested organizations that participated in the 2013 OCCHNA process to review the 2013 health indicators and provide feedback. Input from these organizations was used to inform the process and indicators for the 2016 CHNA data gathering and prioritization plan. Key recommendations included:

- Expanding the number of diverse groups involved in community listening sessions around CHNA planning
- Including social connectedness, senior/elderly needs ("senior tsunami"), and community resiliency among the health indicators being measured and considered for the 2016 CHNA
- Increasing the number of community groups and citizens invited to participate in the prioritization process

Taking the above recommendations as continuous improvement steps, the planning team narrowed down hundreds of potential health indicators to 33 that would be tested in the 2016 Olmsted County CHNA prioritization process. The data subgroup considered the importance to community

stakeholders, availability of meaningful existing data and the prevalence of the indicator measured for Olmsted County. The data subgroup used a variety of resources to assess existing metrics for each indicator, using national, state and local information (See a list of data sources used in Attachment D).

The OCCHNA team used three primary means of data collection:

1. A random mail survey of 2,000 community members was conducted in January 2013 and resulted in 643 responses; results were received in March 2016. (See Attachment E for a copy of the survey.)
2. Nine listening sessions with representatives of diverse and underserved community groups. Listening session groups were selected to broaden input from groups not as likely to participate in the mail survey. Focus groups were facilitated by the Mayo Clinic Center for Translational Science Activities' Office of Community-Engaged Research, as well as OCCHNA team members. Facilitators were identified for their expertise in intercultural competency and communication, including language interpreters. (See Attachment B for a summary of these meetings, their make-up and findings.)
3. Population health and clinical care experts within the core planning group then researched indicators with benchmark information from existing public data. (See Attachment D for a complete list of resources used.)

Addressing the Needs of the Community

Overview:

Since 2013, a data subgroup of the Olmsted County Community Health Needs Assessment (OCCHNA) team has met monthly to assist with planning for the ongoing Olmsted County Community Health Improvement Plan, as well as plan for the 2016 CHNA process, using insight from the 2013 work. Data subgroup team members consist of experts in population health, epidemiology and clinical community care from across the OCCHNA member organizations. The goal of the data subgroup is to review the CHNA process, identify the most relevant health indicators and collect data to inform prioritization. The data subgroup works in coordination with a core subgroup that considers overall CHNA and CHIP management, communication and outreach efforts to community stakeholders and participants.

Identified Health Needs

The data team presented the following 33 health indicators for ranking:

<table>
<tr><td colspan="2">Health Outcomes: Morbidity

o Senior tsunami
o Overweight/obesity
o Diabetes
o Multiple chronic conditions
o Mental health
o Asthma
o COPD
o Pre-term birth</td></tr>
<tr><td>Health Factors: Health Behaviors

o Tobacco use
o Binge drinking
o Fruit and vegetable consumption
o School food environment
o Physical activity
o Injury prevention</td><td>Health Factors: Clinical Care

o Immunizations
o Insurance coverage
o Dental care
o Mammography
o Diabetes management
o Colorectal cancer
o Hypertension</td></tr>
<tr><td>Health Factors: Social and Economic

o Education level
o Financial stress
o Homelessness
o Safe from fear and violence
o Access to transit
o Early childhood screening
o Social connectedness
o Community resiliency</td><td>Health Factors: Physical Environment

o Food insecurity
o Healthy homes
o Air quality
o Water quality</td></tr>
</table>

Prioritization Process and Criteria

The 33 health indicators were evaluated individually based on equal balances of objective and subjective data:

- Objective criteria (each given a weight of 1-5, with 5 being highest)
- Portion of the population affected
- Likelihood of pre-mature death
- Trend data – is the problem intensifying or diminishing?

Subjective data was collected at 13 CHNA prioritization meetings with community groups to present objective findings and gather subjective perceptions of the importance of each indicator to the community. The meetings included input from 240 individuals. (A list of participating groups is listed in Attachment C.) Participants gave their opinion, interpreted through a numeric value (1-lowest to 5-highest) for each indicator based on the following criteria:

- Quality of life. To what degree is people's ability to live their desired lifestyle limited? What is the magnitude of impact on individual quality of life?
- Economic impact**.** What is the potential or actual economic burden to the community?
- Community perception. To what extent does the public (your social network) perceive the problem to be a threat and/or issue?
- Ability to impact**.** What is the community's ability to prevent or reduce the problem's impact?

Identified Priorities

Based on the prioritization process, the following health priorities emerged, in order of importance:

1. Injury prevention
2. Immunizations
3. Obesity/physical activity
4. Mental health
5. Financial stress

Mayo Clinic Hospital will focus on injury prevention and mental health as key areas for its implementation efforts from 2016-2019. The other prioritized health needs (immunizations, obesity/physical activity and financial stress) are being addressed through other operational areas of Mayo Clinic, as well as community-wide efforts, in which Mayo Clinic participates as part of the Olmsted County Community Health Improvement Plan.

Injury prevention

Injury prevention was the highest health need priority ranked in Olmsted County and was considered in the context of behaviors around distracted driving (texting while driving, not wearing seat belts, using a cell phone, eating, and driving under the influence of alcohol and drugs). These were found to be particularly prevalent behaviors among teen drivers in Olmsted County. Public concern for

distracted driving also was high among participants in the prioritization process. Public concern, supporting data and the preventable nature of distracted driving-related injuries all contributed to elevating this issue as the leading health needs priority for Olmsted County.

Immunizations

The OCCHNA process considered the current proportions of community residents getting immunized for annual influenza and recommended childhood immunizations, and local rates of infectious disease. Olmsted County compares favorably to state and national rates for children receiving the recommended immunization series (82.6 percent in 2014). However only 56 percent of Olmsted County residents were immunized for influenza in 2014-2015; this has trended lower since 2013-2014 (60 percent). Immunizations are cost-effective and highly effective in preventing debilitating disease. National experts predict a higher likelihood of infectious diseases due to increasing population densities and environmental changes. Collaborative community health efforts to increase immunization rates will continue to be important prevention strategies.

Obesity/Physical Activity

The OCCHNA combined findings of higher obesity rates and lower physical activity habits among residents into the third community health priority. According to the 2016 Olmsted County CHNA Survey results, only 50 percent of adult residents are meeting the national guidelines for physical activity. For youth, data from the 2013 Minnesota Student Survey showed that only 20 percent of students are active for at least an hour, six of seven days in a week. Lower physical activity levels correlate with a higher likelihood for obesity, which is defined as having a body mass index (BMI) of 30 or higher.

Obesity is a contributing factor to many additional health issues, such as diabetes, heart disease, depression, and premature death. According to the Behavioral Risk Factor Surveillance System, approximately 64 percent of Minnesota adults are overweight and within that, 27.6 percent are obese. In Olmsted County, according to the 2016 CHNA Survey, only 45 percent of respondents considered themselves to be overweight, however considering their self-reported BMI calculations, 68 percent of respondents are overweight and among them, 25 percent are obese. While this data suggests that Olmsted County residents may underestimate their own likelihood of being overweight, more than half of all participants in the OCCHNA prioritization process felt that obesity is a top health improvement priority for the county.

Mental health

Mental health refers to a broad array of conditions affecting one's mood, behavior and thinking. The OCCHNA approached understanding local mental health needs by considering the World Health Organization's well-being index and comparing with local rates of depression and self-reported mood levels in the Olmsted County CHNA Survey. In 2014, 7 percent of adolescents and 16 percent of adults in the county were diagnosed with depression. Compared to 2012, depression increased 22 percent among adolescents and remained level for adults. According to local data, 32 percent of Olmsted County residents live in a household where at least one individual is living with a diagnosed mental-health condition. There is also a perception among many residents, as well as health care professionals, that mental health resources are not meeting community needs, in terms of long waiting times for professional care appointments, insurance coverage and residential facilities. Additionally, it

is widely recognized that the social stigma of mental health disorders continues to discourage many people from seeking help.

Financial stress

The OCCHNA process considered financial stress in terms of households spending more than 30 percent of their total income on housing needs, and stress related to how residents feel about their ability to pay their bills. People who live with high financial stress are more likely to experience health challenges such as depression, anxiety and substance abuse, as well as worsening of other existing health conditions including heart disease and hypertension. National data sources show that in Olmsted County, 21 percent of homeowners and 46 percent of renters are paying more than 30 percent of their income for housing. According to the 2016 Olmsted County CHNA Survey, 28.7 percent of adults reported feeling stress about paying their bills. Among those indicating financial stress, 49 percent worry most about rent/mortgage and medical bills.

Evaluation of Prior CHNA and Implementation Strategy

Mayo Clinic Hospital - Rochester operations and staffing are integrated with Mayo Clinic's comprehensive outpatient care services and research and education operations on its Rochester campus. Local community health improvement is addressed through all Mayo Clinic operations, including hospital treatment and recovery rooms, classrooms and clinical-training areas (public health, as well as medical education), research labs, outpatient care settings and community spaces.

Mayo Clinic has addressed the 2013 priorities of the Olmsted County Community Health Needs Assessment in the following ways.

1. Continued efforts through existing Mayo Clinic services and expertise in each of the five priority areas:

   Obesity:

   - Worked with city and community planning groups throughout 2015 to test feasibility of providing the Nice Ride bicycle rental program to downtown Rochester. The program was announced in 2016 and provides affordable, quality bicycles for the public to use for fitness and commuting.
   - Improved nutrition and healthy food options and encouraged healthy eating choices in all patient and employee cafeterias. This resulted in an overall increase in the consumption of healthier beverages, fruits and vegetables and whole-grain foods and reduced consumption of meat and poultry in our campus cafeterias.
   - Provided a nutrition curriculum for the summer youth Y camps of the Rochester Area YMCA. Results of the effort are being evaluated in future years.
   - Conducted community-based research in Rochester's Alternative Learning Center for high school students in the city's public schools. The goal is to inform the development of an age and culturally appropriate on-site program that promotes healthy lifestyles. Evaluation is being conducted.
   - Conducted community-based research and outreach with African-American community members to educate about cardiovascular health and wellness topics (diet, smoking, physical inactivity, hypertension, diabetes, cholesterol, obesity) using web-based and iPad approaches. Evaluation is being conducted
   - In 2016, the Minnesota Department of Health announced that overall obesity rates in Minnesota consistently were dropping). It is difficult to pinpoint specific causes for the overall improvement, however widespread statewide-to-community efforts consistent with those above suggest a strong correlation with favorable results.
   - In August 2016, community volunteers opened the Path to Fitness total fitness system walking path adjacent Mayo Family Clinic Southeast facility. The path features a walking/jogging path with exercise stations and posted instructions for the public to use to encourage fitness and healthy lifestyles. The project is a joint effort of private funders

and volunteers, Mayo Clinic and the Minnesota Statewide Health Improvement Program of Olmsted Public Health Services.

