

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

MAYO CLINIC GROUP RETURN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

200 FIRST STREET SW, ATTN TAX

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

ROCHESTER, MN 55905

F Name and address of principal officer: GIANRICO FARRUGIA, M.D.

SAME AS C ABOVE

D Employer identification number

38-3952644

E Telephone number

507-538-1297

G Gross receipts \$ 13,994,328,183.**H(a)** Is this a group return STMT 1for subordinates? ☒ Yes ☐ No**H(b)** Are all subordinates included? ☒ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number 5983**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.MAYOCLINIC.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation:**M** State of legal domicile:**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PATIENT CARE, MEDICAL RESEARCH AND MEDICAL EDUCATION
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 201
	4	Number of independent voting members of the governing body (Part VI, line 1b) 49
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) 61919
	6	Total number of volunteers (estimate if necessary) 2696
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 64,395,983.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 12,741,927.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 585,179,971.
	9	Program service revenue (Part VIII, line 2g) 11,783,498,231.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 71,034,348.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 128,664,069.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12,568,376,619.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,496,587,346.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 5,519,355,695.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 2,479,877.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,410,326,847.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,426,269,888.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 142,106,731.
	20	Total assets (Part X, line 16) 14,627,392,177.
	21	Total liabilities (Part X, line 26) 6,895,986,663.
	22	Net assets or fund balances. Subtract line 21 from line 20 7,731,405,514.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<u>Dennis E. Dahlen</u> Signature of officer	Nov 4, 2024 Date			
	DENNIS E. DAHLEN, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

TO INSPIRE HOPE AND CONTRIBUTE TO HEALTH AND WELL-BEING BY PROVIDING
THE BEST CARE TO EVERY PATIENT THROUGH INTEGRATED CLINICAL PRACTICE,
EDUCATION, AND RESEARCH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,168,299,073. including grants of \$ 2,259,247,187.) (Revenue \$ 12,393,765,195.)
PATIENT CARE (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 269,601,376. including grants of \$ 23,050,786.) (Revenue \$ 582,114.)
MEDICAL RESEARCH (SEE SCHEDULE O)

4c (Code:) (Expenses \$ 195,315,741. including grants of \$) (Revenue \$ 195,315,741.)
SHARED SERVICES (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.)

(Expenses \$ 140,705,081. including grants of \$ 7,046,921.) (Revenue \$ 167,428,213.)

4e Total program service expenses 11,773,921,271.

Form **990** (2023)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 61919		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If "Yes," enter the name of the foreign country <u>MEXICO</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	201			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		49		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?				X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL, CA, KY, MN, AL, WA, AZ, NY, NJ, WI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 CORPORATE TAX - 507-538-1297
 200 FIRST STREET SW, ROCHESTER, MN 55905

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FARRUGIA M.D., GIANRICO DIR/CEO/PRES/FORMER OFFICER	40.00 0.00	X		X	X			4,213,853.	0.	95,852.
THIELEN M.D., KENT R. DIRECTOR/CHAIR/CEO FL	40.00 0.00	X		X	X			2,497,385.	0.	97,748.
GRAY M.D., RICHARD J. DIR/CHAIR/CEO AZ/FORMER KEY EMPLOYEE	40.00 0.00	X		X	X			2,486,103.	0.	88,170.
ZORN, CHRISTINA K. DIR/CAO/FORMER OFFICER	40.00 0.00	X		X	X			1,853,748.	0.	83,740.
GORMAN, PAUL A. TREASURER	40.00 0.00			X				1,785,236.	0.	97,398.
WILLIAMS M.D., AMY W. DIR/VICE CHAIR/EXEC DEAN OF PRACTICE	40.00 0.00	X		X	X			1,824,113.	0.	50,799.
DAHLEN, DENNIS E. DIR/VP/FORMER OFFICER	40.00 0.00	X		X				1,611,747.	0.	103,349.
MURPHY, JOSHUA B. SECRETARY/ASST SECY	40.00 0.00			X				1,601,782.	0.	95,873.
QUINONES-HINOJOSA M.D., ALFREDO DIRECTOR	40.00 0.00	X						1,580,569.	0.	88,996.
DECKER MBBCH, GUSTAV A. PRESIDENT INTERNATIONAL	40.00 0.00				X			1,511,089.	0.	69,523.
GORES M.D., GREGORY J. DIRECTOR	1.00 40.00	X						0.	1,491,256.	49,170.
MEYER M.D., FREDRIC B. DIR/EXEC DEAN OF EDU	40.00 0.00	X			X			1,427,540.	0.	58,834.
TAWK M.D., RABIH G. PHYSICIAN	40.00 0.00					X		1,391,057.	0.	81,163.
NOTTMEIER M.D., ERIC W. PHYSICIAN	40.00 0.00					X		1,395,514.	0.	76,478.
WILLMAN M.D., CHERYL L. DIR/EXEC DIR CANCER PROGRAMS	40.00 0.00	X			X			1,385,000.	0.	84,910.
BENDOK M.D., BERNARD R. CHAIR-NEURO SURGERY	40.00 0.00					X		1,386,457.	0.	82,792.
LYONS M.D., MARK K. PHYSICIAN	40.00 0.00					X		1,365,952.	0.	52,811.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ZIMMERMAN M.D., RICHARD S. PHYSICIAN	40.00 0.00					X		1,369,780.	0.	48,640.
WIECHMANN M.D., ROBERT J. PHYSICIAN	40.00 0.00				X			1,299,530.	0.	95,210.
VARKEY M.B.B.S., PRATHIBHA DIRECTOR/PRESIDENT MCHS	40.00 0.00	X		X	X			1,313,151.	0.	80,335.
HALAMKA M.D., JOHN D. PRESIDENT-MAYO CLINIC PLATFORM	40.00 0.00				X			1,272,303.	0.	91,023.
WILLIAMSON, MARY J. FORMER OFFICER	0.00 40.00						X	0.	1,129,852.	79,237.
OTLEY M.D., CLARK C. DIRECTOR/PRESIDENT	1.00 40.00	X		X				0.	1,118,928.	87,590.
SHARMA M.B.B.S., MANISH S. DIRECTOR	40.00 0.00	X						1,120,038.	0.	75,711.
AMMASH M.D., NASER M. CEO-SSMC	40.00 0.00				X			1,081,879.	0.	80,108.
MENKOSKY, PAULA E. CHIEF HR OFFICER/FORMER OFFICER	40.00 0.00			X	X			1,066,055.	0.	91,946.
1b Subtotal								37,839,881.	3,740,036.	2,087,406.
c Total from continuation sheets to Part VII, Section A								77,724,294.	24,658,626.	14,288,522.
d Total (add lines 1b and 1c)								115,564,175.	28,398,662.	16,375,928.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

13,808

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KNUTSON CONSTRUCTION SERVICES, 5500 WAYZATA BLVD STE 300, MINNEAPOLIS, MN	CONSTRUCTION SERVICES	188,231,761.
RIGHT SOURCING INC, 2 EXECUTIVE CIRCLE STE 210, IRVINE, CA 92614	WORKFORCE SUPPORT SERVICES	167,696,124.
MORRISON MANAGEMENT SPECIALISTS, 400 NORTHBRIDGE RD STE 600, SANDY SPRINGS, GA	FOOD SERVICES	94,494,530.
BOLDT CONSTRUCTION BIN 88285, MILWAUKEE, WI 53288	CONSTRUCTION SERVICES	90,508,212.
DPR CONSTRUCTION 222 N 44TH ST, PHOENIX, AZ 85034	CONSTRUCTION SERVICES	84,402,509.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	1,484	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GILLIGAN, SHERRI W. CHIEF MARKETING OFFICER	40.00 0.00				X			1,022,676.	0.	85,054.
HEBL M.D., JAMES R. DIR/CHAIR/PRES/REGIONAL VP-SWMN	1.00 40.00	X		X				0.	1,013,267.	80,752.
MORICE M.D., WILLIAM G. DIRECTOR	1.00 40.00	X						0.	979,922.	88,092.
ROSS, CHRISTOPHER J. CHIEF INFORMATION OFFICER	40.00 0.00				X			986,050.	0.	73,776.
SHAH M.D., VIJAY DIRECTOR	1.00 40.00	X						0.	956,903.	84,231.
MUELLER M.D., PAUL S. DIRECTOR/CHAIR/REGIONAL VP-SWWI	1.00 40.00	X		X				0.	952,426.	83,133.
HELMERS M.D., RICHARD A. DIR/CHAIR/PRESIDENT/REGIONAL VP-NWWI	1.00 40.00	X		X				0.	985,824.	44,865.
NOSEWORTHY M.D., PETER A. DIRECTOR/PRESIDENT	1.00 40.00	X		X				0.	923,200.	73,238.
CROSS III M.D., WILLIAM W. DIRECTOR	1.00 40.00	X						0.	888,505.	74,999.
FAUBION M.D., WILLIAM A. DIRECTOR	40.00 0.00	X						871,409.	0.	86,724.
MABRY M.D., TAD M. DIRECTOR	1.00 40.00	X						0.	881,064.	72,331.
ALBRIGHT JR., D.O., ROBERT C. DIR/CHAIR/REGIONAL VP SEMN	1.00 40.00	X		X				0.	864,926.	87,720.
HARPER JR., M.D., CHARLES M. DIR/FORMER OFFICER/FORMER KEY EMPLOY	1.00 40.00	X		X	X			0.	892,849.	42,898.
HARA M.D., AMY K. DIRECTOR	40.00 0.00	X						848,587.	0.	86,008.
HOXWORTH M.D., JOSEPH M. DIRECTOR	40.00 0.00	X						841,820.	0.	83,251.
ROGERS, JAMES A. DIRECTOR/ASST SECY	40.00 0.00	X		X				816,885.	0.	87,142.
KENDRICK M.D., MICHAEL L. DIRECTOR	1.00 40.00	X						0.	812,814.	85,285.
MCKINNEY M.D., J. MARK FORMER KEY EMPLOYEE	40.00 0.00						X	808,039.	0.	87,440.
PETERSON M.D., JEFFREY J. FORMER KEY EMPLOYEE	40.00 0.00					X		812,424.	0.	77,807.
COOPER M.D., LESLIE T. DIRECTOR	40.00 0.00	X						795,205.	0.	82,418.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VALLOW M.D., LAURA A. DIRECTOR	40.00 0.00	X						786,174.	0.	86,623.
REDDY M.B.B.S., KUNAM S. DIV CHR-TRANSPLANT SURGERY	40.00 0.00				X			764,386.	0.	92,003.
DIDEHBAN, ROSHANAK DIR/SECY/ASST TREAS	40.00 0.00	X		X				808,214.	0.	44,264.
BRUCE M.D., CHARLES J. DIRECTOR	40.00 0.00	X						757,080.	0.	94,844.
MOSS M.D., ADYR A. FORMER KEY EMPLOYEE	40.00 0.00						X	753,342.	0.	97,097.
LEIBOVICH M.D., BRADLEY C. DIRECTOR	1.00 40.00	X						0.	764,839.	84,740.
RYAN, MICHAEL J. CAO SSMC	40.00 0.00				X			800,057.	0.	49,360.
ANDREWS M.D., PAUL E. FORMER OFFICER	40.00 0.00						X	762,326.	0.	75,000.
TANER M.D., BURCIN C. DIRECTOR	40.00 0.00	X						758,561.	0.	78,046.
FONSECA M.D., RAFAEL DIRECTOR	40.00 0.00	X						743,054.	0.	87,410.
THIEL M.D., DAVID D. DIRECTOR	40.00 0.00	X						746,317.	0.	71,258.
FREDERICK, RYANNON K. DIRECTOR	40.00 0.00	X						742,503.	0.	64,966.
GLANTZ M.D., JANEL N. FORMER KEY EMPLOYEE	40.00 0.00						X	724,577.	0.	75,378.
RAFFALS M.D., LAURA E. DIRECTOR	1.00 40.00	X						0.	718,608.	77,103.
CHAPITAL M.D., ALYSSA B. DIRECTOR/VICE CHAIR	40.00 0.00	X		X				722,551.	0.	72,981.
CIMA M.D., ROBERT R. DIRECTOR/CHAIR	1.00 40.00	X		X				0.	707,560.	83,787.
ROSENFELD M.D., DAVID M. CHAIR-ANSETH & PERIOP MED	40.00 0.00				X			695,922.	0.	85,575.
KHAN, RITA G. CHIEF DIGITAL OFFICER	40.00 0.00				X			716,933.	0.	58,240.
ANIL M.D., GOKHAN DIRECTOR/VICE CHAIR	40.00 0.00	X		X				694,089.	0.	67,567.
BROWN M.D., MICHAEL J. DIRECTOR	1.00 40.00	X						0.	676,037.	81,029.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BROWN M.D., DANIEL R. DIRECTOR/CHAIR	1.00 40.00	X		X				0.	665,418.	91,133.
MCLAUGHLIN M.D., SARAH A. DIRECTOR/VICE CHAIR	40.00 0.00	X		X				712,086.	0.	40,305.
DRONCA M.D., ROXANA S. DIRECTOR	40.00 0.00	X						669,469.	0.	78,080.
HUMPHREYS M.D., MITCHELL R. CHAIR-UROLOGY	40.00 0.00				X			663,087.	0.	73,252.
BOLAN M.D., CANDICE W. CHAIR-DEPT OF RADIOLOGY	40.00 0.00				X			682,779.	0.	52,430.
PETROU M.D., STEVEN P. PHYSICIAN	40.00 0.00				X			676,198.	0.	52,407.
DUNN, AJANI N. DIR/SECY/CAO FL/ASST TREAS	40.00 0.00	X		X				656,330.	0.	66,603.
ETZIONI M.D., DAVID A. CHAIR-DEPT OF SURGERY	40.00 0.00				X			636,892.	0.	79,713.
HORST, ADAM M. DIR/TREAS/CFO ROCHESTER	40.00 0.00	X		X	X			635,019.	0.	80,729.
TRENTMAN M.D., TERRENCE L. FORMER KEY EMPLOYEE	40.00 0.00						X	628,171.	0.	87,427.
LAL M.D., DEVYANI DIRECTOR	40.00 0.00	X						630,134.	0.	73,545.
SCHAMS M.D., PETER J. PHYSICIAN	40.00 0.00				X			624,885.	0.	67,587.
JOSEPH M.B.B.S., M.D., ABRAHAM DIRECTOR/VICE CHAIR	40.00 0.00	X		X				609,205.	0.	81,639.
JENSEN M.D., JEFFREY B. DIRECTOR/CHAIR	1.00 40.00	X		X				0.	612,693.	77,694.
CRAIG M.D., FIONA E. CHAIR-LAB MED & PATH	40.00 0.00				X			604,029.	0.	83,444.
ABEL M.D., MARTIN D. CHAIR-ANESTH & PERIOP MED	40.00 0.00				X			642,998.	0.	44,135.
KROSCHE M.D., TARA C. VICE CHAIR-CLINICAL PRACTICE	40.00 0.00				X			616,935.	0.	62,776.
SINGBARTL M.D., KAI DIRECTOR	40.00 0.00	X						596,646.	0.	80,860.
PRITT M.D., BOBBI S. DIRECTOR	1.00 40.00	X						0.	607,352.	69,815.
GAZELKA M.D., HALENA M. CHIEF COMMUNICATIONS OFFICER	40.00 0.00				X			613,020.	0.	60,271.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEENAN M.D., LAWRENCE R. DIRECTOR	1.00 40.00	X						0.	594,991.	76,481.
FAMUYIDE M.B.B.S., ABIMBOLA O. DIRECTOR	1.00 40.00	X						0.	579,171.	83,092.
RIMSZA M.D., LISA M. DIRECTOR	40.00 0.00	X						566,031.	0.	92,363.
JANUS M.D., JEFFREY R. DIRECTOR	40.00 0.00	X						595,552.	0.	62,490.
NASSAR M.D., AZIZA DIRECTOR	40.00 0.00	X						575,909.	0.	82,015.
DEGENHARDT M.D., JEFFRY A. FORMER KEY EMPLOYEE	40.00 0.00						X	577,377.	0.	80,355.
CULLINAN M.D., SUSAN M. DIRECTOR/FORMER OFFICER	40.00 0.00	X		X				562,420.	0.	94,297.
COLLETTI M.D., JAMES E. DIRECTOR	1.00 40.00	X						0.	578,305.	77,160.
LEIGHTON M.D., JONATHAN A. FORMER KEY EMPLOYEE	40.00 0.00						X	609,793.	0.	41,656.
GOYAL, MANEESH COO-MAYO CLINIC PLATFORM	40.00 0.00				X			563,994.	0.	79,946.
TAZELAAR M.D., HENRY D. FORMER KEY EMPLOYEE	40.00 0.00						X	599,017.	0.	44,719.
PEARSON M.D., SUSAN E. FORMER OFFICER	40.00 0.00						X	562,083.	0.	81,636.
KELLEY, SHARON M. FORMER OFFICER	40.00 0.00						X	557,318.	0.	85,329.
ZUROB M.D., ADEL S. DIRECTOR	40.00 0.00	X						540,901.	0.	95,200.
FRANCIS, JAMES R. DIRECTOR/ASST TREASURER	40.00 0.00	X		X				568,925.	0.	66,276.
POE, JOHN D. DIRECTOR	40.00 0.00	X						563,459.	0.	70,949.
HICKSON M.D., LATONYA J. DIRECTOR	40.00 0.00	X						558,714.	0.	69,486.
WILSON, JAMES D. CFO MCHS	40.00 0.00			X				551,879.	0.	73,274.
SHERRILL, TODD E. DIR/ASST SECY/ASST TREAS/TREAS/FORME	40.00 0.00	X		X				539,510.	0.	83,855.
VARELA M.D., NICOLE L. CHAIR, SEMN SPACE & CAPITAL	40.00 0.00				X			541,953.	0.	78,236.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAINE, NATALIE A. DIRECTOR/SECY	1.00 40.00	X		X				0.	553,593.	65,010.
CRAIG, JASON E. DIR/VP/SECY/REGIONAL CHAIR-ADMIN NW	40.00 0.00	X		X				416,697.	0.	42,947.
JOHNSON M.D., MARGARET M. DIRECTOR	40.00 0.00	X						532,905.	0.	82,652.
BARTLETT M.D., BRIAN N. VICE CHAIR-CLINICAL PRACTICE	40.00 0.00				X			543,841.	0.	63,403.
SADOSTY M.D., ANNIE T. FORMER OFFICER	0.00 40.00						X	0.	524,503.	80,912.
KRAHN M.D., LOIS E. FORMER OFFICER	40.00 0.00						X	515,132.	0.	89,428.
KHOOR M.D., ANDRAS FORMER KEY EMPLOYEE	40.00 0.00					X		562,536.	0.	38,645.
SAMKUTTY, BIJU T. COO INTERNATIONAL	40.00 0.00				X			519,212.	0.	68,588.
HASSE, CHRISTOPHER H. DIR/CAO MCHS/ASST SECY	40.00 0.00				X			523,037.	0.	54,624.
PORTER M.D., ALYX B. DIRECTOR	40.00 0.00	X						508,983.	0.	66,251.
KAMLITZ M.D., KENDRA E. DIRECTOR/CHAIR	40.00 0.00	X		X				508,369.	0.	62,822.
URUMOV M.D., ANDREJ CHAIR-DEPT OF EMERGENCY MED	40.00 0.00				X			506,097.	0.	63,695.
PECK M.D., ROBERT C. DIRECTOR/VICE CHAIR	40.00 0.00	X		X				477,755.	0.	84,772.
LUKE M.D., ANURADHA DIRECTOR	1.00 40.00	X						0.	475,610.	86,841.
RIGDON, ALICE W. DIRECTOR/TREASURER/CFO FL	40.00 0.00	X		X				514,094.	0.	46,129.
BRIEN M.D., AMY L. DIRECTOR	40.00 0.00	X						511,564.	0.	45,021.
FISHER D.O., LAURA A. DIRECTOR	40.00 0.00	X						517,562.	0.	38,903.
DEWITT M.D., JASON J. FORMER KEY EMPLOYEE	40.00 0.00						X	491,240.	0.	62,945.
OLMSTEAD D.O., MATTHEW J. PHYSICIAN	40.00 0.00				X			481,800.	0.	69,940.
KRIEN M.D., JOSEPH S. PHYSICIAN	40.00 0.00				X			468,958.	0.	80,000.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
VIRAMONTES, ALLISON L. DIRECTOR/TREASURER	40.00 0.00	X		X				475,607.	0.	68,921.
NORDSTROM M.D., CHARLES W. PHYSICIAN	40.00 0.00				X			454,141.	0.	84,461.
FAUBION M.D., STEPHANIE S. DIRECTOR	40.00 0.00	X						460,409.	0.	69,476.
MESCHIA M.D., JAMES F. DIRECTOR	40.00 0.00	X						440,533.	0.	84,719.
COSTAKOS M.D., DENNIS T. DIRECTOR	40.00 0.00	X						457,983.	0.	58,345.
HORVATH M.D., PAUL R. PHYSICIAN	40.00 0.00				X			437,173.	0.	70,388.
NOE M.D., KATHERINE H. DIRECTOR	40.00 0.00	X						422,004.	0.	75,859.
EZENAGU M.D., LEONARD C. DIRECTOR/SECY	40.00 0.00	X		X				412,101.	0.	84,257.
HOLTAN, DOUGLAS J. DIRECTOR/FORMER OFFICER	1.00 40.00	X		X				0.	456,677.	39,136.
HUBERT, SHERRY L. ASST SECY	40.00 0.00			X				404,237.	0.	91,421.
ODENIGBO M.D., CELESTINE DIRECTOR	40.00 0.00	X						429,538.	0.	65,513.
PETCH, CONNIE S. DIRECTOR	40.00 0.00	X						425,016.	0.	60,922.
PIGNOLO M.D., PH.D., ROBERT J. DIRECTOR/VICE CHAIR	1.00 40.00	X		X				0.	394,932.	88,354.
YOUNG M.D., TIMOTHY J. PHYSICIAN	40.00 0.00				X			392,452.	0.	90,238.
PRESUTTI D.O., RICHARD J. FORMER KEY EMPLOYEE	40.00 0.00						X	396,526.	0.	84,492.
ROBELIA M.D., PAUL M. DIRECTOR	1.00 40.00	X						0.	398,143.	80,549.
YUN M.D., BLENDIA FORMER KEY EMPLOYEE	40.00 0.00						X	405,660.	0.	72,503.
CAVINESS M.D., JOHN N. DIRECTOR	40.00 0.00	X						417,806.	0.	52,425.
KNUDSON, STEVE L. DIRECTOR	40.00 0.00	X						426,307.	0.	40,998.
BUSKIRK M.D., STEVEN J. FORMER OFFICER	0.00 40.00						X	58,515.	342,071.	4.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HOLMES, TINA E. FORMER KEY EMPLOYEE	40.00 0.00						X	379,384.	0.	76,052.
MANIACI M.D., MICHAEL J. DIRECTOR	40.00 0.00	X						390,285.	0.	64,422.
WHITED M.D., BRIAN L. DIR/PRESIDENT/CHAIR	40.00 0.00	X		X				363,677.	0.	86,284.
BUECHLER M.D., TAMARA E. DIRECTOR	1.00 40.00	X						0.	379,030.	70,565.
WRAY-RAABOLLE M.D., JASON T. DIRECTOR	40.00 0.00	X						368,953.	0.	77,480.
LANGBEHN D.O., JENNIFER M. DIRECTOR	40.00 0.00	X						361,447.	0.	80,294.
LIWONJO M.D., ANNE PHYSICIAN	40.00 0.00				X			378,336.	0.	60,659.
GOLDMAN, DANIEL S. ASST SECY	40.00 0.00			X				354,546.	0.	80,382.
BHAGRA M.D., SUMIT DIRECTOR	40.00 0.00	X						388,284.	0.	44,962.
BUNKERS M.D., BRIAN E. FORMER OFFICER	40.00 0.00						X	341,819.	0.	86,471.
ACKERMAN, FRANKLIN K. DIR/VP/ASSOC ADMIN/REG CHAIR-ADMIN N	40.00 0.00	X		X	X			343,499.	0.	83,483.
LENHART M.D., JILL PHYSICIAN	40.00 0.00				X			337,189.	0.	88,581.
CHUKWUDELUNZU SR., M.D., FELIX E. FORMER KEY EMPLOYEE	40.00 0.00						X	368,054.	0.	56,756.
MOLLING D.O., PAUL E. DIRECTOR/VICE CHAIR	40.00 0.00	X		X				341,793.	0.	77,237.
MERFELD M.D., JOHN FORMER KEY EMPLOYEE	40.00 0.00						X	341,773.	0.	77,194.
KORDUCKI M.D., JANE M. FORMER KEY EMPLOYEE	40.00 0.00						X	319,532.	0.	98,089.
FITZGERALD M.D., KEVIN FORMER KEY EMPLOYEE	40.00 0.00						X	344,490.	0.	73,100.
HERRMANN M.D., MARTIN J. DIRECTOR	40.00 0.00	X						331,598.	0.	85,633.
BORTNEM, MARK A. DIRECTOR/TREAS/CFO WI	40.00 0.00	X		X				331,400.	0.	85,354.
MYHRE M.D., KAREN K. DIRECTOR/VICE CHAIR	40.00 0.00	X		X				334,157.	0.	80,025.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHNSON M.D., DANIEL J. FORMER KEY EMPLOYEE	40.00 0.00						X	348,439.	0.	65,596.
BEHN M.D., JOSEPH R. FORMER KEY EMPLOYEE	40.00 0.00						X	351,761.	0.	60,709.
PRUTHI M.D., SANDHYA DIRECTOR	1.00 40.00	X						0.	337,961.	73,467.
FOSS M.D., RANDY M. DIRECTOR/VICE CHAIR	40.00 0.00	X		X				346,191.	0.	63,854.
KANUGA M.D., MANSI J. VICE CHAIR - CLINICAL PRACTICE	40.00 0.00				X			375,009.	0.	32,847.
MISRA M.D., ARTIKA VICE CHAIR-CLINICAL PRACTICE	40.00 0.00				X			335,237.	0.	66,245.
ADLEMAN, BREEANN M. DIRECTOR/ASST SECY	40.00 0.00	X		X				326,035.	0.	73,838.
GLENN, SEAN W. DIRECTOR/ASST SECY	40.00 0.00	X		X				325,585.	0.	74,250.
PAUL, TRAVIS C. DIR/SECY/TREAS/REGIONAL CHAIR-ADMIN	1.00 40.00	X		X				0.	338,578.	60,653.
EDWARDS M.D., BROOKS S. DIRECTOR	1.00 40.00	X						0.	364,679.	27,911.
HOLST, TANNER T. DIRECTOR/REGIONAL CHAIR-ADMIN SWWI	40.00 0.00	X		X				330,419.	0.	58,738.
CROCKETT, ERIC D. DIR/SECY/ASST SECY/REG CHAIR-ADMIN S	1.00 40.00	X		X				0.	317,328.	70,792.
BAUER M.D., BRENT A. DIRECTOR	1.00 40.00	X						0.	338,106.	47,861.
SKAAR M.D., PHILLIP J. DIRECTOR/CHAIR	40.00 0.00	X		X				310,696.	0.	71,780.
SLAMA D.O., TIMOTHY B. DIRECTOR/VICE CHAIR	40.00 0.00	X		X				320,330.	0.	60,417.
BERG, DAVID W. SITE ADMINISTRATOR	40.00 0.00				X			298,359.	0.	80,721.
WARIBOKO M.D., BRIAN I. DIRECTOR	40.00 0.00	X						317,249.	0.	56,781.
GALINDEZ JR., PETER ASST SECY/FORMER OFFICER	40.00 0.00			X				293,831.	0.	74,859.
NORDRUM, CHARLOTTE J. FORMER OFFICER	40.00 0.00						X	296,651.	0.	71,247.
MURPHY, MARIALENA DIRECTOR	40.00 0.00	X						283,290.	0.	74,604.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HORN M.D., JENNIFER L. DIRECTOR	1.00 40.00	X						0.	297,781.	59,848.
DEGEN, SUSANNE C. DIR/VICE CHAIR-ADMIN	40.00 0.00	X			X			304,805.	0.	49,797.
MELVIN, KEVIN B. ASST SECY	1.00 40.00			X				0.	280,404.	69,088.
HIRISAVE KRISHNA M.D., BIPINCHANDRA FORMER KEY EMPLOYEE	40.00 0.00						X	286,609.	0.	58,082.
HOLTZ M.D., CAROL P. FORMER OFFICER	0.00 40.00						X	0.	294,783.	48,536.
FORSTER M.D., JEREMY S. DIRECTOR	40.00 0.00	X						272,396.	0.	70,632.
AVIKAINEN, BRIDGET F. DIRECTOR/CHAIR/PRESIDENT	1.00 40.00	X		X				0.	281,106.	53,453.
ERICKSON, ERIC B. FORMER KEY EMPLOYEE	40.00 0.00						X	273,904.	0.	58,653.
PARKS, DOUGLAS A. FORMER OFFICER	0.00 40.00						X	0.	287,348.	41,401.
LEBRASSEUR, NATHAN K. DIRECTOR	1.00 40.00	X						0.	259,613.	65,323.
GROSS, TERA L. DIRECTOR	40.00 0.00	X						258,381.	0.	60,143.
MATTHIAS, MARK A. FORMER OFFICER	40.00 0.00						X	253,709.	0.	63,564.
DAVIS, AMY L. FORMER OFFICER	0.00 40.00						X	0.	251,076.	63,379.
FALLER M.D., ANNETTE PHYSICIAN	40.00 0.00				X			273,847.	0.	39,483.
HANSON, VICTORIA M. VICE CHAIR-ADMINISTRATION	40.00 0.00				X			252,201.	0.	61,061.
JANSSEN, JAMES J. ASST TREASURER	40.00 0.00			X				233,495.	0.	72,430.
CAPLAN, SHERRY M. VICE CHAIR-ADMINISTRATION	40.00 0.00				X			255,925.	0.	47,112.
ARCHER, LISA M. CHIEF NURSING OFFICER	40.00 0.00				X			243,331.	0.	57,260.
MEKALA, PRAVEEN ASST TREAS/FORMER OFFICER	40.00 0.00			X				238,409.	0.	54,395.
EIDE, DEAN B. DIR/VICE CHAIR-ADMIN	40.00 0.00	X			X			251,541.	0.	38,240.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LANZ, APRIL D. VICE CHAIR-ADMINISTRATION	40.00 0.00				X			232,449.	0.	57,079.
FLATTUM, BETHANIE L. TREAS/VICE CHAIR-ADMIN	40.00 0.00			X	X			228,820.	0.	59,491.
EBERLE, MICHELE R. DIR/VP/SECY/VICE CHAIR-ADMIN	40.00 0.00	X		X	X			241,687.	0.	43,402.
CLUNE M.D., CAROLINE G. FORMER KEY EMPLOYEE	40.00 0.00						X	235,293.	0.	48,591.
COGNETTA-RIEKE, CHERISTI M. CHIEF NURSING OFFICER	40.00 0.00				X			234,281.	0.	47,323.
MARTIN-KRAJEWSKI, CARIE A. VICE CHAIR-ADMINISTRATION	40.00 0.00				X			239,243.	0.	41,506.
AMEENUDDIN, M.D., NUSHEEN DIRECTOR	1.00 40.00	X						0.	241,145.	38,537.
MCCONNELL, LISA A. DIRECTOR	40.00 0.00	X						226,864.	0.	51,065.
HOWIE, GORDON C. FORMER KEY EMPLOYEE	40.00 0.00						X	226,194.	0.	51,098.
TRADEWELL, MATTHEW W. VICE CHAIR - ADMINISTRATION	40.00 0.00				X			226,482.	0.	48,655.
JOHNSON, CARLA J. FORMER OFFICER	40.00 0.00						X	226,278.	0.	47,652.
MORREY, MICHAEL A. FORMER OFFICER	40.00 0.00						X	213,772.	0.	52,104.
DRUCKER, PAUL E. DIRECTOR/CEO/PRESIDENT	1.00 40.00	X		X				0.	205,421.	59,465.
RUSTAD, CHRISTOPHER D. DIR/SECY/TREAS/FORMER OFFICER	1.00 40.00	X		X				0.	220,834.	42,893.
DALBELLO JR., ALBERT DIRECTOR/SECRETARY	40.00 0.00	X		X				202,297.	0.	61,053.
LONG, AMY K. DIRECTOR	40.00 0.00	X						217,142.	0.	43,801.
MCNEILL, STEVEN L. FORMER KEY EMPLOYEE	40.00 0.00						X	149,170.	0.	11,500.
LANZEL, TRICIA G. FORMER OFFICER	40.00 0.00						X	195,951.	0.	53,353.
BIKKANI, ABHI ASST SECY	40.00 0.00			X				225,200.	0.	23,988.
FINNEMAN KILLINGER, KAREN A. FORMER KEY EMPLOYEE	40.00 0.00						X	193,225.	0.	53,899.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BUCHHOLTZ, KELLY M. CHIEF NURSING OFFICER	40.00 0.00				X			197,847.	0.	45,817.
KEILMAN, DENA R. CHIEF NURSING OFFICER	40.00 0.00				X			190,159.	0.	51,986.
KUEHL M.D., MARY J. DIRECTOR/VICE CHAIR	40.00 0.00	X		X				175,051.	0.	57,747.
KUJAK-COON, HEATHER FORMER KEY EMPLOYEE	40.00 0.00						X	171,876.	0.	49,432.
MEYER, TIA J. FORMER KEY EMPLOYEE	40.00 0.00						X	186,566.	0.	33,036.
BOYUM, LISA L. TREASURER	40.00 0.00			X				172,256.	0.	46,853.
KOWAL D.O., GERALD K. FORMER KEY EMPLOYEE	40.00 0.00						X	140,331.	0.	50,233.
BELILES, GREGORY R. ASST SECY	40.00 0.00			X				170,708.	0.	47,317.
CHRISTOPHERSON, MARK CFO MN/TREAS/ASST TREAS	40.00 0.00			X				187,635.	0.	29,349.
GULDEN, CHRISTOPHER R. SECY	40.00 0.00			X				183,621.	0.	31,768.
MILLER, RICK R. CFO MN/TREAS/ASST TREAS	40.00 0.00			X				194,735.	0.	20,296.
BROWN, WILLIAM A. ASST TREASURER	40.00 0.00			X				174,083.	0.	36,325.
DOOLHOFF, ABRAHAM A. DIRECTOR	40.00 0.00	X						173,303.	0.	36,016.
SWENSON, LAURA L. DIRECTOR-NURSING HEALTH SVCS	40.00 0.00				X			169,896.	0.	35,608.
FEHMI, RASHID A. FORMER OFFICER	40.00 0.00						X	153,554.	0.	43,040.
BYRD M.D., JANE D. FORMER OFFICER	40.00 0.00						X	108,064.	0.	4.
FENNELL, THOMAS J. ASST SECY	40.00 0.00			X				145,142.	0.	42,879.
KRUMM, TARA L. DIRECTOR/SECY/TREAS	40.00 0.00	X		X				132,741.	0.	48,705.
HANSEN, JULIE S. FORMER OFFICER	40.00 0.00						X	140,071.	0.	12,000.
ZIETLOW M.D., SCOTT P. FORMER OFFICER	40.00 0.00						X	36,767.	67,291.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHNSON, RYAN R. DIRECTOR	1.00 40.00	X						0.	93,939.	27,979.
APOLO, AUSTERE DIRECTOR	1.00 0.00	X						0.	0.	0.
ARNTZ, SUSAN DIRECTOR	1.00 0.00	X						0.	0.	0.
BECKER, JOHN DIRECTOR/TREAS/CHAIR	1.00 0.00	X		X				0.	0.	0.
BENTS, IAN DIRECTOR	1.00 0.00	X						0.	0.	0.
BERGERON-BOWE, MELISSA DIRECTOR/SECRETARY	1.00 0.00	X		X				0.	0.	0.
BINSFELD, MATT DIRECTOR	1.00 0.00	X						0.	0.	0.
BOE, RUSSELL DIRECTOR	1.00 0.00	X						0.	0.	0.
BOHL, HEIDI DIRECTOR	1.00 0.00	X						0.	0.	0.
BORSHEIM, PAUL DIRECTOR	1.00 0.00	X						0.	0.	0.
BRANSTAD, PAT DIRECTOR	1.00 0.00	X						0.	0.	0.
CADMAN, BERWYN DIRECTOR	1.00 0.00	X						0.	0.	0.
CHRISTENSEN, SISTER GEORGIA DIRECTOR	1.00 0.00	X						0.	0.	0.
CLARK, DIANE DIRECTOR	1.00 0.00	X						0.	0.	0.
COFFEY, MARK DIRECTOR	1.00 0.00	X						0.	0.	0.
DURAND, KATHIE DIRECTOR	1.00 0.00	X						0.	0.	0.
ELSBERND, SISTER HELEN DIRECTOR/SECY	1.00 0.00	X		X				0.	0.	0.
GROVE, MICHAEL DIRECTOR	1.00 0.00	X						0.	0.	0.
HALOM, MARTIN DIRECTOR	1.00 0.00	X						0.	0.	0.
JACOBSON, ROSEMARY DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHNSON, HOLLY	1.00									
DIRECTOR/VICE PRESIDENT	0.00	X		X				0.	0.	0.
KASPER, JOHN	1.00									
DIRECTOR	0.00	X						0.	0.	0.
KING, MICHELLE	1.00									
DIRECTOR	0.00	X						0.	0.	0.
LANZER, LORI	1.00									
DIRECTOR	0.00	X						0.	0.	0.
LEGARE, GREG	1.00									
DIRECTOR	0.00	X						0.	0.	0.
LUCENTE, PAOLA	1.00									
DIRECTOR	0.00	X						0.	0.	0.
MARTIN, DOUG	1.00									
DIRECTOR	0.00	X						0.	0.	0.
MASON, SHARI	1.00									
DIRECTOR/PRESIDENT	0.00	X		X				0.	0.	0.
MATHY, SCOTT	1.00									
DIRECTOR	0.00	X						0.	0.	0.
MCGRAW, COLLEEN	1.00									
DIRECTOR	0.00	X						0.	0.	0.
MOUW, JEROMY J.	1.00									
DIRECTOR	0.00	X						0.	0.	0.
NIBAUR, MARK	1.00									
DIRECTOR	0.00	X						0.	0.	0.
OLIVER, TRACY	1.00									
DIRECTOR	0.00	X						0.	0.	0.
OLSON, BENJAMIN D.	1.00									
DIRECTOR/TREASURER	0.00	X		X				0.	0.	0.
PERRY, MICHAEL	1.00									
DIRECTOR	0.00	X						0.	0.	0.
RETFERFORD, KRISTINE S.	1.00									
DIRECTOR	0.00	X						0.	0.	0.
RIEBE, DANIEL	1.00									
DIRECTOR	0.00	X						0.	0.	0.
SANCHEZ, DAISEY	1.00									
DIRECTOR	0.00	X						0.	0.	0.
SCHMIDT, JAMES	1.00									
DIRECTOR	0.00	X						0.	0.	0.
SCHOENBAUER, BRAD	1.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	35,249.				
	c Fundraising events	1c					
	d Related organizations	1d	887,241,457.				
	e Government grants (contributions)	1e	105,558,676.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	72,965,654.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,065,801,036.			
Program Service Revenue			Business Code				
	2 a NET PATIENT REVENUE		620000	12,291,994,890.	12,284,445,837.	7,549,053.	
	b NET SHARED SERVICES		561000	195,315,741.	195,315,741.		
	c ROYALTY REVENUE		541900	127,080,695.	127,080,695.		
	d EDUCATION REVENUE		611600	40,347,518.	40,347,518.		
	e RESEARCH REVENUE		541700	582,114.	360,802.	221,312.	
	f All other program service revenue						
	g Total. Add lines 2a-2f			12,655,320,958.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			87,634,555.			87,634,555.
	4 Income from investment of tax-exempt bond proceeds			4,212.			4,212.
	5 Royalties						
	6 a Gross rents	6a	(i) Real (ii) Personal				
				4,299,671.	1,372,467.		
	b Less: rental expenses	6b		1,003,353.	0.		
	c Rental income or (loss)	6c		3,296,318.	1,372,467.		
	d Net rental income or (loss)			4,668,785.		1,372,467.	3,296,318.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
				3,681,745.	9,580,042.		
	b Less: cost or other basis and sales expenses	7b		4,830,843.	12,916,225.		
	c Gain or (loss)	7c		-1,149,098.	-3,336,183.		
	d Net gain or (loss)			-4,485,281.			-4,485,281.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		10,048,856.				
b Less: cost of goods sold	10b		4,832,972.				
c Net income or (loss) from sales of inventory			5,215,884.		2,880,201.	2,335,683.	
Miscellaneous Revenue			Business Code				
	11 a MISC. REVENUE		900099	82,926,074.	62,038,445.	20,541,798.	345,831.
	b MISC. CONSULTING		541610	41,133,735.	8,138,240.	31,831,152.	1,164,343.
	c CAFETERIA/VENDING		722310	30,526,500.	30,526,500.		
	d All other revenue		812930	1,998,332.	1,067,120.		931,212.
	e Total. Add lines 11a-11d			156,584,641.			
12 Total revenue. See instructions			13,970,744,790.	12,749,320,898.	64,395,983.	91,226,873.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,280,639,021.	2,280,639,021.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,324,693.	7,324,693.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,381,181.	1,381,181.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,851,293.	55,218,675.	47,022,305.	610,313.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	32,028,265.	29,321,522.	2,706,743.	
7 Other salaries and wages	4,431,204,272.	3,596,291,411.	833,990,596.	922,265.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	167,156,166.	104,381,149.	62,685,042.	89,975.
9 Other employee benefits	827,314,417.	666,829,027.	160,254,002.	231,388.
10 Payroll taxes	337,239,204.	275,760,077.	61,369,384.	109,743.
11 Fees for services (nonemployees):				
a Management				
b Legal	22,622,732.	3,830,415.	18,792,317.	
c Accounting	3,403,706.	1,195,437.	2,208,269.	
d Lobbying	1,827,655.	1,756,592.	71,063.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	135,000.	41,259.	93,741.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	885,727,320.	477,753,602.	407,960,641.	13,077.
12 Advertising and promotion	10,536,914.	1,124,339.	9,412,575.	
13 Office expenses	960,245,295.	905,231,487.	54,852,588.	161,220.
14 Information technology	151,574,678.	20,486,267.	131,088,201.	210.
15 Royalties	26,815,997.	663,952.	26,152,045.	
16 Occupancy	188,497,088.	120,408,155.	68,088,933.	
17 Travel	55,290,617.	43,734,320.	11,224,250.	332,047.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,207,345.	3,265,041.	939,750.	2,554.
20 Interest	114,018,403.	97,183,352.	16,835,051.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	455,759,599.	388,013,840.	67,745,759.	
23 Insurance	33,290,709.	31,384,513.	1,906,196.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	2,253,797,976.	2,253,797,976.		
b BAD DEBT EXPENSE	216,126,526.	216,116,945.	9,581.	
c UNRELATED BUSINESS TAX	3,992,191.	22,522.	3,969,669.	
d MEDICAID SURCHARGE	83,705,253.	83,705,253.		
e All other expenses	120,246,486.	107,059,248.	13,180,153.	7,085.
25 Total functional expenses. Add lines 1 through 24e	13,778,960,002.	11,773,921,271.	2,002,558,854.	2,479,877.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	890,024,469.	1	898,333,805.
	2 Savings and temporary cash investments	2,093,849.	2	1,869,471.
	3 Pledges and grants receivable, net	212,201,673.	3	194,000,300.
	4 Accounts receivable, net	1,671,089,039.	4	1,850,707,594.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	221,547,317.	7	209,415,586.
	8 Inventories for sale or use	206,317,423.	8	219,355,183.
	9 Prepaid expenses and deferred charges	159,809,564.	9	191,003,346.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,868,225,414.		
	b Less: accumulated depreciation	10b 5,023,955,801.		
		4,349,768,626.	10c	4,844,269,613.
	11 Investments - publicly traded securities	378,717,532.	11	469,717,558.
	12 Investments - other securities. See Part IV, line 11	1,110,922,102.	12	1,235,710,928.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	613,361.	14	613,361.
15 Other assets. See Part IV, line 11	5,424,287,222.	15	7,631,973,637.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,627,392,177.	16	17,746,970,382.	
Liabilities	17 Accounts payable and accrued expenses	2,542,064,373.	17	2,847,308,531.
	18 Grants payable		18	
	19 Deferred revenue	43,027,814.	19	51,974,448.
	20 Tax-exempt bond liabilities	604,412,829.	20	607,299,499.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	359,521.	21	31,006,987.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	71,394,871.	23	66,940,926.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,634,727,255.	25	6,083,400,934.
	26 Total liabilities. Add lines 17 through 25	6,895,986,663.	26	9,687,931,325.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,890,382,911.	27	7,215,158,213.
	28 Net assets with donor restrictions	841,022,603.	28	843,880,844.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	7,731,405,514.	32	8,059,039,057.
	33 Total liabilities and net assets/fund balances	14,627,392,177.	33	17,746,970,382.

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,970,744,790.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,778,960,002.
3	Revenue less expenses. Subtract line 2 from line 1	3	191,784,788.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,731,405,514.
5	Net unrealized gains (losses) on investments	5	131,724,810.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,123,945.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,059,039,057.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	☒
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	☒
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	☒
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	☒
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	☒

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 1
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
MCHS-SOUTHEAST MINNESOTA REGION	41-1404075	3	X		28,003.	
Total					28,003.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	222,673,897.	206,236,779.	483,384,865.	366,056,156.	462,872,395.	1741224092.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	222,673,897.	206,236,779.	483,384,865.	366,056,156.	462,872,395.	1741224092.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						118,500,205.
6 Public support. Subtract line 5 from line 4.						1622723887.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	222,673,897.	206,236,779.	483,384,865.	366,056,156.	462,872,395.	1741224092.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,447,811.	20,219,184.	34,277,745.	15,312,280.	14,843,965.	108,100,985.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	212,410.	3,079,355.	1,074,302.	19,116.	130,912.	4,516,095.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1853841172.
12 Gross receipts from related activities, etc. (see instructions)					12	3,871,396,948.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	87.53 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.35 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		☒
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
		☐
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		☐
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
		☐

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

PART I: REASON FOR PUBLIC CHARITY STATUS

BOX 3 OF PART I IS CHECKED AS TEN OF THE SEVENTEEN SUBORDINATES ARE

CLASSIFIED AS HOSPITALS.

TWO OF THE REMAINING SUBORDINATES ARE CLASSIFIED AS ORGANIZATIONS THAT

NORMALLY RECEIVES A SUBSTANTIAL PART OF THEIR SUPPORT FROM GOVERNMENT

UNITS OR THE GENERAL PUBLIC. PART II, SECTION A (PUBLIC SUPPORT

SCHEDULE) WAS COMPLETED FOR THESE SUBORDINATES.

FOUR OF THE REMAINING SUBORDINATES ARE CLASSIFIED AS ORGANIZATIONS THAT

NORMALLY RECEIVE: (1) MORE THAN 33 1/3% OF ITS SUPPORT FROM

CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES

RELATED TO ITS EXEMPT FUNCTIONS, AND (2) NO MORE THAN 33 1/3% OF ITS

SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE

INCOME (SEE SECTION 509(A) (2)).

ONE OF THE REMAINING SUBORDINATES IS CLASSIFIED AS A TYPE I SUPPORTING

ORGANIZATIONS. A SUPPORTING ORGANIZATION OPERATED, SUPERVISED, OR

CONTROLLED BY ITS SUPPORTED ORGANIZATION(S), TYPICALLY BY GIVING THE

SUPPORTED ORGANIZATION(S) THE POWER TO REGULARLY APPOINT OR ELECT A

MAJORITY OF THE DIRECTORS OR TRUSTEES OF THE SUPPORTING ORGANIZATION.

TAX SOFTWARE DOES NOT ALLOW PART II, PART III AND PART IV TO ALL BE

COMPLETED, AND THUS PART III (PUBLIC SUPPORT SCHEDULE) AND PART IV

SECTION A AND B (SUPPORTING ORGANIZATIONS) ARE PROVIDED BELOW FOR THE

FOUR SUBORDINATES REQUIRED TO COMPLETE PART III AND THE ONE SUBORDINATE

REQUIRED TO COMPLETE PART IV.

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

PART II: SUPPORT SCHEDULE FOR ORGANIZATIONS DESCRIBED IN 170(B)(1)(A)(VI)

BLOOMER LAKEVIEW, INC. IS A SUBORDINATE ORGANIZATION INCLUDED IN THE

MAYO CLINIC GROUP RETURN BEGINNING TAX YEAR 2020 AND IS A PUBLIC

CHARITY AS AN ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PART OF

ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC.

BLOOMER LAKEVIEW, INC. CHANGED THEIR ACCOUNTING PERIOD FROM A SEPTEMBER

YEAR-END TO A DECEMBER YEAR-END BY FILING A SHORT-PERIOD RETURN FOR THE

PERIOD OCTOBER 1, 2019 TO DECEMBER 31, 2019. AS SUCH, THEIR 5-YEAR

COMPUTATION PERIOD FOR THEIR PART II SUPPORT SCHEDULE INCLUDES A SHORT

YEAR.

PART III: SUPPORT SCHEDULE FOR ORGANIZATIONS DESCRIBED IN 509(A)(2)

PART III: SUPPORT SCHEDULE

SECTION A. PUBLIC SUPPORT

CALENDAR YEAR (A) 2019

LINE 1: 2,202,904

LINE 2: 2,029,169,779

LINE 3: 127,489

LINE 4: 0

LINE 5: 0

LINE 6: 2,031,500,172

LINE 7A: 0

LINE 7B: 0

LINE 7C: 0

LINE 8: 2,031,500,172

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SECTION B. TOTAL SUPPORT

CALENDAR YEAR (A) 2019

LINE 9: 2,031,500,172

LINE 10A: 33,736,143

LINE 10B: 2,398,473

LINE 10C: 36,134,616

LINE 11: 0

LINE 12: 0

LINE 13: 2,067,634,788

SECTION A. PUBLIC SUPPORT

CALENDAR YEAR (B) 2020

LINE 1: 3,177,838

LINE 2: 2,002,811,664

LINE 3: 30,906

LINE 4: 0

LINE 5: 0

LINE 6: 2,006,020,408

LINE 7A: 0

LINE 7B: 0

LINE 7C: 0

LINE 8: 2,006,020,408

SECTION B. TOTAL SUPPORT

CALENDAR YEAR (B) 2020

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

LINE 9: 2,006,020,408

LINE 10A: 12,186,475

LINE 10B: 3,299,978

LINE 10C: 15,486,453

LINE 11: 0

LINE 12: 0

LINE 13: 2,021,506,861

SECTION A. PUBLIC SUPPORT

CALENDAR YEAR (C) 2021

LINE 1: 2,617,791

LINE 2: 2,328,001,100

LINE 3: 36,687

LINE 4: 0

LINE 5: 0

LINE 6: 2,330,655,578

LINE 7A: 0

LINE 7B: 0

LINE 7C: 0

LINE 8: 2,330,655,578

SECTION B. TOTAL SUPPORT

CALENDAR YEAR (C) 2021

LINE 9: 2,330,655,578

LINE 10A: 19,593,093

LINE 10B: 4,958,499

LINE 10C: 24,551,592

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

LINE 11: 0

LINE 12: 0

LINE 13: 2,355,207,170

SECTION A. PUBLIC SUPPORT

CALENDAR YEAR (D) 2022

LINE 1: 12,682,799

LINE 2: 2,378,202,265

LINE 3: 11,894

LINE 4: 0

LINE 5: 0

LINE 6: 2,390,896,958

LINE 7A: 0

LINE 7B: 0

LINE 7C: 0

LINE 8: 2,390,896,958

SECTION B. TOTAL SUPPORT

CALENDAR YEAR (D) 2022

LINE 9: 2,390,896,958

LINE 10A: 29,104,787

LINE 10B: 0

LINE 10C: 29,104,787

LINE 11: 0

LINE 12: 0

LINE 13: 2,420,001,745

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SECTION A. PUBLIC SUPPORT

CALENDAR YEAR (E) 2023

LINE 1: 281,331,664

LINE 2: 2,501,750,847

LINE 3: 0

LINE 4: 0

LINE 5: 0

LINE 6: 2,783,082,511

LINE 7A: 0

LINE 7B: 0

LINE 7C: 0

LINE 8: 2,783,082,511

SECTION B. TOTAL SUPPORT

CALENDAR YEAR (E) 2023

LINE 9: 2,783,082,511

LINE 10A: 43,864,567

LINE 10B: 0

LINE 10C: 43,864,567

LINE 11: 0

LINE 12: 0

LINE 13: 2,826,947,078

SECTION A. PUBLIC SUPPORT

CALENDAR YEAR (F) TOTAL

LINE 1: 302,012,996

LINE 2: 11,239,935,655

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

LINE 3: 206,976

LINE 4: 0

LINE 5: 0

LINE 6: 11,542,155,627

LINE 7A: 0

LINE 7B: 0

LINE 7C: 0

LINE 8: 11,542,155,627

SECTION B. TOTAL SUPPORT

CALENDAR YEAR (F) TOTAL

LINE 9: 11,542,155,627

LINE 10A: 138,485,065

LINE 10B: 10,656,950

LINE 10C: 149,142,015

LINE 11: 0

LINE 12: 0

LINE 13: 11,691,297,642

LINE 15 PUBLIC SUPPORT PERCENTAGE FOR 2023: 98.72%

LINE 16 PUBLIC SUPPORT PERCENTAGE FOR 2022: 98.77%

LINE 17 INVESTMENT INCOME PERCENTAGE FOR 2023: 1.28%

LINE 18 INVESTMENT INCOME PERCENTAGE FOR 2022: 1.22%

LINE 19A X

PART IV: SUPPORTING ORGANIZATIONS

PART IV, SECTION A - ALL SUPPORTING ORGANIZATIONS

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	YES	NO
1	X	
2		X
3A		X
4A		X
5A		X
6		X
7		X
8		X
9A		X
9B		X
9C		X
10A		X
11A		X
11B		X
11C		X

PART IV, SECTION B - TYPE I SUPPORTING ORGANIZATIONS

	YES	NO
1	X	
2		X

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
MAYO CLINIC GROUP RETURN	38-3952644

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 885,110,068.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 85,833,962.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 6,677,975.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 1,009,100.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 451,876.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 302,681.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 255,935.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 204,202.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 168,470.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 158,638.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 150,920.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		\$ 116,665.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 100,242.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		\$ 59,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		\$ 53,978.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		\$ 32,223.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		\$ 28,003.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 18,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		\$ 14,851.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		\$ 7,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		\$ 5,090.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

38-3952644

Part II

[illegible]

Name of organization	Employer identification number
MAYO CLINIC GROUP RETURN	38-3952644

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990	LINE H(B) - LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN	STATEMENT	1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
CHARTERHOUSE, INC.	200 FIRST STREET SW - ROCHESTER, MN 55905	41-1405254
MAYO CLINIC AMBULANCE	200 FIRST STREET SW - ROCHESTER, MN 55905	41-1917516
LUTHER LAKESIDE APARTMENTS, INC.	P.O. BOX 1510 - EAU CLAIRE, WI 54702	39-1409024
MAYO CLINIC ARIZONA	13400 EAST SHEA BLVD - SCOTTSDALE, AZ 85259	86-0800150
MAYO CLINIC FLORIDA	4500 SAN PABLO ROAD - JACKSONVILLE, FL 32224	59-0714831
MAYO CLINIC HEALTH SYSTEM - AUSTIN FOUNDATION	1000 FIRST DRIVE N.W. - AUSTIN, MN 55912	30-0107471
MAYO CLINIC HEALTH SYSTEM - FAIRMONT	800 MEDICAL CENTER DRIVE - FAIRMONT, MN 56031	41-0760836
MAYO CLINIC HEALTH SYSTEM - SOUTHWEST WISCONSIN REGION, INC.	700 WEST AVE SOUTH - LA CROSSE, WI 54601	39-0806374
MAYO CLINIC HEALTH SYSTEM - LAKE CITY	500 WEST GRANT STREET - LAKE CITY, MN 55041	41-1906820
MAYO CLINIC HEALTH SYSTEM - NORTHWEST WISCONSIN REGION, INC.	1221 WHIPPLE STREET - EAU CLAIRE, WI 54703	39-0813418
MAYO CLINIC HEALTH SYSTEM - SOUTHEAST MINNESOTA REGION	1000 FIRST DRIVE N.W. - AUSTIN, MN 55912	41-1404075
MAYO CLINIC HEALTH SYSTEM - SOUTHWEST MINNESOTA REGION	1025 MARSH STREET - MANKATO, MN 56002	41-1236756
MAYO CLINIC HEALTH SYSTEM - ST. JAMES	1101 MOULTON & PARSONS - ST. JAMES, MN 56081	41-0797368
MAYO CLINIC HOSPITAL - ROCHESTER	200 FIRST STREET S.W. - ROCHESTER, MN 55905	41-0944601
MAYO CLINIC JACKSONVILLE	4500 SAN PABLO ROAD - JACKSONVILLE, FL 32224	59-3337028

MAYO FOUNDATION FOR MEDICAL
EDUCATION & RESEARCH

200 FIRST STREET SW -
ROCHESTER, MN 55905

41-1506440

BLOOMER LAKEVIEW, INC.

2110 DUNCAN ROAD - BLOOMER, WI
54724

39-1450617

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$ _____

3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,385,330.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
i Other activities?	X		442,325.
j Total. Add lines 1c through 1i			1,827,655.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING 2023, MAYO CLINIC (MAYO) OFFICIALS HAD MEETINGS AND CONTACTS

WITH FEDERAL AND STATE GOVERNMENT OFFICIALS, INCLUDING MEMBERS OF

CONGRESS, STATE LEGISLATURES, AND RESPECTIVE EXECUTIVE BRANCH OFFICIALS

TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS AND PROPOSED

LEGISLATION. THESE DISCUSSIONS AND MEETINGS WERE HELD IN ROCHESTER, MN

Part IV Supplemental Information (continued)

AS WELL AS WASHINGTON, D.C., ST. PAUL, MN AND OTHER MAYO CLINIC SITE

LOCATIONS. IN ADDITION, MAYO SENT CORRESPONDENCE TO MEMBERS, STAFF AND

OTHER GOVERNMENT OFFICIALS OUTLINING MAYO'S POSITIONS AND

RECOMMENDATIONS ON LEGISLATION AND PROPOSED REGULATIONS.

MAYO PROVIDES INFORMATION OR EXPRESSES ITS CONCERN TO LEGISLATIVE

BODIES AND GOVERNMENT OFFICIALS ON MATTERS DIRECTLY RELATED TO HEALTH,

THE DELIVERY OF HEALTH CARE AND MEDICAL EDUCATION AND/OR RESEARCH. IN

2023, MAYO REPRESENTATIVES HAD SEVERAL MEETINGS WITH MEMBERS OF THE

LEGISLATIVE AND EXECUTIVE BRANCHES OF GOVERNMENT TO DISCUSS ISSUES

RELATING TO PATIENT CARE, EDUCATION AND RESEARCH.

IN ADDITION TO CORRESPONDENCE, MAYO EXPRESSES ITS PERSPECTIVE ON POLICY

ISSUES VIA EDITORIALS AND IN RESPONSES TO MEDIA INQUIRIES.

ON OCCASION, MAYO'S POLICY PERSPECTIVE MAY BE INCLUDED IN THE SPEECH

CONTENT OF MAYO LEADERS.

THE MAJORITY OF EXPENSES RELATED TO LOBBYING ARE INCURRED BY MAYO

FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (MFMER), AN AFFILIATED

SUPPORT ORGANIZATION OF MAYO CLINIC.

IN 2023, THE EXPENSES ASSOCIATED WITH THE ABOVE LOBBYING ACTIVITIES

ON BEHALF OF MAYO CLINIC (THE PARENT ORGANIZATION) WHICH ARE INCLUDED

IN THIS FORM 990 ARE \$877,958.

SCHEDULE C PART II-B LINE 1I

THE AMOUNT IN OTHER ACTIVITIES REPRESENTS A PORTION OF PROFESSIONAL

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☒ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 201.
d Additions during the year	1d 101.
e Distributions during the year	1e 302.
f Ending balance	1f 0.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	741,288,232.	821,928,557.	668,818,281.	581,677,751.	643,594,273.
b Contributions	7,306,512.	14,433,807.	17,295,453.	15,205,665.	24,924,499.
c Net investment earnings, gains, and losses	66,169,941.	-74,772,907.	160,134,563.	88,044,445.	78,187,578.
d Grants or scholarships					
e Other expenditures for facilities and programs	32,161,182.	20,301,225.	24,319,740.	16,109,580.	165,028,599.
f Administrative expenses					
g End of year balance	782,603,503.	741,288,232.	821,928,557.	668,818,281.	581,677,751.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 38.6000 %

b Permanent endowment 40.6200 %

c Term endowment 20.7800 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		341,479,943.		341,479,943.
b Buildings		5,677,457,495.	2,956,015,635.	2,721,441,860.
c Leasehold improvements				
d Equipment		2,923,104,345.	2,067,940,166.	855,164,179.
e Other		926,183,631.		926,183,631.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,844,269,613.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MAYO POOLED INVESTMENTS	1,221,263,202.	END-OF-YEAR MARKET VALUE
(B) QUALIFIED PENSION PLAN	14,447,726.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,235,710,928.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	7,378,083,647.
(2) ART	420,000.
(3) CONTRIBUTED ASSETS PENDING DISPOSAL	1,558,455.
(4) GIFT ANNUITIES	116,210,708.
(5) OTHER LONG TERM ASSETS	61,292,649.
(6) TRUSTS	7,655,475.
(7) TECH BASED VENTURES	65,423,915.
(8) BOND RELATED INVESTMENTS	880.
(9) ASSETS HELD BY TRUSTEES	23,958.
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,631,973,637.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	6,083,400,934.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,083,400,934.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☒

Schedule D (Form 990) 2023

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

MAYO CLINIC AND ITS AFFILIATES PERIODICALLY RECEIVE WORKS OF ART FROM

VARIOUS BENEFACTORS. THESE ITEMS ARE UNIQUE IN NATURE AND ARE HELD ON

DISPLAY FOR THE BENEFIT AND ENJOYMENT OF MAYO'S PATIENTS. IT IS MAYO'S

POLICY TO NEITHER CAPITALIZE CONTRIBUTED WORKS OF ART, NOR RECORD THE

RELATED CONTRIBUTION REVENUE. IN THE RARE OCCURRENCE THAT MAYO CLINIC AND

ITS AFFILIATES COMMISSION ART; IT IS REFLECTED AS AN EXPENSE OR ON THE

BALANCE SHEET.

PART III, LINE 4:

SINCE ITS INCEPTION, MAYO HAS USED ART, ARCHITECTURE AND BEAUTY IN ITS

SURROUNDINGS TO ADDRESS THE SPIRITUAL ASPECTS OF MEDICAL CARE. BENEFACTOR

Part XIII Supplemental Information *(continued)*

GIFTS FROM PATIENTS, FRIENDS, EMPLOYEES OR ALUMNI HELP MAYO SUPPORT THE

ACQUISITION OF ART USED TO HUMANIZE THE MEDICAL ENVIRONMENT AND COMPLEMENT

THE BELIEF THAT RESTORING THE MIND AND SPIRIT IS AN IMPORTANT PART OF

MAKING THE BODY WELL. WORKS OF ART DISPLAYED ACROSS THE MAYO CAMPUSES

PROVIDE BEAUTY, PRESERVATION OF HERITAGE AND RESPECT FOR THE DIVERSITY OF

PATIENTS, VISITORS AND STAFF.

PART IV, LINE 1B:

NURSING HOME RESIDENT FUNDS

PART IV, LINE 2B:

RESIDENT SECURITY DEPOSITS

PART V, LINE 4:

THE ENDOWMENT FUNDS PROVIDE A STABLE FUNDING SOURCE FOR PATIENT, RESEARCH,

AND EDUCATION PROGRAMS.

PART X, LINE 2:

AT DECEMBER 31, 2023 AND 2022, THE RESERVE FOR UNRECOGNIZED TAX BENEFITS

WAS NOT SIGNIFICANT, AND AS A RESULT, THERE IS NO RESERVE FOR UNRECOGNIZED

TAX BENEFITS RECORDED FOR THE SUBORDINATE ORGANIZATIONS WITHIN THE GROUP

RETURN FILING.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	126	TRAVEL		286,146.
EAST ASIA AND THE PACIFIC	0	197	TRAVEL		2,079,147.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	671	TRAVEL		3,454,995.
MIDDLE EAST AND NORTH AFRICA	0	100	TRAVEL		625,593.
NORTH AMERICA	0	333	TRAVEL		631,785.
RUSSIA AND THE NEIGHBORING STATES	0	4	TRAVEL		20,316.
SOUTH AMERICA	0	91	TRAVEL		473,484.
SOUTH ASIA	0	44	TRAVEL		534,093.
3 a Subtotal	0	1566			8,105,559.
b Total from continuation sheets to Part I	2	123			19,307,661.
c Totals (add lines 3a and 3b)	2	1689			27,413,220.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2023

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	48	TRAVEL		291,399.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PATIENT CARE	0.
NORTH AMERICA	0	0	PROGRAM SERVICES	PATIENT CARE	0.
MIDDLE EAST AND NORTH AFRICA	0	56	PROGRAM SERVICES	PATIENT CARE	0.
NORTH AMERICA	1	1	PROGRAM SERVICES	ARRANGE APPOINTMENTS, TRAVEL, ETC	347,490.
SOUTH ASIA	0	0	PROGRAM SERVICES	ARRANGE APPOINTMENTS, TRAVEL, ETC	35,269.
NORTH AMERICA	0	0	PROGRAM SERVICES	CONSULTING	0.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		14,599,885.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		3,079,174.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		355,344.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	INVESTMENTS		200,000.
SOUTH ASIA	0	0	INVESTMENTS		200,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	3	UNRELATED BUSINESS ACTIVITY	REFERENCE LAB SALES & MARKETING	0.
EAST ASIA AND THE PACIFIC	1	3	UNRELATED BUSINESS ACTIVITY	REFERENCE LAB SALES & MARKETING	70,851.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	UNRELATED BUSINESS ACTIVITY	REFERENCE LAB SALES & MARKETING	0.
MIDDLE EAST AND NORTH AFRICA	0	3	UNRELATED BUSINESS ACTIVITY	REFERENCE LAB SALES & MARKETING	48,151.
NORTH AMERICA	0	5	UNRELATED BUSINESS ACTIVITY	REFERENCE LAB SALES & MARKETING	14,334.
SOUTH AMERICA	0	3	UNRELATED BUSINESS ACTIVITY	REFERENCE LAB SALES & MARKETING	65,764.
Totals	2	123			19,307,661.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RESEARCH SUBAWARDS	187,051.	CHECK, ELECTRONIC	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH SUBAWARDS	85,122.	CHECK, ELECTRONIC	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH SUBAWARDS	37,400.	CHECK, ELECTRONIC	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH SUBAWARDS	216,559.	CHECK, ELECTRONIC	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH SUBAWARDS	8,858.	CHECK, ELECTRONIC	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH SUBAWARDS	100,201.	CHECK, ELECTRONIC	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBAWARDS	18,765.	CHECK, ELECTRONIC	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBAWARDS	100,595.	CHECK, ELECTRONIC	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 23

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBAWARDS	157,124.	CHECK, ELECTRONIC	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBAWARDS	6,845.	CHECK, ELECTRONIC	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBAWARDS	2,400.	CHECK, ELECTRONIC	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBAWARDS	11,840.	CHECK, ELECTRONIC	0.		
		NORTH AMERICA	RESEARCH SUBAWARDS	127,395.	CHECK, ELECTRONIC	0.		
		NORTH AMERICA	RESEARCH SUBAWARDS	23,085.	CHECK, ELECTRONIC	0.		
		NORTH AMERICA	RESEARCH SUBAWARDS	26,755.	CHECK, ELECTRONIC	0.		
		NORTH AMERICA	RESEARCH SUBAWARDS	22,030.	CHECK, ELECTRONIC	0.		
		NORTH AMERICA	RESEARCH SUBAWARDS	40,165.	CHECK, ELECTRONIC	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH SUBAWARDS	5,370.	CHECK, ELECTRONIC	0.		
		NORTH AMERICA	RESEARCH SUBAWARDS	20,390.	CHECK, ELECTRONIC	0.		
		NORTH AMERICA	RESEARCH SUBAWARDS	117,704.	CHECK, ELECTRONIC	0.		
		NORTH AMERICA	RESEARCH SUBAWARDS	57,350.	CHECK, ELECTRONIC	0.		
		SUB-SAHARAN AFRICA	RESEARCH SUBAWARDS	4,170.	CHECK, ELECTRONIC	0.		
		SUB-SAHARAN AFRICA	RESEARCH SUBAWARDS	3,823.	CHECK, ELECTRONIC	0.		

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990) ☒ Yes ☐ No

Schedule F (Form 990) 2023

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

FEDERAL AWARDS THAT ARE SUBCONTRACTED TO OTHER ORGANIZATIONS ARE

REGULARLY MONITORED BY THE FILING ORGANIZATION FOR COMPLIANCE WITH EITHER

THE FEDERAL REGULATIONS AND/OR THE CONTRACT PROVISIONS. SEE ALSO

SCHEDULE I, PART IV FOR ADDITIONAL INFORMATION ON PROCEDURES FOR

MONITORING THE USE OF GRANT FUNDS AS THE SAME PROCEDURES APPLY TO

DOMESTIC AND FOREIGN GRANTS.

GENERAL INFORMATION ON ACTIVITIES OUTSIDE THE UNITED STATES IS REPORTED

BASED ON WHERE PAYMENTS WERE REMITTED. OUR CURRENT REPORTING SYSTEM DOES

NOT TRACK ACTIVITIES OUTSIDE THE UNITED STATES BY LOCATION OF SERVICE.

PART I, LINE 3:

ACCRUAL METHOD

PART IV - FILING OF CERTAIN FOREIGN FORMS

DISCLOSURE STATEMENT RELATED TO FORMS 5713:

FOR TAX YEAR 2023, FORM 5713 HAS BEEN FILED BY THE FOLLOWING MEMBERS OF

THE CONTROLLED GROUP:

MAYO CLINIC (EIN: 41-6011702)

MAYO COLLABORATIVE SERVICES, INC (EIN: 41-1346366)

MAYO CLINIC ARIZONA (EIN: 86-0800150)

MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (EIN: 41-1506440)

DISCLOSURE STATEMENT RELATED TO FORMS 5471:

UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B),

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U.S.

PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 4

AND 5 FILER WITH RESPECT TO THE CONTROLLED FOREIGN CORPORATIONS (CFCS).

THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING

OF FORMS 5471 FOR THESE CFCS BY OTHER U.S. TAXPAYERS IDENTIFIED BELOW

WHO HAVE THE SAME FILING REQUIREMENT.

TAXPAYER NAME: MAYO CLINIC

ADDRESS: 200 FIRST STREET SW, ROCHESTER, MN 55905

ID NUMBER OF U.S. TAX RETURN WITH FORMS 5471 WAS FILED: 41-6011702

IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: OGDEN,

UT

TAXPAYER NAME: MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH

ADDRESS: 200 FIRST STREET SW, ROCHESTER, MN 55905

ID NUMBER OF U.S. TAX RETURN WITH FORMS 5471 WAS FILED: 41-1506440

IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: OGDEN,

UT

DISCLOSURE STATEMENT RELATED TO FORMS 8865:

UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B),

THE TAXPAYER IS REQUIRED TO FILE FORMS 8865, INFORMATION RETURN OF U.S.

PERSONS WITH RESPECT TO CERTAIN FOREIGN PARTNERSHIPS (CFPS), AS A

CATEGORY 2 AND 3 FILER. THESE FILING REQUIREMENTS ARE OR WILL BE

SATISFIED THROUGH THE FILING OF FORMS 8865 FOR THESE PARTNERSHIPS BY

OTHER U.S. TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING

REQUIREMENT.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

TAXPAYER NAME: MAYO CLINIC

ADDRESS: 200 FIRST STREET SW, ROCHESTER, MN 55905

ID NUMBER OF U.S. TAX RETURN WITH FORMS 5471 WAS FILED: 41-6011702

IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: OGDEN,

UT

**SCHEDULE H
(Form 990)**Department of the Treasury
Internal Revenue Service**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			37,841,989.		37,841,989.	.28%
b Medicaid (from Worksheet 3, column a)			768,844,899.	465,926,623.	302,918,276.	2.23%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			806,686,888.	465,926,623.	340,760,265.	2.51%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,471,846.	289.	3,471,557.	.03%
f Health professions education (from Worksheet 5)			177,726,222.	37,342,188.	140,384,034.	1.04%
g Subsidized health services (from Worksheet 6)			591,249,975.	432,328,537.	158,921,438.	1.17%
h Research (from Worksheet 7)			269,590,252.	167,644,928.	101,945,324.	.75%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			13,246,291.		13,246,291.	.10%
j Total. Other Benefits			1055284586.	637,315,942.	417,968,644.	3.09%
k Total. Add lines 7d and 7j			1861971474.	1103242565.	758,728,909.	5.60%

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

332091 12-26-23

Schedule H (Form 990) 2023

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 19

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 MAYO CLINIC HOSPITAL ROCHESTER 1216 2ND STREET SW ROCHESTER, MN 55905 WWW.MAYOCLINIC.ORG STLIC:00428 MAYO CLINIC HOSPITAL ROCHESTER EIN:41-0944601	X	X	X	X		X	X			D
2 MCHS IN LA CROSSE 700 WEST AVENUE SOUTH LA CROSSE, WI 54601-4796 WWW.MAYOCLINIC.ORG STLIC:24 MCHS FRANCISCAN MEDICAL CENTER EIN:39-0806374	X	X		X			X		CANCER & SURGERY CENTER	A
3 MAYO CLINIC HOSPITAL IN FLORIDA 4500 SAN PABLO ROAD S JACKSONVILLE, FL 32224 WWW.MAYOCLINIC.ORG STLIC:4493 MAYO CLINIC FLORIDA EIN:59-0714831	X	X		X			X			D
4 MCHS IN EAU CLAIRE 1221 WHIPPLE STREET EAU CLAIRE, WI 54703 WWW.MAYOCLINIC.ORG STLIC:48 MCHS NORTHWEST WISCONSIN REGION INC EIN:39-0813418	X	X					X			A
5 MCHS IN MANKATO 1025 MARSH STREET MANKATO, MN 56001 WWW.MAYOCLINIC.ORG STLIC:00033 MCHS SOUTHWEST MINNESOTA REGION EIN:41-1236756	X	X		X			X		CLINIC	A
6 MAYO CLINIC HOSPITAL IN ARIZONA 5777 EAST MAYO BOULEVARD PHOENIX, AZ 85054 WWW.MAYOCLINIC.ORG STLIC:H2027 MAYO CLINIC ARIZONA EIN:86-0800150	X	X		X			X		CLINIC, RESEARCH	D
7 MCHS IN ALBERT LEA AND AUSTIN 1000 FIRST DRIVE NORTHWEST AUSTIN, MN 55912 WWW.MAYOCLINIC.ORG STLIC:00920 MCHS SOUTHEAST MINNESOTA REGION EIN:41-1404075	X	X					X		CLINIC	B
8 MCHS IN FAIRMONT 800 MEDICAL CENTER DRIVE FAIRMONT, MN 56031 WWW.MAYOCLINIC.ORG STLIC:00359 MCHS IN FAIRMONT EIN:41-0760836	X	X					X		CLINIC	A
9 MCHS IN RED WING 701 HEWITT BOULEVARD RED WING, MN 55066 WWW.MAYOCLINIC.ORG STLIC:21423 MCHS SOUTHEAST MINNESOTA REGION EIN:41-1404075	X	X					X		CLINIC	C
10 MCHS IN NEW PRAGUE 301 2ND STREET NORTHEAST NEW PRAGUE, MN 56071 WWW.MAYOCLINIC.ORG STLIC:00607 MCHS SOUTHWEST MINNESOTA REGION EIN:41-1236756	X	X			X		X			A

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? _____

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
11 MCHS IN WASECA 501 NORTH STATE STREET WASECA, MN 56093 WWW.MAYOCLINIC.ORG STLIC:00908 MCHS SOUTHWEST MINNESOTA REGION EIN:41-1236756	X	X			X		X		CLINIC	A
12 MCHS IN BARRON 1222 EAST WOODLAND AVE. BARRON, WI 54812 WWW.MAYOCLINIC.ORG STLIC:1018 MCHS NORTHWEST WISCONSIN REGION INC EIN:39-0813418	X	X			X		X		CLINIC	A
13 MCHS IN BLOOMER 1501 THOMPSON STREET BLOOMER, WI 54724 WWW.MAYOCLINIC.ORG STLIC:1017 MCHS NORTHWEST WISCONSIN REGION INC EIN:39-0813418	X	X			X		X		CLINIC	A
14 MCHS IN MENOMONIE 2321 STOUT ROAD MENOMONIE, WI 54751 WWW.MAYOCLINIC.ORG STLIC:1044 MCHS NORTHWEST WISCONSIN REGION INC EIN:39-0813418	X	X			X		X		CLINIC	B
15 MCHS IN SPARTA 310 WEST MAIN STREET SPARTA, WI 54656-2142 WWW.MAYOCLINIC.ORG STLIC:1009 MCHS FRANCISCAN MEDICAL CENTER EIN:39-0806374	X	X			X			X	CLINIC	A
16 MCHS IN ST. JAMES 1101 MOULTON & PARSONS DRIVE ST. JAMES, MN 56081 WWW.MAYOCLINIC.ORG STLIC:00698 MCHS IN ST. JAMES EIN:41-0797368	X	X			X		X		CLINIC	A
17 MCHS IN OSSEO 13025 8TH STREET OSSEO, WI 54758 WWW.MAYOCLINIC.ORG STLIC:1003 MCHS NORTHWEST WISCONSIN REGION INC EIN:39-0813418	X	X			X		X		CLINIC	B
18 MCHS IN LAKE CITY 500 WEST GRANT STREET LAKE CITY, MN 55041 WWW.MAYOCLINIC.ORG STLIC:20693 MCHS IN LAKE CITY EIN:41-1906820	X	X			X		X		CLINIC, CARE CENTER	C
19 MCHS IN CANNON FALLS 32021 COUNTY ROAD 24 BOULEVARD CANNON FALLS, MN 55009 WWW.MAYOCLINIC.ORG STLIC:140 MCHS SOUTHEAST MINNESOTA REGION EIN:41-1404075	X	X			X		X		CLINIC	C

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: REPORTING GROUP A

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 2, 4, 5, 8, 10, 11, 12, 13, 15, 16

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☒ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
b ☐ Other website (list url):		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: REPORTING GROUP A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14	X
15 Explained the method for applying for financial assistance?	15	X
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☒ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☒ The FAP was widely available on a website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j ☒ Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: REPORTING GROUP A

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☒ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: REPORTING GROUP A

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐ The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: REPORTING GROUP B

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 7, 14, 17

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☒ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
b ☐ Other website (list url):		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: REPORTING GROUP B

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14	X
15 Explained the method for applying for financial assistance?	15	X
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☒ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☒ The FAP was widely available on a website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j ☒ Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: REPORTING GROUP B

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☒ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: REPORTING GROUP B

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐ The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

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Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: REPORTING GROUP C

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 9, 18, 19

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☒ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
b ☐ Other website (list url):		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: REPORTING GROUP C

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14	X
15 Explained the method for applying for financial assistance?	15	X
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☒ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☒ The FAP was widely available on a website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>MAYOCLINICHEALTHSYSTEM.ORG</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j ☒ Other (describe in Section C)		

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: REPORTING GROUP C

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☒ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: REPORTING GROUP C

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐ The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: REPORTING GROUP D

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1, 3, 6

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☒ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>MAYOCLINIC.ORG</u>		
b ☐ Other website (list url):		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: REPORTING GROUP D

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14	X
15 Explained the method for applying for financial assistance?	15	X
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☒ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☒ The FAP was widely available on a website (list url): <u>MAYOCLINIC.ORG</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>MAYOCLINIC.ORG</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>MAYOCLINIC.ORG</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j ☒ Other (describe in Section C)		

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: REPORTING GROUP D

	Yes	No	
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☒ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☒ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: REPORTING GROUP D

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐ The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2023

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 2: MCHS IN LA CROSSE

- FACILITY 4: MCHS IN EAU CLAIRE

- FACILITY 5: MCHS IN MANKATO

- FACILITY 8: MCHS IN FAIRMONT

- FACILITY 10: MCHS IN NEW PRAGUE

- FACILITY 11: MCHS IN WASECA

- FACILITY 12: MCHS IN BARRON

- FACILITY 13: MCHS IN BLOOMER

- FACILITY 15: MCHS IN SPARTA

- FACILITY 16: MCHS IN ST. JAMES

GROUP A-FACILITY 5 -- MCHS IN MANKATO

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

COMMUNITY INPUT WAS RECEIVED AT NUMEROUS STAGES AND FROM A VARIETY OF

LEVELS OF LEADERSHIP THROUGHOUT THE CHNA PROCESS. THE SOUTHWEST REGION OF

MAYO CLINIC HEALTH SYSTEM, IN PARTNERSHIP WITH LOCAL PUBLIC HEALTH,

CREATED A HEALTHY COMMUNITY PARTNERSHIP COLLABORATIVE THAT MEETS MONTHLY

TO DISCUSS LOCAL COMMUNITY NEEDS AND FIND WAYS TO COLLABORATE. THIS GROUP

ALSO HELPED TO PRIORITIZE THE COMMUNITY NEEDS BEING ADDRESSED.

