



Community Health Needs Assessment 2025

Mayo Clinic Health System in Fairmont



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Mayo Clinic Overview

Mayo Clinic is the largest integrated, not-for-profit medical group practice in the world. With this influence, we are committed to innovating in clinical practice, education and research and providing compassion, expertise and answers to everyone who needs healing.

We are focused on building the future, one where the best possible care is available to everyone, and more people can heal at home. Through our research, we relentlessly pursue breakthroughs that yield earlier diagnoses and new cures.

In 2024, Mayo Clinic cared for patients from every state and 135 countries, covering the full spectrum of patient needs from health information and preventive services to serious and complex care. Mayo Clinic has three destination medical center campuses and several hospitals, with locations in Arizona, Florida, Minnesota and Wisconsin. Further extending our reach, Mayo Clinic provided over a million digital outpatient appointments in 2024, an increase of more than 17% from 2023.



Innovating for new solutions

Mayo Clinic’s unwavering mission is to enhance medical care for the benefit of patients everywhere. Our experts work together to solve patients’ most challenging unmet needs, inspired by our founders’ earliest vision.

Over 150 years ago, brothers Will and Charlie Mayo pioneered an integrated, team-based approach to medicine. Today, that trailblazing spirit drives innovations like Mayo Clinic Platform — a collaborative, digital ecosystem powering new technologies to change how care is delivered everywhere. Mayo Clinic Platform expanded its scope to include data from more than 56 million patients across four continents, enabling solutions that provide earlier, more accurate diagnoses, personalized care, hospital-level care at home and enhanced access to trusted expertise.



Top rankings for quality care

Our commitment to transforming healthcare has earned Mayo Clinic more top rankings for high-quality patient care than any other healthcare organization. This includes more No. 1 rankings than any other hospital from U.S. News & World Report.



Building a healthier world

We think big and act boldly to improve the health of communities. We share our knowledge globally, shape policy and partner with others to create lasting — and much-needed — change for a healthier world.

Mayo Clinic Health System Overview



Mayo Clinic Health System (MCHS) provides quality healthcare to local communities by bringing the Mayo Clinic Model of Care closer to home. MCHS consists of 45 clinics, 16 hospitals and other facilities across multiple communities in Minnesota and Wisconsin. MCHS providers bring the knowledge and expertise of Mayo Clinic to these communities and surrounding areas to ensure our patients receive world-class healthcare. MCHS serves more than 600,000 patients each year and is recognized as one of the most successful community healthcare systems in the U.S.

MCHS is elevating and redefining community and rural healthcare. With more than 100 clinical specialties

(medical and surgical services), patients have access to a full spectrum of healthcare options. To best meet the unique needs of the communities, patients receive quality healthcare at MCHS and have access to highly specialized care at Mayo Clinic’s campus in Rochester, Minnesota.

The Bold. Forward. strategy centers on establishing MCHS as a category-of-one community health system by 2030. This strategic approach focuses on people and communities and is supported by three key pillars: Cure, Connect, and Transform. This framework aims to reimagine care in an evolving healthcare landscape, ensuring that diverse patient needs are met through advanced in-person services and innovative digital solutions.

Mayo Clinic Health System (MCHS) in Fairmont is a 57-bed, acute-care hospital in Fairmont, Minnesota. It is part of Mayo Clinic Health System in Minnesota, which includes hospitals in the south-central and southeast portions of Minnesota and the west-central and southwest portions of Wisconsin.

Dedicated to putting the needs of our patients first, MCHS in Fairmont promotes health and wellness in the community through inpatient and outpatient services, education through blog postings, articles and presentations, staff volunteerism, community giving and charity care.

In 2024, Mayo Clinic Health System in Fairmont provided over \$1.6 million in charity care and over \$55,000 in community grants to support access to physical activity, access to healthy food, and to help families meet basic needs.

The organization promoted healthcare careers through collaboration with area schools and higher education institutions. We supported health-related educational programs around topics of addressing mental health, substance abuse, annual wellness checks, vaccinations, resiliency and healthy eating. Fairmont also hosted community wellness challenges through

the Journey to Wellness program. Health education is also communicated through community social media partners such as Substance Abuse and Prevention, Mayo Clinic Health System Hometown Health blog postings, Chamber of Commerce e-newsletter articles and presentations led by physician and scientist subject matter experts at local community events and outreach opportunities.

MCHS in Fairmont supports and participates in the Stronger Together Coalition, which is a collaborative that includes over 30 community partners focused on improving health equity and health outcomes. Strong partnership is also maintained with the Martin County Public Health Statewide Health Improvement Plan (SHIP) and Empower, a substance abuse and prevention coalition in Martin County.

Annually, the hospital organizes staff giving campaigns to donate items to local food shelves, schools and community programs. In addition, staff coordinate 1-2 staff blood drives, which are held on the hospital campus in partnership with the American Red Cross each year.

The MCHS Community Health Needs Assessment (CHNA) process advances and strengthens our commitment to health and wellness activities by focusing on high-priority needs in our hospitals and community.



Summary of Community Health Needs Assessment

Mayo Clinic Health System in Minnesota used a systematic process to evaluate the health needs of our communities and determine health priorities.

The primary quantitative input into the assessment and prioritization process was the Southern Minnesota Needs Assessment data report. This report was created by Joe Visker, PhD, Minnesota State University, Mankato. This report includes an analysis of existing data gathered from various sources, such as census data, government reports, health department statistics and school surveys.

The primary qualitative input into the process was the collection of community input through a key informant survey, where leaders provided input on the top health concerns. Local public health departments reviewed and provided input on the survey questions during the development process. In addition, a community health prioritization activity was held with stakeholders from local government, business and nonprofit leaders, including an in-person community coalition meeting led by Public Health on April 29, 2025, with 20 people in attendance. A community health survey distributed by Faribault Martin County Public Health was also reviewed and provided insight.

