



# Community Health Needs Assessment 2025

Mayo Clinic Health System in Austin and Albert Lea



# Table of contents

## Section 1

---

- 4 Mayo Clinic Overview
- 6 Mayo Clinic Health System Overview
- 8 Executive Summary

## Section 2

---

- 10 Summary of Community Health Needs Assessment
- 12 Community Profile
- 17 Assessing the Needs of the Community

## Section 3

---

- 20 Addressing the Needs of the Community
- 24 Available Resources to Meet Health Needs

## Section 4

---

- 28 Evaluation of Prior CHNA and Implementation Strategy
- 32 Acknowledgments



# 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 in Austin and Albert Lea

Mayo Clinic Health System’s Southeast Minnesota region operates four hospitals and eleven clinics located in a 100-mile radius around, but not including, Rochester, Minnesota. MCHS hospitals are in Albert Lea, Austin, Cannon Falls, Lake City and Red Wing. The Southeast Minnesota region is staffed by 243 physicians and three residents, treating the needs of 449,308 patients. Altogether, Southeast Minnesota has 2,725 staff members (as of September 2024).

Mayo Clinic Health System in Austin and Albert Lea (MCHS in Austin and Albert Lea) consists of two hospital facilities. One is in Albert Lea, Minnesota (Freeborn County), and the other is in Austin,

Minnesota (Mower County). The facilities operate under one hospital license and offer a broad range of inpatient, outpatient and specialty services in southern Minnesota, including a cancer center, physical medicine and rehabilitation center and inpatient and outpatient drug and alcohol treatment facilities.

MCHS partners with community stakeholders in Freeborn and Mower Counties to conduct the Community Health Needs Assessment. Most patients seen at MCHS in Austin and Albert Lea live in Mower and Freeborn Counties. For this CHNA, the community is defined as Freeborn and Mower counties.



Mayo Clinic Health System in Austin



Mayo Clinic Health System in Albert Lea

# Executive Summary

## BACKGROUND

The Patient Protection and Affordable Care Act (PPACA or ACA), a U.S. federal statute that was enacted on March 23, 2010, added requirements for non-profit organizations that operate hospital facilities. The healthcare reform bill requires non-profit hospitals to complete a Community Health Needs Assessment and Community Health Implementation Plan that addresses local, prioritized health needs.

- To adhere to the requirements placed into effect by the IRS, tax-exempt hospitals must:
- Conduct a CHNA every three years
  - Create and adopt an implementation strategy to meet the needs of the community identified by the assessment

- The IRS requires a CHNA to:
- Define the community it serves
  - Assess the health needs of that community
  - Solicit and consider input received from the community, including those with expertise in public health and persons from, or representing, medically underserved, low-income, and a broad representation of community members from a wide variety of backgrounds
  - Document the CHNA in a written report that is adopted by a hospital facility

Make the CHNA report available to the public

## PURPOSE AND PROCESS

The 2025 Community Health Needs Assessment (CHNA) for Mayo Clinic Health System in Austin and Albert Lea represents a rigorous, collaborative effort to evaluate and address the health needs. This assessment fulfills federal requirements under the Affordable Care Act (ACA) and IRS Section 501(c)(3) and guides the hospital’s strategic investments to improve community health outcomes.

The process involved systematic reviews of regional assessments and data sets, stakeholder engagement, mailed and digital surveys, key informant interviews, and collaboration with public and private organizations. The framework was based on the American Hospital Association’s Community Health Assessment Toolkit, ensuring a comprehensive, multi-step approach.

This report is to supply an updated assessment of Southeast Minnesota’s population health needs and identify priorities for the years 2026-2028. The identified community health needs will be utilized to drive and inform strategies through implementation and action plans.

MCHS is dedicated to intentional collaboration with community stakeholders to develop and implement programs and participate in activities to improve community health and address social determinants of health (SDoH).

## STUDY METHODS AND DATA SOURCES

The study method consisted of a multifaceted systematic review of assessments and data sets from the MCHS SEMN region. The framework used to assess the community’s needs was designed utilizing the Community Health Assessment Toolkit provided by the American Hospital Association. This toolkit provides nine steps for assessing and improving the community’s health.

The qualitative and quantitative information collected was used to develop an organized collection of information to begin priority setting. The reports and input examined were obtained through internal and external sources. The primary sources examined include the Minnesota COMPASS report and the Mower County Community Health Assessment. Supplemental sources, including the ALICE Report and the Minnesota Department of Health, provided more context to the report.

The community assessment was a collaborative effort involving private and public organizations, including governmental agencies, school districts, faith-based organizations, academic institutions, healthcare organizations and community benefit organizations (CBOs).


## KEY FINDINGS


**Demographics:** Freeborn and Mower County serve approximately 70,924 residents, with notable trends including a projected 12% growth in the 65+ population by 2028 and a 4% decline in adults aged 18–64. The region remains predominantly White, but there is a growing Hispanic population (6% overall), and Mower County has a higher percentage of foreign-born residents (12%) compared to Freeborn (3.8%). Median household income is below the state average; over half of households earn less than \$74,999 annually.


**Health Challenges:** The leading causes of death are heart disease and cancer in both counties. Chronic illnesses (including diabetes and COPD) are especially prevalent among older adults, low-income residents, and racial/ethnic minorities.

**Social Determinants:** Social determinants of health in Mower and Freeborn Counties include economic instability, housing and food insecurity, limited transportation, gaps in behavioral health services, and demographic shifts. These factors are strongly linked to chronic disease rates, access to care, and overall community well-being.