MAYO CLINIC HEALTH SYSTEM CREATED A COMMUNITY SURVEY AND RECEIVED FEEDBACK

AND INPUT FROM LOCAL PUBLIC HEALTH DEPARTMENTS DURING THE DEVELOPMENT

PROCESS. THE COMMUNITY SURVEY WAS PRIMARILY DISTRIBUTED THROUGH

COLLABORATION WITH LOCAL NONPROFITS AND PUBLIC HEALTH, AS WELL AS THROUGH

SOCIAL MEDIA NETWORKS. THE SURVEY WAS CONDUCTED THROUGHOUT THE SOUTHWEST

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MINNESOTA REGION BETWEEN FEBRUARY 1, 2022, TO JUNE 30, 2022, WITH OVER 800

RESPONSES. THERE WERE OVER 380 RESPONSES FROM BLUE EARTH, NICOLLET AND LE

SUEUR COUNTIES WHICH MAKE UP THE DEFINED COMMUNITY OF MCHS IN MANKATO.

OUTREACH TO GET INPUT FROM TRADITIONALLY UNDERREPRESENTED, MEDICALLY

UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE PRIORITIZED.

EXAMPLES OF THIS OUTREACH INCLUDED POSTCARDS INCLUDED IN EACH ECHO FOOD

SHELF ORDER DURING THE MONTH OF MARCH 2022, SURVEY QR CODE ON DIGITAL

SCREENS AT MINNESOTA STATE UNIVERSITY-MANKATO, SURVEY BEING SHARED ON

SOCIAL MEDIA THROUGH BLUE EARTH, LE SUEUR AND NICOLLET COUNTIES, AS WELL

AS ATTENDING EVENTS INCLUDING PROJECT COMMUNITY CONNECT AND THE ST. PETER

SENIOR EXPO WHERE PARTICIPANTS FILLED OUT THE SURVEY VIA IPADS OR

ASSISTANCE FROM STAFF.

COMMUNITY CONVERSATIONS WERE ALSO HELD WITH STAKEHOLDERS FROM LOCAL

GOVERNMENT AND NONPROFIT LEADERS, INCLUDING AN IN-PERSON COMMUNITY

STAKEHOLDER PRIORITIZATION EVENT ON JUNE 7, 2022, WITH OVER 40 COMMUNITY

STAKEHOLDERS IN ATTENDANCE AND A VIRTUAL HEALTHY COMMUNITY PARTNERSHIP

MEETING ON JUNE 21, 2022, WITH OVER 20 COMMUNITY STAKEHOLDERS

PARTICIPATING.

IN ADDITION, INPUT INCLUDED QUANTITATIVE DATA FROM THE SOUTHERN MINNESOTA

NEEDS ASSESSMENT PREPARED BY THE HEALTH SCIENCE DEPARTMENT OF MINNESOTA

STATE UNIVERSITY-MANKATO ON BEHALF MCHS. THIS DATA WAS FROM A VARIETY OF

PUBLICLY AVAILABLE SOURCES FOR THE 11 REGIONAL COUNTIES INCLUDED IN THE

SOUTHERN MINNESOTA NEEDS ASSESSMENT.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 5 -- MCHS IN MANKATO

PART V, SECTION B, LINE 6A:

MCHS-FAIRMONT

MCHS-NEW PRAGUE

MCHS-SPRINGFIELD

MCHS-ST. JAMES

MCHS-WASECA

GROUP A-FACILITY 5 -- MCHS IN MANKATO

PART V, SECTION B, LINE 6B:

MINNESOTA STATE UNIVERSITY MANKATO - DEPARTMENT OF COMMUNITY HEALTH

EDUCATION

GROUP A-FACILITY 5 -- MCHS IN MANKATO

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

MANKATO (MCHS-MANKATO) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT:

MENTAL HEALTH

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

IN 2023, MCHS-MANKATO TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED

NEEDS:

MENTAL HEALTH: TO REDUCE MENTAL HEALTH ISSUES BY ADDRESSING PREVENTATIVE

EFFORTS, MCHS-MANKATO:

PROVIDED STAFF REPRESENTATION ON BI-WEEKLY MANKATO SUICIDE PREVENTION

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COALITION COMMUNITY MEETINGS. REPRESENTATIVES INCLUDED STAFF FROM

PSYCHIATRY, PSYCHOLOGY AND COMMUNITY ENGAGEMENT.

PROVIDED STAFF REPRESENTATION ON BI-WEEKLY MENTAL HEALTH RESOURCE HUB

COMMUNITY MEETINGS TO DEVELOP CONTENT AND INFORMATION FOR ONLINE HUB IN

PARTNERSHIP WITH MINNESOTA STATE UNIVERSITY MANKATO, CENTER FOR RURAL

BEHAVIORAL HEALTH. REPRESENTATIVES INCLUDED STAFF FROM PSYCHIATRY,

PSYCHOLOGY AND COMMUNITY ENGAGEMENT.

PARTICIPATED IN THE LAKE CRYSTAL RECREATION CENTER LUNCH-N-LEARN SERIES

WHERE A MAYO CLINIC HEALTH SYSTEM PSYCHIATRIST SPOKE ON MENTAL HEALTH AND

ANXIETY.

PARTICIPATED IN MULTIPLE HIGH SCHOOL EVENTS WHERE A SUICIDE PREVENTION

SPEAKER WAS FEATURED. A MAYO CLINIC HEALTH SYSTEM PSYCHOLOGIST AND A

PSYCHIATRIST PARTICIPATED AS PANELISTS AT THE EVENTS.

GAVE A MENTAL HEALTH PRESENTATION IN SPANISH TO OVER 25 COMMUNITY MEMBERS

IN PARTNERSHIP WITH COPAL, AN ORGANIZATION PROVIDING SOCIAL IMPACT

INITIATIVES TO IMPROVE THE QUALITY OF LIFE FOR LATINE FAMILIES. A MAYO

CLINIC HEALTH SYSTEM PSYCHOLOGY NURSE FLUENT IN SPANISH WAS THE PRESENTER.

PROVIDED \$5,000 IN GRANT FUNDING TO HELP BRING COLLABORATIVE ASSESSMENT

AND MANAGEMENT OF SUICIDALITY TRAINING TO MANKATO-AREA PROVIDERS.

CONTRIBUTED \$12,500 IN FUNDING SUPPORT TO HAVE MENTAL HEALTH NAVIGATOR

POSITION WITHIN MANKATO AREA PUBLIC SCHOOLS.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CONDUCTED CAMP OZ GRIEF CAMP FOR 48 KIDS WHO HAVE EXPERIENCED DEATH OF
SOMEONE IN THEIR LIFE.

CONDUCTED SLIM YOUR SCREEN TIME COMMUNITY VIRTUAL CHALLENGE IN
COLLABORATION WITH CHILDREN'S MUSEUM OF SOUTHERN MINNESOTA.

PARTICIPATED WITH THE MAC INITIATIVE, AN ORGANIZATION THAT ASSISTS PARENTS
WHO NEED MENTAL HEALTH SERVICES AFTER AN INFANT LOSS. THE PROGRAM
PROVIDES FREE SESSIONS FOR BEREAVEMENT COUNSELING WITH A MAYO CLINIC
HEALTH SYSTEM SOCIAL WORKER.

CONDUCTED DISCOVER GRATITUDE COMMUNITY VIRTUAL PROGRAM TO HELP IMPROVE
MENTAL WELL-BEING THROUGH DAILY JOURNALING.

CONDUCTED KICKSTART KINDNESS COMMUNITY VIRTUAL CHALLENGE TO ENCOURAGE
EXTENDING KINDNESS SHOWN TO INCREASE SELF-ESTEEM, EMPATHY, AND COMPASSION.

OFFERED MONTHLY CANCER SUPPORT GROUP PROVIDING CANCER-RELATED EDUCATION
AND SUPPORT FOR PATIENTS AND THEIR CAREGIVERS.

COLLABORATED WITH MANKATO AREA PUBLIC SCHOOLS TO HOST WELLNESS WEEK WITH
10 ELEMENTARY SCHOOLS TO REINFORCE HEALTHY HABITS AT SCHOOL AND HOME.
DONATED \$6,500 TO MANKATO SCHOOLS FOR MENTAL AND PHYSICAL WELLNESS
EQUIPMENT.

DEVELOPED JOURNEY TO WELLNESS. A FREE YEARLONG, VIRTUAL, SELF-GUIDED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROGRAM DESIGNED TO HELP MAKE THE WELLNESS JOURNEY EASIER. INDIVIDUALS OR

BUSINESS ARE ABLE TO SIGN UP FOR A MONTHLY TOOLKIT THAT HAS A DIFFERENT

TOPIC WITH RESOURCES LIKE BLOGS, VIDEOS, PRINTABLE EDUCATION AND

ACTIVITIES. THERE WERE 800 PROGRAM REGISTRATIONS IN THE MAYO CLINIC

HEALTH SYSTEM SOUTHWEST MINNESOTA REGION.

PROVIDED OVER \$100,000 TO 18 ORGANIZATIONS IMPACTING MENTAL WELL-BEING IN

OUR COMMUNITY THROUGH HOMETOWN HEALTH GRANTS. EXAMPLES INCLUDE: YWCA

MANKATO, ONE BRIGHT STAR, JZ CANCER FUND, AND LAKE CRYSTAL AREA RECREATION

CENTER.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH: TO ADDRESS SOCIAL DETERMINANTS

OF HEALTH IN OUR COMMUNITIES THAT ARE CAUSING HEALTH DISPARITIES,

MCHS-MANKATO:

ASSISTED IN THE DEVELOPMENT OF THE ST. PETER COMMUNITY THREAD EVENTS TO

HELP HISPANIC AND SOMALI FAMILIES FEEL MORE WELCOME AND LEARN MORE ABOUT

THE ST. PETER COMMUNITY. MCHS-MANKATO HAD TWO REPRESENTATIVES INVOLVED IN

THE DEVELOPMENT OF THE GROUP AND ONGOING INVOLVEMENT WITH PLANNING MONTHLY

MEETINGS AND MONTHLY EVENTS.

PROVIDED \$7,500 IN FUNDING TO FEEDING OUR COMMUNITIES PARTNERS, AN

ORGANIZATION ENGAGED IN SOLVING YOUTH HUNGER. STAFF ALSO PROVIDED 120

HOURS OF VOLUNTEER TIME FOR FOOD PACKING SESSIONS AND FOOD DISTRIBUTION

EVENTS.

DONATED \$10,000 IN FUNDING TO ECHO FOOD SHELF FOR THANKSGIVING MEAL

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DISTRIBUTION SPONSORSHIP. ALSO PROVIDED 77 HOURS OF STAFF VOLUNTEER TIME

AT THIS THANKSGIVING DINNER DISTRIBUTION EVENT.

PARTICIPATED IN THE NICOLLET COUNTY CAR SEAT SAFETY EVENT. IN ADDITION TO

CAR SEAT SAFETY, COMMUNITY HEALTH WORKERS WERE PRESENT TO TALK ABOUT

PREVENTATIVE HEALTH WITH DIVERSE COMMUNITIES.

COLLABORATED WITH 6 OTHER ORGANIZATIONS TO PROVIDE SUBSTANCE USE

PREVENTION EVENTS FOR 8TH GRADE STUDENTS. EVENTS WERE HELD AT BOTH OF THE

MIDDLE SCHOOLS IN THE MANKATO PUBLIC SCHOOL DISTRICT. EVENTS IMPACTED

APPROXIMATELY 600 STUDENTS.

SPONSORED THE MINNESOTA STATE UNIVERSITY MANKATO HEALTH & BIOMEDICAL

SCIENCES SUMMIT AND HAD A SPEAKER PRESENT ON THE FOOD RX PROGRAM AND

ADDRESSING SOCIAL DETERMINANTS OF HEALTH.

SPONSORED THE MANKATO AND NICOLLET COUNTY PROJECT COMMUNITY CONNECT

EVENTS. THE EVENTS ARE TO CONNECT UNDERSERVED POPULATIONS WITH COMMUNITY

RESOURCES. MCHS-MANKATO PROVIDED STAFF, PREVENTATIVE HEALTH INFORMATION

AND BLOOD PRESSURE SCREENINGS. THE NICOLLET COUNTY EVENT HAD OVER 200

ATTENDEES AND THE MANKATO EVENT HAD OVER 500 ATTENDEES.

ATTENDED DAY OF THE DEAD EVENT IN MANKATO WITH OVER 5,000 ATTENDEES.

MCHS-MANKATO PROVIDED STAFF (INCLUDING SPANISH SPEAKING STAFF),

PREVENTATIVE HEALTH INFORMATION AND INFLUENZA VACCINATIONS.

PROVIDED A COMMUNITY GARDEN AT EASTRIDGE CLINIC AS AN OPPORTUNITY TO TEACH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GARDENING SKILLS, HEALTHY EATING AND HEALTHY RECIPES TO FOOD INSECURE

PATIENTS. FOOD INSECURE PATIENTS WERE GARDEN MEMBERS AND COULD ACCESS

PRODUCE FREE OF CHARGE.

UTILIZED HEALTH EQUITY COORDINATOR TO HELP CONNECT PATIENTS WITH

IDENTIFIED SOCIAL DETERMINANTS OF HEALTH TO COMMUNITY RESOURCES.

UTILIZED FOUR MAYO CLINIC HEALTH SYSTEM EMPLOYED COMMUNITY HEALTH WORKERS

TO FOCUS ON SOMALI AND HISPANIC COMMUNITY AND TO IMPROVE HEALTH CONDITIONS

RELATED TO CHRONIC DISEASE.

FACILITATED MANKATO AREA HEALTHY COMMUNITY PARTNERSHIP COLLABORATIVE THAT

IS FOCUSED ON IMPROVING HEALTH EQUITY AND MAPPING COMMUNITY ASSETS IN OUR

REGION. THE GROUP MEETS MONTHLY.

DEVELOPED MIDWEST PRIMARY CARE SOCIAL DETERMINANTS OF HEALTH SUB-COMMITTEE

TO PROVIDE GOVERNANCE AND DIRECTION FOR HEALTH EQUITY WORK ACROSS OUR

ORGANIZATION.

WORKED TO OPTIMIZE FIND HELP - A COMMUNITY RESOURCE DATABASE - IN OUR

ELECTRONIC HEALTH RECORDS TO HELP PROVIDE JUST IN TIME RESOURCES TO

PROVIDERS FOR IDENTIFIED SOCIAL DETERMINANTS OF HEALTH. IN ADDITION,

COLLABORATED WITH LOCAL COMMUNITY-BASED ORGANIZATIONS TO ACCEPT REFERRALS

AND UTILIZE THE PLATFORM.

PLEDGED \$100,000 CAPITAL CAMPAIGN GIFT TO MANKATO YOUTH PLACE WHICH SERVES

AT-RISK YOUTH IN OUR COMMUNITY. PAID \$70,000 OF THE PLEDGE IN 2023.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CONTRIBUTED \$100,000 TO ECHO FOOD SHELF TO HELP EXPAND THEIR ABILITY TO

SERVE MORE PEOPLE AND TAKE IN MORE FOOD FOR OTHER COMMUNITY ORGANIZATIONS

AS WELL.

CONTRIBUTED \$50,000 TO ST. PETER FREE CLINIC TO BUY NEEDED EQUIPMENT AND

HELP PAY FOR PATIENT TESTING COSTS.

CONTRIBUTED \$50,000 TO MINNESOTA STATE UNIVERSITY, MANKATO MAVERICK FOOD

PANTRY TO EXPAND CULTURALLY DIVERSE FOOD OPTIONS AND SERVE MORE STUDENTS.

PROVIDED GUIDANCE AND INSIGHT TO THE GREATER MANKATO INCLUSIVITY STUDY

PROJECT FOR BLUE EARTH AND NICOLLET COUNTY TO IDENTIFY CRITICAL THEMES IN

COMMUNITY PERCEPTIONS AND EXPERIENCES SURROUNDING EQUITY, DIVERSITY,

INCLUSIVITY AND BELONGING IN THIS AREA.

PROVIDED STAFF REPRESENTATION ON THE FOLLOWING NONPROFIT BOARDS OR

COALITIONS: FEEDING OUR COMMUNITIES PARTNERS, GREATER MANKATO AREA UNITED

WAY, OPEN DOOR HEALTH CENTER, CHILDREN'S MUSEUM OF SOUTHERN MINNESOTA,

ECHO FOOD SHELF, CADA, ST. PETER FREE CLINIC, CHILD AND FAMILY ADVOCACY

CENTER AND MANKATO YOUTH PLACE.

SPONSORED THE GREATER MANKATO GROWTH DIVERSITY EQUITY AND INCLUSION

COLLABORATIVE TO PROVIDE SPACE AND FOOD FOR MONTHLY MEETINGS.

COORDINATED A WINTER GEAR DRIVE TO DONATE ITEMS TO LOCAL SCHOOLS TO GIVE

TO CHILDREN IN NEED AND A HOLIDAY SHARING TREE DRIVE TO GIVE GIFTS TO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THOSE IN NEED.

CONTRIBUTED STAFF TIME (2 HOURS PER MONTH, 4 STAFF INVOLVED) TO THE

C2DREAM RESEARCH PROJECT TO LOWER HYPERTENSION IN SOMALI POPULATION.

PROVIDED OVER \$86,000 TO 27 ORGANIZATIONS ADDRESSING SOCIAL DETERMINANTS

OF HEALTH IN OUR COMMUNITY. EXAMPLES INCLUDE: CONNECTIONS SHELTER, CADA,

PARTNERS FOR HOUSING AND OPEN-DOOR HEALTH CENTER.

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA

THAT WERE NOT PRIORITIZED AS SIGNIFICANT WERE HEALTHCARE ACCESS, SUBSTANCE

ABUSE AND CHRONIC DISEASE. THESE NEEDS WILL BE ADDRESSED PARTLY THROUGH

OUR PRIORITIZED NEEDS, MENTAL HEALTH ADDRESSING SOCIAL DETERMINANTS OF

HEALTH, BUT GIVEN LIMITED RESOURCES AND OTHER ORGANIZATIONS WORKING TO

ADDRESS THESE NEEDS THEY WILL NOT BE ADDRESSED BY MCHS-MANKATO.

GROUP A-FACILITY 8 -- MCHS IN FAIRMONT

PART V, SECTION B, LINE 5: 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 CREATED A COMMUNITY SURVEY AND RECEIVED FEEDBACK AND INPUT FROM

LOCAL PUBLIC HEALTH DEPARTMENTS DURING THE DEVELOPMENT PROCESS. THE

COMMUNITY SURVEY WAS PRIMARILY DISTRIBUTED THROUGH COLLABORATION WITH

LOCAL NONPROFITS AND PUBLIC HEALTH, AS WELL AS THROUGH SOCIAL MEDIA

NETWORKS. THE SURVEY WAS CONDUCTED THROUGHOUT THE SOUTHWEST MINNESOTA

REGION BETWEEN FEBRUARY 1, 2022, TO JUNE 30, 2022, WITH OVER 800

RESPONSES. THERE WERE 140 RESPONSES FROM MARTIN COUNTY, THE DEFINED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY FOR MCHS IN FAIRMONT.

OUTREACH TO GET INPUT FROM TRADITIONALLY UNDERREPRESENTED, MEDICALLY

UNDER-SERVED, LOW-INCOME AND MINORITY POPULATIONS WERE PRIORITIZED.

EXAMPLES OF THIS OUTREACH INCLUDED POSTCARDS DISTRIBUTION OF SURVEY AT

FAIRMONT FOODS PROCESSING PLANT TO ALL EMPLOYEES, SURVEY QR CODE SENT TO

CHAMBER MEMBERS TO DISTRIBUTE TO THEIR STAFF, SURVEY BEING SHARED ON

SOCIAL MEDIA THROUGH MARTIN COUNTY AND DISTRIBUTION BY COMMUNITY HEALTH

WORKERS AT MCHS IN FAIRMONT.

A PRIORITIZATION SURVEY WAS ALSO CONDUCTED WITH COMMUNITY STAKEHOLDERS

FROM LOCAL GOVERNMENT, HEALTHCARE AND NONPROFIT LEADERS WITH 40 OF 60

INDIVIDUALS RESPONDING.

IN ADDITION, INPUT INCLUDED QUANTITATIVE DATA FROM THE SOUTHERN MINNESOTA

NEEDS ASSESSMENT PREPARED BY THE HEALTH SCIENCE DEPARTMENT OF MINNESOTA

STATE UNIVERSITY-MANKATO ON BEHALF MCHS. THIS DATA WAS FROM A VARIETY OF

PUBLICLY AVAILABLE SOURCES FOR THE 11 REGIONAL COUNTIES INCLUDED IN THE

SOUTHERN MINNESOTA NEEDS ASSESSMENT.

GROUP A-FACILITY 8 -- MCHS IN FAIRMONT

PART V, SECTION B, LINE 6A:

MCHS-MANKATO

MCHS-NEW PRAGUE

MCHS-ST. JAMES

MCHS-WASECA

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 8 -- MCHS IN FAIRMONT

PART V, SECTION B, LINE 6B:

MINNESOTA STATE UNIVERSITY MANKATO-DEPARTMENT OF COMMUNITY HEALTH

EDUCATION

GROUP A-FACILITY 8 -- MCHS IN FAIRMONT

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

FAIRMONT (MCHS-FAIRMONT) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT:

MENTAL HEALTH

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

IN 2023, MCHS-FAIRMONT TOOK THE FOLLOWING ACTIONS TO ADDRESS THE

IDENTIFIED NEEDS:

MENTAL HEALTH: TO REDUCE MENTAL HEALTH ISSUES BY ADDRESSING PREVENTATIVE

EFFORTS, MCHS-FAIRMONT:

HAD TWO STAFF PARTICIPATE AS MEMBERS OF THE MARTIN AND FAIRBAULT COUNTY

COMMUNITY HEALTH COALITION WHICH ADDRESSES MENTAL HEALTH AND ADVERSE

CHILDHOOD EXPERIENCES.

HAD A STAFF MEMBER ON THE MARTIN COUNTY RESILIENCY INITIATIVE TEAM WHICH

IDENTIFIES OPPORTUNITIES AND TAKES ACTION ON SCHOOL AGE MENTAL HEALTH.

CONDUCTED AN ONSITE RADIO PROGRAM FEATURING A MAYO CLINIC HEALTH SYSTEM

EXPERT WITH TOPICS INCLUDING SERVICES AVAILABLE TO ALL AGES, JOURNEY TO

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WELLNESS SELF-LED PROGRAMMING AND VOLUNTEERING.

CONDUCTED REGIONAL CAMP OZ GRIEF CAMP FOR 48 KIDS WHO HAVE EXPERIENCED

DEATH OF SOMEONE IN THEIR LIFE WITH OVER 36 MAYO CLINIC HEALTH SYSTEM

VOLUNTEERS.

CONDUCTED DISCOVER GRATITUDE COMMUNITY VIRTUAL PROGRAM TO HELP IMPROVE

MENTAL WELL-BEING THROUGH DAILY JOURNALING.

CONDUCTED KICKSTART KINDNESS COMMUNITY VIRTUAL CHALLENGE TO ENCOURAGE

EXTENDING KINDNESS SHOWN TO INCREASE SELF-ESTEEM, EMPATHY, AND COMPASSION.

OFFERED MONTHLY CANCER SUPPORT GROUP PROVIDING CANCER-RELATED EDUCATION

AND SUPPORT FOR PATIENTS AND THEIR CAREGIVERS.

DEVELOPED JOURNEY TO WELLNESS. A FREE YEARLONG, VIRTUAL, SELF-GUIDED

PROGRAM DESIGNED TO HELP MAKE THE WELLNESS JOURNEY EASIER. INDIVIDUALS OR

BUSINESS ARE ABLE TO SIGN UP FOR A MONTHLY TOOLKIT THAT HAS A DIFFERENT

TOPIC WITH RESOURCES LIKE BLOGS, VIDEOS, PRINTABLE EDUCATION AND

ACTIVITIES. THERE WERE 800 PROGRAM REGISTRATIONS IN THE MAYO CLINIC

HEALTH SYSTEM SOUTHWEST MINNESOTA REGION. THE PROGRAM IS OFFERED

THROUGHOUT MAYO CLINIC HEALTH SYSTEM.

HAD A MENTAL HEALTH PROVIDER PARTICIPATE AS A PANELIST AT THE DUCK CUP

MEMORIAL COMMUNITY EVENT IN PARTNERSHIP WITH FAIRMONT AREA SCHOOLS.

COLLABORATED WITH ST. JOHN VIANNEY CATHOLIC SCHOOL AND MARTIN COUNTY WEST

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHOOL TO HOST WELLNESS WEEK TO REINFORCE HEALTHY HABITS AT SCHOOL AND

HOME. DONATED WELL-BEING BACKPACK TAGS TO OVER 125 STUDENTS.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH: TO ADDRESS SOCIAL DETERMINANTS

OF HEALTH IN OUR COMMUNITIES THAT ARE CAUSING HEALTH DISPARITIES,

MCHS-FAIRMONT:

PARTICIPATED AS A MEMBER OF THE MARTIN COUNTY SUBSTANCE ABUSE AND

PREVENTION COALITION AND MARTIN COUNTY YOUTH COALITION WHICH ADDRESSES

SUBSTANCE ABUSE AND PROVIDES POSITIVE OPPORTUNITIES FOR YOUTH.

PARTICIPATED AS A PARTNER AND STAKEHOLDER TO BUILD THE FAIRMONT AREA

COMMUNITY CENTER WHICH WILL BRING HEALTHY LIVING WITHIN REACH TO ALL

PEOPLE. DONATED THE LAND VALUED AT APPROXIMATELY \$250,000 AND PLEDGED

\$500,000. PAID \$10,000 OF THIS PLEDGE IN 2023.

TENDED AND HARVESTED A COMMUNITY GARDEN. THIS IS AN OPPORTUNITY TO TEACH

GARDENING SKILLS, HEALTHY EATING AND HEALTHY RECIPES TO PATIENTS.

PROVIDED COMMUNITY EDUCATION ABOUT GARDENING DURING A LEMONADE IN THE

GARDEN EVENT.

PROVIDED INDOOR WALKING ROUTES AT FIVE LAKES CENTER IN FAIRMONT.

EMPLOYED COMMUNITY HEALTH WORKERS TO FOCUS ON SOMALI AND HISPANIC

COMMUNITY AND TO IMPROVE HEALTH CONDITIONS RELATED TO CHRONIC DISEASE.

HAD TWO STAFF AS MEMBERS OF THE MARTIN AND FAIRBAULT COUNTY COMMUNITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH COALITION WHICH ADDRESSES CHRONIC DISEASE, ACCESS TO CARE AND

DENTAL HEALTH.

PARTNERED WITH APPLE TREE DENTAL TO SUPPORT ACCESS TO DENTAL SERVICES FOR

THE AREA'S MOST VULNERABLE RESIDENTS, INCLUDING HAVING SPACE AT

MCHS-FAIRMONT.

SUPPORTED MARTIN COUNTY BABY CAFE WHICH PROVIDES EDUCATION AND SUPPORT FOR

BREASTFEEDING MOTHERS.

WORKED TO OPTIMIZE FIND HELP - A COMMUNITY RESOURCE DATABASE - IN OUR

ELECTRONIC HEALTH RECORDS TO HELP PROVIDE JUST IN TIME RESOURCES TO

PROVIDERS FOR IDENTIFIED SOCIAL DETERMINANTS OF HEALTH. IN ADDITION,

COLLABORATED WITH LOCAL COMMUNITY-BASED ORGANIZATIONS TO ACCEPT REFERRALS

AND UTILIZE THE PLATFORM.

HAD STAFF DELIVER MEALS ON WHEELS TO FAIRMONT COMMUNITY RESIDENTS.

SPONSORED AND PARTICIPATED IN MARTIN COUNTY KIDS AGAINST HUNGER PACK TO

PROVIDE FOOD KITS FOR FAMILIES IN LOW-INCOME AREAS. PROVIDED \$1,000

SPONSORSHIP FOR THIS EVENT.

PROVIDED \$7,500 IN FUNDING FOR LAKEVIEW METHODIST HEALTH CARE AND BUILDING

BLOCKS CHILDCARE CENTER PROJECT TO PROVIDE MORE DAYCARE OPTIONS IN

FAIRMONT AREA.

PROVIDED A \$3,000 GRANT TO THE STATEWIDE HEALTH IMPROVEMENT PLAN AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LUTHERAN SOCIAL SERVICES FOR FRIENDS IN THE KITCHEN PROGRAM WHICH IS A

FREE MONTHLY PROGRAM FOR SENIORS THAT FOCUSES ON SOCIAL CONNECTION AND

NUTRITION.

COORDINATED A WINTER GEAR DRIVE TO DONATE ITEMS TO LOCAL SCHOOLS TO GIVE

TO CHILDREN IN NEED.

COORDINATED A TOYS FOR TOTS DRIVE CONTRIBUTING TO THE U.S. MARINE CORP'S

EFFORTS TO ENSURE ALL CHILDREN RECEIVE A GIFT DURING THE WINTER HOLIDAY

SEASON.

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA

THAT WERE NOT PRIORITIZED AS SIGNIFICANT WERE HEALTHCARE ACCESS, SUBSTANCE

ABUSE AND CHRONIC DISEASE. THESE NEEDS WILL BE ADDRESSED PARTLY THROUGH

OUR PRIORITIZED NEEDS, MENTAL HEALTH AND ADDRESSING SOCIAL DETERMINANTS OF

HEALTH, BUT GIVEN LIMITED RESOURCES AND OTHER ORGANIZATIONS WORKING TO

ADDRESS THESE NEEDS, THEY WILL NOT BE ADDRESSED BY MCHS-FAIRMONT.

GROUP A-FACILITY 10 -- MCHS IN NEW PRAGUE

PART V, SECTION B, LINE 5: 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 CREATED A COMMUNITY SURVEY AND RECEIVED FEEDBACK AND INPUT FROM

LOCAL PUBLIC HEALTH DEPARTMENTS DURING THE DEVELOPMENT PROCESS. THE

COMMUNITY SURVEY WAS PRIMARILY DISTRIBUTED THROUGH COLLABORATION WITH

LOCAL NONPROFITS AND PUBLIC HEALTH, AS WELL AS THROUGH SOCIAL MEDIA

NETWORKS. THE SURVEY WAS CONDUCTED THROUGHOUT THE SOUTHWEST MINNESOTA

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REGION BETWEEN FEBRUARY 1, 2022, TO JUNE 30, 2022, WITH OVER 800

RESPONSES. THERE WERE 100 RESPONSES FROM LE SUEUR AND SCOTT COUNTIES, THE

DEFINED COMMUNITY FOR MCHS IN NEW PRAGUE.

OUTREACH TO GET INPUT FROM TRADITIONALLY UNDERREPRESENTED, MEDICALLY

UNDER-SERVED, LOW-INCOME AND MINORITY POPULATIONS WERE PRIORITIZED.

EXAMPLES OF THIS OUTREACH INCLUDED FLYERS PROVIDED TO DISTRIBUTE AT THE

NEW PRAGUE FOOD SHELF, SURVEY BEING SHARED ON SOCIAL MEDIA THROUGH LE

SUEUR AND SCOTT COUNTIES, AS WELL AS ATTENDING EVENTS INCLUDING RUN NEW

PRAGUE AND CZECH OUT NEW PRAGUE.

FEEDBACK WAS RECEIVED ON PRIORITIZING COMMUNITY HEALTH CONCERNS AT NEW

PRAGUE ROTARY CLUB EVENT ON JUNE 16, 2022.

IN ADDITION, INPUT INCLUDED QUANTITATIVE DATA FROM THE SOUTHERN MINNESOTA

NEEDS ASSESSMENT PREPARED BY THE HEALTH SCIENCE DEPARTMENT OF MINNESOTA

STATE UNIVERSITY-MANKATO ON BEHALF MCHS. THIS DATA WAS FROM A VARIETY OF

PUBLICLY AVAILABLE SOURCES FOR THE 11 REGIONAL COUNTIES INCLUDED IN THE

SOUTHERN MINNESOTA NEEDS ASSESSMENT.

GROUP A-FACILITY 10 -- MCHS IN NEW PRAGUE

PART V, SECTION B, LINE 6A:

MCHS-MANKATO

MCHS-FAIRMONT

MCHS-ST. JAMES

MCHS-WASECA

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 10 -- MCHS IN NEW PRAGUE

PART V, SECTION B, LINE 6B:

MINNESOTA STATE UNIVERSITY MANKATO - DEPARTMENT OF COMMUNITY HEALTH

EDUCATION

GROUP A-FACILITY 10 -- MCHS IN NEW PRAGUE

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

NEW PRAGUE (MCHS-NEW PRAGUE) IDENTIFIED THE FOLLOWING NEEDS AS

SIGNIFICANT:

MENTAL HEALTH

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

IN 2023, MCHS-NEW PRAGUE TOOK THE FOLLOWING ACTIONS TO ADDRESS THE

IDENTIFIED NEEDS:

MENTAL HEALTH: TO REDUCE MENTAL HEALTH ISSUES BY ADDRESSING PREVENTATIVE

EFFORTS, MCHS-NEW PRAGUE:

PROVIDED \$4,500 IN GRANTS TO COMMUNITY ORGANIZATIONS PROMOTING MENTAL

HEALTH AND WELL-BEING SUCH AS DUCK CUP MEMORIAL FUND AND INFANTS REMEMBERED

IN SILENCE.

CONDUCTED SLIM YOUR SCREEN TIME COMMUNITY VIRTUAL CHALLENGE TO ENCOURAGE

ALL AGES TO PLAY, EXPLORE AND CONNECT WITHOUT SOCIAL MEDIA.

CONDUCTED DISCOVER GRATITUDE COMMUNITY VIRTUAL PROGRAM TO HELP IMPROVE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MENTAL WELL-BEING THROUGH DAILY JOURNALING.

CONDUCTED KICKSTART KINDNESS COMMUNITY VIRTUAL CHALLENGE TO ENCOURAGE

EXTENDING KINDNESS SHOWN TO INCREASE SELF-ESTEEM, EMPATHY, AND COMPASSION.

HAD A MENTAL HEALTH PROVIDER PARTICIPATE AS A PANELIST AT THE DUCK CUP

MEMORIAL COMMUNITY EVENT.

DEVELOPED JOURNEY TO WELLNESS , A FREE YEARLONG, VIRTUAL, SELF-GUIDED

PROGRAM DESIGNED TO HELP MAKE THE WELLNESS JOURNEY EASIER. INDIVIDUALS OR

BUSINESSES ARE ABLE TO SIGN UP FOR A MONTHLY TOOLKIT THAT HAS A DIFFERENT

TOPIC WITH RESOURCES LIKE BLOGS, VIDEOS, PRINTABLE EDUCATION AND

ACTIVITIES. THERE WERE 800 PROGRAM REGISTRATIONS IN THE MAYO CLINIC

HEALTH SYSTEM SOUTHWEST MINNESOTA REGION. THE PROGRAM IS OFFERED

THROUGHOUT MAYO CLINIC HEALTH SYSTEM.

CONDUCTED REGIONAL CAMP OZ GRIEF CAMP FOR 48 KIDS WHO HAVE EXPERIENCED

DEATH OF SOMEONE IN THEIR LIFE WITH OVER 36 MAYO CLINIC HEALTH SYSTEM

VOLUNTEERS.

PROVIDED STAFF SOCIAL WORK REPRESENTATION ON SCOTT COUNTY MENTAL HEALTH

ADVISORY COUNCIL.

OFFERED MONTHLY CANCER SUPPORT GROUP PROVIDING CANCER-RELATED EDUCATION

AND SUPPORT FOR PATIENTS AND THEIR CAREGIVERS.

COLLABORATED WITH NEW PRAGUE AREA PUBLIC SCHOOLS AND CLEVELAND PUBLIC

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHOOLS TO HOST WELLNESS WEEK WITH 4 ELEMENTARY SCHOOLS TO REINFORCE

HEALTHY HABITS AT SCHOOL AND HOME. DONATED WELL-BEING BACKPACK TAGS TO

OVER 2,100 STUDENTS.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH: TO ADDRESS SOCIAL DETERMINANTS

OF HEALTH IN OUR COMMUNITIES THAT ARE CAUSING HEALTH DISPARITIES, MCHS-NEW

PRAGUE:

PROVIDED SPACE AND VOLUNTEERS FOR THE PEACE CENTER ON THE MCHS-NEW PRAGUE

CAMPUS. THE PEACE CENTER IS A FOOD SHELF THAT HELPS TO REDUCE FOOD

INSECURITY IN THE NEW PRAGUE AREA. MCHS-NEW PRAGUE CONTRIBUTED \$10,800 OF

IN-KIND SPACE SUPPORT AND \$14,400 IN-KIND SERVICE SUPPORT. MAYO CLINIC

HEALTH SYSTEM HAS THREE BOARD OF DIRECTOR REPRESENTATIVES.

PARTICIPATED IN THE HEALTHY LIVING OPEN HOUSE HOSTED BY COMMUNITY

EDUCATION AND THE FITNESS AND AQUATIC CENTER. MAYO CLINIC HEALTH SYSTEM

HAD SIX EMPLOYEES PARTICIPATE IN PROVIDING NUTRITION EDUCATION, COOKING

DEMONSTRATIONS, AND INFLUENZA VACCINATIONS.

PARTICIPATED IN THE SCOTT COUNTY COMMUNITY HEALTH IMPROVEMENT COMMITTEE,

SCOTT COUNTY ACCESS WORKGROUP, AND STATEWIDE HEALTH IMPROVEMENT

PARTNERSHIP COMMUNITY LEADERSHIP TEAM.

PARTICIPATED IN FOUR NEWBORN TALK SESSIONS, A FREE, COMMUNITY EDUCATION

CLASS THAT OFFERS SUPPORT TO NEW PARENTS ON DIFFERENT HEALTH AND

WELL-BEING TOPICS RELATED TO NEWBORNS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTICIPATED IN THE NEW PRAGUE HEALTHY LIVING EXPO, A FREE COMMUNITY EVENT

TO PROVIDE HEALTH AND WELLNESS PRESENTATIONS. A STAFF PHYSICIAN AND A

STAFF DIETITIAN GAVE PRESENTATIONS TO THE COMMUNITY.

UTILIZED FOUR MCHS-EMPLOYED COMMUNITY HEALTH WORKERS TO FOCUS ON SOMALI

AND HISPANIC COMMUNITY AND TO IMPROVE HEALTH CONDITIONS RELATED TO CHRONIC

DISEASE.

DEVELOPED MIDWEST PRIMARY CARE SOCIAL DETERMINANTS OF HEALTH SUB-COMMITTEE

TO PROVIDE GOVERNANCE AND DIRECTION FOR HEALTH EQUITY WORK ACROSS OUR

ORGANIZATION.

WORKED TO OPTIMIZE FIND HELP - A COMMUNITY RESOURCE DATABASE - IN OUR

ELECTRONIC HEALTH RECORDS TO HELP PROVIDE JUST IN TIME RESOURCES TO

PROVIDERS FOR IDENTIFIED SOCIAL DETERMINANTS OF HEALTH. IN ADDITION,

COLLABORATED WITH LOCAL COMMUNITY-BASED ORGANIZATIONS TO ACCEPT REFERRALS

AND UTILIZE THE PLATFORM.

COORDINATED A WINTER GEAR DRIVE TO DONATE ITEMS TO LOCAL SCHOOLS TO GIVE

TO CHILDREN IN NEED.

PROVIDED IN-KIND SPACE ONCE A MONTH TO CHILDREN'S DENTAL SERVICES TO

PROVIDE SERVICES AT MCHS-BELLE PLAINE CLINIC SITE. IN-KIND SPACE VALUED

AT \$782 ANNUALLY.

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA

THAT WERE NOT PRIORITIZED AS SIGNIFICANT WERE HEALTHCARE ACCESS, SUBSTANCE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ABUSE AND CHRONIC DISEASE. THESE NEEDS WILL BE ADDRESSED PARTLY THROUGH

OUR PRIORITIZED NEEDS, MENTAL HEALTH AND ADDRESSING SOCIAL DETERMINANTS OF

HEALTH, BUT GIVEN LIMITED RESOURCES AND OTHER ORGANIZATIONS WORKING TO

ADDRESS THESE NEEDS, THEY WILL NOT BE ADDRESSED BY MCHS-NEW PRAGUE.

GROUP A-FACILITY 11 -- MCHS IN WASECA

PART V, SECTION B, LINE 5: 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 CREATED A COMMUNITY SURVEY AND RECEIVED FEEDBACK AND INPUT FROM

LOCAL PUBLIC HEALTH DEPARTMENTS DURING THE DEVELOPMENT PROCESS. THE

COMMUNITY SURVEY WAS PRIMARILY DISTRIBUTED THROUGH COLLABORATION WITH

LOCAL NONPROFITS AND PUBLIC HEALTH, AS WELL AS THROUGH SOCIAL MEDIA

NETWORKS. THE SURVEY WAS CONDUCTED THROUGHOUT THE SOUTHWEST MINNESOTA

REGION BETWEEN FEBRUARY 1, 2022, TO JUNE 30, 2022, WITH OVER 800

RESPONSES. THERE WERE 118 RESPONSES FROM WASECA COUNTY, THE DEFINED

COMMUNITY FOR MCHS IN WASECA.

OUTREACH TO GET INPUT FROM TRADITIONALLY UNDERREPRESENTED, MEDICALLY

UNDER-SERVED, LOW-INCOME AND MINORITY POPULATIONS WERE PRIORITIZED.

EXAMPLES OF THIS OUTREACH INCLUDED FLYERS POSTED AT THE WASECA AREA

NEIGHBORHOOD SERVICE CENTER FOOD SHELF, SURVEY BEING SHARED ON SOCIAL

MEDIA THROUGH WASECA COUNTY, AS WELL AS SHIP (STATEWIDE HEALTH IMPROVEMENT

PLAN) FOR BROWN, NICOLLET, LE SUEUR AND WASECA COUNTIES.

IN ADDITION, FEEDBACK WAS RECEIVED ON PRIORITIZING COMMUNITY HEALTH

CONCERNS AT A WASECA AREA CHAMBER BUSINESS AFTER HOURS EVENT HELD IN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WASECA ON JULY 20, 2022.

IN ADDITION, INPUT INCLUDED QUANTITATIVE DATA FROM THE SOUTHERN MINNESOTA

NEEDS ASSESSMENT PREPARED BY THE HEALTH SCIENCE DEPARTMENT OF MINNESOTA

STATE UNIVERSITY-MANKATO ON BEHALF MCHS. THIS DATA WAS FROM A VARIETY OF

PUBLICLY AVAILABLE SOURCES FOR THE 11 REGIONAL COUNTIES INCLUDED IN THE

SOUTHERN MINNESOTA NEEDS ASSESSMENT.

GROUP A-FACILITY 11 -- MCHS IN WASECA

PART V, SECTION B, LINE 6A:

MCHS-MANKATO

MCHS-FAIRMONT

MCHS-ST. JAMES

MCHS-NEW PRAGUE

GROUP A-FACILITY 11 -- MCHS IN WASECA

PART V, SECTION B, LINE 6B:

MINNESOTA STATE UNIVERSITY MANKATO - DEPARTMENT OF COMMUNITY HEALTH

EDUCATION

GROUP A-FACILITY 11 -- MCHS IN WASECA

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

WASECA (MCHS-WASECA) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT:

MENTAL HEALTH

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN 2023, MCHS-WASECA TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED

NEEDS:

MENTAL HEALTH: TO REDUCE MENTAL HEALTH ISSUES BY ADDRESSING PREVENTATIVE

EFFORTS, MCHS-WASECA:

PARTICIPATED IN THE STATEWIDE HEALTH IMPROVEMENT PARTNERSHIP COMMUNITY

LEADERSHIP TEAM THAT SUPPORTS COMMUNITY-DRIVEN SOLUTIONS TO INCREASE

ACCESS AND OPPORTUNITIES FOR ACTIVE LIVING, HEALTHY EATING, AND REDUCING

COMMERCIAL TOBACCO USE.

PROVIDED STAFF REPRESENTATION ON WASECA SUICIDE PREVENTION COMMITTEE.

COLLABORATED WITH WASECA AREA PUBLIC SCHOOLS AND JANESVILLE WALDORF

PEMBERTON SCHOOLS TO HOST WELLNESS WEEK WITH 3 ELEMENTARY SCHOOLS TO

REINFORCE HEALTHY HABITS AT SCHOOL AND HOME. DONATED WELL-BEING BACKPACK

TAGS TO OVER 900 STUDENTS.

CONDUCTED REGIONAL CAMP OZ GRIEF CAMP FOR 48 KIDS WHO HAVE EXPERIENCED

DEATH OF SOMEONE IN THEIR LIFE WITH OVER 36 MAYO CLINIC HEALTH SYSTEM

VOLUNTEERS.

CONDUCTED SLIM YOUR SCREEN TIME COMMUNITY VIRTUAL CHALLENGE TO ENCOURAGE

ALL AGES TO PLAY, EXPLORE AND CONNECT WITHOUT SOCIAL MEDIA.

DEVELOPED JOURNEY TO WELLNESS. A FREE YEARLONG, VIRTUAL, SELF-GUIDED

PROGRAM DESIGNED TO HELP MAKE THE WELLNESS JOURNEY EASIER. INDIVIDUALS OR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BUSINESSES ARE ABLE TO SIGN UP FOR A MONTHLY TOOLKIT THAT HAS A DIFFERENT

TOPIC WITH RESOURCES LIKE BLOGS, VIDEOS, PRINTABLE EDUCATION AND

ACTIVITIES. THERE WERE 800 PROGRAM REGISTRATIONS IN THE MAYO CLINIC

HEALTH SYSTEM SOUTHWEST MINNESOTA REGION. THE PROGRAM IS OFFERED

THROUGHOUT MAYO CLINIC HEALTH SYSTEM.

CONDUCTED DISCOVER GRATITUDE COMMUNITY VIRTUAL PROGRAM TO HELP IMPROVE

MENTAL WELL-BEING THROUGH DAILY JOURNALING.

CONDUCTED KICKSTART KINDNESS COMMUNITY VIRTUAL CHALLENGE TO ENCOURAGE

EXTENDING KINDNESS SHOWN TO INCREASE SELF-ESTEEM, EMPATHY, AND COMPASSION.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH: TO ADDRESS SOCIAL DETERMINANTS

OF HEALTH IN OUR COMMUNITIES THAT ARE CAUSING HEALTH DISPARITIES,

MCHS-WASECA:

UTILIZED FOUR MCHS-EMPLOYED COMMUNITY HEALTH WORKERS TO FOCUS ON SOMALI

AND HISPANIC COMMUNITY AND TO IMPROVE HEALTH CONDITIONS RELATED TO CHRONIC

DISEASE.

DEVELOPED MIDWEST PRIMARY CARE SOCIAL DETERMINANTS OF HEALTH SUB-COMMITTEE

TO PROVIDE GOVERNANCE AND DIRECTION FOR HEALTH EQUITY WORK ACROSS OUR

ORGANIZATION.

WORKED TO OPTIMIZE FIND HELP - A COMMUNITY RESOURCE DATABASE - IN OUR

ELECTRONIC HEALTH RECORDS TO HELP PROVIDE JUST IN TIME RESOURCES TO

PROVIDERS FOR IDENTIFIED SOCIAL DETERMINANTS OF HEALTH. IN ADDITION,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COLLABORATED WITH LOCAL COMMUNITY-BASED ORGANIZATIONS TO ACCEPT REFERRALS

AND UTILIZE THE PLATFORM.

PROVIDED \$6,000 IN FUNDING TO ADDRESS SOCIAL DETERMINANTS OF HEALTH TO THE

FOLLOWING ORGANIZATIONS: BIG BROTHERS BIG SISTERS OF SOUTHERN MN, WASECA

COUNTY 4-H POWER OF PRODUCE PROGRAMMING, AND WASECA AREA NEIGHBORHOOD

SERVICE CENTER.

COORDINATED A WINTER GEAR DRIVE TO DONATE ITEMS TO LOCAL SCHOOLS TO GIVE

TO CHILDREN IN NEED AND A HOLIDAY GIFT TREE TO PROVIDE GIFTS TO THE

BETHLEHEM INN SHELTER IN WASECA.

PROVIDED DIABETES EDUCATION TO INMATES AT PRISON.

PROVIDED STAFF REPRESENTATION ON WASECA NEIGHBORHOOD SERVICE CENTER BOARD

(FOOD SHELF).

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA

THAT WERE NOT PRIORITIZED AS SIGNIFICANT WERE HEALTHCARE ACCESS, SUBSTANCE

ABUSE AND CHRONIC DISEASE. THESE NEEDS WILL BE ADDRESSED PARTLY THROUGH

OUR PRIORITIZED NEEDS, MENTAL HEALTH AND ADDRESSING SOCIAL DETERMINANTS OF

HEALTH, BUT GIVEN LIMITED RESOURCES AND OTHER ORGANIZATIONS WORKING TO

ADDRESS THESE NEEDS, THEY WILL NOT BE ADDRESSED BY MCHS-WASECA.

GROUP A-FACILITY 16 -- MCHS IN ST. JAMES

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

COMMUNITY INPUT WAS RECEIVED AT NUMEROUS STAGES AND FROM A VARIETY OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LEVELS OF LEADERSHIP THROUGHOUT THE CHNA PROCESS. MAYO CLINIC HEALTH

SYSTEM CREATED A COMMUNITY SURVEY AND RECEIVED FEEDBACK AND INPUT FROM

LOCAL PUBLIC HEALTH DEPARTMENTS DURING THE DEVELOPMENT PROCESS. THE

COMMUNITY SURVEY WAS PRIMARILY DISTRIBUTED THROUGH COLLABORATION WITH

LOCAL NONPROFITS AND PUBLIC HEALTH, AS WELL AS THROUGH SOCIAL MEDIA

NETWORKS. THE SURVEY WAS CONDUCTED THROUGHOUT THE SOUTHWEST MINNESOTA

REGION BETWEEN FEBRUARY 1, 2022, TO JUNE 30, 2022, WITH OVER 800

RESPONSES. THERE WERE 38 RESPONSES FROM WATONWAN COUNTY, THE DEFINED

COMMUNITY FOR MCHS IN ST. JAMES.

OUTREACH TO GET INPUT FROM TRADITIONALLY UNDERREPRESENTED, MEDICALLY

UNDER-SERVED, LOW-INCOME AND MINORITY POPULATIONS WERE PRIORITIZED.

EXAMPLES OF THIS OUTREACH INCLUDED DISTRIBUTION OF SURVEY AT LOCAL

LIBRARY, SURVEY BEING SHARED ON SOCIAL MEDIA THROUGH WATONWON COUNTY AND

DISTRIBUTION BY COMMUNITY HEALTH WORKERS AT MCHS IN ST. JAMES.

IN ADDITION, A PRIORITIZATION SURVEY WAS CONDUCTED WITH COMMUNITY

STAKEHOLDERS FROM LOCAL GOVERNMENT, HEALTHCARE AND NONPROFIT LEADERS WITH

36 OF 57 INDIVIDUALS RESPONDING.

IN ADDITION, INPUT INCLUDED QUANTITATIVE DATA FROM THE SOUTHERN MINNESOTA

NEEDS ASSESSMENT PREPARED BY THE HEALTH SCIENCE DEPARTMENT OF MINNESOTA

STATE UNIVERSITY-MANKATO ON BEHALF MCHS. THIS DATA WAS FROM A VARIETY OF

PUBLICLY AVAILABLE SOURCES FOR THE 11 REGIONAL COUNTIES INCLUDED IN THE

SOUTHERN MINNESOTA NEEDS ASSESSMENT.

GROUP A-FACILITY 16 -- MCHS IN ST. JAMES

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6A:

MCHS-MANKATO

MCHS-FAIRMONT

MCHS-WASECA

MCHS-NEW PRAGUE

GROUP A-FACILITY 16 -- MCHS IN ST. JAMES

PART V, SECTION B, LINE 6B:

MINNESOTA STATE UNIVERSITY MANKATO - DEPARTMENT OF COMMUNITY HEALTH

EDUCATION

GROUP A-FACILITY 16 -- MCHS IN ST. JAMES

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

ST. JAMES (MCHS-ST. JAMES) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT:

MENTAL HEALTH

ADDRESSING SOCIAL DETERMINANTS OF HEALTH

IN 2023, MCHS-ST. JAMES TOOK THE FOLLOWING ACTIONS TO ADDRESS THE

IDENTIFIED NEEDS:

MENTAL HEALTH: TO REDUCE MENTAL HEALTH ISSUES BY ADDRESSING PREVENTATIVE

EFFORTS, MCHS-ST. JAMES:

COLLABORATED WITH TRUMAN, ST. JAMES, MADELIA AND BUTTERFIELD-ODIN

ELEMENTARY SCHOOLS TO HOST WELLNESS WEEK TO REINFORCE HEALTHY HABITS AT

SCHOOL AND HOME. DONATED WELL-BEING BACKPACK TAGS TO OVER 1,000 STUDENTS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CONDUCTED REGIONAL CAMP OZ GRIEF CAMP FOR 48 KIDS WHO HAVE EXPERIENCED

DEATH OF SOMEONE IN THEIR LIFE WITH OVER 36 MAYO CLINIC HEALTH SYSTEM

VOLUNTEERS.

CONDUCTED SLIM YOUR SCREEN TIME COMMUNITY VIRTUAL CHALLENGE IN

COLLABORATION WITH CHILDREN'S MUSEUM OF SOUTHERN MINNESOTA.

CONDUCTED DISCOVER GRATITUDE COMMUNITY VIRTUAL PROGRAM TO HELP IMPROVE

MENTAL WELL-BEING THROUGH DAILY JOURNALING.

CONDUCTED KICKSTART KINDNESS COMMUNITY VIRTUAL CHALLENGE TO ENCOURAGE

EXTENDING KINDNESS SHOWN TO INCREASE SELF-ESTEEM, EMPATHY, AND COMPASSION.

DEVELOPED JOURNEY TO WELLNESS. A FREE YEARLONG, VIRTUAL, SELF-GUIDED

PROGRAM DESIGNED TO HELP MAKE THE WELLNESS JOURNEY EASIER. INDIVIDUALS OR

BUSINESSES ARE ABLE TO SIGN UP FOR A MONTHLY TOOLKIT THAT HAS A DIFFERENT

TOPIC WITH RESOURCES LIKE BLOGS, VIDEOS, PRINTABLE EDUCATION AND

ACTIVITIES. THERE WERE 800 PROGRAM REGISTRATIONS IN THE MAYO CLINIC

HEALTH SYSTEM SOUTHWEST MINNESOTA REGION. THE PROGRAM IS OFFERED

THROUGHOUT MAYO CLINIC HEALTH SYSTEM.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH: TO ADDRESS SOCIAL DETERMINANTS

OF HEALTH IN OUR COMMUNITIES THAT ARE CAUSING HEALTH DISPARITIES, MCHS-ST.

JAMES:

UTILIZED FOUR MCHS-EMPLOYED COMMUNITY HEALTH WORKERS TO FOCUS ON SOMALI

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AND HISPANIC COMMUNITY AND TO IMPROVE HEALTH CONDITIONS RELATED TO CHRONIC
DISEASE.

DEVELOPED MIDWEST PRIMARY CARE SOCIAL DETERMINANTS OF HEALTH SUB-COMMITTEE
TO PROVIDE GOVERNANCE AND DIRECTION FOR HEALTH EQUITY WORK ACROSS OUR
ORGANIZATION.

WORKED TO OPTIMIZE FIND HELP - A COMMUNITY RESOURCE DATABASE - IN OUR
ELECTRONIC HEALTH RECORDS TO HELP PROVIDE JUST IN TIME RESOURCES TO
PROVIDERS FOR IDENTIFIED SOCIAL DETERMINANTS OF HEALTH. IN ADDITION,
COLLABORATED WITH LOCAL COMMUNITY-BASED ORGANIZATIONS TO ACCEPT REFERRALS
AND UTILIZE THE PLATFORM.

HAD ONE STAFF MEMBER SERVE ON UNITING CULTURES/UNIENDO CULTURAS WORKING TO
UNITE PEOPLE AND COMMUNITIES BY REMOVING BARRIERS THROUGH SHARING,
LEARNING, COLLABORATION AND ACTION.

PROVIDED \$6,500 IN FUNDING TO THE WATONWAN COUNTY FOOD SHELF.

PROVIDED \$3,000 TO LUTHERAN SOCIAL SERVICES AND FARIBAULT, MARTIN &
WATONWAN COUNTY STATEWIDE HEALTH IMPROVEMENT PLAN FOR FRIENDS IN THE
KITCHEN PROGRAMMING WHICH IS A FREE MONTHLY PROGRAM FOR SENIORS THAT
FOCUSES ON SOCIAL CONNECTION AND NUTRITION.

PROVIDED \$5,000 GRANT TO WATLINE TRAIL TO OFFER FREE, OUTDOOR TRAILS FOR
ALL.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OFFERED STAFF COMMUNITY HEALTH WORKERS THE ABILITY TO VOLUNTEER MONTHLY AT

WATONWAN COUNTY FOOD SHELF TO DEVELOP RELATIONSHIPS.

COORDINATED A WINTER GEAR DRIVE TO DONATE ITEMS TO LOCAL SCHOOLS TO GIVE

TO CHILDREN IN NEED.

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA

THAT WERE NOT PRIORITIZED AS SIGNIFICANT WERE HEALTHCARE ACCESS, SUBSTANCE

ABUSE AND CHRONIC DISEASE. THESE NEEDS WILL BE ADDRESSED PARTLY THROUGH

OUR PRIORITIZED NEEDS, MENTAL HEALTH AND ADDRESSING SOCIAL DETERMINANTS OF

HEALTH, BUT GIVEN LIMITED RESOURCES AND OTHER ORGANIZATIONS WORKING TO

ADDRESS THESE NEEDS, THEY WILL NOT BE ADDRESSED BY MCHS-ST. JAMES.

GROUP A-FACILITY 4 -- MCHS IN EAU CLAIRE

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

THE 2021 EAU CLAIRE COUNTY COMMUNITY HEALTH ASSESSMENT SERVES AS THE BASIS

FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR MCHS IN EAU CLARIE. THE

ASSESSMENT WAS CONDUCTED COLLABORATIVELY BY THE COMMUNITY HEALTH

ASSESSMENT PLANNING PARTNERSHIP COMMITTEE (CHA PARTNERS). THIS

PARTNERSHIP, WHICH INCLUDES COUNTY HEALTH DEPARTMENTS, LOCAL HEALTHCARE

FACILITIES, AND COMMUNITY ORGANIZATIONS, WAS ESTABLISHED TO OPTIMIZE THE

COORDINATION AND USE OF RESOURCES WHILE REDUCING DUPLICATIVE EFFORTS.

THE CHA PARTNERS FACTORED DATA FROM SEVERAL SOURCES INCLUDING A COMMUNITY

HEALTH SURVEY; SECONDARY HEALTH DATA INVOLVING LOCAL AND NATIONAL

COMPARISONS; A SERIES OF VIRTUAL COMMUNITY CONVERSATIONS WITH COUNTY

RESIDENTS AND STAKEHOLDERS; AND EAU CLAIRE HEALTHY COMMUNITIES, A LOCAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COALITION THAT PROMOTES THE HEALTH AND WELL-BEING OF INDIVIDUALS,

FAMILIES, AND COMMUNITIES IN EAU CLAIRE COUNTY.

THE COMMUNITY HEALTH SURVEY WAS CONDUCTED DURING DECEMBER 2020. SEVERAL

VERSIONS OF THE SURVEY WERE DEVELOPED, INCLUDING FULL-LENGTH, ON-LINE

VERSIONS IN BOTH ENGLISH AND SPANISH ON SURVEYMONKEY AND BOTH FULL-LENGTH

AND SHORT PAPER VERSIONS IN ENGLISH AND SPANISH. THE ALTERNATE VERSIONS

WERE DEVELOPED AS A STRATEGY TO SOLICIT GREATER FEEDBACK FROM NON-ENGLISH

SPEAKERS AND INDIVIDUALS WITH LIMITED COMPUTER ACCESS OR PROFICIENCY. A

TOTAL OF 976 EAU CLAIRE RESIDENTS COMPLETED THE SURVEY.

SURVEY OUTREACH METHODS INCLUDED SHARING THE SURVEYMONKEY SITE THROUGH

PARTNER DISTRIBUTION LISTS (INCLUDING DOZENS OF COMMUNITY ORGANIZATIONS),

WEBSITES, AND SOCIAL MEDIA; PURCHASING ADS THROUGH VOLUME ONE AND

FACEBOOK; DISTRIBUTING FLYERS THROUGH COMMUNITY ORGANIZATIONS SUCH AS FEED

MY PEOPLE; CONDUCTING SPECIFIC OUTREACH TO VULNERABLE POPULATIONS THROUGH

GROUPS SUCH AS JONAH (JOINING OUR NEIGHBORS ADVANCING HOPE), EL CENTRO AND

THE EAU CLAIRE AREA HMONG MUTUAL ASSISTANCE ASSOCIATION; AND DISTRIBUTING

PAPER SURVEYS THROUGH THE AGING AND DISABILITY RESOURCE CENTER (VIA MEALS

ON WHEELS) AND EAU CLAIRE COUNTY JAIL.

DURING FEBRUARY 2021, THREE ON-LINE PUBLIC COMMUNITY CONVERSATIONS HERE

HELD TO FURTHER EVALUATE LOCAL HEALTH IMPACTS AND PRIORITIZATION CRITERIA.

THESE EVENTS WERE PUBLICIZED WIDELY THROUGH E-MAIL, WEBSITES SOCIAL MEDIA

AND OTHER MEANS. THE CHA PARTNERS CONDUCTED OUTREACH TO AND THROUGH

HEALTH CARE AND OTHER SERVICE PROVIDERS, LOCAL GOVERNMENT, LIBRARIES,

SENIOR CENTERS, EDUCATIONAL INSTITUTIONS, CHURCHES, AND THE CHAMBER OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMERCE, AMONG OTHER COMMUNITY ORGANIZATIONS.

IN MARCH OF 2021, CHA PARTNERS MET WITH MEMBERS OF EAU CLAIRE HEALTHY

COMMUNITIES, A COALITION OF LOCAL ORGANIZATIONS AND AGENCIES THAT PROMOTE

HEALTH AND WELL-BEING WITHIN THE COMMUNITY. THE CHA PARTNERS FACILITATED

VIRTUAL BREAKOUT ROOM DISCUSSIONS AROUND THE SAME SET OF QUESTIONS POSED

DURING THE COMMUNITY CONVERSATIONS AND THEN SUMMARIZED KEY TAKEAWAYS UPON

RECONVENING THE FULL GROUP. PRIOR TO ADJOURNING, PARTICIPANTS INDICATED

THEIR TOP THREE HEALTH PRIORITIES VIA AN ON-LINE POLL.

GROUP A-FACILITY 4 -- MCHS IN EAU CLAIRE

PART V, SECTION B, LINE 6A:

HSHS SACRED HEART HOSPITAL

HSHS ST. JOSEPH'S HOSPITAL

MCHS-BLOOMER

GROUP A-FACILITY 4 -- MCHS IN EAU CLAIRE

PART V, SECTION B, LINE 6B:

EAU CLAIRE CITY COUNTY HEALTH DEPARTMENT

UNITED WAY OF THE GREATER CHIPPEWA VALLEY

MARSHFIELD CLINIC HEALTH SYSTEM

EAU CLAIRE HEALTHY COMMUNITIES

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH

CHIPPEWA HEALTH IMPROVEMENT PARTNERSHIP

GROUP A-FACILITY 4 -- MCHS IN EAU CLAIRE

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EAU CLAIRE (MCHS-EAU CLAIRE) IDENTIFIED THE FOLLOWING NEEDS AS

SIGNIFICANT:

MENTAL HEALTH

SUBSTANCE ABUSE AND ALCOHOL MISUSE

CHRONIC DISEASE AND OBESITY

IN 2023, MCHS-EAU CLAIRE TOOK THE FOLLOWING ACTIONS TO ADDRESS THE

IDENTIFIED NEEDS:

MENTAL HEALTH: TO IMPROVE MENTAL HEALTH WITH AN EMPHASIS ON STRENGTHENING

COMMUNITY MENTAL HEALTH SERVICES AND SUICIDE PREVENTION AND SUPPORTING

RESILIENCY ACROSS THE LIFESPAN, MCHS-EAU CLAIRE:

PARTICIPATED WITH COMMUNITY COALITIONS LIKE MENTAL HEALTH MATTERS AND

MENTAL HEALTH ACTION TEAMS TO ADDRESS NEEDS RELATED TO MENTAL HEALTH. IN

ADDITON, FINANCIAL SUPPORT WAS CONTRIBUTED TO ORGANIZATIONS THAT OFFER

COMMUNITY SERVICES AND PROGRAMS THAT IMPROVE MENTAL HEALTH. MONETARY

SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING ORGANIZATIONS:

- JONAH - \$500 (GREEN BANDANA PROJECT)

- BOYS AND GILS CLUB OF THE GREATER CHIPPEWA VALLEY - \$1,000 (YOUTH GALA)

- CHIPPEWA VALLEY LGBTQ+ - \$3,500 (PRIDE IN THE PARK SPONSOR)

- NAMI CHIPPEWA VALLEY - \$3,000 (PROGRAMMING)

- BLACK & BROWN WOMYN POWER - \$1,000 (HMOOB HERITAGE GALA AND

CELEBRATION)

- L.E. PHILLIPS MEMORIAL LIBRARY - \$2,500 (MENTAL HEALTH WELLNESS KITS)

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- CATHOLIC CHARITIES - \$250 (DIAPER BAGS FOR MOTHERS IN NEED)

- SLEEP IN HEAVENLY PEACE - \$10,000 (BEDS FOR CHILDREN IN NEED)

- WORLD RELIEF CHIPPEWA VALLEY - \$3,000 (SUPPORT FOR REFUGEES)

- BIG BROTHERS BIG SISTERS - \$5,000 (MENTORS)

- EAU CLAIRE BRAIN TEAM - \$1,000 (CONFERENCE SPONSOR)

- VILLAGE - \$3,500 (CHIPPEWA VALLEY SCHOLARSHIP FUND)

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS MENTAL HEALTH CONCERNS BY

CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS, VIRTUAL

CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT. ENGAGEMENTS

INCLUDED:

- UW-EAU CLAIRE VOLLEYBALL MENTAL HEALTH AWARENESS EVENT (EDUCATIONAL
DISPLAY)

- PRIDE IN THE PARK EVENT (EDUCATIONAL RESOURCE BOOTH)

- UW-EAU CLAIRE SEXUAL ASSAULT HEALTH FAIR (RESOURCE BOOTH)

- JOURNEY TO WELLNESS (12 MONTH SELF-LED VIRTUAL PROGRAM)

- RAISING WI CHILDREN'S CONFERENCE (YOGA AND MEDITATION)

AWARDED HOMETOWN HEALTH GRANTS TO ORGANIZATIONS WITHIN THE COMMUNITY THAT

PROMOTE MENTAL WELLNESS. GRANTS WORK IN PARTNERSHIP WITH COMMUNITY-BASED

ORGANIZATIONS ON PROJECTS THAT ARE AT A HIGHER FINANCIAL LEVEL OF SUPPORT.

GRANTS INCLUDED \$15,000 TO FAMILY PROMISE OF CHIPPEWA VALLEY TO ASSIST

FAMILIES EXPERIENCEING HIGH RISK OF HOMELESSNESS AND \$30,000 TO COMMUNITY

HAVEN HOUSE TO SUPPORT THEIR DAYTIME SUPPORT SERVICES.

AN ADDITIONAL \$100,000 COMMUNITY GIVING GRANT WAS AWARDED TO THE COMMUNITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HAVEN HOUSE DAY RESOURCE CENTER CAPITAL CAMPAIGN.

PROVIDED SUPPORT TO AREA SCHOOL DISTRICTS FOR PROGRAMS AND ACTIVITIES THAT

ALIGN WITH THE COMMUNITY HEALTHS NEEDS ASSESSMENT. A TOTAL OF \$18,600 WAS

AWARDED TO SCHOOLS WITHIN EAU CLAIRE COUNTY. PROJECTS SUPPORTING MENTAL

HEALTH INCLUDED:

- EAU CLAIRE SCHOOL DISTRICT - \$8,000 (SCHOOL TRANSPORTATION)

- ALTOONA MIDDLE SCHOOL - \$4,000 (RESTORATIVE PRACTICES & ART CLUB)

- IMMACULATE CONCEPTION ELEMENTARY - \$225 (PEACE PATH)

- NORTH HIGH SCHOOL - \$1,400 (EVERYDAY LIFE SKILLS CLASS)

SUBSTANCE ABUSE AND ALCOHOL MISUSE: TO PREVENT ALCOHOL MISUSE AND

SUBSTANCE ABUSE WITH AN EMPHASIS ON YOUTH, MCHS-EAU CLAIRE:

PARTICIPATED WITH COMMUNITY COALITIONS LIKE ALLIANCE FOR SUBSTANCE MISUSE

PREVENTION, EAU CLAIRE HEALTHY COMMUNITIES, AND SUBSTANCE-FREE PREGNANCY

AND RECOVERY TO IMPROVE SUBSTANCE USE AND ALCOHOL MISUSE. IN ADDITION,

FINANCIAL SUPPORT WAS CONTRIBUTED TO ORGANIZATIONS THAT OFFER COMMUNITY

SERVICES AND PROGRAMS THAT PROMOTE EDUCATION AND ADVOCACY AROUND SUBSTANCE

USE AND ALCOHOL MISUSE. MONETARY SPONSORSHIPS WERE PROVIDED TO THE

FOLLOWING:

- EAU CLAIRE RESTORATIVE JUSTICE - \$4,740 (PRIME FOR LIFE AND OWI

VICTIM/IMPACT PANEL)

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS SUBSTANCE USE AND ALCOHOL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MISUSE BY CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS,

VIRTUAL CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT.

ENGAGEMENTS INCLUDED:

- UW - EAU CLAIRE PARTNERSHIP (CHANGING THE CONVERSATION AROUND ALCOHOL)

- VOLUME ONE: BIG HULLABALOO (INTERACTIVE LUNG DISPLAY)

- RAISING WI CHILDREN'S CONFERENCE (ALCOHOL, DRUGS AND THE BRAIN: TEENAGE

USE)

- EAU CLAIRE MIDDLE SCHOOLS (LUNG HEALTH AND AODA PREVENTION)

- YOUTH SAFETY CAMP EVENT (EAU CLAIRE)

- NATIONAL NIGHT OUT EVENT (ALTOONA)

- EAU CLAIRE AREA SCHOOL DISTRICTS (POST PROM TRAUMA EVENTS)

AWARDED HOMETOWN HEALTH GRANTS TO ORGANIZATIONS WITHIN THE COMMUNITY THAT

ADDRESS OR ASSIST IN REDUCING SUBSTANCE USE AND ALCOHOL MISUSE. GRANTS

WORK IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS ON PROJECTS THAT

ARE AT A HIGHER FINANCIAL LEVEL OF SUPPORT. A \$10,000 GRANT TO HOPE

GOSPEL MISSION'S RENEWED HOPE PROGRAM WAS AWARDED TO SUPPORT ADDICTION

RECOVERY SERVICES.

CHRONIC DISEASE AND OBESITY: TO PREVENT OBESITY AND REDUCE CHRONIC

DISEASE WITH A FOCUS ON NUTRITION, REDUCING FOOD INSECURITY AND INCREASING

PUBLIC ACCESS TO PHYSICAL ACTIVITY, MCHS-EAU CLAIRE:

PARTICIPATED WITH COMMUNITY COALITIONS TO IMPACT CHRONIC DISEASE AND

OBESITY. FINANCIAL SUPPORT IS ALSO PROVIDED TO ORGANIZATIONS THAT OFFER

COMMUNITY SERVICES AND PROGRAMS THAT PROMOTE HEALTH AND WELLNESS LIFESTYLE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHOICES. MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING

ORGANIZATIONS:

- UNITED WAY OF GREATER CHIPPEWA VALLEY - \$3,500 (PROGRAMMING AND

LEARNING TRAIL)

- GROUP HEALTH - \$250 (GET THE SHOT CAMPAIGN)

- THE COMMUNITY TABLE - \$5,000 (CORPORATE SPONSORSHIP/FOOD INSECURITY)

- BEAVER CREEK RESERVE - \$2,000 (OUTDOOR PROGRAMMING)

- EAU CLAIRE COUNTY SHERIFF'S OFFICE - \$500 (BIKE PROGRAM)

- EAU CLAIRE MUTUAL HMONG ASSOCIATION - \$3,500 (HMONG HEALTH FAIR)

- AMERICAN RED CROSS - \$2,000 (NWWI HEROES BREAKFAST)

- CORBA - \$1,000 (TRAILS GALA)

- DOVE HEALTHCARE COMMUNITY FOUNDATION - \$1,500 (NURSE AIDE GRANT)

- CHIPPEWA VALLEY TECHNICAL COLLEGE - \$350 (CAREGIVER CONFERENCE)

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS CHRONIC DISEASE AND OBESITY

BY CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS, VIRTUAL

CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT. ENGAGEMENTS

INCLUDED:

- HMONG HEALTH FAIR

- UW EAU CLAIRE WOMEN'S BASKETBALL CANCER AWARENESS EVENT (DISPLAY BOOTH)

- COMMUNITY BABY SHOWER EVENT (BABY WELLNESS PRESENTATION)

- CHIPPEWA VALLEY FREE CLINIC - PROVIDE SERVICES FOR SUPPORT

- JOURNEY TO WELLNESS (12 MONTH SELF-LED VIRTUAL PROGRAM)

- RAISING WI CHILDREN'S CONFERENCE (YOGA AND MEDITATION)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AWARDED HOMETOWN HEALTH GRANTS TO ORGANIZATIONS WITHIN THE COMMUNITY THAT

ADDRESS NUTRITION AND FOOD INSECURITY. GRANTS WORK IN PARTNERSHIP WITH

COMMUNITY-BASED ORGANIZATIONS ON PROJECTS THAT ARE AT A HIGHER FINANCIAL

LEVEL OF SUPPORT. GRANTS INCLUDED \$20,000 TO FEED MY PEOPLE FOOD BANK AND

\$25,000 TO THE CHIPPEWA VALLEY FREE CLINIC TO STRENGTHEN COMMUNITY ACCESS

TO HEALTHCARE.