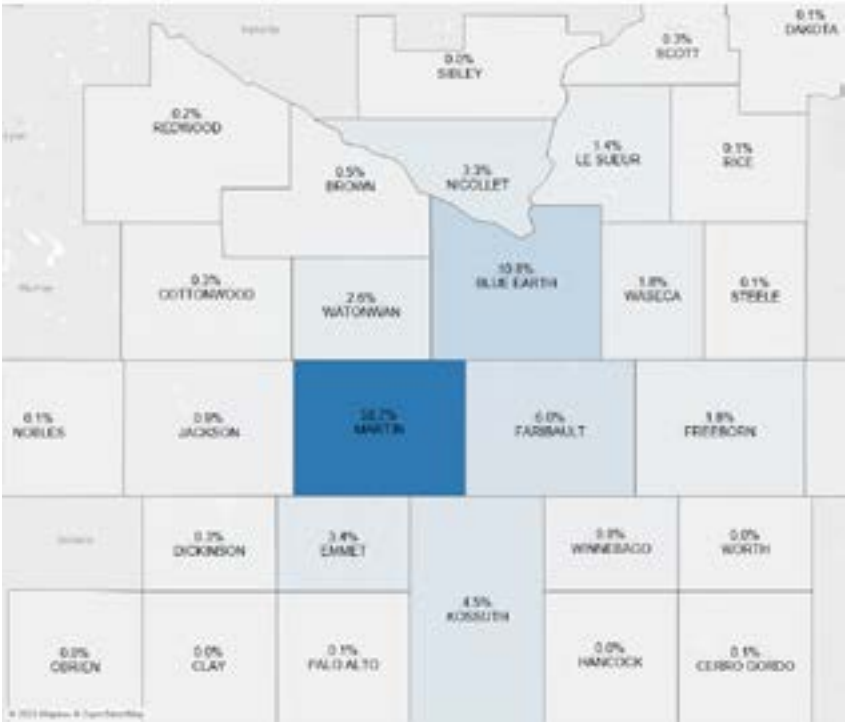


Our Community



Mayo Clinic Health System in Fairmont primarily serves communities located in Martin County (58.7% of inpatients), Minnesota. It also serves communities in Faribault, Blue Earth and Watonwan Counties in south-central Minnesota, and Kossuth and Emmett in north-central Iowa. Although Mayo Clinic Health System in Fairmont serves patients

from other counties, the majority are from Martin County and therefore, for purposes of the CHNA, the community is defined as Martin County. The main city served is Fairmont, with the balance of the service area being small towns and rural agricultural areas. The main medical campus in Fairmont is licensed as an acute care hospital.



Fairmont Inpatients by Patient County

DEMOGRAPHICS

Population – Number (#) of residents by age (2025 projection)

Source: Minnesota State Demographic Center. (2025). Our projections. Data and reports <https://mn.gov/admin/demography/data-by-topic/population-data/our-projections/>

AREA	SEX	0-17	18-64	65+
Martin	Male	2129	5129	2326
	Female	2125	4936	2701

Population by Race – Population by race (#) (individual races identified as one race) (2020)

Source: US Census Bureau. (2025). Selection Map. https://data.census.gov/map/050XX00US27013,27043,27047,27049,27079,27091,27099,27103,27139,27161,27165/DECENNIALSF22010/PCT42?t=001:Race%20and%20Ethnicity&layer=VT_2022_050_00_PY_D1&loc=44.1598,-93.7084,z7.4807

AREA	WHITE ALONE	BLACK OR AFRICAN AMERICAN ALONE	AMERICAN INDIAN AND ALASKA NATIVE ALONE	ASIAN ALONE	NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER ALONE	SOME OTHER RACE ALONE	TWO OR MORE RACES	HISPANIC OR LATINO
State	4,423,146	398,434	68,641	299,190	2918	168,44	345,721	345,640
Martin	18361	118	76	102	6	529	833	1320

Medical Assistance – Average monthly eligible individual by counties (#) (2020) Population by Race – Population by race (#) (individual races identified as one race) (2020)

Source: Minnesota Department of Health. (2023). 2020 Minnesota county health tables. 2020 Data by State, County, and Community Health Board (2/15/2023).

	ALL FAMILIES AND CHILDREN	ADULTS WITH NO CHILDREN	ELDERLY	DISABLED	TOTAL
State	725,932	210,458	66,420	113,155	1,115,965
Martin	3205	820	332	545	4902

SOCIAL AND ECONOMIC FACTORS

Poverty - % of individuals with income below poverty (2018-2022)

Source: Minnesota Compass. (2025). Location profiles by county. <https://www.mncompass.org/profiles/county>