Type-2 diabetes:

- Improved the medical practice to promote a closer relationship between endocrinologists and diabetic patients within the primary care and employee/community health practices.
- Expanded the number of diabetic panel managers throughout the primary care and employee/community health practices.
- Continued efforts to integrate diabetic nurse practitioners across the employee/community health and primary care practices.
- Advanced a proposal to expand community health workers for type-2 diabetes patients with limited language proficiency in English.
- Conducted community-based research to test the effectiveness of culturally tailored digital storytelling interventions to improve diabetes management among local Hispanic and Somali populations to reduce health disparities. Digital storytelling is a model where patients are invited to share their stories about overcoming challenges in managing their chronic health issues. Evaluation is being conducted.

Mental health:

- Discussions in 2014 led Mayo Clinic to form a Behavioral Health Task Force in 2015 to analyze challenges surrounding the provision of mental health services within the Mayo Clinic practice and surrounding community, region and state. The group is comprised of administrative and practice colleagues across areas to recommend improvements within Mayo Clinic operations and the statewide mental health care delivery system, including the shortage of psychiatric beds within the state hospital system. So far, the impact of these efforts has resulted in stronger awareness for mental and behavioral health issues and resource needs among lawmakers and health advocacy organizations. Local health groups in Rochester increasingly are working together to consider developing new local facilities to address emergent mental health care needs in the local community. The goal is to provide more consistent access to preventive and urgent care for mental health issues.
- Mayo Clinic Hospital Saint Marys Campus treats behavioral health community patients within its Emergency Department, as well as two adult facilities and one child/adolescent behavioral health inpatient facility. Demand for both inpatient and outpatient behavioral health care continues to rise in Olmsted County and Mayo Clinic. Mayo Clinic Hospital serves as the resource of last resort for community patients who are turned away elsewhere and/or are experiencing mental health and behavioral issues that other care providers are not equipped to serve. By providing these services, Mayo Clinic contributes to the safety of individuals dealing with mental health issues, as well as the overall community, by providing a safe environment for residents with these problems.

Immunizations/vaccine preventable illnesses:

- Mayo Clinic conducted community-based, participatory research programs to better understand barriers to immunizations and increase immunization rates among Olmsted County populations. These programs focused on:
    - Barriers, impacts and lessons for human papillomavirus (HPV) vaccination through a school-based influenza vaccination program
    - Using historical geospatial analysis of pertussis outbreaks to improve interventions and immunization strategies

  Evaluation is being conducted.
- Mayo Clinic partnered with Olmsted County Public Health and Rochester Public Schools to promote and provide influenza immunizations to children in 47 private and public schools across the county, including free immunizations to qualifying students.
- Mayo Clinic pediatric and immunization experts participated in public education efforts to inform community members, parents and teens about the health protection benefits of the influenza and HPV vaccines.
- Through the Southeast Minnesota Immunization Connection, Mayo Clinic immunization experts maintain a database of all vaccinations among local residents to improve overall immunization rates. Immunization rates in Southeast Minnesota remain high compared to Minnesota averages.

Homelessness/financial stress:

- Mayo Clinic has responded to these issues through its Community Contributions Program and by working with the Olmsted County Community Health Improvement Plan, both noted below.
- Mayo Clinic Hospital continues to serve Olmsted County patients with chronic and emergent behavioral health issues, including all those who are turned away from other health providers due to their inability to pay or over-capacity issues. Often these patients also will be homeless. Behavioral health patients without homes are not released from the hospital until sufficient housing resources or longer-term care facilities can be secured for them. Subsequently, Mayo Clinic Hospital retains patients within its care facilities until capacity at other long-term care centers is available. This places a significant financial burden on the hospital's operating budget, but provides a critical safety net for the Rochester community.
- Outpatient care planners of Mayo Clinic Hospital refer homeless patients to area shelters and other support systems. A portion of Mayo Clinic's Community Contributions Program budget supports local shelters and affordable housing initiatives, increasing the capacity of community nonprofits to provide emergency shelter.

2. Mayo Clinic participated in the Olmsted County Community Health Improvement Plan (OCCHIP) from 2014 through 2016; this participation is ongoing. The collaborative effort is led by Olmsted County Public Health and is comprised of representatives and community volunteers from local government and community organizations who are charged with responding to the 2013 CHNA findings, as well as transitioning to newly identified health needs in 2016 and beyond.

   Mayo Clinic provides financial and in-kind support to the OCCHIP by paying a portion of a full-time CHIP coordinator position and covering additional administrative needs. Mayo Clinic

experts in community engagement, population research, epidemiology and community health participate in all aspects of the effort, including leadership and planning groups, data analysis and as facilitators at public input and discussion meetings.

OCCHIP work groups in each of the five priority health areas formed in 2014-2015 and continued their work throughout 2016 to convene wider community discussions, promote awareness and focus resources for each health issue. The work groups also aligned more closely with parallel community health improvement platforms, such as the Statewide Health Improvement Plan, Olmsted County Making it Better Coalition, city and county planning, and local affordable housing efforts. These forums have strengthened and inspired shared programs among community organizations and volunteers, including the Moving Forward and Healthy Kids Camp at the Rochester YMCA, the Peer Support Specialists in the Recovery Community Center through the National Association of Mental Illness, expanded collaborative childhood immunization access in our public and private schools, and new housing facilities for homeless youth and single-parent families, to name a few.

3. Mayo Clinic in Rochester annually contributes $2 million to local community projects that enhance health, well-being and social safety nets in Olmsted County to benefit local residents. Mayo Clinic chooses projects that are most likely to directly and indirectly address CHNA priorities. Examples of projects funded include the programs mentioned in the preceding paragraph, as well as sports programs for at-risk youth; suicide awareness and prevention programs in area schools; after-school programming for kids that promotes healthy eating and physical fitness; affordable housing efforts; workforce training and development programs; among many others. Mayo Clinic requests that organizations receiving Mayo funding report on the impact of their efforts in the community. Collective impact evaluation on collaborative community efforts is in development among participating organizations.

4. The Mayo Clinic Center for the Science of Healthcare Delivery works to apply scientific engineering principles to reduce costs and increase quality in the delivery of health care. (http://www.mayo.edu/research/centers-programs/robert-d-patricia-e-kern-center-science-health-care-delivery/focus-areas/population-health-science-program).

   From 2014 to the present, the Center has continued to align research themes within its population health sciences program to focus on Mayo Clinic primary care practices and the CHNA priorities for Olmsted County. These include:

   - Cancer prevention and control
   - Chronic disease management
   - Diabetes
   - Healthy lifestyle promotion
   - Mental health
   - Obesity prevention and management
   - Palliative care
   - Vaccine-preventable disease

The impact of this alignment has been to increase the number of active research studies examining best-practice models for these topics with the goal of improving community health outcomes.

Attachment A – Membership of Olmsted County Community Health Assessment planning groups

Coalition for Community Health Integration
Mayo Clinic
Medica
Olmsted County Community Services
Olmsted County Public Health Services
Olmsted Medical Center
Rochester Area Foundation
Rochester Area School District
United Way of Olmsted County
UCare
Zumbro Valley Health Center

Data subgroup
Family Service Rochester
Mayo Clinic
Olmsted County Community Services
Olmsted County Public Health Services
Olmsted Medical Center
Rochester Epidemiology Project
United Way of Olmsted County

Core group
Mayo Clinic
Olmsted County Public Health Services
Olmsted Medical Center

Health assessment and planning partnership
Catholic Charities, Diocese of Winona
Channel One Food Bank
Community Health Services, Inc.
Destination Medical Center
Diversity Council
Elder Network
Families First
Family Services Rochester
Hy-Vee Food Stores
Intercultural Mutual Assistance Association
Mayo Clinic

Minnesota Department of Health
National Alliance on Mental Illness of Southeast Minnesota
New Sudan American Hope
Olmsted County Community Services
Olmsted County Public Health Services
Olmsted Medical Center
Rochester Center for Autism
Rochester Area Family YMCA
Rochester Area Foundation
Rochester Chamber of Commerce
Rochester Epidemiology Project
Rochester Public Library
Rochester Public Schools
Salvation Army
Southeast Minnesota Area on Aging
Seasons Hospice
Somali Cares
The McGill Report
University of Minnesota-Rochester
Zumbro Valley Health Center

Community health improvement plan work groups

Vaccine preventable diseases
Hy-Vee
Madonna Towers
Mayo Clinic
Olmsted County Public Health Service
Olmsted Medical Center
Rochester Community and Technical College

Mental health
Associates in Psychiatry and Psychology
Catholic Charities
Families First Rochester
Family Service Rochester
Fernbrook Family Center
Goodwill Easter Seals
Mayo Clinic
Minnesota Department of Health – Vocational Rehabilitation Services field staff
NAMI of Southeast Minnesota
Olmsted County Community Services
Olmsted County Public Health Services
Olmsted Medical Center
Rochester Public Library
Rochester Public Schools
Seasons Hospice

United Way of Olmsted County
Zumbro Valley Health Center
Zumbro Valley Medical Society

Obesity
American Cancer Society
Byron Public Schools
Cardinal of Minnesota
City of Byron
City of Stewartville
Dover-Eyota Public Schools
Families First
Family Service Rochester
Friendship Place
Hy-Vee
Intercultural Mutual Assistance Association
Kwik Trip
Mayo Clinic
Olmsted County commissioner
Olmsted County Community Services
Olmsted County Excel Wellness
Olmsted County Public Health Services
Olmsted Medical Center
Mid-West Dairy
Pace Dairy
RNeighbors
Rochester Area Family YMCA
Rochester Boys and Girls Club
Rochester City Council
Rochester Community and Technical College
Rochester/Olmsted County Planning Department
Rochester Public Library
Rochester Public Schools
Rochester Women's Magazine
Southeast Minnesota Area on Aging
Stewartville Public Schools
Stumpf Publishing
Towns Square Media
United Methodist Church-Dover and St. Charles
United Way of Olmsted County
University of Minnesota-Extension
University of Minnesota-Rochester
University of Minnesota