PROVIDED SUPPORT TO AREA SCHOOL DISTRICTS FOR PROGRAMS AND ACTIVITIES THAT

ASSIST IN REDUCING CHRONIC DISEASE AND OBESITY. PROJECTS INCLUDED:

- NORTHSTAR MIDDLE SCHOOL - \$2,000 (EDIBLE CLASSROOM)

- PUTNAM HEIGHTS ELEMENTARY - \$1,200 (SCHOOL COMMUNITY GARDEN)

- IMMACULATE CONCEPTION ELEMENTARY - \$1,800 (HYDROPONIC SYSTEM)

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 20 22

CHNA WILL BE ADDRESSED BY MCHS-EAU CLAIRE BASED ON RESOURCES AVAILABLE

AND/OR BY OTHER AGENCIES AND ORGANIZATIONS WITHIN THE COMMUNITY THAT ARE

MORE ALIGNED IN ADDRESSING THOSE NEEDS.

GROUP A-FACILITY 12 -- MCHS IN BARRON

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

THE PRIMARY INPUT INTO THE ASSESSMENT AND PRIORITIZATION PROCESS FOR

MCHS-BARRON'S CHNA WAS THE 2021-22 BARRON COUNTY COMMUNITY HEALTH NEEDS

ASSESSMENT. THE BARRON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT WAS

CONDUCTED COLLABORATIVELY BY THE THRIVE BARRON COUNTY STEERING COMMITTEE.

THIS COMMITTEE ENCOMPASSES BARRON COUNTY DEPARTMENT OF HEALTH & HUMAN

SERVICES, LOCAL HEALTH CARE ORGANIZATIONS, COMMUNITY GROUPS AND RESIDENTS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THAT WORK TOGETHER TO IDENTIFY BARRON COUNTY'S TOP HEALTH CONCERNS.

THE COMMITTEE USED SEVERAL METHODS TO COLLECT BOTH QUALITATIVE AND

QUANTITATIVE INFORMATION THROUGH THE ASSESSMENT PROCESS. THE ASSESSMENT

PROCESS WAS AIMED PARTICULARLY AT UNDERSTANDING THE NEEDS OF THE

TRADITIONALLY UNDER-SERVED. THE PRIMARY STRATEGIES UTILIZED TO GATHER

DATA NEEDED TO COMPLETE THIS REPORT INVOLVED INFORMATION FROM EXISTING

POPULATION HEALTH DATA, DISTRIBUTION OF A COMMUNITY PERCEPTION SURVEY, AND

MEETING WITH LOCAL ORGANIZATIONS SUCH AS THE BARRON COUNTY COMMUNITY

CONNECTIONS TO PROSPERITY COALITION.

EXISTING POPULATION HEALTH DATA WAS GATHERED FROM A VARIETY OF SOURCES,

INCLUDING CENSUS DATA, GOVERNMENT REPORTS, HEALTH DEPARTMENT STATISTICS,

YOUTH RISK BEHAVIOR STUDY AND INFORMATION COLLECTED FROM LOCAL HOSPITALS

AND LOCAL COMMUNITY SERVICE ORGANIZATIONS. ALSO CONSIDERED DURING THIS

STEP WAS THE COUNTY HEALTH RANKINGS, A JOINT EFFORT OF THE ROBERT WOOD

JOHNSON FOUNDATION AND UNIVERSITY OF WISCONSIN POPULATION HEALTH

INSTITUTE. ANALYZING THIS QUANTITATIVE DATA FACILITATED THE EVALUATION OF

HOW BARRON COUNTY COMPARED TO STATE AND NATIONAL AVERAGES AND BENCHMARKS.

THE COMMUNITY PERCEPTION SURVEY WAS DISTRIBUTED IN LATE 2021 WITH THE

OBJECTIVE OF INCREASING THE UNDERSTANDING OF THE COMMUNITY'S HEALTH NEEDS

AND PERCEPTION OF THE MAIN CHALLENGES FACING RESIDENTS OF BARRON COUNTY.

THE SURVEY INCLUDED QUESTIONS RELATED TO COMMUNITY HEALTH NEEDS AND

QUESTIONS TO CAPTURE DEMOGRAPHIC INFORMATION. A PRESS RELEASE WAS SENT TO

AREA NEWSPAPERS ANNOUNCING THE INITIATIVE AND ASKING FOR COMMUNITY

PARTICIPATION. IN ADDITION, THE SURVEY WAS PROMOTED ON SOCIAL MEDIA AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THROUGH EMAIL COMMUNICATION CHANNELS. A TOTAL OF 371 ON-LINE SURVEYS WERE

COMPLETED.

INPUT AND INFORMATION WERE ALSO GATHERED FROM THE BARRON COUNTY COMMUNITY

CONNECTIONS TO PROSPERITY COALITION. THIS COALITION IS A GROUP OF

ORGANIZATIONS, BUSINESSES, AND COMMUNITY MEMBERS IN BARRON COUNTY, WHOSE

FOCUS IS ON HELPING THOSE IN POVERTY RISE ABOVE IT. THIS OUTREACH ALLOWED

THE ASSESSMENT TEAM TO GARNER VALUABLE DATA RELATED TO LOW-INCOME

POPULATIONS AS PART OF THE ASSESSMENT PROCESS.

GROUP A-FACILITY 12 -- MCHS IN BARRON

PART V, SECTION B, LINE 6A:

MARSHFIELD MEDICAL CENTER - RICE LAKE

GROUP A-FACILITY 12 -- MCHS IN BARRON

PART V, SECTION B, LINE 6B:

BARRON COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING & DISABILITY RESOURCE CENTER

BARRON COUNTY SHERIFF DEPARTMENT

BENJAMIN'S HOUSE EMERGENCY SHELTER

COMMUNITY CONNECTIONS TO PROSPERTIY

DISABILITY RIGHTS WISCONSIN

RICE LAKE AREA FREE CLINIC

NAMI BARRON COUNTY

NORTHLAKES COMMUNITY CLINIC

NORTHWOODS TECHNICAL COLLEGE

UW EAU CLAIRE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

UW MADISON DIVISION OF EXTENSION BARRON COUTNY

GROUP A-FACILITY 12 -- MCHS IN BARRON

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

BARRON (MCHS-BARRON) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT:

MENTAL HEALTH

SUBSTANCE ABUSE AND ALCOHOL MISUSE

CHRONIC DISEASE AND OBESITY

IN 2023, MCHS-BARRON TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED

NEEDS:

MENTAL HEALTH: TO IMPROVE MENTAL HEALTH WITH AN EMPHASIS ON STRENGTHENING

COMMUNITY MENTAL HEALTH SERVICES AND SUICIDE PREVENTION AND SUPPORTING THE

RESILIENCY ACROSS THE LIFESPAN, MCHS-BARRON:

PARTICIPATED WITH COMMUNITY COALITIONS LIKE THE BARRON COUNTY HEALTH

IMPROVEMENT PLAN COMMITTEE TO ADDRESS NEEDS REALTED TO MENTAL HEALTH. IN

ADDITON, FINANCIAL SUPPORT WAS CONTRIBUTED TO ORGANIZATIONS THAT OFFER

COMMUNITY SERVICES AND PROGRAMS THAT IMPROVE MENTAL HEALTH. MONETARY

SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING ORGANIZATIONS:

- BOYS AND GIRLS CLUB OF BARRON COUNTY - \$5,000 (CORPORATE SPONSOR)

- BARRON COUNTY ADRC - \$1,000 (DEMENTIA CONNECTIONS PROGRAM)

- RICE LAKE PUBLIC LIBRARY - \$3,000 (STEAM PROGRAMMING)

- BARRON CHAMBER OF COMMERCE - \$1,000 (FAMILY FUN NIGHT/MUSIC IN THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARK)

- LAKELAND FAMILY RESOURCE CENTER - \$2,000 (SPONSORSHIP)

- UNITED WAY OF RICE LAKE - \$1,000 (SPONSORSHIP)

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS MENTAL HEALTH CONCERNS BY

CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS, VIRTUAL

CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT. ENGAGEMENTS

INCLUDED:

- SAFETY CAMP EVENT (BARRON)

- PRESENTATION TO LEADERSHIP BARRON COUNTY

- JOURNEY TO WELLNESS (12 MONTH SELF-LED VIRTUAL PROGRAM)

- RAISING WI CHILDREN'S CONFERENCE (YOGA AND MEDITATION)

AWARDED HOMETOWN HEALTH GRANTS TO ORGANIZATIONS WITHIN THE COMMUNITY THAT

PROMOTE MENTAL WELLNESS. GRANTS WORK IN PARTNERSHIP WITH COMMUNITY-BASED

ORGANIZATIONS ON PROJECTS THAT ARE AT A HIGHER FINANCIAL LEVEL OF SUPPORT.

GRANTS INCLUDED \$50,000 TO THE BOYS AND GIRLS CLUB OF BARRON COUNTY NEW

BUILDING PROJECT AND \$13,000 TO EMBRACE SHELTER AND SUPPORT SERVICES TO

VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT.

PROVIDED SUPPORT TO AREA SCHOOL DISTRICTS FOR PROGRAMS AND ACTIVITIES THAT

ALIGN WITH THE COMMUNITY HEALTH NEEDS ASSESSMENT. A TOTAL OF \$24,000 WAS

AWARDED TO SCHOOLS WITHIN BARRON COUNTY. PROJECTS SUPPORTING MENTAL

WELLNESS INCLUDED:

- CAMERON SCHOOL DISTRICT - \$8,000 (CAMERON CARE PACKS AND CLOTHES

CLOSET)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- BARRON SCHOOL DISTRICT - \$6,000 (WELLNESS CONFERENCE & FAMILY OUTREACH)

- RICE LAKE SCHOOL DISTRICT - \$3,000 (BOOK VENDING MACHINE)

SUBSTANCE ABUSE AND ALCOHOL MISUSE: TO PREVENT ALCOHOL MISUSE AND

SUBSTANCE ABUSE WITH AN EMPHASIS ON YOUTH, MCHS-BARRON:

PARTICIPATED WITH COMMUNITY COALITIONS LIKE BARRON COUNTY COMMUNITY

COALITION AND COMMUNITY CONNECTIONS TO PROSPERITY TO IMPROVE SUBSTANCE USE

AND ALCOHOL MISUSE. FINANCIAL SUPPORT IS ALSO PROVIDED TO ORGANIZATIONS

THAT OFFER COMMUNITY SERVICES AND PROGRAMS THAT PROMOTE EDUCATION AND

ADVOCACY AROUND SUBSTANCE USE AND ALCOHOL MISUSE. MONETARY SPONSORSHIPS

WERE PROVIDED TO THE FOLLOWING ORGANIZATIONS:

- BARRON CO. HEALTH AND HUMAN SERVICES - \$3,000 (FAMILY DRUG TREATMENT COURT)

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS SUBSTANCE USE AND ALCOHOL

MISUSE BY CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS,

VIRTUAL CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT.

ENGAGEMENTS INCLUDED:

- RAISING WI CHILDREN'S CONFERENCE (ALCOHOL, DRUGS & THE BRAIN: TEENAGE USE)

- YOUTH SAFETY CAMP EVENT (BARRON)

- NATIONAL NIGHT OUT EVENT

CHRONIC DISEASE AND OBESITY: TO PREVENT OBESITY AND REDUCE CHRONIC

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DISEASE WITH A FOCUS ON NUTRITION, REDUCING FOOD INSECURITY AND INCREASING

PUBLIC ACCESS TO PHYSICAL ACTIVITY, MCHS-BARRON:

PARTICIPATED WITH COMMUNITY COALITIONS TO IMPACT CHRONIC DISEASE AND

OBESITY. FINANCIAL SUPPORT IS ALSO PROVIDED TO ORGANIZATIONS THAT OFFER

COMMUNITY SERVICES AND PROGRAMS THAT PROMOTE HEALTH AND WELLNESS LIFESTYLE

CHOICES. MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING

ORGANIZATIONS:

- NORTHWOOD TECHNICAL COLLEGE FOUNDATION - \$300 (CAREGIVER CONFERENCE)

- BARRON COUNTY MULTI-AGENCY RESOURCE EVENT - \$500 (HEALTHCARE

INTERPRETERS)

- FRIENDS OF HUNT HILL AUDUBON SANCTUARY - \$1,250 (OUTDOOR PROGRAMMING)

- RICE LAKE WARRIORS - \$2,000 (SNACKS FOR SUCCESS PROGRAM)

- ALZHEIMER'S ASSOCIATION - \$500 (WALK TO END ALZHEIMER'S SPONSORSHIP)

- AMERICAN RED CROSS - \$2,000 (NWWI HEROES BREAKFAST)

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS CHRONIC DISEASE AND OBESITY

BY CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS, VIRTUAL

CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT. ENGAGEMENTS

INCLUDED:

- JOURNEY TO WELLNESS (12 MONTH SELF-LED VIRTUAL PROGRAM)

- RAISING WI CHILDREN'S CONFERENCE (YOGA AND MEDITATION)

AWARDED HOMETOWN HEALTH GRANTS TO ORGANIZATIONS WITHIN THE COMMUNITY THAT

ADDRESS CHRONIC DISEASE PREVENTION, OBESITY AND FOOD INSECURITY. GRANTS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WORK IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS ON PROJECTS THAT

ARE AT A HIGHER FINANCIAL LEVEL OF SUPPORT. GRANTS INCLUDED A \$30,000

GRANT TO RUBY'S PANTRY IN CAMERON TO SUPPORT HEALTHY FOOD ACCESS AND A

\$15,000 GRANT TO RICE LAKE AREA FREE CLINIC TO HELP IMPROVE CLINICAL CARE

FOR PATIENTS WITH DIABETES.

PROVIDED SUPPORT TO AREA SCHOOL DISTRICTS FOR PROGRAMS AND ACTIVITIES THAT

ASSIST IN REDUCING CHRONIC DISEASE AND OBESITY. PROJECTS INCLUDED:

- RICE LAKE SCHOOL DISTRICT - \$3,000 (NATURE CONSERVANCY OUTDOOR
EDUCATION)

- TURTLE LAKE SCHOOL DISTRICT - \$4,000 (SCHOOL BACKPACK PROGRAM)

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 20 22

CHNA WILL BE ADDRESSED BY MCHS-BARRON BASED ON RESOURCES AVAILABLE AND/OR

BY OTHER AGENCIES AND ORGANIZATIONS WITHIN THE COMMUNITY THAT ARE MORE

ALIGNED IN ADDRESSING THOSE NEEDS.

GROUP A-FACILITY 13 -- MCHS IN BLOOMER

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

THE PRIMARY INPUT INTO THE ASSESSMENT AND PRIORITIZATION PROCESS FOR

MCHS-BLOOMER'S CHNA WAS THE 2021 CHIPPEWA COUNTY COMMUNITY HEALTH

ASSESSMENT. THE CHIPPEWA COUNTY COMMUNITY HEALTH ASSESSMENT (CHA) WAS

CONDUCTED COLLABORATIVELY BY THE COMMUNITY HEALTH ASSESSMENT PLANNING

PARTNERSHIP COMMITTEE (CHA PARTNERS). THIS PARTNERSHIP, WHICH INCLUDES

COUNTY HEALTH DEPARTMENTS, LOCAL HEALTHCARE FACILITIES, AND COMMUNITY

ORGANIZATIONS, WAS ESTABLISHED TO OPTIMIZE THE COORDINATION AND USE OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RESOURCES WHILE REDUCING DUPLICATIVE EFFORTS.

THE CHA PARTNERS USED SEVERAL METHODS TO COLLECT BOTH QUALITATIVE AND

QUANTITATIVE INFORMATION THROUGH THE ASSESSMENT PROCESS. THE FOUR PRIMARY

STRATEGIES UTILIZED FOR GATHERING THE DATA NEEDED TO COMPLETE THIS REPORT

INVOLVED DISTRIBUTING A COMMUNITY HEALTH SURVEY, COMPILING SECONDARY DATA

(HEALTH COMPARISONS), HOLDING COMMUNITY CONVERSATIONS, AND MEETING WITH

HEALTH COALITIONS SUCH AS THE CHIPPEWA HEALTH IMPROVEMENT PARTNERSHIP.

THE COMMUNITY HEALTH SURVEY WAS CONDUCTED DURING DECEMBER 2020. SEVERAL

VERSIONS OF THE SURVEY WERE DEVELOPED, INCLUDING FULL-LENGTH, ON-LINE

VERSIONS IN BOTH ENGLISH AND SPANISH ON SURVEYMONKEY AND BOTH FULL-LENGTH

AND SHORT PAPER VERSIONS IN ENGLISH AND SPANISH. THE ALTERNATE VERSIONS

WERE DEVELOPED AS A STRATEGY TO SOLICIT GREATER FEEDBACK FROM NON-ENGLISH

SPEAKERS AND INDIVIDUALS WITH LIMITED COMPUTER ACCESS OR PROFICIENCY. A

TOTAL OF 637 CHIPPEWA COUNT RESIDENTS COMPLETED THE SURVEY.

THE CHA PARTNERS CONDUCTED SURVEY OUTREACH THROUGH A VARIETY OF METHODS.

THESE INCLUDED SHARING THE SURVEYMONKEY SITE THROUGH PARTNER DISTRIBUTION

LISTS (INCLUDING DOZENS OF COMMUNITY ORGANIZATIONS), WEBSITES, AND SOCIAL

MEDIA; PURCHASING ADS THROUGH VOLUME ONE AND FACEBOOK; DISTRIBUTING FLYERS

THROUGH COMMUNITY ORGANIZATIONS SUCH AS FEED MY PEOPLE; CONDUCTING

SPECIFIC OUTREACH TO VULNERABLE POPULATIONS THROUGH GROUPS SUCH AS JONAH

(JOINING OUR NEIGHBORS ADVANCING HOPE), EL CENTRO, AND THE EAU CLAIRE AREA

HMONG MUTUAL ASSISTANCE ASSOCIATION; AND DISTRIBUTING PAPER SURVEYS

THROUGH THE AGING AND DISABILITY RESOURCE CENTER (VIA MEALS ON WHEELS) AND

CHIPPEWA COUNTY JAIL.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DURING FEBRUARY 2021, THREE ON-LINE PUBLIC COMMUNITY CONVERSATIONS HERE

HELD TO FURTHER EVALUATE LOCAL HEALTH IMPACTS AND PRIORITIZATION CRITERIA.

THESE EVENTS WERE PUBLICIZED WIDELY THROUGH E-MAIL, WEBSITES SOCIAL MEDIA

AND OTHER MEANS. THE CHA PARTNERS CONDUCTED OUTREACH TO AND THROUGH

HEALTH CARE AND OTHER SERVICE PROVIDERS, LOCAL GOVERNMENT, LIBRARIES,

SENIOR CENTERS, EDUCATIONAL INSTITUTIONS, CHURCHES, AND THE CHAMBER OF

COMMERCE, AMONG OTHER COMMUNITY ORGANIZATIONS.

IN MARCH OF 2021, CHA PARTNERS MET WITH MEMBERS OF THE CHIPPEWA HEALTH

IMPROVEMENT PARTNERSHIP, A COALITION OF LOCAL ORGANIZATIONS AND AGENCIES

THAT PROMOTE HEALTH AND WELL-BEING WITHIN THE COMMUNITY. THE CHA PARTNERS

FACILITATED VIRTUAL BREAKOUT ROOM DISCUSSIONS AROUND THE SAME SET OF

QUESTIONS POSED DURING THE COMMUNITY CONVERSATIONS AND THEN SUMMARIZED KEY

TAKEAWAYS UPON RECONVENING THE FULL GROUP. PRIOR TO ADJOURNING,

PARTICIPANTS INDICATED THEIR TOP THREE HEALTH PRIORITIES VIA AN ON-LINE

POLL.

GROUP A-FACILITY 13 -- MCHS IN BLOOMER

PART V, SECTION B, LINE 6A:

HSHS ST. JOSEPH'S HOSPITAL

HSHS SACRED HEART HOSPITAL

MCHS-EAU CLAIRE

GROUP A-FACILITY 13 -- MCHS IN BLOOMER

PART V, SECTION B, LINE 6B:

CHIPPEWA HEALTH IMPROVEMENT PARTNERSHIP

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH

MARSHFIELD CLINIC HEALTH SYSTEM

UNITED WAY OF THE GREATER CHIPPEWA VALLEY

EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT

EAU CLAIRE HEALTHY COMMUNITIES

GROUP A-FACILITY 13 -- MCHS IN BLOOMER

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

BLOOMER (MCHS-BLOOMER) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT:

MENTAL HEALTH

SUBSTANCE ABUSE AND ALCOHOL MISUSE

CHRONIC DISEASE AND OBESITY

IN 2023, MCHS-BLOOMER TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED

NEEDS:

MENTAL HEALTH: TO IMPROVE MENTAL HEALTH WITH AN EMPHASIS ON STRENGTHENING

COMMUNITY MENTAL HEALTH SERVICES AND SUICIDE PREVENTION AND SUPPORTING

RESILIENCY ACROSS THE LIFESPAN, MCHS-BLOOMER:

PARTICIPATED WITH COMMUNITY COALITIONS LIKE THE COMMUNITY HEALTH

IMPROVEMENT PARTNERSHIP OF CHIPPEWA COUNTY TO ADDRESS NEEDS RELATED TO

MENTAL HEALTH. IN ADDITION, FINANCIAL SUPPORT WAS CONTRIBUTED TO

ORGANIZATIONS THAT OFFER COMMUNITY SERVICES AND PROGRAMS THAT IMPROVE

MENTAL HEALTH. MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING

ORGANIZATIONS:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- CHIPPEWA COUNTY DEPT. PUBLIC HEALTH - \$1,500 (STRONG RESILIENCY SERIES)

- CHIPPEWA VALLEY CULTURAL ASSOCIATION - \$2,500 (ARTISTS WITH
DISABILITIES)

- CARDINAL COMMUNITY LEARNING CENTER - \$2,000 (SENIOR LEARNING DAY EVENT)

- HEARTS IN HARMONY - \$650 (SUMMER CAMP)

- CENTER FOR INDEPENDENT LIVING FOR WESTERN WI - \$500 (FISHING EVENT)

- YMCA OF CHIPPEWA FALLS - \$3,000 (HEALTHY KIDS DAY/FISHING EVENTS)

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS MENTAL HEALTH CONCERNS BY

CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS, VIRTUAL

CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT. ENGAGEMENTS

INCLUDED:

- BEREAVEMENT SERVICE PRESENTATION (SENIOR LEARNING DAY EVENT)

- CHIPPEWA STRONG COMMUNITY RESILIENCY EVENT (CHIPPEWA FALLS)

- JOURNEY TO WELLNESS (12 MONTH SELF-LED VIRTUAL PROGRAM)

- RAISING WI CHILDREN'S CONFERENCE (YOGA AND MEDITATION)

AWARDED GRANTS TO ORGANIZATIONS WITHIN THE COMMUNITY THAT PROMOTE MENTAL

WELLNESS. A \$130,000 COMMUNITY GIVING GRANT WAS AWARDED TO HOPE VILLAGE

IN CHIPPEWA FALLS TOWARDS THEIR CAPITAL CAMPAIGN TO HELP BUILD

AFFORDABLE/WORKFORCE HOUSING.

PROVIDED SUPPORT TO AREA SCHOOL DISTRICTS FOR PROGRAMS AND ACTIVITIES THAT

ALIGN WITH THE COMMUNITY HEALTH NEEDS ASSESSMENT. A TOTAL OF \$19,000 WAS

AWARDED TO SCHOOLS WITHIN CHIPPEWA COUNTY. PROJECTS SUPPORTING MENTAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH INCLUDED:

- BLOOMER SCHOOL DISTRICT - \$4,000 (MENTAL HEALTH AND WELLNESS

INITIATIVE)

- CADOTT COMMUNITY SCHOOLS - \$4,000 (SOCIAL EMOTIONAL LEARNING PROGRAM)

- CHIPPEWA FALLS SCHOOL DISTRICT - \$5,000 (STUDENT CONNECTIONS SUPPORT

GROUP)

- STANLEY-BOYD SCHOOL DISTRICT - \$2,000 (AFTER SCHOOL WELLNESS PROGRAM)

SUBSTANCE ABUSE AND ALCOHOL MISUSE: TO PREVENT ALCOHOL MISUSE AND

SUBSTANCE ABUSE WITH AN EMPHASIS ON YOUTH, MCHS-BLOOMER:

PARTICIPATED WITH COMMUNITY COALITIONS IN CHIPPEWA COUNTY TO IMPROVE

SUBSTANCE USE AND ALCOHOL MISUSE. COLLABORATIONS INCLUDE VOICES IN

PREVENTION, COMMUNITY HEALTH IMPROVEMENT PARTNERSHIPS, AND SUBSTANCE-FREE

PREGNANCY AND RECOVERY. FINANCIAL SUPPORT IS ALSO PROVIDED TO

ORGANIZATIONS THAT OFFER COMMUNITY SERVICES AND PROGRAMS THAT PROMOTE

EDUCATION AND ADVOCACY AROUND SUBSTANCE USE AND ALCOHOL MISUSE. MONETARY

SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING ORGANIZATIONS:

- CHIPPEWA HEALTH IMPROVEMENT PARTNERSHIP - \$1,500 (EDUCATIONAL MATERIALS)

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS SUBSTANCE USE AND ALCOHOL

MISUSE BY CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS,

VIRTUAL CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT.

ENGAGEMENTS INCLUDED:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- RAISING WI CHILDREN'S CONFERENCE (ALCOHOL, DRUGS AND THE BRAIN: TEENAGE

USE)

- LAKE HOLCOMBE HIGH SCHOOL (PROM TRAUMA SIMULATION /DRINKING AND

DRIVING)

- RISKS OF VAPING PRESENTATION (CORNELL SCHOOL DISTRICT)

- CHIPPEWA STRONG COMMUNITY RESILIENCY EVENT (CHIPPEWA FALLS)

- NATIONAL NIGHT OUT EVENT (CORNELL)

CHRONIC DISEASE AND OBESITY: TO PREVENT OBESITY AND REDUCE CHRONIC

DISEASE WITH A FOCUS ON NUTRITION, REDUCING FOOD INSECURITY AND INCREASING

PUBLIC ACCESS TO PHYSICAL ACTIVITY, MCHS-BLOOMER:

PARTICIPATED WITH COMMUNITY COALITIONS LIKE CHIPPEWA HEALTH IMPROVEMENT

PARTNERSHIP TO IMPACT CHRONIC DISEASE AND OBESITY. FINANCIAL SUPPORT IS

ALSO PROVIDED TO ORGANIZATIONS THAT OFFER COMMUNITY SERVICES AND PROGRAMS

THAT PROMOTE HEALTH AND WELLNESS LIFESTYLE CHOICES. MONETARY SPONSORSHIPS

WERE PROVIDED TO THE FOLLOWING ORGANIZATIONS:

- UNITED WAY OF THE GREATER CHIPPEWA VALLEY - \$3,500 (PROGRAMMING AND

LEARNING TRAIL)

- LEGACY COMMUNITY CENTER - \$3,000 (AGNES TABLE/FOOD PANTRY)

- BLOOMER AQUATIC & RECREATION CENTER - \$2,000 (SWIMMING LESSONS)

- BLOOMER PUBLIC LIBRARY - \$2,500 (AFTER SCHOOL PROGRAMMING/HEALTHY

SNACKS)

- BLOOMER CHAMBER OF COMMERCE - \$1,000 (ROPE JUMP SPONSOR)

- CHIPPEWA FALLS YMCA - \$1,000 (FARMERS MARKET EBT MATCH)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS CHRONIC DISEASE AND OBESITY

BY CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS, VIRTUAL

CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT. ENGAGEMENTS

INCLUDED:

- STRONG BODIES CLASS (BLOOMER LIBRARY)
- YOGA CLASS (BLOOMER LIBRARY)
- STEPPING ON CLASS (YMCA AND SENIOR CENTER, CHIPPEWA FALLS)
- YMCA HEALTHY KIDS DAY EVENT
- AFTER SCHOOL PROGRAM (BLOOMER LIBRARY)
- FOOD IS MEDICINE PROGRAM (ST. FRANCESCA'S RESOURCE CENTER)
- SNOWSHOE AND WINTER HIKE (IRVINE PARK, CHIPPEWA FALLS)
- OPEN DOOR CLINIC, CHIPPEWA FALLS (BOARD MEMBERSHIP)
- JOURNEY TO WELLNESS (12 MONTH SELF-LED VIRTUAL PROGRAM)
- RAISING WI CHILDREN'S CONFERENCE (YOGA AND MEDITATION)

PROVIDED SUPPORT TO AREA SCHOOL DISTRICTS FOR PROGRAMS AND ACTIVITIES THAT

ASSIST IN REDUCING CHRONIC DISEASE AND OBESITY. PROJECTS INCLUDED:

- ST. PAUL'S CATHOLIC SCHOOL - \$2,000 (OUTDOOR LEARNING GARDEN)
- MCDONALL AREA CATHOLIC SCHOOLS - \$2,000 (NATURAL PLAY HEALTHY CHILDHOOD PROJECT)

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA

WILL BE ADDRESSED BY MCHS-BLOOMER BASED ON RESOURCES AVAILABLE AND/OR BY

OTHER AGENCIES AND ORGANIZATIONS WITHIN THE COMMUNITY THAT ARE MORE

ALIGNED IN ADDRESSING THOSE NEEDS.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 2 -- MCHS IN LA CROSSE

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

THIS STUDY WAS CONDUCTED UNDER THE DIRECTION OF GREAT RIVERS UNITED WAY,

WITH TECHNICAL SUPPORT FROM A CONTRACTED CONSULTANT, COMMUNITY HEALTH

SOLUTIONS. THE STUDY WAS GUIDED BY A COMPASS NOW STEERING COMMITTEE. THE

STEERING COMMITTEE MEMBERS SUPPLIED GUIDANCE ON THE STUDY SCOPE AND

METHODS AND PROVIDED LIAISONS TO ENGAGE COMMUNITY ORGANIZATIONS IN

PROMOTING PARTICIPATION IN THE CONVENIENCE SURVEY CONDUCTED FOR THE STUDY.

COMMUNITY HEALTH SOLUTIONS, WAS HIRED TO MANAGE THE ASSESSMENT AND

PUBLICATION OF THE REPORT.

THE STEERING COMMITTEE INCLUDED MEMBERS FROM THE SIX REGIONAL COUNTIES IN

BUFFALO, LA CROSSE, MONROE, TREMPLEAU AND VERNON COUNTIES IN WISCONSIN,

AND HOUSTON COUNTY IN MINNESOTA. THIS COMMITTEE ALSO INCLUDES

REPRESENTATIVES FROM PUBLIC HEALTH DEPARTMENTS, LOCAL HOSPITALS, AND HUMAN

SERVICES ORGANIZATIONS AND IS TASKED WITH DETERMINING THE DETAILS OF THE

COMPASS NOW REPORT.

THE METHODS INCLUDED ANALYSIS OF COMMUNITY INDICATORS FROM VARIOUS

SOURCES, AND COMMUNITY INSIGHTS PROVIDED BY RESPONDENTS TO A RANDOM

HOUSEHOLD SURVEY AND A SUPPLEMENTAL CONVENIENCE SURVEY. ADDITIONALLY,

WITHIN EACH COUNTY THE MAIL-OUT WAS DESIGNED TO OVER-SAMPLE FROM CENSUS

TRACTS WITH RELATIVELY LOW INCOME TO HELP ASSURE THAT LOWER-INCOME

COMMUNITY RESIDENTS WERE REPRESENTED.

RANDOM HOUSEHOLD SURVEYS WERE CONDUCTED IN JULY-SEPTEMBER 2020. THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SURVEY WAS MAILED TO 6,000 RANDOMLY SELECTED HOUSEHOLDS USING A SAMPLING

STRATEGY TARGETING 100 RESPONSES FROM EACH OF THE SIX COUNTIES. A TOTAL

OF 713 RANDOM HOUSEHOLD SURVEYS WERE RESPONDED TO. THE SAMPLING STRATEGY

WAS DESIGNED TO PRODUCE A TARGET NUMBER OF AT LEAST 100 SURVEY RESPONSES

FROM EACH OF THE SIX COUNTIES.

IN ADDITION, A CONVENIENCE SURVEY TOOK PLACE DURING OCTOBER-NOVEMBER 2020.

THIS SURVEY WAS A WAY TO GENERATE ADDED SURVEY RESPONSES FROM THOSE WHO

WERE UNDERREPRESENTED IN THE RANDOM HOUSEHOLD SURVEY. A TOTAL OF 510

CONVENIENCE SURVEYS WERE SUBMITTED THROUGH MIXED METHODS AND RESPONDENTS

COMPLETED THEIR SURVEY ON-LINE OR SUBMITTED A PAPER COPY WITH THEIR SURVEY

RESPONSE.

LOCAL ORGANIZATIONS WERE ALSO ASKED TO SHARE THEIR EXPERTISE ABOUT

POPULATIONS THAT MAY BE UNDER-REPRESENTED BY REACHING OUT TO TARGETED

INDIVIDUALS. THESE ORGANIZATIONS WERE ASKED TO GATHER INPUT FROM

UNDER-REPRESENTED CONSTITUENTS THROUGH CONVENIENCE SURVEY RESPONSES, FOCUS

GROUPS, AND/OR ATTENDANCE AT STAKEHOLDER MEETINGS. POPULATIONS TARGETED

INCLUDED PEOPLE WITH DISABILITIES, SENIORS, PEOPLE WITH LOW INCOMES,

RACIAL AND ETHNIC MINORITIES, VICTIMS OF DOMESTIC VIOLENCE, AND THE LGBTQ+

COMMUNITY.

GROUP A-FACILITY 2 -- MCHS IN LA CROSSE

PART V, SECTION B, LINE 6A:

MCHS-FRANCISCAN MEDICAL CENTER SPARTA

GUNDERSEN HEALTH SYSTEM

GUNDERSEN ST. JOSEPH'S HOSPITAL AND CLINICS

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GUNDERSEN TRI-COUNTY HOSPITAL AND CLINICS

VERNON MEMORIAL HEALTHCARE

GROUP A-FACILITY 2 -- MCHS IN LA CROSSE

PART V, SECTION B, LINE 6B:

GREAT RIVERS UNITED WAY

BUFFALO COUNTY HEALTH DEPARTMENT

LA CROSSE COUNTY HEALTH DEPARTMENT

MONROE COUNTY HEALTH DEPARTMENT

TREMPEALEAU COUNTY HEALTH DEPARTMENT

VERNON COUNTY HEALTH DEPARTMENT

HOUSTON COUNTY HEALTH DEPARTMENT

COULEECAP

APTIV, INC.

GROUP A-FACILITY 2 -- MCHS IN LA CROSSE

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

LA CROSSE (MCHS-LA CROSSE) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT:

ACCESS TO CARE

MENTAL HEALTH AND/OR SUBSTANCE ABUSE

CHRONIC DISEASE AND CONTRIBUTING FACTORS

IN 2023, MCHS-LA CROSSE TOOK THE FOLLOWING ACTIONS TO ADDRESS THE

IDENTIFIED NEEDS:

ACCESS TO CARE: TO ENSURE ACCESS TO COMPREHENSIVE, QUALITY HEALTH CARE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOR COMMUNITY MEMBERS, WHICH IS SAFE, AFFORDABLE, TIMELY, AND COORDINATED,

MCHS-LA CROSSE:

ATTENDED A HEALTH FAIR IN INDEPENDENCE, WISCONSIN. COVID-19 AND FLU

VACCINATIONS WERE OFFERED TO SPANISH-SPEAKING FAMILIES. STAFF VOLUNTEERED

THEIR TIME TO PROVIDE 38 VACCINATIONS, BLOOD PRESSURE ASSESSMENTS, AND

HEALTH INFORMATION.

TRAVLED TO THE MATHY BOYS & GIRLS CLUB OF GREATER LA CROSSE IN JULY

PROVIDING FREE SPORTS PHYSICALS TO MIDDLE AND HIGH SCHOOL CLUB MEMBERS.

OVER 30 SPORTS PHYSICALS WERE PROVIDED BY THE FAMILY MEDICINE RESIDENCY

PROGRAM.

COLLABORATED WITH THE UNITED WAY ON THE GREAT RIVERS UNITED WAY HUB. THE

HUB WAS DEVELOPED TO CREATE A SYSTEM TO BRIDGE THE GAP BETWEEN HEALTHCARE

DELIVERY AND THE SOCIAL SERVICE SECTOR FOR COST SAVINGS, IMPROVED

POPULATION HEALTH OUTCOMES, AND INCREASED CLIENT EXPERIENCE AND

ENGAGEMENT. IN 2023, 88 PATIENTS WERE REFERRED TO THE HUB THROUGH OUR

SOCIAL WORK TEAM AND COMPLETED 910 PATHWAYS.

FOCUSED ON NURSING WORKFORCE DEVELOPMENT STRATEGIES TO PROACTIVELY FIND

SOLUTIONS TO PROJECTED WORKFORCE SHORTAGES. THE FIRST DALE SCHOLAR COHORT

CONSISTED OF 7 STUDENTS FROM THE VITERBO UNIVERSITY NURSING PROGRAM. THE

SCHOLAR BENEFITS OF THE PROGRAM INCLUDE POST-GRADUATE EMPLOYMENT, A UNIQUE

MENTORSHIP PROGRAM (DURING SENIOR YEAR), AND A TOTAL INCENTIVE OF \$25,000

OVER THREE YEARS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CONTRIBUTED FINANCIAL FUNDING AND SUPPORT TO ORGANIZATIONS THAT OFFER

COMMUNITY SERVICES AND PROGRAMS THAT INVOLVE IMPROVED ACCESS TO CARE.

MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING ORGANIZATIONS:

- ST. CLARE HEALTH MISSION - \$14,000 (FREE HEALTHCARE FOR THOSE IN NEED)

- 7 RIVERS CARDIAC ARREST PREPAREDNESS & EDUCATION - \$1,250

- BOYS & GIRLS CLUBS OF LA CROSSE - \$100,000 (ONALASKA LOCATION)

- CITY OF LA CROSSE - \$100,000 (HOMELESSNESS SUPPORT)

MENTAL HEALTH AND/OR SUBSTANCE ABUSE: TO ADDRESS THE COMMUNITY'S MENTAL

HEALTH AND/OR SUBSTANCE ABUSE HEALTH NEEDS THROUGH PREVENTION, SCREENING,

ASSESSMENT, AND TREATMENT, MCHS-LA CROSSE:

HAD A PARTNERSHIP BETWEEN THE DEPARTMENT OF BEHAVIORAL HEALTH AT MAYO

CLINIC HEALTH SYSTEM IN LA CROSSE AND THE BOYS & GIRLS CLUB OF GREATER LA

CROSSE. THIS PARTNERSHIP PROVIDES 4 STAFF MEMBERS (INCLUDING A DIRECTOR)

AND SUPPORT FOR THE BOYS & GIRLS CLUB. THE STAFF SERVE AS A RESOURCE FOR

CLUB STAFFERS AND MEMBERS AND AS A LIAISON BETWEEN THE CLUB AND COMMUNITY

RESOURCES.

PARTNERS WITH THE COULEE RECOVERY CENTER WHICH PROVIDES CONFIDENTIAL HELP

TO INDIVIDUALS AND FAMILIES IMPACTED BY ADDICTION AND LEADS THE COMMUNITY

IN PREVENTION, EDUCATION, AND AWARENESS. THE PARTNERSHIP BETWEEN THE

ORGANIZATION INCLUDES PEER SUPPORT SPECIALIST PROGRAM, SUBSTANCE ABUSE

CARE PROVIDER AND CLINIC SUPERVISION.

CONTRIBUTED FINANCIAL FUNDING AND SUPPORT TO ORGANIZATIONS THAT OFFER

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY SERVICES AND PROGRAMS THAT INVOLVE MENTAL HEALTH AND/OR

SUBSTANCE USE. MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING

ORGANIZATIONS:

- ADULT & TEEN CHALLENGE OF WESTERN WISCONSIN - \$10,000
- COULEE COUNCIL ON ADDCTIONS - \$10,200
- MINI DONUT FOUNDATION - \$3,000
- VANG COUNCIL OF LA CROSSE - \$400 (MENTAL HEALTH & WELLNESS FAIR)
- CLEARWATER FARM FOUNDATION - \$1,500 (MEMORY LOSS MONTHLY WORKSHOP)
- HOLMAN AREA COMMUNITY CENTER - \$1,000 (GRIEF SUPPORT GROUP)
- FAMILY & CHILDREN'S CENTER - \$10,000
- LA CROSSE AREA SUICIDE PREVENTION INITIATIVE - \$2,000
- MARINE CREDIT UNION - \$3,924 (FIND HOME MENTAL HEALTH SERVICES)
- HOPE RESTORES - \$1,560 (MENTAL HEALTH SERVICES)
- SALVATION ARMY - \$10,000
- FIERCE FOUNDATION - \$2,800
- WINN (WHAT I NEED NOW) - \$2,500
- COULEECAP, INC. - \$3,000 (SOCIAL SECURITY ACCESS, OUTREACH AND

RECOVERY)

- AMERICAN RED CROSS - \$6,000 (MENTAL HEALTH SUPPORT DURING DISASTERS)
- LA CROSSE COUNTY SHERIFF - \$1,000 (DARE PROGRAM)
- LA CROSSE POLICE DEPARTMENT - \$1,000 (DARE PROGRAM)

CHRONIC DISEASE AND CONTRIBUTING FACTORS: TO PROVIDE COMPREHENSIVE,

QUALITY HEALTH CARE FOR PATIENTS EXPERIENCING CHRONIC DISEASE INCLUDING

SCREENINGS, PATIENT MANAGEMENT, AND PATIENT EDUCATION, MCHS-LA CROSSE:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROVIDED WALK-IN MAMMOGRAMS USING MOBILE MAMMOGRAPHY. IN PARTNERSHIP WITH

HOPE RESTORES, THE WISCONSIN WELL WOMEN PROGRAM, AND LA CROSSE COUNTY

SERVICES WERE PROVIDED FOR WOMEN OF AFRICAN AMERICAN DESCENT. DURING THE

EDUCATIONAL EVENTS, 23 PARTICIPANTS LEARNED THE IMPORTANCE OF SCREENINGS.

HOSTED A FREE-OF-CHARGE FALL COMMUNITY FORUM ON LUNG DISEASE. THE EVENT

COVERED THE PREVALENCE AND BURDEN OF LUNG DISEASE, PREVENTATIVE MEASURES,

THE IMPORTANCE OF SCREENING FOR EARLY DIAGNOSIS, AND INNOVATIVE TECHNOLOGY

USED FOR THE DIAGNOSIS AND TREATMENT OF LUNG CANCER. FREE RADON TESTS AND

LUNG CANCER SCREENING TOOLS WERE DISTRIBUTED AT THE EVENT. APPROXIMATELY

110 INDIVIDUALS ATTENDED THE EVENT.

HELD A FORUM (NAVIGATING THE PATH TO A HEALTHY WEIGHT) WHICH INCLUDED

INFORMATION FREE OF CHARGE ABOUT NUTRITION, PHYSICAL ACTIVITY, MENTAL

HEALTH, MEDICAL TREATMENTS AND SURGICAL PROCEDURES THAT ARE OPTIONS TO

HELP THOSE EXPERIENCING OBESITY. APPROXIMATELY 70 COMMUNITY MEMBERS

ATTENDED THE EVENT.

CONTRIBUTED FINANCIAL FUNDING AND SUPPORT TO ORGANIZATIONS THAT OFFER

COMMUNITY SERVICES AND PROGRAMS INVOLVING CHRONIC DISEASE AND CONTRIBUTING

FACTORS. MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING

ORGANIZATIONS:

- NATIONAL MS SOCIETY - \$2,500

- STAR CENTER - \$1,950 (PARKINSON'S AWARENESS & BRAIN/BODY FITNESS)

- ENDALZ FEST FOUNDATION - \$1,000

- ALZHEIMER'S ASSOCIATION - \$1,000

- LUPUS ALLIANCE - \$1,000

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- AMERICAN PARKINSON DISEASE ASSOCIATION - \$1,000

- CAUSEWAY CAREGIVERS - \$2,000

- GROW LA CROSSE - \$6,000 (KIDS COOKING CHALLENGE & GROW GET-TOGETHER)

- UW-LA CROSSE - \$2,000 (CARDIAC REHAB WORKSHOP)

- HUNGER TASK FORCE - \$5,000

HEALTH NEEDS NOT ADDRESSED: MCHS IN LA CROSSE ANALYZED THE LOCAL HEALTH

NEED OUTCOMES IDENTIFIED IN THE CHNA AND CHOSE STRATEGIES AND INITIATIVES

WHERE THE ORGANIZATION COULD MAKE THE GREATEST IMPACT AND EFFECT CHANGE IN

THE LOCAL COMMUNITIES. OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA

INCLUDED POVERTY, LIVABLE WAGES, AND/OR SAFE AND AFFORDABLE HOUSING.

THESE NEEDS WILL BE ADDRESSED BY MCHS-LA CROSSE BASED ON RESOURCES

AVAILABLE AND/OR COLLABORATING WITH OTHER AGENCIES AND ORGANIZATIONS

WITHIN THE COMMUNITY THAT ARE MORE ALIGNED IN ADDRESSING THOSE NEEDS.

GROUP A-FACILITY 15 -- MCHS IN SPARTA

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

THIS STUDY WAS CONDUCTED UNDER THE DIRECTION OF GREAT RIVERS UNITED WAY,

WITH TECHNICAL SUPPORT FROM A CONTRACTED CONSULTANT, COMMUNITY HEALTH

SOLUTIONS. THE STUDY WAS GUIDED BY A COMPASS NOW STEERING COMMITTEE. THE

STEERING COMMITTEE MEMBERS SUPPLIED GUIDANCE ON THE STUDY SCOPE AND

METHODS AND PROVIDED LIAISONS TO ENGAGE COMMUNITY ORGANIZATIONS IN

PROMOTING PARTICIPATION IN THE CONVENIENCE SURVEY CONDUCTED FOR THE STUDY.

COMMUNITY HEALTH SOLUTIONS, WAS HIRED TO MANAGE THE ASSESSMENT AND

PUBLICATION OF THE REPORT.

THE STEERING COMMITTEE INCLUDED MEMBERS FROM THE SIX REGIONAL COUNTIES IN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BUFFALO, LA CROSSE, MONROE, TREMPLEAU AND VERNON COUNTIES IN WISCONSIN,

AND HOUSTON COUNTY IN MINNESOTA. THIS COMMITTEE ALSO INCLUDES

REPRESENTATIVES FROM PUBLIC HEALTH DEPARTMENTS, LOCAL HOSPITALS, AND HUMAN

SERVICES ORGANIZATIONS AND IS TASKED WITH DETERMINING THE DETAILS OF THE

COMPASS NOW REPORT.

THE METHODS INCLUDED ANALYSIS OF COMMUNITY INDICATORS FROM VARIOUS

SOURCES, AND COMMUNITY INSIGHTS PROVIDED BY RESPONDENTS TO A RANDOM

HOUSEHOLD SURVEY AND A SUPPLEMENTAL CONVENIENCE SURVEY. ADDITIONALLY,

WITHIN EACH COUNTY THE MAIL-OUT WAS DESIGNED TO OVER-SAMPLE FROM CENSUS

TRACTS WITH RELATIVELY LOW INCOME TO HELP ASSURE THAT LOWER-INCOME

COMMUNITY RESIDENTS WERE REPRESENTED.

RANDOM HOUSEHOLD SURVEYS WERE CONDUCTED IN JULY-SEPTEMBER 2020. THE

SURVEY WAS MAILED TO 6,000 RANDOMLY SELECTED HOUSEHOLDS USING A SAMPLING

STRATEGY TARGETING 100 RESPONSES FROM EACH OF THE SIX COUNTIES. A TOTAL

OF 713 RANDOM HOUSEHOLD SURVEYS WERE RESPONDED TO. THE SAMPLING STRATEGY

WAS DESIGNED TO PRODUCE A TARGET NUMBER OF AT LEAST 100 SURVEY RESPONSES

FROM EACH OF THE SIX COUNTIES.

IN ADDITION, A CONVENIENCE SURVEY TOOK PLACE DURING OCTOBER-NOVEMBER 2020.

THIS SURVEY WAS A WAY TO GENERATE ADDED SURVEY RESPONSES FROM THOSE WHO

WERE UNDERREPRESENTED IN THE RANDOM HOUSEHOLD SURVEY. A TOTAL OF 510

CONVENIENCE SURVEYS WERE SUBMITTED THROUGH MIXED METHODS AND RESPONDENTS

COMPLETED THEIR SURVEY ON-LINE OR SUBMITTED A PAPER COPY WITH THEIR SURVEY

RESPONSE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LOCAL ORGANIZATIONS WERE ALSO ASKED TO SHARE THEIR EXPERTISE ABOUT

POPULATIONS THAT MAY BE UNDER-REPRESENTED BY REACHING OUT TO TARGETED

INDIVIDUALS. THESE ORGANIZATIONS WERE ASKED TO GATHER INPUT FROM

UNDER-REPRESENTED CONSTITUENTS THROUGH CONVENIENCE SURVEY RESPONSES, FOCUS

GROUPS, AND/OR ATTENDANCE AT STAKEHOLDER MEETINGS. POPULATIONS TARGETED

INCLUDED PEOPLE WITH DISABILITIES, SENIORS, PEOPLE WITH LOW INCOMES,

RACIAL AND ETHNIC MINORITIES, VICTIMS OF DOMESTIC VIOLENCE, AND THE LGBTQ+

COMMUNITY.

GROUP A-FACILITY 15 -- MCHS IN SPARTA

PART V, SECTION B, LINE 6A:

GUNDERSEN HEALTH SYSTEM

GUNDERSEN ST. JOSEPH'S HOSPITAL AND CLINICS

GUNDERSEN TRI-COUNTY HOSPITAL AND CLINICS

MCHS-FRANCISCAN MEDICAL CENTER LA CROSSE

VERNON MEMORIAL HEALTHCARE

GROUP A-FACILITY 15 -- MCHS IN SPARTA

PART V, SECTION B, LINE 6B:

GREAT RIVERS UNITED WAY

BUFFALO COUNTY HEALTH DEPARTMENT

LA CROSSE COUNTY HEALTH DEPARTMENT

MONROE COUNTY HEALTH DEPARTMENT

TREMPEALEAU COUNTY HEALTH DEPARTMENT

VERNON COUNTY HEALTH DEPARTMENT

HOUSTON COUNTY HEALTH DEPARTMENT

COULEECAP

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

APTIV, INC.

GROUP A-FACILITY 15 -- MCHS IN SPARTA

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

SPARTA (MCHS-SPARTA) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT:

ACCESS TO CARE:

MENTAL HEALTH AND/OR SUBSTANCE ABUSE

CHRONIC DISEASE AND CONTRIBUTING FACTORS

IN 2023, MCHS-SPARTA TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED

NEEDS:

ACCESS TO CARE: TO ENSURE ACCESS TO COMPREHENSIVE, QUALITY HEALTH CARE

FOR COMMUNITY MEMBERS, WHICH IS SAFE, AFFORDABLE, TIMELY, AND COORDINATED,

MCHS-SPARTA:

LED A DISCUSSION IN THE SPARTA COMMUNITY TO BUILD A STRONGER RELATIONSHIP

AND UNDERSTANDING OF THE COMMUNITY. AFTER THE DISCUSSION, A FEW FOCUS

TOPICS WERE IDENTIFIED FOR THE SPARTA HOSPITAL AND THE COMMUNITY IT

RESIDES IN. THESE CATEGORIES INCLUDE ADVOCACY AND GOVERNMENT RELATIONS,

OUTREACH PROGRAMS, WORKFORCE DEVELOPMENT, AND CHNA PRIORITIES.

APPROXIMATELY 50 COMMUNITY MEMBERS ATTENDED THE EVENT.

COLLABORATED WITH THE UNITED WAY ON THE GREAT RIVERS UNITED WAY HUB. THE

HUB WAS DEVELOPED TO CREATE A SYSTEM TO BRIDGE THE GAP BETWEEN HEALTHCARE

DELIVERY AND THE SOCIAL SERVICE SECTOR FOR COST SAVINGS, IMPROVED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

POPULATION HEALTH OUTCOMES, AND INCREASED CLIENT EXPERIENCE AND

ENGAGEMENT. IN 2023, PLANS WERE MADE TO EXPAND THE SERVICE INTO MONROE

COUNTY.

FOCUSED ON NURSING WORKFORCE DEVELOPMENT STRATEGIES TO PROACTIVELY FIND

SOLUTIONS TO PROJECTED WORKFORCE SHORTAGES. THE FIRST DALE SCHOLAR COHORT

CONSISTED OF 7 STUDENTS FROM THE VITERBO UNIVERSITY NURSING PROGRAM. THE

SCHOLAR BENEFITS OF THE PROGRAM INCLUDE POST-GRADUATE EMPLOYMENT, A UNIQUE

MENTORSHIP PROGRAM (DURING SENIOR YEAR), AND A TOTAL INCENTIVE OF \$25,000

OVER THREE YEARS.

CONTRIBUTED FINANCIAL FUNDING AND SUPPORT TO ORGANIZATIONS THAT OFFER

COMMUNITY SERVICES AND PROGRAMS THAT INVOLVE IMPROVED ACCESS TO CARE.

MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING ORGANIZATIONS:

- ST. CLARE HEALTH MISSION - \$12,500 (FREE HEALTHCARE FOR THOSE IN NEED)

- MONROE COUNTY EMERGENCY SERVICES - \$5,000

MENTAL HEALTH AND/OR SUBSTANCE ABUSE: TO ADDRESS THE COMMUNITY'S MENTAL

HEALTH AND/OR SUBSTANCE ABUSE HEALTH NEEDS THROUGH PREVENTION, SCREENING,

ASSESSMENT, AND TREATMENT, MCHS-SPARTA:

PARTNERS WITH THE COULEE RECOVERY CENTER WHICH PROVIDES CONFIDENTIAL HELP

TO INDIVIDUALS AND FAMILIES IMPACTED BY ADDICTION AND LEADS THE COMMUNITY

IN PREVENTION, EDUCATION, AND AWARENESS. THE PARTNERSHIP BETWEEN THE

ORGANIZATION INCLUDES PEER SUPPORT SPECIALIST PROGRAM, SUBSTANCE ABUSE

CARE PROVIDER AND CLINIC SUPERVISION.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CONTRIBUTED FINANCIAL FUNDING AND SUPPORT TO ORGANIZATIONS THAT OFFER

COMMUNITY SERVICES AND PROGRAMS THAT INVOLVE MENTAL HEALTH AND/OR

SUBSTANCE USE. MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING

ORGANIZATIONS:

- TOMAH AREA SCHOOL DISTRICT - \$1,500 (MENTAL HEALTH NAVIGATION)

- SPARTA POLICE DEPARTMENT - \$1,000 (PEER SUPPORT TRAINING)

- MONROE COUNTY SHELTER CARE - \$500 (THERAPY DOG)

- MONROE COUNTY SAFE COMMUNITY COALITION - \$1,500 (SUBSTANCE USE

PREVENTION)

CHRONIC DISEASE AND CONTRIBUTING FACTORS: TO PROVIDE COMPREHENSIVE,

QUALITY HEALTH CARE FOR PATIENTS EXPERIENCING CHRONIC DISEASE INCLUDING

SCREENINGS, PATIENT MANAGEMENT, AND PATIENT EDUCATION, MCHS-SPARTA:

HOSTED A FREE-OF-CHARGE FALL COMMUNITY FORUM ON LUNG DISEASE. THE EVENT

COVERED THE PREVALENCE AND BURDEN OF LUNG DISEASE, PREVENTATIVE MEASURES,

THE IMPORTANCE OF SCREENING FOR EARLY DIAGNOSIS, AND INNOVATIVE TECHNOLOGY

USED FOR THE DIAGNOSIS AND TREATMENT OF LUNG CANCER. FREE RADON TESTS AND

LUNG CANCER SCREENING TOOLS WERE DISTRIBUTED AT THE EVENT. APPROXIMATELY

110 INDIVIDUALS ATTENDED THE EVENT.

HELD A FORUM (NAVIGATING THE PATH TO A HEALTHY WEIGHT) WHICH INCLUDED

INFORMATION FREE OF CHARGE ABOUT NUTRITION, PHYSICAL ACTIVITY, MENTAL

HEALTH, MEDICAL TREATMENTS, AND SURGICAL PROCEDURES THAT ARE OPTIONS TO

HELP THOSE EXPERIENCING OBESITY. APPROXIMATELY 70 COMMUNITY MEMBERS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ATTENDED THE EVENT.

CONTRIBUTED FINANCIAL FUNDING AND SUPPORT TO ORGANIZATIONS THAT OFFER

COMMUNITY SERVICES AND PROGRAMS INVOLVING CHRONIC DISEASE AND CONTRIBUTING

FACTORS. MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING

ORGANIZATIONS:

- SPARTA AREA CANCER SUPPORT - \$288

HEALTH NEEDS NOT ADDRESSED: MCHS IN SPARTA ANALYZED THE LOCAL HEALTH NEED

OUTCOMES IDENTIFIED IN THE CHNA AND CHOSE STRATEGIES AND INITIATIVES WHERE

THE ORGANIZATION COULD MAKE THE GREATEST IMPACT AND EFFECT CHANGE IN THE

LOCAL COMMUNITIES. OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA INCLUDED

POVERTY, LIVABLE WAGES, AND/OR SAFE AND AFFORDABLE HOUSING. THESE NEEDS

WILL BE ADDRESSED BY MCHS-SPARTA BASED ON RESOURCES AVAILABLE AND/OR

COLLABORATING WITH OTHER AGENCIES AND ORGANIZATIONS WITHIN THE COMMUNITY

THAT ARE MORE ALIGNED WITH ADDRESSING THOSE NEEDS.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP B

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 7: MCHS IN ALBERT LEA AND AUSTIN

- FACILITY 14: MCHS IN MENOMONIE

- FACILITY 17: MCHS IN OSSEO

GROUP B-FACILITY 14 -- MCHS IN MENOMONIE

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

THE PRIMARY INPUT INTO THE ASSESSMENT AND PRIORITIZATION PROCESS FOR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MCHS-MENOMONIE'S CHNA WAS THE 2022 DUNN COUNTY COMMUNITY HEALTH NEEDS

ASSESSMENT PRODUCED BY THE HEALTH DUNN RIGHT STEERING COMMITTEE. THE CHNA

IN DUNN COUNTY AND THE HEALTH DUNN RIGHT STEERING COMMITTEE HAS BEEN A

COLLABORATIVE VENTURE INVOLVING NONPROFIT ORGANIZATIONS, LOCAL HEALTH CARE

FACILITIES, THE UNIVERSITY OF WISCONSIN-STOUT, AND THE DUNN COUNTY HEALTH

DEPARTMENT. COLLABORATORS WORK TOGETHER TO SHARE FINANCIAL SUPPORT,

RESOURCES, AND COMMITMENT TO LEVERAGE THE HEALTH IMPROVEMENTS, THEREBY

REDUCING DUPLICATION OF PUBLIC AND PRIVATE SECTOR EFFORTS IN THE COUNTY.

THE CHNA PROCESS INCLUDED A VARIETY OF DATA COLLECTION METHODS TO CONNECT

WITH SEVERAL DIFFERENT DEMOGRAPHIC GROUPS IN THE COMMUNITY AND TO DEVELOP

A THOROUGH UNDERSTANDING OF HEALTH ISSUES FACING THE DUNN COUNTY

RESIDENTS. THESE METHODS INCLUDED: PRIMARY QUALITATIVE DATA COLLECTION

THROUGH AN ON-LINE AND HARD COPY COMMUNITY HEALTH SURVEY AND SURVEY

OUTREACH WITH UNDERREPRESENTED DEMOGRAPHIC GROUPS. SECONDARY,

QUANTITATIVE COMMUNITY HEALTH DATA WAS COLLECTED BASED ON THE MEASURES

RECOMMENDED IN THE WISCONSIN ASSOCIATION OF LOCAL HEALTH DEPARTMENTS AND

BOARDS CORE DATASET AND THE STATE HEALTH PLAN. SOURCES INCLUDED: COUNTY

HEALTH RANKINGS, US CENSUS, GOVERNMENT REPORTS, CENTERS FOR DISEASE

CONTROL AND PREVENTION, COUNTY DEPARTMENT REPORTS, WISCONSIN DEPARTMENT OF

HEALTH SERVICES STATISTICS, SCHOOLS, AND OTHER PUBLICLY AVAILABLE SOURCES.

THE 2022 COMMUNITY HEALTH SURVEY WAS DISTRIBUTED TO RESIDENTS THROUGHOUT

DUNN COUNTY IN MARCH AND NOVEMBER 2021. THE LINK TO THE WEB SURVEY WAS

WIDELY DISTRIBUTED THROUGH THE NETWORKS OF THE PARTNERS AND THE COMMUNITY.

COMMUNITY ORGANIZATIONS INCLUDED: AGING AND DISABILITY RESOURCE

CENTER-SENIOR NUTRITION SITES, LOCAL CHURCHES AND FOOD PANTRIES, DUNN

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COUNTY EXTENSION, EAU CLAIRE AREA HMONG MUTUAL ASSISTANCE ASSOCIATION, THE

BRIDGE TO HOPE, THE DUNN COUNTY JAIL, THE DUNN COUNTY CRIMINAL JUSTICE

COLLABORATING COUNCIL, EL CENTRO, TOWN/ VILLAGE CLERKS AND OTHERS. THE

SURVEY LAUNCH WAS ANNOUNCED BY A PRESS RELEASE AND ADVERTISED IN LOCAL

NEWSPAPERS, SOCIAL MEDIA, AND FLIERS THROUGHOUT THE COUNTY. SPECIAL

EFFORT WAS MADE TO ENSURE THE SURVEY WAS AVAILABLE TO UNDERREPRESENTED

GROUPS WHO CAN SUFFER THE MOST FROM HEALTH DISPARITIES. HARD COPY AND

PRINT SURVEYS WERE ALSO MADE AVAILABLE THROUGHOUT THE COUNTY. A TOTAL OF

691 COUNTY RESIDENTS PARTICIPATED IN THE SURVEY.

GROUP B-FACILITY 14 -- MCHS IN MENOMONIE

PART V, SECTION B, LINE 6B:

ARBOR PLACE

COMMUNITY FOUNDATION OF DUNN COUNTY

DUNN COUNTY HEALTH DEPARTMENT

UW EXTENSION

UNIVERSITY OF WISCONSIN-STOUT

C-3 CENTER

MARSHFIELD CLINIC

MENOMONIE FARMERS MARKET

STEPPING STONES

WISCONSIN COMMUNITY

MENOMONIE CO-OP

CEDAR CORP

WEST CAP

MENOMONIE PUBLIC LIBRARY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP B-FACILITY 18 -- MCHS IN OSSEO

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

THE PRIMARY INPUT INTO THE ASSESSMENT AND PRIORITIZATION PROCESS FOR

MCHS-OSSEO'S CHNA WAS THE COMPASS NOW 2021 REPORT FOR TREMPLEALEU COUNTY.

COMPASS NOW IS A JOINT EFFORT OF GREAT RIVERS UNITED WAY, AREA HEALTH CARE

ORGANIZATIONS AND COUNTY HEALTH DEPARTMENTS TO IMPROVE THE QUALITY OF LIFE

FOR EVERYONE IN THE COMMUNITY.

LED BY THE COMPASS NOW 2021 TEAM, THE COMPASS NOW 2021 STUDY IS FOCUSED ON

COMMUNITIES WITHIN A SIX-COUNTY REGION INCLUDING BUFFALO, LA CROSSE,

MONROE, TREMPLEALEU, AND VERNON COUNTIES IN WISCONSIN, AND HOUSTON COUNTY

IN MINNESOTA. THE PURPOSE OF THE COMPASS NOW 2021 REPORT IS TO PROVIDE AN

UPDATED ASSESSMENT OF COMMUNITY NEEDS THAT CAN BE USED TO INFORM COMMUNITY

ACTION STRATEGIES BY STAKEHOLDERS ACROSS THE REGION. THE ASSESSMENT WAS

AIMED PARTICULARLY AT UNDERSTANDING THE NEEDS OF THE TRADITIONALLY

UNDER-SERVED IN THE COMMUNITY.

THE STEERING COMMITTEE MEMBERS PROVIDED GUIDANCE ON THE STUDY SCOPE AND

METHODS, INCLUDING NECESSARY ADJUSTMENTS MADE IN RESPONSE TO COVID-19.

THE STEERING COMMITTEE MEMBERS ALSO PROVIDED LIAISONS TO ENGAGE COMMUNITY

ORGANIZATIONS IN PROMOTING PARTICIPATION IN THE CONVENIENCE SURVEY

CONDUCTED FOR THE STUDY. THE STUDY METHODS INCLUDED ANALYSIS OF COMMUNITY

INDICATORS FROM VARIOUS SOURCES, AND COMMUNITY INSIGHTS PROVIDED BY

RESPONDENTS TO A RANDOM HOUSEHOLD SURVEY AND A SUPPLEMENTAL CONVENIENCE

SURVEY.

A RANDOM HOUSEHOLD SURVEY OF COMMUNITY RESIDENTS WAS CONDUCTED IN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

JULY-SEPTEMBER OF 2020. THE SURVEY WAS MAILED TO 6,000 RANDOMLY SELECTED

HOUSEHOLDS USING A SAMPLING STRATEGY DESIGNED TO PRODUCE A TARGET NUMBER

OF AT LEAST 100 SURVEY RESPONSES FROM EACH OF THE SIX COUNTIES. IN

ADDITION, WITHIN EACH COUNTY THE MAIL-OUT WAS DESIGNED TO OVER-SAMPLE FROM

CENSUS TRACTS WITH RELATIVELY LOW INCOME TO HELP ASSURE THAT LOWER-INCOME

COMMUNITY RESIDENTS WERE REPRESENTED. OF THE 6,000 HOUSEHOLDS THAT

RECEIVED SURVEYS, 713 WERE RETURNED AND THEIR RESPONSES ANALYZED.

TREMPEALEAU COUNTY HAD A 21.7% RESPONSE RATE.

A SUPPLEMENTAL CONVENIENCE SURVEY WAS CONDUCTED IN OCTOBER-NOVEMBER 2020.

THE PURPOSE OF THE CONVENIENCE SURVEY WAS TO GENERATE ADDITIONAL SURVEY

RESPONSES FROM POPULATIONS THAT MAY HAVE BEEN UNDER-REPRESENTED IN THE

RANDOM HOUSEHOLD SURVEY. THE CONVENIENCE SURVEY WAS PRIMARILY CONDUCTED

USING MIXED METHODS, AND RESPONDENTS COULD EITHER COMPLETE THEIR SURVEY

ONLINE OR SUBMIT A PAPER COPY OF THEIR SURVEY RESPONSE. TREMPEALEAU COUNTY

HAD 25 PEOPLE RESPOND THROUGH THE CONVENIENCE SURVEY.

IN ADDITION, RESEARCH OF THE COUNTY HEALTH RANKINGS, A JOINT EFFORT OF THE

ROBERT WOOD JOHNSON FOUNDATION AND UNIVERSITY OF WISCONSIN POPULATION

HEALTH INSTITUTE, PROVIDED ADDITIONAL DATA AND INFORMATION INTO THE

ASSESSMENT PROCESS. THE COUNTY HEALTH RANKINGS PROGRAM PRODUCES HEALTH

FACTOR RANKINGS FOR ALL 50 STATES. THE RANKINGS IDENTIFY THE MULTIPLE

HEALTH FACTORS THAT DETERMINE A COUNTY'S HEALTH STATUS AND INDICATE HOW

HEALTH STATUS INCLUDES ENVIRONMENT, EDUCATION, JOBS, INDIVIDUAL BEHAVIORS,

ACCESS TO SERVICES AND HEALTH CARE QUALITY.

GROUP B-FACILITY 18 -- MCHS IN OSSEO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6B:

GREAT RIVERS UNITED WAY

TREMPEALEAU COUNTY HEALTH DEPARTMENT

GROUP B-FACILITY 18 -- MCHS IN OSSEO

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

OSSEO (MCHS-OSSEO) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT:

MENTAL HEALTH

SUBSTANCE ABUSE AND ALCOHOL MISUSE

CHRONIC DISEASE AND OBESITY

IN 2023, MCHS-OSSEO TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED

NEEDS:

MENTAL HEALTH: TO IMPROVE MENTAL HEALTH WITH AN EMPHASIS ON STRENGTHENING

COMMUNITY MENTAL HEALTH SERVICES AND SUICIDE PREVENTION AND SUPPORTING

RESILIENCY ACROSS THE LIFESPAN, MCHS-OSSEO:

PARTICIPATED WITH COMMUNITY COALITIONS TO ADDRESS NEEDS RELATED TO MENTAL

HEALTH. IN ADDITION, FINANCIAL SUPPORT WAS CONTRIBUTED TO ORGANIZATIONS

THAT OFFER COMMUNITY SERVICES AND PROGRAMS THAT IMPROVE MENTAL HEALTH.

MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING ORGANIZATIONS:

- LUKE 3:11 PROJECT - \$1,500 (WINTER CLOTHING, BLANKETS, ETC. FOR

LOW-INCOME)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS MENTAL HEALTH CONCERNS BY

CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS, VIRTUAL

CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT. ENGAGEMENTS

INCLUDED:

- JOURNEY TO WELLNESS (12 MONTH SELF-LED VIRTUAL PROGRAM)

- RAISING WI CHILDREN'S CONFERENCE (YOGA AND MEDITATION)

PROVIDED SUPPORT TO AREA SCHOOL DISTRICTS FOR PROGRAMS AND ACTIVITIES THAT

ALIGN WITH THE COMMUNITY HEALTH NEEDS ASSESSMENT. A TOTAL OF \$20,000 WAS

AWARDED TO SCHOOLS WITHIN TREMPLEAU COUNTY. PROJECTS SUPPORTING MENTAL

HEALTH INCLUDED:

- OSSEO-FAIRCHILD SCHOOL DISTRICT - \$4,000 (MINDFULNESS AND MENTAL

HEALTH)

- MONDOVI SCHOOL DISTRICT - \$4,000 (M-CORE PROGRAM)

SUBSTANCE ABUSE AND ALCOHOL MISUSE: TO PREVENT ALCOHOL MISUSE AND

SUBSTANCE ABUSE WITH AN EMPHASIS ON YOUTH, MCHS-OSSEO:

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS SUBSTANCE USE AND ALCOHOL

MISUSE BY CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS,

VIRTUAL CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT.

ENGAGEMENTS INCLUDED:

- RAISING WI CHILDREN'S CONFERENCE (ALCOHOL, DRUGS AND THE BRAIN: TEENAGE

USE)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- DURAND HIGH SCHOOL (PROM TRAUMA SIMULATION /DRINKING AND DRIVING)

CHRONIC DISEASE AND OBESITY: TO PREVENT OBESITY AND REDUCE CHRONIC

DISEASE WITH A FOCUS ON NUTRITION, REDUCING FOOD INSECURITY AND INCREASING

PUBLIC ACCESS TO PHYSICAL ACTIVITY, MCHS-OSSEO:

PARTICIPATED WITH COMMUNITY COALITIONS TO IMPACT CHRONIC DISEASE AND

OBESITY. FINANCIAL SUPPORT IS ALSO PROVIDED TO ORGANIZATIONS THAT OFFER

COMMUNITY SERVICES AND PROGRAMS THAT PROMOTE HEALTH AND WELLNESS LIFESTYLE

CHOICES. MONETARY SPONSORSHIPS WERE PROVIDED TO THE FOLLOWING

ORGANIZATIONS:

- STODDARD PARK REJUVENATION COMMITTEE - \$5,000 (NEW PLAYGROUND)

- ADRC OF TREMPLEAU COUNTY - \$2,000 (THE REMEMBRANCE PROJECT)

- RELAY FOR LIFE TREMPLEAU COUNTY - \$1,000 (SPONSORSHIP)

- OSSEO YOUTH ATHLETIC ASSOCIATION - \$5,000 (SPONSORSHIP)

- TOWN OF GILMANTON - \$2,500 (PLAYGROUND EQUIPMENT)

- AMERICAN RED CROSS - \$2,000 (NWWI HEROES BREAKFAST)

HELD COMMUNITY OUTREACH ENGAGEMENTS TO ADDRESS CHRONIC DISEASE AND OBESITY

BY CONNECTING WITH THE COMMUNITY THROUGH PRESENTATIONS, BLOGS, VIRTUAL

CHALLENGES, COMMUNITY EVENTS, AND COALITION INVOLVEMENT. ENGAGEMENTS

INCLUDED:

- PRESENTATION TO CHAMBER OF COMMERCE ON THE JOURNEY TO WELLNESS PROGRAM

- MAMMOGRAM SCREENING EVENT (MONDOVI)

- JOURNEY TO WELLNESS (12 MONTH SELF-LED VIRTUAL PROGRAM)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- RAISING WI CHILDREN'S CONFERENCE (YOGA AND MEDITATION)

AWARDED HOMETOWN HEALTH GRANTS TO ORGANIZATIONS WITHIN THE COMMUNITY THAT

ADDRESS NUTRITION AND FOOD INSECURITY. GRANTS WORK IN PARTNERSHIP WITH

COMMUNITY-BASED ORGANIZATIONS ON PROJECTS AT A HIGHER FINANCIAL SUPPORT

LEVEL. A \$20,000 GRANT TO WESTERN DAIRLYAND, EOC CHILDCARE PARTNERSHIP

PROJECT TO ADDRESS FOOD INSECURITY WAS SUPPORTED THROUGH A HOMETOWN HEALTH

GRANT.

PROVIDED SUPPORT TO AREA SCHOOL DISTRICTS FOR PROGRAMS AND ACTIVITIES THAT

ASSIST IN REDUCING CHRONIC DISEASE AND OBESITY. PROJECTS INCLUDED:

- ELEVA STRUM ELEMENTARY SCHOOL - \$8,000 (GREENHOUSE CONSTRUCTION)

- OSSEO-FAIRCHILD SCHOOL DISTRICT - \$4,000 (HYDROPONIC FARMING SYSTEM)

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 20 22

CHNA WILL BE ADDRESSED BY MCHS-OSSEO BASED ON RESOURCES AVAILABLE AND/OR

BY OTHER AGENCIES AND ORGANIZATIONS WITHIN THE COMMUNITY THAT ARE MORE

ALIGNED IN ADDRESSING THOSE NEEDS.

GROUP B-FACILITY 7 -- MCHS IN ALBERT LEA AND AUSTIN

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

MCHS IN ALBERT LEA & AUSTIN COORDINATED EFFORTS WITH THE PUBLIC HEALTH

DEPARTMENTS IN FREEBORN AND MOWER COUNTIES TO DEVELOP AND DISSEMINATE A

MAILED SURVEY. IN ADDITION TO A RANDOM MAILED SURVEY, MCHS IN ALBERT LEA

& AUSTIN, IN CONJUNCTION WITH THE COUNTY PUBLIC HEALTH DEPARTMENTS AND

OTHER COMMUNITY STAKEHOLDERS, ALSO USED SEPARATE SURVEYS AND FEEDBACK TO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SUPPLEMENT THE COMMUNITY SURVEY, SOLICIT FEEDBACK FROM TYPICALLY

UNDERSERVED OR AT-RISK POPULATIONS AND GAIN GENERAL PERSPECTIVES ABOUT

SOCIAL AND ENVIRONMENTAL ISSUES AFFECTING HEALTH.

AN INITIAL SURVEY PACKET WAS MAILED TO SAMPLED HOUSEHOLDS IN MOWER AND

FREEBORN COUNTIES IN SEPTEMBER OF 2021, THAT INCLUDED A COVER LETTER, THE

SURVEY INSTRUMENT, AND A POSTAGE-PAID RETURN ENVELOPE. ONE WEEK AFTER THE

FIRST SURVEY PACKETS WERE MAILED (OCTOBER 1), A POSTCARD WAS SENT TO ALL

SAMPLED HOUSEHOLDS, REMINDING THOSE WHO HAD NOT YET RETURNED A SURVEY TO

DO SO, AND THANKING THOSE WHO HAD ALREADY RESPONDED. TWO WEEKS AFTER THE

REMINDER POSTCARDS WERE MAILED (OCTOBER 15), ANOTHER FULL SURVEY PACKET

WAS SENT TO ALL HOUSEHOLDS THAT HAD STILL NOT RETURNED THE SURVEY. THE

REMAINING COMPLETED SURVEYS WERE RECEIVED OVER THE NEXT SIX WEEKS, WITH

THE FINAL DATE FOR THE RECEIPT OF SURVEYS BEING NOVEMBER OF 2021.