AREA	INDIVIDUALS WITH INCOME BELOW THE POVERTY LINE (%)
State	9.6
Martin	11.7

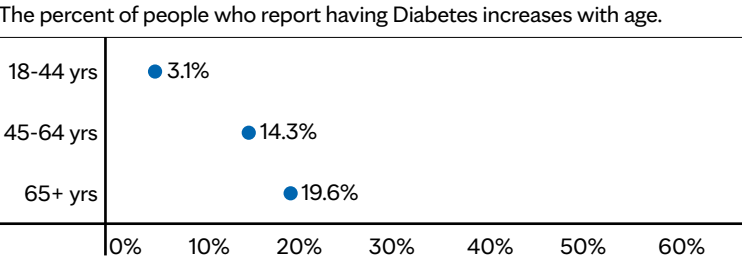
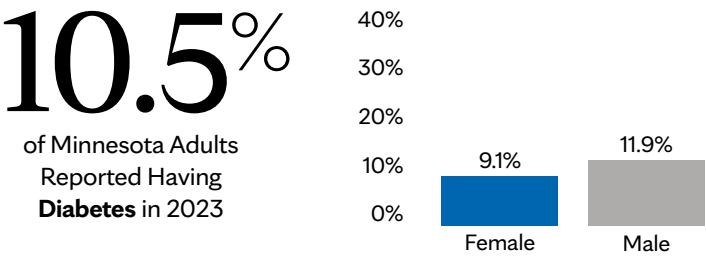
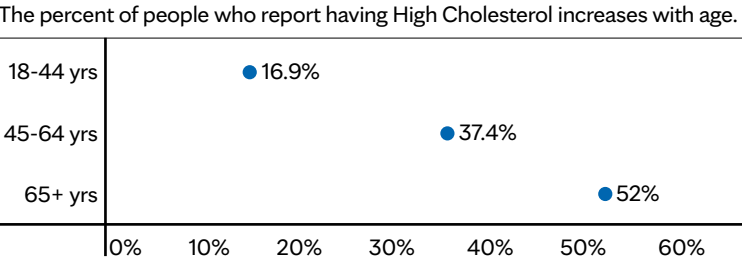
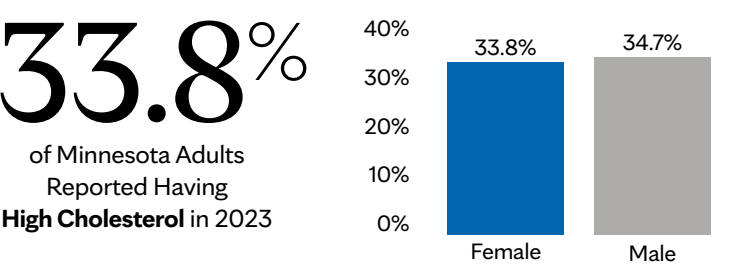
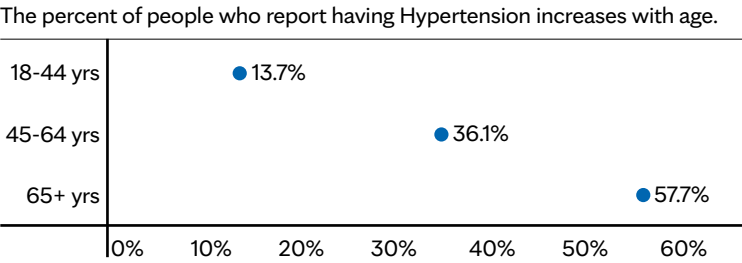
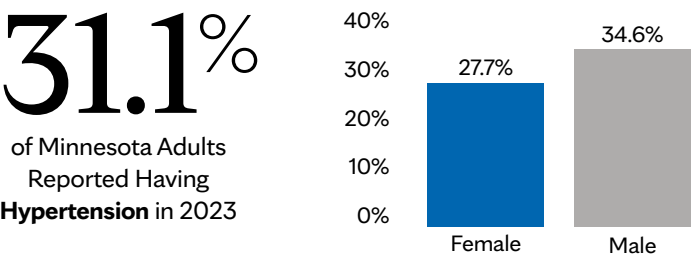
CHRONIC CONDITIONS

Ten Leading Causes of Death – Cause specific death counts (n) (2020)

Source: Minnesota Department of Health. (2023). 2020 Minnesota county health tables. 2020 Data by State, County, and Community Health Board (2/15/2023).

AREA	CANCER (n)	HEART DISEASE (n)	COVID-19 (n)	UN- INTENTIONAL INJURY (n)	ALZHEIMER'S (n)	STROKE (n)	CLRD (n)	DIABETES (n)	CHRONIC LIVER DISEASE (n)	HYPER- TENSION (n)
State	9,940	8,562	5,214	3,308	2,587	2,316	2,211	1,492	895	841
Martin	44	57	23	6	17	7	13	9	4	9

CHRONIC DISEASE PREVALENCE DASHBOARD - MN DEPT. OF HEALTH



Assessing the Needs of the Community

OVERVIEW

In 2022, Mayo Clinic Health System in Fairmont identified and prioritized community health needs in Martin counties through a comprehensive process that included input from local community and organization leaders, public health officials and hospital leadership. The 2022 Community Health Needs Assessment final report has been posted on the Mayo Clinic Health System “Community Health Needs Assessment” internet page for public review and comment. A link for questions and comments was clearly identified on the CHNA report page. However, no comments have been submitted.

In 2025, the Mayo Clinic Health System in Minnesota CHNA process was led by an internal MCHS work group with members from community relations and site leadership; input was provided by Minnesota health system leadership and practice operations. This interdisciplinary work group viewed the community health needs assessment as an opportunity to better understand known healthcare needs and, if possible, identify emerging needs within each of the MCHS communities in Minnesota.

COMMUNITY INPUT

Community input was received at numerous stages and from a variety of levels of leadership throughout the CHNA process. Mayo Clinic Health System in Fairmont attended a Stronger Together coalition meeting (coordinated by Public Health) to facilitate a community health prioritization activity. In addition, Mayo Clinic Health System sent out key informant surveys to 51 community stakeholders in Martin County, receiving 3 responses. Mayo Clinic Health System also reviewed and considered results from recent public health adult community surveys for Faribault/Martin County.

PROCESS AND METHODS

Quantitative Data

Primary quantitative data was collected and analyzed

by Minnesota State University, Mankato Health Science department, led by Dr. Joseph Visker. Dr. Visker and his team pulled data from a variety of publicly available sources for the 11 regional counties included in the Southwest and Southeast Minnesota assessment. The full data report and all sources are available in the Southern Minnesota Needs Assessment (Appendix A) prepared by Dr. Visker.

Community Input

A key informant survey was sent to community stakeholders, including representatives from traditionally underrepresented, medically underserved, low-income and minority populations. The key informant survey included these questions:

- Name
- Email
- Sector
- County
- Ability to select up to three top health concerns, and asked to share:
 - Concern
 - Who is affected by this concern/issue?
 - Please describe how this issue impacts your community.
 - Contributing factors.
 - Resources available to address.
 - Suggestions.
- Demographics
 - Which gender description best describes you?
 - Age category
 - Race/Ethnicity
 - Additional comments

Mayo Clinic Health System sent out key informant surveys to 51 community stakeholders in Martin County, receiving 3 responses representing education and social services/nonprofits.