## COMMUNITY PRIORITIES

- 

**Access to Care:** There are significant gaps in healthcare access and quality, especially for underserved populations.
- 

**Mental Health (including Substance Misuse):** Behavioral health needs and substance misuse are prominent concerns, with gaps in available services.
- 

**Chronic Disease and Contributing Factors:** Chronic illnesses such as heart disease, cancer, and diabetes are leading causes of death. Social determinants of health (SDoH) like income, housing, and education contribute to these outcomes.

## NEXT STEPS

- The implementation planning process will focus on:
- Developing funding strategies and resource inventories
  - Building partnerships and engaging the community and staff
  - Establishing key metrics and reporting structures to monitor progress
  - Aligning all efforts with Mayo Clinic’s primary value: “the needs of the patient come first”

## COMMITMENT TO THE COMMUNITY

Mayo Clinic Health System is dedicated to ongoing collaboration with community stakeholders to develop and implement programs that improve health outcomes and address social determinants of health. The CHNA will serve as the foundation for future community health improvement plans, ensuring that resources and strategies are targeted to the most pressing needs of Freeborn and Mower County.



# Summary of Community Health Needs Assessment

The CHNA for MCHS in Austin and Albert Lea will serve as a starting point for the forthcoming community health improvement plans. It will target resources and strategies that align with Mayo Clinic’s primary value of “the needs of the patient come first.”

With a focus on the [Healthy People 2030](#) initiative on the social determinants of health (SDoH), MCHS in Austin and Albert Lea identified the domain of healthcare access and quality. This domain is directly aligned with organizational priorities. This position provides an increased ability to provide interventions, resources, and expertise within the domain. Through assessment and analysis, MCHS in Austin and Albert Lea and its leaders identified these three priorities:

- 1 Access to Care
- 2 Mental Health and Substance Misuse
- 3 Chronic Disease and Contributing Factors

The implementation planning process will begin by creating funding strategies, resource inventories, identifying partnerships, engaging community and staff involvement, establishing key metrics, and defining reporting structures to address the identified needs.





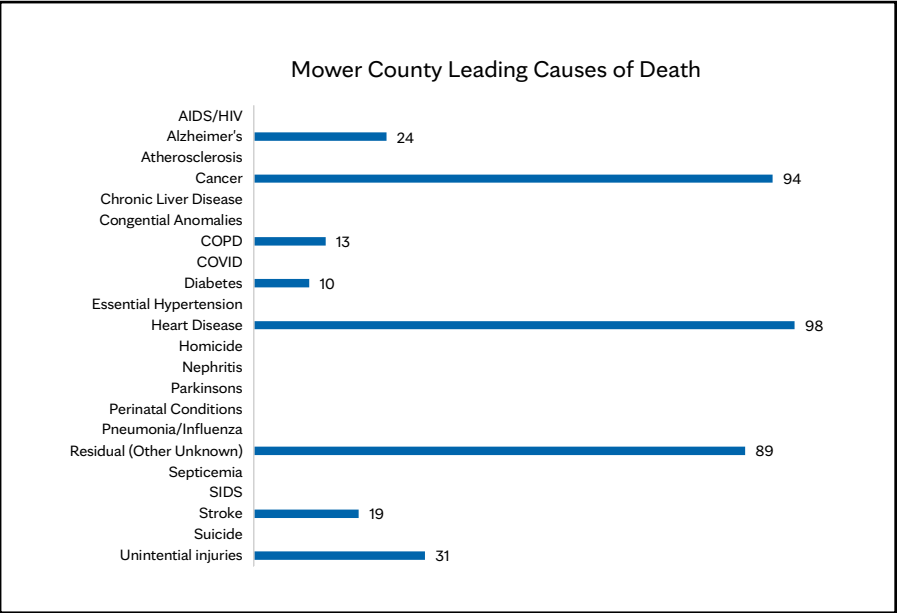
# Community Profile



A community demographic overview can supply insight into the size and distribution of the population in terms of health attributes such as geographic location, age, sex/gender, race, ethnicity, income, and housing. Community demographics were analyzed and mapped using data from the Minnesota COMPASS and the Minnesota Department of Health.

For both Mower and Freeborn County, the leading causes of death are as follows (Figures 1.1 and 1.2)