IN ADDITION, A SEPARATE SURVEY WAS USED TO SURVEY A CONVENIENCE SAMPLE OF

45 ADDITIONAL ADULTS IN FREEBORN COUNTY AND 100 ADDITIONAL ADULTS IN MOWER

COUNTY TO REACH ADULTS WHO HAVE TYPICALLY BEEN UNDER-REPRESENTED.

RESPONDENTS FOR THE CONVENIENCE SAMPLE WERE FREEBORN COUNTY PUBLIC HEALTH

CLIENTS, STUDENTS FROM ALBERT LEA SCHOOL DISTRICT'S ADULT BASIC EDUCATION

PROGRAM, MOWER COUNTY HEALTH AND HUMAN SERVICES CLIENTS AND PERSONS USING

THE WOMEN, INFANTS & CHILDREN (WIC) CLINIC.

KEY INFORMANT INTERVIEWS WERE ALSO CONDUCTED IN THE LATE SPRING, EARLY

SUMMER OF 2022 BY MEMBERS OF MCHS ADMINISTRATIVE LEADERSHIP. THESE

ONE-ON-ONE INTERVIEWS WITH KEY COMMUNITY LEADERS ALLOWED INDIVIDUALS TO

REPORT THEIR PERCEPTIONS OF COMMUNITY NEEDS AND SHARE INSIGHT INTO CURRENT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

STRATEGIES CURRENTLY BEING USED. INFORMANTS INCLUDED REPRESENTATIVES FROM

LOCAL ORGANIZATIONS SUCH AS SCHOOL DISTRICTS, LAW ENFORCEMENT, UNITED WAY,

PUBLIC HEALTH, SOCIAL SERVICES, ETC.

IN ADDITION, MCHS IN ALBERT LEA & AUSTIN CONDUCTED EIGHT FOCUS GROUPS WITH

COMMUNITY GROUPS IN MOWER COUNTY FROM APRIL-JUNE 2022 AND FOUR FOCUS

GROUPS WITH COMMUNITY GROUPS IN FREEBORN COUNTY IN JUNE AND JULY 2022.

EXAMPLES OF COMMUNITY GROUPS SELECTED FOR THE FOCUS GROUPS INCLUDED LOCAL

ORGANIZATIONS SUCH AS THE KARENNI PARENT GROUP, COUNCIL OF SOCIAL

AGENCIES, AUSTIN POSITIVE ACTION COALITION, MOWER REFRESHED HEALTH EQUITY,

ETC.

GROUP B-FACILITY 7 -- MCHS IN ALBERT LEA AND AUSTIN

PART V, SECTION B, LINE 6B:

FREEBORN COUNTY PUBLIC HEALTH

MOWER COUNTY PUBLIC HEALTH

GROUP B-FACILITY 7 -- MCHS IN ALBERT LEA AND AUSTIN

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MCHS IN

ALBERT LEA AND AUSTIN (MCHS-AL/AUS) IDENTIFIED THE FOLLOWING NEEDS AS

SIGNIFICANT WITHIN THEIR COMMUNITY WHICH INCLUDES FREEBORN AND MOWER

COUNTIES:

ACCESS TO CARE (FREEBORN & MOWER COUNTIES)

MENTAL WELL-BEING (FREEBORN & MOWER COUNTIES)

CHRONIC DISEASE PREVENTION (FREEBORN COUNTY)

SUBSTANCE MISUSE (MOWER COUNTY)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN 2023, MCHS-AL/AUS TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED

NEEDS:

ACCESS TO CARE: TO REDUCE COMMUNITY-IDENTIFIED BARRIERS TO ACCESSING

HEALTH CARE FOR ALL POPULATIONS, MCHS-AL/AUS IMPLEMENTED OR PARTICIPATED

IN THE FOLLOWING EFFORTS:

FIND HELP COMMUNICATION: SHARED INFORMATION WITH COMMUNITY-BASED

ORGANIZATIONS ON HOW TO CLAIM THEIR SOCIAL SERVICE PROFILE WITHIN THE FIND

HELP PLATFORM AND OUTLINED HOW FIND HELP WILL BE USED TO GUIDE PATIENTS TO

COMMUNITY RESOURCES.

COMMUNITY OUTREACH WITH UNDERSERVED POPULATIONS: COORDINATED REGULAR

MEETINGS WITH COMMUNITY LEADERS REPRESENTING THOSE WHO HAVE DIFFICULTY

NAVIGATING HEALTH CARE RESOURCES, EITHER DUE TO LANGUAGE BARRIERS OR LOW

HEALTH CARE LITERACY.

EMPLOYER ROUNDTABLE SESSIONS: HOSTED A DISCUSSION GROUP, LED BY MAYO

CLINIC HEALTH SYSTEM LEADERSHIP, WITH LOCAL BUSINESS LEADERS/EMPLOYERS TO

PROVIDE UPDATES ON INTEGRATION BETWEEN THE ALBERT LEA AND AUSTIN CAMPUSES

AND ANSWER QUESTIONS RELATED TO HEALTHCARE ACCESS.

LEADERSHIP ALBERT LEA & AUSTIN: PRESENTED TO EMERGING COUNTY LEADERS TO

INFORM AND DISCUSS LOCAL HEALTHCARE OPTIONS AND PROVIDE UPDATES ON CARE

ACCESS IMPROVEMENTS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRESENTATIONS TO COMMUNITY/CIVIC ORGANIZATIONS: SCHEDULED MAYO CLINIC

LEADERS TO PRESENT AND ANSWER FAQs FROM COMMUNITY MEMBERS AT LOCAL SERVICE

CLUBS AND COMMUNITY MEETINGS.

COMMUNITY UPDATE E-NEWSLETTER: DELIVERED TIMELY HEALTH INFORMATION, NEWS

FROM THE PRACTICE AND INTRODUCTIONS OF NEW PROVIDERS TO MORE THAN 600

COMMUNITY MEMBERS THROUGH A MONTHLY E-NEWSLETTER.

MOWER REFRESHED HEALTH EQUITY MEETINGS: HOSTED BI-MONTHLY MEETINGS WITH

KEY COMMUNITY LEADERS UNIQUELY POSITIONED WITH MULTICULTURAL AUDIENCES IN

MOWER COUNTY AND WHO REPRESENT THOSE WHO HAVE DIFFICULTY NAVIGATING HEALTH

CARE RESOURCES, EITHER DUE TO LANGUAGE BARRIERS OR LOW HEALTH CARE

LITERACY.

EARLY LEARNING NATION: PROVIDED HEALTH CARE REPRESENTATION ON THIS COUNTY

COLLABORATION. THE PROGRAM EMPHASIZES BUILDING A COLLECTIVE NETWORK OF

RESOURCES FOR EARLY CHILDHOOD GROWTH.

MOWER REFRESHED STEERING COMMITTEE: HOSTED BI-MONTHLY MEETINGS WITH KEY

COMMUNITY LEADERS WHO HAVE A SPECIFIC INTEREST IN THE HEALTH AND

WELL-BEING OF MOWER COUNTY RESIDENTS AND TO MONITOR CHNA PROGRESS AND

OFFER INSIGHT ON IMPLEMENTATION.

MOBILE MAMMOGRAPHY EVENT: HOSTED THE MAYO CLINIC MOBILE MAMMOGRAPHY UNIT

AT THE HORMEL INSTITUTE TO PROVIDE MAMMOGRAMS TO QUALIFYING WOMEN. THE

EVENT FEATURED A HEALTH FAIR THAT PROVIDED INFORMATION ON COMMUNITY

RESOURCES.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MAYO CLINIC CARES: FACILITATED THE MAYO CLINIC VOLUNTEER PROGRAM.

COORDINATED SEVERAL VOLUNTEER EFFORTS IN THE COMMUNITY AND BUILT AWARENESS

OF THE PROGRAM INTERNALLY WITH STAFF.

MENTAL WELL-BEING: TO IMPROVE MENTAL WELL-BEING THROUGHOUT THE COMMUNITY,

MCHS-AL/AUS IMPLEMENTED OR PARTICIPATED IN THE FOLLOWING EFFORTS:

JOURNEY TO WELLNESS PROGRAM: DISTRIBUTED MATERIALS FOR THE VIRTUAL

PROGRAM TO THE GENERAL POPULATION, KEY ORGANIZATIONS AND AREA SCHOOLS.

THIS PROGRAM HIGHLIGHTED CHANGES TO MANAGE STRESS, EAT NUTRITIOUS FOODS,

LIMIT ALCOHOL USE AND GET REGULAR PHYSICAL ACTIVITY.

HOMETOWN HEALTH BLOGS: PRODUCED SUBJECT MATTER EDUCATION ON A VARIETY OF

TOPICS FOCUSING ON COMMUNITY HEALTH PRIORITIES INCLUDING MENTAL

WELL-BEING. BLOGS PROVIDE COMMUNITY MEMBERS WITH EDUCATIONAL ACCESS

THROUGH ELECTRONIC NEWSLETTERS.

COMMUNITY CONTRIBUTION FUNDING FOR MENTAL WELL-BEING INITIATIVES:

FACILITATED GRANT INVITATIONS AND REVIEWS FOR THOSE COMMUNITY

ORGANIZATIONS WITH INITIATIVES SUPPORTING THE COMMUNITY HEALTH NEEDS

PRIORITY AREAS. ACTIVITY INCLUDED GRANT REVIEW AND APPROVALS AND

FOLLOW-UP WITH THE ORGANIZATIONS.

MOWER REFRESHED HEALTH EQUITY COMMITTEE: HOSTED BI-MONTHLY MEETINGS WITH

KEY COMMUNITY LEADERS UNIQUELY POSITIONED WITH MULTICULTURAL AUDIENCES IN

MOWER COUNTY AND WHO REPRESENT THOSE WHO HAVE DIFFICULTY NAVIGATING HEALTH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CARE RESOURCES, EITHER DUE TO LANGUAGE BARRIERS OR LOW HEALTH CARE

LITERACY.

COUNCIL OF SOCIAL SERVICE AGENCIES MEETINGS: ATTENDED MONTHLY MEETINGS OF

COMMUNITY LEADERS REPRESENTING LOCAL AGENCIES TO SHARE PROGRAMMING AND

IDENTIFY GAPS IN REACHING DIVERSE AUDIENCES WITH MENTAL HEALTH, ACCESS TO

CARE AND MENTAL WELL-BEING RESOURCES.

REACH OUT AND READ: COORDINATED WITH PRIMARY CARE AND THE LOCAL ROTARY

CLUB TO FACILITATE THE DONATION OF BOOKS GIVEN AWAY TO PEDIATRIC PATIENTS

AT THE CLINIC.

COMMUNITY RESILIENCY COMMITTEE: SERVED AS A COLLABORATIVE GROUP OF LOCAL

LEADERS TO ADDRESS THE MENTAL WELL-BEING OF THE COMMUNITY. THE GROUP IS

CHARGED WITH ENSURING MENTAL HEALTH NEEDS AND SERVICES ARE AVAILABLE AND

DELIVERED TO AREA RESIDENTS.

COMMUNITY HEALTH CARE COLLABORATIVE: ATTENDED MONTHLY MEETINGS OF

COMMUNITY STAKEHOLDERS REPRESENTING LOCAL AGENCIES. THE COMMUNITY

PARTNERS COLLABORATE TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY

THROUGH AWARENESS, EDUCATION, AND RESOURCES.

SENIOR HEALTH CARE COLLABORATIVE WORKGROUP: WORKED WITH AREA

ORGANIZATIONS TO MAKE RESOURCES AVAILABLE TO AID IN IMPROVING PHYSICAL AND

MENTAL WELL-BEING, AND SAFETY OF AREA SENIORS.

SPEAKERS FOR LOCAL EVENTS: PROVIDED SPEAKERS AT COMMUNITY EVENTS,

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

INCLUDING AUSTIN PUBLIC SCHOOLS, AUSTIN ASPIRES, AUSTIN ROTARY, AUSTIN

PUBLIC LIBRARY AND ALBERT LEA HIGH SCHOOL CAREER PATHWAYS. SPEAKERS

PROVIDE INFORMATION ON VARIOUS HEALTH ISSUES INCLUDING MENTAL HEALTH.

COMMUNITY VIBRANCY EVENTS: PARTICIPATED IN LOCAL EVENTS THAT FOSTER

THRIVING COMMUNITIES.

CHRONIC DISEASE PREVENTION: TO EDUCATE THE COMMUNITY ON HEALTHY LIVING TO

PROMOTE DISEASE PREVENTION, MCHS-AL/AUS IMPLEMENTED OR PARTICIPATED IN THE

FOLLOWING EFFORTS:

COMMUNITY CONTRIBUTION FUNDING FOR CHRONIC DISEASE PREVENTION:

FACILITATED GRANT INVITATIONS AND REVIEWS FOR THOSE COMMUNITY

ORGANIZATIONS WITH INITIATIVES SUPPORTING THE COMMUNITY HEALTH NEEDS

ASSESSED AREAS. ACTIVITY INCLUDED GRANT REVIEW AND APPROVALS AND

FOLLOW-UP WITH THE ORGANIZATIONS.

BLUE ZONES/SHIP LEADERSHIP TEAM: ENGAGED IN A COMMUNITY WELL-BEING

IMPROVEMENT INITIATIVE GROUP TO ENSURE THERE ARE HEALTHY CHOICES FOR

EVERYONE IN THE COMMUNITY. THE GROUP WORKS ON LOWERING RATES OF OBESITY,

SMOKING AND CHRONIC DISEASES TO CREATE A HEALTHIER, HAPPIER PLACE TO LIVE,

WORK, AND PLAY.

FREEBORN COUNTY FAIR: PROVIDED HEALTH INFORMATION TO FAIR ATTENDEES.

WORKSITE WELLNESS: COLLABORATED WITH THIS COMMUNITY COMMITTEE TO IDENTIFY

SOLUTIONS FOR WORKSITES TO INSPIRE HEALTHY EMPLOYEES.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MAYO CLINIC CARES: FACILITATED THE MAYO CLINIC VOLUNTEER PROGRAM.

COORDINATED SEVERAL VOLUNTEER EFFORTS IN THE COMMUNITY AND BUILT AWARENESS

OF THE PROGRAM INTERNALLY WITH STAFF.

FOOD INSECURITY GRANTS: DISTRIBUTED GRANT FUNDING TO LOCAL ORGANIZATIONS

INVOLVED IN FOOD SECURITY INITIATIVES.

FOOD INSECURITY ACTIVITIES: COORDINATED EVENTS TO SUPPORT FOOD SECURITY

INCLUDING FOOD PACKING EVENTS, MEALS ON WHEELS, MEALS AT THE SALVATION

ARMY, FOOD DRIVES AND FARMER'S MARKETS.

SUBSTANCE MISUSE: TO REDUCE SUBSTANCE MISUSE BY PROVIDING EDUCATION,

COLLABORATION AND ADVOCACY AROUND SUBSTANCE MISUSE IN THE COMMUNITY,

MCHS-AL/AUS IMPLEMENTED OR PARTICIPATED IN THE FOLLOWING EFFORTS:

AUSTIN POSITIVE ACTION COALITION: ATTEND MONTHLY MEETINGS FOR THIS

COMMUNITY COALITION THAT WORKS TO REDUCE ALCOHOL, TOBACCO, AND OTHER DRUG

USE AMONG TEENS.

MOWER COUNTY OPIOID TASKFORCE/ADVISORY COUNCIL: SERVE AS A MEMBER OF THE

COUNTY TASKFORCE IDENTIFIED TO STEWARD THE \$1.2 MILLION ALLOCATED TO MOWER

COUNTY AS PART OF THE MINNESOTA OPIOID SETTLEMENT. FUNDS WILL BE USED FOR

OPIOID MITIGATION SUCH AS TREATMENT, PREVENTION, RECOVERY, HARM REDUCTION,

RESEARCH AND TRAINING.

MOWER COUNTY OPIOID AWARENESS EVENT: REPRESENTED FOUNTAIN CENTERS, MADE

NETWORKING CONNECTIONS AND SHARED INFORMATION ON FOUNTAIN CENTERS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MINNESOTA ASSOCIATION OF RESOURCES FOR RECOVERY AND CHEMICAL HEALTH

CONFERENCE: HOSTED A BOOTH FOR FOUNTAIN CENTERS, MADE NETWORKING

CONNECTIONS AND SHARED INFORMATION ON FOUNTAIN CENTERS.

UNITED WAY WINTER GEAR DRIVE: WORKED WITH THE UNITED WAY TO COLLECT

WINTER GEAR FOR THOSE IN ALCOHOL AND DRUG ADDICTION TREATMENT.

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA

INCLUDED SOCIOECONOMIC FACTORS, SUCH AS FOOD INSECURITY, FAMILY/SOCIAL

SUPPORT, HOUSING, ETC. THESE NEEDS WILL BE ADDRESSED BY MCHS-AL/AUS IN A

SUPPORTING ROLE OR BY OTHER AGENCIES, ORGANIZATIONS AND PROGRAMS WITHIN

THE COMMUNITY THAT ARE BETTER ALIGNED IN ADDRESSING THOSE NEEDS.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP D

FACILITY REPORTING GROUP D CONSISTS OF:

- FACILITY 1: MAYO CLINIC HOSPITAL ROCHESTER

- FACILITY 3: MAYO CLINIC HOSPITAL IN FLORIDA

- FACILITY 6: MAYO CLINIC HOSPITAL IN ARIZONA

GROUP D-FACILITY 6 -- MAYO CLINIC HOSPITAL IN ARIZONA

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

THE CHNA FOR MARICOPA COUNTY WAS A JOINT EFFORT. ORGANIZATIONS INCLUDED

IN THE COLLABORATION WERE MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH,

MAYO CLINIC ARIZONA, NEIGHBORHOOD ACCESS TO HEALTH, BANNER HEALTH, DIGNITY

HEALTH, NATIVE HEALTH, PHOENIX CHILDREN'S HOSPITAL, VALLEYWISE HEALTH AND

VITALYST HEALTH FOUNDATION.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIMARY DATA REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY WERE

GATHERED THROUGH FOCUS GROUPS AND SURVEYS THAT INCLUDED PEOPLE FROM

MEDICALLY UNDER-SERVED, LOW-INCOME AND MINORITY POPULATIONS.

A TOTAL OF 52 CHNA FOCUS GROUPS WERE CONDUCTED BETWEEN AUGUST 2018 AND

DECEMBER 2019 WITH MEDICALLY UNDER-SERVED POPULATIONS ACROSS MARICOPA

COUNTY INCLUDING YOUTH. THE GROUPS CONSISTED OF AFRICAN AMERICANS, NATIVE

AMERICANS, CONGOLESE, HISPANICS, AND FILIPINOS. OTHER GROUPS REPRESENTED

WERE HOMELESS POPULATIONS, LGBTQ PERSONS, PEOPLE WHO HAVE BEEN

INCARCERATED, PEOPLE IN RURAL COMMUNITIES, NEW PARENTS AND PARENTS OF

CHILDREN WITH SPECIAL NEEDS. SIX GROUPS WERE CONDUCTED IN SPANISH, ONE IN

MANDARIN, ONE IN SWAHILI AND THE REMAINDER IN ENGLISH.

BETWEEN FEBRUARY AND JUNE 2021, A SERIES OF FOCUS GROUPS WERE CONDUCTED TO

BETTER UNDERSTAND THE IMPACT OF COVID19 ON MARICOPA COUNTY RESIDENTS. A

TOTAL OF 33 FOCUS GROUPS WERE CONDUCTED WITH 186 COMMUNITY MEMBERS FROM

FIVE GEOGRAPHIC LOCATIONS THAT INCLUDED PERSONS FROM THE FOLLOWING GROUPS:

AFRICAN AMERICANS, HISPANICS/LATINOS, NATIVE AMERICANS, ASIAN AMERICANS,

LGBTQ PERSONS, VETERANS, NEW PARENTS, PARENTS OF YOUNG CHILDREN, AND

REFUGEES.

BETWEEN FEBRUARY AND JUNE 2019, MARICOPA COUNTY DEPARTMENT OF PUBLIC

HEALTH COLLECTED COMMUNITY SURVEYS FROM RESIDENTS AND PROFESSIONALS. THIS

SURVEY WAS DESIGNED TO IDENTIFY PRIORITY HEALTH ISSUES, RESOURCES, AND

BARRIERS TO CARE. A TOTAL OF 11,893 SURVEYS WERE COLLECTED FROM COMMUNITY

RESIDENTS AGES 14 AND ABOVE. THE DIGITAL SURVEY WAS SENT OUT BY COMMUNITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PARTNER NETWORKS THROUGHOUT MARICOPA COUNTY, HOSPITAL/HEALTHCARE SYSTEMS,

MUNICIPALITIES, SCHOOL DISTRICTS, AND SOCIAL MEDIA. THE SURVEY WAS WIDELY

PUBLICIZED WITH COMMUNITY AND HEALTHCARE PARTNERS PRIOR TO MARCH 1, 2019

TO SECURE PRESENCE AT COMMUNITY EVENTS AND PROVIDE ONLINE ADVERTISEMENT TO

REDIRECT INDIVIDUALS TO THE SURVEY.

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH ALSO CONDUCTED A COVID19

COMMUNITY IMPACT SURVEY BETWEEN MAY AND JULY 2021 TO EXPLORE HOW COVID19

IMPACTED RESIDENTS. A TOTAL OF 14,380 SURVEYS WERE COMPLETED BY RESIDENTS

FROM ALL REGIONS OF MARICOPA COUNTY.

GROUP D-FACILITY 6 -- MAYO CLINIC HOSPITAL IN ARIZONA

PART V, SECTION B, LINE 6A:

BANNER HEALTH

DIGNITY HEALTH

PHOENIX CHILDRENS HOSPITAL

VALLEYWISE HEALTH

GROUP D-FACILITY 6 -- MAYO CLINIC HOSPITAL IN ARIZONA

PART V, SECTION B, LINE 6B:

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH

NEIGHBORHOOD OUTREACH ACCESS TO HEALTH

NATIVE HEALTH

VITALYST HEALTH FOUNDATION

GROUP D-FACILITY 6 -- MAYO CLINIC HOSPITAL IN ARIZONA

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MAYO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CLINIC ARIZONA (MCA) IDENTIFIED THE FOLLOWING NEEDS AS SIGNIFICANT:

ACCESS TO CARE

CANCER/BREAST CANCER

SOCIAL DETERMINANTS OF HEALTH (HOMELESSNESS & FINANCIAL INSECURITY)

IN 2023, MCA TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS:

ACCESS TO CARE: TO PROVIDE NON-MAYO CLINIC PATIENTS ACCESS TO EXPERT

SPECIALTY CARE (AT NO COST OR REDUCED COST) WHEN THEY PREVIOUSLY HAD

LIMITED OR NO OPPORTUNITY TO RECEIVE THE NEEDED TREATMENT, MCA:

CONTINUED TO PROVIDE CARE TO PATIENTS FROM COMMUNITY FEDERALLY QUALIFIED

HEALTH CENTERS IN MARICOPA COUNTY THAT HAVE SIGNIFICANT NEED FOR COMPLEX,

COMPREHENSIVE CLINICAL CARE.

CONTINUED PARTNERSHIP WITH MOUNTAIN PARK HEALTH CENTER (MPHC) TO BE AN

ACCESS POINT FOR REFERRED PATIENTS FROM MPHC. EACH YEAR FOR THE PAST 13

YEARS MCA HAS CONTINUED TO TREAT UP TO 12 PATIENTS DIAGNOSED WITH BREAST

CANCER. MCA PROVIDES BIOPSY, BREAST CANCER SURGERY, RADIOLOGIC,

CHEMO-THERAPEUTIC, SURGICAL RECONSTRUCTION, AND FOLLOW UP APPOINTMENTS

WITH PATIENTS THAT REQUIRED A GREATER LEVEL OF CARE THAN THEIR PRIMARY

CARE TEAM AT MPHC ARE NOT ABLE TO PROVIDE. IN 2023, MCA PROVIDED

TREATMENT TO 5 MPHC REFERRED PATIENTS FOR BREAST CANCER.

CONTINUED AN E-CONSULTATION PLATFORM FOR MPHC PHYSICIANS. MPHC PHYSICIANS

THAT REQUIRE CONSULTATION FOR SCREENING/UNDERSTANDING CANCER LAB RESULTS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OR CANCER PATIENT MAINTENANCE OF CARE ARE PROVIDED AT NO COST TO THE

CLINICAL STAFF OF MPHIC.

GRANTED \$500,000 TO ADELANTE HEALTHCARE FOR CANCER CARE. MCA CONTINUED TO

PROVIDE CANCER CARE TO PATIENTS FROM ADELANTE. ADELANTE PATIENTS

DIAGNOSED WITH BREAST AND OVARIAN CANCER HAVE BEEN TREATED AT MCA. IN

2023, 6 ADELANTE PATIENTS HAVE BEEN TREATED AT MCA AT NO COST AS A RESULT

OF THE COMMITMENT TO PATIENTS IN THE COMMUNITY THAT NEED EXPERT CARE BUT

LACK ACCESS.

CONTINUED THE CLINICAL PARTNERSHIP WITH ADELANTE FOR MCA TRAINEES AND

PHYSICIAN STAFF TO PROVIDE GASTROENTEROLOGY FECAL IMMUNOCHEMICAL TESTING

TO THEIR PATIENT BASE. PATIENTS WITH POSITIVE RESULTS ARE REFERRED TO MCA

FOR A COLONOSCOPY FOLLOW-UP VISIT. THOSE ADELANTE PATIENTS WHO ARE

DIAGNOSED WITH A GASTROENTEROLOGY CANCER GO TO MCA FOR CANCER TREATMENT.

MCA PROVIDES TRANSPORTATION TO AND FROM APPOINTMENTS. IN 2023, MCA

PROVIDED TREATMENT TO 11 ADELANTE PATIENTS.

PROVIDED CANCER CLINICAL CARE TO PATIENTS AT THE PHOENIX INDIAN MEDICAL

CENTER EVERY WEEK, AND WHEN NECESSARY, TRANSFER PATIENTS WITH GREATER

COMPLEX CARE NEEDS TO MCA.

APPROVED 12 ECHOCARDIOGRAPHY AND 12 BONE MARROW BIOPSIES FOR VALLEYWISE

HEALTH PATIENTS. REFERRED PATIENTS RECEIVED TREATMENT AT MCA FOR BONE

MARROW BIOPSIES AND CANCER SCREENINGS.

CANCER CARE: TO PROVIDE CANCER CARE AND TO ASSIST IN REDUCING DISPARATE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH OUTCOMES TO MINORITY, POOR, AND OTHER VULNERABLE DISPARATE

POPULATIONS, MCA:

PROVIDED CANCER TESTING AND TREATMENT, UNDER ITS ACCESS FOR CARE

STRATEGIES, FOR A NUMBER OF PATIENTS FROM UNDERSERVED COMMUNITIES THROUGH

PARTNERSHIPS WITH FEDERAL QUALIFIED HEALTH CENTERS SUCH AS MOUNTAIN PARK

HEALTH CENTER, ADELANTE HEALTHCARE AND PHOENIX INDIAN MEDICAL CENTER.

PROVIDED \$135,000 OF FINANCIAL SUPPORT TO THE COALITION OF BLACKS AGAINST

BREAST CANCER. THE COALITION PROVIDES COORDINATION, FINANCIAL SUPPORT AND

OUTREACH FOR COMMUNITIES OF FAITH TO PROVIDE BREAST CANCER EDUCATION AND

AWARENESS OF THE SIGNIFICANT DIFFERENCES OF HEALTH OUTCOMES FOR BREAST

CANCER IN BLACK COMMUNITIES.

PROVIDED \$106,500 OF FINANCIAL SUPPORT TO THE AMERICAN CANCER SOCIETY TO

SUPPORT COMMUNITY-BASED INITIATIVES TO RAISE AWARENESS AND FUNDING FOR

RESEARCH AND SUPPORT PROGRAMS.

RECEIVED A GRANT FROM THE NATIONAL CANCER INSTITUTE THAT IS AIMED AT

BUILDING A PLATFORM OF TRUST, PROMOTE CANCER SCREENINGS/TREATMENT AND

IMPROVE ACCESS TO CARE WITH MINORITY COMMUNITIES, SPECIFICALLY BLACK,

LATINO, AND NATIVE COMMUNITIES. THE GRANT HAS THREE UNIVERSITY PARTNERS:

ARIZONA STATE UNIVERSITY, THE UNIVERSITY OF ARIZONA, AND NORTHERN ARIZONA

UNIVERSITY.

PARTICIPATED IN THE FITDOM COLORECTAL CANCER SCREENING STUDY. THIS STUDY

IS TO PROVIDE SCREENING IN BLACK AND UNDERSERVED COMMUNITIES IN THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PHOENIX METRO AREA. ONE COMMUNITY PATIENT HAD A POSITIVE TEST RESULT AND

WAS PROVIDED CARE AT MCA.

SOCIAL DETERMINANTS OF HEALTH (HOMELESSNESS): TO SUPPORT COMMUNITY-BASED

ORGANIZATIONS WORKING IN THE HOMELESSNESS/HOUSING SPACE, MCA:

ALIGNED ITSELF WITH SEVERAL COMMUNITY-BASED ORGANIZATIONS THAT PROVIDE

HOPE AND HEALING TO INDIVIDUALS WHO FIND THEMSELVES WITHOUT HOMES AND

OTHER SOCIAL UNMET NEEDS THAT ACCOMPANY THOSE THAT ARE UNSHELTERED.

PROVIDED OVER \$1.4 MILLION TO SEVERAL COMMUNITY-FACING ORGANIZATIONS

ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND PROVIDING SERVICES AND

RESOURCES TO THE UNHOUSED POPULATION. SUCH ORGANIZATIONS INCLUDED THE

SOCIETY OF ST. VINCENT DE PAUL, CIRCLE THE CITY, PHOENIX INDIAN CENTER,

ONE COMMUNITY FOUNDATION, ONE-N-TEN, AND MANY OTHERS.

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH PRIORITIES MENTIONED IN THE CHNA

THAT ARE NOT BEING ADDRESSED BY MCA INCLUDE MENTAL HEALTH,

ALCOHOL/SUBSTANCE USE, OVERWEIGHT/OBESITY AND CHRONIC DISEASE.

MCA PARTICIPATES IN A COLLABORATIVE EFFORT WITH SEVERAL MARICOPA COUNTY

BASED COMMUNITY HOSPITALS, FEDERALLY QUALIFIED HEALTH CENTERS AND OTHER

COMMUNITY BASED NOT-FOR-PROFIT HEALTHCARE PROVIDERS. THE COLLABORATIVE IS

AN EFFORT THAT WORKS IN PARTNERSHIP WITH MARICOPA COUNTY DEPARTMENT OF

PUBLIC HEALTH. ALL THE COLLABORATIVE MEMBERS ARE MADE AWARE OF THE

COMPREHENSIVE HEALTH NEEDS OF THE ENTIRE COUNTY. AS A COLLECTIVE, THE

MEMBERS ASSURE ALL THE IDENTIFIED/PRIORITY HEALTH NEEDS ARE MET THROUGH

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MEMBERS OF THE COLLABORATION.

GROUP D-FACILITY 3 -- MAYO CLINIC HOSPITAL IN FLORIDA

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

THE COMMUNITY HEALTH NEEDS IDENTIFIED FOR MCF WAS BASED ON THE CHNA

CONDUCTED BY THE JACKSONVILLE NONPROFIT HOSPITAL PARTNERSHIP (THE

PARTNERSHIP). THE PARTNERSHIP IS A COALITION OF NON-PROFIT HOSPITALS

WHOSE VISION IS TO CONTRIBUTE TO IMPROVEMENTS IN POPULATION HEALTH ACROSS

THE NORTHEAST FLORIDA REGION BY ADDRESSING GAPS THAT PREVENT ACCESS TO

QUALITY, INTEGRATING HEALTH CARE, AND IMPROVING ACCESS TO RESOURCES THAT

SUPPORT A HEALTHY LIFESTYLE. THE PARTNERSHIPS MEMBERS ARE MAYO CLINIC

FLORIDA, ASCENSION ST. VINCENT'S, BAPTIST HEALTH/WOLFSON CHILDREN'S

HOSPITAL, BROOKS REHABILITATION, AND UF HEALTH JACKSONVILLE.

PRIMARY DATA WAS GATHERED FROM VARIOUS SEGMENTS OF THE COMMUNITY WITH

SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH INCLUDING RESIDENTS,

STAKEHOLDER ORGANIZATIONS, AND HOSPITAL STAFF.

STAKEHOLDERS FROM DUVAL AND ST. JOHNS COUNTIES WERE SELECTED BASED ON

THEIR KNOWLEDGE OF THE HEALTH NEEDS OF PARTICULAR COMMUNITIES. SEVEN

INTERVIEWS WERE CONDUCTED WITH DUVAL COUNTY ORGANIZATIONS AND FIVE

INTERVIEWS WERE CONDUCTED WITH ST. JOHNS COUNTY WITH ORGANIZATIONS THAT

WORK WITH POPULATIONS MOST AT RISK FOR HEALTH DISPARITIES TO GAIN INSIGHTS

INTO THEIR SPECIFIC NEEDS. IN ADDITION EIGHT INTERVIEWS WERE CONDUCTED

WITH REGIONAL AGENCIES THAT OFFER SERVICES IN BOTH COUNTIES.

A TOTAL OF 13 KEY STAKEHOLDER INTERVIEWS AND TWO FOCUS GROUPS WERE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CONDUCTED IN DUVAL AND ST. JOHNS COUNTIES, RESPECTIVELY WITH TOTALING 126

PARTICIPANTS BETWEEN MARCH AND APRIL OF 2021. EFFORTS WERE MADE TO

RECRUIT FOCUS GROUP PARTICIPANTS THAT REPRESENT MINORITY, LOW-INCOME,

VETERANS, AND MEDICALLY UNDERSERVED POPULATIONS MOST AT RISK FOR HEALTH

DISPARITIES AND THOSE EXPERIENCING CHALLENGES IN ACCESSING HEALTHCARE.

OTHER FOCUS GROUPS WERE CONDUCTED THAT REPRESENTED THE REGIONAL POPULATION

WHICH INCLUDED ONE WITH THE LGBTQ+ POPULATION, AND ONE GROUP WITH PEOPLE

OF DIFFERING ABILITIES.

A COMMUNITY SURVEY WAS DISSEMINATED BETWEEN MARCH AND APRIL OF 2021

THROUGHOUT THE FIVE COUNTY AREA OF NORTHEAST FLORIDA. THE SURVEY WAS

DISTRIBUTED IN ENGLISH AND IN SPANISH AND PAPER SURVEYS WERE ALSO

AVAILABLE. AN ELECTRONIC SURVEY LINK AND QR CODE WERE SHARED WITH MEMBERS

OF THE COMMUNITY IN A NUMBER OF WAYS INCLUDING A PRESS RELEASE, A FEATURED

SEGMENT ON LOCAL PUBLIC RADIO, VARIOUS SOCIAL MEDIA OUTLETS, TRADITIONAL

BROADCASTS, AND OTHER ONLINE MEDIA OUTLETS. FIVE THOUSAND POSTCARDS WITH

THE SURVEY LINK AND QR CODE WERE DISTRIBUTED THROUGHOUT THE FIVE COUNTY

AREA IN HOSPITAL WAITING ROOMS, VACCINE SITES AND CLINICS, AND VIA

DOOR-TO-DOOR CANVASSERS.

DUVAL COUNTY RESIDENTS ACCOUNT FOR 46 PERCENT OF THE RESPONSES WITH A

TOTAL OF 527 PARTICIPANTS. ST. JOHNS COUNTY RESIDENTS ACCOUNT FOR 16

PERCENT OF THE RESPONSES WITH A TOTAL OF 179 PARTICIPANTS. IN MANY CASES,

A CONVENIENCE SAMPLE IS FOLLOWED BY PROBABILITY SAMPLING TO MITIGATE FOR

BIAS, AND INTERCEPT SURVEYS TO GARNER MORE ROBUST DATA ON ISSUES THAT

WARRANT MORE STUDY.

GROUP D-FACILITY 3 -- MAYO CLINIC HOSPITAL IN FLORIDA

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 6A:

BAPTIST HEALTH/WOLFSON CHILDREN'S HOSPITAL

BROOKS REHABILITATION

ASCENSION ST. VINCENT'S

UF HEALTH JACKSONVILLE

GROUP D-FACILITY 3 -- MAYO CLINIC HOSPITAL IN FLORIDA

PART V, SECTION B, LINE 6B:

THE HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA

GROUP D-FACILITY 3 -- MAYO CLINIC HOSPITAL IN FLORIDA

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MAYO

CLINIC FLORIDA, IN COLLABORATION WITH MAYO CLINIC JACKSONVILLE AND

COLLECTIVELY REFERRED TO AS MAYO CLINIC IN FLORIDA (MCF), IDENTIFIED THE

FOLLOWING NEEDS AS SIGNIFICANT :

ACCESS

CHRONIC DISEASES

MENTAL HEALTH

IN 2023, MCF TOOK THE FOLLOWING ACTIONS TO ADDRESS THE IDENTIFIED NEEDS:

ACCESS: TO INCREASE HEALTH CARE RESOURCES FOR INDIVIDUALS AND FAMILIES

WITH LIMITED OR NO MEANS IN THE COMMUNITY, MCF:

PROVIDED MONETARY AND/OR IN-KIND SUPPORT TO THE FOLLOWING NONPROFIT

ORGANIZATIONS THAT PROVIDE HEALTHCARE AND ASSISTANCE TO INDIVIDUALS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AFFECTED BY HOMELESSNESS:

SULZBACHER CENTER: MCF CONTRIBUTED SUPPLEMENTAL CARE, CARDIOLOGY, FAMILY

MEDICINE AND COMMUNITY INTERNAL MEDICINE SERVICES. IN ADDITION TO THE

LAUNCH OF THE LEARNER'S COMMUNITY CLINIC AT SULZBACHER, MCF INVESTED \$5

MILLION AS A HEALTH CARE PARTNER AT SULZBACHER ENTERPRISE VILLAGE.

SERVICES RESULTED IN 217.5 STAFF HOURS AND 275 PATIENTS SEEN.

VOLUNTEERS IN MEDICINE (VIM): MCF CONTRIBUTED ACCESS TO CARE FOR

VULNERABLE POPULATIONS BY PROVIDING INOCULATION AND TESTING FOR HUMAN

PAPILLOMAVIRUS (HPV) AT VIM AND SUPPLEMENTING VIM CLINIC STAFF WITH

SERVICES INCLUDING CARDIOLOGY, GASTROENTEROLOGY, GYNECOLOGY, AND INTERNAL

MEDICINE. SERVICES RESULTED IN 284 PATIENTS SEEN AND 439.23 STAFF HOURS.

MISSION HOUSE: MCF SUPPLEMENTED THE MISSION HOUSE CLINIC'S STAFF WITH

INTERNAL MEDICINE AND NEUROLOGY PROVIDERS, RESULTING IN 500.5 STAFF HOURS

AND 448 APPOINTMENTS SEEN. MCF ALSO PROVIDED PERSONAL PROTECTION

EQUIPMENT AND SUPPLIES TO SUPPORT COVID-19 EFFORTS FOR THE COMMUNITY AND

THEIR CLIENTS.

WE CARE: MCF PROVIDED GENERAL SURGERY, GYNECOLOGY AND UROLOGICAL

SURGERIES AS A PART OF OUR COMMUNITY FINANCIAL ASSISTANCE PROGRAMS

RESULTING IN OVER 1,800 PATIENTS SERVED.

AGAPE FAMILY HEALTH: MCF PROVIDED DERMATOLOGY SERVICES RESULTING IN 42

STAFF AND LEARNER HOURS AND 144 PATIENTS SEEN.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN ADDITION, MCF AWARDED OVER \$153,000 IN GRANT FUNDS FOCUSED ON ACCESS TO
CARE, IMPACTING 18,255 INDIVIDUALS.

CHRONIC DISEASES: TO INCREASE ACCESS TO HEALTH EDUCATION AND
SELF-ADVOCACY TOOLS THAT ADDRESS AND DELIVER CHRONIC DISEASE PREVENTION
SERVICES AND EARLY DIAGNOSIS, ALONG WITH IMPROVING COMMUNICATION AMONG
PROVIDERS AND THE COMMUNITY REGARDING CHRONIC DISEASES AND PREVENTION,
MCF:

AWARDED MORE THAN \$300,000 IN GRANTS AND SPONSORSHIPS FOCUSED ON CHRONIC
DISEASES, IMPACTING 3,288 PEOPLE.

COMMITTED TO GRANT 1 MILLION IN FUNDS TO BLUE ZONES PROJECT JACKSONVILLE
OVER FIVE YEARS TO IMPROVE WELL-BEING THROUGH OUT THE COMMUNITY. IN 2023,
MCF HOSTED OR PARTICIPATED IN SEVERAL BLUE ZONES EVENTS.

CONTINUED ITS WELLNESS RX EFFORTS. WELLNESS RX IS A COMMUNITY DRIVEN
HEALTH AND WELLNESS INITIATIVE HOSTED BY A MCF TEAM MONTHLY. MCF
PARTNERED WITH THE FOLLOWING THREE LOCATIONS ON A ROTATING MONTHLY
SCHEDULE: JACKSONVILLE UNIVERSITY, TERRY PARKER HIGH, AND WOODLAND ACRES
ELEMENTARY. THE INITIATIVE STARTED IN JANUARY 2021. IN 2023, WELLNESS RX
SERVED 2,114 FAMILIES AND DISTRIBUTED OVER 97,700 LBS OF FOOD. IN 2024,
WELLNESS RX WILL ADD BAKER AND PUTNAM COUNTY TO THE SCHEDULE.

PARTICIPATED IN CANCER CONVERSATIONS. CANCER CONVERSATIONS IS AN
ENTERPRISE-WIDE INITIATIVE THAT ENCOURAGES CONVERSATIONS ABOUT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CANCER-RELATED TOPICS. THEY HAVE COVERED TOPICS SUCH AS BREAST CANCER,

COLORECTAL CANCER, LEUKEMIA, CANCER CULTURE AND PROSTATE CANCER

PREVENTION. EACH PRESENTATION WAS 90 MINUTES AND INCLUDED A MAYO HEALTH

SUBJECT EXPERT, A CANCER SURVIVOR OR CAREGIVER, AND A QUESTION-AND-ANSWER

PERIOD. IN TOTAL, 427 PEOPLE ATTENDED AND RECEIVED THIS INFORMATION.

THESE SESSIONS LEAD TO IMPROVE A BETTER EDUCATIONAL AND ENGAGING

EXPERIENCE FOR OUR COMMUNITIES.

CONTINUED ITS INVOLVEMENT WITH HOPE PARA LA COMUNIDAD. THIS IS A HEALTH

EDUCATION, OUTREACH, AND RESEARCH INITIATIVE THAT PARTNERS WITH

ORGANIZATIONS SERVING PREDOMINANTLY SPANISH-SPEAKING COMMUNITY MEMBERS IN

JACKSONVILLE TO PROVIDE INFORMATION ABOUT VARIOUS WELLNESS TOPICS THAT

IMPACT THE COMMUNITY. EFFORTS UNDER HOPE PARA LA COMUNIDAD INCLUDED MCF

HOSTING MONTHLY MEETINGS TO UNDERSTAND THE NEEDS IN THE COMMUNITY. THE

HOPE BOARD MEMBERS HAVE BEEN RESEARCHING AND WORKING TOGETHER TO CREATE

THE FOUNDATION FOR A BILINGUAL GUIDE TO JACKSONVILLE. THIS GUIDE WILL

CONSIST OF FOOD PANTRY LOCATIONS, HEALTHCARE FACILITIES, AND ORGANIZATIONS

THAT OFFER VARIETIES OF EDUCATIONAL CLASSES. THE HOPE BOARD HAS ALSO

EXPANDED TO NOW INCLUDE COMMUNITY MEMBERS FROM SEVERAL OF OUR CATCHMENT

AREAS.

MENTAL HEALTH: TO EDUCATE AND PROVIDE RESOURCES TO THOSE WHO SUFFER FROM

MENTAL HEALTH NEEDS AND TO COLLABORATE WITH OTHERS IN THE COMMUNITY TO

HELP GUIDE AND TREAT, MCF:

AWARDED OVER \$169,000 IN GRANT FUNDS FOCUSED ON MENTAL HEALTH, IMPACTING

142,326 PEOPLE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROVIDED A GRANT TO BRING YOUR BROKENNESS, INC., AN ORGANIZATION THAT
TREATS EATING DISORDERS. THE GRANT WAS FOR A NEW OUTPATIENT PROGRAM THAT
PROVIDES GROUP COACHING AND OUTPATIENT SUPPORT FOR INDIVIDUALS RECOVERING
FROM EATING DISORDERS. ADDITIONALLY, FREE WEEKLY VIRTUAL CLASSES WERE
OFFERED. COACHING AND SUPPORT WAS PROVIDED TO OVER 100 PEOPLE.

AWARDED A GRANT TO WESTMINSTER WOODS RESIDENTS ASSOCIATION TO SUPPORT
THE BRAIN HEALTH AND MUSIC THERAPY INTERVENTIONS PROGRAM. THIS PROGRAM
PROVIDES RESEARCH-BASED MUSIC INTERVENTIONS AIMED AT THE QUALITY OF LIFE
FOR RESIDENTS LIVING ON THE MEMORY CARE AND THE SKILLED NURSING UNIT.
DURING 2023 72 PARTICIPANTS PARTICIPATED IN THIS PROGRAM.

GRANTED FUNDS TO GABRIEL HOUSE OF CARE TO CONTINUE THE COMMUNITY OF
HEALING PROGRAM OFFERED TO MCF ORGAN TRANSPLANT AND ONCOLOGY PATIENTS.
THE PROGRAM OFFERS CLASSES ON COPING SKILLS FOR STRESS REDUCTION AND
MINDFULNESS BASED PRACTICES TO INCREASE THE QUALITY OF LIFE FOR PATIENTS
AND THE CAREGIVERS. THIS PROGRAM HAS IMPACTED 1,800 PEOPLE.

PROVIDED A GRANT TO RETHREADED, INC., AN ORGANIZATION THAT OFFERS SUPPORT
AND RESOURCES TO SURVIVORS OF HUMAN TRAFFICKING. SUPPORT AND RESOURCES
WERE PROVIDED TO 99 SURVIVORS.

SPONSORED THE JACKSONVILLE OUT OF THE DARKNESS WALK, A WALKING EVENT TO
HELP PROMOTE AWARENESS, SPREAD HOPE AND RAISE FUNDS TO PREVENT SUICIDE.
THE MCF TEAM LED MORE THAN 1,000 PARTICIPANTS THROUGH A WALK ON THE BEACH
AND RAISED MORE THAN \$7,300.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA

INCLUDED, POVERTY, TRANSPORTATION, HOUSING, MATERNAL & CHILD HEALTH AND

DRUG ABUSE. THESE NEEDS WILL BE ADDRESSED BY MCF BASED ON RESOURCES

AVAILABLE AND/OR BY OTHER AGENCIES AND ORGANIZATIONS WITHIN THE COMMUNITY

THAT ARE MORE ALIGNED IN ADDRESSING THOSE NEEDS.

GROUP D-FACILITY 1 -- MAYO CLINIC HOSPITAL IN ROCHESTER

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

THE OLMSTED COUNTY HEALTH NEEDS ASSESSMENT REPORT SERVES AS THE BASIS FOR

THE MAYO CLINIC HOSPITAL-ROCHESTER COMMUNITY HEALTH NEEDS ASSESSMENT. THE

COMMUNITY COALITION ON THE PROJECT ENCOMPASSES THE CORE COLLABORATING

ORGANIZATIONS OF OLMSTED COUNTY PUBLIC HEALTH DEPARTMENT, OLMSTED MEDICAL

CENTER, AND MAYO CLINIC HOSPITAL-ROCHESTER. IN ADDITION, THERE ARE MORE

THAN 30 OTHER COMMUNITY ORGANIZATIONS THROUGHOUT OLMSTED COUNTY THAT SERVE

ON SUBGROUPS/WORKGROUPS IN SUPPORT OF THE CHNA PROCESS.

THE PLANNING TEAMS USED THE FOLLOWING PRIMARY MEANS OF DATA COLLECTION.

OUTREACH TO ORGANIZATION AND PROGRAM LEADERS FROM HUMAN SERVICE/NON-PROFIT

ORGANIZATIONS TO GATHER COMMENTS/IMPROVEMENT SUGGESTIONS FROM THE 2019

CHNA PROCESS. THIS OUTREACH WAS CONDUCTED DURING JANUARY AND FEBRUARY OF

2020.

IN EARLY 2021, A COVID IMPACT STUDY WAS CONDUCTED CONSISTING OF A RANDOM

AND A CONVENIENCE SURVEY TO RE-SURVEY THE COMMUNITY TO ASSESS CHANGES IN

HEALTH NEEDS DUE TO THE COVID-19 PANDEMIC. THE SURVEY SHOWED THAT

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EXISTING HEALTH DISPARITIES IDENTIFIED IN THE 2019 CHNA HAD INTENSIFIED

DURING THE ONSET OF THE COVID-19 PANDEMIC.

A RANDOM MAIL SURVEY OF 4,600 COMMUNITY MEMBERS WAS CONDUCTED IN NOVEMBER

AND DECEMBER OF 2021 AND INCLUDED SPECIAL FOCUS ON RURAL AREAS AND PEOPLE

OF COLOR. THE SURVEY INCLUDED 2,250 RANDOM SAMPLE ADDRESSES IN EIGHT

BLOCK GROUPS WHERE THE POPULATION WAS ESTIMATED TO BE 50% OR MORE OF

PERSONS OF COLOR. IN ADDITION, 350 RANDOM SAMPLE ADDRESSES WERE RURAL

AREAS OUTSIDE THE ROCHESTER CITY LIMITS. THE RESPONSE RATE FOR THE RANDOM

MAIL SURVEY WAS 23.6%.

ADDITIONAL ON-LINE CONVENIENCE SURVEYS WERE TRANSLATED INTO SPANISH AND

SOMALI AND DISTRIBUTED TO SPANISH AND SOMALI-SPEAKING RESIDENTS THROUGH 16

COMMUNITY PARTNERS/SITES. 350 PEOPLE RESPONDED.

THE PLANNING TEAM DECIDED AGAINST GATHERING COMMUNITY GROUPS FOR IN-PERSON

DIALOGUE AND LISTENING SESSIONS AS IN PAST CHNA EFFORTS DUE TO

RESTRICTIONS FROM THE COVID-19 PANDEMIC.

POPULATION HEALTH AND CLINICAL CARE EXPERTS WITHIN THE CORE PLANNING GROUP

ALSO RESEARCHED INDICATORS WITH BENCHMARK INFORMATION FROM EXISTING PUBLIC

DATA.

HEALTH INDICATORS WERE EVALUATED INDIVIDUALLY BASED ON OBJECTIVE (40%

WEIGHT) AND SUBJECTIVE (60% WEIGHT) DATA. OBJECTIVE CRITERIA INCLUDED

PERCENTAGE OF THE POPULATION AFFECTED, DISPARITIES ACROSS GROUPS AND TREND

DATA. SUBJECTIVE DATA WAS COLLECTED THROUGH CHNA PRIORITIZATION MEETINGS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WITH COMMUNITY GROUPS AND CONSIDERED BY THEIR RANKED PERCEPTION OF

PRIORITY AND SENSE OF URGENCY FOR EACH INDICATOR.

THE ABOVE DATA COLLECTION METHODS WERE CONDUCTED FROM JANUARY 2020 THROUGH

JULY OF 2022.

GROUP D-FACILITY 1 -- MAYO CLINIC HOSPITAL IN ROCHESTER

PART V, SECTION B, LINE 6A:

OLMSTED MEDICAL CENTER

GROUP D-FACILITY 1 -- MAYO CLINIC HOSPITAL IN ROCHESTER

PART V, SECTION B, LINE 6B:

OLMSTED COUNTY PUBLIC HEALTH DEPARTMENT

GROUP D-FACILITY 1 -- MAYO CLINIC HOSPITAL IN ROCHESTER

PART V, SECTION B, LINE 11: BASED ON THE CHNA CONDUCTED IN 2022, MAYO

CLINIC HOSPITAL IN ROCHESTER (MCH-R) IDENTIFIED THE FOLLOWING NEEDS AS

SIGNIFICANT:

MENTAL HEALTH

SUBSTANCE USE

ACCESS TO CARE

THE ROLE OF MCH-R IS TO COLLABRATE WITH MAYO CLINIC (PARENT OF MCH-R) TO

IDENTIFY STRATEGIES THAT CAN BE UNDERTAKEN WITHIN THE COMMUNITY TO ADDRESS

THE ABOVE SIGNIFICANT HEALTH NEEDS AND TO COORDINATE WITH MAYO CLINIC IN

IMPLEMENTING THOSE STRATEGIES ON BEHALF OF MCH-R.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MCH-R OPERATIONS AND STAFFING ARE INTEGRATED WITH MAYO CLINIC'S

COMPREHENSIVE OUTPATIENT CARE, RESEARCH, AND EDUCATION SERVICES ON ITS

ROCHESTER, MINNESOTA CAMPUS. LOCAL COMMUNITY HEALTH IMPROVEMENT IS

ADDRESSED THROUGH ALL MAYO CLINIC OPERATIONS, INCLUDING HOSPITAL TREATMENT

AND RECOVERY ROOMS, CLASSROOMS AND CLINICAL TRAINING AREAS (PUBLIC HEALTH

AS WELL AS MEDICAL EDUCATION), RESEARCH LABS, OUTPATIENT CARE SETTINGS AND

COMMUNITY SPACES.

MAYO CLINIC, WITH THE COORDINATION PROVIDED BY MCH-R, TOOK THE FOLLOWING

ACTIONS IN 2023 TO ADDRESS THE IDENTIFIED NEEDS:

MENTAL HEALTH: TO INCREASE MAYO CLINIC'S AND THE LOCAL COMMUNITY'S

CAPACITY TO ASSIST PATIENTS AND CITIZENS WITH MENTAL HEALTH CHALLENGES IN

PREVENTION AND TREATMENT, MAYO CLINIC IMPLEMENTED THE FOLLOWING TO IMPACT

MENTAL HEALTH ISSUES:

CONTINUED ADVOCACY EFFORTS FOR LONG-TERM CARE SERVICES FOR POST-ACUTE

BEHAVIORAL HEALTH PATIENTS.

PROVIDED MORE THAN \$1.4 MILLION IN FINANCIAL AND IN-KIND SUPPORT TO THE

SOUTHEAST REGIONAL CRISIS CENTER, A 24/7 WALK-IN MENTAL HEALTH FACILITY

DESIGNED FOR PEOPLE EXPERIENCING A MENTAL HEALTH CRISIS.

SUPPORTED MENTAL HEALTH SERVICES THROUGH THE ALTERNATIVE LEARNING CENTER

SCHOOL HEALTH CLINIC. IN 2023, MAYO CLINIC COMPLETED 121 DEPRESSION

SCREENINGS FOR LOCAL STUDENTS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROVIDED NEARLY \$13 MILLION IN FINANCIAL SUPPORT TO LOCAL NON-PROFITS

PROVIDING MENTAL HEALTH SERVICES AND SERVICES THAT LEAD TO GREATER MENTAL
HEALTH FOR COMMUNITY MEMBERS.

PROVIDED STAFF SUPPORT NEEDS TO THE PSYCHIATRIST POSITION WITHIN OLMSTED
COUNTY SOCIAL SERVICES TEAM.

PARTICIPATED IN OLMSTED COUNTY COMMUNITIES COORDINATING FOR HEALTHY
DEVELOPMENT WORKGROUP TO SUPPORT EARLY CHILDHOOD MENTAL AND PHYSICAL
HEALTH DEVELOPMENT AND PRENATAL MENTAL HEALTH.

PARTICIPATED IN AND HELPED TO FINANCIAL SUPPORT LOCAL OLMSTED COUNTY
COMMUNITY HEALTH IMPROVEMENT PLAN EFFORTS RELATED TO MENTAL HEALTH.

PROVIDED FREE MENTAL HEALTH INFORMATION TO THE PUBLIC THROUGH NUMEROUS
COMMUNICATION/EDUCATION PLATFORMS.

PROVIDED STAFF TIME TO HELP LEAD AND PARTICIPATE IN THE ROCHESTER HEALTHY
COMMUNITY PARTNERSHIP TO LEARN MORE ABOUT UNMET MENTAL HEALTH NEEDS AND
PRIORITIES OF IMMIGRANT POPULATIONS.

CREATED A COALITION OF LATINK MENTAL HEALTH PROVIDERS FROM THE ROCHESTER
AREA TO OFFER EDUCATIONAL AND PROMOTIONAL EVENTS TO THE HISPANIC COMMUNITY
ABOUT MENTAL HEALTH.

PARTICIPATED IN THE CHILDREN'S MENTAL HEALTH COORDINATION EFFORT, A

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MULTI-ORGANIZATIONAL EFFORT TO IMPROVE COORDINATION AND CARE RESPONSE FOR

AREA CHILDREN WITH MENTAL HEALTH CARE NEEDS.

ADVOCATED FOR LEGISLATION THAT ESTABLISHES MEDICAID COVERAGE FOR

RECUPERATIVE CARE SERVICES FOR ADULTS EXPERIENCING HOMELESSNESS.

REDUCED WAIT TIMES FOR FIRST-TIME BEHAVIORAL HEALTH APPOINTMENTS FOR

COMMUNITY PATIENTS.

SUBSTANCE USE: TO INCREASE MAYO CLINIC'S AND THE LOCAL COMMUNITY'S

CAPACITY TO HELP PREVENT AND TREAT PATIENTS AND RESIDENTS WITH SUBSTANCE

USE, MAYO CLINIC IMPLEMENTED THE FOLLOWING TO IMPACT SUBSTANCE USE AND

ABUSE:

EDUCATED THE COMMUNITY ABOUT OPIOID AND OTHER SUBSTANCE USE TOPICS THROUGH

CLINICAL EXPERTISE ON COMMUNICATION PLATFORMS.

PARTICIPATED IN COMMUNITY EFFORTS AROUND NATIONAL DRUG TAKE BACK DAY TO

PROMOTE THE SAFE DISPOSAL OF PRESCRIBED MEDICATIONS. EVENTS IN APRIL AND

OCTOBER COLLECTED MORE THAN 1,000 POUNDS OF UNUSED PRESCRIPTION DRUGS FOR

SAFE DISPOSAL.

SUPPORTED TRAINING AND STAFFING OF PEER SUPPORT SPECIALISTS TO BE PRESENT

IN EMERGENCY ROOMS TO HELP SERVE PATIENTS WITH ADDICTION AND ADDICTION AND

RELATED BEHAVIORAL HEALTH DISORDERS.

PROVIDED \$45,000 IN PHILANTHROPIC SUPPORT TO LOCAL NON-PROFIT PROGRAMS AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ORGANIZATIONS PROVIDING ADDICTION INTERVENTION AND COUNSELING SERVICES.

EXPANDED THERAPIES TO HELP PATIENTS WEAN OFF OPIOID USE.

PROVIDED CLINICAL EXPERTISE TO PUBLIC SCHOOLS TO HELP NURSES RESPOND TO

EMERGENCY OVERDOSE OPIOID USE IN SCHOOLS.

COLLABORATED WITH LOCAL MENTAL AND SUBSTANCE USE HEALTH PROVIDERS TO SERVE

THE LONGER-TERM NEEDS OF PATIENTS DISCHARGED FROM THE ER.

EXPEDITED THE IDENTIFICATION AND REFERRAL OF PATIENTS WITH ADDICTION

DISORDERS IN OUR PRIMARY CARE PRACTICE TO APPROPRIATE TREATMENT THROUGH

THE CONTROLLED SUBSTANCE ADVISORY GROUP (CSAG).

ADVOCATED FOR AFFORDABILITY AND AVAILABILITY OF TREATMENT OPTIONS FOR

OPIOID ADDICTION.

INCREASED SCREENING OF PATIENTS FOR OPIOID USE DISORDER AND EXPANDED

EFFECTIVE TREATMENT OPTIONS.

HELPED LEAD THE EMERGENCY DEPARTMENT COMMUNITY COLLABORATIVE TO HELP

ADDRESS THE NEEDS OF ED PATIENTS PRESENTING WITH SUBSTANCE USE, MENTAL

HEALTH OR VIOLENCE/LEGAL ISSUES.

ACCESS TO CARE: TO INCREASE MAYO CLINIC'S AND THE LOCAL COMMUNITY'S

CAPACITY TO HELP RESIDENTS ACCESS APPROPRIATE PREVENTIVE AND RESPONSIVE

HEALTH CARE, MAYO CLINIC IMPLEMENTED THE FOLLOWING TO IMPACT ACCESS TO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CARE:

ADVOCATED FOR LONG-TERM CARE SERVICES FOR POST-ACUTE BEHAVIORAL HEALTH

PATIENTS.

PROVIDED FINANCIAL AND IN-KIND SUPPORT TO THE SOUTHEAST REGIONAL CRISIS

CENTER.

PROVIDED IMMUNIZATION AND OTHER PREVENTIVE SUPPORT TO HEALTH SERVICES

THROUGH THE ALTERNATIVE LEARNING CENTER SCHOOL HEALTH CLINIC.

PROVIDED MORE THAN \$1 MILLION IN PHILANTHROPIC SUPPORT TO LOCAL

NON-PROFITS PROVIDING HEALTHCARE ACCESS TO UNINSURED AND UNDERINSURED

RESIDENTS.

PROVIDED FINANCIAL AND IN-KIND SUPPORT TO THE SALVATION ARMY GOOD

SAMARITAN HEALTH AND DENTAL CLINICS THAT SERVE UNDER AND UNINSURED

RESIDENTS IN OLMSTED COUNTY. OUTREACH INCLUDED:

- MEDICAL DIRECTION AND EXPERTISE

- MEDICAL STUDENT AND STAFF VOLUNTEERS

- PHARMACEUTICAL COUNSELING AND COSTS

- HEART CLINIC TO PROVIDE CARDIOVASCULAR CARE AND REFERRALS

PROVIDED MEDICAL DIRECTION AND TELEMEDICINE VISITS TO THE PRIMARY CARE

ROCHESTER/KASSON SCHOOL HEALTH PROGRAM TO IMPROVE THE HEALTH OF

SCHOOL-AGED CHILDREN.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OPERATED THE MAYO CLINIC PEDIATRIC REFUGEE PROGRAM TO HELP SCREEN AND

PROVIDE CONTINUED CARE TO NEWLY IMMIGRATED CHILDREN.

SUPPORTED THE COMMUNITY HEALTH WORKER PROGRAM TO BRIDGE HEALTH EDUCATION

AND CARE SERVICES TO DIVERSE POPULATIONS EXPERIENCING HIGH HEALTH

DISPARITIES AND SOCIOECONOMIC BARRIERS.

PARTICIPATED IN LOCAL OLMSTED COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

EFFORTS.

PROVIDED HEALTHCARE AND A FREE LEGAL CLINIC AT THE LANDING FOR PEOPLE

EXPERIENCING HOMELESSNESS.

EXPANDED SPECIALTY CARE CLINICS IN COMMUNITY CARE SETTINGS FOR UNDER AND

UNINSURED PATIENTS TO HELP DIAGNOSE AND REFER COMMUNITY PATIENTS TO NEEDED

RESOURCES.

CO-LED THE ROCHESTER HEALTHY COMMUNITY PARTNERSHIP THAT ENGAGES WITH LOCAL

IMMIGRANT GROUPS AND ORGANIZATIONS TO UNDERSTAND AND RESPOND TO UNIQUE

HEALTH NEEDS THROUGH COMMUNITY-BASED PARTICIPATORY RESEARCH, EDUCATION AND

CIVIC ENGAGEMENT.

EXPANDED COMMUNITY ACCESS TO IMMUNIZATIONS THROUGH COMMUNITY-LOCATED

IMMUNIZATION EVENTS.

EXPANDED IDENTIFICATION OF PATIENTS INDICATING SOCIAL DETERMINANTS OF

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH RISKS AND REFERRALS TO COMMUNITY RESOURCES.

PROVIDED ENT (EAR, NOSE, THROAT) SPECIALTY CARE TO LATINX AND UN-AND

UNDERINSURED COMMUNITIES THROUGH MAYO-STAFFED CLINICS AT COMMUNITY HEALTH

SERVICES INC.

ESTABLISHED TELEHEALTH PLATFORM THROUGH THE AMERICAN ACADEMY OF

DERMATOLOGY THAT PAIRS VOLUNTEER DERMATOLOGISTS WITH LOCAL/REGIONAL FREE

CLINICS TO PROVIDE VOLUNTEER SUBSPECIALTY CARE.

PROVIDED MORE THAN \$5.5 MILLION IN FINANCIAL SUPPORT TO COMMUNITY

ORGANIZATIONS TO IMPROVE SERVICES AND SUPPORTS FOR SDOH (AFFORDABLE

HOUSING, EDUCATION AND JOB READINESS, FOOD ACCESS, BASIC NEEDS, MENTAL

HEALTH.)

ADVOCATED FOR LEGISLATION TO ESTABLISH MEDICAID COVERAGE FOR RECUPERATIVE

CARE SERVICES FOR ADULTS EXPERIENCING HOMELESSNESS.

SUPPORTED COMMUNITY-BASED RESEARCH INITIATIVES THAT ADDRESS COMMUNITY

HEALTH PRIORITIES.

HEALTH NEEDS NOT ADDRESSED: OTHER HEALTH NEEDS MENTIONED IN THE 2022 CHNA

WILL BE ADDRESSED BY MCH-R BASED ON RESOURCES AVAILABLE AND/OR BY OTHER

AGENCIES AND ORGANIZATIONS WITHIN THE COMMUNITY THAT ARE MORE ALIGNED IN

ADDRESSING THOSE NEEDS.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 2: MCHS IN LA CROSSE

- FACILITY 4: MCHS IN EAU CLAIRE

- FACILITY 5: MCHS IN MANKATO

- FACILITY 8: MCHS IN FAIRMONT

- FACILITY 10: MCHS IN NEW PRAGUE

- FACILITY 11: MCHS IN WASECA

- FACILITY 12: MCHS IN BARRON

- FACILITY 13: MCHS IN BLOOMER

- FACILITY 15: MCHS IN SPARTA

- FACILITY 16: MCHS IN ST. JAMES

REPORTING GROUP A

PART V, SECTION B, LINE 3J: REQUIRED RESPONSE FOR LINE 3E: THE SIGNIFICANT

HEALTH NEEDS OF THE COMMUNITY AS DESCRIBED IN THE CHNA REPORT ARE

PRIORITIZED BASED ON THE PRIORITIZATION PROCESS DEFINED IN THE CHNA

REPORT.

REPORTING GROUP A

PART V, SECTION B, LINE 13H: THE REGIONAL PROXIMITY OF A PATIENT'S

RESIDENCY IS A FACTOR FOR PRESCHEDULED SERVICES ONLY AND SECONDARY TO

MEDICAL NEED. REGIONAL PROXIMITY IS NOT A FACTOR FOR EMERGENCY CARE

PROVIDED.

REPORTING GROUP A

PART V, SECTION B, LINE 15E: REFER PATIENTS TO APPLY FOR MEDICAL

ASSISTANCE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REPORTING GROUP A

PART V, SECTION B, LINE 16J: UPON ADMISSION, IF THE PATIENT DOES NOT HAVE

INSURANCE AND EXPRESSES AN INABILITY TO PAY, ALL AVAILABLE OPTIONS

INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED

WITH THE PATIENT.

REPORTING GROUP A

PART V, SECTION B, LINE 20E: FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE

TO EVERY PATIENT VIA MAYO'S PUBLIC WEBSITE, FROM CUSTOMER SERVICE AND

PATIENT ACCESS LOCATIONS, AND IS REFERENCED ON MAYO'S AUTHORIZATION FORMS,

STATEMENTS, AND LETTERS. IN ADDITION, BROCHURES ARE AVAILABLE IN THE

ADMISSIONS AREA AND THE PROCESS OF HOW TO APPLY IS AVAILABLE ON THE MAYO

CLINIC WEBSITE.

UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN

INABILITY TO PAY, MAYO DISCUSSES ALL AVAILABLE OPTIONS INCLUDING STATE AND

FEDERAL FUNDING AS WELL AS CHARITY CARE.

MONTHLY STATEMENTS ARE SENT TO PATIENTS THAT OUTLINE CURRENT CHARGES AND

ACTIONS WITH INSURANCE AND INCLUDES INFORMATION ABOUT MAYO'S CHARITY CARE

POLICY. SOME MAYO SITES UTILIZE ADVOCATES TO CONTACT THE PATIENT UPON

DISCHARGE TO HELP THEM SECURE GOVERNMENTAL ASSISTANCE OR FINANCIAL

ASSISTANCE.

EACH CHARITY CARE REVIEW IS DOCUMENTED IN MAYO'S BILLING SYSTEM AND

COMMUNICATED TO THE PATIENT. COMPLETED CHARITY CARE FORMS ARE MAINTAINED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EITHER IN PAPER OR ELECTRONIC FORMAT. THE PATIENT IS INFORMED REGARDING

THE OUTCOME OF THE REVIEW.

MAYO OFTEN IDENTIFIES CHARITY CARE OPPORTUNITIES AFTER THE PATIENT HAS

BEEN DISMISSED. IN MANY CASES, THIS IS DUE TO LIMITED INSURANCE COVERAGE

OR INSURANCE DENIALS AFTER THE SERVICE WAS PERFORMED. IN THESE CASES,

WHEN A PATIENT EXPRESSES AN INABILITY TO PAY FOR THEIR SERVICES, STAFF

WILL INITIATE A CHARITY REVIEW AS INDICATED BY THE FINANCIAL ASSISTANCE

POLICY, WHICH IS AVAILABLE FOR EVERY PATIENT AT MAYOCLINIC.ORG.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP B

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 7: MCHS IN ALBERT LEA AND AUSTIN

- FACILITY 14: MCHS IN MENOMONIE

- FACILITY 17: MCHS IN OSSEO

REPORTING GROUP B

PART V, SECTION B, LINE 3J: REQUIRED RESPONSE FOR LINE 3E: THE SIGNIFICANT

HEALTH NEEDS OF THE COMMUNITY AS DESCRIBED IN THE CHNA REPORT ARE

PRIORITIZED BASED ON THE PRIORITIZATION PROCESS DEFINED IN THE CHNA

REPORT.

REPORTING GROUP B

PART V, SECTION B, LINE 13H: THE REGIONAL PROXIMITY OF A PATIENT'S

RESIDENCY IS A FACTOR FOR PRESCHEDULED SERVICES ONLY AND SECONDARY TO

MEDICAL NEED. REGIONAL PROXIMITY IS NOT A FACTOR FOR EMERGENCY CARE

PROVIDED.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REPORTING GROUP B

PART V, SECTION B, LINE 15E: REFER PATIENTS TO APPLY FOR MEDICAL ASSISTANCE.

REPORTING GROUP B

PART V, SECTION B, LINE 16J: UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN INABILITY TO PAY, ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED WITH THE PATIENT.

REPORTING GROUP B

PART V, SECTION B, LINE 20E: FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE TO EVERY PATIENT VIA MAYO'S PUBLIC WEBSITE, FROM CUSTOMER SERVICE AND PATIENT ACCESS LOCATIONS, AND IS REFERENCED ON MAYO'S AUTHORIZATION FORMS, STATEMENTS, AND LETTERS. IN ADDITION, BROCHURES ARE AVAILABLE IN THE ADMISSIONS AREA AND THE PROCESS OF HOW TO APPLY IS AVAILABLE ON THE MAYO CLINIC WEBSITE.

UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN INABILITY TO PAY, MAYO DISCUSSES ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE.

MONTHLY STATEMENTS ARE SENT TO PATIENTS THAT OUTLINE CURRENT CHARGES AND ACTIONS WITH INSURANCE AND INCLUDES INFORMATION ABOUT MAYO'S CHARITY CARE POLICY. SOME MAYO SITES UTILIZE ADVOCATES TO CONTACT THE PATIENT UPON DISCHARGE TO HELP THEM SECURE GOVERNMENTAL ASSISTANCE OR FINANCIAL

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSISTANCE.

EACH CHARITY CARE REVIEW IS DOCUMENTED IN MAYO'S BILLING SYSTEM AND

COMMUNICATED TO THE PATIENT. COMPLETED CHARITY CARE FORMS ARE MAINTAINED

EITHER IN PAPER OR ELECTRONIC FORMAT. THE PATIENT IS INFORMED REGARDING

THE OUTCOME OF THE REVIEW.

MAYO OFTEN IDENTIFIES CHARITY CARE OPPORTUNITIES AFTER THE PATIENT HAS

BEEN DISMISSED. IN MANY CASES, THIS IS DUE TO LIMITED INSURANCE COVERAGE

OR INSURANCE DENIALS AFTER THE SERVICE WAS PERFORMED. IN THESE CASES,

WHEN A PATIENT EXPRESSES AN INABILITY TO PAY FOR THEIR SERVICES, STAFF

WILL INITIATE A CHARITY REVIEW AS INDICATED BY THE FINANCIAL ASSISTANCE

POLICY, WHICH IS AVAILABLE FOR EVERY PATIENT AT MAYOCLINIC.ORG.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP C

FACILITY REPORTING GROUP C CONSISTS OF:

- FACILITY 9: MCHS IN RED WING

- FACILITY 18: MCHS IN LAKE CITY

- FACILITY 19: MCHS IN CANNON FALLS

REPORTING GROUP C

PART V, SECTION B, LINE 3J: REQUIRED RESPONSE FOR LINE 3E: THE SIGNIFICANT

HEALTH NEEDS OF THE COMMUNITY AS DESCRIBED IN THE CHNA REPORT ARE

PRIORITIZED BASED ON THE PRIORITIZATION PROCESS DEFINED IN THE CHNA

REPORT.

REPORTING GROUP C

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 5: COMMUNITY INPUT:

MCHS IN CANNON FALLS, LAKE CITY AND RED WING COORDINATED EFFORTS WITH THE

PUBLIC HEALTH DEPARTMENT IN GOODHUE COUNTY TO DEVELOP AND DISSEMINATE A

MAILED SURVEY. IN ADDITION TO A RANDOM MAILED SURVEY, MCHS IN CANNON

FALLS, LAKE CITY AND RED WING, IN CONJUNCTION WITH THE PUBLIC HEALTH

DEPARTMENT AND OTHER COMMUNITY STAKEHOLDERS, ALSO USED SEPARATE 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.

AN INITIAL SURVEY PACKET WAS MAILED TO SAMPLED HOUSEHOLDS IN GOODHUE

COUNTY ON SEPTEMBER 30, 2021, THAT INCLUDED A COVER LETTER, THE SURVEY

INSTRUMENT, AND A POSTAGE-PAID RETURN ENVELOPE. ONE WEEK AFTER THE FIRST

SURVEY PACKETS WERE MAILED (OCTOBER 11), A POSTCARD WAS SENT TO ALL

SAMPLED HOUSEHOLDS, REMINDING THOSE WHO HAD NOT YET RETURNED A SURVEY TO

DO SO, AND THANKING THOSE WHO HAD ALREADY RESPONDED. TWO WEEKS AFTER THE

REMINDER POSTCARDS WERE MAILED (OCTOBER 25), ANOTHER COMPLETE SURVEY

PACKET WAS SENT TO ALL HOUSEHOLDS THAT HAD STILL NOT RETURNED THE SURVEY.

THE REMAINING COMPLETED SURVEYS WERE RECEIVED OVER THE NEXT SIX WEEKS,

WITH THE FINAL DATE FOR THE RECEIPT OF SURVEYS BEING DECEMBER 23, 2021.

IN ADDITION, A SEPARATE SURVEY WAS USED TO SURVEY A CONVENIENCE SAMPLE OF

129 ADDITIONAL ADULTS IN GOODHUE COUNTY TO REACH ADULTS WHO HAVE TYPICALLY

BEEN UNDER-REPRESENTED. RESPONDENTS FOR THE CONVENIENCE SAMPLE WERE

CLIENTS OF GOODHUE COUNTY HEALTH AND HUMAN SERVICES, LOCAL FOOD SHELVES

AND THE C.A.R.E. CLINIC. AN INTERPRETER FROM HISPANIC OUTREACH WAS

AVAILABLE TO INTERPRET THE SURVEY FOR C.A.R.E. CLINIC CLIENTS WHO SPOKE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SPANISH.

KEY INFORMANT INTERVIEWS WERE ALSO CONDUCTED IN THE LATE WINTER, EARLY

SPRING OF 2022 BY MEMBERS OF MCHS ADMINISTRATIVE LEADERSHIP AND GOODHUE

COUNTY HEALTH AND HUMAN SERVICES HEALTHY COMMUNITIES' LEADERSHIP TEAM.

THESE ONE-ON-ONE INTERVIEWS ALLOWED INDIVIDUALS TO REPORT THEIR

PERCEPTIONS OF COMMUNITY NEEDS AND SHARE INSIGHT INTO CURRENT STRATEGIES

BEING USED. INFORMANTS INCLUDED REPRESENTATIVES FROM LOCAL ORGANIZATIONS

SUCH AS SCHOOL DISTRICTS, LAW ENFORCEMENT, UNITED WAY, PUBLIC HEALTH,

SOCIAL SERVICES, ETC.

IN APRIL 2022 AN ONLINE SURVEY WAS CONDUCTED TO GATHER FURTHER FEEDBACK

FROM THE COMMUNITY. THE SURVEY WAS PROMOTED THROUGH SOCIAL MEDIA AND HAD

OVER 1,100 RESPONSES. IN ADDITION, AN INTERN WAS HIRED TO ATTEND

COMMUNITY ENGAGEMENT EVENTS THROUGHOUT THE COUNTY AND COLLECT DATA ABOUT

HEALTH ISSUES FROM RESIDENTS ATTENDING THE EVENTS.