Poverty, financial stress and homelessness
Catholic Charities

Center City Housing
Channel One Regional Food Bank
Christ United Methodist Church
Community Health Services, Inc.
Elder Network
Families First Minnesota
Family Services Rochester
Interfaith Hospitality Network of Greater Rochester
Intercultural Mutual Assistance Association
Lutheran Social Service of Minnesota
Olmsted County Community Services
Rochester Area Foundation
Rochester Public Library
Rochester Public Schools
Salvation Army
Southeastern Minnesota Center for Independence
Southern Minnesota Regional Legal Services
St. Francis Church of Assisi
Sustainable Resources Center
Three Rivers Community Action
United Way of Olmsted County
Women's Shelter
Workforce Development
Zumbro Valley Health Center

Attachment B – the 2016 Olmsted County Community Health Needs Assessment Listening Sessions Report

Background

The Olmsted County Community Health Needs Assessment (CHNA) consisted of a community-engaged collaborative process involving connections between multiple stakeholders and community organizations to identify health priorities impacting county residents. Olmsted Public Health Services, Olmsted Medical Center and Mayo Clinic Rochester partnered to design a mixed-methods process for information gathering related to county health needs. A survey of residents in the county yielded information from 645 residents with a majority self-identifying as white (unweighted 95 percent). While data collection was underway from the mail survey, qualitative data with under-represented residents was also collected to triangulate with the survey data. We called these community health listening sessions.

The listening-session team began meeting in the spring to determine the process to engage and increase diversity in CHNA. The team included members from Olmsted County Public Health and Mayo Clinic Rochester with additional support from Olmsted Medical Center, other community-based organizations, and local community members. This report provides insight from the listening-session process and preliminary results on leading health indicators and areas of health priority in Olmsted County.

Planning process

In the design and planning phase, meetings were held with multiple community stakeholders to discern the most appropriate questions to include in the listening-session process. The 2013 listening-session process was reviewed, and it was determined that the 2013 process should serve as the foundation for data collection. The listening-session team participated in multiple community meetings to query the community directly on the listening-session process.

Diabetes patient advisory group

- The advisory group consisted of patients and caregivers of patients with diabetes. They served as one of the "go-to" groups for considering patient-related issues in chronic-disease screening. The Endocrinology Department and Office of Patient Experience at Mayo Clinic-Rochester coordinate the group.
- During the meeting, the listening-session team gave an overview of the CHNA process. They used a "systems-thinking" approach to develop a shared vision for the data-collection process for the listening session.
- The advisory group suggested topics of interests including chronic disease-related issues and social determinants to health.
- The preliminary listening questions were used to solicit health topic-related feedback from the community.

Listening session community meeting

- A design-team meeting with community members and leaders was hosted to designate focus areas to reach diverse community partners.
- Community assets and resources were identified for the next set of listening sessions.
- The attendees suggested community partners to engage with prior to conducting the actual listening sessions.
- Discussion centered on best practices for collecting information with the community, including recruitment of community members to participate in the listening sessions and opportunities to reach under-represented communities.

Community-Engaged Research Advisory Board

- Mayo Clinic Center for Clinical and Translational Science, Community Engagement in Research Program has a community advisory board (CERAB). The membership is diverse, and they as liaisons and connectors to the local community.
- Several members of the listening-session team are members of CERAB. Updates were provided during CERAB meetings on listening-session data collection.
- CERAB provided detailed information on how to reach under-represented community members. One critical focus area was the need to hear from youth. A board member connected the listening-session team with interested youth groups.
- Another member suggested making connections with local neighborhood associations.
- Board members supported the idea of reconnecting with groups that participated in the 2013 listening sessions. They discussed comparing information over the past several years to determine health improvement.

Listening session data collection process

The listening-session team had experts in mixed-methods data collection, epidemiology, public health, community outreach and diversity and inclusion. The team worked in collaboration with the CHNA data subgroup. Participant recruitment ranged from announcements during worship services in multiple faith-based communities, a trusted community leader recommendation, publicity in schools, and members of the community reaching out to families and friends. The team invited participation from adults 18 years of age and over. A script was created to standardize email invitations. The CHNA data subgroup vetted the listening-session interview script.

The listening sessions took place in locations convenient for the community. Data collection involved a mixed-methods process where community members participated in a qualitative session and answered questions related to the following topics: health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social and economic factors, and physical environment). Sessions lasted approximately 90 minutes. In order to protect participants' confidentiality, listening sessions were not audio or video recorded.

After the data-collection process was started, two youth groups contacted the listening-session team about hosting listening sessions. This required a slight modification to the traditional listening-session format, since one of the youth groups was considerably larger (n=29). A PowerPoint with questions from the script was created. During the listening session with the larger group, youth were separated into three smaller groups with approximately 10 people per group. One person moderated the entire

session with secondary facilitators to probe each question and take notes. The other youth group was not divided, since it was similar in size to other sessions.

Appendices to this report contain the listening-session script, email script, and PowerPoint.

Preliminary findings

The listening-session team conducted nine sessions in Olmsted County from 2015 to 2016.

Listening session community sample

Table 1 provides information about the communities represented in the listening sessions.

- Rochester Community Baptist Church is the largest predominantly African-American church in the city. After reviewing the listening-session data from 2013, the church offered to host a session. The pastoral leadership recruited members to attend.
- RNeighbors is a nonprofit organization that supports and encourages volunteerism and community participation. It helps organize the neighborhood associations in Rochester.
- The YMCA served as a partner for data collection. Given the YMCA's mission and its community outreach, the staff has a wealth of information on community needs. They shared leading social determinants of health that impact many YMCA clients who live in Olmsted County.
- Somali Health Advisory Council (SHAC) is a special-interest group exploring health issues of the Somali community. It consists of both male and female members. Originally, the group focused on viral hepatitis prevention and treatment. Over the past year, they have shifted their focus to include health education on a variety of topics such as mental health.
- The Alliance of Chicanos and Latin Americans (ACHLA) participated in the 2013 listening sessions. One was hosted during their Saturday tutoring session for the Juntos program.
- The Sudanese community participated in the listening session in 2013 following a worship service at their church. The pastoral leadership encouraged members of the congregation to participate.
- The Native American community hosted a listening session with Native Americans and advocates for the community, including members of the Mayo Employee Resource Group.
- The Youth Commission, formed by Olmsted County, is a partnership that supports collaboration between youth and adults with government, schools, businesses and community organizations. The commission fosters the opportunity for youth to learn advocacy for issues faced by youth in the county.
- LGBTQI Club consists of students in the Rochester area who identify as lesbian, gay, bisexual, transgender, queer or inter-sexed; it also has a parent and caregiver support group.

Selected demographic characteristics

Table 2 contains information on selected demographic characteristics. Seven listening sessions were conducted with adults in Olmsted County. The largest group was the Sudanese community. Most adult participants were under the age of 50 (68 percent), identified as female (49 percent), lived in zip code 55904 (32 percent), identified as black (58 percent), and were non-Hispanic (78 percent). Two listening sessions were conducted with youth, ages 12 to 18. The largest youth session was with members of the Youth Commission

Primary themes

Notes from the listening sessions were transcribed and thematically coded using NVivo. Based on recommendations from the CHNA data subgroup, the thematic coding process began with two main themes: health outcomes and health factors. Two expert qualitative researchers, each with more than a decade of experience, coded the data. Code discrepancies were resolved with the coders by a mixed-methods scientist. Table 3 shows the combined themes, and Table 4 has selected quotes from the transcripts.

To begin the discussions and build a rapport with participants, each listening session began by defining community and health.

Participants described community as a "group of people living together and having common interest." The common understanding related to safety, children and shared experiences. These values linked to faith and culture. The discussion illustrated the importance of children, safety and unity. One participant mentioned that community is the "place where children grow and have a healthy environment." Another maintained that community related to the "environment that creates relationships where you can grow in your knowledge and get more familiar with what is available." This quote seems to sum up the feelings in each listening session when the participant stated that unity is key and allows "everyone [to get] involved; everyone can check on each other." The definition touched on neighborhoods, resources, and hearing of all community members voices. One person said, "People who get involved in the school board, church and places to get to know one another and know about resources."

A variety of definitions of health existed, but we wanted to determine what health meant to residents in Olmsted County. Overall well-being, including physical, spiritual and emotional health, was the main focus of discussion. A participant defined health as being "free of injury and illness," while others' definitions related directly to behaviors that included education, diet and exercise.

Health outcomes

The health outcomes theme included two subthemes: morbidity and mortality. The morbidity theme focused on a discussion of current and future health concerns, while mortality related directly to causes of death. Under morbidity, mental health and chronic diseases were the main concerns mentioned. Some participants also provided information on the impact of infectious diseases.

Mental health focused on access to mental-health services, with some centered on certain conditions. When asked to provide details related to mental-health awareness, participants consistently maintained that information on treatment, screening, and services is unavailable or lacking in the community.

For instance, one participant said, "Mental health, they need to provide more programs for children and teens, meet the [mental health care] needs of children in their homes." Participants provided information on the impact of mental and emotional health on those who are homeless or incarcerated and trying to find the best ways to break these cycles. Another participant said, "Mental health issues are still a concern, get thrown in jail and once out people face homelessness; very few people and resources to help people break the cycle."

This supported the observation of other participants that breaking the barriers to mental-health care began by providing parents with ways to help children and to start the dialogue early about mental health to reduce stigma. For instance, “Mental health, pressure as a parent... teenagers and kids don’t always [talk]... there is a stigma around teens being labeled.” Mental health of youth was a focus in adult and youth listening sessions. One participant said, “Mental health of youth is the top priority.”

This sentiment linked directly to participants’ awareness of youth diagnosed with pervasive developmental disorders like autism, ADD and ADHD. “Somali higher levels of autism, journals say not higher, but we get a severe [strain].” An adult participant mentioned: “ADD and ADHD, in our youth program; we see so many kids who we have to give medications to.”

There was a reflection that these areas linked directly to a variety of family members. An overall sentiment was that mental and emotional health was a family discussion. Further, a participant gave an example of how mental illness impacted their family: “For my family, mental health is an issue. Mom has bad anxiety; we talk about mental health a lot.”