Figure 1.1



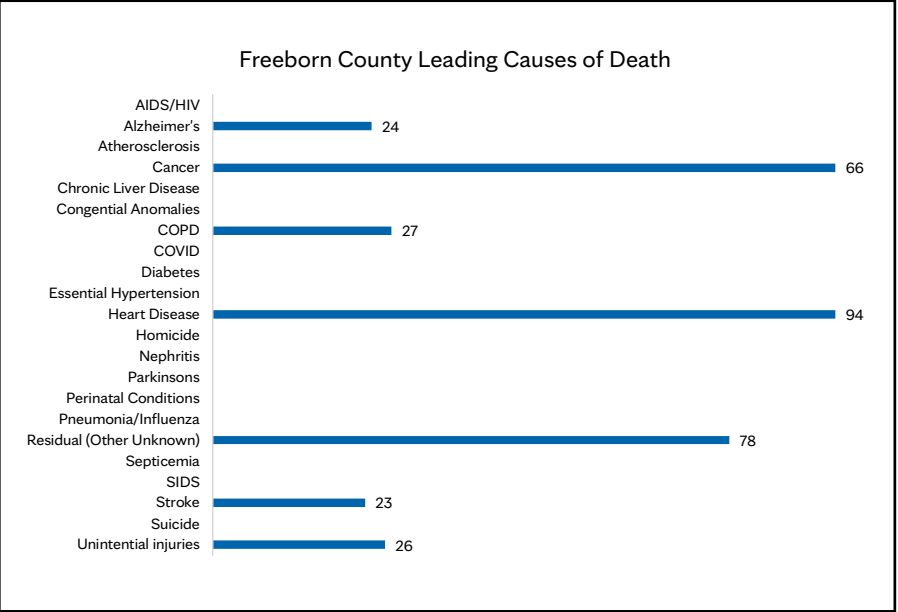
Source: Minnesota Department of Health

Consistent with national data, Mower County’s leading causes of death include heart disease, followed by cancer. However, the “residual (other/unknown)” as the third leading indicator, leaves a knowledge gap for causes of death in this county. This is an area for future identification.

Similarly, heart disease is the main cause of death in Freeborn County. However, the “residual (other/unknown)” as the second leading indicator leaves a knowledge gap for causes of death in this county. This is an area for future identification. Then, consistent with national data, cancer follows third.

Additionally, data on chronic illness can be quantified by the prevalence of cancer, diabetes and heart disease. For all cancer types combined from 2015-2019, the following can be observed:

Figure 1.2



Source: Minnesota Department of Health

Age-adjusted rate per 100,000 people

434.5	410.7
Freeborn County	Mower County

For both diabetes and heart disease prevalence, the following can be observed:

Diabetes rate per 100,000 Minnesotans

120	141
Freeborn County	Mower County

Number of deaths (2019-2023)

327	409
Freeborn County	Mower County

Heart disease rate per 100,000 Minnesotans

144	163
Freeborn County	Mower County

Number of deaths (2019-2023)

393	488
Freeborn County	Mower County

GEOGRAPHIC LOCATION

The MCHS in Austin and Albert Lea region serves the communities of Freeborn and Mower County. Mayo Clinic is the primary hospital system for the area.

Freeborn and Mower Counties in Minnesota are made up of cities, villages, and towns.

Freeborn County

Freeborn County includes 14 cities and 13 townships. The cities include Albert Lea, Alden, Clarks Grove, Conger, Emmons, Freeborn, Geneva, Glenville, Hartland, Hayward, Hollandale, Manchester, Myrtle and Twin Lakes. Townships include Bancroft, Bath, Carlston, Freeman, London, Mansfield, Moscow, Newry, Nunda, Oakland, Pickerel Lake, Riceland and Shell Rock. Albert Lea, Minnesota, is the county seat of Freeborn County.

MCHS in Albert Lea is located at 404 W. Fountain St, Albert Lea, Minnesota.

Mower County

Mower County has 14 cities and 11 townships. The cities include Adams, Austin, Brownsdale, Dexter, Elkton, Grand Meadow, Le Roy, Lyle, Mapleview, Racine, Rose Creek, Sargeant, Taopi and Waltham. Townships include Bennington, Clayton, Frankford, Lansing, Lodi, Marshall, Nevada, Pleasant Valley, Red Rock, Udolpho and Windom.

MCHS in Austin is located at 1000 First Drive NW, Austin, Minnesota.

This region is home to an estimated 70,924 residents. Also, 22.6% of households have an annual income below \$35,000, and 11.1% have an income below the poverty level. An estimated 24% are children aged 0-17, and 20% are adults aged 65 and older.

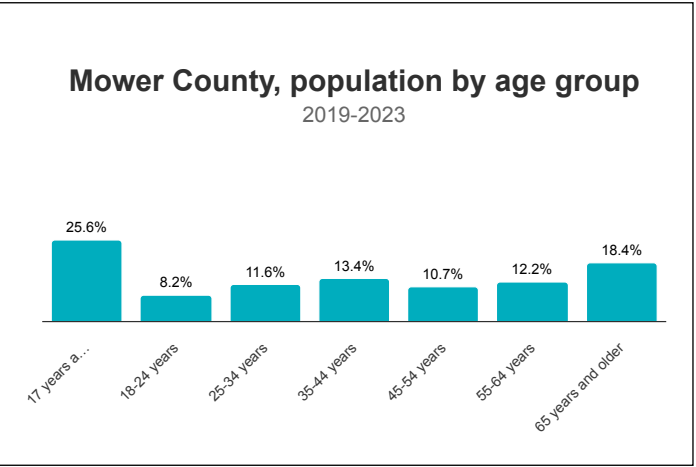
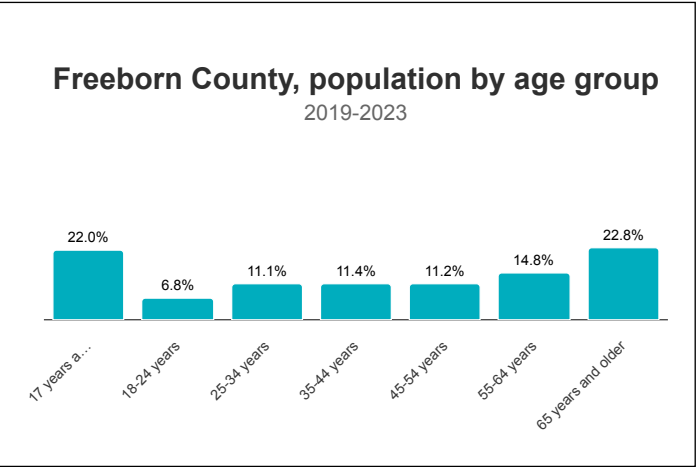
POPULATION BY AGE

Exhibit 2.1 shows that of the 30,895 residents of Freeborn County, an estimated 22% are children aged 0-17, 19.8% are adults aged 18-34, 36.3% are adults aged 35-64, and 22.7% are adults aged 65+.

