Community Health Needs Assessment (CHNA) Final Summary 2014-2016

Prepared pursuant to section 501(r) of the Internal Revenue Code and posted for public review November 2016
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Introduction

Under the provisions of the Affordable Care Act of 2010, the Olmsted Medical Center is required to conduct a formal community health needs assessment every three years. The assessment is to include identification of the most pressing healthcare issues in the community, implementation of programs to address these issues, and documentation of progress towards meeting the needs on the annual Form 990 report. The Olmsted Medical Center completed its assessment and implementation. This document provides the details of the process and plan for 2016.

Executive Summary

To arrive at a true community-based health needs assessment, Olmsted Medical Center (OMC) collaborated with Olmsted County Public Health Services (OCPHS) and Mayo Clinic Rochester. These organizations have a long history of cooperation and collaboration with each other, as well as, with other community partners in addressing local health issues. The three organizations agreed that a joint health needs assessment survey was the best strategy for the community and began discussions in early 2012 regarding the opportunity to work together on a community health needs assessment (CHNA). This collaborative is referred to as the Olmsted County CHNA/Community Health Improvement Plan (CHIP) Core Group. The CHNA survey was completed in 2013 and the top five community health priorities were identified as mental health, obesity, diabetes, vaccine preventable diseases, and homelessness/financial stress. OMC determined that the homelessness/financial stress priority was beyond the scope of OMC’s mission and resources. It was decided that participating in the community efforts with OMC community partners was the best way to help address this priority.

In 2013, OMC developed an internal work plan to address the four priorities of mental health, obesity, diabetes, and vaccine preventable diseases. The summary of that plan and its implementation from 2014 to 2016 follows:

Mental health: OMC determined that access to mental health services, specifically providing early diagnosis and treatment, was a critical step in addressing mental health issues. Due to the great demand for mental health services and the limited number of psychiatry and psychology clinicians, primary care clinicians are generally the first to see and to recognize patients who may have mental health problems. There is a growing need for primary care clinicians to be prepared to diagnose and treat those patients that can be managed in the primary care setting. OMC has been working to educate its primary care clinicians through OMC Continuing Medical Education (CME) programs so that they will be capable and comfortable in handling the basic mental health problems of their patients.

Over the last three years, OMC’s Psychiatry and Psychology Department asked each psychologist to give either a minimum of two 15- to 20-minute presentation or one 60-minute presentation per year to primary care clinicians and the palliative care team. OMC psychologists also gave talks to Olmsted County Social Services. In addition, since 2013, OMC has offered six different CME sessions related to mental health issues (chronic disease management, addiction medicine, pain management, and new developments regarding cannabis treatments in Minnesota). These lectures have mainly been given by external consultants.

1. December 2013 “Addictions in Pregnancy” by Dr. Charles Schauberger (external consultant)
2. August 2014 “Child Abuse in Primary Care” by Dr. Arne Graff (external consultant)
3. November 2014 “Smoking Cessation” by Dr. Jeffrey Poterucha (external consultant)
4. February 2015 “Diabetes and Psychology” led by Dr. Erin Sterenson (internal consultant)
5. May 2015 “Minnesota’s Medical Cannabis Update” by Dr. Tom Arneson (external consultant)
7. September 2015 “Child Abuse in our Community” by Dr. Arne Graff (external consultant)
OMC’s Psychiatry and Psychology department is based in the OMC Rochester Southeast clinic. Clinicians, however, see patients in the OMC Rochester Southeast Family Medicine Department, OMC Byron branch clinic, and OMC Rochester Northwest clinic. OMC has developed a Palliative Care program that includes the services of a psychologist as part of the multispecialty consult team. Psychology consultations are used in conjunction with bariatric surgery evaluations. OMC has partnered with the University of Minnesota Rochester (UMR) to offer student psychology services at the OMC Skyway Clinic. Providers are available for phone support to UMR staff.

Psychiatry and Psychology services can also be accessed at OMC’s branch clinics and community nursing homes and assisted care facilities through telemedicine. Telemedicine visits for 2014 totaled 144 and touched patients in 20 different zip codes. Telemedicine visits for 2015 totaled 106 and touched patients in 12 different zip codes. Year-to-date telemedicine visits for 2016 totaled 90 and touched patients in 12 different zip codes. In 2015, a new flow chart for assessing level of risk and steps to address imminent risk of a suicidal patient was developed and made available to providers, nursing staff, and triage services. OMC is actively recruiting more psychology and psychiatry providers to better provide for the needs of those in the community as well as growing eConsult capability to provide psychiatric specialty care to patients within days versus having to wait for months.