Another mental-health focus was the awareness of stress, depression and anxiety. A participant correlated depression and substance use. Youth participants provided insight on substance use among their peer groups. One said, “Drugs and alcohol use is more commonly used than adults know,” and another echoed, “Drugs and alcohol – there are more high school students and freshman using drugs and starting use at younger ages.” Substance use and abuse were hot topics in the youth sessions. Another area of focus was suicide ideation. Participants raised this topic in both sessions, and noted how common it is among their peers.

The discussion of chronic diseases the discussion. One participant observed that a sedentary lifestyle leads to more cases of diabetes. Some of the participants were newcomers, immigrants and refugees. There was acknowledgement that health immigrant syndrome is a concern as it relates to chronic disease. There was the perception that people were healthier prior to moving to the United States and Minnesota, in particular. A good illustration of this point was one participant’s thoughts on diabetes: *“Diabetes, back home we used to move around and now we sit a lot.”* Several participants felt that obesity prevention should begin with children, which was reflected in this comment: “Obesity, look around, children are not exercising and eating right, this can lead to diabetes and heart problems, we need to get involved in our children’s lives.”

Participants acknowledged that cancer, migraines, diabetes and asthma were concerns for them, their families and the local community. When asked to clarify which cancer is the most common health concern, a participant said, “Cancer, all cancer.”

After a robust discussion of chronic disease, we shifted the focus to awareness, prevention and management of infectious disease. Many participants were aware of the impact of tuberculosis, viral hepatitis and flu. Several discussed transmission diseases related to “unprotected sex, diseases, [and] awareness.” In sessions with large groups of newcomers and immigrants, hepatitis was a concern. A common sentiment was, “Hepatitis [is] common in [the] Somali population in Olmsted, and they need to have more knowledge of it.” The topic of herd immunity with vaccine was highlighted in multiple sessions with awareness of vaccines being needed across the lifetime, while some felt they needed “more information on vaccination for adults, more information related to chicken pox and shingles.”

Others maintained that educational opportunities are needed in the community to increase awareness of vaccines and screening. “Information does not get passed on. Vaccines, for example, when parents don’t bring records, children get over vaccinated or given too much in one time since [providers are] concerned they won’t come back.”

Participants expressed some interest in discussing mortality. When asked questions related to mortality, many participants revisited the 2013 top-five priorities list. Several participants said that at least one of the 2013 priorities related directly to death of a loved one or someone they knew. In many of the sessions, participants made comments relating to premature death from preventable disease. This statement echoes that comment: “My family members have all died at age 50 from the top five reasons.” There was the impression that conversations around death and dying were not happening as frequently within the community: “Death and dying, we use to be comfortable with it and now [are not].” The biggest take-home message related to mortality linked to access of appropriate and timely treatment: “All are very important, I lost a brother two years ago treated here, need heart treatment.”

Health factors

Health factors had multiple subthemes. They linked directly to individual behaviors and social determinants to health. Discussion of health behaviors correlated to an individual’s lifestyle and actions to maintain health, with diet, exercise, safe sex and happiness being pivotal to health. There was the impression that “exercise, healthy eating, mental health as well as physical health,” “being healthy, getting shots, eating healthy,” and having a “positive outlook” impacted wellness.

Within health factors, social determinants led the discussion, especially those linked to socio-economic status. This tied directly to economic stability, education, social and community cultural factors. A participant mentioned that socio-economic status has a major impact on health, especially as it relates to insurance status, "They charge if you are sick; the insurance charges you a lot, easy to get sick but hard to heal.” Others echoed this sentiment by mentioning, “affordable and accessible health care” as essential to health.

Another aspect of social determinants to health was “access to healthy food and produce, affordability.” Participants elaborated on the cost of food and housing costs: “Money is a problem as many people in the county do not know people are suffering in their lives or that they have problems.” Homelessness was mentioned as a growing problem in Olmsted County with a participant saying, “There is lots of homeless people with low education, no breakfast. There are outlets to help with each, but they are not all being used.” Again, this related directly to access and awareness of resources in the community.

Participants discussed the impact of education on health factors. Much of this discussion did not link directly to educational attainment, but health education, communication and access to health care for children in schools. “Health education and health literacy connects to have a place to get culturally appropriate information. You don’t want to get bad information.” The association between health education and health behavior choices was illustrated by this comment: “Education on effects of foods and the types of diets how they impact us later in life.”

Open communication with community members and service providers came up as a health factor. This related directly to having what some describe as “more communication channels” to help with use of

services and resources. For the immigrant community, communication correlated to translation, interpretation, and language services. For example, some felt the services exist, “but reaching the immigrants is not working.”

Discussions about how to communicate with the community began an open dialogue with participants saying, “I wish there was one website that had everything available in the community so don’t have to go to Mayo then OMC then the dental.”

This led to a conversation about the schools’ impact on health. There was some awareness of the roles schools have in vaccines, “Public school provided vaccines at elementary, but not at high school.” There was also a limited awareness of the roles of school nurses: “School health nurses, but they are limited compared with the number of kids with complex needs and only one nurse.” Participants appeared to be aware of some resources on health care options in the community, such as Olmsted Medical Center, Mayo Clinic Rochester and Salvation Army.

A clear indicator of access to care is a “good patient-physician relationship” and how one navigates the health care system. Those with more knowledge seemed to have more access. This is associated not only with navigation, but with trust and cultural awareness. One participant said, “Someone who is well-versed to navigate own system; not managed care; some central office; patient navigation; know that there might be some cultural needs.” Participants felt that, “trust for person caring for you” impacted the information that is provided and how the information is received.

One comment that drove a portion of the conversation was: “Health care is one of the most important issues but now it is the most inaccessible and most complicated system today versus what it used to be.” To further illustrate accessibility issues: “Person has services and qualifies for low-income services and has needed resources; then starts working more hours and loses health care services.”

Moreover, participants felt there is a lack of understanding of how their information is used by health care systems to coordinate care. One participant said, “Better communications of medical records, I’ve moved around, and it is hard to collect from hospital to hospital.” Another connected coordination of care being partly the patient’s responsibility: “Information does not get passed on. Vaccines, for example, when parents don’t bring records children get over-vaccinated or given too much in one time since concerned they won’t come back.”

During each listening session, time was a factor linked to health improvement. This included participants needing to take off from work for appointments. One concern related to time and waiting periods for primary care and referral appointments. There was the issue of the over-use of the emergency room by patients if they missed an appointment or lacked primary care. One participant highlighted this by saying, “Having to go to the ER [because health care provider] won’t see if you’re late for an appointment.” This comment also related to the inconvenience of scheduling appointments in certain health care systems. “The average working person can’t get in unless takes off work” and lack of transportation (“can’t get there [to the appointment]”).

Participants mentioned the need for diversity in the health care system and exploring issues around “social and cultural stigma.” This includes interpreters, health care providers from the community itself, or culturally sensitive providers.

There was knowledge about some resources in the community related to health issues and some health care providers. However, it was acknowledged that many community members do not know how to obtain the services they need to stay healthy or even receive basic health care. This was felt by other minority community members and went back to cultural awareness: “Health education and health literacy connects to have a place to get culturally appropriate information. You don’t want to get bad information.” Another factor related to cultural dynamics and health was the impact of religious leaders and other cultural leaders helping to build trust in the local community: “Relationships that matter such as spiritual or metaphysical dimension.”

The organic nature of the listening sessions afforded us the opportunity to learn participants’ thoughts on the physical environment, like neighborhoods and the built environment in the county. Many of the listening-session results focused on community safety, facilities for sports and recreational activities, cleanliness of the environment, and transportation. When asked to describe the safety of the community, participants mentioned they wanted a “sense of security.” “Safety and security for those you love” precedes trust. This also relates to continuity among those providing resources: “It is nice to see a familiar face. This establishes trust.”

Consensus existed around opportunities to exercise outside and free spaces for exercise. The participants felt *“preserving trails and parks where people come together”* and *“people who want to be active have a lot of opportunity for sports, start of trail system”* increase health.

Participants also mentioned that Olmsted County needs to be open to people with a variety of health concerns, especially those with chronic health conditions. This related to the need for more support groups for diseases like diabetes, rehabilitation centers and other community spaces to help improve health. A few examples to illustrate this point: “YMCA is working with Mayo on child obesity and families, great success in cancer treatment and addressing their needs, there is needs in diabetes” and “New Olmsted Medical Center Women’s Clinic increases awareness that women don’t get the care they deserve.”

Recommendations and next steps

The listening sessions provided a way to connect with members of the community around health. The main priorities identified in the session were mental health, obesity and diabetes under the health outcomes theme. For the health factors theme, the most relevant concerns related to access to correct health information and affordability of care.

A variety of community members were reached with this process. An interesting lesson also was learned when trying to recruit for the underemployed community; apparently, the partner agency has fewer clients than in previous years. This reflects the lower under- and unemployment rates in Olmsted County, which are better than the national rates. Fear, trust and cost also were found as leading factors for social determinants to health. Value linked to receiving health care from providers who respected cultural concerns and traditions of the community seemed to drive the conversation.

Next steps include triangulating this data with the data from the survey. The listening-session team is prepared to help with this process. Participants in the listening sessions are interested in hearing back from the CHNA Core Planning team via a report or other mechanism. When asked the best way to

contact them, some mentioned town halls, social media, telephone, word-of-mouth and through their faith-based communities. Therefore, the listening-session team plans to return to the community and share the aggregated findings. We also recommend a connection from the CHNA listening sessions to the CHIP teams, since there may be opportunities to provide synergy and raise awareness of opportunities related to increasing health equity in these areas.