In the Mower County population of 40,029, an estimated 25.5% are children aged 0-17, 18.4% are adults aged 18-34, 37.4% are adults aged 35-64, and 18.4% are adults aged 65 and older.

Exhibit 2.1

2020 DEMOGRAPHIC PROFILE OF THE REGION, INCLUDING POPULATION BY AGE		
Decennial Census	Freeborn County	Mower County
2020	30,895	40,029



Source: Minnesota Compass; <https://www.mncompass.org/profiles/county/freeborn>; <https://www.mncompass.org/profiles/county/mower>

SEX OR GENDER

Regarding Exhibit 2.2, the Freeborn County population of females is 49.6% with males making up 50.4%.

The Mower County female population is 50.3% and 49.7%. This data is limited by the choice of male or female.

Exhibit 2.2

SEX (2019-2023)	FREEBORN COUNTY		MOWER COUNTY	
Male	15,502	50.4%	20,137	50.3%
Female	15,250	49.6%	19,932	49.7%

Source: Minnesota Compass; <https://www.mncompass.org/profiles/county/freeborn>; <https://www.mncompass.org/profiles/county/mower>

RACE/ETHNICITY

In Exhibit 2.3, both populations are estimated to consist of seven races and ethnicities, including white, black or African American alone, American Indian and Alaskan Native alone, Asian or Pacific Islander alone, other alone, two or more races alone and Hispanic or Latino (of any race).

Of these races/ethnicities in Freeborn county, 82.2% are white, 1.2% are Black or African American alone, 0.1% are American Indian and Alaskan Native alone, 3.2% are Asian or Pacific Islander alone, 0.2% are Other alone, 2.5% are Two or more races alone and 10.6% are Hispanic or Latino. also, 3.8% of the population is foreign-born residents.

Of these races/ethnicities in Mower County, 74% are white, 3.5% are Black or African American alone, 0% are American Indian and Alaskan Native alone, 6.1% are Asian or Pacific Islander alone, 0.6% are Other alone, 2.6% are Two or more races alone, and 13% are Hispanic or Latino.

Exhibit 2.3

RACE AND ETHNICITY	FREEBORN		MOWER	
White	25,291	82.2%	29,657	74.0%
Of Color	5,461	17.8%	10,412	26.0%
Black or African American alone	364	1.2%	1,417	3.5%
American Indian and Alaskan Native alone	28	0.1%	Suppressed	
Asian or Pacific Islander alone	998	3.2%	2,446	6.1%
Other alone	58	0.2%	247	0.6%
Two or more races alone	764	2.5%	1,058	2.6%
Hispanic or Latino (of any race)	3,249	10.6%	5,226	13.0%

NATIVITY (2019-2023)	FREEBORN		MOWER	
Foreign-born residents	1,165	3.8%	4,798	12.0%

Source: Minnesota Compass



HOUSEHOLD INCOME

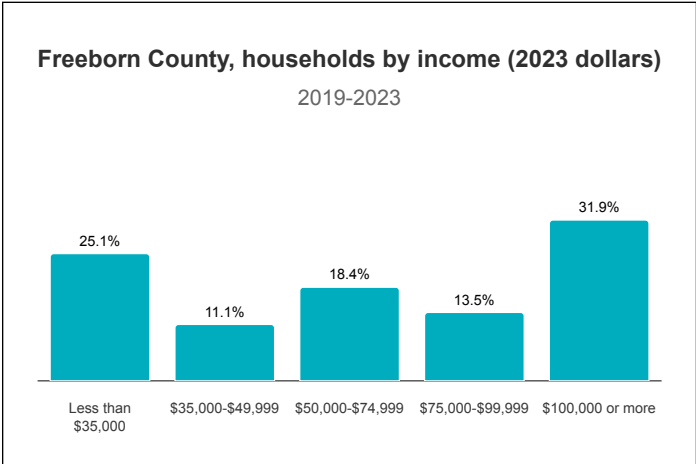
ALICE represents households with income above the Federal Poverty Level but below the basic cost of living. The ALICE Report supplies current research-based data that quantifies who in Minnesota is living on the edge of financial insecurity. Minnesota | UnitedForALICE

The median household income for both Freeborn and Mower County is below the Minnesota median household income of \$85,086, according to the 2025 State of ALICE in Minnesota report.

According to the ALICE Report, Freeborn County’s median income is \$60,905 annually. This is also reflected in Exhibit 2.4, as the Freeborn household median income between \$50,000 and \$74,999 is 18.4%. An estimated 9.8% of the population falls below the poverty line, as seen below, while 28% are ALICE households.

Mower County’s median income is \$71,495 annually. This is reflected in Exhibit 2.4, as the Mower household income between \$50,000 and \$74,999 is 18.9%. An estimated 9.8% of the population falls below the poverty line, as seen below, while 27% are ALICE households.