The key concerns were:

TOPIC	#1 CONCERN	#2 CONCERN	#3 CONCERN	TOTAL VOTES
Mental Health	2			2
Access to Care		1		1
Basic Needs		1		1
Chronic Disease				0
Substance Use		1	1	2
Infectious Disease				0
Maternal Child Health	1			1

County Public Health sent out adult community health surveys in the Fall of 2022. To reduce duplication, local county public health shared results of the adult community health surveys which included information on overall health, chronic health conditions, emotional and mental health conditions, healthcare providers and insurance coverage, preventive care, reasons for not receiving or delaying needed care, nutrition, physical activity, food accessibility and security, alcohol, tobacco and other drugs, overweight and obese, ways to get around, personal and community safety, caregiving, COVID-19, community amenities, and respondent characteristics. These results were reviewed and considered by Mayo Clinic Health System as we selected our community health priorities. The surveys are available in Appendix B.

MCHS Fairmont staff attended the Stronger Together Coalition meeting on April 27, 2025. The goal of the presentation was to ask coalition members to prioritize community health needs. Data slides were presented on these categories:

- Mental Health
- Substance Use
- Maternal and Child Health

- Access to healthcare and community services
- Infectious Disease
- Chronic Conditions
- Basic Needs that Influence Health

Attendees were then given three dots to place on posters representing each category. The green dot was to represent their number one priority area, and the two blue dots were their second and third priority areas. Attendees were to draw on the data and their experiences in and knowledge of the community to vote for three priority areas they’d suggest Mayo Clinic Health System focus on in the next three years.

Priority selection considerations were also shared, including the size of the problem, availability of solutions, effectiveness of health interventions to impact the problem, seriousness of the problem, potential to positively impact health disparities and momentum in the community.

The Fairmont meeting had 17 people voting. Organizations represented included county public health, representatives from medically underserved, low-income and minority populations, government, education,

business and more:

- Faribault-Martin County Health and Human Services*
- Martin County Public Health
- Faribault County Public Health
- Minnesota Valley Action Council – Faribault County*
- Prairie Lakes Transit*
- Lutheran Social Services*

- Region Nine
- Martin County Substance Abuse & Prevention Coalition – EMPOWER*
- Southern Plains Educational Co-op*
- Fairmont Area Schools*

*Denotes organizations that work with and would provide input related to community members from medically underserved, low-income or minority populations.

The top health priorities were:

HEALTH PRIORITY	1ST CHOICE VOTE	VOTE	TOTAL VOTES
Access to Health Care & Community Services	0	5	5
Mental Health	8	8	16
Basic Needs that Influence Health	5	11	16
Substance Use	2	6	8
Chronic Conditions	0	0	0
Maternal and Child Health	1	1	2
Infectious Disease	1	3	4
Something Else	0	0	0

Participants were then asked to select one of the top three results, access to healthcare and community services, mental health or basic needs that influence health, and work as a table to answer these questions:

- Which information stands out to you?
- Which findings align with what you already know about residents?
- What opportunities or potential barriers do you see in addressing this health concern?

Participants were informed of the next steps and how their feedback would be considered as priorities were selected. Feedback from this session can be found in Appendix C.



Photo from Fairmont meeting

Addressing the Needs of the Community

After completing an extensive analysis of the data available and community input, the top community health needs were identified by MCHS in Fairmont. Each of these focus areas is equally important; however, they have been ranked by priority:

These top three health priorities are:

- 1 Mental Health
- 2 Access to Care
- 3 Basic Needs that Influence Health



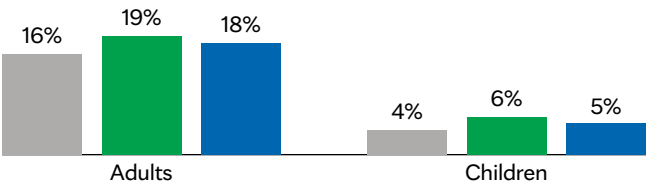
MENTAL HEALTH

This focus area refers to the services and support needed to address how we think, act and feel as we cope with life. Mental health is essential for personal well-being, caring for family, interpersonal relationships

and meaningful contributions to society. Mental health conditions may include, but are not limited to, depression, anxiety and post-traumatic stress disorder. This focus area will also include substance use.

Mental Health

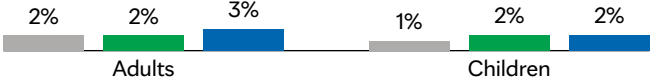
Prevalence of **depression** among working age adults (18-64) and children (0-17)



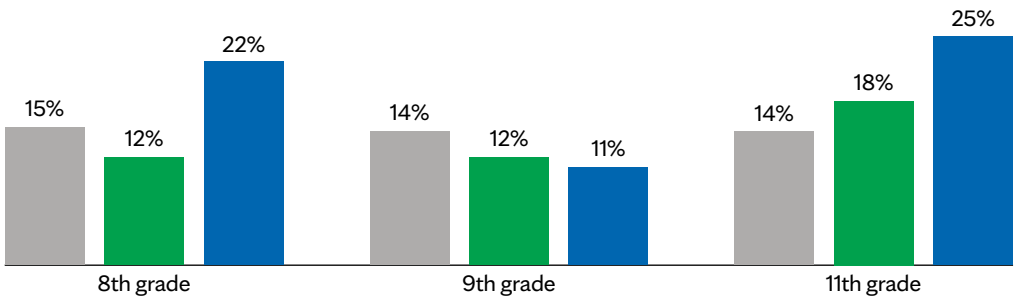
Minnesota Faribault County Martin County

Source: Minnesota Electronic Health Records Consortium, Health Trends Across Communities, 2023.