Table 1: Selected Demographic Characteristics N=7

Community Group	Affinity group(s)	n (percent)
Rochester Community Baptist Church	Faith-based	11
RNeighbors	Healthy people	3
YMCA	Healthy people	8
Somali Health Advisory Council	Minority, immigrant & refugee	16
Sudanese Faith	Minority, immigrant, refugee & faith-based	17
Alliance of Chicanos and Latin Americans	Minority	10
Native American	Minority	11
Youth Commission	Youth	29
LGBTQI Club	Youth LGBTQI	8

Table 2: Selected Demographic Characteristics for Adult Participants

	n (percent)
Age Distribution	
18-19	3 (4%)
20-29	17 (25%)
30-39	16 (23%)
40-49	11 (16%)
50-59	12 (17%)
60+	8 (12%)
Sex	
Male	33 (48%)
Female	34 (49%)
ZIP Code distribution	
14221	1 (1%)
55901	23 (33%)
55902	11 (16%)
55904	22 (32%)
55906	2 (3%)
55920	1 (1%)
55945	2 (3%)
55949	1 (1%)
55960	1 (1%)

Race	
Black	40 (58%)
White	21 (30%)
Asian	4 (6%)
Native Hawaiian/Pacific Islander	2 (3%)
Native American	4 (6%)
Ethnicity	
Hispanic	8 (12%)
Non-Hispanic	54 (78%)

* Percent may not add to 100 percent
** Some participants did not provide demographic information (missing data on n=7)
*** Demographic on youth is limited to the information provided by their programs to protect confidentiality

Table 3: Combined Themes

COMBINED THEMES
Health outcomes • **Morbidity/diseases & health issues** o **Mental health** ▪ stress ▪ depression ▪ anxiety ▪ suicide/suicidal ideation ▪ autism ▪ addiction (tobacco, alcohol, drugs) ▪ ADD/ADHD ▪ PTSD ▪ Bipolar ▪ Alzheimer's o **Chronic disease** ▪ diabetes ▪ obesity ▪ cancer ▪ cardiovascular disease ▪ hypertension ▪ osteoporosis ▪ stroke ▪ arthritis ▪ autoimmune ▪ GI issues like Celiac's ▪ respiratory (asthma) ▪ migraines ▪ renal disease o **Infectious disease** ▪ STI ▪ Viral Infections ▪ TB ▪ hepatitis • **Mortality** o Diabetes

Table 3: Combined Themes

Health Factors

- **Health behaviors**

Preventive care and activities

- Vaccinations
- Exercise
- Healthy diet
- Dental care
- Therapy/counseling
- Safe sex/abstinence
- Spirituality/religion

- **Social and economic factor**

Social determinants of health

- Economic Stability
- housing stability/affordability
  - affordable healthy food resources
  - affordable child care
  - employment
  - affordable insurance
- Education
  - good educational resources
  - counselors
  - school seminars/lectures
  - school nurse
  - social workers
- Social and community context
  - incarceration
  - discrimination
  - racism (cultural concerns: trust and respect, cultural awareness and competency, social isolation (gender, age, and race or ethnicity)
  - healthy relationships with family and community
  - Spirituality and religion

- **Physical Environment**
  - Neighborhood and built environment
  - low crime
  - safety/security (fire department, Red Cross, police, clubs and community centers, school facility, social workers)
  - clean environment
  - outdoor/indoor recreational facilities (bike and hiking trials, YMCA)
  - church, synagogue, mosque

- **Clinical Care**

Access to health care

- knowledge of health care system
- understanding and following through with providers recommended care
- accessible and affordable health facilities
  - school vaccine, nurses, counselors
  - Fast Care, Urgent Care, Express Care, Salvation Army, United Way, Community Care Heinz Center, RCTC

        - blood drives
        - Planned Parenthood
        - dental care
        - Mayo Clinic
        - Olmsted Medical Center
        - community health fairs
        - Ronald McDonald House, Dorothy Day, Women's Shelter, Bear Creek services, Boys and Girls Club
    - insurance and cost
    - long-term care
    - good patient/provider relationship
    - technology (internet)
    - communication
        - language (translation, interpretation, and health literacy)
        - family and friends
    - health care service providers
        - physicians
        - physicians assistants
        - nurses
        - community health workers
        - patient navigators
        - social workers
    - transportation
    - knowing where to go to address health concerns

Barriers to health care

- cultural concerns
    - trust and respect
    - patient adherence
    - lack of attention to patient's concerns
    - different treatment options
    - cultural awareness and competency (providers and patients)
    - social isolation (gender, age, and race or ethnicity)
- wait time
- consistency of care
- paperwork and documentation
- insurance and cost
- access to medical records
- transportation

Table 4: Selected Quotes from Listening Sessions

HEALTH OUTCOMES	
Morbidity/Diseases and Health Issues	
Mental Health	"Mental health, they need to provide more programs for children and teens, types of home care within the mental health." "Mental health, pressure as a parent, teenagers and kids don't always... there is a stigma around teens being labeled." "Somali higher levels of autism, Journals says not higher but we get a severe format." "Mental health of youth is the top priority." "Depression and substance abuse." "Dealing with depression and mental health." "Chemical dependency." "Suicide increased." "Drugs and alcohol – there are more high school students and Freshman using drugs and starting use at younger ages." "Drugs and alcohol use is more commonly used than adults know." "Financial stress cause depression, PTSD." "Stress management." "ADD & ADHA, in our youth program we see so many kids that we have to give medications to." "For me mental health and financial stress and homelessness." "Smoking is a big problem." "For my family mental health is an issue, mom has bad anxiety, we talk about mental health a lot."

HEALTH OUTCOMES	
Morbidity/Diseases and Health Issues	
Chronic Disease **Infectious Disease** **Mortality**	"Obesity, look around, children are not exercising and eating right, this can lead to diabetes and heart problems, we need to get involved in our children's lives." "Cancer, all cancer." "Diabetes, back home we use to move around and now we sit a lot." "Migraines; me and my daughter suffer from migraines." "Asthma." "Unprotected sex, diseases, awareness." "Information does not get passed on. Vaccines, for example when parents don't bring records children get over vaccinated or given too much in one time since concerned they won't come back." "Hepatitis, common in Somali population in Olmsted and they need to have more knowledge of it." "More information on vaccination for adults, more information related to chicken pox and shingles." "TB, hepatitis." "Vaccines and flu shots." "My family members have all died at age 50 from the top-five reasons." "All are very important, I lost a brother two years ago treated here, need heart treatment." "Death and dying, we use to be comfortable with it and now."

HEALTH FACTORS	
Health Behaviors	
Preventive Care and Activities	"Good food and healthy eating." "Exercising." "Exercise, healthy eating, mental health as well as physical health." "Safe sex, abstinence." "Have a routine mentally and physically." "People who want to be active have a lot of opportunity for sports, start of trail system." "You have to exercise and eat healthy and be not sick." "Cooking good food." "Being healthy, getting shots, eating healthy." "Happiness – if you are healthy you are happy." "Positive outlook." "Feel good about yourself, like for me when I work out, a sense of accomplishment."

HEALTH FACTORS	
Health Behaviors	
Social and Economic Factors	
Economic Stability	"They change if you are sick, the insurance charges you a lot, easy to get sick but hard to heal." "Healthy food is expensive." "Affordable housing." "Financial stress links a lot of these issues, medicine is expensive, go to fast food." "Affordable health care." "Financial would be focal point, stress leads to eat unhealthy." "Access and facility to stay healthy." "Homelessness, there is lots of homeless people with low education, no breakfast. There are outlets to help with each but they are not all being used."

	"Money is a problem as many people in the county do not know people are suffering in their lives or that they have problems." "Affordable and accessible health care." "Access to healthy food and produce, affordability." "Free and reduced cost lunch program at school." "Transportation is expensive both public and personal forms." "Applying for insurance, food stamps, housing etc. All take a long time." "Government assistance." "Welfare. They now refuse people if they are not working. They will help you if you have a job."

HEALTH FACTORS	
Health Behaviors	
Education	"Obesity, it is important to educate about eating healthy and getting exercise." "School health nurses, but they are limited compared with the number of kids with complex needs and only one nurse." "Lack of place to go for information… people stop medications because miss information… would be covered if had place to go or call." "Health education and health literacy, connects to have a place to get culturally appropriate information. You don't want to get bad information." "One thing to know but another to be able to prepare; also what one culture may see as a healthy meal may not be that same for another." "Health seminars in community." "Communication, we have things in place but reaching the immigrants is not working." "More communication channels to make use of resources." "Billboards on bus & public spaces." "Hosting a leadership summit." "We make assumption… information from other source… they don't know what's right so they Google it."

	"People need to be educated on vaccines as more people should be vaccinated." "Education on effects of foods and the types of diets how they impact us later in life." "School counseling." "Tutor centers." "Mayo Clinic scholarship for college."

HEALTH FACTORS	
Health Behaviors	
Social and Community Context	"Mental health issues are still a concern, get thrown in jail and once out people face homelessness. Very few people and resources to help people break the cycle." "Social support; United Way has resources for family to prevent social isolation." "Voices are heard and valued." "Work with system, trust in system." "Implicit bias and micro-aggressive behaviors we don't know where this is heading; how to build capacity for resiliency." "Don't feel accepted in the community." "Getting involved in school, government, church, knowing everyone so if something happens you know who to go to." "Good relationship between the people. Everything is peaceful and there is no fighting." "Knowledge of others. Knowing others and having empathy." "Social and cultural stigma." "There is a lack of belief from parents that children have a problem." "Being in groups and talking with a leader." "Relationships that transcend the physical communities and become family to me." "Relationships that matter such as spiritual or metaphysical dimension." "When people gather together to solve a problem in your neighborhood or block." "Group of people who have similar values and live together, come together to meet each other's needs."

	"Different kinds of community, geographic, a group of people with a common goal, common experience." "Excepting each other as a community no matter background." "Unity, each one has a role to play and check up on the community."

HEALTH FACTORS	
Physical Environment	
Neighborhood and Built Environment	"Place where children grow up in a healthy environment." "It is nice to see a familiar face. This establishes trust." "Important want to feel safe, safe for kids." "Need facility for rehabilitation therapy." "People who want to be active have a lot of opportunity for sports, start of trail system." "Public school provided vaccines at elementary but not at high school." "Preserving trails and parks where people come together." "Somewhere needs to offer free exercise and activities." "People who want to be active have a lot of opportunity for sports, start of trail system." "Suicide helplines." "Exercise facilities, parks and recreation." "Religious leaders." "There are lots of options like school nurse and guidance counselors." "Mayo Clinic – Receive best possible care." "Environment clean and safe." "Sense of security." "Safety... access to health facility." "Safety and security for those you love." "YMCA is working with Mayo on child obesity and families, great success in cancer treatment and addressing their needs, there is needs in diabetes." "More healthy food in the schools." "Transportation, no good way to get to the YMCA." "Need for child care for when people are in their appointments." "I wish there was one website that had everything available in the community so don't have to go to Mayo then OMC than the dental." "Feel safe, when I have kids it's important to be safe." "There's no diabetes support groups or encouragement for healthy eating and exercise."