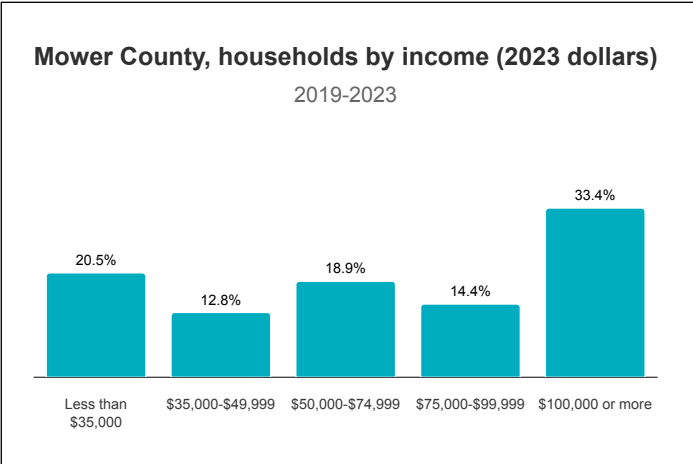
Exhibit 2.4: Household Income



Source: Minnesota Compass; <https://www.mncompass.org/profiles/county/mower/household-income>; <https://www.mncompass.org/profiles/county/freeborn/household-income>

Exhibit 2.5: Poverty Status

POVERTY (2019-2023)	FREEBORN		MOWER	
All people for whom poverty status is determined	30,186	100.0%	39,366	100.0%
With income below poverty	2,959	9.8%	4,782	12.1%
With income 100-149 of poverty	2,644	8.8%	3,134	8.0%
With income 150-199 of poverty	3,375	11.2%	2,757	7.0%
With income 200 of poverty or higher	21,208	70.3%	28,693	72.9%



Assessing the Needs of the Community

FRAMEWORK

MCHS in Austin and Albert Lea used a systematic process to evaluate the health needs of the people in our community and region. The methods assessed healthcare and public health issues and identified services that address those needs. This document will cover step one through five of the CHNA process.

PROCESS AND METHODOLOGY

The community engagement department plays a key role in developing the MCHS Austin and Albert Lea CHNA reports. The report is the principal component of the community health assessment process and provides a mutually beneficial document for hospitals and their communities.

Map Development Process

Community health improvement is a continuous endeavor. Prior to commencing a new assessment, the previous Community Health Needs Assessment for MCHS in Austin and Albert Lea was evaluated for effective strategies and identified areas for process enhancement.

This step aims to reflect on previous initiatives, gather feedback on previous assessments, review data sources, establish the assessment infrastructure, obtain leadership support, build the staff team, and identify and secure resources. This step has previously taken place internally within the community engagement department, along with MCHS Minnesota leadership. The community was able to make comments on the previous iteration of the CHNA Implementation Plan on the public-facing website; however, no input was received.

Build Relationships

Freeborn and Mower counties were defined as the community for the MCHS in Austin and Albert Lea CHNA assessment. This is due to the hospitals’ locations in Austin and Albert Lea, and the patients of these hospitals are primarily residents of these counties.



Establishing trust with community members and organizations creates a collaborative atmosphere conducive to shared responsibility for the CHNA process. When this trust is strategically aligned with common objectives, it can lead to improved health outcomes.

During this step, an engagement approach is developed, assets that support community health improvement are identified, stakeholders are selected to participate, and an external assessment committee is established. Mower County Public Health is an external organization that maps assets and develops a steering committee to guide the community needs assessment.

Develop Community Profile

The Community Health Profile provides key geographic and demographic data, highlighting non-clinical health factors from both quantitative and qualitative sources. For this CHNA assessment, Mower and Freeborn Counties was selected due to the hospital’s location and patient base.

The assessment scope and implementation plans are guided by clearly defined geography and population. Stratifying quantitative data by location and incorporating input from community members ensures a well-informed CHNA section.

Reduce Disparities with Data

The CHNA combines community characteristics, experiences, priorities, and cultural data. Local input and health metrics were used to create a comprehensive overview to guide strategies for improving community health and reducing disparities.

A formative assessment was created from two primary data types: the Minnesota Compass report and the Mower County community health assessment. This assessment’s secondary source of data was the Minnesota ALICE Report.

Minnesota Compass Report – Primary Data

The Minnesota Compass report, led by Wilder Research, provides credible, easy-to-access data from sources such as the American Community Survey conducted by the U.S. Census Bureau. It tracks trends and measures progress on issues that impact quality-of-life metrics. It also helps policymakers, nonprofit, business, and community leaders identify, understand, and act on issues that affect their communities by enabling them to make data-informed decisions.

Mower County Community Health Assessment (CHA) – Primary Data

The CHA is a collaborative effort used to address the health needs of the local community with the overall goal of optimal health for the community. The CHA was developed in collaboration with community members and partner organizations.

MCHS in Austin and Albert Lea coordinated efforts with the public health departments to survey the community in Freeborn and Mower Counties to develop and disseminate a mailed survey. This Community Health Assessment Survey comprised 56 questions that measured both environmental and socioeconomic well-being factors. On September 16th, 2024, this survey was sent to 2000 households in each county via postcards with a QR code. Those who did not complete the survey were sent a printed version of the survey on September 27th, 2024. Finally, a reminder postcard was sent in a third attempt to collect survey results on October 10th, 2024. As a result, 257 surveys were completed by January 2025, or a 13.75% response rate.