Prevalence of **suicidal ideation or recent attempt** among working age adults (18-64) and children (0-17)



Suicidal ideation among secondary students, 2022



Minnesota Faribault County Martin County

Source: Minnesota Student Survey, 2022.

Mental Health Problems - % of students who report any long-mental health, behavioral, or emotional problems last 6 months or more (2022)

Source: Minnesota Department of Education. (2025). Minnesota student survey reports: 2013-2022. <https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=242>

AREA	MENTAL, BEHAVIORAL, OR EMOTIONAL PROBLEMS – 8TH GRADE (%)	MENTAL, BEHAVIORAL, OR EMOTIONAL PROBLEMS – 9TH GRADE (%)	MENTAL, BEHAVIORAL, OR EMOTIONAL PROBLEMS – 11TH GRADE (%)
State	25.8	28.2	32.7
Martin	22.3	30.9	38.0

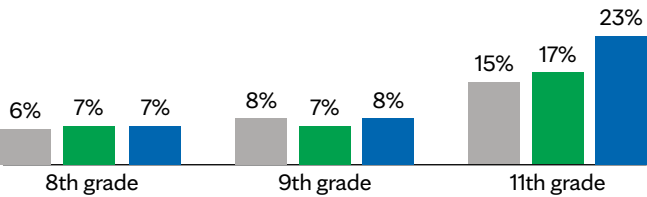
Mental Health Problem - % of participants who indicated any mental health problem (depression, anxiety/panic or other mental health problem)

Source: County COVID-19 Impact Survey Report (2022) or County Community Health Survey (2023)

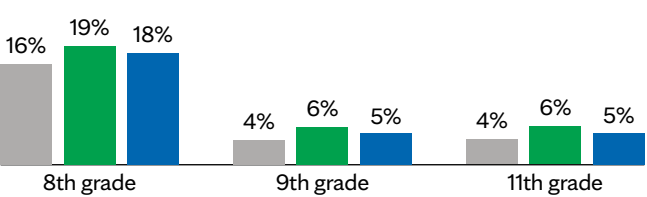
AREA	ANY MENTAL HEALTH PROBLEM (%)
Martin	32.6

Substance Use

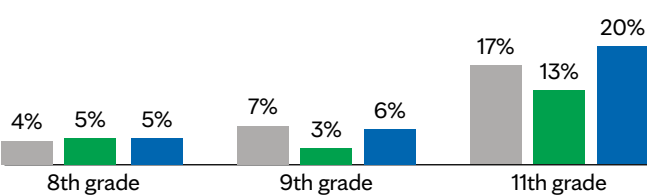
Secondary students that report **tobacco** use in the past **month**



Secondary students that report **alcohol** use in the past **month**



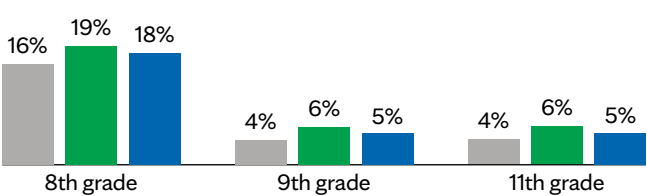
Secondary students that report **marijuana** use in the past **year**



Minnesota Faribault County Martin County

Source: Minnesota Student Survey, 2022.

Secondary students that report **opioid** use in the past **year**



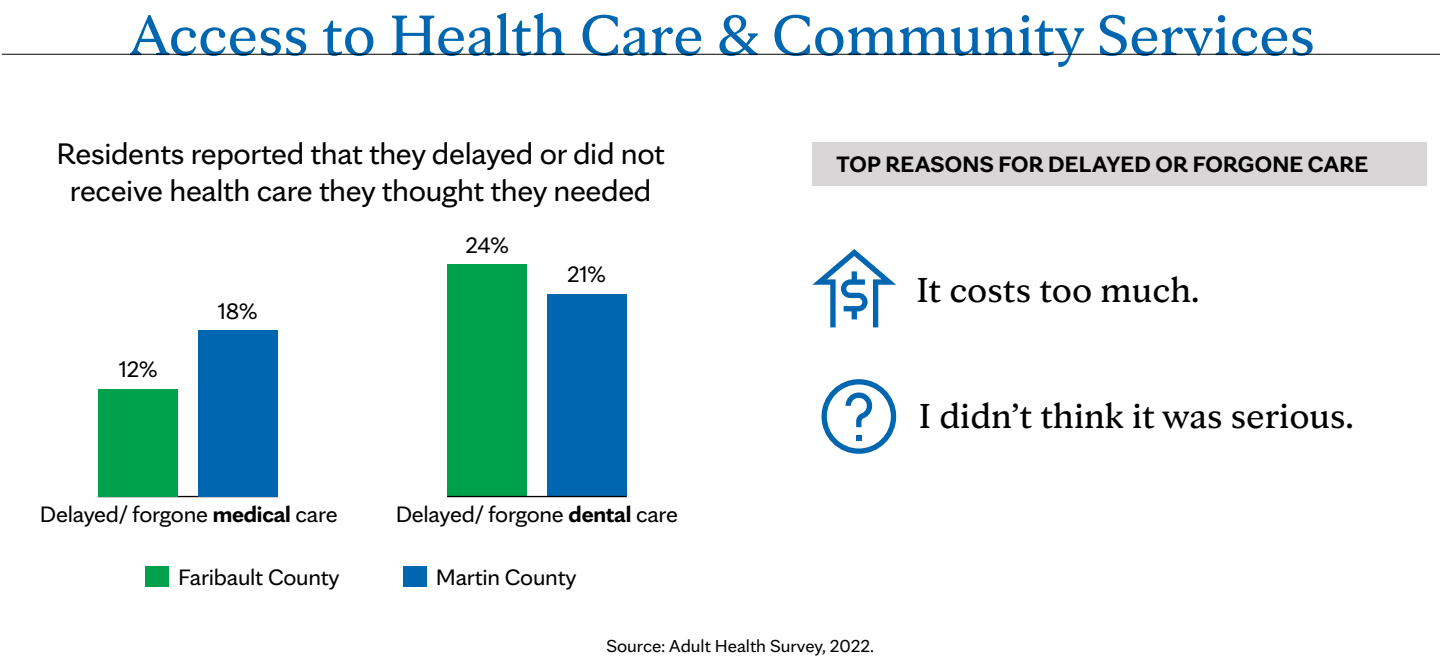
6a. Why did you not get or delay getting the medical care you thought you needed?								
Total		I could not get an appointment	I did not think it was serious enough	I had transportation problems	It cost too much	I did not have insurance	My insurance did not cover it	My insurance was not accepted
Unweighted Count	68	29.3%	24.2%	2.1%	21.3%	10.1%	9.8%	0.5%
		I could not get an appointment	I did not think it was serious enough	I had transportation problems	It cost too much	I did not have insurance	My insurance did not cover it	My insurance was not accepted
Gender	Male	33.3%	26.6%	1.1%	20.4%	12.4%	5.7%	0.0%
	Female	25.2%	21.8%	3.0%	22.3%	7.9%	14.0%	1.1%
Age	18-34	-	-	-	-	-	-	-
	35-44	68.6%	20.9%	0.0%	35.8%	10.5%	0.0%	0.0%
	45-54	0.0%	15.9%	0.0%	24.8%	7.1%	21.2%	0.0%
	55-64	35.2%	35.6%	0.0%	15.0%	20.6%	6.4%	2.1%
	65-74	9.9%	16.1%	6.8%	11.1%	0.0%	18.4%	0.0%
	75+	19.1%	38.6%	10.6%	6.9%	6.9%	0.0%	0.0%
Education	High school/GED or less	11.0%	9.6%	7.0%	25.2%	14.7%	24.4%	0.0%
	Some college/vocational school or Assoc. Deg.	34.1%	37.3%	0.0%	26.6%	5.6%	8.6%	1.0%
	College graduate	20.7%	18.3%	0.0%	0.0%	17.2%	0.0%	0.0%
	Graduate school or beyond	27.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