REPORTING GROUP C

PART V, SECTION B, LINE 6A:

MCHS-LAKE CITY

MCHS-CANNON FALLS

MCHS-RED WING

REPORTING GROUP C

PART V, SECTION B, LINE 6B:

GOODHUE COUNTY PUBLIC HEALTH

UNITED WAY OF GOODHUE, WABASHA, AND PIERCE COUNTY

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CITY OF RED WING, MINNESOTA

GOODHUE COUNTY HEALTH AND HUMAN SERVICES

REPORTING GROUP C

PART V, SECTION B, LINE 11: BASED ON THE JOINT CHNA CONDUCTED IN 2022, THE

FOLLOWING SIGNIFICANT NEEDS WERE IDENTIFIED BY MAYO CLINIC HEALTH SYSTEM

IN LAKE CITY (MCHS-LAKE CITY), MCHS IN CANNON FALLS (MCHS-CANNON FALLS)

AND MCHS IN RED WING (MCHS-RED WING):

MENTAL WELL-BEING

SUBSTANCE MISUSE

SOCIAL CONNECTION AND INCLUSION

MCHS-LAKE CITY, MCHS-CANNON FALLS AND MCHS-RED WING ARE CLOSELY AFFILIATED

HOSPITAL ENTITIES LOCATED IN GOODHUE COUNTY (THEIR DEFINED COMMUNITY).

THEIR ROLE IN CONDUCTING THE STRATEGIES OUTLINED IN THEIR JOINT

IMPLEMENTATION PLAN IS TO WORK COLLECTIVELY IN IMPLEMENTING THOSE

STRATEGIES. THEREFORE, IN 2023, THE THREE HOSPITALS PARTICIPATED, EITHER

DIRECTLY OR INDIRECTLY, IN THE BELOW ACTIONS TO ADDRESS THE IDENTIFIED

NEEDS.

MENTAL HEALTH: TO IMPROVE MENTAL WELL-BEING THROUGHOUT THE COMMUNITY, THE

THREE HOSPITALS IMPLEMENTED OR PARTICIPATED IN THE FOLLOWING EFFORTS:

JOURNEY TO WELLNESS - LAUNCHED A SELF-GUIDED VIRTUAL PROGRAM OPEN TO

EDUCATORS, SOCIAL SERVICE AGENCIES, AND COMMUNITY MEMBERS, EMPHASIZING

DAILY JOURNALING WITH A FOCUS ON GRATITUDE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HOMETOWN HEALTH BLOGS - PRODUCED EDUCATIONAL CONTENT ON COMMUNITY

PRIORITIES, SHARING BLOGS WITH SCHOOLS AND EDUCATIONAL FACILITIES THROUGH

ELECTRONIC NEWSLETTERS.

MENTAL HEALTH CONVENERS COMMITTEE - PARTICIPATED IN MONTHLY MEETINGS WITH

COMMUNITY ORGANIZATIONS, UNITED WAY, AND PUBLIC HEALTH TO ADDRESS MENTAL

HEALTH SERVICES IN GOODHUE COUNTY, FOCUSING ON INITIATIVES LIKE MAKING IT

OK AND LIVING WELL.

COMMUNITY HEALTH COMMUNICATION - DISSEMINATED ELECTRONIC NEWSLETTERS TO

STAKEHOLDERS AND LEADERS IN CANNON FALLS, LAKE CITY, AND RED WING,

PROVIDING HEALTH INFORMATION ON PREVENTIVE CARE, ACCESS TO CARE, MENTAL

HEALTH, AND COMMUNITY HEALTH PRIORITY AREAS.

COMMUNITY OUTREACH HEALTH EQUITY GROUP - IMPLEMENTED A GROUP INVOLVING

GOODHUE COUNTY PUBLIC HEALTH, HISPANIC OUTREACH, CARE CLINIC, AND GOODHUE

COUNTY UNITED WAY TO SHARE HEALTH RESOURCES AND ADDRESS BARRIERS TO MENTAL

HEALTH SERVICES.

COMMUNITY HEALTH FAIRS - PARTICIPATED IN AREA HEALTH FAIRS, SHARING

EDUCATIONAL MATERIAL ON MENTAL WELL-BEING AND MANAGING MENTAL HEALTH.

PROVIDER PRESENTATIONS - HOSTED PRESENTATIONS FOR THE RED WING AND CANNON

FALLS COMMUNITIES ON MENTAL HEALTH SYMPTOMS AND PREVENTIVE CARE, INCLUDING

MENTAL WELL-BEING EXERCISES.

COMMUNITY CONTRIBUTION FUNDING - FACILITATED GRANT INVITATIONS AND REVIEWS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOR COMMUNITY ORGANIZATIONS WITH INITIATIVES SUPPORTING MENTAL WELL-BEING.

ACTIVITIES INCLUDED GRANT APPROVALS AND FOLLOW-UPS.

SUBSTANCE MISUSE: TO REDUCE SUBSTANCE MISUSE BY PROVIDING EDUCATION,

COLLABORATION, AND ADVOCACY AROUND SUBSTANCE MISUSE IN THE COMMUNITY, THE

THREE HOSPITALS IMPLEMENTED OR PARTICIPATED IN THE FOLLOWING ACTIVITIES:

HOPE FOR HARBORS HOMELESS SHELTER - SUPPORTED A 24-HOUR HOMELESS SHELTER,

OFFERING A SUBSTANCE ABUSE PROGRAM.

LIVE WELL GOODHUE COUNTY - PARTICIPATED IN A GROUP FOCUSED ON POLICIES,

SYSTEMS, AND ENVIRONMENTAL CHANGES RELATED TO TOBACCO USE AND SUBSTANCE

MISUSE.

MENTAL AND CHEMICAL HEALTH COALITION - PARTICIPATED IN MONTHLY MEETINGS TO

INCREASE KNOWLEDGE AND AWARENESS OF SUBSTANCE ABUSE THROUGH COMMUNITY

EDUCATION.

NATIONAL TAKE BACK DAY - PROMOTED NATIONAL TAKE BACK DAY, PROVIDING

EDUCATIONAL MATERIAL TO COMMUNITY MEMBERS AND EDUCATORS.

FACILITATED GRANT INVITATIONS - COORDINATED GRANT INVITATIONS AND REVIEWS

FOR COMMUNITY ORGANIZATIONS WITH INITIATIVES SUPPORTING THE ASSESSED AREAS

OF SUBSTANCE MISUSE.

SOCIAL CONNECTION AND INCLUSION: TO IMPROVE SOCIAL CONNECTION AND

INCLUSION BY INCREASING A SENSE OF BELONGING, UNITY, AND VALUE AMONG

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIORITY COMMUNITIES, THE THREE HOSPITALS IMPLEMENTED OR PARTICIPATED IN

THE FOLLOWING ACTIVITIES:

C.A.R.E CLINIC COLLABORATION - PARTNERED WITH THE CARE CLINIC TO PROVIDE

MEDICAL, MENTAL HEALTH, AND DENTAL SERVICES FOR GOODHUE COUNTY RESIDENTS

LIVING IN POVERTY AND WITHOUT INSURANCE.

COMMUNITY VIBRANCY EVENTS - PARTICIPATED IN LOCAL EVENTS FOSTERING

INCLUSIVE ACTIVITIES, INCLUDING WELCOME WEEK AND COMMUNITY FESTIVALS.

HONORING DAKOTA PROJECT - SUPPORTED THE HONORING DAKOTA PROJECT, PROVIDING

A SPACE FOR HEALING, IMPROVING MENTAL HEALTH, AND EDUCATING THE COMMUNITY

ABOUT SHARED HISTORY.

FACILITATED GRANT INVITATIONS - COORDINATED GRANT INVITATIONS AND REVIEWS

FOR COMMUNITY ORGANIZATIONS WITH INITIATIVES SUPPORTING THE ASSESSED AREAS

OF SOCIAL CONNECTION AND INCLUSION.

UNADDRESSED HEALTH NEEDS: THE THREE HOSPITALS IN A SUPPORTING ROLE WILL

ADDRESS OTHER HEALTH NEEDS IDENTIFIED IN THE 2022 CHNA, SUCH AS ACCESS TO

CARE, HOUSING, AND SOCIOECONOMIC FACTORS. THIS MAY INVOLVE COLLABORATION

WITH OTHER AGENCIES, ORGANIZATIONS, AND COMMUNITY PROGRAMS BETTER ALIGNED

TO ADDRESS THOSE SPECIFIC NEEDS.

REPORTING GROUP C

PART V, SECTION B, LINE 13H: THE REGIONAL PROXIMITY OF A PATIENT'S

RESIDENCY IS A FACTOR FOR PRESCHEDULED SERVICES ONLY AND SECONDARY TO

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MEDICAL NEED. REGIONAL PROXIMITY IS NOT A FACTOR FOR EMERGENCY CARE

PROVIDED.

REPORTING GROUP C

PART V, SECTION B, LINE 15E: REFER PATIENTS TO APPLY FOR MEDICAL

ASSISTANCE.

REPORTING GROUP C

PART V, SECTION B, LINE 16J: UPON ADMISSION, IF THE PATIENT DOES NOT HAVE

INSURANCE OR EXPRESSES AN INABILITY TO PAY, ALL AVAILABLE OPTIONS

INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED

WITH THE PATIENT.

REPORTING GROUP C

PART V, SECTION B, LINE 20E: FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE

TO EVERY PATIENT VIA MAYO'S PUBLIC WEBSITE, FROM CUSTOMER SERVICE AND

PATIENT ACCESS LOCATIONS, AND IS REFERENCED ON MAYO'S AUTHORIZATION FORMS,

STATEMENTS, AND LETTERS. IN ADDITION, BROCHURES ARE AVAILABLE IN THE

ADMISSIONS AREA AND THE PROCESS OF HOW TO APPLY IS AVAILABLE ON THE MAYO

CLINIC WEBSITE.

UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN

INABILITY TO PAY, MAYO DISCUSSES ALL AVAILABLE OPTIONS INCLUDING STATE AND

FEDERAL FUNDING AS WELL AS CHARITY CARE.

MONTHLY STATEMENTS ARE SENT TO PATIENTS THAT OUTLINE CURRENT CHARGES AND

ACTIONS WITH INSURANCE AND INCLUDES INFORMATION ABOUT MAYO'S CHARITY CARE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

POLICY. SOME MAYO SITES UTILIZE ADVOCATES TO CONTACT THE PATIENT UPON

DISCHARGE TO HELP THEM SECURE GOVERNMENTAL ASSISTANCE OR FINANCIAL

ASSISTANCE.

EACH CHARITY CARE REVIEW IS DOCUMENTED IN MAYO'S BILLING SYSTEM AND

COMMUNICATED TO THE PATIENT. COMPLETED CHARITY CARE FORMS ARE MAINTAINED

EITHER IN PAPER OR ELECTRONIC FORMAT. THE PATIENT IS INFORMED REGARDING

THE OUTCOME OF THE REVIEW.

MAYO OFTEN IDENTIFIES CHARITY CARE OPPORTUNITIES AFTER THE PATIENT HAS

BEEN DISMISSED. IN MANY CASES, THIS IS DUE TO LIMITED INSURANCE COVERAGE

OR INSURANCE DENIALS AFTER THE SERVICE WAS PERFORMED. IN THESE CASES,

WHEN A PATIENT EXPRESSES AN INABILITY TO PAY FOR THEIR SERVICES, STAFF

WILL INITIATE A CHARITY REVIEW AS INDICATED BY THE FINANCIAL ASSISTANCE

POLICY, WHICH IS AVAILABLE FOR EVERY PATIENT AT MAYOCLINIC.ORG.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP D

FACILITY REPORTING GROUP D CONSISTS OF:

- FACILITY 1: MAYO CLINIC HOSPITAL ROCHESTER

- FACILITY 3: MAYO CLINIC HOSPITAL IN FLORIDA

- FACILITY 6: MAYO CLINIC HOSPITAL IN ARIZONA

REPORTING GROUP D

PART V, SECTION B, LINE 3J: REQUIRED RESPONSE FOR LINE 3E: THE SIGNIFICANT

HEALTH NEEDS OF THE COMMUNITY AS DESCRIBED IN THE CHNA REPORT ARE

PRIORITIZED BASED ON THE PRIORITIZATION PROCESS DEFINED IN THE CHNA

REPORT.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

REPORTING GROUP D

PART V, SECTION B, LINE 13H: THE REGIONAL PROXIMITY OF A PATIENT'S

RESIDENCY IS A FACTOR FOR PRESCHEDULED SERVICES ONLY AND SECONDARY TO

MEDICAL NEED. REGIONAL PROXIMITY IS NOT A FACTOR FOR EMERGENCY CARE

PROVIDED.

REPORTING GROUP D

PART V, SECTION B, LINE 15E: REFER PATIENTS TO APPLY FOR MEDICAL

ASSISTANCE.

REPORTING GROUP D

PART V, SECTION B, LINE 16J: UPON ADMISSION, IF THE PATIENT DOES NOT HAVE

INSURANCE OR EXPRESSES AN INABILITY TO PAY, ALL AVAILABLE OPTIONS

INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED

WITH THE PATIENT.

REPORTING GROUP D

PART V, SECTION B, LINE 20E: FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE

TO EVERY PATIENT VIA MAYO'S PUBLIC WEBSITE, FROM CUSTOMER SERVICE AND

PATIENT ACCESS LOCATIONS, AND IS REFERENCED ON MAYO'S AUTHORIZATION FORMS,

STATEMENTS, AND LETTERS. IN ADDITION, BROCHURES ARE AVAILABLE IN THE

ADMISSIONS AREA AND THE PROCESS OF HOW TO APPLY IS AVAILABLE ON THE MAYO

CLINIC WEBSITE.

UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN

INABILITY TO PAY, MAYO DISCUSSES ALL AVAILABLE OPTIONS INCLUDING STATE AND

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FEDERAL FUNDING AS WELL AS CHARITY CARE.

MONTHLY STATEMENTS ARE SENT TO PATIENTS THAT OUTLINE CURRENT CHARGES AND

ACTIONS WITH INSURANCE AND INCLUDES INFORMATION ABOUT MAYO'S CHARITY CARE

POLICY. SOME MAYO SITES UTILIZE ADVOCATES TO CONTACT THE PATIENT UPON

DISCHARGE TO HELP THEM SECURE GOVERNMENTAL ASSISTANCE OR FINANCIAL

ASSISTANCE.

EACH CHARITY CARE REVIEW IS DOCUMENTED IN MAYO'S BILLING SYSTEM AND

COMMUNICATED TO THE PATIENT. COMPLETED CHARITY CARE FORMS ARE MAINTAINED

EITHER IN PAPER OR ELECTRONIC FORMAT. THE PATIENT IS INFORMED REGARDING

THE OUTCOME OF THE REVIEW.

MAYO OFTEN IDENTIFIES CHARITY CARE OPPORTUNITIES AFTER THE PATIENT HAS

BEEN DISMISSED. IN MANY CASES, THIS IS DUE TO LIMITED INSURANCE COVERAGE

OR INSURANCE DENIALS AFTER THE SERVICE WAS PERFORMED. IN THESE CASES,

WHEN A PATIENT EXPRESSES AN INABILITY TO PAY FOR THEIR SERVICES, STAFF

WILL INITIATE A CHARITY REVIEW AS INDICATED BY THE FINANCIAL ASSISTANCE

POLICY, WHICH IS AVAILABLE FOR EVERY PATIENT AT MAYOCLINIC.ORG.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 80

Name and address	Type of facility (describe)
1 MAYO CLINIC BUILDING - SCOTTSDALE 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85259	CLINIC, RESEARCH FACILITY, MEDICAL SCHOOL
2 MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	CLINIC & RESEARCH FACILITY
3 MAYO CLINIC BUILDING - PHOENIX 5881 EAST MAYO BOULEVARD PHOENIX, AZ 85054	CANCER CENTER, RADIATION THERAPY, TRANSPLANT
4 MCHS NORTHWEST WISCONSIN REGION LUTHE 1400 BELLINGER STREET EAU CLAIRE, WI 54703	CLINIC
5 MAYO CLINIC SPECIALTY BUILDING 5779 EAST MAYO BOULEVARD PHOENIX, AZ 85054	CLINIC
6 CANNADAY BUILDING 14335 HOSPITAL DRIVE JACKSONVILLE, FL 32224	CLINIC
7 DAVIS BUILDING 14335 MAYO BOULEVARD JACKSONVILLE, FL 32224	CLINIC
8 MAYO CLINIC DIALYSIS NORTHEAST 3041 STONEHEDGE DRIVE NORTHEAST ROCHESTER, MN 55906	HOSPITAL BASED DIALYSIS FACILITY
9 MANGURIAN BUILDING 4500 MELLISH DRIVE JACKSONVILLE, FL 32224	CLINIC
10 MAYO CLINIC DIALYSIS CENTER 4658 WORRALL WAY JACKSONVILLE, FL 32216	OUTPATIENT DIALYSIS

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 80

Name and address	Type of facility (describe)
11 MAYO CLINIC DIALYSIS EAU CLAIRE 3845 LONDON ROAD EAU CLAIRE, WI 54701	DIALYSIS
12 SPORTS MEDICINE BUILDING 63 SOUTH ROCKFORD DRIVE, SUITE 130 TEMPE, AZ 85281	SPORTS MEDICINE
13 JACOBY BUILDING 14225 ZUMBRO DRIVE JACKSONVILLE, FL 32224	RADIOCHEMISTRY
14 MCHS IN OWATONNA 2200 26TH STREET NORTHWEST OWATONNA, MN 55060	CLINIC
15 GATE PARKWAY PRIMARY CARE CENTER 7826 OZARK DRIVE JACKSONVILLE, FL 32256	CLINIC
16 BASSO BUILDING 4634 WORRELL WAY JACKSONVILLE, FL 32256	SLEEP DISORDER CENTER
17 MCHS FRANCISCAN HEALTHCARE ONALASKA 191 THEATER ROAD ONALASKA, WI 54650	CLINIC, PHARMACY, DIALYSIS
18 PABLO OAKS BUILDING 4315 PABLO OAKS COURT JACKSONVILLE, FL 32224	CLINIC
19 MCHS NORTHWEST WISCONSIN REGION CLAIR 733 W. CLAIREMONT AVENUE EAU CLAIRE, WI 54701	CLINIC
20 MC FAMILY MEDICINE THUNDERBIRD 13737 NORTH 92ND STREET SCOTTSDALE, AZ 85260	CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 80

Name and address	Type of facility (describe)
21 MAYO CLINIC DIALYSIS MENOMONIE 507 21ST STREET NORTHEAST MENOMONIE, WI 54751	DIALYSIS
22 MCHS IN ALBERT LEA/FOUNTAIN CENTERS 404 WEST FOUNTAIN STREET ALBERT LEA, MN 56007	CLINIC, PHARMACY, CHEMICAL DEPENDENCY
23 FRANCISCAN FAMILY HEALTH CLINIC 815 TENTH STREET SOUTH LA CROSSE, WI 54601	CLINIC
24 MAYO CLINIC DIALYSIS DECORAH 901 MONTGOMERY STREET DECORAH, IA 52101	HOSPITAL BASED DIALYSIS FACILITY
25 BEACHES PRIMARY CARE CENTER 742 MARSH LANDING PARKWAY JACKSONVILLE BEACH, FL 32250	CLINIC
26 MCHS MANKATO IN EASTRIDGE 101 MARTIN LUTHER KING JR DRIVE MANKATO, MN 56001	CLINIC, CHEMICAL DEPENDENCY
27 MAYO CLINIC ALBERT LEA HEALTH REACH 1705 SOUTHEAST BROADWAY ALBERT LEA, MN 56007	DIALYSIS, HOSPICE, REHABILITATION
28 ST. AUGUSTINE PRIMARY CARE 110 SOUTHWOOD LAKE DRIVE ST. AUGUSTINE, FL 32086	CLINIC
29 MAYO CLINIC DIALYSIS WABASHA 1200 5TH GRANT BOULEVARD WEST WABASHA, MN 55981	HOSPITAL BASED DIALYSIS FACILITY
30 MCHS IN MENOMONIE ORTHOPEDIC & REHABI 2407 STOUT ROAD MENOMONIE, WI 54751	REHABILITATION

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 80

Name and address	Type of facility (describe)
31 MCHS IN LA CROSSE (CLINIC) 800 WEST AVENUE SOUTH LA CROSSE, WI 54601	CLINIC
32 MCHS MANKATO IN MADISON EAST CENTER 1400 MADISON AVENUE, SUITE #324A MANKATO, MN 56001	CLINIC, HOSPICE
33 MCHS FRANCISCAN HEALTHCARE TOMAH 325 BUTTS AVENUE TOMAH, WI 54660	CLINIC
34 MCHS MANKATO IN NORTHRIDGE 1695 LOR RAY DRIVE NORTH MANKATO, MN 56003	CLINIC
35 MAYO CLINIC FAMILY MED ARROWHEAD 20199 NORTH 75TH AVENUE GLENDALE, AZ 85308	CLINIC
36 MCHS FRANCISCAN HEALTHCARE HOLMEN 1303 MAIN STREET SOUTH HOLMEN, WI 54636	CLINIC, PHARMACY
37 MCHS IN NEW PRAGUE 212 10TH AVENUE NORTHEAST NEW PRAGUE, MN 56071	CLINIC
38 MCHS FRANCISCAN HC PRAIRIE DU CHIEN 800 EAST BLACKHAWK AVENUE PRAIRIE DU CHIEN, WI 53821	CLINIC
39 MCHS NORTHLAND IN RICE LAKE 331 SOUTH MAIN STREET SUITE H RICE LAKE, WI 54868	CLINIC
40 MCHS MANKATO IN ST. PETER 1900 NORTH SUNRISE DRIVE, SUITE 200 ST. PETER, MN 56082	CLINIC

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Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 80

Name and address	Type of facility (describe)
41 MCHS IN NEW PRAGUE - REHABILITATION 504 6TH AVENUE NORTHWEST NEW PRAGUE, MN 56071	REHABILITATION
42 MCHS CHIPPEWA VALLEY-CHIPPEWA FALLS 611 1ST AVENUE CHIPPEWA FALLS, WI 54729	CLINIC
43 MCHS IN FARIBAULT (OB/GYN) DISTRICT ONE HOSPITAL-200 STATE AVENUE FARIBAULT, MN 55021	WOMENS HEALTH CLINIC
44 SPARTA EYE CLINIC 400 JEFFERSON AVENUE SPARTA, WI 54656	EYE CLINIC
45 MCHS-EYE CARE CENTER 2409 STOUT ROAD MENOMONIE, WI 54751	OPTOMETRY
46 MCHS IN FARIBAULT 300 STATE AVENUE FARIBAULT, MN 55021	CLINIC
47 MAYO CLINIC PRIMARY CARE PHOENIX 5701 EAST MAYO BOULEVARD PHOENIX, AZ 85054	CLINIC
48 MAYO CLINIC PRIMARY CARE SAN TAN 1850 EAST NORTHROP BLVD SUITE 160 CHANDLER, AZ 85286	CLINIC
49 MCHS FRANCISCAN HEALTHCARE CALEDONIA 701 NORTH SPRAGUE STREET CALEDONIA, MN 55921	CLINIC
50 MCHS RED WING IN ZUMBROTA 1350 JEFFERSON DRIVE ZUMBROTA, MN 55992	CLINIC

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 80

Name and address	Type of facility (describe)
51 MCHS NEW PRAGUE IN MONTGOMERY 501 4TH STREET NORTHWEST MONTGOMERY, MN 56069	CLINIC
52 MCHS MANKATO IN LE SUEUR 625 SOUTH 4TH STREET LE SUEUR, MN 56058	CLINIC
53 MCHS FRANCISCAN HEALTHCARE ARCADIA 895 SOUTH DETTLOFF DRIVE ARCADIA, WI 54612	CLINIC
54 MCHS OAKRIDGE IN MONDOVI 700 BUFFALO STREET MONDOVI, WI 54755	CLINIC
55 MCHS MENOMONIE-PSYCHIATRY/PSYCHOLOGY 2403 STOUT ROAD MENOMONIE, WI 54751	PSYCHIATRY & PSYCHOLOGY
56 MCHS IN RED WING SEMINARY PROFESSIONA 906 COLLEGE AVE. RED WING, MN 55066	BEHAVIORAL HEALTH, HOSPICE
57 MCHS LAKE CITY IN PLAINVIEW 275 1ST STREET SOUTHWEST PLAINVIEW, MN 55964	CLINIC
58 MCHS NORTHLAND IN CHETEK 220 DOUGLAS STREET CHETEK, WI 54728	CLINIC
59 MCHS RED CEDAR IN GLENWOOD CITY 219 EAST OAK STREET GLENWOOD CITY, WI 54013	CLINIC
60 FOUNTAIN CENTERS IN FAIRMONT 828 N NORTH AVENUE FAIRMONT, MN 56031	CHEMICAL DEPENDENCY

Schedule H (Form 990) 2023

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 80

Name and address	Type of facility (describe)
61 MCHS RED WING IN ELLSWORTH 530 WEST CAIRNS STREET ELLSWORTH, WI 54011	CLINIC
62 MCHS NEW PRAGUE IN BELLE PLAINE 700 WEST PRAIRIE STREET BELLE PLAINE, MN 56011	CLINIC
63 PROFESSIONAL ARTS BUILDING 615 SOUTH 10TH STREET LA CROSSE, WI 54601	BEHAVIORAL HEALTH
64 MCHS WASECA IN WATERVILLE 212 EAST LAKE STREET WATERVILLE, MN 56096	CLINIC
65 MCHS IN LA CROSSE - BELLE SQUARE 232 3RD STREET NORTH, SUITE 100 LA CROSSE, WI 54601	CLINIC
66 MCHS ALBERT LEA IN LAKE MILLS 309 SOUTH 10TH AVENUE EAST LAKE MILLS, IA 50450	CLINIC
67 MCHS WASECA IN JANESVILLE 312 NORTH MAIN STREET JANESVILLE, MN 56048	CLINIC
68 MCHS ALBERT LEA IN WELLS 301 SOUTH BROADWAY WELLS, MN 56097	CLINIC
69 MCHS ALBERT LEA IN NEW RICHLAND 318 FIRST STREET SOUTHWEST NEW RICHLAND, MN 56072	CLINIC
70 MCHS AUSTIN HOSPICE/FOUNTAIN CENTERS 101 14TH STREET NORTHWEST AUSTIN, MN 55912	HOSPICE, CHEMICAL DEPENDENCY

Schedule H (Form 990) 2023

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 80

Name and address	Type of facility (describe)
71 FOUNTAIN CENTERS IN FARIBAULT 2301 4TH STREET NORTHWEST FARIBAULT, MN 55021	CHEMICAL DEPENDENCY
72 FOUNTAIN CENTERS IN OWATONNA 134 SOUTHVIEW STREET OWATONNA, MN 55060	CHEMICAL DEPENDENCY
73 MCHS EXPRESS CARE IN AUSTIN 1307 18TH AVENUE NW AUSTIN, MN 55912	EXPRESS CARE
74 MCHS EXPRESS CARE IN ALBERT LEA 2708 BRIDGE AVENUE ALBERT LEA, MN 56007	EXPRESS CARE
75 FOUNTAIN CENTERS IN ROCHESTER 4122 18TH AVENUE NW ROCHESTER, MN 55901	CHEMICAL DEPENDENCY
76 MCHS MOBILE HEALTH CLINIC-SHERBURN 21 EAST 1ST STREET. SHERBURN, MN 56171	MOBILE HEALTH CLINIC
77 MCHS MOBILE HEALTH CLINIC-BLOOMING PR 4TH STREET SE BLOOMING PRAIRIE, MN 55917	MOBILE HEALTH CLINIC
78 MCHS MOBILE HEALTH CLINIC-KENYON 806 2ND STREET KENYON, MN 55946	MOBILE HEALTH CLINIC
79 MCHS MOBILE HEALTH CLINIC-BUTTERFIELD 123 SECOND ST. N BUTTERFIELD, MN 56120	MOBILE HEALTH CLINIC
80 MCHS AUSTIN IN ADAMS 908 WEST MAIN STREET ADAMS, MN 55909	CLINIC

Schedule H (Form 990) 2023

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

MEDICAL INDIGENCY MAY BE USED TO DETERMINE ELIGIBILITY. IF A PATIENT

BALANCE EXCEEDS 25% OF THE ANNUAL HOUSEHOLD INCOME, BUT THE PATIENT DOES

NOT QUALIFY BASED ON FPG, CHARITY WILL BE ADJUSTED TO A MINIMUM OF THE

AMOUNT GENERALLY BILLED (AGB). THE AGB IS DETERMINED USING THE LOOK-BACK

METHOD AND CALCULATED USING ALL CLAIMS ALLOWED BY PRIVATE PAY INSURERS

(INCLUDING MEDICARE ADVANTAGE) AND MEDICARE (TRADITIONAL) FOR INPATIENT

AND OUTPATIENT SERVICES. PRESUMPTIVE FINANCIAL ASSISTANCE SOFTWARE IS

ALSO UTILIZED TO PROACTIVELY IDENTIFY PATIENTS FOR FINANCIAL ASSISTANCE

WITHOUT THE NEED OF A FORMAL PAPER APPLICATION.

PART I, LINE 6A:

IN ADDITION TO THE CHNA'S, SEVERAL OF THE SUBORDINATES WILL PREPARE

COMMUNITY IMPACT REPORTS FOR THE COMMUNITIES SERVED, WHICH ARE MADE

AVAILABLE TO THE PUBLIC EITHER ON THE WEB OR UPON REQUEST.

PART I, LINE 7:

A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS

332100 12-26-23

Part VI Supplemental Information (Continuation)

ON LINE 7A-7C (FINANCIAL ASSISTANCE, MEDICAID SHORTFALL, AND OTHER
MEANS-TESTED GOVERNMENT PROGRAMS).

THE AMOUNTS FOR LINES 7E-7I WOULD COME FROM THE BOOKS AND RECORDS OF
SPECIFIC SEGMENTS OF THE ORGANIZATION AND WOULD NOT BE BASED ON A
COST-TO-CHARGE RATIO.

PART I, LINE 7G:

THE FOLLOWING NET COMMUNITY BENEFIT COST ATTRIBUTED TO A PHYSICIAN CLINIC
WAS INCLUDED AS SUBSIDIZED HEALTH SERVICES: \$77,597,059.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN
THIS COLUMN IS \$ 215,918,268.

PART I, LINE 5A:

CHARITY CARE IS ESTIMATED FOR FINANCIAL PLANNING PURPOSES ONLY. THE
ESTIMATED AMOUNT OF CHARITY CARE DOES NOT INFLUENCE NOR HAVE ANY IMPACT
ON THE AMOUNT OF CHARITY CARE PROVIDED.

PART III, LINE 1:

THE FILING ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH GENERALLY
ACCEPTED ACCOUNTING PRINCIPLES (GAAP). HEALTHCARE FINANCIAL MANAGEMENT
ASSOCIATION STATEMENT 15 IS FOLLOWED TO THE EXTENT THAT IT ALIGNS WITH
THE GUIDELINES SET FORTH BY GAAP.

Part VI Supplemental Information (Continuation)

PART II, COMMUNITY BUILDING ACTIVITIES:

DONATIONS AND GRANTS TO PUBLIC, PRIVATE AND NONPROFIT ORGANIZATIONS ASSIST

WITH SUSTAINING AND ENHANCING THE DETERMINANTS OF HEALTH OF THE

COMMUNITIES SERVED.

PART III, LINE 2:

BAD DEBT EXPENSE IS DETERMINED BASED ON GAAP AND IS EXPLAINED IN THE

ACCOUNTS RECEIVABLE FOOTNOTE OF THE CONSOLIDATED AUDITED FINANCIAL

STATEMENTS.

PART III, LINE 3:

DURING 2023, MAYO IMPLEMENTED A PRESUMPTIVE APPROACH FOR DETERMINING

ELIGIBILITY FOR FINANCIAL ASSISTANCE. UNDER THIS APPROACH, CERTAIN

PATIENTS ARE PRESUMED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON

SOCIO-ECONOMIC CRITERIA RATHER THAN GOING THROUGH A FORMAL APPLICATION

PROCESS.

UPON IMPLEMENTATION OF THE PRESUMPTIVE APPROACH, A MONTHLY ASSESSMENT OF

PATIENT ACCOUNTS CURRENTLY IN COLLECTIONS WAS ALSO INTRODUCED USING THE

SAME CRITERIA TO DETERMINE THE AMOUNT THAT WOULD POTENTIALLY QUALIFY FOR

FINANCIAL ASSISTANCE UNDER THE NEW PRESUMPTIVE APPROACH. ACCOUNTS

DETERMINED TO BE 0% TO 200% OF THE FEDERAL POVERTY LEVEL WERE ADJUSTED

MONTHLY. THIS PROCESS IDENTIFIED \$89,929,784 OF PRESUMPTIVE CHARITY CARE

INCLUDED IN BAD DEBT FOR 2023. SINCE THE AMOUNT WAS DETERMINED AFTER THE

IMPLEMENTATION OF THE PRESUMPTION APPROACH AND CONSIDERED BAD DEBT UNDER

THE PREVIOUS POLICY, THE AMOUNT WAS WRITTEN OFF AS BAD DEBT FOR 2023.

DURING 2024, MAYO WILL CONTINUE TO REVIEW ALL NEW AND PRE-IMPLEMENTATION

Part VI Supplemental Information (Continuation)

ACCOUNTS FOR CHARITY CARE BASED ON THE PRESUMPTIVE APPROACH USING 0% TO

200% POVERTY LEVELS. IN ADDITION, MAYO WILL CONTINUE TO SCREEN

POST-IMPLEMENTATION ACCOUNTS USING THE SAME CRITERIA TO DETERMINE THE

AMOUNT OF POTENTIAL CHARITY CARE INCLUDED IN BAD DEBT.

PART III, LINE 4:

FOOTNOTES RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCE FOR DOUBTFUL

ACCOUNTS (BAD DEBT) CAN BE FOUND IN MAYO CLINIC'S 2022 CONSOLIDATED

AUDITED FINANCIAL STATEMENTS.

PAGE 8: ACCOUNTS RECEIVABLE FOR MEDICAL SERVICES ARE BASED UPON THE

ESTIMATED AMOUNTS EXPECTED TO BE PAID FROM PATIENTS AND THIRD-PARTY

PAYORS.

PAGE 13: SUBSEQUENT CHANGES THAT ARE DETERMINED TO BE THE RESULT OF

ADVERSE CHANGE IN THE PATIENT'S ABILITY TO PAY ARE RECORDED AS BAD DEBT

EXPENSE. BAD EXPENSE FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022, WAS

NOT SIGNIFICANT.

PART III, LINE 8:

THE MEDICARE SHORTFALL REFLECTED ON SCHEDULE H, PART III, SECTION B WAS

DETERMINED USING INFORMATION FROM THE ORGANIZATION'S MEDICARE COST REPORT

(USING A MEDICARE COST REPORT STEP-DOWN METHODOLOGY). HOWEVER, USING A

FINANCIAL STATEMENT COST-TO-CHARGE RATIO METHODOLOGY ACTUALLY RESULTS IN A

MEDICARE SHORTFALL OF APPROXIMATELY \$1,102,136,000.

THE MOST COMMON REASONS FOR A DIFFERENCE BETWEEN THE MEDICARE SHORTFALL

REPORTED ON SCHEDULE H AND THE MEDICARE SHORTFALL BASED ON THE FINANCIAL

Part VI Supplemental Information (Continuation)

STATEMENTS INCLUDE: (1) INCLUSION OF MEDICARE ADVANTAGE REVENUE AND
EXPENSES; (2) INCLUSION OF PART B REVENUE AND EXPENSES; (3) INCLUSION OF
OTHER FEE SCHEDULE REVENUE; AND (4) SOME TIMING ISSUES.

THE MEDICARE SHORTFALL REPORTED IN THE CORE FORM, PART III, PROGRAM
SERVICE ACCOMPLISHMENTS REPORTS THE TOTAL MEDICARE SHORTFALL RELATED TO
PATIENT CARE PROVIDED BY ALL SUBORDINATES IN THE GROUP RETURN AND IS
THEREFORE NOT ADJUSTED FOR EDUCATION EXPENSE AND SUBSIDIZED HEALTH
SERVICES.

REASONS WHY THE MEDICARE SHORTFALL REPORTED ON LINE 7, IF ANY, SHOULD BE
TREATED AS COMMUNITY BENEFIT ARE: (1) ABSENT THE MEDICARE PROGRAM, IT IS
LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR FINANCIAL ASSISTANCE OR
OTHER NEEDS-BASED GOVERNMENT PROGRAMS; (2) BY ACCEPTING PAYMENT BELOW COST
TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH
RESPECT TO THESE INDIVIDUALS; (3) THERE IS A SIGNIFICANT POSSIBILITY THAT
CONTINUED REDUCTION IN REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN
ACCESS FOR THESE INDIVIDUALS; AND (4) THE AMOUNT SPENT TO COVER THE
MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER FINANCIAL ASSISTANCE
AND OTHER COMMUNITY BENEFIT NEEDS.

PART III, LINE 9B:

MAYO CLINIC AND ITS AFFILIATES STRIVE TO ASSIST ALL PATIENTS IN MEETING
THEIR FINANCIAL OBLIGATION AND CONSIDER FINANCIAL ASSISTANCE PRIOR TO
ENLISTING THE ASSISTANCE OF A COLLECTION AGENCY. MAYO CLINIC AND
AFFILIATES ALSO MAKE REASONABLE ATTEMPTS TO COLLECT FROM INSURANCE
COMPANIES AND OTHER THIRD-PARTY PAYORS BEFORE REQUESTING PAYMENT FROM A
PATIENT. IN ADDITION, MAYO CLINIC AND ITS AFFILIATES ACCEPT REASONABLE

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

PAYMENT PLANS FROM PATIENTS WHEN AN ACCOUNT IS THE PATIENT'S RESPONSIBILITY AND TRY TO IDENTIFY THOSE PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE. FINANCIAL ASSISTANCE IS OFFERED TO ANY PATIENT IF THE FACTS AND CIRCUMSTANCES SUGGEST THAT THE PATIENT DOES NOT HAVE THE ABILITY TO PAY THEIR BILL IN WHOLE OR IN PART. IN THE EVENT THAT AN ACCOUNT IS REFERRED TO A COLLECTION AGENCY, GUIDELINES ARE FOLLOWED; INCLUDING SUSPENDING ALL COLLECTION ACTIVITY IF A FINANCIAL ASSISTANCE APPLICATION HAS BEEN SUBMITTED AFTER THE ACCOUNT HAS BEEN REFERRED FOR COLLECTION. IF A COLLECTION AGENCY IDENTIFIES A PATIENT AS POTENTIALLY MEETING MAYO CLINIC'S FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA, OR THE PATIENT ASKS TO APPLY FOR FINANCIAL ASSISTANCE, COLLECTION ACTIVITY IS SUSPENDED UNTIL MAYO REVIEWS THE ACCOUNT FOR FINANCIAL ASSISTANCE ELIGIBILITY BASED ON SUBMISSION OF REQUESTED INFORMATION. COLLECTION ACTIVITY WOULD ONLY RESUME IF THE PATIENT IS DETERMINED TO BE INELIGIBLE FOR FINANCIAL ASSISTANCE OR IS ELIGIBLE FOR ONLY PARTIAL FINANCIAL ASSISTANCE AND DOES NOT AGREE TO PAY THE REMAINING BALANCE.

PART VI, LINE 2:

MAYO CLINIC, THE CENTRAL ORGANIZATION FOR THE SUBORDINATES INCLUDED IN THIS GROUP RETURN, ATTRACTS PATIENTS FROM AREAS FAR BEYOND ITS IMMEDIATE COMMUNITIES. PATIENTS COME TO MAYO CLINIC FROM EVERY STATE AND MANY FOREIGN COUNTRIES. BESIDES ITS PRINCIPAL CLINICAL AND HOSPITAL FACILITIES IN ROCHESTER, MINNESOTA, MAYO CLINIC HAS FACILITIES IN SCOTTSDALE AND PHOENIX, ARIZONA AS WELL AS JACKSONVILLE, FLORIDA. MAYO CLINIC ALSO HAS A NETWORK OF COMMUNITY BASED HEALTH CARE PROVIDERS IN APPROXIMATELY 45 COMMUNITIES THROUGHOUT SOUTHERN MINNESOTA, NORTHERN IOWA, AND WEST CENTRAL WISCONSIN. IN ADDITION, MAYO CLINIC SUPPORTS AND COORDINATES EFFORTS TO IMPROVE THE HEALTH AND WELL-BEING WITHIN EACH OF THE COMMUNITIES IT SERVES

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

AS WELL AS CONDUCTING MEDICAL EDUCATION AND RESEARCH ACTIVITIES TO ADVANCE

THE SCIENCE OF MEDICINE TO BENEFIT A BROAD RANGE OF REGIONAL, NATIONAL AND

INTERNATIONAL COMMUNITIES.

THE SUBORDINATES INCLUDED IN THIS GROUP RETURN WORK COLLABORATIVELY WITH

THEIR INPATIENT AND OUTPATIENT PRACTICES TO MEET THE HEALTH CARE NEEDS OF

THEIR RESPECTIVE LOCAL COMMUNITIES. THESE ENTITIES ARE COLLECTIVELY

REFERRED TO AS "MAYO CLINIC" FOR PURPOSES OF THIS DESCRIPTION.

MAYO CLINIC'S EFFORTS TO ASSESS THE HEALTH CARE NEEDS OF THE LOCAL

COMMUNITIES REST ON FOUR GUIDING PRINCIPLES DEVELOPED IN CONJUNCTION WITH

COMMUNITY PARTNERS AND AFFIRMED BY MAYO CLINIC LEADERSHIP:

1. HEALTH IS VALUED BY BOTH THE COMMUNITY AND MAYO CLINIC.

2. "HEALTH" IS DETERMINED BY BOTH MEDICAL AND NON-MEDICAL (E.G., SOCIAL

AND BEHAVIORAL) FACTORS AND BOTH CATEGORIES OF FACTORS MUST BE ADDRESSED.

3. MAYO CLINIC IS COMMITTED TO PRODUCING MEASURABLE IMPROVEMENTS IN THE

HEALTH OF LOCAL COUNTY RESIDENTS AND BEYOND.

4. STRATEGIES TO IMPROVE COMMUNITY HEALTH ARE BEST DETERMINED AND

IMPLEMENTED THROUGH PARTNERSHIPS BETWEEN HEALTH CARE PROVIDERS AND

COMMUNITY MEMBERS.

WITH THESE PRINCIPLES AS THE BASIS OF ITS DECISION MAKING, AND CONSISTENT

WITH ITS PRIMARY VALUE OF "THE NEEDS OF THE PATIENT COME FIRST", MAYO

CLINIC'S APPROACH TO ASSESS THE NEEDS OF THE COMMUNITY IS ORGANIZED INTO

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

TWO MAIN FUNCTIONS: 1) MECHANISMS TO ENGAGE AND UTILIZE INPUT FROM THE
COMMUNITY AND 2) MECHANISMS TO SUPPORT AND COORDINATE INITIATIVES WITHIN
MAYO CLINIC.

WITHIN MAYO CLINIC, COORDINATION OF COMMUNITY ENGAGEMENT INITIATIVES IS
ACCOMPLISHED THROUGH COMMUNITY GIVING COMMITTEES THAT EVALUATE FUNDING AND
SPONSORSHIP REQUESTS FROM COMMUNITY AGENCIES AND GUIDES INSTITUTIONAL
SUPPORT FOR VARIOUS COMMUNITY INITIATIVES. THE COMMITTEES ENSURE THE
GUIDING PRINCIPLES ARE FOLLOWED AND FACILITATE COMMUNITY OUTREACH
INITIATIVES.

PART VI, LINE 3:

MAYO CLINIC IS COMMITTED TO OFFERING FINANCIAL ASSISTANCE TO ELIGIBLE
PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY FOR THEIR MEDICAL SERVICES IN
WHOLE OR IN PART. IN ORDER TO ACCOMPLISH THIS CHARITABLE GOAL, MAYO
CLINIC AND MAYO CLINIC HEALTH SYSTEM SITES WIDELY PUBLICIZE THE FINANCIAL
ASSISTANCE POLICY IN THE COMMUNITIES THAT THE INDIVIDUAL MAYO CLINIC
AFFILIATED SITES SERVE.

MAYO CLINIC AFFILIATED SITES MAKE COPIES OF THIS POLICY AND APPLICATIONS
AVAILABLE ON THEIR WEBPAGES, INCLUDING THE ABILITY TO DOWNLOAD A COPY OF
THE POLICY AND APPLICATION FREE OF CHARGE. INDIVIDUALS IN THE COMMUNITY
SERVED WILL BE ABLE TO OBTAIN A COPY OF THE POLICY IN LOCATIONS THROUGHOUT
EACH MAYO CLINIC AFFILIATED SITE OR UPON REQUEST IN PERSON OR BY PHONE.
THE FINANCIAL ASSISTANCE POLICY (FAP) AND THE PLAIN LANGUAGE SUMMARY (PLS)
EXPLAIN THE FINANCIAL ASSISTANCE PROGRAM AND OUTLINES ELIGIBILITY CRITERIA
AND PROVIDES INSTRUCTIONS TO SUBMIT AN APPLICATION.

Part VI Supplemental Information (Continuation)

WITHIN EACH HOSPITAL FACILITY, A BROCHURE IS MADE AVAILABLE IN NUMEROUS
LOCATIONS THROUGHOUT THE FACILITY WHICH DESCRIBES THE FINANCIAL ASSISTANCE
POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE, AND GIVES THE INTERNET
ADDRESS WHERE THE COMPLETE POLICY CAN BE OBTAINED. ADDITIONALLY,
CHARITABLE CARE AND FINANCIAL ASSISTANCE IS REFERENCED ON PATIENT
CORRESPONDENCE INCLUDING: THE MONTHLY STATEMENT OF ACCOUNT, ACCOUNT
BALANCE LETTERS, AND LATE PAYMENT NOTIFICATIONS. ALL PATIENT
CORRESPONDENCE REFERENCING CHARITABLE CARE AND FINANCIAL ASSISTANCE
INCLUDE INTERNET, PHONE, AND MAILING ADDRESS CONTACT INFORMATION. PATIENTS
MAY ALSO BE MADE AWARE OF THE FAP VIA THEIR PROVIDER AND/OR OTHER MAYO
CLINIC EMPLOYEES, WHO CAN PUT A PATIENT IN CONTACT WITH RESOURCES
AVAILABLE TO ASSIST WITH THE APPLICATION PROCESS.

PART VI, LINE 4:

MAYO CLINIC HOSPITAL - ROCHESTER WORKS COLLABORATIVELY WITH MAYO CLINIC TO
FORM AN INTEGRATED MEDICAL CENTER DEDICATED TO PROVIDING COMPREHENSIVE
DIAGNOSIS AND TREATMENT IN VIRTUALLY EVERY MEDICAL AND SURGICAL SPECIALTY.
TOGETHER, MAYO CLINIC AND MAYO CLINIC HOSPITAL - ROCHESTER SERVE THE
POPULATION OF OLMSTED COUNTY IN MINNESOTA AS WELL AS A WIDER REGIONAL,
NATIONAL, AND EVEN INTERNATIONAL POPULATION. ALTHOUGH IT SERVES A WIDE
RANGE OF HEALTH CARE NEEDS INCLUDING PRIMARY AND COMMUNITY CARE, MAYO IS
ESPECIALLY FOCUSED IN PROVIDING TERTIARY CARE AND SPECIALTY TREATMENT OF
THE MORE UNUSUAL AND DIFFICULT MEDICAL CASES.

DEMOGRAPHICS: BASED ON U.S. CENSUS BUREAU QUICK FACTS AS OF JULY 1, 2023,
OLMSTED COUNTY HAD AN ESTIMATED POPULATION OF 164,784, OF WHICH AN
ESTIMATED 23.70% OF THE POPULATION WAS UNDER THE AGE OF 18 AND 17.00% WAS
65 YEARS OF AGE OR OLDER. THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2018

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

TO 2022 WAS \$90,420 WITH APPROXIMATELY 8.90% OF THE POPULATION BELOW THE
POVERTY LEVEL.

MAYO CLINIC ARIZONA (MCA) IS LOCATED IN THE GREATER PHOENIX METROPOLITAN
AREA. MCA'S OUTPATIENT CLINIC IS IN THE NORTHEAST QUADRANT OF SCOTTSDALE,
ARIZONA. MCA'S INPATIENT HOSPITAL IS LOCATED IN NORTH PHOENIX,
APPROXIMATELY 13 MILES NORTHWEST OF THE SCOTTSDALE LOCATION. POPULATIONS
SERVED ARE FROM THE PHOENIX/SCOTTSDALE AREA, THE SOUTHWESTERN UNITED
STATES AND INTERNATIONALLY. BOTH PHOENIX AND SCOTTSDALE ARE MORE URBAN
AND SUBURBAN COMMUNITIES. HOWEVER, MCA RESIDES IN MARICOPA COUNTY - THE
LARGEST COUNTY IN THE STATE AND 4TH LARGEST IN THE UNITED STATES. IN
ADDITION TO LARGE METROPOLITAN, URBAN AND SUBURBAN COMMUNITIES, IT ALSO
HAS A LARGER SERVICE AREA OF RURAL AND FARM COMMUNITIES.

DEMOGRAPHICS: BASED ON U.S. CENSUS BUREAU QUICK FACTS, AS OF JULY 1,
2023, MARICOPA COUNTY HAD AN ESTIMATED POPULATION OF 4,585,871, OF WHICH
AN ESTIMATED 22.40% WAS UNDER THE AGE OF 18 AND 16.20% WAS 65 YEARS OF AGE
OR OLDER. THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2018 TO 2022 WAS
\$80,675 WITH APPROXIMATELY 10.90% OF THE POPULATION BELOW THE POVERTY
LEVEL.

MAYO CLINIC FLORIDA (MCF) AND ITS AFFILIATED CLINIC, MAYO CLINIC
JACKSONVILLE (MCJ), ARE LOCATED IN JACKSONVILLE, FLORIDA. THE LARGEST
PORTION OF THIS SERVICE AREA IS COMPRISED OF DUVAL AND ST. JOHNS COUNTIES
IN NORTHEAST FLORIDA. POPULATIONS SERVED ARE FROM THE JACKSONVILLE AREA,
THE SOUTHEASTERN UNITED STATES AND INTERNATIONALLY. THE SERVICE AREA
WOULD INCLUDE METROPOLITAN, URBAN AND SUBURBAN COMMUNITIES. IN ADDITION,
THE SERVICE AREA WOULD EXTEND TO AREAS WITH RURAL AND FARMING COMMUNITIES.

Part VI Supplemental Information (Continuation)

MCF/MCJ DOES NOT HAVE PEDIATRIC OR OBSTETRIC PRACTICES, AND THIS LIMITS

ACCESS TO MEDICAID PATIENTS SINCE FLORIDA'S MEDICAID BENEFITS ARE

GENERALLY RESTRICTED TO CHILDREN AND PREGNANT WOMEN. HOWEVER, MCF/MCJ

DOES HAVE AGREEMENTS WITH THE STATE OF FLORIDA TO PROVIDE A CERTAIN

PERCENTAGE OF ORGAN TRANSPLANTS TO MEDICAID OR CHARITY PATIENTS (THE

AMOUNT VARIES WITH EACH ORGAN).

DEMOGRAPHICS: BASED ON U.S. CENSUS BUREAU QUICK FACTS, AS OF JULY 1,

2023, DUVAL AND ST. JOHNS COUNTIES HAD A COMBINED ESTIMATED POPULATION OF

1,350,932 OF WHICH AN ESTIMATED 21.75% WAS UNDER THE AGE OF 18 AND AN

ESTIMATED 18.30% WAS 65 YEARS OF AGE OR OLDER. THE ESTIMATED MEDIAN

HOUSEHOLD INCOME FOR 2018 TO 2022 WAS \$82,800 WITH APPROXIMATELY 9.90% OF

THE POPULATION BELOW THE POVERTY LEVEL.

MCHS-ALBERT LEA AND AUSTIN, MCHS-CANNON FALLS, MCHS-LAKE CITY, AND

MCHS-RED WING ARE LOCATED IN THE SOUTHEAST REGION OF MINNESOTA.

MCHS-ALBERT LEA AND AUSTIN PRIMARILY SERVE THE COMMUNITIES WITHIN THE

ADJACENT COUNTIES OF MOWER, FREEBORN, STEELE AND RICE, WHEREAS MCHS-CANNON

FALLS, LAKE CITY, AND RED WING PRIMARILY SERVE THE COMMUNITIES WITHIN THE

ADJACENT COUNTIES OF GOODHUE AND WABASHA. BOTH SERVICE AREAS INCLUDE

URBAN, SUBURBAN, RURAL AND FARMING COMMUNITIES.

DEMOGRAPHICS: BASED ON THE U.S. CENSUS BUREAU QUICKFACTS, AS OF JULY 1,

2023, STEELE, RICE, MOWER, AND FREEBORN COUNTIES HAD A COMBINED ESTIMATED

POPULATION OF 175,942, OF WHICH AN ESTIMATED 22.88% WAS UNDER THE AGE OF

18 AND AN ESTIMATED 19.53% WAS 65 YEARS OF AGE OR OLDER. THE ESTIMATED

MEDIAN HOUSEHOLD INCOME FOR 2018 TO 2022 WAS \$72,647 WITH APPROXIMATELY

10.18% OF THE POPULATION BELOW THE POVERTY LEVEL.

Part VI Supplemental Information (Continuation)

GOODHUE AND WABASHA COUNTIES HAD A COMBINED ESTIMATED POPULATION OF 69,718, OF WHICH AN ESTIMATED 21.70% WAS UNDER THE AGE OF 18 AND AN ESTIMATED 22.30% WAS OVER THE AGE OF 65. THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2018 TO 2022 WAS \$76,701 WITH APPROXIMATELY 8.25% OF THE POPULATION BELOW THE POVERTY LEVEL.

MCHS-MANKATO, MCHS-FAIRMONT, MCHS-WASECA, MCHS-ST. JAMES AND MCHS-NEW PRAGUE ARE LOCATED IN THE SOUTHWEST REGION OF MINNESOTA. THE LARGEST PORTION OF THIS SERVICE AREA IS COMPRISED OF THE COUNTIES OF BLUE EARTH, NICOLLET, MARTIN, WASECA, WATONWAN, SCOTT AND LE SUEUR IN SOUTHERN MINNESOTA. TO A LESSER EXTENT, THE SERVICE AREA WOULD EXTEND INTO PORTIONS OF ADJACENT COUNTIES IN SOUTHERN MINNESOTA AND NORTHERN IOWA. THIS SERVICE AREA INCLUDES URBAN AND SUBURBAN COMMUNITIES, ALONG WITH RURAL AND FARM COMMUNITIES.

DEMOGRAPHICS: BASED ON U.S. CENSUS BUREAU QUICK FACTS AS OF JULY 1, 2023, THE COUNTIES THAT COMPRISE THE LARGEST PORTION OF THE SERVICE AREA HAD AN ESTIMATED POPULATION OF 339,032, OF WHICH AN ESTIMATED 22.79% WAS UNDER THE AGE OF 18 AND AN ESTIMATED 18.59% WAS 65 YEARS OF AGE OR OLDER. THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2018 TO 2022 WAS \$79,171 WITH APPROXIMATELY 10.01% OF THE POPULATION BELOW THE POVERTY LEVEL.

MCHS-EAU CLAIRE, MCHS-MENOMONIE, MCHS-OSSEO, MCHS-BLOOMER AND MCHS-BARRON ARE LOCATED IN WESTERN WISCONSIN. THE LARGEST PORTION OF THIS SERVICE AREA IS COMPRISED OF THE COUNTIES OF EAU CLAIRE, DUNN, TREMPLEAU, BARRON AND CHIPPEWA. TO A LESSER EXTENT, THE SERVICE AREA WOULD EXTEND INTO PORTIONS OF ADJACENT COUNTIES IN WESTERN WISCONSIN. THIS SERVICE AREA

Part VI Supplemental Information (Continuation)

INCLUDES URBAN AND SUBURBAN COMMUNITIES, ALONG WITH RURAL AND FARM
COMMUNITIES.

DEMOGRAPHICS: BASED ON U.S. CENSUS BUREAU QUICK FACTS AS OF JULY 1, 2023,
THE COUNTIES THAT COMPRISE THE LARGEST PORTION OF THE SERVICE AREA HAD AN
ESTIMATED POPULATION 298,399, OF WHICH AN ESTIMATED 21.14% OF THE
POPULATION WAS UNDER THE AGE OF 18 AND 19.44% WAS 65 YEARS OF AGE OR
OLDER. THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2018 TO 2022 WAS \$67,503
WITH APPROXIMATELY 10.84% OF THE POPULATION BELOW THE POVERTY LEVEL.

MCHS-FRANCISCAN MEDICAL CENTER, INC. (LA CROSSE AND SPARTA) SERVES THE
RESIDENTS OF LA CROSSE AND MONROE COUNTIES IN WISCONSIN. TO A LESSER
EXTENT, THE SERVICE AREA WOULD EXTEND INTO PORTIONS OF ADJACENT COUNTIES
IN SOUTHWESTERN WISCONSIN AND SOUTHEASTERN MINNESOTA. THE CITY OF LA
CROSSE REPRESENTS A SMALL URBAN AREA AND THE BALANCE OF THE SERVICE AREA
IS EITHER RURAL OR SMALL TOWNS.

DEMOGRAPHICS: BASED ON U.S. CENSUS BUREAU QUICK FACTS AS OF JULY 1,
2023, THE ESTIMATED POPULATION OF THE SERVICE AREA WAS 166,637, OF WHICH
AN ESTIMATED 22.00% WAS UNDER THE AGE OF 18 AND 18.25% WAS 65 YEARS OF AGE
OR OLDER. THE ESTIMATED MEDIAN HOUSEHOLD INCOME FOR 2018 TO 2022 WAS
\$67,591 WITH APPROXIMATELY 12.55% OF THE POPULATION BELOW THE POVERTY
LEVEL.

PART VI, LINE 5:

THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN ARE AFFILIATES OF
MAYO CLINIC. MAYO CLINIC AND ITS AFFILIATES ARE LARGE, MULTI-FACETED,
INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICES AND HEALTH SYSTEMS. AT MAYO

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

CLINIC, DOCTORS FROM EVERY MEDICAL SPECIALTY WORK TOGETHER TO CARE FOR
PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF "THE NEEDS OF THE
PATIENT COME FIRST." THE ORGANIZATIONS (INCLUDING HOSPITAL AND
NON-HOSPITAL ENTITIES) WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE
LOCAL, REGIONAL, NATIONAL, AND GLOBAL LEVELS. THIS COMMUNITY BENEFIT
HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION, AND RESEARCH.
SPECIFICALLY, THE TAX-EXEMPT PURPOSE OF MAYO CLINIC AND ITS AFFILIATES IS
THREE-FOLD:

PRACTICE - PRACTICE MEDICINE AS AN INTEGRATED TEAM OF COMPASSIONATE,
MULTI-DISCIPLINARY PHYSICIANS, SCIENTISTS AND ALLIED HEALTH PROFESSIONALS
WHO ARE FOCUSED ON THE NEEDS OF PATIENTS FROM OUR COMMUNITIES, REGIONS,
THE NATION AND THE WORLD.

EDUCATION - EDUCATE PHYSICIANS, SCIENTISTS AND ALLIED HEALTH PROFESSIONALS
AND BE A DEPENDABLE SOURCE OF HEALTH INFORMATION FOR OUR PATIENTS AND THE
PUBLIC.

RESEARCH - CONDUCT BASIC AND CLINICAL RESEARCH PROGRAMS TO IMPROVE PATIENT
CARE AND TO BENEFIT SOCIETY, INCLUDING PARTNERING WITH MAYO CLINIC HEALTH
SYSTEM PRACTICES TO PERFORM PRACTICE-BASED RESEARCH DESIGNED TO IMPROVE
PATIENT CARE.

THROUGH ITS MISSION, MAYO CLINIC AND ITS AFFILIATES ENRICH THE COMMUNITIES
IN WHICH THEY OPERATE AS WELL AS THE BROADER COMMUNITY - IMPROVING
MEDICINE THROUGH RESEARCH, EDUCATING PHYSICIANS AND OTHER HEALTH CARE
PROVIDERS, AND PROVIDING CARE AND SUPPORT TO PEOPLE IN NEED.

Part VI Supplemental Information (Continuation)

PLEASE REFER TO THE PROGRAM SERVICE ACCOMPLISHMENTS ON FORM 990, PART III,
FOR FURTHER DESCRIPTION OF THE FILING ORGANIZATION'S ACTIVITIES.

SURPLUS FUNDS - MAYO CLINIC AND ITS AFFILIATES REINVEST THEIR NET
OPERATING INCOME TO ADVANCE MEDICAL RESEARCH AND TEACH THE NEXT GENERATION
OF HEALTH CARE PROFESSIONALS, AS WELL AS TO ALLOW THE INDIVIDUAL ENTITY TO
SUSTAIN ITS MISSION AND PREPARE FOR THE FUTURE.

COMMUNITY REPRESENTATION ON GOVERNING BODY - THE BOARD OF TRUSTEES IS THE
GOVERNING BODY OF MAYO CLINIC. A MAJORITY OF ITS MEMBERS ARE EXTERNAL,
INDEPENDENT TRUSTEES. IT HAS OVERALL RESPONSIBILITY FOR THE CHARITABLE,
CLINICAL PRACTICE, SCIENTIFIC AND EDUCATIONAL MISSION AND PURPOSES OF MAYO
CLINIC AND ITS AFFILIATES AS SET FORTH IN ITS ARTICLES OF INCORPORATION
AND BYLAWS. BECAUSE OF MAYO CLINIC'S NATIONAL PRESENCE, THESE TRUSTEES
ARE SELECTED BASED ON THEIR AREAS OF EXPERTISE, EXPERIENCE, AND OTHER
CRITERIA ESTABLISHED BY THE INDEPENDENT NOMINATING COMMITTEE OF THE BOARD
OF TRUSTEES. AREAS OF EXPERTISE AND EXPERIENCE INCLUDE SUCH AREAS AS
HEALTH CARE POLICY, RESEARCH, EDUCATION, BUSINESS, AND GOVERNMENT. THE
SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN, WHICH ARE CONTROLLED
BY MAYO CLINIC, RELY ON THE COMMUNITY REPRESENTATION OF THE MAYO CLINIC
BOARD OF TRUSTEES TO FULFILL THIS REQUIREMENT. IN ADDITION TO THIS
COMMUNITY REPRESENTATION AT THE PARENT ENTITY, SEVERAL OF THE SUBORDINATE
ORGANIZATIONS WITHIN THIS GROUP RETURN ALSO INVOLVE LOCAL COMMUNITY
MEMBERS ON THEIR GOVERNING BODIES.

OPEN V. CLOSED STAFF MODEL - SEVERAL OF MAYO CLINIC'S HOSPITAL ENTITIES
HAVE OBTAINED LETTER RULINGS APPROVING A STAFF MODEL IN WHICH ONLY MAYO
CLINIC EMPLOYED PHYSICIANS ARE GIVEN STAFF PRIVILEGES IN ORDER TO MAINTAIN

Part VI Supplemental Information (Continuation)

STANDARD METHODS OF PRACTICE AND PROTOCOLS. FOR THOSE ENTITIES, THE

PHYSICIANS ARE SALARIED EMPLOYEES AND THUS THE ISSUE OF PRIVATE INUREMENT

AND PRIVATE BENEFIT ADDRESSED BY THE OPEN STAFF REQUIREMENT ARE OTHERWISE

ADDRESSED. THREE OF THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP

RETURN OPERATE BASED ON THE CLOSED STAFF MODEL.

EMERGENCY ROOM - THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN

MAINTAIN EMERGENCY ROOMS WITHIN THEIR HOSPITAL FACILITIES 24 HOURS A DAY,

7 DAYS A WEEK, WHICH ARE OPEN TO ALL WITHOUT REGARD TO THE ABILITY TO PAY.

PART VI, LINE 6:

THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN ARE PART OF A GROUP

OF HEALTHCARE ENTITIES AFFILIATED WITH MAYO CLINIC. MAYO CLINIC IS THE

FIRST AND LARGEST INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICE IN THE WORLD.

DOCTORS FROM EVERY MEDICAL SPECIALTY WORK TOGETHER TO CARE FOR PATIENTS,

JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF "THE NEEDS OF THE PATIENT

COME FIRST." APPROXIMATELY 6,900 PHYSICIANS, SCIENTISTS AND RESIDENTS AND

OVER 63,000 ADMINISTRATIVE AND ALLIED HEALTH STAFF WORK AT MAYO CLINIC,

WHICH HAS SITES IN ROCHESTER, MINNESOTA, JACKSONVILLE, FLORIDA, AND

SCOTTSDALE/PHOENIX, ARIZONA, AS WELL AS A REGIONAL NETWORK OF HOSPITALS

AND CLINICS IN MINNESOTA, WISCONSIN, AND IOWA. COLLECTIVELY, MORE THAN

1.3 MILLION PEOPLE ARE TREATED EACH YEAR.

SPECIFICALLY, THE SUBORDINATE ORGANIZATIONS REPORTED ON SCHEDULE H OF THIS

GROUP RETURN PROVIDE ONE OR MORE OF THE FOLLOWING SERVICES AT THEIR

RESPECTIVE LOCATIONS: MEDICAL EDUCATION, RESEARCH, HOSPITAL AND CLINIC

SERVICES.

Part VI Supplemental Information (Continuation)

FOR MORE SPECIFIC DESCRIPTION, SEE THE RESPONSE TO CORE FORM, PART III,

STATEMENT OF PROGRAM ACCOMPLISHMENTS (REPORTED IN SCHEDULE O).

PART VI, LINE 7:

NEITHER THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN, NOR ANY

RELATED ORGANIZATION, FILES A COMMUNITY BENEFIT REPORT WITH ANY STATE

OTHER THAN THE EXTENT TO WHICH COMMUNITY BENEFIT INFORMATION IS

INCLUDED IN OTHER REPORTING REQUIREMENTS SUCH AS INFORMATION PROVIDED

TO A STATE HOSPITAL ASSOCIATION.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 200 FIRST STREET S.W. ROCHESTER, MN 55905	41-6011702	501(C)(3)	2229628107.	0.			SUPPORT CHARITABLE PROGRAMS
INDEPENDENT SCHOOL DISTRICT 535 615 7TH STREET SW ROCHESTER, MN 55902	41-6002803	STATE OF MN	10,000,000.	0.			SUPPORT CHARITABLE PROGRAMS
IM SULZBACHER CENTER FOR THE HOMLESS INC - 611 EAST ADAM STREET - JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	5,029,000.	0.			SUPPORT CHARITABLE PROGRAMS
ROCHESTER AREA FOUNDATION 12 ELTON HILLS DRIVE NW ROCHESTER, MN 55901	41-6017740	501(C)(3)	4,000,000.	0.			SUPPORT CHARITABLE PROGRAMS
NEXUS FAMILY HEALING 505 HIGHWAY 169 N NO 500 PLYMOUTH, MN 55441	41-1419064	501(C)(3)	2,399,667.	0.			SUPPORT CHARITABLE PURPOSE
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE CB 1034 SAINT LOUIS, MO 63112	43-0653611	501(C)(3)	1,695,538.	0.			SUPPORT CHARITABLE PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 268.