In addition to the random mailed survey, MCHS, in conjunction with the county public health department and other community stakeholders, also used convenience surveys and feedback to supplement the community survey, solicit feedback from typically underserved or at-risk populations and gain general perspectives about social and environmental issues affecting health. Each county received 150 print copies of the survey to be distributed at each local health department. Through this process, another 24 surveys were completed. Mower County also conducted an assessment raffle to capture data from those under 55 (a historically underrepresented population). A digital survey was created with 22 of the original 57 questions, along with four additional questions, allowing participants to rank their top three areas of concern. This was available in Spanish and French. A further 281 responses, 1086 ranked selections and 276 statements were gathered through this method.

Key informant interviews, focus groups, and community listening sessions were conducted in each community. Participants selected their top five areas of concern from a list of 13 health categories and barriers that lead to poor health outcomes. This was followed by an interview in which they could expand their answers from the survey. In total, 21 key informant interviews were conducted from July to December 2024.

Organizations that participated in key informant interviews include the following:

- Austin Public Schools
- United Way of Mower County
- Welcome Center/Parenting Resource Center
- Austin Public Library
- Recovery Is Happening
- Mower County Department of Corrections
- Independent Management Services
- Brownsdale Fire Department
- Rachel’s Hope
- Riverland Community College
- City Government
- Chamber of Commerce
- United Farmers State Bank
- Mower County Senior Center
- Mayo Clinic Health System

Prioritize Needs and Assets

Hospitals and community stakeholders use a shared process to distinguish the most pressing community health needs and assets based on the collected data. These identified priority health needs will then be addressed using implementation strategies. In this step, as in all aspects of the CHNA process, it is essential to view these needs through a lens focused on reducing disparities in health outcomes and identifying underlying causes.

Prioritization criteria are developed to systematically determine how to prioritize needs based on their intended outcomes and impact. MCHS in Austin and Albert Lea considered community input and MCHS Minnesota leadership input. The criteria used during the prioritization session included alignment with the organization’s existing priorities, the ability to contribute financially to address the concerns, and evidence that we can impact the health concerns identified and prioritized. This criterion was utilized during the analysis of the Minnesota COMPASS and local health department community health assessments.

Working with the public health departments in Freeborn and Mower counties, as well as the Minnesota Department of Health, Mayo Clinic Health System took a multifaceted approach to gather information and identify local health needs.

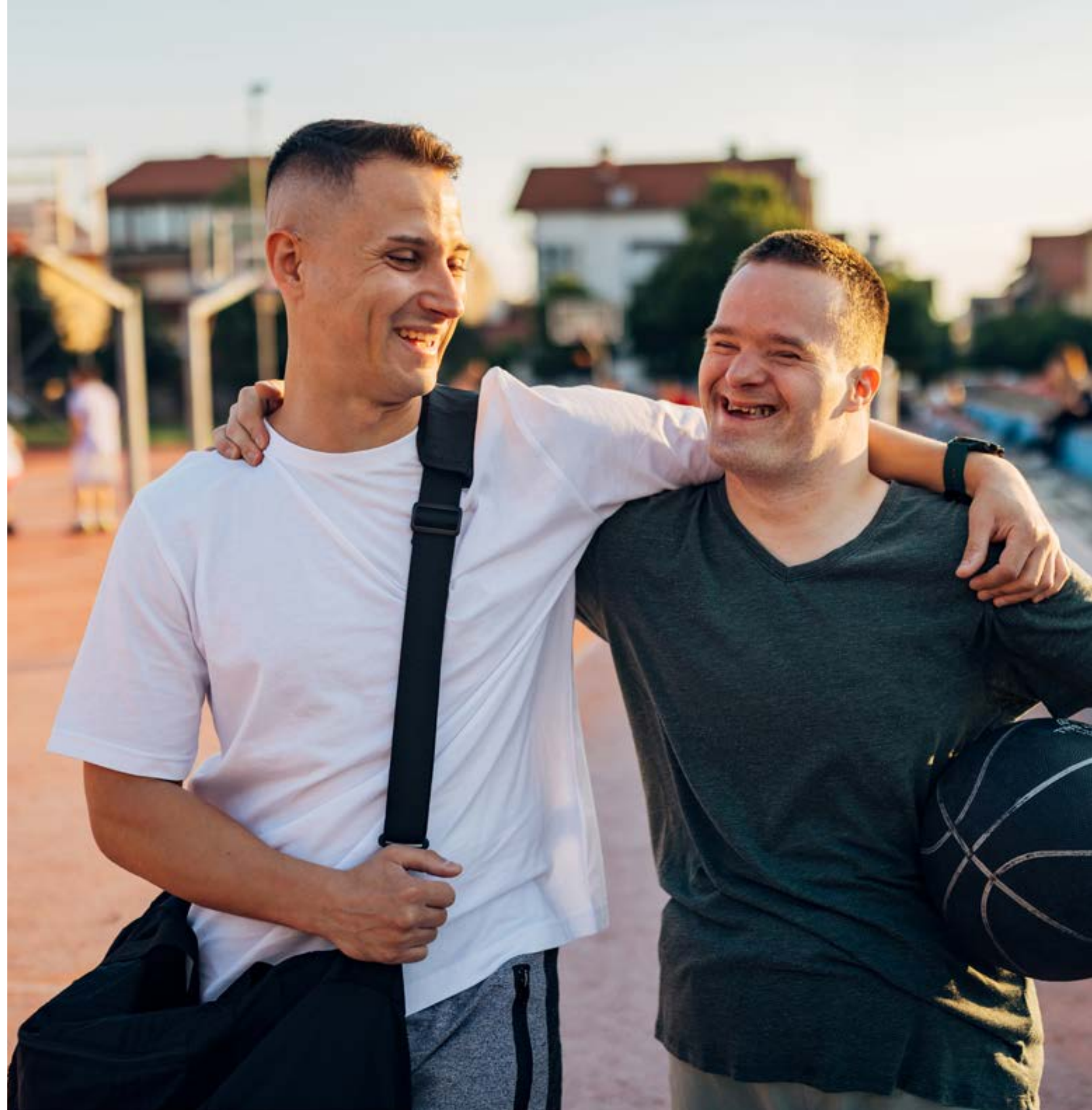
The final ranking of community needs was derived from a weighted score, considering each need’s ranking in the Key Informant Interviews and Assessment polls. Data from mailed and convenience paper surveys, as well as shared and external data, supported these rankings, thereby finalizing the priority areas.