HEALTH FACTORS	
Clinical Care	
Access to Health Care	"New Olmsted Medical Center Women's Clinic – increases awareness that women don't get the care they deserve." "Fast Care, Mayo and Express Care, OMC are really nice." "Get appointment online." "Salvation Army, but you don't hear a lot about what they do and don't do. Free dental at RCTC, a lot of things there but don't know about it... it is communication." "Set up appointment at OMC, and they changed it to Mayo Clinic. I showed up ahead a time but now late since had to go to next place. They say doctor can't see you, and you need to go to ER." "Knowledge about what is truly healthy; all food labels now say "fat-free" so people think it is healthy, but they don't look at the sugar or calories." "Good patient-physician relationship." "Vaccines for adults and children at Ben Franklin." "Migrant health services." "Planned Parenthood for check-ups." "Someone who is well versed to navigate own system; not managed care; some central office; patient navigation; know that there might be some cultural needs." "Better trusted sources for self-help." "Support system... take you there... reliability." "Have better interpretation and language services." "Health education and health literacy, connects to have a place to get culturally appropriate information. You don't want to get bad information."

HEALTH FACTORS	
Clinical Care	
Barriers to Health Care	"Help for mental health needs to be more accessible because it is so expensive, school counselors are generally not great, they can direct you kind of." "Trust is a big issue." "Trust for person caring for you." "In paper about services available there. Even worse if there is language barriers." "People don't like doctors or they fear going to the doctor." "Cost of things; I have friends who have not gotten teeth cleaned since not covered by insurance; not that it is not a priority but cost is so high." "Health care is one of the most important issues but now it is the most inaccessible and most complicated system today versus what it used to be." "Dental is extremely expensive, don't have regular check-up, only go when you have toothache." "Person has services and qualifies for low-income services and has needed resources; then starts working more hours and loses health care services." "Mental health community just wants to give out medicine, medicine, medicine." "A project I don't support is access issues to see doctors seeing patients less. We may run into some problems with that and affordability." "Better communications of medical records, I've moved around, and it is hard to collect from hospital to hospital." "Information does not get passed on. Vaccines, for example when parents don't bring records children get over vaccinated or given too much in one time since concerned they won't come back." "The average working person can't get in unless takes off work." "Time, it is hard to schedule appointments, and then you have to wait." "Transition, moving from one place to another, moving from extreme distress and can involve lack of access to health care." "Hard to get therapist, no openings." "Glasses are expensive so don't want to ask parents." "When trying to find a therapist, you want to find one you are comfortable with and that can be expensive, have to see so many." "Can't get there."

Appendix I. Email Invitation Script

Hello _____,

Hope you are doing well. Olmsted County Public Health, Olmsted Medical Center and Mayo Clinic are partnering to learn more about their county health needs. The Affordable Care Act requires health care institutions to collect this type of information every three years. We have begun the process of collecting this information for 2016, and I would like to invite the _____ to participate.

We would ask the _____ members to attend one session in which they would share their thoughts, knowledge and views related to health, health care, and health access for them, their loved ones, and our community. It would be a small a group of people from the community with a facilitator and two people to take notes. Everyone can speak freely. Any information provided is confidential. We will not audio or video record the session. After we gather information from other communities, we plan to combine the information and return the results back to the community with the goal of assisting with the development of a community health improvement plan.

The session will take approximately an hour and half of their time, and we will provide a light meal or a snack to thank them for their participation.

Here is a link to the 2013 Olmsted County, Minnesota Community Health Needs:
https://www.co.olmsted.mn.us/OCPHS/reports/Documents/Community percent20Health percent20Needs percent20Assessment percent202013.pdf

Best regards,

_____

Appendix II. Olmsted County Community Health Listening Sessions Script

Thank you for taking the time to be here. My name is _____ and I will facilitate this listening session. Olmsted County Public Health, Olmsted Medical Center and Mayo Clinic are partnering to learn more about our county health needs. In 2013, we conducted a county health needs assessment. Now we are collecting information for the 2016 county health needs assessment. I want to take a few moments to tell you about what you can expect from this discussion and give us each time to introduce ourselves.

Our purpose here is to learn your thoughts, knowledge and views related to health, health care, and health access for you, your loved ones, and our community.

As I said before, I will facilitate the group. We have _____ with us who will be taking notes. I will make sure that we keep to the time limit that we have set. I want to learn your honest thoughts as community members. I want to remind you that the information you provide is confidential. Since we

are not recording the session, I will ask that we speak one at a time and allow each participant the chance to finish their statements before speaking. This will help our note taker(s) capture your thoughts. Remember, there are no right or wrong answers, but this thoughtful discussion will help us learn more about our community.

I. **INTRODUCTION**
   a. Please tell me your first name or the name you prefer to go by
   b. How did you learn about today's listening session (NOTE: IT MAY CHANGE TO EVENT DEPENDING ON THE VENUE)?
   c. Please give us a brief definition of what community means to you.

When we mention Olmsted County and the community, we are referring to the environments you live, work, and interact in daily. As a resident of the County, please answer the questions as it impacts your daily living and the daily living of those you care about and interact with.

II. **GENERAL QUESTIONS ABOUT DEFINING HEALTH**

How do you define health?
Probe: for themselves, family and loved ones (i.e., your household), and community

II. **CURRENT HEALTH PRIORITIES**

The 2013 health priorities identified were obesity, diabetes, financial stress/homelessness, vaccine preventable illness, and mental health. Please tell us if these represent priority areas for you, your loved ones, and our community.

IV. **HEALTH ISSUES OF INTEREST**
   a. We are interested in learning more about health topics that interest you. What do you believe is the most pressing health issue impacting:
      i. Those you care about like your family and friends?
      ii. The community of Olmsted County?
   b. What resources are needed improve the health of Olmsted County? (NOTE: WE CAN ASK QUESTIONS ABOUT THE CITY OR TOWN)

V. **HEALTH CARE ACCESS AND RESOURCES**
   a. Please describe the health care resources that are available to you, those you care about and the community (NOTE: Ask each separately)
      i. Probe: Describe the health care resources that you are aware of in Olmsted County
   b. Describe any barriers you have experienced related to receiving health care in Olmsted County
   c. Describe any barriers that your loved ones has received related to receiving health care in Olmsted County
   d. Describe other barriers that you may be aware of related to health care for the community
   e. Describe things that have facilitated easier access to health care resources for you
   f. Describe things that have facilitated easier access to health care resources for your loved ones
   g. Describe things that have facilitated easier access to health care resources for Olmsted County

VI. **RESOURCES AND SERVICES ACQUISITION**

a. What is the best way to provide information about health topics, resources and services to you?
b. What is the best way to provide information about health topics, resources and services to your loved ones?
c. What is the best way to provide information about health topics, resources and services to the community?

VII. **OTHER INFORMATION**

a. Is there other information you would like to share with us?
b. Is there other information you would like for us to share with you related to the Olmsted County Health Needs Assessment?

Thank you for participating in this portion of the listening session. We also have a list of health topics compiled by Olmsted County Public Health, Olmsted Medical Center, and Mayo Clinic. These topics relate directly to some of the leading health conditions treated in our community. Each of you has a set of stickers to help mark the health topics that are of most interest to you. Please review the list and place a sticker next to your top five health topics.

NOTE: GIVE AN UPDATE ON THE COUNTY HEALTH NEEDS ASSESSMENT.
NOTE: PLEASE HAVE THE PARTICIPANT COMPLETE MAYO CLINIC COMMUNITY EVALUATION CARD

Appendix III. Olmsted County Community Health Listening Sessions Script for Youth

Thank you for taking the time to be here. My name is _____ and I work for the _____. Olmsted County Public Health, Olmsted Medical Center and Mayo Clinic are partnering to learn more about our county health needs. In 2013, we conducted a county health needs assessment. Now we are collecting information for the 2016 county health needs assessment. I want to take a few moments to tell you about what you can expect from this discussion and give us each time to introduce ourselves.

Our purpose here is to learn your thoughts, knowledge and views related to health, health care, and health access for you, your loved ones and our community.

We have ___ facilitators _____ and _____. We have _____ and _____ with us who are taking detailed notes. _____ and _____ I will make sure that we keep to the time limit that we have set. I want to learn your honest thoughts as community members. I want to remind you that the information you provide is confidential. Since we are not recording the session, I will ask that we speak one at a time and allow each participant the chance to finish their statements before speaking. This will help our note taker(s) capture your thoughts. Remember, there are no right or wrong answers, but this thoughtful discussion will help us learn more about our community.

INTRODUCTION

a. Please tell us your first name or the name you prefer to go by
b. What is one thing you love about Olmsted County?

Attachment C – Participating Agencies in the Olmsted County Qualitative Prioritization Process Meetings

In an effort to gather as many community members' input as possible, two online surveys were created to capture feedback from those who were unable to attend the community sessions. Both surveys asked the same questions (the community's perception and its ability to have an impact) but one provided the data that was shared during the prioritization session, and the other did not. Like all the other prioritization sessions, respondents also were asked to select their top- five individual indicators and provide feedback on missing indicators. The responses collected from the survey and the community prioritization sessions were combined to reach the overall community scores for each indicator.

Youth Commission prioritization session

Youth Commission members only prioritized the top-10 indicators as of July 1, 2016, based on the community perception and ability to impact them. Before prioritizing each indicator, data was shared, which was the same with other sessions. More time was spent talking about the data to make sure participants had a clear understanding of it.

After reviewing data for the indicator, participants rated the community's perception of the issue (specifically thinking about other youth) and the community's ability to impact it. For this session, clickers were not used, instead youth used white boards and dry erase markers to rate each indicator. After each question, participants discussed the data and came to an agreement of what the "score" should be.

Like all other prioritization sessions, participants completed the individual-input ballot to capture their top-five indicators and to suggest missing or emerging ones. Youth Commission data was not included in the mathematical model.

Process improvements

Improvements to the subjective framework were made prior to this cycle, including eliminating a factor to rate each indicator on. The goal was to shorten the session and allow for more discussion. After the first prioritization session, additional process improvements were made, including eliminating two additional questions and showing the results for each factor. Participants felt this would help eliminate further confusion and allow the participants to have a sense of how the group feels about each indicator.