3 Enter total number of other organizations listed in the line 1 table 15.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY 1001 E THIRD STREET BLOOMINGTON, IN 47405	35-6001673	STATE OF IN	1,544,894.	0.			SUPPORT RESEARCH PROGRAM
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH - 200 FIRST STREET S.W. - ROCHESTER, MN 55905	41-1506440	501(C)(3)	1,460,976.	0.			SUPPORT RESEARCH PROGRAM
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST STREET MC 8741 - NEW YORK, NY 10027	13-5598093	501(C)(3)	1,229,876.	0.			SUPPORT CHARITABLE PURPOSE
EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR 3101 ATLANTA, GA 30322	58-0566256	501(C)(3)	1,068,619.	0.			SUPPORT CHARITABLE PROGRAMS
CIRCLE THE CITY 300 WEST CLARENDON AVE SUITE 200 PHOENIX, AZ 85013	26-2420730	501(C)(3)	1,000,000.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 220 MONTGOMERY ST FL 5 - SAN FRANCISCO, CA 94104	94-6036493	STATE OF CA	932,621.	0.			SUPPORT CHARITABLE PROGRAMS
REGENTS OF THE UNIVERSITY OF MINNESOTA - 1300 S 2ND ST STE 206 - MINNEAPOLIS, MN 55454	41-6007513	STATE OF MN	904,867.	0.			SUPPORT RESEARCH PROGRAM
FAIRMONT COMMUNITY HOSPITAL FOUNDATION - PO BOX 804 - FAIRMONT, MN 56031	41-1658658	501(C)(3)	871,421.	0.			SUPPORT RESEARCH PROGRAM
ST JUDE CHILDREN'S RESEARCH HOSPITAL INC - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	711,887.	0.			SUPPORT CHARITABLE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANFORD BURNHAM PREBYS MEDICAL DISCOVERY INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	51-0197108	501(C)(3)	680,062.	0.			SUPPORT RESEARCH PROGRAM
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	634,173.	0.			SUPPORT RESEARCH PROGRAM
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET SUITE 305 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	519,317.	0.			SUPPORT CHARITABLE PROGRAMS
ADELANTE HEALTHCARE INC 3033 N CENTRAL AVE STE 145 PHOENIX, AZ 85012	86-0377821	501(C)(3)	500,124.	0.			SUPPORT RESEARCH PROGRAM
ARIZONA STATE UNIVERSITY PO BOX 875812 TEMPE, AZ 85287	86-0196696	STATE OF AZ	492,079.	0.			SUPPORT RESEARCH PROGRAM
BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA - 151 PREM S PAUL RESEARCH CENTER - LINCOLN, NE 68583	47-0049123	STATE OF NE	483,181.	0.			SUPPORT CHARITABLE PROGRAMS
INSTITUTE FOR SYSTEMS BIOLOGY 1801 LIND AVE SW RENTON, WA 98057	91-2003593	501(C)(3)	445,307.	0.			SUPPORT RESEARCH PROGRAM
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DR - SAN ANTONIO, TX 78229	74-1586031	STATE OF TX	418,009.	0.			SUPPORT RESEARCH PROGRAM
DIOCESAN COUNCIL FOR THE SOCIETY OF ST VINCENT DE PAUL DIOCESE PHOENIX - PO BOX 13600 - PHOENIX, AZ 85002	86-0096789	501(C)(3)	400,000.	0.			SUPPORT RESEARCH PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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TERASAKI FAMILY FOUNDATION 1018 WESTWOOD BLVD LOS ANGELES, CA 90024	95-4249502	501(C)(3)	374,180.	0.			SUPPORT RESEARCH PROGRAM
UNIVERSITY OF CALIFORNIA IRVINE 160 ALDRICH HALL IRVINE, CA 92697	95-2226406	STATE OF CA	362,884.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF PITTSBURGH 116 ATWOOD STREET SUITE 201 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	339,043.	0.			SUPPORT CHARITABLE PROGRAMS
THE MEDICAL UNIVERSITY OF SOUTH CAROLINA - 179 ASHLEY AVE - CHARLESTON, SC 29425	57-6000722	STATE OF SC	338,596.	0.			SUPPORT RESEARCH PROGRAM
ARIZONA BOARD OF REGENTS UNIVERSITY OF ARIZONA - 888 NORTH EUCLID AVENUE ROOM 510 - TUCSON, AZ 85719	74-2652689	STATE OF AZ	330,236.	0.			SUPPORT CHARITABLE PROGRAMS
JOHNS HOPKINS UNIVERSITY 3910 KESWICK ROAD NO N4327B BALTIMORE, MD 21211	52-0595110	501(C)(3)	299,702.	0.			SUPPORT RESEARCH PROGRAM
THE BRIGHAM AND WOMEN'S HOSPITAL INC - 339 REVOLUTION DRIVE NO 645 - SOMERVILLE, MA 02145	04-2312909	501(C)(3)	297,020.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	STATE OF FL	286,437.	0.			SUPPORT RESEARCH PROGRAM
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 445 N 5TH STREET SUITE 600 - PHOENIX, AZ 85004	75-3065445	501(C)(3)	284,702.	0.			SUPPORT CHARITABLE PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND 620 W LEXINGTON STREET BALTIMORE, MD 21201	52-6002033	STATE OF MD	255,022.	0.			SUPPORT CHARITABLE PROGRAMS
SAGE BIONETWORKS 2901 THIRD AVE STE 330 SEATTLE, WA 98121	26-4489946	501(C)(3)	249,934.	0.			SUPPORT CHARITABLE PROGRAMS
THE GENERAL HOSPITAL CORPORATION 399 REVOLUTION DRIVE NO 645 SOMERVILLE, MA 02145	04-2697983	501(C)(3)	245,073.	0.			SUPPORT CHARITABLE PROGRAMS
TRUSTEES OF BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	231,761.	0.			SUPPORT CHARITABLE PROGRAMS
GEORGIA TECH RESEARCH CORPORATION 926 DALNEY STREET NW ATLANTA, GA 30332	58-0603146	501(C)(3)	213,835.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-2801131	STATE OF PA	204,780.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 701 S 20TH ST - BIRMINGHAM, AL 35294	63-6005396	STATE OF AL	197,926.	0.			SUPPORT RESEARCH PROGRAM
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVENUE - NEW YORK, NY 10065	13-1623978	501(C)(3)	187,849.	0.			SUPPORT RESEARCH PROGRAM
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	183,061.	0.			SUPPORT CHARITABLE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC - 399 REVOLUTION DRIVE NO 645 - SOMERVILLE, MA 02145	04-2807148	501(C)(3)	168,963.	0.			SUPPORT CHARITABLE PROGRAMS
MCHS--NORTHWEST WISCONSIN REGION, INC. - 1221 WHIPPLE STREET - EAU CLAIRE, WI 54703	39-0813418	501(C)(3)	168,470.	0.			SUPPORT RESEARCH PROGRAM
BOARD OF TRUSTEES OF THE MINNESOTA STATE COLLEGES AND UNIVERSITIES - 30 EAST 7TH STREET - ST. PAUL, MN 55101	41-1687554	STATE OF MN	163,750.	0.			SUPPORT CHARITABLE PROGRAMS
NIMML INSTITUTE INC 1800 KRAFT DRIVE SUITE 212 BLACKSBURG, VA 24060	84-2520149	501(C)(3)	162,088.	0.			SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	161,946.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE TAMPA, FL 33620	59-3102112	STATE OF FL	159,884.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF CALIFORNIA LOS ANGELES - 10889 WILSHIRE BOULEVARD STE 700 - LOS ANGELES, CA 90095	95-6006143	STATE OF CA	151,791.	0.			SUPPORT RESEARCH PROGRAM
THE LANDING MN INC 718 22ND STREET NE ROCHESTER, MN 55906	83-2953783	501(C)(3)	150,000.	0.			SUPPORT RESEARCH PROGRAM
REGENTS OF THE UNIVERSITY OF MICHIGAN - 503 THOMPSON ST - ANN ARBOR, MI 48109	38-6006309	STATE OF MI	144,760.	0.			SUPPORT RESEARCH PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE VILLAGE TINY HOUSING 11582 161ST STREET CHIPPEWA FALLS, WI 54729	82-0758024	501(C)(3)	130,000.	0.			SUPPORT CHARITABLE PROGRAMS
BAPTIST HEALTHCARE SYSTEM INC 2701 EASTPOINT PARKWAY LOUISVILLE, KY 40223	61-0444707	501(C)(3)	129,100.	0.			SUPPORT RESEARCH PROGRAM
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	34-1018992	501(C)(3)	125,618.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER FOUNDATION - 3500 CAMP BOWIE BLVD - FORT WORTH, TX 76107	75-6064033	501(C)(3)	124,464.	0.			SUPPORT CHARITABLE PROGRAMS
LUTHER LAKESIDE APARTMENTS, INC. PO BOX 1510 EAU CLAIRE, WI 54702	39-1409024	501(C)(3)	116,665.	0.			SUPPORT CHARITABLE PROGRAMS
TEXAS BIOMEDICAL RESEARCH INSTITUTE - PO BOX 760549 - SAN ANTONIO, TX 78245	74-1109630	501(C)(3)	116,607.	0.			SUPPORT CHARITABLE PROGRAMS
CITY OF LA CROSSE 400 LA CROSSE ST LA CROSSE, WI 54601	39-6005490	CITY OF LA CROSS	116,500.	0.			SUPPORT CHARITABLE PROGRAMS
KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA 15L OAKLAND, CA 94612	94-1105628	501(C)(3)	113,040.	0.			SUPPORT CHARITABLE PROGRAMS
THE SALVATION ARMY 5550 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL 60192	36-2167910	501(C)(3)	110,000.	0.			SUPPORT RESEARCH PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGENCY COMMUNITY HELP ORGANIZATION INC - 1014 SOUTH FRONT STREET - MANKATO, MN 56002	41-1429214	501(C)(3)	110,000.	0.			SUPPORT RESEARCH PROGRAM
YALE UNIVERSITY PO BOX 208239 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	105,275.	0.			SUPPORT RESEARCH PROGRAM
ARIZONA VETERANS RESEARCH AND EDUCATION FOUNDATION - 650 EAST INDIAN SCHOOL ROAD - PHOENIX, AZ 85012	86-0907729	501(C)(3)	103,658.	0.			SUPPORT RESEARCH PROGRAM
UNITED WAY OF MOWER COUNTY INC PO BOX 605 AUSTIN, MN 55912	41-0831896	501(C)(3)	102,500.	0.			SUPPORT CHARITABLE PROGRAMS
BOYS AND GIRLS CLUBS OF GREATER LA CROSSE INC - 1331 CLINTON STREET - LA CROSSE, WI 54603	39-6084791	501(C)(3)	100,500.	0.			SUPPORT CHARITABLE PROGRAMS
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	100,000.	0.			SUPPORT CHARITABLE PROGRAMS
CITY OF EAU CLAIRE 720 2ND AVE EAU CLAIRE, WI 54703	39-6005436	CITY OF EAU CLAI	100,000.	0.			SUPPORT CHARITABLE PROGRAMS
THE CLEVELAND CLINIC FOUNDATION 6801 BRECKSVILLE RD RK1-85 INDEPENDENCE, OH 44131	34-0714585	501(C)(3)	90,298.	0.			SUPPORT CHARITABLE PROGRAMS
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239	93-1176109	STATE OF OR	87,600.	0.			SUPPORT EXEMPT PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1450 EAST DUARTE ROAD - DUARTE, CA 91010	95-3432210	501(C)(3)	84,310.	0.			SUPPORT CHARITABLE PURPOSE
CITY OF MENOMONIE 800 WILSON AVE MENOMONIE, WI 54751	39-6005528	CITY OF MENOMONI	84,100.	0.			SUPPORT CHARITABLE PROGRAMS
THE MIRIAM HOSPITAL 164 SUMMIT AVENUE PROVIDENCE, RI 02906	05-0258905	501(C)(3)	80,115.	0.			SUPPORT RESEARCH PROGRAM
STEELE COUNTY TRANSITIONAL HOUSING INC - 560 DUNNELL DRIVE 212 - OWATONNA, MN 55060	41-1946337	501(C)(3)	75,000.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF MIAMI PO BOX 248106 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	74,795.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF WISCONSIN-MADISON 21 N PARK STREET SUITE 6401 MADISON, WI 53715	39-6006492	STATE OF WI	74,535.	0.			SUPPORT CHARITABLE PROGRAMS
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 12201	14-1368361	501(C)(3)	71,379.	0.			SUPPORT CHARITABLE PROGRAMS
FORSYTH MEMORIAL HOSPITAL INC 2085 FRONTIS PLAZA BLVD WINSTON SALEM, NC 27103	56-0928089	501(C)(3)	70,409.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-6001537	STATE OF WA	67,342.	0.			SUPPORT EXEMPT PURPOSE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY MAIL CODE 8838 - REDWOOD CITY, CA 94063	94-1156365	501(C)(3)	64,645.	0.			SUPPORT CHARITABLE PURPOSE
THE REGENTS OF THE UNIVERSITY OF COLORADO - 3100 MARINE ST RM 479 572 UCB - BOULDER, CO 80303	84-6000555	STATE OF CO	64,139.	0.			SUPPORT CHARITABLE PROGRAMS
BANNER HEALTH 2901 N CENTRAL AVE SUITE 160 PHOENIX, AZ 85012	45-0233470	501(C)(3)	60,873.	0.			SUPPORT EXEMPT PURPOSE
STEPPING STONES OF DUNN COUNTY INC 1602 STOUT RD MENOMONIE, WI 54751	39-1608607	501(C)(3)	58,000.	0.			SUPPORT CHARITABLE PROGRAMS
DEACONESS SPECIALTY PHYSICIANS INC 600 MARY STREET EVANSVILLE, IN 47747	82-4503095	501(C)(3)	56,310.	0.			SUPPORT CHARITABLE PROGRAMS
BOYS AND GIRLS CLUBS OF BARRON COUNTY INC - PO BOX 734 426 N WILSON AVE - RICE LAKE, WI 54868	39-2025211	501(C)(3)	55,000.	0.			SUPPORT CHARITABLE PURPOSE
HELP IN HEALING HOME FOUNDATION INC - 5811 E MAYO BLVD - PHOENIX, AZ 85054	86-0936101	501(C)(3)	55,000.	0.			SUPPORT RESEARCH PROGRAM
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	STATE OF CA	54,967.	0.			SUPPORT RESEARCH PROGRAM
COALITION OF BLACKS AGAINST BREAST CANCER - 13400 E SHEA BLVD - SCOTTSDALE, AZ 85259	46-0789952	501(C)(3)	54,118.	0.			SUPPORT CHARITABLE PROGRAMS

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WAYNE STATE UNIVERSITY 5057 WOODWARD 13TH FLOOR DETROIT, MI 48202	38-6028429	STATE OF MI	53,931.	0.			SUPPORT CHARITABLE PROGRAMS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS - 1850 RESEARCH PARK DRIVE SUITE 300 - DAVIS, CA 95618	94-6036494	STATE OF CA	52,677.	0.			SUPPORT CHARITABLE PROGRAMS
BOYS & GIRLS CLUB OF THE GREATER CHIPPEWA VALLEY INC - 1005 OXFORD AVENUE - EAU CLAIRE, WI 54703	39-2032491	501(C)(3)	51,000.	0.			SUPPORT CHARITABLE PROGRAMS
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON SALEM, NC 27157	22-3849199	501(C)(3)	50,832.	0.			SUPPORT RESEARCH PROGRAM
HUNGER TASK FORCE OF LA CROSSE INC 1240 CLINTON STREET LA CROSSE, WI 54603	39-1947827	501(C)(3)	50,000.	0.			SUPPORT CHARITABLE PROGRAMS
SAINT PETER COMMUNITY FREE CLINIC 201 SOUTH 3RD STREET SAINT PETER, MN 56082	83-4579016	501(C)(3)	50,000.	0.			SUPPORT CHARITABLE PURPOSE
WELLMONT CARDIOLOGY SERVICES 1021 W OAKLAND AVENUE SUITE 103 JOHNSON CITY, TN 37604	26-3557623	501(C)(3)	49,625.	0.			SUPPORT RESEARCH PROGRAM
NORTH CENTRAL CARDIAC RESEARCH INSTITUTE LTD - 4520 W 69TH ST - SIOUX FALLS, SD 57108	46-0445351	-	49,165.	0.			SUPPORT RESEARCH PROGRAM
CLEVELAND VA MEDICAL RESEARCH AND EDUCATION FOUNDATION - 10701 EAST BOULEVARD - CLEVELAND, OH 44106	34-1710663	501(C)(3)	45,125.	0.			SUPPORT CHARITABLE PROGRAMS

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GOOD SAMARITAN HEALTH CENTERS INC 268 HERBERT STREET ST. AUGUSTINE, FL 32084	52-2125419	501(C)(3)	41,200.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - 85 SOUTH PROSPECT STREET - BURLINGTON, VT 05405	03-0179440	STATE OF VT	40,654.	0.			SUPPORT CHARITABLE PROGRAMS
ELMWOOD AREA AMBULANCE SERVICE INC BOX 234 223 N WOODWORTH ST ELMWOOD, WI 54740	39-1442689	501(C)(4)	40,000.	0.			SUPPORT CHARITABLE PROGRAMS
UNEHEALTH 980575 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	47-0771713	501(C)(3)	39,621.	0.			SUPPORT CHARITABLE PROGRAMS
THE PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DRIVE PO BOX 850 HERSHEY, PA 17033	24-6000376	STATE OF PA	39,260.	0.			SUPPORT CHARITABLE PROGRAMS
BON SECOURS MERCY HEALTH INC 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237	52-1301088	501(C)(3)	38,530.	0.			SUPPORT CHARITABLE PROGRAMS
METRO KNOXVILLE HMA LLC 4000 MERIDIAN BLVD FRANKLIN, TN 37067	45-2535623	-	37,590.	0.			SUPPORT RESEARCH PROGRAM
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY BH 546 NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	37,435.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 103 SOUTH BUILDING CAMPUS BOX 9100 - CHAPEL HILL, NC 27599	56-6001393	STATE OF NC	35,382.	0.			SUPPORT CHARITABLE PROGRAMS

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INOVA HEALTH CARE SERVICES 8110 GATEHOUSE ROAD SUITE 400W FALLS CHURCH, VA 22042	54-0620889	501(C)(3)	35,170.	0.			SUPPORT CHARITABLE PROGRAMS
FLORIDA INTERNATIONAL UNIVERSITY 11200 8TH ST SW MIAMI, FL 33199	65-0177616	STATE OF FL	34,000.	0.			SUPPORT CHARITABLE PROGRAMS
GREATER MANKATO AREA UNITED WAY INC - 127 S 2ND ST NO 190 - MANKATO, MN 56001	41-6008819	501(C)(3)	33,681.	0.			SUPPORT CHARITABLE PROGRAMS
RXC AQUISITION COMPANY DBA RX CROSSROADS BY MCKESSON - 10101 WOODLOCH FOREST - THE WOODLANDS, TX 77380	20-3113620	-	33,460.	0.			SUPPORT CHARITABLE PROGRAMS
DIOCESE OF LA CROSSE 3710 EAST AVE S LA CROSSE, WI 54602	39-0807229	501(C)(3)	32,750.	0.			SUPPORT CHARITABLE PROGRAMS
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY - 1000 BLYTHE BLDV - CHARLOTTE, NC 28203	56-0529945	STATE OF NC	32,509.	0.			SUPPORT CHARITABLE PROGRAMS
MISSION CARDIOVASCULAR RESEARCH INSTITUTE - 2333 MOWRY AVE STE 300 - FREMONT, CA 94538	27-1276137	-	32,420.	0.			SUPPORT CHARITABLE PROGRAMS
MAINEHEALTH 22 BRAMHALL STREET PORTLAND, ME 04102	01-0238552	501(C)(3)	30,500.	0.			SUPPORT CHARITABLE PROGRAMS
ADVENTIST HEALTHCARE INC 820 WEST DIAMOND AVE NO 600 GAITHERSBURG, MD 20878	52-1532556	501(C)(3)	30,415.	0.			SUPPORT RESEARCH PROGRAM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST COAST CARDIOVASCULAR INSTITUTE PA - 7011 AC SKINNER PARKWAY - JACKSONVILLE, FL 32256	47-0854466	-	30,210.	0.			SUPPORT CHARITABLE PURPOSE
THE LEUKEMIA & LYMPHOMA SOCIETY INC - 3 INTERNATIONAL DRIVE - RYE BROOK, NY 10573	13-5644916	501(C)(3)	30,000.	0.			SUPPORT CHARITABLE PROGRAMS
HOME AND AWAY MINISTRIES 5833 PECAN ST NORTH BRANCH, MN 55056	30-0157388	501(C)(3)	30,000.	0.			SUPPORT EXEMPT PURPOSE
ROCKFORD HEALTH PHYSICIANS 2300 N ROCKTON AVE ROCKFORD, IL 61103	36-3907436	501(C)(3)	28,640.	0.			SUPPORT EXEMPT PURPOSE
UNIVERSITY OF PITTSBURGH PHYSICIANS - 600 GRANT STREET 58TH FL - PITTSBURGH, PA 15219	23-2919472	501(C)(3)	28,510.	0.			SUPPORT CHARITABLE PROGRAMS
GREAT RIVERS UNITED WAY INC 1855 EAST MAIN STREET ONALASKA, WI 54650	39-0848188	501(C)(3)	28,500.	0.			SUPPORT CHARITABLE PURPOSE
INTERVENT INTERNATIONAL LLC 340 EISENHOWER DR SAVANNAH, GA 31406	45-2954871	-	28,430.	0.			SUPPORT RESEARCH PROGRAM
MCHS--SOUTHEAST MINNESOTA REGION 1000 FIRST DRIVE N.W. AUSTIN, MN 55912	41-1404075	501(C)(3)	28,203.	0.			SUPPORT CHARITABLE PROGRAMS
BIOMEDICAL RESEARCH FOUNDATION 4300 WEST 7TH STREET LITTLE ROCK, AR 72205	71-0675830	501(C)(3)	26,960.	0.			SUPPORT CHARITABLE PROGRAMS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD HOSPITAL 80 SEYMOUR STREET PO BOX 5037 HARTFORD, CT 06102	06-0646668	501(C)(3)	25,450.	0.			SUPPORT CHARITABLE PROGRAMS
CHIPPEWA VALLEY HEALTH CLINIC INC (DBA) CHIPPEWA VALLEY FREE CLINIC - 1030 OAKRIDGE DR - EAU CLAIRE, WI 54701	39-1840231	501(C)(3)	25,000.	0.			SUPPORT CHARITABLE PROGRAMS
UNITED WAY OF FREEBORN COUNTY, INC. - PO BOX 686 - ALBERT LEA, MN 56007	41-0956396	501(C)(3)	25,000.	0.			SUPPORT CHARITABLE PURPOSE
ALBERT LEA PUBLIC EDUCATION FOUNDATION - PO BOX 828 - ALBERT LEA, MN 56007	41-1989284	501(C)(3)	25,000.	0.			SUPPORT CHARITABLE PURPOSE
JACKSONVILLE UNIVERSITY 2800 UNIVERSITY BOULEVARD NORTH JACKSONVILLE, FL 32211	59-0624412	501(C)(3)	25,000.	0.			SUPPORT RESEARCH PROGRAM
UNITED WAY OF NORTHEAST FLORIDA INC - 40 EAST ADAMS STREET NO 200 - JACKSONVILLE, FL 32202	59-0637825	501(C)(3)	25,000.	0.			SUPPORT CHARITABLE PROGRAMS
JACKSONVILLE SYMPHONY ASSOCIATION INC - 300 WATER STREET - JACKSONVILLE, FL 32202	59-6002520	501(C)(3)	22,900.	0.			SUPPORT CHARITABLE PURPOSE
THE UNIVERSITY OF IOWA 105 JESSUP HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	24,985.	0.			SUPPORT CHARITABLE PROGRAMS
CATHEDRAL ARTS PROJECT INC 207 N LAURA STREET STE 300 JACKSONVILLE, FL 32202	59-3672453	501(C)(3)	24,300.	0.			SUPPORT CHARITABLE PURPOSE

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VETERANS EDUCATION AND RESEARCH ASSOCIATION OF MICHIGAN - 2215 FULLER ROAD - ANN ARBOR, MI 48105	38-3060217	501(C)(3)	23,915.	0.			SUPPORT CHARITABLE PROGRAMS
OWATONNA AREA CHAMBER OF COMMERCE AND TOURISM - 320 HOFFMAN DRIVE - OWATONNA, MN 55060	41-0639369	501(C)(6)	23,050.	0.			SUPPORT RESEARCH PROGRAM
SOUTHERN ILLINOIS HOSPITAL SERVICES - PO BOX 3988 - CARBONDALE, IL 62902	37-0618939	501(C)(3)	22,730.	0.			SUPPORT RESEARCH PROGRAM
NORTHSHORE UNIVERSITY HEALTHSYSTEM 1301 CENTRAL STREET EVANSTON, IL 60201	36-2167060	501(C)(3)	22,180.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF SOUTHERN CALIFORNIA UNIVERSITY GARDENS UGB203 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	22,073.	0.			SUPPORT EXEMPT PURPOSE
DUNN COUNTY 3001 US HIGHWAY 12 EAST MENOMONIE, WI 54751	39-6005690	COUNTY OF DUNN	21,500.	0.			SUPPORT EXEMPT PURPOSE
UNITED WAY OF STEELE COUNTY 1850 AUSTIN RD SUITE 103 OWATONNA, MN 55060	23-7366680	501(C)(3)	21,200.	0.			SUPPORT CHARITABLE PURPOSE
BW CARDIOLOGY LLC 3980 COLONNADE PKWY BIRMINGHAM, AL 35243	45-2697154	-	20,950.	0.			SUPPORT CHARITABLE PROGRAMS
BAPTIST HEALTH AMBULATORY SERVICES INC - 1660 PRUDENTIAL DR 203 - JACKSONVILLE, FL 32207	59-3410739	501(C)(3)	20,900.	0.			SUPPORT RESEARCH PROGRAM

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NORTHERN CALIFORNIA INSTITUTE FOR RESEARCH AND EDUCATION INC - 4150 CLEMENT STREET 151NC - SAN FRANCISCO, CA 94121	94-3084159	501(C)(3)	20,545.	0.			SUPPORT CHARITABLE PROGRAMS
CHILDRENS MUSEUM OF SOUTHERN MINNESOTA - 224 LAMM STREET - MANKATO, MN 56001	20-4351801	501(C)(3)	20,000.	0.			SUPPORT RESEARCH PROGRAM
FEED MY PEOPLE INC 2610 ALPINE ROAD EAU CLAIRE, WI 54703	36-1488941	501(C)(3)	20,000.	0.			SUPPORT CHARITABLE PROGRAMS
WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY INC - 525 SECOND STREET - GLENWOOD CITY, WI 54013	39-1076125	501(C)(3)	20,000.	0.			SUPPORT CHARITABLE PURPOSE
WESTERN DAIRYLAND ECONOMIC OPPORTUNITY COUNCIL INC - PO BOX 125 - INDEPENDENCE, WI 54747	39-1076993	501(C)(3)	20,000.	0.			SUPPORT CHARITABLE PROGRAMS
WAFER INC 403 CAUSEWAY BLVD LA CROSSE, WI 54601	39-1552632	501(C)(3)	20,000.	0.			SUPPORT EXEMPT PURPOSE
MANKATO AREA FOUNDATION 212 E WALNUT ST NO 1 MANKATO, MN 56001	41-0011094	501(C)(3)	20,000.	0.			SUPPORT CHARITABLE PROGRAMS
NATIONAL VITALITY CENTER INC 2580 BRIDGE AVE ALBERT LEA, MN 56007	45-4540205	501(C)(3)	20,000.	0.			SUPPORT CHARITABLE PURPOSE
GENERATION W INC 2320 3RD STREET STE 5 JACKSONVILLE BEACH, FL 32250	46-4832199	501(C)(3)	13,750.	0.			SUPPORT CHARITABLE PROGRAMS

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AUSTIN ASPIRES INC 301 MAIN STREET AUSTIN, MN 55912	46-5424422	501(C)(3)	20,000.	0.			SUPPORT CHARITABLE PROGRAMS
THE MAYA DRONCA FOUNDATION 345 NORTH SEA LAKE LANE PONTE VEDRA BEACH, FL 32082	86-6770968	501(C)(3)	20,000.	0.			SUPPORT CHARITABLE PURPOSE
KARUNA INC 315 3RD ST S UNIT 620 LA CROSSE, WI 54601	87-2587965	501(C)(3)	20,000.	0.			SUPPORT EXEMPT PURPOSE
MINNEAPOLIS CLINIC OF NEUROLOGY LTD - 4225 GOLDEN VALLEY ROAD - GOLDEN VALLEY, MN 55422	41-0999094	-	19,900.	0.			SUPPORT CHARITABLE PROGRAMS
WE CARE JACKSONVILLE INC 4080 WOODCOCK DRIVE SUITE 130 JACKSONVILLE, FL 32207	59-3431724	501(C)(3)	19,600.	0.			SUPPORT CHARITABLE PURPOSE
VETERANS HEALTH FOUNDATION UNIVERSITY DRIVE C BLDG 30 PITTSBURGH, PA 15240	25-1666090	501(C)(3)	19,566.	0.			SUPPORT CHARITABLE PROGRAMS
BAPTIST CLINICAL RESEARCH INSTITUTE INC - 350 N HUMPHREYS BLVD - MEMPHIS, TN 38120	45-3032246	501(C)(3)	19,380.	0.			SUPPORT CHARITABLE PURPOSE
UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON - 301 UNIVERSTIY BLVD - GALVESTON, TX 77555	74-6000949	STATE OF TX	19,314.	0.			SUPPORT CHARITABLE PROGRAMS
AMERICAN NATIONAL RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	19,024.	0.			SUPPORT CHARITABLE PROGRAMS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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AMERICAN CANCER SOCIETY INC. 250 WILLIAMS STREET NW NO 400 ATLANTA, GA 30303	13-1788491	501(C)(3)	19,000.	0.			SUPPORT CHARITABLE PROGRAMS
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501(C)(3)	18,903.	0.			SUPPORT CHARITABLE PROGRAMS
THE METHODIST HOSPITAL RESEARCH INSTITUTE - 6565 FANNIN ST. - HOUSTON, TX 77030	87-0721923	501(C)(3)	17,885.	0.			SUPPORT CHARITABLE PURPOSE
YOUNG MEN'S CHRISTIAN ASSOCIATION OF ALBERT LEA, MINNESOTA INC - 2021 WEST MAIN ST - ALBERT LEA, MN 56007	41-1000679	501(C)(3)	17,500.	0.			SUPPORT CHARITABLE PURPOSE
FOUNDATION FOR ATLANTA VETERANS EDUCATION AND RESEARCH INC - 1670 CLAIRMONT ROAD 151F - DECATUR, GA 30033	58-1857346	501(C)(3)	17,420.	0.			SUPPORT EXEMPT PURPOSE
JACKSONVILLE AREA SEXUAL MINORITY YOUTH NETWORK INC - 929 PENINSULAR PLACE - JACKSONVILLE, FL 32205	59-3284175	501(C)(3)	17,000.	0.			SUPPORT EXEMPT PURPOSE
INDEPENDENT SCHOOL DISTRICT 761 515 W BRIDGE STREET OWATONNA, MN 55060	41-6004063	STATE OF MN	16,500.	0.			SUPPORT CHARITABLE PURPOSE
VITERBO UNIVERSITY 900 VITERBO DRIVE LA CROSSE, WI 54601	39-0978445	501(C)(3)	16,200.	0.			SUPPORT CHARITABLE PROGRAMS
SPARROW CLINICAL RESEARCH INSTITUTE - 1200 E MICHIGAN AVENUE SUITE 550 - LANSING, MI 48912	38-3075242	501(C)(3)	15,445.	0.			SUPPORT CHARITABLE PROGRAMS

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DIVERSITY LEADERSHIP ALLIANCE 13835 NORTH TATUM PHOENIX, AZ 85032	20-2260284	501(C)(3)	15,000.	0.			SUPPORT CHARITABLE PURPOSE
RICE LAKE AREA FREE CLINIC 1035 NORTH MAIN STREET SUITE G02 RICE LAKE, WI 54868	27-0453241	501(C)(3)	15,000.	0.			SUPPORT CHARITABLE PURPOSE
FAMILY PROMISE OF THE CHIPPEWA VALLEY INC - 309 EAST LAKE STREET - EAU CLAIRE, WI 54701	39-1799434	501(C)(3)	15,000.	0.			SUPPORT CHARITABLE PURPOSE
AUSTIN AREA COMMISSION FOR THE ARTS - 300 NORTH MAIN STREET - AUSTIN, MN 55912	41-1650727	501(C)(3)	15,000.	0.			SUPPORT CHARITABLE PURPOSE
EAU CLAIRE CHAMBER EDUCATIONAL FOUNDATION INC - 101 N FARWELL STREET SUITE 101 - EAU CLAIRE, WI 54703	41-2065190	501(C)(3)	15,000.	0.			SUPPORT CHARITABLE PURPOSE
SPRING VALLEY SENIORS STAYING PUT INC - PO BOX 193 - SPRING VALLEY, WI 54767	47-3511773	501(C)(3)	15,000.	0.			SUPPORT CHARITABLE PURPOSE
JACKSONVILLE PUBLIC EDUCATION FUND INC - 40 E ADAMS ST STE 110 - JACKSONVILLE, FL 32202	59-2756660	501(C)(3)	15,000.	0.			SUPPORT CHARITABLE PURPOSE
ALZHEIMER'S DISEASE & RELATED DISORDERS ASSOCIATION INC - 225 N MICHIGAN AVE 17TH FLOOR - CHICAGO, IL 60601	13-3039601	501(C)(3)	14,250.	0.			SUPPORT CHARITABLE PROGRAMS
PORT CITY OPERATING COMPANY LLC 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	46-5322209	501(C)(3)	13,850.	0.			SUPPORT CHARITABLE PURPOSE

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NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVENUE - NEW YORK, NY 10017	13-5661935	501(C)(3)	13,318.	0.			SUPPORT CHARITABLE PURPOSE
EMBRACE SERVICES INC 107 LINDOO AVENUE EAST LADYSMITH, WI 54848	39-1372488	501(C)(3)	13,000.	0.			SUPPORT CHARITABLE PROGRAMS
OSSEO FAIRCHILD SCHOOL DISTRICT 50851 EAST ST OSSEO, WI 54758	39-6008002	STATE OF WI	13,000.	0.			SUPPORT CHARITABLE PURPOSE
STEWART ST ELIZABETHS MEDICAL CENTER OF BOSTON INC - 736 CAMBRIDGE ST - BRIGHTON, MA 02135	27-2473667	-	12,970.	0.			SUPPORT CHARITABLE PURPOSE
PINNACLE HEALTH CARDIOVASCULAR INSTITUTE INC - 409 SOUTH SECOND STREET - HARRISBURG, PA 17104	32-0321362	-	12,785.	0.			SUPPORT CHARITABLE PURPOSE
ARIZONA ALZHEIMERS RESEARCH CENTER INC - 4745 NORTH 7TH STREET - PHOENIX, AZ 85014	81-0594797	501(C)(3)	12,775.	0.			SUPPORT CHARITABLE PURPOSE
EAU CLAIRE AREA SCHOOL DISTRICT 500 MAIN ST EAU CLAIRE, WI 54701	39-6001817	STATE OF WI	12,600.	0.			SUPPORT CHARITABLE PURPOSE
UNIVERSITY OF WISCONSIN - EAU CLAIRE FOUNDATION INC - 105 GARFIELD AVENUE - EAU CLAIRE, WI 54701	39-0972350	501(C)(3)	12,500.	0.			SUPPORT CHARITABLE PURPOSE
OPERATION NEW HOPE INC 1830 NORTH MAIN STREET JACKSONVILLE, FL 32206	59-3590360	501(C)(3)	12,500.	0.			SUPPORT CHARITABLE PURPOSE

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FAMILY FOUNDATIONS OF NORTHEAST FLORIDA INC - 40 E ADAMS ST STE 120 - JACKSONVILLE, FL 32202	59-0768265	501(C)(3)	12,250.	0.			SUPPORT CHARITABLE PURPOSE
NC HEART AND VASCULAR RESEARCH LLC 4414 LAKE BOONE TRL STE 409 RALEIGH, NC 27607	56-2001346	-	12,200.	0.			SUPPORT CHARITABLE PURPOSE
LA CROSSE ROTARY BRAIN GAME INC PO BOX 384 LA CROSSE, WI 54602	26-3035626	501(C)(3)	12,000.	0.			SUPPORT CHARITABLE PURPOSE
LA CROSSE SYMPHONY ORCHESTRA INC 201 MAIN STREET SUITE 230 LA CROSSE, WI 54601	39-1024330	501(C)(3)	11,900.	0.			SUPPORT EXEMPT PURPOSE
VASCULAR SURGERY ASSOCIATES PC 1075 GOLDEN VALLEY DR BETTENDORF, IA 52722	38-2237803	-	11,700.	0.			SUPPORT EXEMPT PURPOSE
UNIVERSITY OF NORTH FLORIDA 1 UNF DRIVE JACKSONVILLE, FL 32224	59-2976169	STATE OF FL	11,500.	0.			SUPPORT RESEARCH PROGRAM
BAPTIST HOSPITAL OF MIAMI INC 8900 NORTH KENDALL DRIVE MIAMI, FL 33176	59-0910342	501(C)(3)	11,150.	0.			SUPPORT CHARITABLE PROGRAMS
CITY OF HOPE NATIONAL MEDICAL CENTER - 1500 EAST DUARTE ROAD - DUARTE, CA 91010	95-1683875	501(C)(3)	11,000.	0.			SUPPORT EXEMPT PURPOSE
ASCENSION SETON 1345 PHILOMENA STREET AUSTIN, TX 78723	74-1109643	501(C)(3)	10,850.	0.			SUPPORT CHARITABLE PROGRAMS

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BANNER HEALTH FOUNDATION 2901 N CENTRAL AVE SUITE 160 PHOENIX, AZ 85012	94-2545356	501(C)(3)	10,734.	0.			SUPPORT CHARITABLE PROGRAMS
SISTERS NETWORK 11691 CHERRY BARK DR W JACKSONVILLE, FL 32218	59-3488199	501(C)(3)	10,630.	0.			SUPPORT CHARITABLE PURPOSE
LAKE CRYSTAL AREA RECREATION CENTER ASSOC INC - 621 W NATHAN - LAKE CRYSTAL, MN 56055	41-1867907	501(C)(3)	10,500.	0.			SUPPORT CHARITABLE PROGRAMS
OHIO HEALTH RESEARCH INSTITUTE 3545 OLENTANGY RIVER ROAD STE 300 COLUMBUS, OH 43214	31-6059784	501(C)(3)	10,500.	0.			SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF UTAH 201 PRESIDENTS CIRCLE RM 411 SALT LAKE CITY, UT 84112	87-6000525	STATE OF UT	10,470.	0.			SUPPORT RESEARCH PROGRAM
COULEE COUNCIL ON ADDICTIONS INC 933 FERRY ST LA CROSSE, WI 54601	39-1129125	501(C)(3)	10,250.	0.			SUPPORT CHARITABLE PURPOSE
HMH HOSPITALS CORPORATION 1350 CAMPUS PARKWAY NEPTUNE, NJ 07753	22-1487576	501(C)(3)	10,240.	0.			SUPPORT CHARITABLE PURPOSE
HEALTHFINDERS COLLABORATIVE, INC PO BOX 731 NORTHFIELD, MN 55057	20-1805262	501(C)(3)	10,200.	0.			SUPPORT CHARITABLE PURPOSE
PRAIRIE EDUCATION AND RESEARCH COOPERATIVE - 800 E CARPENTER STREET 62 - SPRINGFIELD, IL 62769	37-1157915	501(C)(3)	10,125.	0.			SUPPORT CHARITABLE PURPOSE

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COULEE REGION HUMANE SOCIETY INC 911 CRITTER COURT ONALASKA, WI 54650	23-7366713	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PURPOSE
FAMILY AND CHILDRENS CENTER 1707 MAIN STREET LA CROSSE, WI 54601	39-0821863	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PROGRAMS
HOPE GOSPEL MISSION INC 2650 MERCANTILE DRIVE EAU CLAIRE, WI 54703	39-1948605	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PROGRAMS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF MANKATO - 127 S 2ND ST STE 200 - MANKATO, MN 56001	41-0711619	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PROGRAMS
LAKEVIEW METHODIST HEALTH CARE CENTER - 610 SUMMIT DRIVE - FAIRMONT, MN 56031	41-0874740	501(C)(3)	10,000.	0.			SUPPORT EXEMPT PURPOSE
COMMITTEE AGAINST DOMESTIC ABUSE INC - 100 STADIUM COURT - MANKATO, MN 56002	41-1379525	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PROGRAMS
OPEN DOOR HEALTH CENTER 309 HOLLY LANE MANKATO, MN 56001	41-1461726	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PURPOSE
MINNESOTA STATE COLLEGE SOUTHEAST FOUNDATION - 1250 HOMER ROAD - WINONA, MN 55987	41-1540247	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PURPOSE
ALBERT LEA FREEBORN COUNTY CHAMBER FOUNDATION - 132 N BROADWAY AVE - ALBERT LEA, MN 56007	41-1651705	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PURPOSE

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EDUCARE FOUNDATION INC PO BOX 241 MANKATO, MN 56002	41-1745553	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PURPOSE
UNITED WAY OF GOODHUE 413 WEST THIRD STREET RED WING, MN 55066	41-6043633	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PURPOSE
ASHLEY FOR THE ARTS ONE ASHLEY WAY ARCADIA, WI 54612	46-2152808	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PURPOSE
SLEEP IN HEAVENLY PEACE INC 1560 ELDRIDGE AVE TWIN FALLS, ID 83301	46-4346568	501(C)(3)	10,000.	0.			SUPPORT EXEMPT PURPOSE
WORLD AFFAIRS COUNCIL OF JACKSONVILLE INC - 100 FESTIVAL PARK AVENUE - JACKSONVILLE, FL 32202	59-2522757	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PROGRAMS
MISSION HOUSE INC 800 SHETTER AVENUE JACKSONVILLE BEACH, FL 32250	59-3376704	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PROGRAMS
HART FELT MINISTRIES INC 7235 BENTLEY ROAD SUITE 107 JACKSONVILLE, FL 32256	59-3712163	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PROGRAMS
FUNK ZITIELLO FOUNDATION INC 830-13 A1A NORTH 187 SUITE 13 PONTE VEDRA, FL 32082	81-3204321	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PROGRAMS
CONNECTIONS MINISTRY 220 E HICKORY ST MANKATO, MN 56001	81-3920157	501(C)(3)	10,000.	0.			SUPPORT EXEMPT PURPOSE

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JAX HOPE INC 5000 US HWY 17 S STE 18 FLEMING ISLAND, FL 32003	81-5416511	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PURPOSE
ADULT AND TEEN CHALLENGE OF WESTERN WISCONSIN INC - 2507 WESTON STREET - LA CROSSE, WI 54601	82-2144057	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PROGRAMS
ELEVATEMED INC 12622 N 56TH PI SCOTTSDALE, AZ 85254	83-3557457	501(C)(3)	10,000.	0.			SUPPORT EXEMPT PURPOSE
FAIRMONT AREA COMMUNITY CENTER FOUNDATION - PO BOX 243 - FAIRMONT, MN 56031	87-2722786	501(C)(3)	10,000.	0.			SUPPORT CHARITABLE PURPOSE
FOUNDATION FOR BLIND CHILDREN 1234 EAST NORTHERN AVE PHOENIX, AZ 85020	86-0129981	501(C)(3)	9,220.	0.			SUPPORT CHARITABLE PURPOSE
GUNDERSEN CLINIC LTD 1836 SOUTH AVENUE LA CROSSE, WI 54601	39-1028657	501(C)(3)	9,915.	0.			SUPPORT RESEARCH PROGRAM
UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE CINCINNATI, OH 45220	31-6000989	STATE OF OH	9,750.	0.			SUPPORT CHARITABLE PURPOSE
NAMI JACKSONVILLE FL INC 40 E ADAMS ST JACKSONVILLE, FL 32202	59-2931035	501(C)(3)	9,637.	0.			SUPPORT CHARITABLE PURPOSE
LUTHERAN SOCIAL SERVICE OF MINNESOTA - 2485 COMO AVENUE - ST PAUL, MN 55108	41-0872993	501(C)(3)	9,500.	0.			SUPPORT CHARITABLE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 324 BLACKWELL ST WASHIN BLDG NO 85 DURHAM, NC 27701	56-0532129	501(C)(3)	9,447.	0.			SUPPORT CHARITABLE PROGRAMS
DIGNITY HEALTH 185 BERRY STREET SUITE 300 SAN FRANCISCO, CA 94107	94-1196203	501(C)(3)	9,429.	0.			SUPPORT CHARITABLE PURPOSE
MERCY HOSPITALS EAST COMMUNITIES 615 S NEW BALLAS ROAD ST. LOUIS, MO 63141	43-0653493	501(C)(3)	9,000.	0.			SUPPORT CHARITABLE PROGRAMS
SEATTLE INSTITUTE FOR BIOMEDICAL AND CLINICAL RESEARCH - 1660 SOUTH COLUMBIAN WAY NO S-151F - SEATTLE, WA 98108	91-1452438	501(C)(3)	8,870.	0.			SUPPORT EXEMPT PURPOSE
BAPTIST HEALTH RESEARCH 1660 PRUDENTIAL DR, SOUTHBANK II S JACKSONVILLE, FL 32207	23-7239903	-	8,535.	0.			SUPPORT CHARITABLE PROGRAMS
NATIONAL ASSOC OF HEALTH SVCS EXEC 1050 CONNECTICUT AVE WASHINGTON, DC 20036	62-1312239	501(C)(3)	8,500.	0.			SUPPORT CHARITABLE PURPOSE
WOMEN'S FUND OF GREATER LA CROSSE PO BOX 654 LA CROSSE, WI 54602	27-2394065	501(C)(3)	8,300.	0.			SUPPORT CHARITABLE PURPOSE
THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET SUITE 2004 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	8,290.	0.			SUPPORT CHARITABLE PROGRAMS
PROVIDENCE MEDICAL FOUNDATION 1801 LIND AVE SW RENTON, WA 98057	33-0185031	501(C)(3)	8,125.	0.			SUPPORT CHARITABLE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYCEVILLE SCHOOL DISTRICT 1003 TIFFANY ST BOYCEVILLE, WI 54725	39-6001052	STATE OF WI	8,000.	0.			SUPPORT CHARITABLE PURPOSE
CAMERON SCHOOL DISTRICT 600 WIS AVE CAMERON, WI 54822	39-6001258	STATE OF WI	8,000.	0.			SUPPORT CHARITABLE PROGRAMS
RICE LAKE AREA SCHOOL DISTRICT 30 PHIPPS AVE RICE LAKE, WI 54868	39-6004138	STATE OF WI	8,000.	0.			SUPPORT CHARITABLE PURPOSE
JOINT SCHOOL DISTRICT 1 W23597 US HWY 10 ELEVA, WI 54738	39-6030597	STATE OF WI	8,000.	0.			SUPPORT CHARITABLE PROGRAMS
2ND MILE MINISTRIES INC 1650 MARGARET ST STE 302 JACKSONVILLE, FL 32204	73-1715604	501(C)(3)	8,000.	0.			SUPPORT CHARITABLE PROGRAMS
NATIONAL KIDNEY FOUNDATION OF ARIZONA - 360 E CORONADO RD NO 180 - PHOENIX, AZ 85004	86-6052343	501(C)(3)	8,000.	0.			SUPPORT CHARITABLE PURPOSE
VANDERBILT UNIVERSITY MEDICAL CENTER - 1161 21ST AVE S SUITE D3300 MCN - NASHVILLE, TN 37232	35-2528741	501(C)(3)	7,721.	0.			SUPPORT CHARITABLE PURPOSE
VETERANS RESEARCH AND EDUCATION FOUNDATION OF ST LOUIS - 501 N GRAND BLVD SUITE 300 - SAINT LOUIS, MO 63103	43-1624664	501(C)(3)	7,685.	0.			SUPPORT CHARITABLE PURPOSE
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - 1001 N EMMET STREET - CHARLOTTESVILLE, VA 22903	54-6001796	STATE OF VA	7,670.	0.			SUPPORT CHARITABLE PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PKD FOUNDATION 1001 E 101ST TER SUITE 220 KANSAS CITY, MO 64131	43-1266906	501(C)(3)	7,600.	0.			SUPPORT CHARITABLE PURPOSE
DONNA FOUNDATION INC 1015 ATLANTIC BLVD 58 ATLANTIC BEACH, FL 32233	26-2736601	501(C)(3)	7,500.	0.			SUPPORT CHARITABLE PURPOSE
FEEDING OUR COMMUNITIES PARTNERS 2120 HOWARD DR WEST NORTH MANKATO, MN 56003	27-2374187	501(C)(3)	7,500.	0.			SUPPORT RESEARCH PROGRAM
AUSTIN COMMUNITY CHARITABLE FUND 329 NORTH MAIN STREET SUITE 106L AUSTIN, MN 55912	36-3487772	501(C)(3)	7,500.	0.			SUPPORT CHARITABLE PURPOSE
GIFT OF LIFE INC 705 2ND STREET SW ROCHESTER, MN 55902	41-1495845	501(C)(3)	7,500.	0.			SUPPORT CHARITABLE PROGRAMS
GOODHUE COUNTY 426 WEST AVE RED WING, MN 55066	41-6005797	COUNTY OF GOODHU	7,500.	0.			SUPPORT RESEARCH PROGRAM
AUSTIN COMMUNITY GROWTH VENTURES 329 NORTH MAIN STREET SUITE 106L AUSTIN, MN 55912	47-5042107	501(C)(3)	7,500.	0.			SUPPORT CHARITABLE PROGRAMS
MANKATO YOUTH PLACE INC 709 S BROAD ST MANKATO, MN 56001	84-2745924	501(C)(3)	7,500.	0.			SUPPORT CHARITABLE PURPOSE
UPMC HAMOT 600 GRANT STREET, 58TH FLOOR PITTSBURGH, PA 15219	25-0965387	501(C)(3)	7,455.	0.			SUPPORT CHARITABLE PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FEINSTEIN INSTITUTE FOR MEDICAL RESEARCH - 972 BRUSH HOLLOW ROAD - WESTBURY, NY 11590	11-2673595	501(C)(3)	7,395.	0.			SUPPORT CHARITABLE PURPOSE
TRINITY HEALTH MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152	38-2113393	501(C)(3)	7,060.	0.			SUPPORT CHARITABLE PURPOSE
UNITED WAY OF THE GREATER CHIPPEWA VALLEY INC - 3603 N HASTINGS WAY SUITE 200 - EAU CLAIRE, WI 54703	39-1077901	501(C)(3)	7,000.	0.			SUPPORT CHARITABLE PURPOSE
UNIVERSITY OF WISCONSIN-MILWAUKEE 3203 N DOWNER AVENUE MILWAUKEE, WI 53211	39-1805963	STATE OF WI	7,000.	0.			SUPPORT RESEARCH PROGRAM
CHIPPEWA AREA MENTOR PROGRAM 750 TROPICANA BLVD CHIPPEWA FALLS, WI 54729	39-6008493	501(C)(3)	7,000.	0.			SUPPORT CHARITABLE PURPOSE
DONOR NETWORK OF ARIZONA 201 WEST COOLIDGE PHOENIX, AZ 85013	86-0707697	501(C)(3)	7,000.	0.			SUPPORT CHARITABLE PURPOSE
PALO ALTO VETERANS INSTITUTE FOR RESEARCH - 3801 MIRANDA AVENUE - PALO ALTO, CA 94304	77-0207331	501(C)(3)	6,945.	0.			SUPPORT CHARITABLE PURPOSE
BOY SCOUTS OF AMERICA 624 GATEWAY AREA COUNCIL - 2600 QUARRY ROAD - LA CROSSE, WI 54601	39-0806175	501(C)(3)	6,900.	0.			SUPPORT CHARITABLE PURPOSE
MCHS--FRANCISCAN MEDICAL CENTER, INC. - 700 WEST AVE SOUTH - LA CROSSE, WI 54601	39-0806374	501(C)(3)	6,900.	0.			SUPPORT CHARITABLE PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE RESTORES CORPORATION 231 COPELAND AVENUE LA CROSSE, WI 54603	85-3904972	501(C)(3)	6,860.	0.			SUPPORT CHARITABLE PURPOSE
WATONWAN COUNTY FOOD SHELF INC 113 7TH ST S PO BOX 123 ST JAMES, MN 56081	41-1446978	501(C)(3)	6,500.	0.			SUPPORT CHARITABLE PURPOSE
INDEPENDENT SCHOOL DISTRICT 77 PO BOX 8741 MANKATO, MN 56002	41-6000310	STATE OF MN	6,500.	0.			SUPPORT EXEMPT PURPOSE
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	6,325.	0.			SUPPORT CHARITABLE PURPOSE
CROUSE MEDICAL PRACTICE PLLC 739 IRVING AVENUE NO 300 SYRACUSE, NY 13210	80-0548096	501(C)(3)	6,275.	0.			SUPPORT CHARITABLE PURPOSE
BARRON AREA SCHOOL DISTRICT 100 W RIVER AVE BARRON, WI 54812	39-6022629	STATE OF WI	6,000.	0.			SUPPORT EXEMPT PURPOSE
GROW LA CROSSE INC PO BOX 1241 LA CROSSE, WI 54602	47-0992006	501(C)(3)	6,000.	0.			SUPPORT CHARITABLE PURPOSE
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE NE49-3142 - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	6,000.	0.			SUPPORT CHARITABLE PURPOSE
1IN10 INC 1101 N CENTRAL AVE NO 202 PHOENIX, AZ 85004	86-0728990	501(C)(3)	5,900.	0.			SUPPORT CHARITABLE PURPOSE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORTON PLANT MEASE HEALTH CARE INC 300 PINELLAS ST CLEARWATER, FL 33756	59-2374556	501(C)(3)	5,535.	0.			SUPPORT CHARITABLE PURPOSE
SCHOOL DISTRICT OF LA CROSSE 807 EAST AVENUE SOUTH LA CROSSE, WI 54601	39-6002841	STATE OF WI	5,500.	0.			SUPPORT EXEMPT PURPOSE
ST MARYS HOSPITAL AND MEDICAL CENTER INC - 2635 N 7TH STREET - GRAND JUNCTION, CO 81501	84-0425720	501(C)(3)	5,390.	0.			SUPPORT CHARITABLE PURPOSE
JAX RIVER CITY PRIDE INC PO BOX 551458 JACKSONVILLE, FL 32216	82-1715770	501(C)(3)	5,250.	0.			SUPPORT CHARITABLE PURPOSE
COMMUNITY CELEBRATING DIVERSITY 9000 E CHAPARRAL ROAD SCOTTSDALE, AZ 85250	86-0713756	501(C)(3)	5,250.	0.			SUPPORT CHARITABLE PURPOSE
INDEPENDENT SCHOOL DISTRICT 241 211 RICHWAY DRIVE ALBERT LEA, MN 56007	41-6001171	STATE OF MN	5,238.	0.			SUPPORT EXEMPT PURPOSE
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	5,067.	0.			SUPPORT CHARITABLE PURPOSE

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	571	4,147,149.	0.		
MEDICAL STUDENT STIPENDS	501	2,821,978.	0.		
RESEARCH GRANT SUBAWARDS	8	1,387.	0.		
CHARITABLE SUPPORT OF INDIVIDUALS	94	238,063.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN CONSIDER REQUESTS

FOR FUNDING AND IN-KIND SUPPORT TO ORGANIZATIONS IN THE COMMUNITY WITH

PROGRAMS THAT ENHANCE THE MISSION OF THE FILING ORGANIZATION AND ADDRESS

UNMET OR UNDER-FUNDED COMMUNITY NEEDS IN THE AREAS OF HEALTHCARE,

EDUCATION, RESEARCH, DIVERSITY AND EQUALITY OF OPPORTUNITY. IN ADDITION,

THE SUBORDINATE ORGANIZATIONS MAY CONSIDER REQUESTS FOR FUNDING AND IN-KIND

SUPPORT TO ORGANIZATIONS WITHIN THE COMMUNITY WITH PROGRAMS THAT ARE NOT

WITHIN THE FILING ORGANIZATION'S EXEMPT PURPOSE BUT ARE STILL CHARITABLE IN

Part IV Supplemental Information

NATURE OR PROVIDE BENEFIT TO THE COMMUNITY.

FEDERAL AWARDS THAT ARE SUBCONTRACTED TO INDIVIDUALS AND OTHER

ORGANIZATIONS ARE MONITORED BY MAYO AS PRESCRIBED IN TITLE 2 U.S. CODE OF

FEDERAL REGULATIONS PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST

PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS (UNIFORM GUIDANCE),

SUBPART D-SUBRECIPIENT MONITORING AND MANAGEMENT 200.331 REQUIREMENTS FOR

PASS-THROUGH ENTITIES.

TRANSFERS OR GRANTS TO TAX-EXEMPT ORGANIZATIONS AND/OR AFFILIATED

TAX-EXEMPT ORGANIZATIONS WILL BE USED PURSUANT TO THE POLICIES AND

PROCEDURES OF THE GRANTEE ORGANIZATIONS AND TO FURTHER THE EXEMPT PURPOSES

OF THE GRANTEE ORGANIZATIONS. BOTH THE SUBORDINATE ORGANIZATIONS AND THE

GRANTEE ORGANIZATIONS MAINTAIN ADEQUATE BOOKS AND RECORDS OF SUCH TRANSFERS

OR GRANTS. NO ADDITIONAL MONITORING IS PERFORMED.

MERIT-BASED AND NEEDS-BASED SCHOLARSHIPS AND GRANTS ARE AWARDED TO

INDIVIDUALS PURSUING A DEGREE IN A HEALTHCARE FIELD AND ARE CONTINGENT UPON

ON-GOING SATISFACTORY ACADEMIC PROGRESS.

SHORT-TERM FINANCIAL ASSISTANCE AND SUPPORT IS PROVIDED TO EMPLOYEES AND

INDIVIDUALS EXPERIENCING TEMPORARY HARDSHIPS. GRANTS ARE PROVIDED BASED ON

A PROVEN NEED AND ARE NOT MONITORED.

MEDICAL STUDENT STIPENDS ARE PAID TO THE STUDENTS OF THE MAYO CLINIC

COLLEGE OF MEDICINE AND SCIENCE TO HELP OFFSET THE COST OF THE STUDENT'S

LIVING EXPENSES AND ARE NOT MONITORED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☒ First-class or charter travel	☒ Housing allowance or residence for personal use
☒ Travel for companions	☐ Payments for business use of personal residence
☒ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees
☐ Discretionary spending account	☒ Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee	☐ Written employment contract
☐ Independent compensation consultant	☐ Compensation survey or study
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b	X	
2	X	
4a	X	
4b	X	
4c	X	
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FARRUGIA M.D., GIANRICO	(i)	3,474,332.	0.	739,521.	48,053.	47,799.	4,309,705.	0.
DIR/CEO/PRES/FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
THIELEN M.D., KENT R.	(i)	2,105,547.	0.	391,838.	51,486.	46,262.	2,595,133.	0.
DIRECTOR/CHAIR/CEO FL	(ii)	0.	0.	0.	0.	0.	0.	0.
GRAY M.D., RICHARD J.	(i)	2,098,533.	0.	387,570.	43,241.	44,929.	2,574,273.	0.
DIR/CHAIR/CEO AZ/FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
ZORN, CHRISTINA K.	(i)	1,552,753.	0.	300,995.	39,907.	43,833.	1,937,488.	0.
DIR/CAO/FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
GORMAN, PAUL A.	(i)	869,135.	759,770.	156,331.	56,444.	40,954.	1,882,634.	0.
TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAMS M.D., AMY W.	(i)	1,559,718.	0.	264,395.	35,380.	15,419.	1,874,912.	0.
DIR/VICE CHAIR/EXEC DEAN OF PRACTICE	(ii)	0.	0.	0.	0.	0.	0.	0.
DAHLEN, DENNIS E.	(i)	1,444,487.	0.	167,260.	59,498.	43,851.	1,715,096.	0.
DIR/VP/FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MURPHY, JOSHUA B.	(i)	1,353,249.	0.	248,533.	50,034.	45,839.	1,697,655.	0.
SECRETARY/ASST SECY	(ii)	0.	0.	0.	0.	0.	0.	0.
QUINONES-HINOJOSA M.D., ALFREDO	(i)	1,422,575.	0.	157,994.	45,998.	42,998.	1,669,565.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
DECKER MBBCH, GUSTAV A.	(i)	953,285.	0.	557,804.	35,912.	33,611.	1,580,612.	0.
PRESIDENT INTERNATIONAL	(ii)	0.	0.	0.	0.	0.	0.	0.
GORES M.D., GREGORY J.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	1,258,261.	0.	232,995.	13,200.	35,970.	1,540,426.	0.
MEYER M.D., FREDRIC B.	(i)	1,179,854.	0.	247,686.	13,200.	45,634.	1,486,374.	0.
DIR/EXEC DEAN OF EDU	(ii)	0.	0.	0.	0.	0.	0.	0.
TAWK M.D., RABIH G.	(i)	1,252,960.	0.	138,097.	37,736.	43,427.	1,472,220.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
NOTTMEIER M.D., ERIC W.	(i)	1,257,790.	0.	137,724.	37,545.	38,933.	1,471,992.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLMAN M.D., CHERYL L.	(i)	1,250,978.	0.	134,022.	51,542.	33,368.	1,469,910.	0.
DIR/EXEC DIR CANCER PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
BENDOK M.D., BERNARD R.	(i)	1,290,158.	0.	96,299.	41,723.	41,069.	1,469,249.	0.
CHAIR-NEURO SURGERY	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LYONS M.D., MARK K.	(i)	1,126,300.	0.	239,652.	13,214.	39,597.	1,418,763.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
ZIMMERMAN M.D., RICHARD S.	(i)	1,125,046.	0.	244,734.	13,200.	35,440.	1,418,420.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
WIECHMANN M.D., ROBERT J.	(i)	1,128,215.	0.	171,315.	56,715.	38,495.	1,394,740.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
VARKEY M.B.B.S., PRATHIBHA	(i)	1,199,797.	0.	113,354.	30,897.	49,438.	1,393,486.	0.
DIRECTOR/PRESIDENT MCHS	(ii)	0.	0.	0.	0.	0.	0.	0.
HALAMKA M.D., JOHN D.	(i)	1,161,479.	0.	110,824.	59,446.	31,577.	1,363,326.	0.
PRESIDENT-MAYO CLINIC PLATFORM	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAMSON, MARY J.	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	950,612.	0.	179,240.	37,622.	41,615.	1,209,089.	0.
OTLEY M.D., CLARK C.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/PRESIDENT	(ii)	919,991.	0.	198,937.	49,478.	38,112.	1,206,518.	0.
SHARMA M.B.B.S., MANISH S.	(i)	1,026,545.	0.	93,493.	37,537.	38,174.	1,195,749.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
AMMASH M.D., NASER M.	(i)	746,448.	0.	335,431.	58,906.	21,202.	1,161,987.	0.
CEO-SSMC	(ii)	0.	0.	0.	0.	0.	0.	0.
MENKOSKY, PAULA E.	(i)	910,434.	0.	155,621.	53,545.	38,401.	1,158,001.	0.
CHIEF HR OFFICER/FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
GILLIGAN, SHERRI W.	(i)	930,339.	0.	92,337.	54,796.	30,258.	1,107,730.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
HEBL M.D., JAMES R.	(i)	0.	0.	0.	0.	0.	0.	0.
DIR/CHAIR/PRES/REGIONAL VP-SWMN	(ii)	868,692.	0.	144,575.	42,631.	38,121.	1,094,019.	0.
MORICE M.D., WILLIAM G.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	849,552.	0.	130,370.	50,168.	37,924.	1,068,014.	0.
ROSS, CHRISTOPHER J.	(i)	873,123.	0.	112,927.	56,660.	17,116.	1,059,826.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
SHAH M.D., VIJAY	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	791,107.	0.	165,796.	45,917.	38,314.	1,041,134.	0.
MUELLER M.D., PAUL S.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/CHAIR/REGIONAL VP-SWWI	(ii)	817,440.	0.	134,986.	53,852.	29,281.	1,035,559.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HELMERS M.D., RICHARD A.	(i)	0.	0.	0.	0.	0.	0.	0.
DIR/CHAIR/PRESIDENT/REGIONAL VP-NWWI	(ii)	840,262.	0.	145,562.	13,200.	31,665.	1,030,689.	0.
NOSEWORTHY M.D., PETER A.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/PRESIDENT	(ii)	807,731.	0.	115,469.	30,039.	43,199.	996,438.	0.
CROSS III M.D., WILLIAM W.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	785,807.	0.	102,698.	37,391.	37,608.	963,504.	0.
FAUBION M.D., WILLIAM A.	(i)	731,138.	0.	140,271.	49,530.	37,194.	958,133.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
MABRY M.D., TAD M.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	783,772.	0.	97,292.	31,337.	40,994.	953,395.	0.
ALBRIGHT JR., D.O., ROBERT C.	(i)	0.	0.	0.	0.	0.	0.	0.
DIR/CHAIR/REGIONAL VP SEMN	(ii)	753,117.	0.	111,809.	50,339.	37,381.	952,646.	0.
HARPER JR., M.D., CHARLES M.	(i)	0.	0.	0.	0.	0.	0.	0.
DIR/FORMER OFFICER/FORMER KEY EMPLOY	(ii)	563,989.	0.	328,860.	13,209.	29,689.	935,747.	0.
HARA M.D., AMY K.	(i)	733,241.	0.	115,346.	44,725.	41,283.	934,595.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
HOXWORTH M.D., JOSEPH M.	(i)	747,743.	0.	94,077.	36,820.	46,431.	925,071.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
ROGERS, JAMES A.	(i)	676,495.	0.	140,390.	47,256.	39,886.	904,027.	0.
DIRECTOR/ASST SECY	(ii)	0.	0.	0.	0.	0.	0.	0.
KENDRICK M.D., MICHAEL L.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	694,822.	0.	117,992.	48,260.	37,025.	898,099.	0.
MCKINNEY M.D., J. MARK	(i)	707,318.	0.	100,721.	54,673.	32,767.	895,479.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
PETERSON M.D., JEFFREY J.	(i)	701,588.	0.	110,836.	39,582.	38,225.	890,231.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
COOPER M.D., LESLIE T.	(i)	669,391.	0.	125,814.	52,737.	29,681.	877,623.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
VALLOW M.D., LAURA A.	(i)	681,644.	0.	104,530.	46,812.	39,811.	872,797.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
REDDY M.B.B.S., KUNAM S.	(i)	664,790.	0.	99,596.	62,515.	29,488.	856,389.	0.
DIV CHR-TRANSPLANT SURGERY	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DIDEHBAN, ROSHANAK	(i)	730,236.	0.	77,978.	28,882.	15,382.	852,478.	0.
DIR/SECY/ASST TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.
BRUCE M.D., CHARLES J.	(i)	654,366.	0.	102,714.	55,604.	39,240.	851,924.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
MOSS M.D., ADYR A.	(i)	645,801.	0.	107,541.	57,498.	39,599.	850,439.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
LEIBOVICH M.D., BRADLEY C.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	647,644.	0.	117,195.	47,941.	36,799.	849,579.	0.
RYAN, MICHAEL J.	(i)	545,927.	0.	254,130.	13,237.	36,123.	849,417.	0.
CAO SSMC	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREWS M.D., PAUL E.	(i)	626,419.	0.	135,907.	42,688.	32,312.	837,326.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
TANER M.D., BURCIN C.	(i)	678,074.	0.	80,487.	41,149.	36,897.	836,607.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
FONSECA M.D., RAFAEL	(i)	572,506.	0.	170,548.	47,661.	39,749.	830,464.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
THIEL M.D., DAVID D.	(i)	662,712.	0.	83,605.	34,420.	36,838.	817,575.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
FREDERICK, RYANNON K.	(i)	645,678.	0.	96,825.	29,332.	35,634.	807,469.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
GLANTZ M.D., JANEL N.	(i)	644,976.	0.	79,601.	36,995.	38,383.	799,955.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
RAFFALS M.D., LAURA E.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	666,104.	0.	52,504.	40,305.	36,798.	795,711.	0.
CHAPITAL M.D., ALYSSA B.	(i)	652,745.	0.	69,806.	44,215.	28,766.	795,532.	0.
DIRECTOR/VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
CIMA M.D., ROBERT R.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/CHAIR	(ii)	577,317.	0.	130,243.	48,656.	35,131.	791,347.	0.
ROSENFELD M.D., DAVID M.	(i)	608,682.	0.	87,240.	45,065.	40,510.	781,497.	0.
CHAIR-ANSETH & PERIOP MED	(ii)	0.	0.	0.	0.	0.	0.	0.
KHAN, RITA G.	(i)	656,480.	0.	60,453.	42,329.	15,911.	775,173.	0.
CHIEF DIGITAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ANIL M.D., GOKHAN	(i)	618,229.	0.	75,860.	31,498.	36,069.	761,656.	0.
DIRECTOR/VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
BROWN M.D., MICHAEL J.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	584,882.	0.	91,155.	41,814.	39,215.	757,066.	0.
BROWN M.D., DANIEL R.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/CHAIR	(ii)	589,212.	0.	76,206.	52,857.	38,276.	756,551.	0.
MCLAUGHLIN M.D., SARAH A.	(i)	644,490.	0.	67,596.	30,954.	9,351.	752,391.	0.
DIRECTOR/VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
DRONCA M.D., ROXANA S.	(i)	626,757.	0.	42,712.	39,758.	38,322.	747,549.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
HUMPHREYS M.D., MITCHELL R.	(i)	602,794.	0.	60,293.	33,994.	39,258.	736,339.	0.
CHAIR-UROLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
BOLAN M.D., CANDICE W.	(i)	649,661.	0.	33,118.	26,736.	25,694.	735,209.	0.
CHAIR-DEPT OF RADIOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
PETROU M.D., STEVEN P.	(i)	594,792.	0.	81,406.	13,200.	39,207.	728,605.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
DUNN, AJANI N.	(i)	556,392.	0.	99,938.	29,929.	36,674.	722,933.	0.
DIR/SECY/CAO FL/ASST TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.
ETZIONI M.D., DAVID A.	(i)	591,182.	0.	45,710.	43,080.	36,633.	716,605.	0.
CHAIR-DEPT OF SURGERY	(ii)	0.	0.	0.	0.	0.	0.	0.
HORST, ADAM M.	(i)	618,884.	0.	16,135.	38,805.	41,924.	715,748.	0.
DIR/TREAS/CFO ROCHESTER	(ii)	0.	0.	0.	0.	0.	0.	0.
TRENTMAN M.D., TERRENCE L.	(i)	530,504.	0.	97,667.	55,721.	31,706.	715,598.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
LAL M.D., DEVYANI	(i)	589,236.	0.	40,898.	43,315.	30,230.	703,679.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
SCHAMS M.D., PETER J.	(i)	541,436.	0.	83,449.	32,490.	35,097.	692,472.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH M.B.B.S., M.D., ABRAHAM	(i)	559,728.	0.	49,477.	46,093.	35,546.	690,844.	0.
DIRECTOR/VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
JENSEN M.D., JEFFREY B.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/CHAIR	(ii)	557,891.	0.	54,802.	43,391.	34,303.	690,387.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CRAIG M.D., FIONA E. CHAIR-LAB MED & PATH	(i)	560,134.	0.	43,895.	58,138.	25,306.	687,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ABEL M.D., MARTIN D. CHAIR-ANESTH & PERIOP MED	(i)	553,715.	0.	89,283.	13,205.	30,930.	687,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KROSCHE M.D., TARA C. VICE CHAIR-CLINICAL PRACTICE	(i)	588,858.	0.	28,077.	31,660.	31,116.	679,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SINGBARTL M.D., KAI DIRECTOR	(i)	571,726.	0.	24,920.	44,067.	36,793.	677,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PRITT M.D., BOBBI S. DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	571,691.	0.	35,661.	40,908.	28,907.	677,167.	0.
GAZELKA M.D., HALENA M. CHIEF COMMUNICATIONS OFFICER	(i)	570,973.	0.	42,047.	43,369.	16,902.	673,291.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KEENAN M.D., LAWRENCE R. DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	514,271.	0.	80,720.	40,371.	36,110.	671,472.	0.
FAMUYIDE M.B.B.S., ABIMBOLA O. DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	477,477.	0.	101,694.	55,206.	27,886.	662,263.	0.
RIMSZA M.D., LISA M. DIRECTOR	(i)	531,676.	0.	34,355.	58,130.	34,233.	658,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JANUS M.D., JEFFREY R. DIRECTOR	(i)	582,297.	0.	13,255.	26,253.	36,237.	658,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NASSAR M.D., AZIZA DIRECTOR	(i)	532,733.	0.	43,176.	42,946.	39,069.	657,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DEGENHARDT M.D., JEFFREY A. FORMER KEY EMPLOYEE	(i)	517,160.	0.	60,217.	49,638.	30,717.	657,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CULLINAN M.D., SUSAN M. DIRECTOR/FORMER OFFICER	(i)	521,658.	0.	40,762.	54,940.	39,357.	656,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
COLLETTI M.D., JAMES E. DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	520,675.	0.	57,630.	40,798.	36,362.	655,465.	0.
LEIGHTON M.D., JONATHAN A. FORMER KEY EMPLOYEE	(i)	488,279.	0.	121,514.	13,200.	28,456.	651,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GOYAL, MANEESH COO-MAYO CLINIC PLATFORM	(i)	543,485.	0.	20,509.	41,364.	38,582.	643,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TAZELAAR M.D., HENRY D. FORMER KEY EMPLOYEE	(i)	507,007.	0.	92,010.	13,200.	31,519.	643,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PEARSON M.D., SUSAN E. FORMER OFFICER	(i)	491,366.	0.	70,717.	61,178.	20,458.	643,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KELLEY, SHARON M. FORMER OFFICER	(i)	523,408.	0.	33,910.	58,761.	26,568.	642,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ZUROB M.D., ADEL S. DIRECTOR	(i)	505,476.	0.	35,425.	49,184.	46,016.	636,101.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
FRANCIS, JAMES R. DIRECTOR/ASST TREASURER	(i)	511,076.	0.	57,849.	34,679.	31,597.	635,201.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
POE, JOHN D. DIRECTOR	(i)	517,215.	0.	46,244.	43,599.	27,350.	634,408.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HICKSON M.D., LATONYA J. DIRECTOR	(i)	508,307.	0.	50,407.	33,720.	35,766.	628,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WILSON, JAMES D. CFO MCHS	(i)	538,006.	0.	13,873.	35,817.	37,457.	625,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHERRILL, TODD E. DIR/ASST SECY/ASST TREAS/TREAS/FORME	(i)	508,544.	0.	30,966.	55,050.	28,805.	623,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
VARELA M.D., NICOLE L. CHAIR, SEMN SPACE & CAPITAL	(i)	507,579.	0.	34,374.	40,440.	37,796.	620,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CAINE, NATALIE A. DIRECTOR/SECY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	546,572.	0.	7,021.	23,938.	41,072.	618,603.	0.
CRAIG, JASON E. DIR/VP/SECY/REGIONAL CHAIR-ADMIN NWW	(i)	200,677.	0.	216,020.	25,135.	17,812.	459,644.	156,843.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHNSON M.D., MARGARET M. DIRECTOR	(i)	477,943.	0.	54,962.	52,222.	30,430.	615,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BARTLETT M.D., BRIAN N. VICE CHAIR-CLINICAL PRACTICE	(i)	517,939.	0.	25,902.	30,916.	32,487.	607,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SADOSTY M.D., ANNIE T. FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	446,175.	0.	78,328.	45,356.	35,556.	605,415.	0.
KRAHN M.D., LOIS E. FORMER OFFICER	(i)	448,421.	0.	66,711.	53,825.	35,603.	604,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KHOOR M.D., ANDRAS	(i)	484,212.	0.	78,324.	10,205.	28,440.	601,181.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
SAMKUTTY, BIJU T.	(i)	510,183.	0.	9,029.	31,792.	36,796.	587,800.	0.
COO INTERNATIONAL	(ii)	0.	0.	0.	0.	0.	0.	0.
HASSE, CHRISTOPHER H.	(i)	487,619.	0.	35,418.	19,021.	35,603.	577,661.	0.
DIR/CAO MCHS/ASST SECY	(ii)	0.	0.	0.	0.	0.	0.	0.
PORTER M.D., ALYX B.	(i)	485,341.	0.	23,642.	31,961.	34,290.	575,234.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
KAMLITZ M.D., KENDRA E.	(i)	488,496.	0.	19,873.	26,440.	36,382.	571,191.	0.
DIRECTOR/CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
URUMOV M.D., ANDREJ	(i)	485,895.	0.	20,202.	36,918.	26,777.	569,792.	0.
CHAIR-DEPT OF EMERGENCY MED	(ii)	0.	0.	0.	0.	0.	0.	0.
PECK M.D., ROBERT C.	(i)	445,914.	0.	31,841.	60,908.	23,864.	562,527.	0.
DIRECTOR/VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
LUKE M.D., ANURADHA	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	439,305.	0.	36,305.	50,293.	36,548.	562,451.	0.
RIGDON, ALICE W.	(i)	504,625.	0.	9,469.	31,582.	14,547.	560,223.	0.
DIRECTOR/TREASURER/CFO FL	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIEN M.D., AMY L.	(i)	483,017.	0.	28,547.	33,067.	11,954.	556,585.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
FISHER D.O., LAURA A.	(i)	489,351.	0.	28,211.	26,723.	12,180.	556,465.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
DEWITT M.D., JASON J.	(i)	476,111.	0.	15,129.	33,420.	29,525.	554,185.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
OLMSTEAD D.O., MATTHEW J.	(i)	453,878.	0.	27,922.	34,439.	35,501.	551,740.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
KRIEN M.D., JOSEPH S.	(i)	428,111.	0.	40,847.	45,671.	34,329.	548,958.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
VIRAMONTES, ALLISON L.	(i)	467,470.	0.	8,137.	34,746.	34,175.	544,528.	0.
DIRECTOR/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
NORDSTROM M.D., CHARLES W.	(i)	435,900.	0.	18,241.	38,940.	45,521.	538,602.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FAUBION M.D., STEPHANIE S. DIRECTOR	(i)	429,394.	0.	31,015.	54,364.	15,112.	529,885.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MESCHIA M.D., JAMES F. DIRECTOR	(i)	402,163.	0.	38,370.	49,720.	34,999.	525,252.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
COSTAKOS M.D., DENNIS T. DIRECTOR	(i)	416,671.	0.	41,312.	34,521.	23,824.	516,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HORVATH M.D., PAUL R. PHYSICIAN	(i)	415,320.	0.	21,853.	33,445.	36,943.	507,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
NOE M.D., KATHERINE H. DIRECTOR	(i)	399,046.	0.	22,958.	42,459.	33,400.	497,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
EZENAGU M.D., LEONARD C. DIRECTOR/SECY	(i)	387,316.	0.	24,785.	58,999.	25,258.	496,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
HOLTAN, DOUGLAS J. DIRECTOR/FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	428,051.	0.	28,626.	13,279.	25,857.	495,813.	0.
HUBERT, SHERRY L. ASST SECY	(i)	382,885.	0.	21,352.	53,579.	37,842.	495,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ODENIGBO M.D., CELESTINE DIRECTOR	(i)	409,929.	0.	19,609.	34,629.	30,884.	495,051.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PETCH, CONNIE S. DIRECTOR	(i)	410,887.	0.	14,129.	47,704.	13,218.	485,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PIGNOLO M.D., PH.D., ROBERT J. DIRECTOR/VICE CHAIR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	382,984.	0.	11,948.	51,871.	36,483.	483,286.	0.
YOUNG M.D., TIMOTHY J. PHYSICIAN	(i)	375,707.	0.	16,745.	44,227.	46,011.	482,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
PRESUTTI D.O., RICHARD J. FORMER KEY EMPLOYEE	(i)	332,018.	0.	64,508.	48,262.	36,230.	481,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBELIA M.D., PAUL M. DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	382,130.	0.	16,013.	42,826.	37,723.	478,692.	0.
YUN M.D., BLENDIA FORMER KEY EMPLOYEE	(i)	393,941.	0.	11,719.	35,757.	36,746.	478,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CAVINESS M.D., JOHN N. DIRECTOR	(i)	392,906.	0.	24,900.	13,203.	39,222.	470,231.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KNUDSON, STEVE L.	(i)	398,378.	0.	27,929.	13,223.	27,775.	467,305.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
BUSKIRK M.D., STEVEN J.	(i)	0.	0.	58,515.	0.	0.	58,515.	58,515.
FORMER OFFICER	(ii)	340,623.	0.	1,448.	4.	0.	342,075.	0.
HOLMES, TINA E.	(i)	374,301.	0.	5,083.	36,769.	39,283.	455,436.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
MANIACI M.D., MICHAEL J.	(i)	374,523.	0.	15,762.	31,164.	33,258.	454,707.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
WHITED M.D., BRIAN L.	(i)	331,275.	0.	32,402.	58,434.	27,850.	449,961.	0.
DIR/PRESIDENT/CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
BUECHLER M.D., TAMARA E.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	369,019.	0.	10,011.	32,027.	38,538.	449,595.	0.
WRAY-RAABOLLE M.D., JASON T.	(i)	362,554.	0.	6,399.	41,455.	36,025.	446,433.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
LANGBEHN D.O., JENNIFER M.	(i)	354,145.	0.	7,302.	46,657.	33,637.	441,741.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
LIWONJO M.D., ANNE	(i)	372,424.	0.	5,912.	25,532.	35,127.	438,995.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
GOLDMAN, DANIEL S.	(i)	337,127.	0.	17,419.	51,217.	29,165.	434,928.	0.
ASST SECY	(ii)	0.	0.	0.	0.	0.	0.	0.
BHAGRA M.D., SUMIT	(i)	380,019.	0.	8,265.	34,495.	10,467.	433,246.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
BUNKERS M.D., BRIAN E.	(i)	329,929.	0.	11,890.	54,615.	31,856.	428,290.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ACKERMAN, FRANKLIN K.	(i)	335,762.	0.	7,737.	48,835.	34,648.	426,982.	0.
DIR/VP/ASSOC ADMIN/REG CHAIR-ADMIN N	(ii)	0.	0.	0.	0.	0.	0.	0.
LENHART M.D., JILL	(i)	332,578.	0.	4,611.	53,606.	34,975.	425,770.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
CHUKWUDELUNZU SR., M.D., FELIX E.	(i)	350,603.	0.	17,451.	31,379.	25,377.	424,810.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
MOLLING D.O., PAUL E.	(i)	333,233.	0.	8,560.	40,722.	36,515.	419,030.	0.
DIRECTOR/VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MERFELD M.D., JOHN	(i)	332,448.	0.	9,325.	41,559.	35,635.	418,967.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
KORDUCKI M.D., JANE M.	(i)	309,116.	0.	10,416.	67,086.	31,003.	417,621.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
FITZGERALD M.D., KEVIN	(i)	336,007.	0.	8,483.	41,936.	31,164.	417,590.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
HERRMANN M.D., MARTIN J.	(i)	325,914.	0.	5,684.	50,753.	34,880.	417,231.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
BORTNEM, MARK A.	(i)	329,074.	0.	2,326.	47,898.	37,456.	416,754.	0.
DIRECTOR/TREAS/CFO WI	(ii)	0.	0.	0.	0.	0.	0.	0.
MYHRE M.D., KAREN K.	(i)	329,082.	0.	5,075.	39,927.	40,098.	414,182.	0.
DIRECTOR/VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHNSON M.D., DANIEL J.	(i)	285,800.	0.	62,639.	34,200.	31,396.	414,035.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
BEHN M.D., JOSEPH R.	(i)	342,356.	0.	9,405.	25,739.	34,970.	412,470.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
PRUTHI M.D., SANDHYA	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	330,300.	0.	7,661.	46,132.	27,335.	411,428.	0.
FOSS M.D., RANDY M.	(i)	337,914.	0.	8,277.	24,171.	39,683.	410,045.	0.
DIRECTOR/VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
KANUGA M.D., MANSI J.	(i)	360,645.	0.	14,364.	29,396.	3,451.	407,856.	0.
VICE CHAIR - CLINICAL PRACTICE	(ii)	0.	0.	0.	0.	0.	0.	0.
MISRA M.D., ARTIKA	(i)	334,424.	0.	813.	33,741.	32,504.	401,482.	0.
VICE CHAIR-CLINICAL PRACTICE	(ii)	0.	0.	0.	0.	0.	0.	0.
ADLEMAN, BREEANN M.	(i)	324,615.	0.	1,420.	31,844.	41,994.	399,873.	0.
DIRECTOR/ASST SECY	(ii)	0.	0.	0.	0.	0.	0.	0.
GLENN, SEAN W.	(i)	321,687.	0.	3,898.	38,226.	36,024.	399,835.	0.
DIRECTOR/ASST SECY	(ii)	0.	0.	0.	0.	0.	0.	0.
PAUL, TRAVIS C.	(i)	0.	0.	0.	0.	0.	0.	0.
DIR/SECY/TREAS/REGIONAL CHAIR-ADMIN	(ii)	333,339.	0.	5,239.	27,350.	33,303.	399,231.	0.
EDWARDS M.D., BROOKS S.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	290,414.	0.	74,265.	12,113.	15,798.	392,590.	0.

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		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HOLST, TANNER T.	(i)	283,234.	0.	47,185.	26,040.	32,698.	389,157.	0.
DIRECTOR/REGIONAL CHAIR-ADMIN SWWI	(ii)	0.	0.	0.	0.	0.	0.	0.
CROCKETT, ERIC D.	(i)	0.	0.	0.	0.	0.	0.	0.
DIR/SECY/ASST SECY/REG CHAIR-ADMIN S	(ii)	316,060.	0.	1,268.	35,766.	35,026.	388,120.	0.
BAUER M.D., BRENT A.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	329,154.	0.	8,952.	13,234.	34,627.	385,967.	0.
SKAAR M.D., PHILLIP J.	(i)	303,309.	0.	7,387.	32,459.	39,321.	382,476.	0.
DIRECTOR/CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
SLAMA D.O., TIMOTHY B.	(i)	312,727.	0.	7,603.	25,805.	34,612.	380,747.	0.
DIRECTOR/VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
BERG, DAVID W.	(i)	286,862.	0.	11,497.	54,611.	26,110.	379,080.	0.
SITE ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
WARIBOKO M.D., BRIAN I.	(i)	309,996.	0.	7,253.	38,195.	18,586.	374,030.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
GALINDEZ JR., PETER	(i)	292,619.	0.	1,212.	41,707.	33,152.	368,690.	0.
ASST SECY/FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
NORDRUM, CHARLOTTE J.	(i)	295,990.	0.	661.	38,063.	33,184.	367,898.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MURPHY, MARIALENA	(i)	282,012.	0.	1,278.	44,690.	29,914.	357,894.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
HORN M.D., JENNIFER L.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	255,978.	0.	41,803.	46,846.	13,002.	357,629.	0.
DEGEN, SUSANNE C.	(i)	292,645.	0.	12,160.	35,209.	14,588.	354,602.	0.
DIR/VICE CHAIR-ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
MELVIN, KEVIN B.	(i)	0.	0.	0.	0.	0.	0.	0.
ASST SECY	(ii)	279,108.	0.	1,296.	33,568.	35,520.	349,492.	0.
HIRISAVE KRISHNA M.D., BIPINCHANDRA	(i)	281,161.	0.	5,448.	29,091.	28,991.	344,691.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
HOLTZ M.D., CAROL P.	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	293,001.	0.	1,782.	41,447.	7,089.	343,319.	0.
FORSTER M.D., JEREMY S.	(i)	268,119.	0.	4,277.	35,707.	34,925.	343,028.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.