# Addressing the Needs of the Community

After careful assessment and consideration, it was concluded that MCHS in Austin and Albert Lea would focus on the following three priorities for the 2026-2028 CHNA Implementation Plan:

1. **Access to Care**
2. **Mental Health and Substance Misuse**
3. **Chronic Disease and Contributing Factors**





**ACCESS TO CARE**

Access to care was cited as a healthcare need in Freeborn and Mower Counties, with 52% of key informants ranking it in their top five areas of concern. Feedback from focus groups varied from fear of losing local services to affordability and availability, confusion about where to seek care for various conditions, and the lack of mental health resources.

The primary concern expressed by most interviewees was education about what services are available, being able to be seen in a reasonable time, navigating the system, distance to travel for services and specialty providers available in the community (obstetrics delivery and behavioral health). One person indicated a perception of access problems for people who believe they need something they may not indeed require. Interviewees reported not seeking care due to high costs, difficulties in obtaining appointments or experiencing delays, and poor customer service.

Residents representing broad community groups expressed concern about available resources, communication barriers and accessing resources (such as transportation). Some interviewees spoke of bias against poor people and a lack of inclusion. Cultural differences, fewer opportunities and fear of victimization were also listed.



**MENTAL HEALTH AND SUBSTANCE MISUSE**

The World Health Organization defines well-being as a state in which every person realizes their potential, can cope with the normal stresses of life, can work productively and can contribute to their community. Based on input from the community, a priority will be placed on promoting strategies to enhance mental well-being with a particular focus to reducing isolation, building resilience and improving mental health for all.

Mental Health and substance misuse continue to be reported as a top community health issue in Freeborn and Mower Counties, with 18 out of 21 key informants ranking it in their top 5 concerns. Multiple mental health concerns were mentioned, including but not limited to anxiety, panic attacks, depression, suicide, drug abuse, addiction and drugs (opioids/vaping), PTSD, and abuse. Access to mental health providers (and primary care), affordability and the lack of mental health education (how to access care and what level of care) were mentioned.

Overcoming stigma and access to care were the most frequently mentioned concerns. A lack of resources, particularly for adolescents, and a general lack of understanding were noted. Specific mental health issues were called out, among them post-traumatic stress disorder (PTSD), stress, bullying, drugs, maintaining mental wellness, crisis services and support services for cancer patients.



**CHRONIC DISEASE AND CONTRIBUTING FACTORS**

Chronic disease prevention focuses on keeping people healthy, engaging and empowering people and communities to choose healthy behaviors and reduce the risk of developing disease. Empowering people to manage lifestyle factors can help prevent the onset and progression of chronic diseases.

Areas of emphasis include substance misuse and obesity/overweight, especially as it relates to the multi-cultures in Freeborn and Mower Counties. This is supported by the #2, # 4, #5 and #6 priorities of the CHA Survey of economic instability, housing, chemical health and overweight & obesity.



# Available Resources to Meet Health Needs



Below are organizations categorized alongside the sectors and counties in which they operate. This list reflects the resources needed to meet many of the needs identified in this CHNA.

PRIORITY	ORGANZIATION	COUNTY
Access to Care	Freeborn Public Health	Freeborn
	IMAA	Region
	Freeborn County Family Services Collaborative	Region
	Mower County Public Health	Mower
	Open Door Health Care	Mower
	Children’s Dental Health Services	Mower
	Comunidades Latinas Unidas En Servicio (CUES)	Mower
	HACER	Region

PRIORITY	ORGANZIATION	COUNTY
Mental Health and Substance Misuse	Freeborn Public Health	Freeborn
	Freeborn County SHIP	Freeborn
	Freeborn Senior Resources	Freeborn
	Freeborn Family Services	Freeborn
	United Way	Freeborn
	Albert Lea Public School	Freeborn
	Salvation Army	Region
	Community Healthcare Collaboration	Freeborn
	Albert Lea Senior Center	Freeborn
	NAMI	Freeborn
	Albert Lea Family YMCA	Freeborn
	South Central Mobile Crisis Team	Freeborn
	Community Action Agency	Freeborn
	Cedar House, Inc.	Freeborn
	United Way	Mower
	Austin Public Schools	Mower
	Austin Aspires	Mower
	Fernbrook Services	Mower
	Independent Management Services	Mower