8a. Why did you not get or delay getting the preventative care you thought you needed?									
Total		I could not get an appointment	I did not think it was serious enough	I had transportation problems	It cost too much	I did not have insurance	My insurance did not cover it	My insurance was not accepted	I was too nervous or afraid
Unweighted Count	61								
		13.0%	29.5%	2.7%	12.2%	6.9%	7.2%	0.0%	11.6%
		I could not get an appointment	I did not think it was serious enough	I had transportation problems	It cost too much	I did not have insurance	My insurance did not cover it	My insurance was not accepted	I was too nervous or afraid
Gender	Male	27.3%	31.3%	2.8%	12.8%	27.3%	5.6%	0.0%	2.8%
	Female	8.2%	28.9%	2.7%	11.9%	0.0%	7.7%	0.0%	14.6%
Age	18-34	-	-	-	-	-	-	-	-
	35-44	37.3%	39.2%	5.9%	13.7%	13.7%	0.0%	0.0%	11.8%
	45-54	0.0%	36.4%	0.0%	31.8%	0.0%	13.6%	0.0%	18.2%
	55-64	13.0%	23.3%	0.0%	4.7%	13.0%	4.7%	0.0%	9.3%
	65-74	3.9%	20.9%	8.5%	0.0%	0.0%	13.1%	0.0%	12.4%
	75+	0.0%	20.0%	0.0%	0.0%	0.0%	6.7%	0.0%	0.0%
Education	High school/GED or less	21.6%	14.1%	7.4%	18.2%	18.2%	22.1%	0.0%	10.1%
	Some college/vocational school or Assoc. Deg.	13.0%	21.4%	3.6%	23.0%	0.0%	8.4%	0.0%	15.1%
	College graduate	0.0%	57.1%	0.0%	0.0%	13.6%	0.0%	0.0%	4.5%
	Graduate school or beyond	0.0%	39.7%	0.0%	0.0%	0.0%	0.0%	0.0%	31.7%

ACCESS TO CARE

This focus area refers to the ability and ease of accessing healthcare and community services. Access to care considers barriers such as transportation, knowledge and education of available services, and ease of accessing care through outreach and virtual options. By focusing

on access, we aim to reduce disparities, improve health outcomes, and ensure that every person—regardless of background or circumstance—can live a healthier, more empowered life.



6a. Why did you not get or delay getting the medical care you thought you needed?								
Total		I could not get an appointment	I did not think it was serious enough	I had transportation problems	It cost too much	I did not have insurance	My insurance did not cover it	My insurance was not accepted
Unweighted Count	68	32.4%	19.5%	5.6%	37.3%	24.3%	4.8%	1.0%
		I could not get an appointment	I did not think it was serious enough	I had transportation problems	It cost too much	I did not have insurance	My insurance did not cover it	My insurance was not accepted

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Continued

Gender	Male	47.8%	21.1%	10.3%	32.3%	8.1%	11.7%	0.0%
	Female	23.5%	18.6%	2.9%	40.2%	33.6%	0.8%	1.6%
Age	18-34	14.5%	0.0%	0.0%	64.2%	64.2%	0.0%	0.0%
	35-44	25.5%	44.7%	27.7%	44.7%	27.7%	19.2%	0.0%
	45-54	68.2%	9.6%	0.0%	9.6%	0.0%	9.6%	7.4%
	55-64	39.0%	22.4%	2.5%	39.5%	2.5%	0.0%	0.0%
	65-74	25.4%	32.1%	9.0%	7.4%	7.4%	0.0%	0.0%
	75+	38.4%	31.9%	0.0%	11.9%	0.0%	4.2%	0.0%
Education	High school/GED or less	43.4%	14.9%	4.0%	15.1%	2.0%	1.5%	0.0%
	Some college/vocational school or Assoc. Deg.	15.1%	17.4%	3.2%	66.4%	50.7%	0.0%	0.0%
	College graduate	50.0%	32.6%	15.2%	27.3%	15.2%	22.0%	5.2%
	Graduate school or beyond	25.2%	22.1%	0.0%	0.0%	0.0%	0.0%	0.0%