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Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
AVIKAINEN, BRIDGET F.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/CHAIR/PRESIDENT	(ii)	279,460.	0.	1,646.	25,964.	27,489.	334,559.	0.
ERICKSON, ERIC B.	(i)	262,879.	0.	11,025.	48,257.	10,396.	332,557.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
PARKS, DOUGLAS A.	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	284,730.	0.	2,618.	11,179.	30,222.	328,749.	0.
LEBRASSEUR, NATHAN K.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	256,250.	0.	3,363.	30,140.	35,183.	324,936.	0.
GROSS, TERA L.	(i)	258,002.	0.	379.	23,961.	36,182.	318,524.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
MATTHIAS, MARK A.	(i)	252,025.	0.	1,684.	36,439.	27,125.	317,273.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVIS, AMY L.	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	250,541.	0.	535.	28,902.	34,477.	314,455.	0.
FALLER M.D., ANNETTE	(i)	267,201.	0.	6,646.	37,757.	1,726.	313,330.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
HANSON, VICTORIA M.	(i)	250,906.	0.	1,295.	30,221.	30,840.	313,262.	0.
VICE CHAIR-ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
JANSSEN, JAMES J.	(i)	228,200.	0.	5,295.	42,170.	30,260.	305,925.	0.
ASST TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
CAPLAN, SHERRY M.	(i)	254,619.	0.	1,306.	23,309.	23,803.	303,037.	0.
VICE CHAIR-ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
ARCHER, LISA M.	(i)	223,544.	0.	19,787.	29,481.	27,779.	300,591.	0.
CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MEKALA, PRAVEEN	(i)	217,579.	0.	20,830.	32,079.	22,316.	292,804.	0.
ASST TREAS/FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
EIDE, DEAN B.	(i)	247,937.	0.	3,604.	33,745.	4,495.	289,781.	0.
DIR/VICE CHAIR-ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
LANZ, APRIL D.	(i)	230,629.	0.	1,820.	26,387.	30,692.	289,528.	0.
VICE CHAIR-ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
FLATTUM, BETHANIE L.	(i)	227,622.	0.	1,198.	23,783.	35,708.	288,311.	0.
TREAS/VICE CHAIR-ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.

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Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
EBERLE, MICHELE R.	(i)	235,502.	0.	6,185.	31,199.	12,203.	285,089.	0.
DIR/VP/SECY/VICE CHAIR-ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
CLUNE M.D., CAROLINE G.	(i)	234,630.	0.	663.	29,571.	19,020.	283,884.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
COGNETTA-RIEKE, CHERISTI M.	(i)	227,444.	0.	6,837.	22,117.	25,206.	281,604.	0.
CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MARTIN-KRAJEWSKI, CARIE A.	(i)	235,810.	0.	3,433.	29,766.	11,740.	280,749.	0.
VICE CHAIR-ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
AMEENUDDIN, M.D., NUSHEEN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	240,814.	0.	331.	25,759.	12,778.	279,682.	0.
MCCONNELL, LISA A.	(i)	223,616.	0.	3,248.	29,403.	21,662.	277,929.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
HOWIE, GORDON C.	(i)	211,442.	0.	14,752.	22,754.	28,344.	277,292.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
TRADEWELL, MATTHEW W.	(i)	219,847.	0.	6,635.	17,479.	31,176.	275,137.	0.
VICE CHAIR - ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHNSON, CARLA J.	(i)	225,799.	0.	479.	24,408.	23,244.	273,930.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MORREY, MICHAEL A.	(i)	198,621.	0.	15,151.	35,860.	16,244.	265,876.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
DRUCKER, PAUL E.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/CEO/PRESIDENT	(ii)	204,631.	0.	790.	26,988.	32,477.	264,886.	0.
RUSTAD, CHRISTOPHER D.	(i)	0.	0.	0.	0.	0.	0.	0.
DIR/SECY/TREAS/FORMER OFFICER	(ii)	219,442.	0.	1,392.	8,999.	33,894.	263,727.	0.
DALBELLO JR., ALBERT	(i)	200,283.	0.	2,014.	35,189.	25,864.	263,350.	0.
DIRECTOR/SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
LONG, AMY K.	(i)	216,482.	0.	660.	14,908.	28,893.	260,943.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
MCNEILL, STEVEN L.	(i)	49,846.	0.	99,324.	0.	11,500.	160,670.	99,324.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
LANZEL, TRICIA G.	(i)	194,308.	0.	1,643.	18,918.	34,435.	249,304.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.

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Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BIKKANI, ABHI	(i)	171,862.	20,000.	33,338.	10,209.	13,779.	249,188.	0.
ASST SECY	(ii)	0.	0.	0.	0.	0.	0.	0.
FINNEMAN KILLINGER, KAREN A.	(i)	186,768.	0.	6,457.	22,397.	31,502.	247,124.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
BUCHHOLTZ, KELLY M.	(i)	190,123.	0.	7,724.	16,123.	29,694.	243,664.	0.
CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
KEILMAN, DENA R.	(i)	178,273.	0.	11,886.	15,599.	36,387.	242,145.	0.
CHIEF NURSING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
KUEHL M.D., MARY J.	(i)	170,441.	0.	4,610.	29,365.	28,382.	232,798.	0.
DIRECTOR/VICE CHAIR	(ii)	0.	0.	0.	0.	0.	0.	0.
KUJAK-COON, HEATHER	(i)	167,234.	0.	4,642.	17,963.	31,469.	221,308.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
MEYER, TIA J.	(i)	182,192.	0.	4,374.	22,194.	10,842.	219,602.	0.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
BOYUM, LISA L.	(i)	168,147.	0.	4,109.	14,991.	31,862.	219,109.	0.
TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
KOWAL D.O., GERALD K.	(i)	92,767.	0.	47,564.	40,118.	10,115.	190,564.	28,543.
FORMER KEY EMPLOYEE	(ii)	0.	0.	0.	0.	0.	0.	0.
BELILES, GREGORY R.	(i)	163,525.	0.	7,183.	12,326.	34,991.	218,025.	0.
ASST SECY	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTOPHERSON, MARK	(i)	177,293.	0.	10,342.	17,403.	11,946.	216,984.	0.
CFO MN/TREAS/ASST TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.
GULDEN, CHRISTOPHER R.	(i)	172,946.	0.	10,675.	13,830.	17,938.	215,389.	0.
SECY	(ii)	0.	0.	0.	0.	0.	0.	0.
MILLER, RICK R.	(i)	194,453.	0.	282.	3,854.	16,442.	215,031.	0.
CFO MN/TREAS/ASST TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.
BROWN, WILLIAM A.	(i)	171,498.	0.	2,585.	7,171.	29,154.	210,408.	0.
ASST TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
DOOLHOFF, ABRAHAM A.	(i)	166,277.	0.	7,026.	7,545.	28,471.	209,319.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
SWENSON, LAURA L.	(i)	167,365.	0.	2,531.	7,098.	28,510.	205,504.	0.
DIRECTOR-NURSING HEALTH SVCS	(ii)	0.	0.	0.	0.	0.	0.	0.

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(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FEHMI, RASHID A.	(i)	143,702.	0.	9,852.	20,949.	22,091.	196,594.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
BYRD M.D., JANE D.	(i)	26,082.	0.	81,982.	0.	4.	108,068.	81,982.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
FENNELL, THOMAS J.	(i)	136,668.	0.	8,474.	19,068.	23,811.	188,021.	0.
ASST SECY	(ii)	0.	0.	0.	0.	0.	0.	0.
KRUMM, TARA L.	(i)	126,538.	0.	6,203.	13,814.	34,891.	181,446.	0.
DIRECTOR/SECY/TREAS	(ii)	0.	0.	0.	0.	0.	0.	0.
HANSEN, JULIE S.	(i)	132,737.	0.	7,334.	0.	12,000.	152,071.	7,259.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
ZIETLOW M.D., SCOTT P.	(i)	0.	0.	36,767.	0.	0.	36,767.	36,767.
FORMER OFFICER	(ii)	0.	0.	67,291.	0.	0.	67,291.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

IN 2023, NASER M. AMMASH M.D., DENNIS E. DAHLEN, AJANI N. DUNN, PAUL A.

GORMAN, CHARLES J. BRUCE M.D., ROXANA S. DRONCA M.D., GIANRICO FARRUGIA

M.D., STEPHANIE S. FAUBION M.D., DANIEL S. GOLDMAN, MANEESH GOYAL, TINA E.

HOLMES, LOIS E. KRAHN M.D., J. MARK MCKINNEY M.D., STEVEN L. MCNEILL,

JOSHUA B. MURPHY, ALFREDO QUINONES-HINOJOSA M.D., MICHAEL J. RYAN, RABIH G.

TAWK M.D., HENRY D. TAZELAAR M.D., KENT R. THIELEN M.D., ANDREJ URUMOV

M.D., LAURA A. VALLOW M.D., PRATHIBHA VARKEY M.B.B.S., AMY W. WILLIAMS M.D.

AND CHRISTINA K. ZORN WERE PROVIDED BUSINESS/FIRST-CLASS AND/OR CHARTER

TRAVEL. THE TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION AS ALL FLIGHTS

WERE BUSINESS RELATED.

TRAVEL FOR COMPANIONS IS AVAILABLE TO ALL TRUSTEES AND EX-OFFICIOS SO THAT

SPOUSES CAN ACCOMPANY THEM TO THE SITE OF BOARD MEETINGS AND FOR OTHER

BUSINESS RELATED PURPOSES. IN 2023, DENNIS E. DAHLEN, GIANRICO FARRUGIA

M.D., RICHARD J. GRAY M.D., TINA E. HOLMES, JOSHUA B. MURPHY, KENT R.

THIELEN M.D. AND CHRISTINA K. ZORN RECEIVED SPOUSAL TRAVEL, WHICH WAS

GROSSED UP AND TREATED AS TAXABLE INCOME.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

MOVING EXPENSE REIMBURSEMENT IS PROVIDED TO QUALIFYING EMPLOYEES WHEN

JUSTIFIED BY BUSINESS NEED. REIMBURSEMENT MAY INCLUDE TRAVEL FOR

COMPANIONS. IN 2023, ONE OR MORE LISTED PERSONS RECEIVED SUCH A PAYMENT

WHICH INCLUDED A GROSS UP PAYMENT. THE GROSS UP PAYMENT WAS TREATED AS

ADDITIONAL TAXABLE COMPENSATION.

EMPLOYEES PERFORMING WORK OUTSIDE THEIR HOME STATE HAVE THEIR COMPENSATION

GROSSED UP IN THE FORM OF A SUPPLEMENTAL PAYMENT TO HELP OFFSET THE COST OF

THE STATE INCOME TAXES INCURRED AS A RESULT OF HAVING TO WORK IN A

DIFFERENT STATE. IN 2023, ONE OR MORE LISTED PERSONS RECEIVED THIS

SUPPLEMENTAL PAYMENT.

MICHAEL J. RYAN AND NASER M. AMMASH RELOCATED TO ABU DHABI, UAE AS PART OF

THEIR INTERNATIONAL POSITION. THEY ARE PROVIDED AN ANNUAL STIPEND AND

HOUSING ALLOWANCE. THIS AMOUNT WAS TAXABLE TO THE EMPLOYEE AND GROSSED UP.

PURSUANT TO INSTITUTIONAL POLICIES, CERTAIN AWARDS HAVE A TAX GROSS-UP

APPLIED IN ORDER TO NOT DIMINISH THE RECOGNITION AND CELEBRATORY NATURE OF

THE AWARD. ONE OR MORE LISTED PERSONS RECEIVED AN AWARD, WHICH WAS TREATED

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

AS TAXABLE COMPENSATION TO THE INDIVIDUALS.

HOUSING ALLOWANCES ARE PROVIDED WHEN JUSTIFIED BY BUSINESS NEED SUCH AS

RELOCATION OR WORK ASSIGNMENT. IN 2023, WILLIAM A. FAUBION, RYANNON K.

FREDERICK AND CHRISTOPHER H. HAASE RECEIVED A HOUSING ALLOWANCE THAT WAS

TREATED AS TAXABLE INCOME AND GROSSED UP.

ONE OR MORE LISTED PERSONS RECEIVED SUBSIDIZED EMPLOYEE MEMBERSHIPS TO THE

YMCA AND SIMILAR HEALTH/FITNESS FACILITIES. SUCH SUBSIDIES ARE AVAILABLE TO

SOME EMPLOYEES AS A BENEFIT AND ARE TREATED AS TAXABLE INCOME.

THE PERSONAL SERVICES THAT WERE PROVIDED ARE INCOME TAX PREPARATION

SERVICES THAT, IN ACCORDANCE WITH MAYO POLICY, ARE AVAILABLE TO MAYO CLINIC

VOTING/CONSULTING STAFF. ONE OR MORE LISTED PERSONS RECEIVED THIS SERVICE,

WHICH WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS.

PART I, LINE 3:

THE SUBORDINATES WITHIN THIS GROUP FILING RELIED ON A RELATED ORGANIZATION

FOR ESTABLISHING THE TOP MANAGEMENT OFFICIAL'S COMPENSATION. SEE CORE 990

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART VI SECTION B LINE 15 FOR FURTHER INFORMATION REGARDING THE PROCESS

UTILIZED.

PART I, LINES 4A-C:

PART I, LINES 4A-B

IN CONJUNCTION WITH A SEPARATION AGREEMENT, GUSTAV A. DECKER MBBCH RECEIVED

PAYMENT OF \$906,157.20. THE FIRST INSTALLMENT OF \$453,078 WAS PAID IN 2023.

THE AMOUNT IS TAXABLE TO THE EMPLOYEE AND INCLUDED IN SCHEDULE J, PART II,

COLUMN (B)(III). THE SECOND INSTALLMENT WAS PAID IN FEBRUARY 2024.

THE SUBORDINATES WITHIN THIS GROUP FILING HAVE A SUPPLEMENTAL RETIREMENT

PLAN (SRP) DESIGNED TO ROUGHLY APPROXIMATE AN EXTENSION OF THE BENEFITS

UNDER THE MAYO PENSION PLAN TO INCOME ABOVE THE INTERNAL REVENUE CODE

QUALIFIED PLAN LIMIT IN SECTION 401(A)(17). STARTING JANUARY 1, 2011, ALL

SRP BENEFITS ARE PAID AS AN ANNUAL TAXABLE CASH PAYMENT.

THE FOLLOWING INDIVIDUALS PARTICIPATED IN OR RECEIVED A PAYMENT FROM THE

SUPPLEMENTAL RETIREMENT PLAN. AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II,

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COLUMN (B)(III).

ABEL M.D., MARTIN D. \$67,542

ACKERMAN, FRANKLIN K. \$6,036

ADLEMAN, BREEANN M. \$0

ALBRIGHT JR., D.O., ROBERT C. \$109,134

AMMASH M.D., NASER M. \$115,875

ANDREWS M.D., PAUL E. \$98,909

ANIL M.D., GOKHAN \$62,222

BARTLETT M.D., BRIAN N. \$25,510

BAUER M.D., BRENT A. \$4,142

BEHN M.D., JOSEPH R. \$6,441

BENDOK M.D., BERNARD R. \$93,014

BHAGRA M.D., SUMIT \$7,254

BOLAN M.D., CANDICE W. \$32,006

BORTNEM, MARK A. \$1,622

BRIEN M.D., AMY L. \$8,690

BROWN M.D., DANIEL R. \$74,112

BROWN M.D., MICHAEL J. \$77,891

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BRUCE M.D., CHARLES J. \$93,393

BUECHLER M.D., TAMARA E. \$9,495

BUNKERS M.D., BRIAN E. \$9,571

CAINE, NATALIE A. \$6,540

CAVINESS M.D., JOHN N. \$21,920

CHAPITAL M.D., ALYSSA B. \$68,541

CHUKWUDELUNZU SR., M.D., FELIX E. \$6,812

CIMA M.D., ROBERT R. \$73,176

COLLETTI M.D., JAMES E. \$56,107

COOPER M.D., LESLIE T. \$100,859

COSTAKOS M.D., DENNIS T. \$30,760

CRAIG M.D., FIONA E. \$36,880

CRAIG, JASON E. \$8,004

CROSS III M.D., WILLIAM W. \$95,608

CULLINAN M.D., SUSAN M. \$29,890

DAHLEN, DENNIS E. \$154,039

DECKER MBBCH, GUSTAV A. \$102,277

DEGENHARDT M.D., JEFFRY A. \$58,373

DEWITT M.D., JASON J. \$12,391

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DIDEHBAN, ROSHANAK \$70,047

DRONCA M.D., ROXANA S. \$41,388

DUNN, AJANI N. \$49,169

EDWARDS M.D., BROOKS S. \$59,310

ETZIONI M.D., DAVID A. \$40,851

EZENAGU M.D., LEONARD C. \$19,790

FAMUYIDE M.B.B.S., ABIMBOLA O. \$56,973

FARRUGIA M.D., GIANRICO \$729,310

FAUBION M.D., STEPHANIE S. \$28,901

FAUBION M.D., WILLIAM A. \$101,270

FISHER D.O., LAURA A. \$18,459

FITZGERALD M.D., KEVIN \$7,750

FONSECA M.D., RAFAEL \$90,225

FOSS M.D., RANDY M. \$3,588

FRANCIS, JAMES R. \$53,767

FREDERICK, RYANNON K. \$60,661

GAZELKA M.D., HALENA M. \$40,462

GILLIGAN, SHERRI W. \$89,033

GLANTZ M.D., JANEL N. \$78,233

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

GLENN, SEAN W. \$2,663

GOLDMAN, DANIEL S. \$5,574

GORES M.D., GREGORY J. \$217,601

GORMAN, PAUL A. \$150,267

GOYAL, MANEESH \$19,755

GRAY M.D., RICHARD J. \$382,493

HALAMKA M.D., JOHN D. \$102,277

HARA M.D., AMY K. \$113,802

HARPER JR., M.D., CHARLES M. \$184,260

HASSE, CHRISTOPHER H. \$4,147

HEBL M.D., JAMES R. \$142,751

HELMERS M.D., RICHARD A. \$135,069

HERRMANN M.D., MARTIN J. \$4,536

HICKSON M.D., LATONYA J. \$49,703

HIRISAVE KRISHNA M.D., BIPINCHANDRA \$5,213

HOLMES, TINA E. \$2,788

HOLTAN, DOUGLAS J. \$26,400

HOLTZ M.D., CAROL P. \$893

HORN M.D., JENNIFER L. \$21,171

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

HORST, ADAM M. \$14,988

HORVATH M.D., PAUL R. \$12,810

HOXWORTH M.D., JOSEPH M. \$88,429

HUBERT, SHERRY L. \$19,549

HUMPHREYS M.D., MITCHELL R. \$58,607

JANUS M.D., JEFFREY R. \$12,147

JENSEN M.D., JEFFREY B. \$46,547

JOHNSON M.D., DANIEL J. \$41,950

JOHNSON M.D., MARGARET M. \$45,227

JOSEPH M.B.B.S., M.D., ABRAHAM \$41,867

KAMLITZ M.D., KENDRA E. \$8,261

KANUGA M.D., MANSI J. \$6,033

KEENAN M.D., LAWRENCE R. \$78,337

KELLEY, SHARON M. \$30,259

KENDRICK M.D., MICHAEL L. \$105,487

KHAN, RITA G. \$43,431

KHOOR M.D., ANDRAS \$5,6832

KNUDSON, STEVE L. \$22,643

KORDUCKI M.D., JANE M. \$2,970

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

KOWAL D.O., GERALD K. \$2,262

KRAHN M.D., LOIS E. \$44,386

KRIEN M.D., JOSEPH S. \$28,017

KROSCH M.D., TARA C. \$27,565

LAL M.D., DEVYANI \$39,656

LANGBEHN D.O., JENNIFER M. \$6,574

LEIBOVICH M.D., BRADLEY C. \$95,223

LEIGHTON M.D., JONATHAN A. \$94,887

LENHART M.D., JILL \$3,415

LIWONJO M.D., ANNE \$3,174

LUKE M.D., ANURADHA \$34,234

LYONS M.D., MARK K. \$221,548

MABRY M.D., TAD M. \$95,608

MANIACI M.D., MICHAEL J. \$12,233

MCKINNEY M.D., J. MARK \$81,203

MCLAUGHLIN M.D., SARAH A. \$66,114

MEKALA, PRAVEEN \$4,136

MENKOSKY, PAULA E. \$151,817

MERFELD M.D., JOHN \$8,619

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

MESCHIA M.D., JAMES F. \$21,057

MEYER M.D., FREDRIC B. \$233,741

MILLER, RICK R. \$0

MISRA M.D., ARTIKA \$350

MOLLING D.O., PAUL E. \$7,852

MORICE M.D., WILLIAM G. \$127,392

MORREY, MICHAEL A. \$14,768

MOSS M.D., ADYR A. \$92,350

MUELLER M.D., PAUL S. \$127,639

MURPHY, JOSHUA B. \$242,548

MYHRE M.D., KAREN K. \$2,237

NASSAR M.D., AZIZA \$42,047

NOE M.D., KATHERINE H. \$21,920

NORDSTROM M.D., CHARLES W. \$17,686

NOSEWORTHY M.D., PETER A. \$42,514

NOTTMEIER M.D., ERIC W. \$135,092

ODENIGBO M.D., CELESTINE \$17,102

OLMSTEAD D.O., MATTHEW J. \$17,962

OTLEY M.D., CLARK C. \$170,477

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PAUL, TRAVIS C. \$4,776

PEARSON M.D., SUSAN E. \$67,469

PECK M.D., ROBERT C. \$26,574

PETCH, CONNIE S. \$8,156

PETERSON M.D., JEFFREY J. \$106,243

PETROU M.D., STEVEN P. \$77,115

PIGNOLO M.D., PH.D., ROBERT J. \$9,972

POE, JOHN D. \$43,844

PORTER M.D., ALYX B. \$22,598

PRESUTTI D.O., RICHARD J. \$17,643

PRITT M.D., BOBBI S. \$33,859

PRUTHI M.D., SANDHYA \$4,058

QUINONES-HINOJOSA M.D., ALFREDO \$154,510

RAFFALS M.D., LAURA E. \$50,502

REDDY M.B.B.S., KUNAM S. \$94,371

RIGDON, ALICE W. \$9,031

RIMSZA M.D., LISA M. \$30,697

ROBELIA M.D., PAUL M. \$11,436

ROGERS, JAMES A. \$87,986

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ROSENFELD M.D., DAVID M. \$80,939

ROSS, CHRISTOPHER J. \$106,398

RYAN, MICHAEL J. \$66,757

SADOSTY M.D., ANNIE T. \$46,221

SAMKUTTY, BIJU T. \$8,583

SCHAMS M.D., PETER J. \$71,120

SHAH M.D., VIJAY \$137,551

SHARMA M.B.B.S., MANISH S. \$68,372

SHERRILL, TODD E. \$27,418

SINGBARTL M.D., KAI \$23,713

TANER M.D., BURCIN C. \$74,454

TAWK M.D., RABIH G. \$135,772

TAZELAAR M.D., HENRY D. \$60,101

THIEL M.D., DAVID D. \$72,677

THIELEN M.D., KENT R. \$382,493

TRENTMAN M.D., TERRENCE L. \$68,140

URUMOV M.D., ANDREJ \$19,090

VALLOW M.D., LAURA A. \$103,069

VARELA M.D., NICOLE L. \$20,397

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

VARKEY M.B.B.S., PRATHIBHA \$109,789

VIRAMONTES, ALLISON L. \$7,130

WARIBOKO M.D., BRIAN I. \$152

WHITED M.D., BRIAN L. \$29,480

WIECHMANN M.D., ROBERT J. \$163,460

WILLIAMS M.D., AMY W. \$253,223

WILLIAMSON, MARY J. \$175,269

WILLMAN M.D., CHERYL L. \$118,742

WILSON, JAMES D. \$9,680

WRAY-RAABOLLE M.D., JASON T. \$5,630

YOUNG M.D., TIMOTHY J. \$9,897

YUN M.D., BLENDIA \$8,899

ZIETLOW M.D., SCOTT P. \$64,639

ZIMMERMAN M.D., RICHARD S. \$221,809

ZORN, CHRISTINA K. \$296,155

ZUROB M.D., ADEL S. \$30,718

PART I, LINES 4C

UNDER MAYO CLINIC'S ROYALTY SHARING POLICY, INVENTORS, INCLUDING LISTED

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PERSONS, ARE ENTITLED TO SHARE IN A PORTION OF ROYALTIES RECEIVED BY

MAYO INCLUDING INSTANCES WHERE SUCH ROYALTIES ARE IN THE FORM OF

EQUITY-BASED INSTRUMENTS SUCH AS STOCK, WARRANTS, OR PARTNERSHIP

INTERESTS.

THE FOLLOWING INDIVIDUALS PARTICIPATED IN AN EQUITY-BASED COMPENSATION

ARRANGEMENT:

ALBRIGHT JR., D.O., ROBERT C.

BRUCE M.D., CHARLES J.

CAVINESS M.D., JOHN N.

FAMUYIDE M.B.B.S., ABIMBOLA O.

FAUBION M.D., WILLIAM A.

FAUBION M.D., STEPHANIE S.

FEHMI, RASHID A.

HUMPHREYS M.D., MITCHELL R.

KENDRICK M.D., MICHAEL L.

MEYER M.D., FREDRIC B.

NOSEWORTHY M.D., PETER A.

SHAH M.D., VIJAY

Part III

Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

TANER M.D., BURCIN C.

PART II:

COMPENSATION PAID TO BOARD MEMBERS IS PRIMARILY FOR PROFESSIONAL
RESPONSIBILITIES AS PHYSICIANS, ADMINISTRATORS, OR EMPLOYEES OF THE
ORGANIZATION.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public
Inspection

Name of the organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

Part I	Bond Issues											
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF PHOENIX, ARIZONA	52-2038405	71884SAA8	05/08/14	180,000,000.	CONSTRUCTION OF HEALTH CARE FACILITIES		X		X		X
B	CITY OF JACKSONVILLE, FLORIDA	59-6000344	469400BW4	05/03/16	125,000,000.	REFUND 2006 BONDS		X		X		X
C	INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF PHOENIX, ARIZONA	52-2038405	71884SAF7	04/12/22	301,900,306.	CONSTRUCTION OF HEALTH CARE FACILITIES		X		X		X
D												

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired									
2 Amount of bonds legally defeased									
3 Total proceeds of issue	180,002,359.		125,000,000.		301,914,839.				
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds	39,404.				19,216.				
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	911,155.				1,894,882.				
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds	179,051,800.				300,000,000.				
11 Other spent proceeds			125,000,000.						
12 Other unspent proceeds					742.				
13 Year of substantial completion	2015		2016		2022				
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X			X			
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X			
16 Has the final allocation of proceeds been made?	X		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2023

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...		X		X		X		
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	1.06 %		.13 %		.04 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	.05 %		.01 %		.01 %			
6 Total of lines 4 and 5	1.11 %		.14 %		.05 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X			
b Exception to rebate?		X	X			X		
c No rebate due?	X			X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME:

INDUSTRIAL DEVELOPMENT AUTHORITY OF THE CITY OF PHOENIX, ARIZONA

DATE THE REBATE COMPUTATION WAS PERFORMED: 05/08/2019

SCHEDULE K, PART I, COLUMN (E) AND PART II, LINE 3

THE DIFFERENCES BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR THE BOND ISSUES ARE INVESTMENT EARNINGS AND LOSSES.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANDERSON, ALYSSA M.	FAMILY MEMBER OF DI	83,106.	EMPLOYMENT		X
(2) ANDERSON, MEGAN R.	FAMILY MEMBER OF DI	56,863.	EMPLOYMENT		X
(3) ANIL, STACI M.	FAMILY MEMBER OF DI	24,640.	EMPLOYMENT		X
(4) BAYRD D.O., MEGAN E.	FAMILY MEMBER OF KE	228,621.	EMPLOYMENT		X
(5) BORTNEM, BRIANNA M.	FAMILY MEMBER OF OF	11,842.	EMPLOYMENT		X
(6) BRUCE, ALISON J.	FAMILY MEMBER OF DI	559,921.	EMPLOYMENT		X
(7) CADMAN, KATHRYN A.	FAMILY MEMBER OF DI	28,027.	EMPLOYMENT		X
(8) CADMAN, KAYLA M.	FAMILY MEMBER OF DI	68,324.	EMPLOYMENT		X
(9) CRAIG, MELINDA G.	FAMILY MEMBER OF OF	83,030.	EMPLOYMENT		X
(10) ETZIONI M.D., SHIRI	FAMILY MEMBER OF KE	217,987.	EMPLOYMENT		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ANDERSON, ALYSSA M.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR LANGBEHN D.O., JENNIFER M.

(A) NAME OF PERSON: ANDERSON, MEGAN R.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR LANGBEHN D.O., JENNIFER M.

(A) NAME OF PERSON: ANIL, STACI M.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR ANIL M.D., GOKHAN

(A) NAME OF PERSON: BAYRD D.O., MEGAN E.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KEY EMPLOYEE HORVATH M.D., PAUL R.

(A) NAME OF PERSON: BORTNEM, BRIANNA M.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF OFFICER BORTNEM, MARK A.

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: BRUCE, ALISON J.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR BRUCE M.D., CHARLES J.

(A) NAME OF PERSON: CADMAN, KATHRYN A.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR CADMAN, BERWYN

(A) NAME OF PERSON: CADMAN, KAYLA M.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR CADMAN, BERWYN

(A) NAME OF PERSON: CRAIG, MELINDA G.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF OFFICER CRAIG, JASON E.

(A) NAME OF PERSON: ETZIONI M.D., SHIRI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KEY EMPLOYEE ETZIONI M.D., DAVID A.

(A) NAME OF PERSON: FITZGERALD, ROBIN L.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FORMER KEY EMPLOYEE FITZGERALD M.D., KEVIN

(C) AMOUNT OF TRANSACTION \$ 68,699.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: FLOM MURPHY, MELISSA A.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF OFFICER MURPHY, JOSHUA B.

(C) AMOUNT OF TRANSACTION \$ 54,799.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: GALINDEZ, BRENDA K

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FORMER OFFICER GALINDEZ JR., PETER

(C) AMOUNT OF TRANSACTION \$ 119,070.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: GALINDEZ, JONATHAN D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FORMER OFFICER GALINDEZ JR., PETER

(C) AMOUNT OF TRANSACTION \$ 22,187.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: GREENFIELD, CLAIRE A.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FORMER KEY EMPLOYEE JOHNSON M.D., DANIEL J.

(C) AMOUNT OF TRANSACTION \$ 48,313.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: HARPER, SARAH B.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF FORMER KEY EMPLOYEE HARPER JR., M.D., CHARLES M.

(C) AMOUNT OF TRANSACTION \$ 91,098.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JUSTILIEN, VERLINE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR DUNN, AJANI N.

(C) AMOUNT OF TRANSACTION \$ 131,621.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: LEGARE, JENNIFER A.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR LEGARE, GREG

(C) AMOUNT OF TRANSACTION \$ 142,118.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: MESCHIA, DIANA K.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR MESCHIA M.D., JAMES F.

(C) AMOUNT OF TRANSACTION \$ 39,543.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: MOLLING, HEATHER M.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR MOLLING D.O., PAUL E.

(C) AMOUNT OF TRANSACTION \$ 72,304.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PHILLIPS M.D., TODD C.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KEY EMPLOYEE FALLER M.D., ANNETTE

(C) AMOUNT OF TRANSACTION \$ 416,375.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROBARDS M.D., CHRISTOPHER B.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR MCLAUGHLIN M.D., SARAH A.

(C) AMOUNT OF TRANSACTION \$ 590,853.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ROGERS, NORA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR ROGERS, JAMES A.

(C) AMOUNT OF TRANSACTION \$ 96,524.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: TANER M.D., NILUFER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR TANER M.D., BURCIN C.

(C) AMOUNT OF TRANSACTION \$ 421,111.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: THIELEN M.D., JACQUELINE M.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR THIELEN M.D., KENT R.

(C) AMOUNT OF TRANSACTION \$ 204,180.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: UMPHREY, GREGORY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR PORTER M.D., ALYX B.

(C) AMOUNT OF TRANSACTION \$ 371,614.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: VOSSBERG, PATTI L.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR GROSS, TERA L.

(C) AMOUNT OF TRANSACTION \$ 118,616.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: WILLIAMS M.D., LINDSY N.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR JANUS M.D., JEFFREY R.

(C) AMOUNT OF TRANSACTION \$ 303,592.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PATIENT CARE

MAYO CLINIC, AS AN AFFILIATED GROUP OF HEALTHCARE ENTITIES, IS AN

INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICE AND HAS SITES IN ROCHESTER,

MINNESOTA; SCOTTSDALE/PHOENIX, ARIZONA; JACKSONVILLE, FLORIDA AND ALSO

SERVES APPROXIMATELY 45 COMMUNITIES IN THE UPPER MIDWEST THROUGH THE

MAYO CLINIC HEALTH SYSTEM.

MAYO CLINIC IS DRIVEN BY ITS MISSION OF PROVIDING THE BEST PATIENT CARE

TO EVERY PATIENT, EVERY DAY THROUGH INTEGRATED CLINICAL PRACTICE,

EDUCATION, AND RESEARCH. DOCTORS FROM EVERY MEDICAL SPECIALTY WORK

TOGETHER TO CARE FOR PATIENTS AND ARE JOINED BY COMMON SYSTEMS AND A

PHILOSOPHY THAT THE NEEDS OF THE PATIENT COME FIRST.

THERE ARE 17 SUBORDINATE ORGANIZATIONS FROM THE MAYO CLINIC AFFILIATED

GROUP THAT ARE PART OF THIS GROUP RETURN. OPERATIONS INCLUDE 21

HOSPITAL FACILITIES (19 LICENSED HOSPITALS), NUMEROUS CLINICAL

FACILITIES, 1 NURSING HOME, 4 ELDERLY/ASSISTED LIVING FACILITIES AND 7

CHEMICAL DEPENDENCY TREATMENT CENTERS, AN AMBULANCE SERVICE

ORGANIZATION, 1 FOUNDATION-TYPE ORGANIZATION AND 1 ORGANIZATION THAT

PROVIDES SUPPORT SERVICES (SHARED SERVICES) TO MAYO CLINIC, ITS

AFFILIATES AND PATIENTS.

GEOGRAPHICALLY, THE SUBORDINATES ARE LOCATED IN PHOENIX/SCOTTSDALE,

ARIZONA; JACKSONVILLE, FLORIDA; SOUTHERN MINNESOTA; AND WESTERN

WISCONSIN.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

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FOR PURPOSES OF THIS STATEMENT, PATIENT CARE ENCOMPASSES PATIENT SERVICES (HOSPITALS, CLINICS & AMBULANCES), HOUSING FOR THE ELDERLY (NURSING HOMES & ELDERLY HOUSING FACILITIES) AND THE SALE OF MEDICAL PRODUCTS AND HEALTH INFORMATION.

ON AN AGGREGATE BASIS, THE HOSPITAL SUBORDINATES HAD 4,213 LICENSED BEDS AT YEAR-END. FOR THE SUBORDINATE HOSPITAL AND CLINICAL PRACTICES, THE ANNUAL PATIENT COUNT (A DISTINCT COUNT OF THE MEDICAL RECORD NUMBERS THAT RECEIVED BILLABLE MEDICAL SERVICES) IN 2023 EXCEEDED ONE MILLION PATIENTS. IN ADDITION, HOUSING FOR THE ELDERLY IS PROVIDED THROUGH THE OPERATION OF 5 FACILITIES THAT PROVIDE INDEPENDENT LIVING, ASSISTED LIVING AND/OR LONG-TERM CARE.

THE SUBORDINATES PROVIDE CARE TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS. SERVICES ARE PROVIDED TO BOTH MEDICARE AND MEDICAID PATIENTS AT SUBSTANTIAL DISCOUNTS FROM STANDARD FEES. FINANCIAL ASSISTANCE IS ALSO PROVIDED FOR PATIENTS THAT ARE FINANCIALLY UNABLE TO PAY FOR SERVICES PROVIDED. FOR 2023, THE AGGREGATE COST OF UNCOMPENSATED CARE PROVIDED TO LOW INCOME PATIENTS THROUGH MEDICAID WAS APPROXIMATELY \$302,918,000. THE AGGREGATE COST OF UNCOMPENSATED CARE PROVIDED TO PATIENTS THROUGH MEDICARE WAS APPROXIMATELY \$1,092,935,000. FINANCIAL ASSISTANCE (AT COST) PROVIDED TO PATIENTS IN 2023 ON A COMBINED BASIS WAS APPROXIMATELY \$37,842,000.

THE SUBORDINATES RECEIVED DONATED SERVICES FROM APPROXIMATELY 2,696 COMMUNITY VOLUNTEERS, WHO PROVIDED APPROXIMATELY 225,764 HOURS OF SERVICE IN 2023, VALUED AT APPROXIMATELY \$7,560,836 BASED ON THE

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INDEPENDENT SECTOR'S AVERAGE ESTIMATED HOURLY VALUE OF SUCH SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICAL RESEARCH

MAYO CLINIC, AS AN AFFILIATED GROUP, CONDUCTS BASIC, TRANSLATIONAL, CLINICAL, AND EPIDEMIOLOGICAL RESEARCH AT ITS CAMPUSES IN MINNESOTA, ARIZONA, AND FLORIDA AND THROUGHOUT THE MAYO CLINIC HEALTH SYSTEM. THE NEEDS OF THE PATIENTS IS WHAT DRIVES RESEARCH AT MAYO CLINIC. AS DOCTORS TREAT PATIENTS AND SEE OPPORTUNITIES FOR ADVANCING PATIENT CARE, THEY WORK TOGETHER WITH MAYO SCIENTISTS AND RESEARCH TEAMS TO DEVELOP NEW AND IMPROVED DIAGNOSTIC TOOLS, MEDICATIONS, DEVICES, TREATMENT PROTOCOLS AND MORE.

MAYO CLINIC'S UNIQUE CULTURE OF COLLABORATION AND TEAMWORK, AND ITS EXTENSIVE FACILITIES AND RESOURCES, MAKE IT POSSIBLE FOR RESEARCHERS TO UNRAVEL AND SOLVE COMPLEX RESEARCH QUESTIONS. ANSWERING THESE QUESTIONS REQUIRES A TEAM OF PHYSICIANS WHO CARE FOR PATIENTS WITH A DISEASE, BASIC SCIENTISTS WHO INVESTIGATE THE CONDITION'S MOLECULAR BASIS AND EPIDEMIOLOGISTS WHO STUDY ITS EFFECT ON POPULATIONS. THIS CLOSE INTEGRATION MAKES IT POSSIBLE TO QUICKLY BRING PROVEN DIAGNOSTICS AND THERAPEUTICS TO PATIENTS AND SHARE THIS KNOWLEDGE WITH THE NEXT GENERATION OF DOCTORS AND SCIENTISTS.

THE RESEARCH ACTIVITIES CONDUCTED BY THE SUBORDINATES ARE CONDUCTED AT THE ARIZONA AND FLORIDA LOCATIONS AND AT SEVERAL OF THE HEALTH SYSTEM SITES IN MINNESOTA AND WISCONSIN. RESEARCH IS CONCENTRATED IN THE AREAS OF CANCER, METABOLISM, NEUROSCIENCES, NEURODEGENERATIVE DISEASES, CARDIOVASCULAR DISEASES AND GI DISORDERS/TRANSPLANTATION.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SHARED SERVICES

AS PART OF ITS EXEMPT FUNCTION, ONE OF THE SUBORDINATE ORGANIZATIONS

(MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH) FACILITATES

EFFORTS AND SHARED SERVICES ON BEHALF OF AND FOR THE BENEFIT OF MAYO

CLINIC AND ITS AFFILIATES. CERTAIN SERVICES ARE CENTRALIZED WITHIN THE

SUBORDINATE ORGANIZATION AND INCLUDE FINANCE, HUMAN RESOURCES, LEGAL,

PUBLIC AFFAIRS, SUPPLY CHAIN, INFORMATION TECHNOLOGY AND VARIOUS OTHER

SERVICES. CERTAIN COSTS RELATED TO PROVIDING THESE SHARED SERVICES ARE

ALLOCATED OUT OR CHARGED TO THE AFFILIATES. FACILITATING THESE EFFORTS

AND SERVICES ALLOWS MAYO CLINIC AND ITS AFFILIATES TO BETTER CONDUCT

THEIR EXEMPT FUNCTIONS BY REDUCING COSTS, HAVING STANDARDIZED PRACTICES

AND PROCEDURES, AND CREATING ECONOMIES OF SCALE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HEALTH PROFESSIONAL EDUCATION

MAYO CLINIC'S INVESTMENTS IN EDUCATION INFORM AND EMPOWER PHYSICIANS,

RESEARCHERS, MEDICAL PROFESSIONALS, PATIENTS, STUDENTS, AND COMMUNITIES

TO IMPROVE PUBLIC HEALTH AND WELL-BEING, ALONG WITH PREPARING THE NEXT

GENERATION OF HEALTH CARE PROFESSIONALS TO PROVIDE OUTSTANDING,

COMPASSIONATE CARE TO PATIENTS WORLDWIDE.

THE EDUCATIONAL ACTIVITIES OF MAYO CLINIC ARE CENTERED IN THE MAYO

CLINIC COLLEGE OF MEDICINE AND SCIENCE WHICH CONSISTS OF FIVE SCHOOLS:

- MAYO CLINIC ALIX SCHOOL OF MEDICINE

- MAYO CLINIC SCHOOL OF GRADUATE MEDICAL EDUCATION

- MAYO CLINIC GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

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- MAYO CLINIC SCHOOL OF HEALTH SCIENCES

- MAYO CLINIC SCHOOL OF CONTINUOUS PROFESSIONAL DEVELOPMENT

MAYO CLINIC, AS AN AFFILIATED GROUP, OFFERS EDUCATIONAL PROGRAMS AND TRAINING OPPORTUNITIES ON ITS CAMPUSES IN ROCHESTER, MINNESOTA; SCOTTSDALE/PHOENIX, ARIZONA; AND JACKSONVILLE, FLORIDA AND SEVERAL OF THE HEALTH SYSTEM SITES IN MINNESOTA AND WISCONSIN. IN AFFILIATION WITH THE MAYO CLINIC COLLEGE OF MEDICINE, THE SUBORDINATES OFFER PHYSICIAN RESIDENCY PROGRAMS AND FELLOWSHIPS IN MANY MEDICAL AND SURGICAL SPECIALTIES, TRAINING PROGRAMS FOR ALLIED HEALTH PERSONNEL AND ON-GOING EDUCATION FOR PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS.

MANY OF THE STUDENTS EDUCATED THROUGH THE MAYO CLINIC COLLEGE OF MEDICINE TO SUSTAIN MAYO'S UNIQUE STYLE OF CARE AND PREPARE THE NEXT GENERATION OF CAREGIVERS WOULD HAVE RECEIVED SOME OF THEIR EDUCATION AT THE SUBORDINATE'S LOCATIONS IN PHOENIX/SCOTTSDALE, ARIZONA; JACKSONVILLE, FLORIDA AND THE HEALTH SYSTEM SITES IN MINNESOTA AND WISCONSIN.

IN ADDITION, MANY OF THE SUBORDINATES HAVE AGREEMENTS WITH UNIVERSITIES, COLLEGES, AND OTHER EDUCATIONAL ORGANIZATIONS TO PROVIDE FORMAL EDUCATION AND EXPERIENCE FOR STUDENTS STUDYING TO BECOME HEALTH CARE PROFESSIONALS.

ROYALTIES

SOME SUBORDINATES WITHIN THE GROUP MAKE THE RESEARCH AND TECHNOLOGY DEVELOPED THROUGHOUT MAYO CLINIC AVAILABLE TO THE PUBLIC. THIS IS ACCOMPLISHED THROUGH LICENSING ARRANGEMENTS WITH OTHERS HAVING THE

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CAPABILITY TO DISTRIBUTE THE TECHNOLOGY TO THE MEDICAL COMMUNITY AND

THE GENERAL PUBLIC. IN EXCHANGE FOR THESE LICENSES, THE SUBORDINATES

RECEIVE ROYALTIES BASED ON GROSS REVENUES GENERATED FROM THE PRODUCTS

DEVELOPED FROM THE LICENSED TECHNOLOGY OR INVENTION.

EXPENSES \$ 140,705,081. INCL GRANTS OF \$ 7,046,921. REVENUE \$ 167,428,213

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING INDIVIDUALS, WHO ARE LISTED IN PART VII AS A CURRENT OFFICER,

DIRECTOR, TRUSTEE OR KEY EMPLOYEE, HAVE A BUSINESS RELATIONSHIP WITH ONE

OR MORE OF THE OTHER INDIVIDUALS HERE LISTED BECAUSE ONE IS EMPLOYED BY A

RELATED TAX EXEMPT ORGANIZATION FOR WHICH THE OTHER SERVES AS AN OFFICER,

DIRECTOR, OR TRUSTEE.

ACKERMAN, FRANKLIN K.,

ADLEMAN, BREEANN M.,

ALBRIGHT JR., D.O., ROBERT C.,

ANIL M.D., GOKHAN,

BECKER, JOHN,

BELILES, GREGORY R.,

BERGERON-BOWE, MELISSA,

BHAGRA M.D., SUMIT,

BIKKANI, ABHI,

BORTNEM, MARK A.,

BROWN M.D., DANIEL R.,

BROWN M.D., MICHAEL J.,

BROWN, WILLIAM A.,

BRUCE M.D., CHARLES J.,

CAINE, NATALIE A.,

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MAYO CLINIC GROUP RETURN	38-3952644

CHRISTOPHERSON, MARK,

CIMA M.D., ROBERT R.,

COOPER M.D., LESLIE T.,

CRAIG, JASON E.,

CROCKETT, ERIC D.,

CULLINAN M.D., SUSAN M.,

DAHLEN, DENNIS E.,

DALBELLO JR., ALBERT,

DEGEN, SUSANNE C.,

DIDEHBAN, ROSHANAK,

DOOLHOFF, ABRAHAM A.,

DRONCA M.D., ROXANA S.,

DUNN, AJANI N.,

EBERLE, MICHELE R.,

EIDE, DEAN B.,

FAMUYIDE M.B.B.S., ABIMBOLA O.,

FARRUGIA M.D., GIANRICO,

FAUBION M.D., STEPHANIE S.,

FISHER D.O., LAURA A.,

FLATTUM, BETHANIE L.,

FORSTER M.D., JEREMY S.,

FRANCIS, JAMES R.,

GORES M.D., GREGORY J.,

GORMAN, PAUL A.,

GROSS, TERA L.,

GULDEN, CHRISTOPHER R.,

HASSE, CHRISTOPHER H.,

HEBL M.D., JAMES R.,

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HELMERS M.D., RICHARD A.,

HICKSON M.D., LATONYA J.,

HOLST, TANNER T.,

HORST, ADAM M.,

HUBERT, SHERRY L.,

JANUS M.D., JEFFREY R.,

JOHNSON M.D., MARGARET M.,

JOHNSON, RYAN R.,

KAMLITZ M.D., KENDRA E.,

KASPER, JOHN,

KENDRICK M.D., MICHAEL L.,

KRUMM, TARA L.,

KUEHL M.D., MARY J.,

MABRY M.D., TAD M.,

MANIACI M.D., MICHAEL J.,

MCLAUGHLIN M.D., SARAH A.,

MELVIN, KEVIN B.,

MENKOSKY, PAULA E.,

MESCHIA M.D., JAMES F.,

MEYER M.D., FREDRIC B.,

MILLER, RICK R.,

MORICE M.D., WILLIAM G.,

MURPHY, JOSHUA B.,

NASSAR M.D., AZIZA,

NOSEWORTHY M.D., PETER A.,

ODENIGBO M.D., CELESTINE,

OTLEY M.D., CLARK C.,

PAUL, TRAVIS C.,

Name of the organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

PRITT M.D., BOBBI S.,

QUINONES-HINOJOSA M.D., ALFREDO,

RAFFALS M.D., LAURA E.,

RIGDON, ALICE W.,

SHAH M.D., VIJAY,

SHARMA M.B.B.S., MANISH S.,

SHERRILL, TODD E.,

SKAAR M.D., PHILLIP J.,

TANER M.D., BURCIN C.,

THIEL M.D., DAVID D.,

THIELEN M.D., KENT R.,

VALLOW M.D., LAURA A.,

VARKEY M.B.B.S., PRATHIBHA

VARKEY M.B.B.S., PRATHIBHA ,

VIRAMONTES, ALLISON L.,

WHITED M.D., BRIAN L.,

WILLIAMS M.D., AMY W.,

WILLMAN M.D., CHERYL L.,

WILSON, JAMES D.,

ZORN, CHRISTINA K.,

THE FOLLOWING INDIVIDUALS SERVE AS CURRENT DIRECTORS OR TRUSTEES OF

MCHS-FRANCISCAN MEDICAL CENTER AND HAVE A BUSINESS RELATIONSHIP:

BINSFELD, MATT

BORSHEIM, PAUL

MATHY, SCOTT

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JANSSEN, JAMES J.,

SHERRILL, TODD E.,

DAHLEN, DENNIS E.,

MURPHY, JOSHUA B.,

HUBERT, SHERRY L.,

HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR

TRUSTEE OF MAYO HOLDING COMPANY, A RELATED TAXABLE ENTITY.

DAHLEN, DENNIS E.,

GORMAN, PAUL A.,

HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR

TRUSTEE OF MAYO INSURANCE COMPANY, LTD, A RELATED TAXABLE ENTITY.

SHERRILL, TODD E.,

GORMAN, PAUL A.,

HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR

TRUSTEE OF LATIGO PETROLEUM, A RELATED TAXABLE ENTITY.

JANSSEN, JAMES J.,

SHERRILL, TODD E.,

GOLDMAN, DANIEL S.,

HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR

TRUSTEE OF MC ALLIANCE, LTD., A RELATED TAXABLE ENTITY.

JANSSEN, JAMES J.,

SHERRILL, TODD E.,

GOLDMAN, DANIEL S.,

Name of the organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR

TRUSTEE OF MAYO CLINIC (UK), LTD., A RELATED TAXABLE ENTITY.

JANSSEN, JAMES J.,

SHERRILL, TODD E.,

GOLDMAN, DANIEL S.,

HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR

TRUSTEE OF MAYO CLINIC (UK) 2, LTD., A RELATED TAXABLE ENTITY.

HORST, ADAM M.,

HOLTAN, DOUGLAS J.,

HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR

TRUSTEE OF ROCHESTER AIRPORT COMPANY, A RELATED TAXABLE ENTITY.

VIRAMONTES, ALLISON L.,

DIDEHBAN, ROSHANAK,

HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR

TRUSTEE OF SUPERBLOCK 3 PROPERTY OWNERS ASSOCIATION, A RELATED

TAXABLE ENTITY.

FORM 990, PART VI, SECTION A, LINE 3:

MAYO CLINIC, MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH AND OTHER

RELATED COMPANIES PROVIDE MANAGEMENT SERVICES TO THE ENTIRE SYSTEM OF

ENTITIES.

SINCE THE ENTITIES ARE RELATED ORGANIZATIONS, COMPENSATION FOR THE

OFFICERS, DIRECTORS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES HAS

BEEN DISCLOSED IN PART VII AND SCHEDULE J AS REQUIRED.

Name of the organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

FORM 990, PART VI, SECTION A, LINE 4:

AMENDMENT TO ARTICLES OF INCORPORATION FOR MAYO CLINIC HEALTH

SYSTEM-FRANCISCAN MEDICAL CENTER, INC. WERE FILED WITH THE STATE OF

WISCONSIN DURING 2023 TO CHANGE THE CORPORATION'S LEGAL NAME TO MAYO CLINIC

HEALTH SYSTEM-SOUTHWEST WISCONSIN REGION, INC. TO BE EFFECTIVE JANUARY 1,

2024. A COPY OF THE AMENDED ARTICLES OF INCORPORATION WERE PREVIOUSLY

SUBMITTED TO THE INTERNAL REVENUE SERVICE IN ORDER TO DOCUMENT THE NAME

CHANGE AND TO UPDATE MASTER FILE.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBER OF EACH SUBORDINATE IN THE MAYO CLINIC GROUP RETURN IS MAYO

CLINIC OR A SUBORDINATE OF MAYO CLINIC. THE ONE EXCEPTION IS BLOOMER

LAKEVIEW, INC. WHICH DOES NOT HAVE ANY MEMBERS PER THEIR ARTICLES OF

INCORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SUBORDINATE'S GOVERNING BODIES ARE ELECTED, NOMINATED, DESIGNATED,

APPOINTED, APPROVED AND/OR CONFIRMED BY MAYO CLINIC AND/OR A SUBORDINATE OF

MAYO CLINIC.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ARTICLES AND/OR BYLAWS PROVIDE THE CORPORATE MEMBER POWER IN AREAS

SUCH AS COMPENSATION, CAPITAL, BUDGET, DEBT, AND APPROVAL OF AMENDMENTS TO

THE ARTICLES AND BYLAWS. THE ONE EXCEPTION IS BLOOMER LAKEVIEW, INC. WHICH

DOES NOT HAVE ANY MEMBERS PER THEIR ARTICLES OF INCORPORATION. IN THE CASE

OF BLOOMER LAKEVIEW, INC, SUCH DECISIONS WOULD ULTIMATELY BE SUBJECT TO THE

APPROVAL OF MAYO CLINIC HEALTH SYSTEM-NORTHWEST WISCONSIN REGION, INC.

Name of the organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

WHICH ELECTS THE GOVERNING BODY OF BLOOMER LAKEVIEW, INC.

FORM 990, PART VI, SECTION A, LINE 8B:

THE FILING ORGANIZATION HAS NO COMMITTEES WITH THE AUTHORITY TO ACT ON
BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY MAYO CORPORATE TAX. THE TAX RETURN GOES
THROUGH TWO LEVELS OF REVIEW WITHIN THE CORPORATE TAX UNIT AND IS REVIEWED
BY THE TAX DIRECTOR. IT IS THEN REVIEWED BY THE CHAIR-FINANCIAL AND
ACCOUNTING SERVICES, CHAIR-REVENUE CYCLE, CHIEF INVESTMENT OFFICER, CHIEF
FINANCIAL OFFICER AND CHIEF LEGAL OFFICER.

A COPY OF THE FORM 990 IS THEN PROVIDED TO EACH MEMBER OF THE GOVERNING
BODY VIA US MAIL, E-MAIL, OR DISTRIBUTION AT A BOARD MEETING. ALL
QUESTIONS ARE ADDRESSED PRIOR TO FILING THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

MAYO CLINIC AND ITS AFFILIATES HAVE A COMPREHENSIVE CONFLICT OF INTEREST
POLICY APPLICABLE TO ALL OF THE AFFILIATED ENTITIES AND TO ALL DIRECTORS,
OFFICERS, AND EMPLOYEES OF THOSE ENTITIES.

ALL CURRENT AND FORMER OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND
HIGHEST COMPENSATED EMPLOYEES WHO WE ANTICIPATE WILL BE LISTED ON A FORM
990 ARE ASKED TO COMPLETE AN "ANNUAL TAX AND COMPLIANCE DISCLOSURE" FORM.
THIS INFORMATION IS REVIEWED BY BOTH THE CORPORATE TAX DEPARTMENT AND THE
OFFICE OF CONFLICT OF INTEREST REVIEW.

Name of the organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

ALL DISCLOSURES OF CURRENT OR PROPOSED ACTIVITY THAT REQUIRE ACTION UNDER

THE POLICY ARE THE SUBJECT OF ONGOING REVIEW AND ACTION THROUGH THE OFFICE

OF CONFLICT OF INTEREST REVIEW AND THE CONFLICT OF INTEREST REVIEW BOARD.

INVOLVED INDIVIDUALS ARE INFORMED OF ALL REQUIRED ACTION.

MANY TYPES OF RELATIONSHIPS THAT COULD CREATE CONFLICTS OF INTEREST ARE

PROHIBITED. OTHER TYPES OF RELATIONSHIPS ARE PERMITTED SUBJECT TO

COMPLIANCE WITH THE MANAGEMENT PLAN ESTABLISHED BY THE CONFLICT OF INTEREST

REVIEW BOARD.

A COMMON MANAGEMENT STRATEGY FOR PERMITTED ACTIVITIES IS TO REQUIRE

BILATERAL RECUSAL AND APPROPRIATE DOCUMENTATION IN THE MINUTES OF MAYO

CLINIC (AND/OR AFFILIATE) AND THE OUTSIDE ENTITY.

ADDITIONAL CONFLICT OF INTEREST POLICIES AND PROCEDURES EXIST FOR CERTAIN

ENTITIES CONCERNING RESEARCH CONTRACTS AND OTHER TYPES OF POTENTIAL

CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE FILING ORGANIZATION IS AN AFFILIATE OF MAYO CLINIC. MAYO CLINIC AND

ITS AFFILIATES HAVE A COORDINATED PROCESS FOR REVIEWING AND APPROVING

COMPENSATION AND BENEFITS FOR EXECUTIVE LEADERSHIP, CONSULTING STAFF AND

SENIOR ADMINISTRATIVE LEADERSHIP, ALONG WITH ALLIED HEALTH STAFF. IN

ADDITION TO ANY REVIEW AND APPROVAL THAT MAY TAKE PLACE AT THE LOCAL ENTITY

OR REGIONAL LEVEL, THE FOLLOWING INDEPENDENT APPROVAL PROCESS OCCURS

ANNUALLY PRIOR TO IMPLEMENTATION OF THE RESPECTIVE COMPENSATION INCREASE.

THE COMPENSATION AND BENEFITS OF THE CEO AND SEVERAL OTHER OFFICERS AND KEY

Name of the organization MAYO CLINIC GROUP RETURN	Employer identification number 38-3952644

EMPLOYEES OF MAYO CLINIC AND MAYO CLINIC GROUP WERE REVIEWED AND APPROVED

BY THE PROCESS DESCRIBED BELOW.

THE COMPENSATION AND BENEFITS OF EXECUTIVE LEADERSHIP, CONSULTING STAFF AND

SENIOR ADMINISTRATIVE LEADERSHIP FOR ALL CAMPUSES, INCLUDING THE MAYO

CLINIC HEALTH SYSTEM LOCATIONS, ARE REVIEWED AND APPROVED BY THE MAYO

CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING COMMITTEE.

THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING COMMITTEE IS

COMPRISED OF NINE OF THE EXTERNAL INDEPENDENT MEMBERS OF THE MAYO CLINIC

BOARD OF TRUSTEES. THIS GROUP REVIEWS AND APPROVES THE COMPENSATION AND

BENEFIT PROGRAMS FOR EXECUTIVE LEADERSHIP, CONSULTING STAFF AND CERTAIN

SENIOR ADMINISTRATIVE LEADERSHIP FROM ALL CAMPUSES (INCLUDING ALL PERSONS

BELIEVED TO BE DISQUALIFIED PERSONS). THIS PROCESS ESTABLISHES ACCEPTABLE

RANGES FOR VARIOUS POSITIONS, LEVELS, AND SPECIALTIES. THE COMMITTEE USES

COMPARABILITY DATA (INCLUDING THIRD-PARTY BENCHMARKING SURVEYS) IN ITS

REVIEW AND DOCUMENTS DECISIONS IN ITS MINUTES.

IN ADDITION, THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING

COMMITTEE DIRECTLY RETAINS AN INDEPENDENT THIRD-PARTY COMPENSATION

CONSULTANT TO PROVIDE RELEVANT, CONTEMPORANEOUS BENCHMARK INFORMATION FOR A

SMALL GROUP OF EXECUTIVE LEADERSHIP AND SENIOR PHYSICIAN POSITIONS FOR

WHICH AN INDIVIDUALIZED REVIEW AND RECOMMENDATION IS MADE.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS FOR THE SUBORDINATES WITHIN THIS RETURN ARE NOT

AVAILABLE TO THE PUBLIC. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON

REQUEST AND ALSO ON THE MAYOCLINIC.ORG WEBSITE.

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

SOME OF THE SUBORDINATES WITHIN THIS GROUP RETURN ARE HOSPITALS AFFILIATED WITH MAYO CLINIC. AS SUCH, MAYO CLINIC'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THE FILING ORGANIZATION'S FORM 990 AND WOULD BE AVAILABLE UPON REQUEST OF THE FORM 990.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION-POST RETIREMENT (PER FASB A	4,128,945.
CONTRIBUTIONS-REFUND-FMV ADJUSTMENT	-5,000.
TOTAL TO FORM 990, PART XI, LINE 9	4,123,945.

FORM 990, PART XII, LINE 2C, AUDIT PROCESS

THE OVERSIGHT OF THE AUDIT PROCESS OR THE PROCESS FOR SELECTING AN AUDITOR HAS NOT CHANGED.

SCHEDULE B

CONTRIBUTIONS REPORTED ON SCHEDULE B ARE ON A GROUP BASIS WITH THE DOLLAR AND PERCENTAGE THRESHOLDS APPLIED AT THE SUBORDINATE LEVEL.

THESE THRESHOLDS INCLUDE THE GREATER OF \$5,000 OR 2% OF TOTAL

CONTRIBUTIONS FOR SECTION 501(C)(3) ORGANIZATIONS DESCRIBED IN SECTIONS

509(A)(1) AND 170(B)(1)(A)(VI). FOR PURPOSES OF SCHEDULE B, MAYO

CLINIC JACKSONVILLE AND MAYO CLINIC ARIZONA REPORTED CONTRIBUTIONS

USING THE 2% THRESHOLD. CONTRIBUTIONS FOR ALL OTHER SUBORDINATES WERE

DETERMINED USING THE \$5,000 THRESHOLD.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FREELS MC, LLC - 86-0800150 13400 EAST SHEA BLVD SCOTTSDALE, AZ 85259	REAL ESTATE	DELAWARE	0.	5,303,694.	MAYO CLINIC ARIZONA

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DESTINATION MEDICAL CENTER EDA - 46-4893585 50 SOUTH SIXTH STREET, SUITE 1500 MINNEAPOLIS, MN 55402-1498	ECONOMIC DEVELOPMENT	MINNESOTA	501(C)(3)	12-I	MAYO CLINIC	X	
MAYO CLINIC - 41-6011702 200 FIRST STREET S.W. ROCHESTER, MN 55905	PATIENT CARE - CLINIC	MINNESOTA	501(C)(3)	10	N/A		X
HORMEL FOUNDATION - 41-0694716 329 N MAIN ST SUITE 102L AUSTIN, MN 55912	FUNDRAISING FOUNDATION	MINNESOTA	501(C)(3)	12-I	N/A		X
NAEVE HEALTH CARE FOUNDATION - 41-1989509 404 WEST FOUNTAIN ST ALBERT LEA, MN 56007	FUNDRAISING FOUNDATION	MINNESOTA	501(C)(3)	12-III-FI	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LATIGO PETROLEUM, LLC - 36-4767494, P.O. BOX 14230, ODESSA, TX 79768	OIL & GAS EXPLORATION	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MAYO CLINIC HEALTHCARE, LLP 15 PORTLAND PLACE LONDON, UNITED KINGDOM	HEALTHCARE	UNITED KINGDOM	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MAYO CLINIC SUPPORT SERVICES, TEXAS - 47-1751102, 200 FIRST STREET S.W., ROCHESTER, MN 55905	HEALTH SERVICES	TX	N/A	C CORP	N/A	N/A	N/A	X	
MAYO CLINIC UK, LTD 3 MORE LONDON RIVERSIDE LONDON, UNITED KINGDOM	INVESTMENT ACTIVITIES	UNITED KINGDOM	N/A	C CORP	N/A	N/A	N/A	X	
MAYO HOLDING COMPANY - 41-1578020 200 FIRST STREET S.W. ROCHESTER, MN 55905	HOLDING COMPANY	MN	N/A	C CORP	N/A	N/A	N/A	X	
MAYO INSURANCE COMPANY, LTD. 200 FIRST STREET S.W. ROCHESTER, MN 55905	SELF INSURANCE POOL	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
RESOUNDANT, INC. - 46-1661978 421 1ST AVE SW, SUITE 204W ROCHESTER, MN 55902	MANUFACTURING MEDICAL DEVICE COMPONENT	MN	MFMER	C CORP	5,298,313.	7,409,189.	59.60%	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ROCHESTER AIRPORT COMPANY - 41-0506870 200 FIRST STREET S.W. ROCHESTER, MN 55905	AIRPORT MANAGEMENT	MN	N/A	C CORP	N/A	N/A	N/A	X	
SUPERBLOCK 3 PROPERTY OWNERS ASSOCIATION - 86-0870505, 13400 E. SHEA BLVD, SCOTTSDALE, AZ 85259	COMMERCIAL PROPERTY OWNERS ASSOCIATION	AZ	MAYO CLINIC ARIZONA	C CORP	0.	0.	95.44%	X	
THE STABILE BUILDING OWNERS' ASSOCIATION - 20-8994499, 200 FIRST STREET S.W., ROCHESTER, MN 55905	COMMERCIAL PROPERTY OWNERS ASSOCIATION	MN	N/A	C CORP	N/A	N/A	N/A	X	
MC ALLIANCE, LTD. - 98-1527769 200 FIRST STREET S.W. ROCHESTER, MN 55905	HEALTHCARE AND ADMINISTRATIVE SERVICES	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
MAYO CLINIC UK 2, LTD. 3 MORE LONDON RIVERSIDE LONDON, UNITED KINGDOM	INVESTMENT ACTIVITIES	UNITED KINGDOM	N/A	C CORP	N/A	N/A	N/A	X	
MC HEALTHCARE SERVICES INDIA PRIVATE LIMITED 1 WORLD TOWER, 10TH FLOOR, TOWER 2A & 2B, SEN MUMBAI, INDIA	HEALTHCARE AND ADMINISTRATIVE SERVICES	INDIA	N/A	C CORP	N/A	N/A	N/A	X	
MAYO COLLABORATIVE SERVICES, INC. - 41-1346366, 200 FIRST STREET S.W., ROCHESTER, MN 55905	REFERENCE LAB SERVICES	DE	N/A	C CORP	N/A	N/A	N/A	X	
SENDERO BIOTECHNOLOGY, INC. - 87-4085776 155 GIBBS STREET, SUITE 511 ROCKVILLE, MD 20850	BIOTECHNOLOGY DEVELOPMENT	DE	N/A	C CORP	N/A	N/A	N/A	X	
CHARITABLE LEAD TRUST	CHARITABLE TRUST	CA	N/A	TRUST	N/A	N/A	N/A	X	
PERPETUAL TRUST	CHARITABLE TRUST	LA	N/A	TRUST	N/A	N/A	N/A	X	
PERPETUAL TRUST (2)	CHARITABLE TRUST	MA	N/A	TRUST	N/A	N/A	N/A	X	
PERPETUAL TRUST	CHARITABLE TRUST	MO	N/A	TRUST	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	AZ	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST (4)	CHARITABLE TRUST	FL	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	MA	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST (100)	CHARITABLE TRUST	MN	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST (2)	CHARITABLE TRUST	NC	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST (2)	CHARITABLE TRUST	NV	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	TX	N/A	TRUST	N/A	N/A	N/A	X	
PERPETUAL TRUST	CHARITABLE TRUST	ND	MFMER	TRUST	81,000.	1,601,804.	90.00%	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	MFMER	TRUST		683,797.	100.00%	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	FL	MFMER	TRUST		793,020.	70.00%	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	MI	MFMER	TRUST		2,019,132.	100.00%	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHARTERHOUSE, INC.	P	2,356,667.	GAAP
(2) CHARTERHOUSE, INC.	Q	34,002,926.	GAAP
(3) CHARTERHOUSE, INC.	R	1,328,101.	GAAP
(4) LUTHER LAKESIDE APARTMENTS, INC.	B	116,665.	GAAP
(5) LUTHER LAKESIDE APARTMENTS, INC.	Q	178,404.	GAAP
(6) MAYO CLINIC AMBULANCE	M	943,006.	GAAP

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)MAYO CLINIC AMBULANCE	P	10,219,682.	GAAP
(8)MAYO CLINIC AMBULANCE	Q	66,785,163.	GAAP
(9)MAYO CLINIC AMBULANCE	R	4,069,320.	GAAP
(10)MAYO CLINIC ARIZONA	C	1,009,100.	GAAP
(11)MAYO CLINIC ARIZONA	P	260,030,503.	GAAP
(12)MAYO CLINIC ARIZONA	Q	2,626,989,833.	GAAP
(13)MAYO CLINIC ARIZONA	R	97,011,795.	GAAP
(14)MAYO CLINIC ARIZONA	S	252,283.	GAAP
(15)MAYO CLINIC FLORIDA	P	218,633,386.	GAAP
(16)MAYO CLINIC FLORIDA	Q	901,087,995.	GAAP
(17)MAYO CLINIC FLORIDA	R	26,977,874.	GAAP
(18)MAYO CLINIC FLORIDA	S	1,536,355.	GAAP
(19)MAYO CLINIC HOSPITAL ROCHESTER	P	300,010,533.	GAAP
(20)MAYO CLINIC HOSPITAL ROCHESTER	Q	2,620,231,034.	GAAP
(21)MAYO CLINIC HOSPITAL ROCHESTER	R	113,849,371.	GAAP
(22)MAYO CLINIC JACKSONVILLE	B	161,946.	GAAP
(23)MAYO CLINIC JACKSONVILLE	C	453,186.	GAAP
(24)MAYO CLINIC JACKSONVILLE	P	140,775,927.	GAAP

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)MAYO CLINIC JACKSONVILLE	Q	1,530,085,830.	GAAP
(8)MAYO CLINIC JACKSONVILLE	R	52,967,946.	GAAP
(9)MAYO CLINIC JACKSONVILLE	S	640,231.	GAAP
(10)MAYO CLINIC UK LTD.	Q	24,005,933.	GAAP
(11)MAYO COLLABORATIVE SERVICES INC	L	31,899,014.	GAAP
(12)MAYO COLLABORATIVE SERVICES INC	M	38,851,778.	GAAP
(13)MAYO COLLABORATIVE SERVICES INC	P	7,740,741.	GAAP
(14)MAYO COLLABORATIVE SERVICES INC	Q	224,184,979.	GAAP
(15)MAYO COLLABORATIVE SERVICES INC	R	116,346.	GAAP
(16)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	B	1,460,976.	GAAP
(17)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	C	330,416.	GAAP
(18)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	P	10,695,590,073.	GAAP
(19)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	Q	1,081,479,420.	GAAP
(20)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	R	599,193.	GAAP
(21)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	S	427,807,119.	GAAP
(22)MC ALLIANCE, LTD	P	13,998,361.	GAAP
(23)MC ALLIANCE, LTD	Q	4,727,954.	GAAP
(24)MCHS FAIRMONT	L	590,362.	GAAP

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)MCHS FAIRMONT	P	12,752,808.	GAAP
(8)MCHS FAIRMONT	Q	74,666,378.	GAAP
(9)MCHS FAIRMONT	R	2,904,665.	GAAP
(10)MCHS FRANCISCAN MEDICAL CENTER, INC.	P	53,160,002.	GAAP
(11)MCHS FRANCISCAN MEDICAL CENTER, INC.	Q	619,218,762.	GAAP
(12)MCHS FRANCISCAN MEDICAL CENTER, INC.	R	24,553,689.	GAAP
(13)MCHS LAKE CITY	L	377,226.	GAAP
(14)MCHS LAKE CITY	P	4,615,955.	GAAP
(15)MCHS LAKE CITY	Q	37,743,314.	GAAP
(16)MCHS LAKE CITY	R	1,311,895.	GAAP
(17)MCHS NORTHWEST WISCONSIN REGION, INC.	B	168,470.	GAAP
(18)MCHS NORTHWEST WISCONSIN REGION, INC.	L	69,101.	GAAP
(19)MCHS NORTHWEST WISCONSIN REGION, INC.	M	1,201,002.	GAAP
(20)MCHS NORTHWEST WISCONSIN REGION, INC.	P	103,302,054.	GAAP
(21)MCHS NORTHWEST WISCONSIN REGION, INC.	Q	1,003,379,353.	GAAP
(22)MCHS NORTHWEST WISCONSIN REGION, INC.	R	48,492,222.	GAAP
(23)MCHS SOUTHEAST MINNESOTA REGION	L	4,011,613.	GAAP
(24)MCHS SOUTHEAST MINNESOTA REGION	M	226,391.	GAAP

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MCHS SOUTHEAST MINNESOTA REGION	P	60,824,087.	GAAP
(8) MCHS SOUTHEAST MINNESOTA REGION	Q	593,238,519.	GAAP
(9) MCHS SOUTHEAST MINNESOTA REGION	R	29,424,570.	GAAP
(10) MCHS SOUTHEAST MINNESOTA REGION	S	108,337.	GAAP
(11) MCHS SOUTHWEST MINNESOTA REGION	M	2,094,944.	GAAP
(12) MCHS SOUTHWEST MINNESOTA REGION	P	63,219,059.	GAAP
(13) MCHS SOUTHWEST MINNESOTA REGION	Q	726,162,969.	GAAP
(14) MCHS SOUTHWEST MINNESOTA REGION	R	28,161,079.	GAAP
(15) MCHS ST. JAMES	L	267,711.	GAAP
(16) MCHS ST. JAMES	P	4,134,529.	GAAP
(17) MCHS ST. JAMES	Q	23,827,154.	GAAP
(18) MCHS ST. JAMES	R	1,298,498.	GAAP
(19) RESOUNDANT, INC.	L	795,276.	GAAP
(20)			
(21)			
(22)			
(23)			
(24)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.



Mayo Clinic

Consolidated Financial Report and
Supplementary Information
Years Ended December 31, 2023 and 2022



Mayo Clinic

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Report of Independent Auditors

The Board of Trustees
Mayo Clinic

Opinion

We have audited the consolidated financial statements of Mayo Clinic (“the Clinic”), which comprise the consolidated statements of financial position as of December 31, 2023 and 2022, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Clinic at December 31, 2023 and 2022, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Clinic and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Clinic’s ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Clinic's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Clinic's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Information

Management is responsible for the other information. The other information comprises the Management Discussion and Analysis but does not include the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

Ernst & Young LLP

February 16, 2024



Consolidated Statements of Financial Position
December 31, 2023 and 2022 (In Millions)

	2023	2022
Assets		
Current assets:		
Cash and cash equivalents	\$ 80	\$ 64
Accounts receivable for medical services	1,976	1,842
Other receivables	787	759
Other current assets	391	386
Total current assets	3,234	3,051
Investments	18,834	17,256
Other long-term assets	3,428	3,631
Property, plant, and equipment, net	6,431	5,887
Total assets	\$ 31,927	\$ 29,825
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 847	\$ 752
Accrued payroll	873	849
Accrued employee benefits	181	176
Deferred revenue	65	64
Long-term variable-rate debt	620	620
Other current liabilities	491	470
Total current liabilities	3,077	2,931
Long-term debt, net of current portion	4,098	4,121
Accrued pension and postretirement benefits, net of current portion	813	819
Other long-term liabilities	2,303	2,083
Total liabilities	10,291	9,954
Net assets:		
Without donor restrictions	16,240	14,808
With donor restrictions	5,396	5,063
Total net assets	21,636	19,871
Total liabilities and net assets	\$ 31,927	\$ 29,825

See notes to consolidated financial statements.



Consolidated Statements of Activities
Years Ended December 31, 2023 and 2022 (In Millions)

	2023			2022		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue, gains, and other support:						
Medical service revenue	\$ 15,077	\$ —	\$ 15,077	\$ 13,781	\$ —	\$ 13,781
Grants and contracts	703	—	703	666	—	666
Investment return allocated to current activities	479	57	536	250	23	273
Contributions available for current activities	127	301	428	75	268	343
Other	1,200	—	1,200	1,227	—	1,227
Net assets released from restrictions	442	(442)	—	337	(337)	—
Total revenue, gains, and other support	18,028	(84)	17,944	16,336	(46)	16,290
Expenses:						
Salaries and benefits	9,667	—	9,667	9,170	—	9,170
Supplies and services	5,950	—	5,950	5,377	—	5,377
Depreciation and amortization	663	—	663	624	—	624
Facilities	388	—	388	350	—	350
Finance and investment	192	—	192	174	—	174
Total expenses	16,860	—	16,860	15,695	—	15,695
Income (loss) from current activities	1,168	(84)	1,084	641	(46)	595
Noncurrent and other items:						
Contributions not available for current activities, net	(17)	190	173	(22)	230	208
Unallocated investment return, net	788	227	1,015	(1,382)	(357)	(1,739)
Income tax expense	(41)	—	(41)	(23)	—	(23)
Benefit credit	344	—	344	175	—	175
Other	(162)	—	(162)	129	—	129
Total noncurrent and other items	912	417	1,329	(1,123)	(127)	(1,250)
Increase (decrease) in net assets before other changes in net assets	2,080	333	2,413	(482)	(173)	(655)
Pension and other postretirement benefit adjustments	(648)	—	(648)	2,859	—	2,859
Increase (decrease) in net assets	1,432	333	1,765	2,377	(173)	2,204
Net assets at beginning of year	14,808	5,063	19,871	12,431	5,236	17,667
Net assets at end of year	\$ 16,240	\$ 5,396	\$ 21,636	\$ 14,808	\$ 5,063	\$ 19,871

See notes to consolidated financial statements.