PRIORITY	ORGANZIATION	COUNTY
<b>Mental Health and Substance Misuse</b> <i>(Continued)</i>	Mower County Senior Center	Mower
	Seibel Center	Mower
	Gerard Academy	Mower
	Parenting Resource Center	Mower
	Austin YMCA	Mower
	Mower County SHIP	Mower
	Crime Victim Resource	Mower
	Center Welcome Center	Mower
	Cedar River Counseling Service	Mower
	Beyond the Yellow Ribbon	Mower
	Quality Case Management and Adult Rehab Services	Mower
	Austin Manor	Mower
	Catholic Charities	Mower
	LIFE Mower County	Mower
	HACER	Mower

PRIORITY	ORGANZIATION	COUNTY
<b>Chronic Disease</b>	Freeborn County Public Health	Freeborn
	Freeborn County SHIP	Freeborn
	Albert Lea Family Y	Freeborn
	City of Albert Lea Parks & Rec	Freeborn
	United Way	Region
	Austin Public Schools	Mower
	Austin Aspires	Mower
	Salvation Army	Region
	Mower County Senior Center	Mower
	Gerard Academy	Mower
	Austin YMCA	Mower
	Mower County SHIP	Mower
	Welcome Center	Mower
	Austin Manor	Mower
	Catholic Charities	Mower
	LIFE Mower County	Mower
	HACER	Mower



# Evaluation of Prior CHNA and Implementation Strategy

Impact of 2022-2024



The following pages describe an evaluation of the strategies implemented by Mayo Clinic Health System in Austin and Albert Lea. The strategies are organized according to the health needs identified in the immediately prior CHNA and addressed by MCHS.

Focus is on progress toward the prioritized needs identified in the 2022 Implementation Plan. The priority areas are consistent across 2023-2024:

- Mental Well-Being (Freeborn & Mower Counties)
- Access to Care (Freeborn & Mower Counties)
- Chronic Disease Prevention (Freeborn County)
- Substance Misuse (Mower County)

Socioeconomic factors (food insecurity, education, employment, housing, etc.) are acknowledged as important but are not directly addressed by Mayo Clinic Health System, which instead supports partner organizations in these areas.

FREEBORN COUNTY HIGHLIGHTS

Mental Well-Being

Expanded the Journey to Wellness program, increased educational outreach (blogs, speakers, events), and strengthened collaborations (Community Resiliency Committee, Senior Health Care Collaborative).

The Journey to Wellness program emphasized stress management, nutrition, and physical activity. The Community Resiliency Committee and Senior Health Care Collaborative continued their work. Educational outreach via blogs and speakers remained strong.

Access to Care

Promoted the Find Help platform, increased outreach to underserved populations, and enhanced communication with local employers and leaders.

Key activities included communication on the Find Help platform, outreach to underserved populations, employer roundtables, and presentations to community organizations.

Chronic Disease Prevention

Continued grant funding supported initiatives and increased food insecurity activities (grants, food drives, Meals on Wheels).

Grant funding, team engagement, and food insecurity initiatives (grants, food drives, Meals on Wheels) were maintained.

MOWER COUNTY

Mental Well-Being

Similar efforts were provided in Freeborn County, with additional focus on Council of Social Service Agencies meetings.

Freeborn County offered similar programs, focusing on a broad representation of community members from a wide variety of backgrounds.

Access to Care

Added mobile health clinic services and highlighted collaboration at the Transforming Community and Rural Healthcare Symposium.

Employer roundtables, mobile mammography events, and additional health-related meetings were added. Early Learning Nation and Mower Refreshed Steering Committee supported childhood growth and CHNA progress.

Substance Misuse

Active participation in the Austin Positive Action Coalition and Mower County Opioid Taskforce, focusing on opioid settlement fund allocation and awareness events.

Continued coalition work, opioid task force participation, and awareness events. United Way Winter Gear Drive supported those in addiction treatment.

KEY THEMES AND PROGRESS

Consistent Priorities

Both years focused on mental health, access to care, chronic disease prevention, and substance misuse.

Expanded Outreach

2024 saw increased collaboration, more events, and broader communication efforts.

Food Insecurity

Addressed through grants and community activities, though not a top-three priority.

Opioid Response

Mower County’s opioid settlement funds and task force activities were highlighted in both years.

Community Engagement

Both years emphasized partnerships, educational programs, and support for vulnerable populations.



# Acknowledgements

The CHNA was conducted on behalf of Mower County Public Health, Freeborn County Public Health and Mayo Clinic Health System. These entities provided research, consulting, and learning support to help people create healthier communities. They work across sectors to support community strategies, organizational strategies, and system change.

Throughout the CHNA process, the following representatives shared their engagement and unique perspectives to make Minnesota a healthier place where people are born, grow, live, work and age.

We would like to acknowledge and offer much gratitude to the following people and organizations for their time, commitment, and expertise in creating this report.

## HEALTHCARE ORGANIZATIONS

Sue Loch – Mayo Clinic Health System

Mackenzie Long – Mayo Clinic Health System

Heidi Odegard, MS, CHES – Mayo Clinic Health System

## COUNTY HEALTH DEPARTMENTS

Allison Scott – Mower County Health Department

Avinash Sukhwal – Freeborn County Health Department

Sue Yost – Freeborn County Health Department





Imagery is copyright Mayo Clinic, Getty Images, Shutterstock, or approved for use.

[mayoclinic.org](https://www.mayoclinic.org)

©2025 Mayo Foundation for Medical Education and Research. All rights reserved. MAYO, MAYO CLINIC and the triple-shield Mayo logo are trademarks and service marks of MFMER.

[Learn more online at mayoclinic.org](https://www.mayoclinic.org)

MC4776-11rev1225