Innovating telemedicine technology has improved access and care by OMC for patients with disabilities in a community group home so that care can be provided in their home setting. OMC also provides outreach services by clinical social workers in nursing homes.

OMC has been working on improving the care of patients with depression several years and continues to make improvements in control parameters that are publicly reported through Minnesota Community Measurement (http://mncm.org/). For several years, OMC has had a depression core team monitoring a registry for adult patients with depression. The depression core team is responsible for organizational guidance as it relates to depression care. They follow the recommendations of Minnesota Community Measurement and the goals set by the OMC Quality and Patient Safety Committee. OMC is tracking factors including assessing symptoms, improved symptoms in six or 12 months after starting treatment, feeling better in six or 12 months after starting treatment, and reassessment of symptoms in six months or 12 months after starting treatment. OMC also reports adolescent screening numbers to Minnesota Community Measures. During the most recent measurement period, as published on http://mncm.org as of November 2016, OMC’s Byron, Pine Island, Plainview, Rochester Northwest, and Rochester Southeast Clinics, in addition to the Department of Psychiatry, all report results on assessing symptoms that are significantly above the state average. For patients with improved symptoms, OMC is rated as above average for OMC’s Byron Clinic (Top 15 clinic for improved symptoms after 12 months), Chatfield Clinic, and Pine Island Clinic (Top 15 clinic for improved symptoms after six and 12 months). OMC’s Byron and Pine Island Clinics both have results for patients feeling better six or 12 months after starting treatment that are above average and are listed in the Top 15 clinics in the state. OMC’s Department of Psychiatry is also above average for patients with improved symptoms 12 months after starting treatment and for patients feeling better 12 months after starting treatment. Reassessment of symptoms at a follow up appointment was rated above average for OMC’s Byron Clinic, Chatfield Clinic, Pine Island Clinic (Top 15 clinic), Rochester Southeast Clinic, and Department of Psychiatry (Top 15 clinic).

OMC has been involved with a collective meeting with community mental health providers to discuss the current needs of the community related to mental health during 2016. The community mental health team in 2014 worked on producing a comprehensive source for information about all of the mental health services and sources of care in Olmsted County. This was made available to OMC clinicians and any other interested community health providers in a paper form as well as on the OMC intranet.

**Adult obesity:** OMC believes that exercise is an important component of weight control and good health, and has several approaches to promoting regular exercise within the community. OMC opened the Sports Medicine and Athletic Performance (SMAP) building in NW Rochester and, in addition to offering athletic performance and sports medicine services, offers exercise classes to OMC employees and to the
Many employees and community members have participated in exercise-related activities from 2014-2016:

- In 2014, there were 11,646 visits to SMAP with 1131 OMC employee group fitness/personal training visits and 10,310 community member visits.
- In 2015, there were 12,337 visits with 2027 OMC employee group fitness/personal training visits and 10,310 community member visits.
- Year-to-date for 2016 there has been 11,741 visits with 1581 OMC employee group fitness/personal training visits and 10,106 community member visits.

OMC continues to work towards a community campaign with information regarding basic exercise facts and the relationship of regular exercise to good health, prevention of obesity, and longevity. Olmsted Medical Center has participated in numerous community based health-related events. These have included health fairs, UMR student orientation, Healthy Kids Day at the YMCA, basketball and hockey tournaments, and other special events. There were 76 events in 2014, 55 events in 2015, and 56 events scheduled in 2016. OMC has used information regarding preventative medicine and the 5-2-1-0 program. The 5-2-1-0 program promotes the importance of 5 fruit and veggies, 2 hours or less of screen time, 1 hour of physical activity, and 0 sugary drinks a day.

Through the use of telemedicine, OMC has offered weight counseling services to patients who are unable to travel to Rochester because of illness, disability, or financial concerns. Telemedicine visits for nutrition counseling services were for the last three years:

- 13 (2014)
- 22 (2015)
- 14 (year-to-date in 2016)

OMC has started to identify, counsel, and track pediatric patients ages 3-17 who are above the 85 percentile for their BMI. Now being reported to Minnesota Community Measurements as another quality measure, this new health management indicator has allowed clinicians to document the counseling, education, and referrals that the pediatric patient and their family have received to help manage obesity. After starting the pediatric measurements in October of 2013, referrals to OMC’s Patient Education Department for nutrition counseling have grown: 29 in 2013, 109 in 2014, 175 in 2015, and 94 year-to-date in 2016.