The two questions eliminated were:

- Quality of Life - To what degree are people's ability to live their desired lifestyle limited? What is the magnitude of impact on individual quality of life?
- Economic Impact - What is the potential (or actual) economic burden to the community?

Participants

For the 2016 prioritization process, an effort was made to involve more groups and community members in this subjective process. Along with organizations that participated in 2013, seven additional organizations/groups took part. This resulted in a total of 244 participants.

Prioritization session counts

Session	Type of Group	Number of Participants
Public Health Services Advisory Board*	Advisory Group/Board	10
Health Assessment and Planning Partnership	Commission/ Partnership	18 participants 12 organizations
United Way Health Investment Team	Commission/ Partnership	7
Olmsted Medical Center*	Health Care	33
Community Engaged Research Advisory Board	Advisory Group/Board	18
Mayo Clinic Rochester*	Health Care	36
Strategic Management Committee*	Public Health	13
Rochester Epidemiology Project Community Advisory Board	Advisory Group/Board	17
General Public		63 30-Forum 63-Survey
Youth Commission	Commission/ Partnership	18
Vital Aging	Commission/ Partnership	11
Total		244

*Participated in the 2013 prioritization process

Attachment D – Data Sources Used for Quantitative Assessment

Secondary data sources

American Hospital Association
Anne E. Casey Foundation
Center City Housing Corporation
Centers for Disease Control and Prevention (CDC)
Behavioral Risk Factors Surveillance System (BRFSS)
Children's Food Environment State Indicator Report
Morbidity and Mortality Weekly Review
National Center for Health Statistics
National Health and Nutrition Examination Survey
National Immunization Survey
National Survey of Children's Health
National Vital Statistics System
Youth Risk Behavioral Surveillance System
Channel One Food Bank
Distraction.gov
Feeding America
Heading Home Minnesota
Heading Home Olmsted County
Healthy People 2020 (HP 2020)
Massachusetts Institute of Technology
Living Wage Calculator
Minnesota Community Measurement
Minnesota Department of Education
Minnesota Department of Health
Center for Health Statistics
Minnesota Adult Tobacco Survey
Minnesota Health Access Survey
Minnesota Statewide Health Assessment, 2012
Minnesota Student Survey
Minnesota Department of Public Safety
Office of Traffic Safety
Minnesota Housing Partnership
Minnesota Pollution Control Agency
National Alliance to End Homelessness
National Center for Education Statistics
Institute of Education Sciences
National Center on Family Homelessness
National Highway Traffic Safety Administration
National Institute of Health
National Cancer Institute

National Institute of Mental Health
Olmsted County Community Health Needs Assessment (CHNA) 2013 and 2015 Surveys
Olmsted County Community Opinion Survey
Olmsted County Environmental Resources
RAND Corporation
Rochester Epidemiology Project
Rochester/Olmsted Planning Department
Rochester Public Schools
    Early Childhood Family Services Report
Southeast Minnesota Immunization Connection
United States Census Bureau
American Community Survey
Small Area Income and Poverty Estimates
United States Department of Agriculture
United States Department of Health and Human Services
Health and Human Services Indicators Warehouse
National Heart, Lung and Blood Institute
Public Health Emergency
United States Department of Housing and Urban Development
United States Preventive Services Task Force
United States Surgeon General
United Way of Olmsted County
University of Minnesota
WellSAT: 2.0
Wilder Research
Minnesota Homeless Study
World Health Organization

Primary data sources
Community listening sessions
Community survey

Attachment E – Community Survey

November, 2015

Dear Olmsted County Resident:

This is your opportunity to help improve the health of your community!

Your household has been randomly selected to participate in the Olmsted County Community Health Needs Assessment Survey. Information gathered will help us complete the community's collaborative effort in identifying Olmsted County's health priorities. Olmsted County Public Health Services, Olmsted Medical Center and Mayo Clinic in Rochester continue to lead this collaborative process, which began in early 2012. Beyond the three lead agencies are numerous community organizations that contribute to the overall process and are committed in keeping our community healthy.

Participation in this survey is completely voluntary. All answers to the questions are strictly confidential and no identifying information will ever be linked to any of the responses. The number on the survey is used only to record that the survey was returned so that you will not be bothered with reminder letters.

This survey is designed for **adults aged 18 or older**. In order to get a mix of the population, **please give the survey to the ADULT (age 18 or older) in your household who has most recently had a birthday.** Since a limited number of people will be receiving this mailing, it is **very important** that someone in every household receiving a survey completes it and mails it back. Please take a few minutes to complete the enclosed survey form and return it in the postage-paid envelope provided.

By completing this survey, your household will make a valuable contribution to improving the health of people living in your community. If you have any questions about the survey, please contact Stacy Sundve at (507) 328-7564.

Thank you very much for your participation.

Sincerely,

Pete R. Giesen, M.S.
Director
Olmsted County Public Health Services

Kathryn D. Lombardo, M.D.
President
Olmsted Medical Center

John H. Noseworthy, M.D.
President and CEO
Mayo Clinic

EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

BEGIN SURVEY

DO NOT WRITE IN THIS BOX

1

Olmsted County Community Health Needs Assessment

SURVEY INSTRUCTIONS


Correct marks


Incorrect marks

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

Health Status and Health Care

1. In general, would you say that your health is:

○ Excellent ○ Very good ○ Good ○ Fair ○ Poor

2. Have you ever been told by a doctor or other health professional that you had any of the following health conditions?

	No	Yes	Yes, but only during pregnancy
a. Diabetes	○	○	○
b. Prediabetes	○	○	○
c. High blood pressure/hypertension	○	○	○
d. Overweight	○	○	
e. Obesity	○	○	
f. Heart problems (angina)	○	○	
g. Stroke or stroke-related health issues	○	○	
h. High cholesterol or triglycerides	○	○	
i. Cancer	○	○	
j. Asthma	○	○	
k. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	○	○	
l. Depression	○	○	
m. Anxiety or panic attacks	○	○	
n. Any other mental health issues	○	○	

3. Do you currently have insurance that pays for all or part of your prescription medications?

○ Yes ○ No ○ Don't know

4. During the past 12 months, was there a time that you needed medical care but did not get it or delayed getting it?

○ Yes ○ No → ***GO TO QUESTION 6***

5. Why did you not get or delay getting the medical care you thought you needed? *(Mark ALL that apply)*

○ I could not get an appointment
○ I did not know where to go
○ I had transportation problems
○ It cost too much
○ I did not have insurance
○ My insurance was not accepted
○ My insurance did not cover it
○ I had work, family or other obligations
○ Other reason _____

6. Do you currently have insurance that pays for all or part of your dental care?

○ Yes ○ No ○ Don't know

7. About how long has it been since you last visited a dentist for a routine checkup?

○ Within the past year
○ Within the past 2 years
○ Within the past 5 years
○ 5 or more years ago
○ Never

8. During the past 12 months, was there a time that you needed dental care but did not get it or delayed getting it?
   ○ Yes ○ No → *GO TO QUESTION 10*

9. Why did you not get or delay getting the dental care you thought you needed? *(Mark ALL that apply)*
   ○ I could not get an appointment ○ It cost too much ○ My insurance did not cover it
   ○ I did not know where to go ○ I did not have insurance ○ I had work, family or other obligations
   ○ I had transportation problems ○ My insurance was not accepted ○ Other reason _____

10. During the past 12 months, have you seen a counselor, therapist, psychologist, psychiatrist or other mental health provider about your own health?
   ○ Yes ○ No

11. Was there a time in the past 12 months that you needed mental health care but did not get it or delayed getting it?
   ○ Yes ○ No → *GO TO QUESTION 13*

12. Why did you not get or delay getting the mental health care you thought you needed? *(Mark ALL that apply)*
   ○ I could not get an appointment ○ I did not have insurance ○ I had work, family or other obligations
   ○ I did not know where to go ○ My insurance was not accepted ○ I was afraid what others might think
   ○ I had transportation problems ○ My insurance did not cover expenses ○ Other reason _____
   ○ It cost too much

13. Thinking of any family members, friends, coworkers or others to whom this may apply, what do you think are the most common reasons that people don't seek help for mental health problems? *(Mark ALL that apply)*
   ○ They could not get an appointment ○ Their insurance was not accepted
   ○ They did not know where to go ○ Their insurance did not cover expenses
   ○ They had transportation problems ○ They had work, family or other obligations
   ○ It cost too much ○ They were afraid of what others might think
   ○ They did not have insurance ○ Other reason _____

14. For each of the following statements, please mark which is the closest to how you have been feeling over the past 2 weeks.

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
a. I have felt cheerful and in good spirits	①	②	③	④	⑤	⑥
b. I have felt calm and relaxed	①	②	③	④	⑤	⑥
c. I have felt active and vigorous	①	②	③	④	⑤	⑥
d. I woke up feeling fresh and rested	①	②	③	④	⑤	⑥
e. My daily life has been filled with things that interest me	①	②	③	④	⑤	⑥

15. Do any members of your household, including yourself, currently have any mental health problems (such as stress, depression or problems with emotions)?
   ○ Yes ○ No → *GO TO QUESTION 17*

16. During the past 30 days, how often did caring for someone with mental health problems (either yourself or a household member) keep you from doing your usual activities, such as self-care, work or recreation?
   ○ All of the time ○ Less than half of the time
   ○ Most of the time ○ Some of the time
   ○ More than half of the time ○ None of the time

Health Behaviors

17. A serving of fruit is a medium-sized piece of fruit, a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday? →

Write the number in the boxes, then fill in the appropriate circle beneath each box.

Servings

18. A serving of 100% fruit juice is 6 ounces. How many 6 ounce servings of fruit juice did you have yesterday? →

Servings

19. A serving of vegetables–not including French fries–is one cup of salad greens or a half cup of any other vegetables. How many servings of vegetables did you have yesterday? →

Servings

20. During the past 30 days, on how many days did you worry that your food would run out before you had money to buy more? →

Days

21. During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

○ Yes ○ No

22. During an average week, whether at work, at home, or anywhere else, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing or heart rate.*

○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days

23. During an average week, whether at work, at home, or anywhere else, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing or heart rate.*

○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days

24. Do you consider yourself:

○ Overweight ○ Underweight ○ About the right weight

25. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

○ Yes ○ No → ***GO TO QUESTION 28***

26. Do you now smoke cigarettes every day, some days, or not at all?

○ Every day ○ Some days ○ Not at all

27. During the past 12 months have you stopped smoking for one day or longer because you were trying to quit?

○ Yes ○ No

28. How often do you currently use any of the following products?

	Every day	Some days	Not at all
a. Cigars, cigarillos or little cigars	○	○	○
b. E-cigarettes	○	○	○
c. Pipes	○	○	○
d. Snuff, snus or chewing tobacco	○	○	○
e. Any other type of tobacco product	○	○	○

29. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine or liquor?