8a. Why did you not get or delay getting the preventative care you thought you needed?									
Total		I could not get an appointment	I did not think it was serious enough	I had transportation problems	It cost too much	I did not have insurance	My insurance did not cover it	My insurance was not accepted	I was too nervous or afraid
Unweighted Count	53								
		9.4%	22.8%	2.9%	17.5%	2.8%	9.9%	0.7%	6.5%
		I could not get an appointment	I did not think it was serious enough	I had transportation problems	It cost too much	I did not have insurance	My insurance did not cover it	My insurance was not accepted	I was too nervous or afraid
Gender	Male	10.2%	40.7%	2.9%	28.4%	3.5%	9.6%	1.5%	0.0%
	Female	8.6%	6.2%	2.9%	7.5%	2.3%	10.3%	0.0%	12.6%
Age	18-34	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	35-44	0.0%	0.0%	0.0%	0.0%	0.0%	25.0%	0.0%	0.0%
	45-54	13.8%	45.9%	0.0%	7.2%	0.0%	12.7%	0.0%	13.8%
	55-64	15.5%	15.5%	4.2%	51.4%	7.8%	8.4%	0.0%	4.2%
	65-74	0.0%	6.7%	10.3%	13.3%	6.0%	6.7%	3.6%	6.0%
	75+	13.9%	29.2%	0.0%	13.9%	0.0%	13.9%	0.0%	0.0%
Education	High school/GED or less	10.9%	5.2%	9.5%	3.9%	9.3%	6.1%	2.3%	6.8%
	Some college/vocational school or Assoc. Deg.	0.0%	16.5%	0.0%	47.2%	0.0%	6.1%	0.0%	15.0%
	College graduate	21.6%	31.1%	0.0%	11.3%	0.0%	27.5%	0.0%	0.0%
	Graduate school or beyond	0.0%	54.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



There is
1 dentist
for every...

- 1,280 Minnesotans
- 1,310 Martin County residents



There is
1 mental health provider
for every...

- 260 Minnesotans
- 940 Martin County residents

Source: County Health Rankings and Roadmaps, 2025.

BASIC NEEDS THAT INFLUENCE HEALTH

This focus area refers to the non-medical factors that influence health outcomes. These conditions are the conditions in which people are born, grow, work, live, and age—examples include access to food and housing. Addressing a patient’s basic needs has been shown to improve their health outcomes.

Of the 11,106 Fairmont Mayo Clinic Health System patients surveyed between January 2024 and January 2025...

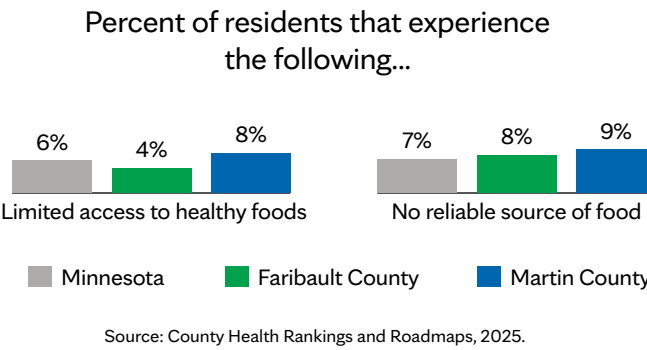
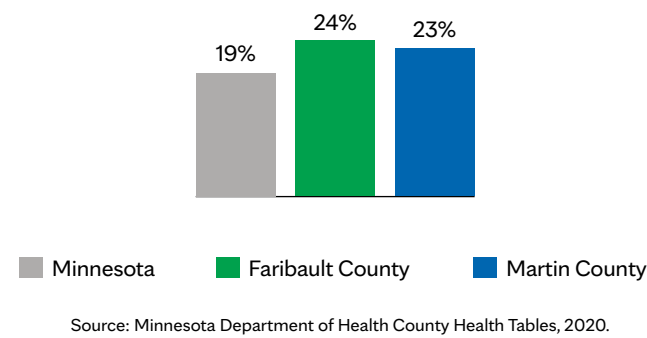
2.9%
reported **transportation needs**

7.5%
reported **food insecurity**

6%
reported **housing needs**

2.7%
reported **financial needs**

Percent of residents **eligible for Medical Assistance**, 2020



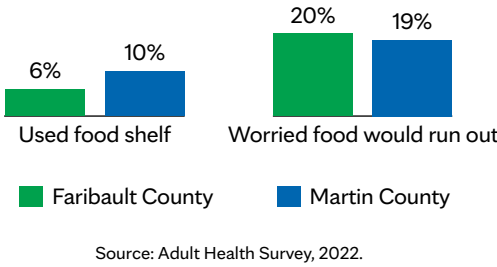
PRIORITIZATION PROCESS AND CRITERIA

Data analysis indicated significant community needs, including mental health, substance use, maternal and child health, access to healthcare and community services, infectious disease, chronic conditions and basic needs that influence health.