**Vaccine preventable diseases:** OMC, Olmsted County Public Health Services, and Mayo Clinic collaborate to bring influenza immunizations to area students at their schools. OMC and Mayo Clinic provide nurses to each school and administer influenza immunizations with parental permission to students in grades K-9 in public and private schools. In 2013, 4,305 vaccines in 30 schools were administered. During 2014, the number of schools was expanded to 35 and 6,126 influenza immunizations were given. In 2015, the school-based clinics where increased to 42 and expanded to include the middle schools. OMC vaccinated 1,173 students whom were patients at OMC. The vaccination rates were lower in 2015 due to a delay in manufacturer supply of the Flumist vaccines. In 2016, the school-based clinics increased to 46 schools and included 3 high schools. OMC immunized 1,210 children.

During the fall of 2013, OMC trialed a Saturday immunization clinic at its Rochester Northwest clinic that did not yield many participants. This clinic was not continued into 2014, 2015, or 2016.

However, as part of OMC’s pre-visit planning protocols, OMC clinics have identified and immunized patients for influenza and tetanus for the past three years. OMC has worked to identify its adolescent patients who lack appropriate tetanus, diphtheria, pertussis, or meningococcal vaccines. The patient and family are notified to visit the clinic of their choice to receive the appropriate vaccine. Adults have also received notifications of vaccines that may be needed.

OMC is using pre-visit planning to identify vaccination needs of patients before their scheduled visits; needed vaccines will be administered by the nursing staff according to approved standing orders for immunizations of children over the age of 10 years, as well as adults. These standard orders are currently being reviewed and will be approved by the Clinical Practice Committee.
At OMC, the Vaccine Core Team makes decisions about the newer vaccines (PCV-13, HPV-9, Meningitis B vaccines) after verifying insurance coverage and reviewing recommendations. High-risk patients including those with diabetes, asthma, and congestive heart failure that lack the recommended immunizations will be identified through chronic disease registries. They will be encouraged to obtain the needed immunizations through telephone calls or other reminders including computer generated letters that are sent by mail or through the OMC patient portal.

OMC providers continue to receive regular updates regarding the newest vaccine recommendations. With ongoing education of the clinical staff with immunization recommendations, OMC is able to work collaboratively to increase the immunization rates.

As an example, the current adult PCV-13 immunization rates for adults are as follows for 2014, 2015, and year-to-date 2016 following the new recommendations:

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2</td>
<td>4</td>
<td>11</td>
<td>8</td>
<td>7</td>
<td>11</td>
<td>8</td>
<td>6</td>
<td>15</td>
<td>37</td>
<td>59</td>
<td>122</td>
</tr>
<tr>
<td>2015</td>
<td>192</td>
<td>352</td>
<td>535</td>
<td>558</td>
<td>502</td>
<td>548</td>
<td>429</td>
<td>413</td>
<td>490</td>
<td>662</td>
<td>482</td>
<td>362</td>
</tr>
<tr>
<td>2016</td>
<td>306</td>
<td>257</td>
<td>177</td>
<td>163</td>
<td>129</td>
<td>163</td>
<td>129</td>
<td>189</td>
<td>191</td>
<td>202</td>
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</tr>
</tbody>
</table>

Over 2015, the immunization rates have increased dramatically following the recommendations for this additional vaccine in adults and after further OMC education occurred.

**Diabetes:** OMC has been working on improving the care of diabetic patients for the last 10 years and continues to make improvements in control parameters that are publicly reported through Minnesota Community Measurement (http://mncm.org/). OMC diabetes care program is led by a team including an endocrinologist, an advanced practice clinician, a psychologist, nurses, dietitians, diabetes nurse educators, and experienced quality improvement specialists. In addition, OMC operates a registry of over 2900 diabetic patients which enables management of this population through regular reviews of diabetic care at office visits, identification of gaps in care, follow-up phone calls to schedule overdue appointments and appropriate tests, and pre-visit planning to make the most efficient use of the patient’s time with the clinician. The registry information is reviewed every other month at the Diabetes Core Team meetings and shared with the Quality and Patient Safety Committee quarterly.

During 2014, the Family Medicine Department developed a quality improvement project to increase the percentage of patients with diabetes who received or maintained optimal care. Optimal care is considered to be a HgA1C < 8, HgA1C in the last 12 months, statin use, no tobacco use, and documentation of ASA/Plavix use.