○ Yes ○ No → ***GO TO QUESTION 33***

30. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? → Days

31. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? *(A drink is one can of beer, one glass of wine, or a drink with one shot of liquor.)*

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ **or more drinks**

32. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES: 4 or more drinks on an occasion	FOR MALES: 5 or more drinks on an occasion
Times	Times

Housing and Environmental Health

33. How is drinking water supplied to your home?

○ City water ○ Private well

34. How much do you agree or disagree with the following statements about your current housing?

	Strongly agree	Agree	Disagree	Strongly disagree
a. My current housing is safe	○	○	○	○
b. My current housing is healthy	○	○	○	○

35. Think about your home over the past 12 months. Have any of the following happened over the past 12 months? *(Mark yes or no for each)*

	Yes	No
a. Extremely or uncomfortably cold inside the home	○	○
b. Extremely or uncomfortably hot inside the home	○	○
c. Water from the outside leaking in from roof, windows, basement, etc.	○	○
d. Water leaking from plumbing inside the home	○	○
e. Mold that you can see	○	○
f. Rodents	○	○
g. Cockroaches	○	○

36. Now think about your home today. Do you currently... *(Mark yes or no for each)*

	Yes	No
a. Have a working smoke detector	○	○
b. Have a working carbon monoxide detector	○	○
c. Have a working bathroom exhaust fan	○	○
d. Have a working kitchen exhaust fan	○	○
e. Need any structural repairs to your home	○	○
f. Have to use a lot of extension cords because you don't have enough electrical outlets	○	○

37. Has your current household air ever been tested for the presence of radon?

○ Yes ○ No ▶ ***GO TO QUESTION 40*** ○ Don't know ▶ ***GO TO QUESTION 40***

38. Has your current household air ever tested positive for radon?

○ Yes ○ No ▶ ***GO TO QUESTION 40*** ○ Don't know ▶ ***GO TO QUESTION 40***

39. Were any actions taken to reduce levels of radon in your home?

○ Yes ○ No ○ Don't know

40. Do you own or rent your home?

○ Own ○ Rent ○ Other arrangement

41. How many times have you moved in the past 2 years?

○ None ○ 1 time ○ 2 times ○ 3 or more times

42. Does your household currently have internet access?

○ Yes ○ No

Social and Financial Stress

43. Has there been any time in the past 12 months that you were worried or stressed about having enough money to pay your bills?

○ Yes ○ No ▶ ***GO TO QUESTION 48***

44. How often in the past 12 months were you worried or stressed about having enough money to pay your bills?

○ Every month ○ Almost every month ○ About half the months ○ Only a few months

45. Have any major life events contributed to your financial stress in the past 12 months?

○ Yes ○ No ▶ ***GO TO QUESTION 47***

46. Which of the following major life events have contributed to your financial stress?

(Mark ALL that apply)

○ New illness or disability in the family
○ Increase in family size
○ Loss of a job (unemployment)
○ Loss of hours at a job
○ Loss of a family member
○ Loss of insurance
○ Other: _____

47. Which of the following were you worried or stressed about not being able to pay for? *(Mark ALL that apply)*

○ Rent or mortgage ○ Daycare ○ Medical bills ○ Health or auto insurance
○ Groceries ○ Utilities ○ Credit cards ○ Other: _____

48. During the past 12 months, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay?

○ Yes ○ No

49. How much do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. People in my neighborhood know each other.	○	○	○	○
b. People in my neighborhood are willing to help one another.	○	○	○	○
c. People in my neighborhood can be trusted.	○	○	○	○
d. People in my neighborhood are afraid to go out at night due to violence.	○	○	○	○
e. Community violence is a serious issue in my neighborhood.	○	○	○	○
f. Domestic violence is a serious issue in my neighborhood.	○	○	○	○
g. Children are safe in my neighborhood.	○	○	○	○
h. I feel safe in my home.	○	○	○	○
i. I feel safe at my job or place of work.	○	○	○	○

50. If something unpredictable were to happen tomorrow, such as a tornado, flood or community disaster...

	Strongly agree	Agree	Disagree	Strongly disagree
a. I have access to resources that I can use to help my family	○	○	○	○
b. I have skills that I can use to help others	○	○	○	○
c. I can count on my community to respond	○	○	○	○
d. I can count on my community to fully recover	○	○	○	○

Community Health Priorities

51. The following list identifies the current public health priorities as determined during the 2013 Olmsted County Community Health Needs Assessment process. Based on your opinion, please rank the following health issues from 1-6, with 1 being the highest priority and 6 being the lowest priority. If you believe there is an additional health issue that is affecting Olmsted County, please write this issue in 'Other' and rank it accordingly.

Lowest priority ← → Highest priority

① ② ③ ④ ⑤ ⑥	Obesity
① ② ③ ④ ⑤ ⑥	Diabetes
① ② ③ ④ ⑤ ⑥	Mental health
① ② ③ ④ ⑤ ⑥	Vaccine preventable diseases
① ② ③ ④ ⑤ ⑥	Financial stress/homelessness
① ② ③ ④ ⑤ ⑥	Other (specify): _____

About You

52. What is your age? _____ Years of Age

53. Are you of Hispanic or Latino origin?
- ○ Yes
- ○ No

54. Which of the following best describes you? *(Mark ALL that apply)*
- ○ American Indian or Alaskan Native
- ○ Asian
- ○ Black or African American or African
- ○ Native Hawaiian or Other Pacific Islander
- ○ White
- ○ Other (specify): _____

55. What is you gender identity?
- ○ Female
- ○ Female to male transgender
- ○ Male
- ○ Male to female transgender
- ○ Not sure
- ○ Other (specify): _____

56. What is your sexual orientation?
- ○ Heterosexual or straight
- ○ Gay, lesbian, or homosexual
- ○ Bisexual
- ○ Other (specify): _____

57. Including yourself, how many adults live in your household?

Number of adults age 18 and over:

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

58. How many children (under age 18) live in your household?

Number of children under age 18:

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

59. Were you born in the United States?
- ○ Yes → ***GO TO QUESTION 62***
- ○ No

60. What country were you born in?

_____

61. How long have you lived in the United States?

_____ Years

62. Are you currently...?
- ○ Married
- ○ Divorced
- ○ Widowed
- ○ Separated
- ○ Never married
- ○ A member of an unmarried couple

63. How tall are you without shoes?

_____ Feet _____ Inches

64. Approximately how much do you weigh?

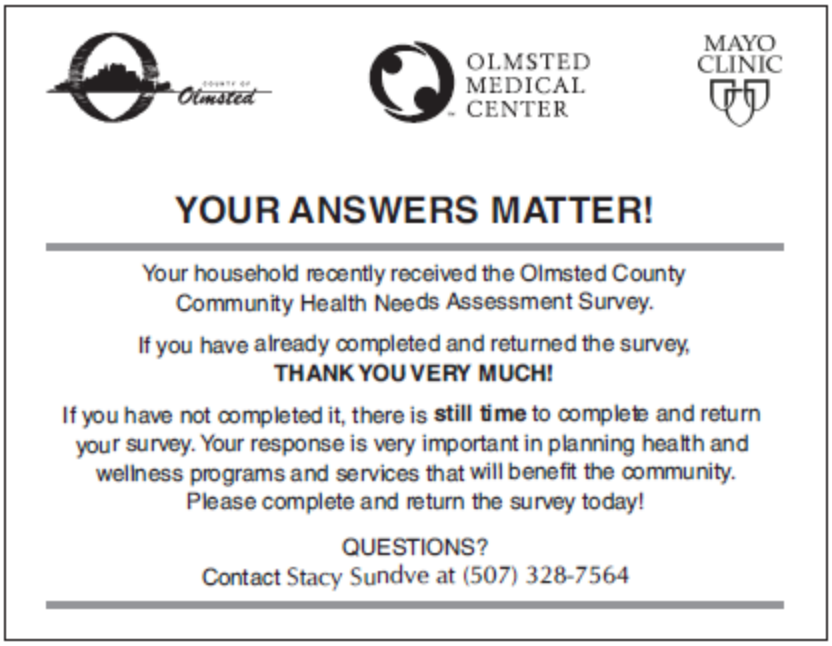
_____ Pounds

65. What is the highest level of education you have completed? *(Mark only ONE)*
- ○ Did not complete 8th grade
- ○ Did not complete high school
- ○ High school diploma/GED
- ○ Trade/Vocational school
- ○ Some college
- ○ Associate degree
- ○ Bachelor degree
- ○ Graduate or professional degree

66. Are you currently...? *(Mark ALL that apply)*
- ○ Employed full-time
- ○ Employed part-time, including seasonal work
- ○ Self-employed
- ○ Out of work for less than 1 year
- ○ Out of work for more than 1 year
- ○ A homemaker
- ○ A student
- ○ Retired
- ○ Unable to work due to disability

67. What is your annual household income from all sources?
- ○ Less than $15,000
- ○ $15,000 - $24,999
- ○ $25,000 - $34,999
- ○ $35,000 - $49,999
- ○ $50,000 - $74,999
- ○ $75,000 - $99,999
- ○ $100,000 - $149,999
- ○ $150,000 - $199,999
- ○ $200,000 or more

Thank you for completing this survey!



OLMSTED MEDICAL CENTER

MAYO CLINIC

YOUR ANSWERS MATTER!

Your household recently received the Olmsted County Community Health Needs Assessment Survey.

If you have already completed and returned the survey,
THANK YOU VERY MUCH!

If you have not completed it, there is **still time** to complete and return your survey. Your response is very important in planning health and wellness programs and services that will benefit the community. Please complete and return the survey today!

QUESTIONS?
Contact Stacy Sundve at (507) 328-7564

Olmsted County Community Services
c/o Survey Systems Inc.
790 5th St NW
New Brighton, MN 55112

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