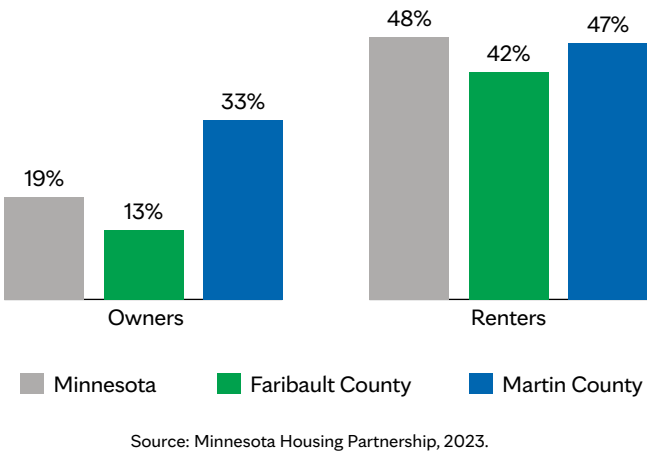
When asked to prioritize these needs, the following priority selection considerations were shared: the size of the problem, availability of solutions, effectiveness of health interventions to impact the problem, seriousness of the problem, potential to positively impact health disparities and momentum in the community.

The Mayo Clinic Health System Minnesota Administrative Leadership Team, made up of practice operations and nursing leaders, presented background information on the CHNA process, initial assessment outcomes and top community health themes based on the criteria provided at the meeting on June 19, 2025. Over 100 Mayo Clinic Health System Minnesota leaders were part of this meeting. The group was supportive of the priority recommendations of mental health, access to care and basic needs that influence health as the selected health concerns for 2026-2028. The group was also

In the past year, adults that...



Percent of households that are **cost-burdened** by home ownership status



asked to provide feedback via Forms on any projects or initiatives they are involved with that would fit under these priority needs to help identify strategies and tactics.

The Mayo Clinic Health System Minnesota Executive Operating Team, made up of top MCHS Minnesota executives, was presented with the priorities for a vote on July 23, 2025. 10 voting members were present. The group was presented with background information on the CHNA process, initial assessment outcomes and top community health themes based on the criteria provided. Dr. Ghosh, Vice President, Mayo Clinic Health System in Minnesota, made a motion to approve the priorities of mental health, access to care and basic needs that influence health as the selected health concerns for 2026-2028. All voted in favor. No opposition, and the motion passed.

Other needs that were strongly considered were substance abuse and chronic disease. These needs will be addressed through our selected health concerns – mental health, access to care and basic needs that influence health- but given limited resources and other organizations working to address these other needs, they will not be addressed as selected health concerns on this report.

Available Resources to Meet Health Needs



Mental Health:

- Mayo Clinic Health System Behavioral Health and Fountain Centers
- Human Services of Faribault & Martin County
- Committee Against Domestic Abuse (CADA)
- Churches
- School counselors: Truman, North Kossuth, Martin County West, Fairmont Area, Granada Huntley East Chain
- Eunoia Family Resource Center
- Upward Bound 5th St. Express
- Adult Mental Health Crisis Response Phone
- South Central Crisis Center-Horizon Homes
- New directions Healing Center
- South Central Crisis Center
- Substance use, including, but not limited to, Alcoholics Anonymous, House of Hope, Inc., Narcotics Anonymous, Bravo Zulu House, QUITPLAN and Mayo Clinic Health System Fountain Centers.

Access to Care:

- Dental Care, including, but not limited to Apple Tree Dental, Fairmont Family Dental, and Southern Minnesota Orthodontics.
- Medical Care, including, but not limited to Options Pregnancy Center, SMILES Center for Independent Living, and Horizon Homes.

- Transportation assistance, including, but not limited to, Martin County Public Transit, CREST, AMV Transportation, and Prairie Lakes Transportation.
- Vision Care, including, but not limited to Associate Optometry, Walmart Optical, and Shopko Optical.
- Help pay for health care, including, but not limited to, emergency medical assistance, the Minnesota family planning program, the community alternative care waiver and the prescription savings program.

Basic Needs that Influence Health:

- Food assistance, including, but not limited to, Heaven’s Table Food Shelf in Fairmont and Sherburn, Ruby’s Pantry in Fairmont and Sherburn, Summer Hunger, Backpack Food Program, free and reduced school nutrition services, Baby Cafe and St. John Vianney Church.
- Housing assistance, including, but not limited to, Minnesota Valley Action Council, Martin County Human Services, Friendship Village and area assisted living facilities.
- Financial strain, including, but not limited to, county Human Services departments, Minnesota Department of Human Services, and Minnesota Valley Action Council.

Evaluation of Prior CHNA and Implementation Strategy

Impact of 2022-2024



Prioritized health needs from the 2022 CHNA included:

- Mental Health
- Addressing Social Determinants of Health

Updates on Strategy Accomplishments

Below are some of the key implementation actions taken to address the prioritized health needs from the 2022 CHNA. The intended impact of committing financial and human resources to conduct such actions was to provide awareness, education, and assistance to the community to reduce occurrences of issues related to mental health and social determinants of health.

Mental Health

- Have two staff members (psychology and community relations departments) on the Martin County Resiliency Initiative Team, which identifies opportunities and acts on school-age mental health.
- MCHS mental health provider served on Martin County substance abuse and prevention board as liaison to Fairmont area schools.
- Provided \$20,000 to Bravo Zulu House capital campaign in 2024. Bravo Zulu House will serve veterans with substance use addiction. MCHS will be providing services to residents.

- Collaborated with Fairmont Area Elementary, St. John Vianney catholic, Truman and Martin County West Schools to host Wellness Week to reinforce healthy habits at school and home. Over 1,100 students participated annually.

Addressing Social Determinants of Health

- MCHS staff volunteers tended and harvested the community garden as an opportunity to teach gardening skills, healthy eating and healthy recipes to patients. A fridge is in the MCHS Fairmont Clinic lobby, where patients and community members can access fresh produce.
- Partnered with Apple Tree Dental to support access to dental services for the area’s most vulnerable residents by donating space at MCHS-Fairmont.
- Provided \$22,500 in funding for Lakeview Methodist Health Care and Building Blocks Child Care Center project to provide more daycare options in the Fairmont area.

Appendices

Appendix A – Southern MN Needs Assessment

**Appendix B – Faribault County Adult Community Survey
Martin County Adult Community Survey**

Appendix C – Fairmont CHNA Community Feedback Results

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