- The goal was met from October 1, 2013 to October 1, 2014, the clinical optimal care percentage increased from 31.82% (826/2596) to 37.82% (1078/2856). This percentage improvement was due largely to a group effort from the diabetic registry team, the clinical nursing staff, clinicians and the patients managing diabetes together.
- During 2015, the clinical team shifted focus to other registry management areas, but as a whole organization OMC has continue to see overall improvement with the diabetes optimal care percentages to 42.05% (1203/2861).
- In 2016, the SE and NW Family Medicine Departments plan to re-focus on diabetes optimal management again.

The Internal Medicine and Family Medicine departments performance goal for 2016 will be focusing on the improved management of hypertension. Improved management of hypertension will also improve diabetes optimal care percentages since a large portion of patients are out of optimal care because of their blood pressure readings.

A performance goal for both the Internal Medicine and Family Medicine departments in 2015 was to adopt standardized laboratory orders for diabetes, as well as, other chronic diseases. The standardized laboratory orders have been completed and are used when ordering pre-visit labs. On every clinical discharge summary, there is a diabetic care plan that can be opened and completed prior to discharge to
educate patient on their current lab values, the goals and the plan to improve to optimal care. Further, in December 2015, OMC joined the American Medical Group Association’s Together2Goal campaign, which is a national collaborative sharing best practices between clinicians across the country to attain optimal diabetic disease control for patients.

More emphasis on diabetic education continues to be an important aspect of self-management. Basic diabetes education can be started with any of the nursing staff within the organization and the diabetic educators are available for more in-depth education. The teach-back method is used to assess the knowledge gained by the patient receiving diabetic education. This education is available through telemedicine to the branch clinics for those patients that are unable to travel to the Rochester. There were 65 telemedicine diabetic education appointments in 2014, 58 visits in 2015, and 38 year-to-date visits in 2016. The Patient Education department has also started a program to evaluate patients pre-surgically to educate and review diabetic management for the post-surgical timeframe.

The Southeast Minnesota Partnership for Community-Based Health Promotion, now named WellConnect, is a collaborative that started in 2015. This collaboration of regional stakeholders helps to facilitate and maintain sustainable clinical-community linkages for evidence-based health promotion programs.

OMC involvement in the community continues to be an important core value for our organization.

Our Mission:

The delivery of exceptional patient care focusing on caring, quality, safety, and service.

Our Vision:

To be the healthcare provider of choice in our service area by leading in quality, access, and service.

Our Core Values:

Our patients come first.
Every employee is a caregiver.
Our employees are the key to our success.
OMC is an active, contributing partner in the communities it serves.
We have a duty to position and prepare OMC for the future.
Description of the Olmsted Medical Center

Located in Rochester, Minnesota and surrounding communities, Olmsted Medical Center (http://www.olmstedmedicalcenter.org) is an integrated community healthcare provider known for convenient, easily accessible, and personalized primary care delivered in small clinic and hospital settings. Olmsted Medical Center offers the services of more than 20 medical and surgical specialists (Table 1). By written policy, OMC accepts all patients regardless of race, religion, age, gender, sexual orientation, source of payment, or ability to pay.

As a 501(c) 3 tax exempt healthcare organization, OMC cares for patients regardless of their ability to pay, and in 2015 provided community benefits of over $50 million (29.20% of total operating expenses).

As of Dec. 31, 2015, OMC employed 156 clinicians and over 1,200 staff who provide healthcare services at 18 locations including two multi-specialty outpatient clinics in Rochester; physical and occupational therapy and sports medicine facilities; two walk-in FastCare® retail clinics; a walk-in clinic in downtown Rochester providing non-urgent care to the general public and University of Minnesota—Rochester students; a Level IV trauma hospital licensed for 61 beds with a 24-hour emergency department and BirthCenter; and primary-care branch clinics in 10 southeastern Minnesota municipalities (Figure 1). OMC is the sole healthcare provider in eight of these communities.

During 2015, OMC provided over 309,000 clinician visits for 81,125 individual patients, delivered 927 babies, and performed over 3,900 surgical procedures.

<table>
<thead>
<tr>
<th>Table 1: OMC Medical and Surgical Services</th>
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</thead>
<tbody>
<tr>
<td>• Advanced Wound Healing</td>
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<tr>
<td>• Anesthesiology</td>
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<tr>
<td>• Anticoagulation</td>
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<tr>
<td>• Asthma &amp; Allergy</td>
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<tr>
<td>• Audiology</td>
</tr>
<tr>
<td>• Bariatric Surgery</td>
</tr>
<tr>
<td>• Cardiology</td>
</tr>
<tr>
<td>• Dermatology</td>
</tr>
<tr>
<td>• Ear, Nose and Throat</td>
</tr>
<tr>
<td>• Emergency Medicine</td>
</tr>
<tr>
<td>• Endocrinology</td>
</tr>
<tr>
<td>• Family Medicine</td>
</tr>
<tr>
<td>• General Surgery</td>
</tr>
<tr>
<td>• Internal Medicine</td>
</tr>
<tr>
<td>• Neurology</td>
</tr>
<tr>
<td>• Obstetrics/Gynecology</td>
</tr>
<tr>
<td>• Occupational Medicine</td>
</tr>
<tr>
<td>• Ophthalmology</td>
</tr>
<tr>
<td>• Optometry</td>
</tr>
<tr>
<td>• Orthopedics &amp; Sports Medicine</td>
</tr>
<tr>
<td>• Pain Management</td>
</tr>
<tr>
<td>• Pediatrics</td>
</tr>
<tr>
<td>• Plastic Surgery</td>
</tr>
<tr>
<td>• Podiatry</td>
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<tr>
<td>• Psychiatry/Psychology</td>
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<tr>
<td>• Radiology</td>
</tr>
<tr>
<td>• Rehabilitation Services</td>
</tr>
<tr>
<td>• Respiratory Therapy</td>
</tr>
<tr>
<td>• Sleep Medicine</td>
</tr>
<tr>
<td>• Sports Medicine &amp; Athletic Performance</td>
</tr>
<tr>
<td>• Travel and Immunization</td>
</tr>
<tr>
<td>• Urology</td>
</tr>
</tbody>
</table>
Description of the Community

OMC considers the community it serves to be all of those patients who elect to receive services at its clinics and hospital, and estimates that 92,000 patients in its service area receive most or all of their primary care at OMC, although all patients are not seen annually. The majority of these patients reside in Olmsted County. OMC also believes that it has a duty to serve the community at large by working with the Olmsted County Public Health Service, other county health services, and other local organizations on health issues of general interest.

The community health needs assessment described here involves Olmsted County, Minnesota, which includes the cities of Rochester (population 112,225), Byron (population 5,328), Chatfield (population 2,779), Dover (population 748), Eyota (population 2,032), Oronoco (population 1,446), Pine Island (population 3,263), and Stewartville (population 6,037). The total population of the county was estimated at 151,436 in 2015. About 70% of Olmsted County residents live in the city of Rochester.

The ethnicity of the county population is shown in Table 2, and the age distribution is shown in Table 3. The demographics and ethnicity of the small communities that OMC serves outside of Olmsted County are similar except for an average age of about 10 years older than the Olmsted County population and less racial and ethnic diversity. In 2015, and estimated 9.8% of Olmsted County residents lived at or below the national poverty level.

Of note is that minorities now make up over 17% of the Olmsted County population; and 12.4% of the people over the age of 5 speak a language other than English in their homes. The Olmsted County School District reports that the most prevalent languages are Somali, Spanish, Cambodian (Khmer), Arabic, Vietnamese, Chinese, Lao, and Bosnian.

Table 2: Ethnicity of Olmsted County Residents

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>85.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>6.2%</td>
</tr>
<tr>
<td>Black</td>
<td>5.8%</td>
</tr>
<tr>
<td>Latino</td>
<td>4.8%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>0.3%</td>
</tr>
<tr>
<td>Hawaiian and Pacific Islander</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Source: http://www.census.gov/quickfacts/table/PST045215/27109.00

Table 3: Age Distribution of Olmsted County Residents

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 5</td>
<td>7.3%</td>
</tr>
<tr>
<td>Under age 18</td>
<td>25%</td>
</tr>
<tr>
<td>Age 19-64</td>
<td>54.8%</td>
</tr>
<tr>
<td>Over 65</td>
<td>12.9%</td>
</tr>
</tbody>
</table>

Source: http://www.census.gov/quickfacts/table/PST045215/27109.00
In addition to the Olmsted Medical Center, there are several other healthcare resources and providers in Olmsted County as follows:

- The Bluestem Center (www.bluestemcenter.com) provides multidisciplinary evaluation with long-term follow-up for children, adolescents, and adults, with close integration of school and community support services. Bluestem specializes in complex learning and behavior problems, including neuro-developmental disorders. Examples include adolescent mental health, attachment issues, Attention Deficit/Hyperactivity Disorder, Autism and Asperger’s Disorder, habit and tic disorders of childhood, interdisciplinary treatment planning, pervasive developmental disorders, play therapy, Post Traumatic Stress Disorder, and Tourette’s Syndrome.

- The Mayo Clinic (http://www.mayoclinic.org) is a well-known healthcare system with locations in Rochester, southeast Minnesota, southwestern Wisconsin, northern Iowa, Florida, and Arizona. It operates two hospitals in Rochester and a very busy emergency department and Level I trauma center serving all residents, including uninsured and under-insured patients. OMC and Mayo Clinic share many patients and have a long-standing collaborative and cooperative relationship.

- Community Health Services Inc. (http://chsiclinics.org/locations/rochester/) serves migrant and seasonal farm workers and families in the community which are visiting Rochester and Olmsted County as agricultural workers. OMC provides physician supervision for the physician assistant who staffs the Community Health Services Inc. clinic.

- The Olmsted County Public Health Department (http://www.co.olmsted.mn.us/ocphs/Pages/default.aspx) provides a broad spectrum of health and social services to residents of Olmsted County. In particular, OCPHS has received grants from the Minnesota Department of Health for work on the State Health Improvement Project, which concentrates efforts to address the problems of tobacco use, nutrition including infant nutrition, obesity, and physical activity. OMC has been a significant partner with OCPHS regarding infant nutrition and breastfeeding.

- The Salvation Army Good Samaritan Clinic (http://salvationarmynorth.org/community/rochester/) offers free medical and dental services to uninsured residents and refers many patients needing additional medical services to the Olmsted Medical Center.

- The Zumbro Valley Health Center (http://zumbromhc.org/) provides adult and child psychotherapy, chemical dependency counseling, case management, crisis services, pharmaceutical services, emergency housing services, primary care and a dental clinic to underinsured residents of Olmsted County. OMC shares many patients with the Zumbro Valley Health Center.
OMC CHNA Work Group, 2014-2016

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   Vaccine preventable disease CHIP work group

Lisa Dieser
   Vaccine preventable disease CHIP work group

Erica Hansen
   Poverty, financial stress and homelessness CHIP work group

Lynne Hemann
   Obesity CHIP work group

Randy Hemann, MD

Kevin Higgins

Jeffrey Gursky, MD
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Tim Weir

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Acknowledgements

The Olmsted Medical Center wishes to express its thanks to the Olmsted County Public Health Service, Mayo Clinic, and all of the other participating organizations for their valuable contributions in the planning and conduct of this community health needs assessment. This was a genuine community effort that resulted in the strengthening of existing relationships and the formation of new relationships that will serve the community well as the organizations continue to work together to address the most significant health problems facing the people of this county.
Appendix 1: Membership of the CHNA Core Group, Data Subgroup, and the CHNA Work Group

**CHNA Core Group Membership Organizations**

Olmsted County Public Health Services  
Olmsted Medical Center  
Mayo Clinic  
United Way of Olmsted County

**Data Subgroup Membership Organizations**

Family Service Rochester  
Olmsted County Public Health Services  
Olmsted County Community Services  
Olmsted Medical Center  
Mayo Clinic  
Mayo Clinic-Rochester Epidemiology Project  
Olmsted County Planning Department  
United Way of Olmsted County

**Health Assessment and Planning Partnership (HAPP) Membership Organizations**

Catholic Charities, Diocese of Winona  
Channel One Regional Food Bank  
Community Health Services, Inc.  
DMC  
Diversity Council  
Elder Network  
Families First of Minnesota (Childcare Resource and Referral/Head Start)  
Family Service Rochester  
Hy-Vee  
IMAA  
Mayo Clinic  
Mayo Clinic-Rochester Epidemiology Project  
Minnesota Department of Health  
National Alliance on Mental Illness (NAMI) of SE Minnesota  
Olmsted County Community Services  
Olmsted County Public Health Services  
Olmsted Medical Center  
Rochester Area Family Y  
Rochester Area Foundation  
Rochester Center for Autism  
Rochester Chamber of Commerce  
Rochester Community and Technical College  
Rochester Public Library  
Rochester Public Schools  
Salvation Army  
Seasons Hospice  
Southeastern Minnesota Area Agency on Aging  
The Arc of Southeastern Minnesota  
The McGill Report  
Three Rivers Community Action  
United Way of Olmsted County  
University of Minnesota Rochester  
Zumbro Valley Health Center