Consolidated Statements of Cash Flows
Years Ended December 31, 2023 and 2022 (In Millions)

	2023	2022
Cash flows from operating activities:		
Cash from medical services	\$ 14,016	\$ 12,827
Cash from external lab services	927	938
Cash from grants and contracts	671	658
Cash from benefactors	373	345
Cash from other activities	1,051	1,140
Cash for salaries and benefits	(9,576)	(8,822)
Cash for supplies, services, and facilities	(6,212)	(5,798)
Interest and dividends received	303	196
Interest paid	(173)	(144)
Income taxes paid	(62)	(33)
Net cash provided by operating activities	1,318	1,307
Cash flows from investing activities:		
Purchase of property, plant, and equipment	(1,164)	(1,177)
Purchases of investments	(13,766)	(7,711)
Sales and maturities from investments	13,467	6,838
Investment in unconsolidated entities	(9)	(10)
Net cash used in investing activities	(1,472)	(2,060)
Cash flows from financing activities:		
Restricted gifts, bequests, and other	213	208
Borrowing on long-term debt	—	807
Payment of long-term debt	(36)	(237)
Payment on leases	(7)	(7)
Net cash provided by financing activities	170	771
Net increase (decrease) in cash and cash equivalents	16	18
Cash and cash equivalents at beginning of year	64	46
Cash and cash equivalents at end of year	\$ 80	\$ 64

See notes to consolidated financial statements.

Notes to Consolidated Financial Statements (In Millions)

Note 1. Organization and Summary of Significant Accounting Policies

Organization: Mayo Clinic and its Arizona, Florida, Iowa, Minnesota, Wisconsin and international affiliates (the Clinic) provide comprehensive medical care and education in clinical medicine and medical sciences and conduct extensive programs in medical research. The Clinic also provides hospital and outpatient services, and at each major location, the clinical practice is closely integrated with advanced education and research programs. The Clinic and most of its subsidiaries have been determined to qualify as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code (the Code) and as a public charity under Section 509(a)(2) of the Code.

Basis of presentation: Included in the Clinic's consolidated financial statements are all of its wholly owned or wholly controlled subsidiaries. All significant intercompany transactions have been eliminated in consolidation. In addition, these statements follow generally accepted accounting principles applicable to the not-for-profit industry as described in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) *Topic 958, Not-for Profit Entities*.

Use of estimates: The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

New Accounting Standards:

Effective January 1, 2023, the Clinic adopted Financial Accounting Standards Board Accounting Standard Update (ASU) No. 2016-13, Financial Instruments - *Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. This ASU provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other documents to extend credit held by a reporting entity. The adoption of this ASU did not materially impact the consolidated financial statements.

Cash and cash equivalents: Cash and cash equivalents include currency on hand, demand deposits with banks or other financial institutions, and short-term investments with maturities of three months or less from the date of purchase, which are not managed by the Clinic's investment managers.

Accounts receivable for medical services: Accounts receivable for medical services are based upon the estimated amounts expected to be paid from patients and third-party payors.

Inventories: Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or net realizable value.

Investments: Investments in equity and debt securities, including alternative investments, are recorded at fair value (Notes 4 and 6). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Realized gains and losses are calculated based on the average cost method. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the consolidated statements of activities.

Notes to Consolidated Financial Statements (In Millions)

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Alternative investments (principally limited partnership interests in absolute return, hedge, private equity, real estate and natural resources funds) represent the Clinic's ownership interest in the respective partnership, which is valued at fair value based on net asset value (NAV) obtained from fund manager statements and historically audited financial statements. The investments in alternative investments may individually expose the Clinic to securities lending, short sales, and trading in futures and forward contract options and other derivative products. The Clinic's risk is limited to the investment's carrying value.

It is the Clinic's intent to maintain a long-term investment portfolio to support research, education and other activities. Accordingly, the total investment return is reported in the consolidated statements of activities in two categories. The investment return allocated to current activities is determined by a formula, which involves allocating five percent of a three-year moving average of investments related to endowments, and the matching of financing costs for the assets required for operations. Management believes this return is approximately equal to the real return that the Clinic expects to earn on its investments over the long term. The unallocated investment return, included in noncurrent and other items in the consolidated statements of activities, represents the difference between the total investment return and the amount allocated to current activities, net of investment costs.

Property, plant, and equipment: Property, plant, and equipment are carried at cost if purchased or at fair value on the date received through affiliation or donation, less accumulated depreciation. Plant and equipment are depreciated over their estimated useful lives, ranging from three to fifty years using the straight-line method. Depreciation expense includes amortization of assets recorded under capital leases.

Costs associated with the development and installation of internal-use software are accounted for in accordance with *Intangibles—Goodwill and Other, Internal-Use Software (Subtopic 350-40)* of the FASB ASC. Accordingly, internal-use software costs are expensed or capitalized and amortized according to the provisions of the accounting standard.

Leases: The Clinic determines if an arrangement is a lease at inception. Operating leases are included in other long-term assets, other current liabilities, and other long-term liabilities in the consolidated statements of financial position. Finance leases are included in property, plant, and equipment, other current liabilities, and other long-term liabilities in the consolidated statements of financial position.

Right-of-use (ROU) assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease. ROU assets and liabilities are recognized at the commencement date, based on the present value of lease payments over the lease term. As most of the leases do not provide an implicit rate, the Clinic uses an incremental borrowing rate based on the information available at the commencement date in determining the present value of lease payments. The implicit rate is used when readily determinable. The ROU asset also includes any lease payments made and excludes lease incentives. The lease term may include options to extend or terminate the lease when it is reasonably certain the Clinic will exercise the option.

The Clinic defines a short-term lease as any lease arrangement with a lease term of twelve months or less that does not include an option to purchase the underlying asset. Short-term lease payments are recognized as expense on a straight-line basis over the lease term and variable lease payments in the period in which the obligation is incurred.

The Clinic has lease arrangements with lease and non-lease components, which are generally accounted for separately, except the Clinic has elected the practical expedient to not separate non-lease components for real estate leases. Additionally, for certain equipment leases, the Clinic applies a portfolio approach to effectively account for the ROU assets and liabilities.

Notes to Consolidated Financial Statements (In Millions)

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Deferred revenue: Deferred revenue consists of payments received in advance for grant, subscription, and tuition revenue. Deferred revenues are subsequently recognized as revenue in accordance with the Clinic's revenue recognition policies.

Deferred compensation: The Clinic offers eligible employees a nonqualified, tax-deferred compensation retirement plan. Employees defer compensation into the plan on a pretax basis. The compensation deferred under this plan is credited with earnings and losses as determined by the rate of return on investments selected by the plan participants. Each participant is fully vested in all deferred compensation and those earnings credited to their individual accounts. The amounts deferred under this plan is an unsecured obligation of the Clinic. The balances are reflected in investments and other long-term liabilities in the consolidated statements of financial position. The related investment return is reported in unallocated investment return, net, with a corresponding gain/loss representing benefit expense/income reported in the other - noncurrent section of the consolidated statements of activities.

Asset retirement obligations: The Clinic accounts for the estimated cost of legal obligations associated with long-lived asset retirements in accordance with *Asset Retirement and Environmental Obligations (Topic 410)* of the FASB ASC. The asset retirement liability, recorded in other long-term liabilities, is accreted to the present value of the estimated future costs of these obligations at the end of each period.

Net assets: Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions - Net assets available for use in general operations and not subject to donor restrictions. The governing board has designated, from net assets without donor restrictions, net assets for an operating reserve and board-designated endowment.

Net Assets With Donor Restrictions - Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Gifts of long-lived assets and gifts of cash restricted for the acquisition on long-lived assets are recognized as revenue when received. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Medical service revenue: Medical service revenue is reported at the amount that reflects the consideration to which the Clinic expects to be entitled in exchange for providing patient care.

Grants and contracts: Reciprocal grants and contracts revenue is recognized when the expenses have been incurred for the purpose specified by the grantor or in accordance with the terms of the agreement. Contributed grants and contracts revenue is recorded as conditions are met or immediately if deemed an unconditional contribution. Grant and contract amounts due to the Clinic are included in other receivables.

Charity and uncompensated care: The Clinic provides health care services to patients who meet certain criteria under its Charity Care Policy without charge or at amounts less than established rates. Since the Clinic does not pursue collection of these amounts, they are not reported as revenue. The estimated cost of providing these services was \$58 and \$54 in 2023 and 2022, respectively, calculated by multiplying the ratio of cost to gross charges for the Clinic by the gross uncompensated charges associated with providing care to charity patients. In addition to the charges related to the direct patient care provided under the Clinic's Charity Care Policy, the Clinic has programs offered to benefit the broader community and other governmental reimbursement programs. The Clinic also participates in

Notes to Consolidated Financial Statements (In Millions)

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

various state Medicaid programs for indigent patients. The estimated unreimbursed cost of providing services related to Medicaid programs totaled \$624 and \$613 in 2023 and 2022, respectively.

Contributions: The Clinic classifies contributions that are available for current activities as revenue, based on the lack of specific donor restriction or the presence of donor restrictions and the ability of the Clinic to meet those restrictions within the year. Contributions of a perpetual nature or not available for current activities are classified in noncurrent and other items in the consolidated statements of activities. Development expenses of \$59 (\$42 allocated to current and \$17 allocated to noncurrent) and \$54 (\$32 allocated to current and \$22 allocated to noncurrent) were incurred in 2023 and 2022, respectively. The current portion is recorded in expenses, and the noncurrent portion is netted against contributions not available for current activities in the consolidated statements of activities. Unconditional promises to give and contributions are reported at fair value at the time of the gift. An allowance for uncollectible pledges receivable is estimated, based on a combination of historical experience and specific identification. Conditional promises to give are recognized at fair value when the barriers to entitlement are overcome or the possibility that a condition will not be met is remote.

The Clinic periodically receives works of art from various benefactors. These items are unique in nature and are held on display for the benefit and enjoyment of the Clinic's patients. It is the Clinic's policy to neither capitalize contributed works of art nor record the related contribution revenue.

Income from current activities: The Clinic's policy is to include in income from current activities all medical service and other revenue, grants and contracts, investment return allocated to current activities, contributions available for current activities, net assets released from restrictions, and substantially all expenses. Contributions not available for current activities, unallocated investment return, income tax expense, benefit credit, and those items not expected to recur on a regular basis are included in noncurrent and other items in the consolidated statements of activities.

Noncontrolling interest in subsidiaries: The Clinic attributed income of \$6 and \$33 for the years ended December 31, 2023 and 2022, respectively, to noncontrolling interests based on the ownership percentage of the noncontrolling interests in certain of the Clinic's consolidated subsidiaries. These amounts are recognized in net assets without donor restrictions on the consolidated statements of financial position. The balance in net assets without donor restrictions as of December 31, 2023 and 2022 was \$68.

Subsequent events: The Clinic evaluated events and transactions occurring subsequent to December 31, 2023 through February 16, 2024, the date of issuance of the consolidated financial statements. During this period, there were no subsequent events requiring recognition in the consolidated financial statements. Additionally, there were no unrecognized events requiring disclosure except as disclosed in Note 5.

Notes to Consolidated Financial Statements (In Millions)**Note 2. Liquidity and Availability**

Financial assets available for general expenditure within one year of the consolidated statement of financial position date are composed of the following at December 31:

	2023	2022
Cash and cash equivalents	\$ 80	\$ 64
Accounts receivable	1,976	1,842
Promises to give	325	319
Grants receivable	173	145
Other receivables	289	295
Investments	12,750	10,495
Total financial assets available within one year	<u>\$ 15,593</u>	<u>\$ 13,160</u>

As part of a liquidity management plan, the Clinic has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. Cash in excess of daily requirements is invested in short-term investments. In the event of an unanticipated liquidity need, the Clinic has \$300 of available lines of credit for working capital (see Note 9 - Financing).

The Clinic's endowment funds consist of donor-restricted endowments and funds designated by the board as endowment. Income from endowments is restricted for specific purposes. As described in Note 13 - Endowment, under the Clinic spending policy, \$303 from the endowments was available as of January 1, 2024 and \$280 from the endowments was available at January 1, 2023.

Note 3. Medical Service Revenue

Medical service revenue is reported at the amount that reflects the consideration to which the Clinic expects to be entitled in exchange for providing patient care. These amounts, representing transaction price, are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Clinic bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Clinic. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Clinic believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the Clinic's hospital receiving inpatient acute care services. The Clinic measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided and the Clinic does not believe it is required to provide additional goods or services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Clinic has elected to apply the optional exemption provided in *Revenue from Contracts with Customers (Topic 606-10-50-14(a))* and, therefore, is not required to disclose the aggregate amount of the

Notes to Consolidated Financial Statements (In Millions)

Note 3. Medical Service Revenue (Continued)

transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Clinic determines the transaction price based on standard charges for goods and services provided to patients, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Clinic's policy, and/or implicit price concessions based on historical collection experience.

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

- **Medicare:** Certain inpatient acute care services are paid at prospectively determined rates per discharge based on clinical, diagnostic, and other factors. Certain services are paid based on cost-reimbursement methodologies subject to certain limits. Physician services are paid based upon established fee schedules. Outpatient services are paid using prospectively determined rates.
- **Medicaid:** Reimbursements for Medicaid services are generally paid at prospectively determined rates per discharge, per occasion of service, or per covered member.
- **Other:** Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Clinic's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Clinic. In addition, the contracts that the Clinic has with commercial payors also provide for retroactive audit and review of claims.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Clinic also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Clinic estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured, based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to medical service revenue in the period of the change. For the years ended December 31, 2023 and 2022, revenue recognized due to changes in its estimates of transaction price concessions for performance obligations satisfied in prior years was \$12 and \$14, respectively. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended December 31, 2023 and 2022, was not significant.

Notes to Consolidated Financial Statements (In Millions)

Note 3. Medical Service Revenue (Continued)

Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the Clinic's historical settlement activity, including an assessment to ensure it is probable a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available) or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price for the years ended December 31, 2023 and 2022 were not significant. Receivables from third-party payors for final settlements was \$64 and \$60 for December 31, 2023 and 2022, respectively.

Patients who meet the Clinic's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts which are determined to qualify as charity care are not reported as revenue.

Notes to Consolidated Financial Statements (In Millions)

Note 3. Medical Service Revenue (Continued)

The composition of medical service revenue based on the regions of the country in which the Clinic operates, its lines of business, and timing of revenue recognition for the years ended December 31, 2023 and 2022, are as follows:

	Year Ended December 31, 2023			
	Midwest	Southeast	Southwest	Total
Hospital	\$ 5,583	\$ 1,271	\$ 1,566	\$ 8,420
Clinic	3,645	957	1,020	5,622
Senior Care and Nursing Home	15	—	—	15
Other	94	2	—	96
Total patient care service revenue	9,337	2,230	2,586	14,153
External lab	924	—	—	924
Total medical service revenue	<u>\$ 10,261</u>	<u>\$ 2,230</u>	<u>\$ 2,586</u>	<u>\$ 15,077</u>
Timing of revenue and recognition:				
At time services are rendered	\$ 4,663	\$ 959	\$ 1,020	\$ 6,642
Services transferred over time	5,598	1,271	1,566	8,435
Total	<u>\$ 10,261</u>	<u>\$ 2,230</u>	<u>\$ 2,586</u>	<u>\$ 15,077</u>

	Year Ended December 31, 2022			
	Midwest	Southeast	Southwest	Total
Hospital	\$ 5,210	\$ 1,089	\$ 1,294	\$ 7,593
Clinic	3,404	844	961	5,209
Senior Care and Nursing Home	15	—	—	15
Other	62	1	—	63
Total patient care service revenue	8,691	1,934	2,255	12,880
External lab	901	—	—	901
Total medical service revenue	<u>\$ 9,592</u>	<u>\$ 1,934</u>	<u>\$ 2,255</u>	<u>\$ 13,781</u>
Timing of revenue and recognition:				
At time services are rendered	\$ 4,367	845	961	\$ 6,173
Services transferred over time	5,225	1,089	1,294	7,608
Total	<u>\$ 9,592</u>	<u>\$ 1,934</u>	<u>\$ 2,255</u>	<u>\$ 13,781</u>

Hospital revenue includes a variety of services mainly covering inpatient procedures requiring overnight stays or outpatient operations that require anesthesia or use of complex diagnostic and surgical equipment, as well as emergency care for traumas and other critical conditions. Clinic revenue includes services mainly focused on the care of outpatients covering primary and specialty health care needs. The Clinic's practice is to record certain radiology, pathology, and other hospital related services in the Midwest region as clinic revenue in the amount of \$1,130 and \$1,024 for the years ended December 31, 2023 and 2022, respectively. Examples of revenue at the time services are rendered include clinical services, lab and transport, and services transferred over time include hospital and senior care revenue.

Notes to Consolidated Financial Statements (In Millions)**Note 3. Medical Service Revenue (Continued)**

The composition of medical service revenue by payor for the years ended December 31 is as follows:

	2023	2022
Medicare	\$ 4,029	\$ 3,634
Medicaid	561	565
Contract	8,853	7,916
Other, including self-pay	1,634	1,666
Total	<u>\$ 15,077</u>	<u>\$ 13,781</u>

The Clinic's practice is to assign a patient to the primary payor and not reflect other uninsured balances (for example, coinsurance and deductibles) as self-pay. Therefore, the payors listed above contain patient responsibility components, such as coinsurance and deductibles.

Financing component:

The Clinic has elected the practical expedient allowed under FASB ASU 2014-09, *Revenue from Contracts with Customers (Topic 606-10-32-18)* and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Clinic's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Clinic does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Note 4. Fair Value Measurements

The Clinic holds certain financial instruments that are required to be measured at fair value on a recurring basis. The valuation techniques used to measure fair value under the *Fair Value Measurement (Topic 820)* of the FASB ASC are based upon observable and unobservable inputs. The standard establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the same term of the financial instrument.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instruments categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The Clinic's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer. There were no significant transfers or activity within Levels for the years ended December 31, 2023 and 2022.

Notes to Consolidated Financial Statements (In Millions)

Note 4. Fair Value Measurements (Continued)

The following tables present the financial instruments carried at fair value as of December 31, 2023 and 2022, on the consolidated statements of financial position categorized by the valuation hierarchy and NAV:

	December 31, 2023				Total
	Level 1	Level 2	Level 3	NAV	Fair Value
Assets:					
Securities lending collateral	\$ 10	\$ —	\$ —	\$ —	\$ 10
Investments:					
Cash and cash equivalents	\$ 1,137	\$ 66	\$ —	\$ —	\$ 1,203
Fixed-income securities:					
U.S. government	\$ —	\$ 1,969	\$ —	\$ —	\$ 1,969
U.S. government agencies	\$ —	\$ 840	\$ —	\$ —	\$ 840
U.S. corporate	\$ —	\$ 918	\$ —	\$ —	\$ 918
Foreign	\$ —	\$ 51	\$ —	\$ —	\$ 51
Common and preferred stocks:					
U.S.	\$ 1,391	\$ —	\$ —	\$ —	\$ 1,391
Foreign	\$ 858	\$ —	\$ 20	\$ —	\$ 878
Funds:					
Fixed income	\$ 398	\$ —	\$ —	\$ —	\$ 398
Equities	\$ 1,107	\$ 716	\$ —	\$ —	\$ 1,823
Less securities under lending agreement	\$ (86)	\$ —	\$ —	\$ —	\$ (86)
Investments at NAV	\$ —	\$ —	\$ —	\$ 9,363	\$ 9,363
Total investments	\$ 4,805	\$ 4,560	\$ 20	\$ 9,363	\$ 18,748
Investments under securities lending agreement					
	\$ 86	\$ —	\$ —	\$ —	\$ 86
Other long-term assets:					
Trust receivables	\$ 69	\$ 29	\$ 120	\$ —	\$ 218
Technology-based ventures	\$ —	\$ —	\$ 268	\$ —	\$ 268
Total other long-term assets	\$ 69	\$ 29	\$ 388	\$ —	\$ 486
Total assets at fair value	\$ 4,970	\$ 4,589	\$ 408	\$ 9,363	\$ 19,330
Liabilities:					
Securities lending payable	\$ 10	\$ —	\$ —	\$ —	\$ 10
Total liabilities at fair value	\$ 10	\$ —	\$ —	\$ —	\$ 10

Notes to Consolidated Financial Statements (In Millions)

Note 4. Fair Value Measurements (Continued)

	December 31, 2022				Total
	Level 1	Level 2	Level 3	NAV	Fair Value
Assets:					
Securities lending collateral	\$ 3	\$ —	\$ —	\$ —	\$ 3
Investments:					
Cash and cash equivalents	1,258	72	—	—	1,330
Fixed-income securities:					
U.S. government	—	1,956	—	—	1,956
U.S. government agencies	—	711	—	—	711
U.S. corporate	—	836	—	—	836
Foreign	—	58	—	—	58
Common and preferred stocks:					
U.S.	942	—	—	—	942
Foreign	646	—	20	—	666
Funds:					
Fixed income	327	—	—	—	327
Equities	1,049	662	—	—	1,711
Less securities under lending agreement	(68)	—	—	—	(68)
Investments at NAV	—	—	—	8,719	8,719
Total investments	4,154	4,295	20	8,719	17,188
Investments under securities lending agreement	68	—	—	—	68
Other long-term assets:					
Trust receivables	65	27	112	—	204
Technology-based ventures	—	—	176	—	176
Total other long-term assets	65	27	288	—	380
Total assets at fair value	\$ 4,290	\$ 4,322	\$ 308	\$ 8,719	\$ 17,639
Liabilities:					
Securities lending payable	\$ 3	\$ —	\$ —	\$ —	3
Total liabilities at fair value	\$ 3	\$ —	\$ —	\$ —	3

The following is a description of the Clinic's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets and liabilities. Inputs are obtained from various sources, including market participants, dealers, and brokers. Level 3 primarily consists of trusts recorded at fair value based on the underlying value of the assets in the trust or discounted cash flow of the expected payment streams.

Notes to Consolidated Financial Statements (In Millions)

Note 4. Fair Value Measurements (Continued)

The trusts reported as Level 3 are primarily perpetual trusts managed by third parties invested in stocks, mutual funds, and fixed-income securities that are traded in active markets with observable inputs and, since the Clinic will never receive the trust assets, these perpetual trusts are reported as Level 3. In addition, technology-based ventures, composed primarily of shares in start-up companies, are recorded at fair value based on inputs relying on factors such as the financial performance of the company, sales performance, financial projections, sales projections, management representation, industry developments, market analysis, and any other pertinent factors that would affect the fair value or based on the quoted price of an otherwise identical unrestricted security of the same issuer, adjusted for the effect of the restriction.

The methods described above and those recorded at NAV may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Clinic believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The following information pertains to those alternative investments recorded at NAV in accordance with *Fair Value Measurement (Topic 820)* of the FASB ASC.

At December 31, 2023, alternative investments recorded at NAV consisted of the following:

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	\$ 4,254	\$ 388	Monthly to annually	30–90 days
Private partnerships (b)	5,109	2,043		
Total alternative investments	<u>\$ 9,363</u>	<u>\$ 2,431</u>		

At December 31, 2022, alternative investments recorded at NAV consisted of the following:

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	\$ 3,705	\$ 194	Monthly to annually	30–90 days
Private partnerships (b)	5,014	1,744		
Total alternative investments	<u>\$ 8,719</u>	<u>\$ 1,938</u>		

- (a) This category includes investments in absolute return/hedge funds, which are actively managed commingled investment vehicles that derive the majority of their returns from factors other than the directional flow of the markets in which they invest. Representative strategies include high-yield credit, distressed debt, merger arbitrage, relative value, and long-short equity strategies. The fair values of the investments in this category have been estimated using the NAV per share of the investments. Investments in this category generally carry “lockup” restrictions that do not allow investors to seek redemption in the first year after acquisition. Following the initial lockup period, liquidity is generally available monthly, quarterly, or annually following a redemption request. Over 90 percent of the investments in this category have at least annual liquidity.

Notes to Consolidated Financial Statements (In Millions)

Note 4. Fair Value Measurements (Continued)

- (b) This category includes limited partnership interests in closed-end funds that focus on venture capital, private equity, real estate, and resource-related strategies. The fair values of the investments in this category have been estimated using the NAV of the Clinic's ownership interest in partners' capital. Distributions from each fund will be received as the underlying investments of the funds are liquidated. It is estimated that the underlying assets of most funds will generally be liquidated over a seven- to ten-year period.

From time to time, the Clinic invests directly in certain derivative contracts that do not qualify for hedge accounting and are recorded at fair value in investments. Changes in fair value are reported as a component of net unrealized gains or losses in the investment returns. These contracts are used in the Clinic's investment management program to minimize certain investment risks. During the years ended December 31, 2023 and 2022, the realized and unrealized loss from derivative contracts was not significant.

The Clinic uses various external investment managers to diversify the investments. The largest allocation to any investment strategy manager as of December 31, 2023 and 2022 was \$881 (6.3 percent) and \$801 (6.3 percent), respectively.

The Clinic is required to maintain funds held by trustees under bond indentures and other arrangements. The trustee-held investments, which primarily consist of mutual funds, were \$1,142 and \$976, respectively, at December 31, 2023 and 2022, which includes segregated investments for deferred compensation plans of \$1,129 and \$929 at December 31, 2023 and 2022, respectively.

At December 31, 2023 and 2022, cash and mutual funds included segregated investments owned by Mayo Foundation for Medical Education and Research, a wholly owned subsidiary of the Clinic, for gift annuity reserves of \$116 and \$101, respectively.

The Clinic had internally designated investment balances of \$3,181 and \$2,978 at December 31, 2023 and 2022, respectively, for research, education, and capital replacement and expansion.

Notes to Consolidated Financial Statements (In Millions)**Note 5. Investments in Unconsolidated Entities**

The Clinic holds certain investments in unconsolidated entities accounted for in accordance with FASB Subtopic 323, *Investments - Equity Method and Joint Ventures*. The investments are presented as other long-term assets in the consolidated statements of financial position. The Clinic's interest in the investment income is reflected in the accompanying consolidated statements of operations.

The following table presents investments in unconsolidated entities:

	Ownership Percentage as of December 31, 2023	Carrying Value as of December 31, 2023	Carrying Value as of December 31, 2022
Sheikh Shakhbout Medical City	25%	\$ 157	\$ 155
Other investees	Various	\$ 7	\$ 59

The Clinic entered into a joint venture agreement with Abu Dhabi Health Services Company PJSC (SEHA) to operate Sheikh Shakhbout Medical City (SSMC), a 741-bed hospital in the United Arab Emirates in November 2019. In addition to the joint venture agreement, the Clinic entered into a hospital expertise agreement, brand license agreement, and research contribution agreement with SSMC. The joint venture had an initial commitment period of twenty years which would have been extended by ten years if neither party terminated at the conclusion of the initial commitment period. The Clinic had a \$150 conditional pledge from Sheikh Shakhbout Medical City at December 31, 2023 and 2022. SEHA has agreed to acquire the Clinic's interest in SSMC with the transaction successfully closing in the first quarter of 2024. As part of this transaction, the parties also terminated the joint venture and related agreements.

The summarized financial position and results of operations for significant entities accounted for under the equity method as of and for the years ended consisted of the following:

	2023	2022
As of December 31		
Total assets	\$ 842	\$ 920
Total liabilities	\$ 236	\$ 222
Partners equity/net assets	\$ 842	\$ 698
Year Ended December 31		
Total revenue	\$ 586	\$ 524
Gain (loss) from current activities	\$ 4	\$ (64)

Note 6. Securities Lending

The Clinic has an arrangement with its investment custodian to lend Clinic securities to approved brokers in exchange for a fee. Among other provisions that limit the Clinic's risk, the securities lending agreement specifies that the custodian is responsible for lending securities and obtaining adequate collateral from the borrower. Collateral is limited to cash, government securities, and irrevocable letters of credit. Investments are loaned to various brokers and are returnable on demand. In exchange, the Clinic receives collateral. The cash collateral is shown as both an asset and a liability on the consolidated statements of financial position.

Notes to Consolidated Financial Statements (In Millions)

Note 6. Securities Lending (Continued)

At December 31, 2023 and 2022, the aggregate market value of securities on loan under securities lending agreements totaled \$86 and \$68, respectively, and the total value of the collateral supporting the securities was \$90 and \$70, respectively, which represents 104% and 103% of the value of the securities on loan at December 31, 2023 and 2022. The cash portion of the collateral supporting the securities as of December 31, 2023 and 2022 was \$10 and \$3, respectively. The cash portion is presented in other current assets and other current liabilities in the consolidated statements of financial position. Noncash collateral provided to the Clinic is not recorded in the consolidated statements of financial position, as the collateral may not be sold or repledged. The Clinic's claim on such collateral is limited to the market value of loaned securities. In the event of nonperformance by the other parties to the securities lending agreements, the Clinic could be exposed to a loss.

Note 7. Property, Plant, and Equipment, Net

Property, plant, and equipment, net, at December 31 consisted of the following:

	2023	2022
Land	\$ 589	\$ 580
Buildings and improvements	7,663	7,322
Furniture and equipment	4,693	4,633
	12,945	12,535
Accumulated depreciation and amortization	(7,618)	(7,414)
	5,327	5,121
Construction in progress	1,104	766
Total property, plant, and equipment	\$ 6,431	\$ 5,887

The above costs and accumulated depreciation include costs for capitalized software, including costs capitalized in accordance with *Intangibles—Goodwill and Other, Internal-Use Software (Topic 350)* of the FASB ASC. The total cost for capitalized software was \$771 and \$893 at December 31, 2023 and 2022, respectively. The total accumulated amortization was \$582 and \$647 at December 31, 2023 and 2022, respectively. Amortization expense for capitalized software was \$67 and \$74 for 2023 and 2022, respectively.

Note 8. Income Taxes

Most of the income received by the Clinic and its subsidiaries is exempt from taxation under Section 501(a) of the Internal Revenue Code. Some of its subsidiaries are taxable entities, and some of the income received by otherwise exempt entities is subject to taxation as unrelated business income. The Clinic and its subsidiaries file income tax returns in the U.S., including federal and various state returns, as well as certain foreign jurisdictions. The statutes of limitations for tax years 2020 through 2022 remain open in major U.S. taxing jurisdictions in which the Clinic and subsidiaries are subject to taxation.

The Internal Revenue Service (IRS) performed an examination of the tax and information returns of the Clinic and two subsidiaries and ultimately assessed \$12 in taxes for years 2003-2012. The results of this audit were litigated in the U.S. District Court. On August 6, 2019, the Court issued a summary judgment in favor of the Clinic. The IRS appealed this decision and on May 13, 2021, the Eighth Circuit Court of Appeals reversed the summary judgment and remanded the case to the U.S. District Court for trial. The case was tried in 2022 and the U.S. District Court issued a judgment in favor of the Clinic on December 9, 2022. The IRS disagreed with this ruling and filed an appeal with the Eighth Circuit Court of Appeals on September 1, 2023. A Request for Oral Argument was filed with the Court, but no date for the hearing has

Notes to Consolidated Financial Statements (In Millions)

Note 8. Income Taxes (Continued)

been assigned. No adjustment has been made to unrecognized tax benefits as the issue has not been definitively resolved at this time.

The Clinic has reduced the reserve for uncertain tax positions by \$2, including interest and penalties, during the year ended December 31, 2023. As of December 31, 2023 and 2022, the reserve totaled \$9 and \$11, respectively. It is not anticipated that a significant change in the reserve will occur over the next 12 months.

The Clinic's practice is to recognize interest and/or penalties related to income tax matters in income tax expense. The components of tax expense are as follows:

	Year ended December 31	
	2023	2022
Current—federal	\$ 28	\$ 23
Current—state	7	6
	35	29
Deferred—U.S. domestic	6	(6)
Total	\$ 41	\$ 23

Cash payments for income taxes were \$62 and \$33 for the years ended December 31, 2023 and 2022, respectively.

The Clinic records deferred income taxes due to temporary differences between financial reporting and tax reporting for certain assets and liabilities of its taxable activities. The following is a summary of the components of deferred taxes as of December 31:

	2023	2022
Deferred compensation	\$ 9	\$ 9
Pension	—	—
Postretirement benefits	1	2
Net operating loss	2	6
Other	4	6
Total deferred tax asset	16	23
Deferred tax liability	(2)	(2)
Valuation allowance	(10)	(10)
Net deferred tax asset	\$ 4	\$ 11

The Clinic had federal net operating losses of \$11 and \$20 at December 31, 2023 and 2022, respectively.

The Tax Cuts and Jobs Act (TCJA), enacted on December 22, 2017 repealed Net Operating Loss (NOL) carrybacks while permitting indefinite carryforwards. The Coronavirus Aid, Relief and Economic Security Act enacted on March 27, 2020 temporarily suspended TCJA repeal of NOL carrybacks allowing for NOLs arising in tax years beginning after December 31, 2017 and before January 1, 2021 to be carried back to the five taxable years preceding the taxable year of such loss. During 2023 the Clinic was able to utilize

Notes to Consolidated Financial Statements (In Millions)

Note 8. Income Taxes (Continued)

\$9 of the NOLs arising in tax years beginning after December 31, 2018 and before January 1, 2022. Of the remaining NOLS, \$11 will be carried forward.

Notes to Consolidated Financial Statements (In Millions)

Note 9. Financing

Long-term debt at December 31 consisted of the following:

		2023	2022
City of Rochester, Minnesota Revenue Bonds issued in various series, subject to variable interest rates to a maximum rate of 15.00% (the average rate was 3.47% in 2023 and 1.27% in 2022), principal due in varying amounts from 2028 through 2052	Variable	\$ 545	\$ 545
City of Rochester, Minnesota Revenue Bonds originally issued at variable interest rate, converted in 2017 to fixed interest rate of 2.20% based on a provision to increase the rate if the federal tax rate is decreased, the rate has been adjusted to 2.67% effective January 1, 2018 through 2027, principal due in varying amounts from 2022 through 2032	Fixed	127	163
City of Rochester, Minnesota Revenue Bonds originally issued with fixed interest rate of 4.74%, converted in 2020 to fixed interest rate of 1.54% until 2030, principal due in varying amounts from 2033 through 2038	Fixed	130	130
City of Rochester, Minnesota Revenue Bonds issued in various series with fixed rate of interest of 4.00%, principal due in varying amounts from 2044 through 2048	Fixed	200	200
City of Rochester, Minnesota Health Care Facilities Revenue Refunding Bonds, series 2016B, issued with fixed interest rate of 5.00%, an effective rate of 2.97% in 2023 and 2022 after amortization of premium, principal due in varying amounts from 2029 through 2036 (unamortized premium of \$42 in 2023 and \$46 in 2022)	Fixed	220	220
City of Rochester, Minnesota Health Care Facilities Revenue Bonds, series 2022, issued in various series with fixed interest rates ranging from 3.25% to 5.00%, an effective rate of 3.74% in 2023 and 2022 after amortization of premium principal due in varying amounts from 2039 through 2057 (unamortized net premium of \$16 in 2023 and 2022)	Fixed	289	289
Industrial Development Authority of the City of Phoenix, Arizona issued in various series, subject to variable interest rates to a maximum rate of 10.00% (the average rate was 3.51% in 2023 and 0.96% in 2022), principal due in varying amounts from 2048 through 2052	Variable	180	180
City of Jacksonville, Florida Health Care Facilities Revenue Refunding Bonds, series 2016, issued in various series, subject to variable interest rates to a maximum rate of 10.00% (the average rate was 3.55% in 2023 and 1.32% in 2022), principal due in varying amounts from 2033 through 2047	Variable	125	125
Mayo Clinic Taxable Bonds issued with fixed interest rates ranging from 3.20% to 4.13%, principal due in varying amounts from 2039 through 2061	Fixed	1,450	1,450
Fixed-rate notes and bonds, payable to financial companies, interest rates at 1.80% to 4.71%, principal due in varying amounts from 2025 through 2062	Fixed	1,115	1,115
The Industrial Development Authority of the City of Phoenix, Arizona Health Care Facilities Revenue Bonds, series 2022, issued in various series with fixed interest rates ranging from 3.75% to 4.00%, an effective rate of 3.80% in 2023 and 2022 after amortization of premium, principal due in varying amounts from 2053 to 2057 (unamortized net premium of \$3 in 2023 and 2022)	Fixed	298	298
Other notes payable		11	12
Unamortized discounts and premiums, net		61	66
Debt issuance cost		(15)	(16)
		4,736	4,777
Long-term variable-rate debt classified as current		(620)	(620)
Current maturities included in other current liabilities		(18)	(36)
Long-term debt, net of current portion		\$ 4,098	\$ 4,121

Notes to Consolidated Financial Statements (In Millions)

Note 9. Financing (Continued)

The Clinic's outstanding revenue bond issues are limited obligations of various issuing authorities payable solely by the Clinic pursuant to loan agreements between the borrowing entities and the issuing authorities. Under various financing agreements, the Clinic must meet certain operating and financial performance covenants.

At December 31, 2023, the \$850 of variable-rate bonds consisted of variable-rate demand revenue bonds. In conjunction with the issuance of the variable-rate demand revenue bonds, the Clinic has entered into various bank standby purchase and credit agreements in the amount of \$230 which will expire in January 2025. Under the terms of these agreements, the bank will make liquidity loans to the Clinic in the amount necessary to purchase a portion of the variable-rate demand revenue bonds if not remarketed. The liquidity loans would be payable over a three- to five-year period, with the first payment due after December 31, 2024. The Clinic has provided self-liquidity for the remaining \$620 of variable-rate demand revenue bonds, which have been classified as current in the accompanying consolidated statements of financial position.

The \$220 fixed-rate revenue bonds Series 2016B are not callable. The remaining fixed-rate interest revenue bonds are callable from 2024 to 2058 at the option of the Clinic, at a redemption price of 100 percent of the principal amount or at a price based on U.S. Treasury rates at the time of redemption.

On April 12, 2022 the Clinic issued fixed rate bonds in the amount of \$587 (\$200 refunding and \$387 new debt issuance) at various coupon rates yielding 3.76 percent to maturity. The bonds are due in 2057 and the new debt will be used for construction projects.

On May 5, 2022, the Clinic entered into a private placement debt agreement with an insurance company for \$200 at 3.26 percent maturing in 2058. The funds will be used for general corporate purposes.

The following are scheduled maturities of long-term debt for each of the next five years, assuming the variable-rate demand revenue bonds are remarketed and the standby purchase agreements are renewed. As described above, if such bonds are not remarketed, \$620 may be due in 2024 and \$230 may be due in years from 2025 to 2029.

Years ending December 31:

2024	\$	18
2025		105
2026		5
2027		105
2028		45

Interest payments on long-term debt, net of amounts capitalized for 2023 and 2022, totaled \$154 and \$132, respectively. The amount of interest capitalized, net of related interest income, was \$12 and \$8 during 2023 and 2022. Interest expense totaled \$157 and \$144 for 2023 and 2022, respectively.

At December 31, 2023 and 2022, the Clinic had unsecured lines of credit available with banks that totaled \$530, with varying renewable terms and interest up to 2.50 percent over various published rates. There were no amounts drawn during the years ended December 31, 2023 and 2022.

Notes to Consolidated Financial Statements (In Millions)

Note 10. Leases

At December 31, 2023 and 2022, the Clinic had operating and finance leases for facilities and certain equipment with lease terms ranging from 1 to 20 years, with some options to extend up to five years or terminate within one year.

Total lease expense for the years ended December 31 consisted of the following:

	2023	2022
Operating lease expense	\$ 30	\$ 34
Finance lease expense:		
Amortization of right-of-use assets	\$ 6	\$ 6
Interest on lease liabilities	1	1
Total finance lease expense	\$ 7	\$ 7
Short-term lease expense	\$ 48	\$ 28

Consolidated supplemental cash flow information related to leases as of December 31 consisted of the following:

	2023	2022
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows for operating leases	\$ 57	\$ 60
Operating cash flows for finance leases	\$ 1	\$ 1
Financing cash flows for finance leases	\$ 7	\$ 7
Right-of-use assets obtained in exchange for lease obligations:		
Operating leases	\$ 25	\$ 18
Finance leases	\$ 24	\$ 4

Consolidated supplemental statement of financial position information related to leases as of the years ended December 31 consisted of the following:

	2023	2022
Operating leases:		
Right-of-use assets	\$ 122	\$ 141
Other current liabilities	\$ 22	\$ 23
Other long-term liabilities	127	123
Total operating lease liabilities	\$ 149	\$ 146

Notes to Consolidated Financial Statements (In Millions)

Note 10. Leases (Continued)

	2023	2022
Finance leases:		
Property, plant, and equipment, gross	\$ 76	\$ 57
Accumulated depreciation	38	36
Property, plant, and equipment, net	<u>\$ 38</u>	<u>\$ 21</u>
Other current liabilities	\$ 9	\$ 6
Other long-term liabilities	27	—
Total finance lease liabilities	<u>\$ 36</u>	<u>\$ 6</u>
Weighted average remaining lease years:		
Operating leases	8.94	9.22
Finance leases	5.39	4.14
Weighted average discount rate:		
Operating leases	3.44 %	3.35 %
Finance leases	3.38 %	2.98 %
Maturities of lease liabilities for the next five years and thereafter consist of the following:		
	Operating	Finance
2024	\$ 30	\$ 10
2025	23	7
2026	21	6
2027	19	5
2028	17	5
Thereafter	68	6
Minimum lease payments	<u>178</u>	<u>39</u>
Less amount representing interest	29	3
Net minimum lease payments	<u>\$ 149</u>	<u>\$ 36</u>

Mayo Clinic**Notes to Consolidated Financial Statements (In Millions)**

Note 11. Board-Designated Funds

Board-designated funds are subject to expenditure for the following purposes for the years ended December 31:

	2023	2022
Research	\$ 1,581	\$ 1,498
Education	327	312
Buildings and equipment	3	3
Charity care	13	12
Clinical	164	162
Other	1,093	991
Total designation for specified purpose	<u>\$ 3,181</u>	<u>\$ 2,978</u>

At December 31, board designated funds were classified as follows:

	2023	2022
Quasi-endowments	\$ 2,967	\$ 2,830
Professional liability reserve	185	119
Other	\$ 29	\$ 29
Total	<u>\$ 3,181</u>	<u>\$ 2,978</u>

Notes to Consolidated Financial Statements (In Millions)**Note 12. Net Assets with Donor Restrictions**

The Clinic receives contributions in support of research, education, and clinical activities. Net assets with donor restrictions were available for the following purposes at December 31:

	2023	2022
Subject to expenditure for specified purposes:		
Research	\$ 686	\$ 582
Education	59	59
Buildings and equipment	180	245
Charity care	32	30
Clinical	89	74
Other	38	30
Total expenditure for specified purposes	1,084	1,020
Subject to passage of time:		
Pledges and trusts	682	642
Endowments:		
Perpetual in nature:		
Research	1,263	1,233
Education	355	304
Charity care	14	14
Clinical	224	222
Other	50	31
Pledges and trusts	269	270
Total perpetual in nature	2,175	2,074
Subject to endowment spending policy:		
Research	824	745
Education	370	342
Charity care	52	48
Clinical	166	152
Other	43	40
Total subject to endowment spending policy	1,455	1,327
Total endowments	3,630	3,401
Total net assets with donor restrictions	\$ 5,396	\$ 5,063

Notes to Consolidated Financial Statements (In Millions)**Note 12. Net Assets with Donor Restrictions (Continued)**

Net assets were released from donor restrictions as expenditures were made, which satisfied the following restricted purposes for the years ended December 31:

	2023	2022
Research	\$ 200	\$ 180
Education	30	25
Buildings and equipment	181	36
Other	31	96
Total net assets released from donor restrictions	<u>\$ 442</u>	<u>\$ 337</u>

Note 13. Endowment

The Clinic's endowment consists of approximately 2,400 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments (quasi-endowments). Net assets associated with endowment funds, including quasi endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The Board of Trustees retains the right to re-designate quasi endowments for other purposes.

The Board of Trustees of the Clinic has interpreted the Minnesota State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Clinic retains in perpetuity: (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the perpetual endowment, and (c) accumulations to the perpetual endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

In accordance with SPMIFA, the Clinic considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

1. The duration and preservation of the fund
2. The purposes of the Clinic and the donor-restricted endowment fund
3. General economic conditions
4. The possible effects of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the Clinic
7. The investment policies of the Clinic

The Clinic has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment, while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Clinic must hold in perpetuity or for a donor-specified period(s), as well as quasi-endowments. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of at least five percent over the long term. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, the Clinic relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Clinic targets a diversified asset allocation that places a greater

Notes to Consolidated Financial Statements (In Millions)

Note 13. Endowment (Continued)

emphasis on equity-based and alternative investments to achieve its long-term objective within prudent risk constraints.

The Clinic has a policy of appropriating for distribution each year five percent of its endowment fund's moving average fair value over the prior 36 months as of September 30 of the preceding year in which the distribution is planned. In establishing this policy, the Clinic considered the long-term expected return on its endowment. Accordingly, over the long term, the Clinic expects the current spending policy to allow its endowment to grow at an average of the long-term rate of inflation. This is consistent with the Clinic's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specific term, as well as to provide additional real growth through new gifts and investment return.

At December 31, 2023, the endowment net asset composition by type of fund consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted funds	\$ —	\$ 3,630	\$ 3,630
Quasi-endowments	2,967	—	2,967
Total funds	<u>\$ 2,967</u>	<u>\$ 3,630</u>	<u>\$ 6,597</u>

Changes in endowment net assets for the year ended December 31, 2023, consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	\$ 2,830	\$ 3,401	\$ 6,231
Investment return:			
Investment income	39	44	83
Net appreciation (realized and unrealized)	204	225	429
Total investment return	243	269	512
Contributions	—	102	102
Appropriation of endowment assets for expenditure	(167)	(142)	(309)
Other changes:			
Transfers to create quasi-endowments	61	—	61
Endowment net assets, end of year	<u>\$ 2,967</u>	<u>\$ 3,630</u>	<u>\$ 6,597</u>

Notes to Consolidated Financial Statements (In Millions)**Note 13. Endowment (Continued)**

At December 31, 2022, the endowment net asset composition by type of fund consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted funds	\$ —	\$ 3,401	\$ 3,401
Quasi-endowments	2,830	—	2,830
Total funds	<u>\$ 2,830</u>	<u>\$ 3,401</u>	<u>\$ 6,231</u>

Changes in endowment net assets for the year ended December 31, 2022, consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	<u>\$ 3,218</u>	<u>\$ 3,722</u>	<u>\$ 6,940</u>
Investment return:			
Investment income	32	34	66
Net depreciation (realized and unrealized)	(330)	(356)	(686)
Total investment return	<u>(298)</u>	<u>(322)</u>	<u>(620)</u>
Contributions	<u>—</u>	<u>128</u>	<u>128</u>
Appropriation of endowment assets for expenditure	<u>(146)</u>	<u>(127)</u>	<u>(273)</u>
Other changes:			
Transfers to create quasi endowments	56	—	56
Endowment net assets, end of year	<u>\$ 2,830</u>	<u>\$ 3,401</u>	<u>\$ 6,231</u>

Note 14. Promises to Give

At December 31, outstanding pledges from various corporations, foundations, and individuals, included in other receivables and other long-term assets, were as follows:

	2023	2022
Pledges due:		
In less than one year	\$ 325	\$ 319
In one to five years	311	367
In more than five years	65	64
	<u>701</u>	<u>750</u>
Allowance for uncollectible pledges and discounts	<u>(30)</u>	<u>(38)</u>
Total	<u>\$ 671</u>	<u>\$ 712</u>

Notes to Consolidated Financial Statements (In Millions)

Note 14. Promises to Give (Continued)

Estimated cash flows from pledge receivables due after one year are discounted using a risk-adjusted rate, ranging from 1 percent to 6 percent, that is commensurate with the pledges due dates and established in the year the pledge is received.

The Clinic has received interests in various trusts, primarily split-interest, which are included in other long-term assets. The trusts are recorded at fair value, based on the underlying value of the assets in the trust or discounted cash flow using a risk-adjusted discount rate of 5.77 percent and 3.12 percent at December 31, 2023 and 2022, respectively. During the years ended December 31, 2023 and 2022, there were no contributions recorded related to the split-interest trusts. The balance of the expected payment streams was \$218 and \$204 at December 31, 2023 and 2022, respectively.

Note 15. Functional Expenses

The consolidated financial statements present certain expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Benefits and payroll taxes are allocated based on factors of either salary expense or hours worked. Overhead costs that include professional services, office expenses, information technology, interest, insurance, and other similar expenses are allocated based on a variety of factors, including revenues, hours worked, and salary expense. Costs related to space, including occupancy, depreciation and amortization, and property taxes, are allocated on a square footage basis.

The expenses reported in the consolidated statements of activities for the years ended December 31, 2023 and 2022 supported the following programs and functions:

2023								
	Patient care	Lab and technology ventures	Research	Graduate and other education	General and administrative	Development expenses	Other activities	Total expenses
Salaries and benefits	\$ 7,982	\$ 190	\$ 728	\$ 392	\$ 290	\$ 28	\$ 57	\$ 9,667
Supplies and services	4,231	1,132	299	94	46	12	136	5,950
Depreciation and amortization	552	8	69	13	16	1	4	663
Facilities	311	6	20	14	34	1	2	388
Finance and investment	168	10	20	2	2	—	(10)	192
Total	\$ 13,244	\$ 1,346	\$ 1,136	\$ 515	\$ 388	\$ 42	\$ 189	\$ 16,860

2022								
	Patient care	Lab and technology ventures	Research	Graduate and other education	General and administrative	Development expenses	Other activities	Total expenses
Salaries and benefits	\$ 7,664	\$ 197	\$ 690	\$ 343	\$ 210	\$ 19	\$ 47	\$ 9,170
Supplies and services	3,789	1,073	280	72	62	11	90	5,377
Depreciation and amortization	512	8	69	10	22	1	2	624
Facilities	268	5	18	12	44	1	2	350
Finance and investment	152	9	18	2	2	—	(9)	174
Total	\$ 12,385	\$ 1,292	\$ 1,075	\$ 439	\$ 340	\$ 32	\$ 132	\$ 15,695

Notes to Consolidated Financial Statements (In Millions)

Note 16. Employee Benefit Programs

The Clinic serves as plan sponsor for several defined benefit pension funds and other postretirement benefits.

Included in other changes in unrestricted net assets at December 31, 2023 and 2022, are the following amounts, respectively, that have not yet been recognized in net periodic cost: unrecognized actuarial losses of \$620 and \$137 and unrecognized prior service benefit of \$102 and \$63. Actuarial losses are amortized as a component of net periodic pension cost, only if the losses exceed ten percent of the greater of the projected benefit obligation or the fair value of plan assets. Unrecognized prior service benefits are amortized on a straight-line basis over the estimated life of plan participants.

Changes in plan assets and benefit obligations recognized in unrestricted net assets during 2023 and 2022 included the following:

	2023	2022
Current-year actuarial (loss) gain	\$ (482)	\$ 2,659
Amortization of actuarial loss	(1)	246
Current-year prior service cost	(116)	—
Amortization of prior service credit	(49)	(46)
Pension and other postretirement benefit adjustments	<u>\$ (648)</u>	<u>\$ 2,859</u>

Pension plans:

Obligations and funded status: The following is a summary of the changes in the benefit obligation and plan assets, the resulting funded status of the qualified and nonqualified pension plans, and accumulated benefit obligation as of and for the years ended December 31:

	2023	2022
Change in projected benefit obligation:		
Benefit obligation, beginning of year	\$ 7,809	\$ 12,194
Service cost	383	690
Interest cost	436	370
Actuarial loss (gain)	572	(4,381)
Benefits paid	(424)	(1,058)
Plan amendments	113	—
Settlements	—	(6)
Estimated benefit obligation at end of year	<u>\$ 8,889</u>	<u>\$ 7,809</u>
Change in plan assets:		
Fair value of plan assets, beginning of year	\$ 9,965	\$ 11,903
Actual return on plan assets	878	(1,188)
Employer contributions	283	314
Benefits paid	(424)	(1,058)
Settlements	—	(6)
Fair value of plan assets at end of year	<u>\$ 10,702</u>	<u>\$ 9,965</u>

Notes to Consolidated Financial Statements (In Millions)

Note 16. Employee Benefit Programs (Continued)

	2023	2022
Funded status of the plans	\$ 1,813	\$ 2,156
Accumulated benefit obligation	\$ (8,094)	\$ (7,361)

Amounts recognized in the consolidated statements of financial position consist of the following at December 31:

	2023	2022
Noncurrent assets	\$ 1,814	\$ 2,164
Noncurrent liabilities	\$ (1)	\$ (8)
Net amount recognized	\$ 1,813	\$ 2,156

Components of net periodic benefit cost are as follows for the years ended December 31:

	2023	2022
Service cost	\$ 383	\$ 690
Interest cost	436	370
Expected return on plan assets	(778)	(781)
Amortization of unrecognized:		
Prior service benefit	(50)	(50)
Net actuarial loss	—	226
Settlement	—	2
Net periodic benefit cost	\$ (9)	\$ 457

Plan assets: The largest of the pension funds is the Mayo Clinic Master Retirement Trust Plan, which holds \$10,574 of the \$10,702 in combined plan assets at December 31, 2023, and \$9,864 of the \$9,965 in combined plan assets at December 31, 2022. The investment policies described below apply to the Mayo Clinic Master Retirement Trust Plan (the Plan).

The Plan employs a global, multi-asset approach in managing its retirement plan assets. This approach is designed to maximize risk-adjusted returns over a long-term investment horizon, consistent with the nature of the pension liabilities being funded. The plan asset portfolio's target allocation for total return investment strategies, which include public equities, private equities, absolute return, and real assets, is 82.5 percent. The portfolio's target fixed-income exposure is 17.5 percent. The fixed-income exposure may include the use of long-term interest rate swap contracts structured to increase the portfolio's interest rate sensitivity and thereby provide a hedge of the plan liabilities resulting from falling long-term interest rates. Investments in private equities, real assets, and absolute return strategies are held to improve diversification and thereby enhance long-term, risk-adjusted returns. However, recognizing that these investments are not as liquid as publicly traded stocks and bonds, portfolio investment policies limit overall exposure to these assets. The portfolio's allocation to private equities and real assets is limited to a maximum of 35 percent (with a target allocation of 25 percent), and exposure to absolute return strategies is limited to a maximum of 30 percent (with a target of 25 percent). The Clinic reviews performance, asset allocation, and risk management reports for plan asset portfolios on a monthly basis.

Notes to Consolidated Financial Statements (In Millions)**Note 16. Employee Benefit Programs (Continued)**

The fair values of the Plan's assets at December 31, 2023, by asset category, are as follows:

Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	NAV	Total
Cash and cash equivalents	\$ 208	\$ 23	\$ —	\$ —	\$ 231
Fixed income securities:					
U.S. government	—	110	—	—	110
U.S. government agencies	—	175	—	—	175
U.S. corporate	—	338	—	—	338
Foreign	—	28	—	—	28
Common and preferred stocks:					
U.S.	979	—	—	—	979
Foreign	595	—	—	—	595
Funds:					
Fixed income	127	—	—	—	127
Equities	94	673	—	—	767
Foreign	54	—	—	—	54
Investments at NAV	—	—	—	7,170	7,170
Total investments	\$ 2,057	\$ 1,347	\$ —	\$ 7,170	\$ 10,574

The fair values of the Plan's assets at December 31, 2022, by asset category, are as follows:

Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	NAV	Total
Cash and cash equivalents	\$ 162	\$ 4	\$ —	\$ —	\$ 166
Fixed income securities:					
U.S. government	—	95	—	—	95
U.S. government agencies	—	155	—	—	155
U.S. corporate	—	316	—	—	316
Foreign	—	36	—	—	36
Common and preferred stocks:					
U.S.	777	—	—	—	777
Foreign	479	—	—	—	479
Funds:					
Fixed income	61	—	—	—	61
Equities	34	637	—	—	671
Foreign	47	1	—	—	48
Investments at NAV	—	—	—	7,060	7,060
Total investments	\$ 1,560	\$ 1,244	\$ —	\$ 7,060	\$ 9,864

Notes to Consolidated Financial Statements (In Millions)

Note 16. Employee Benefit Programs (Continued)

The following is a description of the Plan's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Inputs are obtained from various sources, including market participants, dealers, and brokers.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The Clinic's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer. There were no significant transfers in 2023 or 2022.

The methods described above and those recorded at NAV may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The following information pertains to those alternative investments recorded at NAV in accordance with *Fair Value Measurement (Topic 820)* of the FASB ASC.

At December 31, 2023, alternative investments recorded at NAV consisted of the following:

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	\$ 3,693	\$ 270	Monthly to annually	30–90 days
Private partnerships (b)	3,477	1,453		
	<u>\$ 7,170</u>	<u>\$ 1,723</u>		

At December 31, 2022, alternative investments recorded at NAV consisted of the following:

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	\$ 3,493	\$ 116	Monthly to annually	30–90 days
Private partnerships (b)	3,567	1,369		
	<u>\$ 7,060</u>	<u>\$ 1,485</u>		

- (a) This category includes investments in absolute return/hedge funds, which are actively managed commingled investment vehicles that derive the majority of their returns from factors other than the directional flow of the markets in which they invest. Representative strategies include high-yield credit, distressed debt, merger arbitrage, relative value, and long-short equity strategies. The fair values of the investments in this category have been estimated using the NAV per share of the investments. Investments in this category generally carry "lockup" restrictions that do not allow investors to seek redemption in the first year after acquisition. Following the initial lockup period,

Notes to Consolidated Financial Statements (In Millions)

Note 16. Employee Benefit Programs (Continued)

liquidity is generally available monthly, quarterly, or annually following a redemption request. Over 90 percent of the investments in this category have at least annual liquidity.

- (b) This category includes limited partnership interests in closed-end funds that focus on venture capital, private equity, real estate, and resource-related strategies. The fair values of the investments in this category have been estimated using the NAV of the Plan's ownership interest in partners' capital. These investments cannot be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the funds are liquidated. It is estimated that the underlying assets of most funds will generally be liquidated over a seven- to ten-year period.

No plan assets are expected to be returned to the employer during 2024.

Other postretirement benefits:

Obligations and funded status: A summary of the changes in the benefit obligation and plan assets and the resulting funded status of the other postretirement plans is as follows as of and for the years ended December 31:

	2023	2022
Change in projected benefit obligation:		
Benefit obligation at beginning of year	\$ 867	\$ 1,138
Service cost	4	7
Interest cost	48	34
Plan participants contributions	42	41
Amendments	2	—
Medicare subsidy	3	2
Actuarial loss (gain)	10	(255)
Benefits paid	(107)	(100)
Estimated benefit obligation at end of year	<u>\$ 869</u>	<u>\$ 867</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	\$ —	\$ —
Employer contributions	65	59
Plan participants contributions	42	41
Benefits paid	(107)	(100)
Fair value of plan assets at end of year	<u>\$ —</u>	<u>\$ —</u>
Funded status of the plan	<u>\$ (869)</u>	<u>\$ (867)</u>

Amounts recognized in the consolidated statements of financial position for postretirement benefits consist of the following at December 31:

	2023	2022
Current liabilities	\$ (57)	\$ (56)
Noncurrent liabilities	(812)	(811)
Net amount recognized	<u>\$ (869)</u>	<u>\$ (867)</u>

Notes to Consolidated Financial Statements (In Millions)

Note 16. Employee Benefit Programs (Continued)

Components of net periodic benefit cost for other postretirement benefits are as follows for the years ended December 31:

	2023	2022
Service cost	\$ 4	\$ 7
Interest cost	48	34
Amortization of:		
Unrecognized prior service benefit	1	4
Unrecognized net actuarial (gain) loss	(1)	20
Net periodic benefit cost for other postretirement benefits	<u>\$ 52</u>	<u>\$ 65</u>

The Clinic has concluded that the prescription drug benefits under its defined benefit postretirement plan are actuarially equivalent to Medicare Part D under the Medicare Modernization Act (the Act) and that the Clinic will receive the subsidy available under the Act.

The following reflects the expected future Medicare Part D subsidy receipts:

Years ending December 31:

2024	\$ 3
2025	3
2026	3
2027	3
2028	3
2029–2033	16

Plan trend rates are the annual rates of increase expected for the benefits payable from the plan; these rates include health care cost trends plus the leveraging effect of plan design. The assumed plan trend rate is 5.50 percent.

Pension and postretirement benefits:

Assumptions: Weighted average assumptions used to determine pension and postretirement benefit obligations at the measurement date are as follows:

	Pension Benefits		Postretirement Benefits	
	2023	2022	2023	2022
Discount rate	5.43%	5.77%	5.42%	5.68%
Rate of compensation increase	3.67%	3.67%	—%	N/A

Notes to Consolidated Financial Statements (In Millions)

Note 16. Employee Benefit Programs (Continued)

Weighted-average assumptions used to determine net periodic pension and postretirement benefit cost are as follows:

	Pension Benefits		Postretirement Benefits	
	2023	2022	2023	2022
Discount rate	5.77%	3.12%	5.68%	3.04%
Expected long-term return on plan assets	7.50%	7.50%	N/A	N/A
Rate of compensation increase	3.70%	3.72%	N/A	N/A

The Clinic utilizes a building block approach in determining the expected long-term rate of return for its plan assets. First, historical data on individual asset class returns are studied. Next, the historical correlation among and between asset class returns is studied under both normal conditions and in times of market turbulence. Then, various mixes of asset classes are considered under multiple long-term investment scenarios. Finally, after considering liquidity concerns related to the use of certain alternative asset classes, the plan sponsor selects the portfolio blend that it believes will produce the highest expected long-term return on a risk-adjusted basis.

Cash flows:

Contributions: The Clinic expects to contribute \$280 to its pension plans in 2024.

Estimated future benefit payments: The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

	Pension Benefits	Postretirement Benefits
Years ending December 31:		
2024	\$ 541	\$ 59
2025	524	60
2026	534	61
2027	546	62
2028	558	63
2029–2033	2,962	320

In addition to the defined benefit plans, the Clinic sponsors various defined contribution benefit plans. Expense recognized by the Clinic for those plans was \$142 and \$131 for 2023 and 2022, respectively.

Note 17. General and Professional Liability Insurance

The Clinic insures substantially all general and professional liability risks through a combination of a wholly owned captive insurance company and self-insurance. The insurance program combines various levels of self-insured retention with excess commercial insurance coverage. Actuarial consultants have been retained to assist in the estimation of outstanding general and professional liability losses.

Notes to Consolidated Financial Statements (In Millions)**Note 17. General and Professional Liability Insurance (Continued)**

The Clinic's general and professional liability as reported in the accompanying consolidated statements of financial position was \$164 and \$159 at December 31, 2023 and 2022, respectively. Provisions for the general and professional liability risks are based on an actuarial estimate of losses using the Clinic's actual loss data, adjusted for industry trends and current conditions, and considering an evaluation of claims by the Clinic's legal counsel. The provision includes estimates of ultimate costs for both reported claims and claims incurred but not reported.

Activity in the liability is summarized as follows for the years ended December 31:

	2023	2022
Balance, beginning of year	\$ 159	\$ 133
Incurred related to captive insurance company liability:		
Current year	35	30
Prior years	20	12
Total incurred	55	42
Paid related to captive insurance company liability:		
Current year	(6)	(1)
Prior years	(40)	(24)
Total paid	(46)	(25)
Net change in self-insurance liability	(4)	9
Balance, end of year	\$ 164	\$ 159

Note 18. Other Receivables, Other Current and Long-Term Assets, and Other Current and Long-Term Liabilities

At December 31, other receivables consisted of the following:

	2023	2022
Pledges receivable	\$ 325	\$ 319
Grants receivable	173	145
Pharmacy receivable	74	58
Rebates receivable	73	34
Interest receivable	40	28
Royalty receivable	11	25
Other tax receivable	5	7
Other	86	143
Total other receivables	\$ 787	\$ 759

Notes to Consolidated Financial Statements (In Millions)

Note 18. Other Receivables, Other Current and Long-Term Assets, and Other Current and Long-Term Liabilities (Continued)

At December 31, other current assets consisted of the following:

	2023	2022
Inventories	\$ 234	\$ 218
Prepaid expenses	148	166
Other	9	2
Total other current assets	<u>\$ 391</u>	<u>\$ 386</u>

At December 31, other long-term assets consisted of the following:

	2023	2022
Pension asset	\$ 1,814	\$ 2,164
Pledges receivable	346	393
Technology-based ventures	268	176
Oil and gas interests	259	199
Trust receivables	218	204
Investments in unconsolidated entities	164	214
Operating lease right-of-use asset	122	141
Prepaid maintenance	79	23
Notes receivable	69	29
Long-term portion of deferred tax asset	4	11
Other	85	77
Total other long-term assets	<u>\$ 3,428</u>	<u>\$ 3,631</u>

Notes to Consolidated Financial Statements (In Millions)

Note 18. Other Receivables, Other Current and Long-Term Assets, and Other Current and Long-Term Liabilities (Continued)

At December 31, other current liabilities consisted of the following:

	2023	2022
Other taxes	\$ 92	\$ 87
Oil and gas liability	51	15
Current portion of long-term disability	50	49
Current portion of professional and general liability	49	43
Short-term disability	34	30
Real estate tax accrual	28	28
Refunds/recoupments	23	24
Operating lease liability	22	23
Accrued interest	22	20
Current maturities of long-term debt	18	36
Medicare settlements liability	12	13
Current portion of workers' compensation liability	12	11
Finance lease liability	9	6
Other	69	85
Total other current liabilities	<u>\$ 491</u>	<u>\$ 470</u>

At December 31, other long-term liabilities consisted of the following:

	2023	2022
Deferred compensation	\$ 1,129	\$ 929
Long-term disability	246	224
Operating lease liability	127	123
Deferred gain	126	135
Professional and general liability	115	116
Electronic medical record	96	96
Retirement community obligations	92	96
Gift annuities	67	65
Financing obligations	60	60
Asset retirement obligation	48	55
Trust obligations	47	57
Workers' compensation liability	32	32
Finance lease liability	27	—
Contract deposit	25	22
Other	66	73
Total other long-term liabilities	<u>\$ 2,303</u>	<u>\$ 2,083</u>

Notes to Consolidated Financial Statements (In Millions)

Note 19. Other Revenue

For the years ended December 31, other revenue consisted of the following:

	2023	2022
Retail pharmacy sales	\$ 530	\$ 475
Royalties	120	130
Retail Stores	80	71
Oil and gas producing activities	75	156
Graduate medical and other education revenue	53	46
Technology commercialization, health information, and medical products	43	43
Cafeteria revenue	37	32
Other	262	274
Total other revenue	<u>\$ 1,200</u>	<u>\$ 1,227</u>

Note 20. Commitments and Contingencies

The Clinic has various construction projects in progress related to patient care, research, and educational facilities. The estimated costs committed to complete the various projects at December 31, 2023 is \$6,117 all of which is expected to be expended over the next three to five years. Included in this is the \$5 billion initiative for the Rochester, Minnesota campus project which includes five new buildings, and technology and infrastructure investments.

While the Clinic is self-insured for a substantial portion of its general and workers' compensation liabilities, the Clinic maintains commercial insurance coverage against catastrophic loss. Additionally, the Clinic maintains a self-insurance program for its long-term disability coverage. The provision for estimated self-insured claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

The Clinic is a defendant in various lawsuits arising in the ordinary course of business and records an estimated liability for probable claims. Although the outcome of these lawsuits cannot be predicted with certainty, management believes the ultimate disposition of such matters will not have a material effect on the Clinic's consolidated financial position or consolidated statement of activities.

Notes to Consolidated Financial Statements (In Millions)**Note 21. U.S. Department of Education Financial Responsibility Ratio Information**

The following information is required by the U.S. Department of Education for the years ended December 31,

	2023	2022
Net assets with temporary donor restrictions	\$ 3,221	\$ 2,989
Intangible assets	\$ 10	\$ 1
Post-employment and retirement liabilities:		
Accrued pension and postretirement benefits, net of current portion	\$ 812	\$ 819
Postretirement benefits, current portion	57	56
Total post-employment and retirement liabilities	\$ 869	\$ 875
Property, plant, and equipment, including construction in progress and right-of-use asset, net of accumulated depreciation:		
Property, plant, and equipment, net	\$ 6,431	\$ 5,887
Right-of-use asset	122	141
Total property, plant, and equipment, including construction in progress and right-of-use asset, net of accumulated depreciation	\$ 6,553	\$ 6,028
Long-term debt obtained for long term purposes:		
Long-term debt	\$ 4,736	\$ 4,777
Operating lease liabilities	149	146
Finance lease liabilities	36	6
Total long-term debt obtained for long term purposes	\$ 4,921	\$ 4,929
Expenses and losses without donor restrictions:		
Operating expenses	\$ 16,860	\$ 15,695
Contributions not available for current activities, net	17	22
Income tax expense	41	23
Pension and other postretirement benefit adjustments	648	—
Other	162	—
Unallocated investment loss, net	—	1,382
Total expenses and losses without donor restrictions	\$ 17,728	\$ 17,122
Revenue without donor restrictions:		
Total revenue, gains, and other support	\$ 18,028	\$ 16,336
Unallocated investment return, net	788	—
Benefit credit	344	175
Pension and other postretirement benefit adjustments	—	2,859
Other	—	129
Total revenue without donor restrictions	\$ 19,160	\$ 19,499

The Clinic does not have any material related party transactions to report for 2023 and 2022.



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Mayo Clinic Health System - Mankato

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

MCHS in Mankato is a 272-bed, acute-care hospital located in Mankato, Minnesota. Mankato is part of the Southwest Minnesota region of MCHS, which includes family medicine clinics in Mankato (Eastridge), North Mankato (Northridge), St. Peter and Le Sueur, as well as hospitals in Fairmont, New Prague, Springfield, St. James and Waseca.

Dedicated to putting the needs of our patients first, MCHS in Mankato 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 2021, MCHS in Mankato provided over \$7 million in charity care, giving local access to care to all, regardless of ability to pay. The hospital also contributed more than \$200,000 in Hometown Health grants to organizations, such as JZ Cancer Fund, YWCA Mankato, Project for Teens, House of Hope, Feeding Our Communities Partners and Mankato Family YMCA.

In addition, the organization shared health-related education through programs at the Children's Museum of Southern Minnesota and VINE Adult Community Center, and supported efforts to get communities active through activities, such as the Mankato Marathon and virtual challenges like Slim Your Screen Time. MCHS in Mankato also helped to develop the Mankato Area Healthy Community Partnership, which is a collaborative that includes over 30 community partners who are focused on improving health equity and health outcomes.

Annually, the hospital organizes various employee drives to donate items including a personal care item drive in partnership with local food shelf and holiday gifts. In addition, staff coordinate 3 employee blood drives which are held on the hospital campus in partnership with the American Red Cross each year. Employees are actively involved in the community, and our staff engaged in over 80 community volunteer projects last year.

Mayo Clinic Health System in Southwest 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 report. This report was created by Joe Visker, PhD, Minnesota State University-Mankato. This report includes analysis of existing data gathered from a variety of 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 community health survey that was distributed through community events and activities, in

partnership with local community-based organizations, as well as distributed through social media. Participants were asked to complete a two-minute survey asking about their own health concerns, community health concerns and demographics. Events/activities with typically underserved populations were targeted. Over 800 people took the survey throughout the region. There were over 390 responses from Blue Earth, Nicollet and Le Sueur counties. Local public health departments reviewed and provided input on the survey questions during the development process. In addition, community conversations were held with stakeholders from local government and nonprofit leaders, including an in-person community stakeholder prioritization event on June 7th with over 40 community stakeholders in attendance.

Prioritized Health Needs

The MCHS – Mankato CHNA process identified and prioritized the following health needs for the Mankato area:

1. Mental Health
2. Addressing Social Determinants of Health

Mayo Clinic Health System in Mankato is planning to commit financial resources and human resources in carrying out all strategies identified in the plan.

Mayo Clinic Health System in Mankato is working with the following organizations and group to address identified health needs:

- Collaborate with Mankato Area Public Schools and other local schools to address mental health and social determinants of health. Examples include funding ALPS before school wellness program for elementary schools, helping to fund a Youth Mental Health Navigator position, Wellness Week for elementary students with two days focused on mental health, and collaborating on events like Vaping education for students at Mankato Public Schools.
- Partner with community organizations like Feeding Our Communities Partners and ECHO food shelf to address food insecurity.
- Participate in community collaboratives like SHIP (Statewide Health Improvement Program) Community Leadership Teams who have mental health and health equity focus areas, Greater Mankato Health Equity Partnership which uses community-based participatory research to address health concerns in underserved populations, Healthy Community Partnership which uses collaboration and asset mapping to address social determinants of health, Youth Mental Health Collaborative and others to work

collaboratively with organizations like Public Health, United Way, Open Door Health Center, WellShare International, VINE Faith in Action and others to address mental health, social determinants of health and community health and wellness.

- Collaborate with Find Help and Community-based organizations to refer patients to community resources to address social determinants of health.

Efforts around addressing these health concerns will be monitored by MCHS Community Engagement and Site Leadership, with oversight and input from other department leadership. Annually we will gather impact from MCHS- Mankato leaders on how we are addressing these health concerns in the community.

Mental Health

Objective: Reduce mental health issues by addressing mental health through preventative efforts.

Strategies:

- A. Provide financial and human resources to external organizations who address mental health in our community.
- B. Partner with schools and community organizations to identify, expand or provide mental health resources in our communities.

Addressing Social Determinants of Health

Objective: Address social determinants of health in our communities that are causing health disparities.

Strategies:

- A. Identify social determinants of health during clinical visits. Utilize Find Help platform to address social determinants of health and make community referrals.
- B. Address food insecurity through partnerships and collaborations.
- C. Provide financial and human resources to external organizations who are addressing social determinants of health including, but not limited to, food insecurity, transportation, and housing.

Summary of Health Needs Not Addressed

Available resources have been prioritized to address the two most highly ranked needs that were identified in the CHNA. Other needs mentioned in the CHNA that were not ranked as a priority will be addressed by the hospital based on resources available and/or by other agencies/organizations within the community that are more aligned in addressing those needs.

Additional Mayo Clinic resources that benefit community health in the Southwest Minnesota region:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discovery. Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic –Mayo Clinic research programs encompass thousands of active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <https://www.mayo.edu/research/centers-programs/robert-d-patricia-e-kern-center-science-health-care-delivery/about>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)
- Mayo Clinic's Center for Health Equity and Community-Engaged Research works collaboratively with communities to develop and execute innovative solutions that address the communities' most pressing health issues. The center's community engagement activities are directly tied to the results of Mayo Clinic's [Community Health Needs Assessment](#), conducted in communities Mayo serves.

Learn more at: <https://www.mayo.edu/research/centers-programs/center-for-health-equity-community-engagement-research/about>.



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Mayo Clinic Health System - Fairmont

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

MCHS in Fairmont is a 57-bed, acute-care hospital located in Fairmont, Minnesota. Fairmont is part of the Southwest Minnesota region of MCHS, which includes hospitals in New Prague, Mankato, St. James and Waseca.

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 2021, Mayo Clinic Health System in Fairmont provided over \$1 million in charity care, providing local access to care for all, regardless of ability to pay. The hospital provided \$21,900 in Hometown Health grants to support access to physical activity, access to healthy food and to help families meet basic needs.

The organization promoted health care careers through collaboration with area schools and higher education institution. We supported health-related educational programs around topics through a weekly radio program “Speaking of Health”, virtual webinars on addressing COVID 19, vaccinations, resiliency and healthy eating. Fairmont also hosted community wellness challenges on Slim Your Screentime and Well-being. Health education is also communicated through blog postings, newsletter articles and presentations.

MCHS in Fairmont supports and participates in the Martin County Health Coalition, which is a collaborative that includes over 30 community partners who are focused on improving health equity and health outcomes. Strong partnership is also had with the Martin County Public Health Statewide Health Improvement Plan (SHIP) and the Martin County Substance Abuse and Prevention Coalition.

Annually, the hospital organizes an employee giving tree to donate items to local food shelves. In addition, staff coordinate 1-2 employee 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 clinics and in our community.

Mayo Clinic Health System in Southwest 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 report. This report was created by Joe Visker, PhD, Minnesota State University-Mankato. This report includes analysis of existing data gathered from a variety of 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 community health survey that was distributed through community events and activities, in partnership with local community-based organizations, as well as distributed through social media. Participants were asked to complete a two-minute survey asking about their own health concerns, community health concerns and demographics. Events/activities with typically underserved populations were targeted. Over 800 people took the survey throughout the region. There were 140 responses from Martin County. Local public health departments reviewed and provided input on the survey questions during the development process.

In addition, a prioritization survey was conducted with community stakeholders from local government, healthcare and nonprofit leaders with 40 of 60 individuals responding.

Prioritized Health Needs

The MCHS – Fairmont CHNA process identified and prioritized the following health needs for the Fairmont area:

1. Mental Health
2. Addressing Social Determinants of Health

Mayo Clinic Health System in Fairmont is planning to commit financial resources and human resources in carrying out all strategies identified in the plan.

Mayo Clinic Health System in Fairmont is working with the following organizations and group to address identified health needs:

- Collaborate with Fairmont area schools to address mental health and social determinants of health, as well as improve health and wellness. Examples include holding Wellness Week for elementary students with two days focused on mental health, sharing SMART training resources for staff, collaborating on events like Vaping education for students and funding school initiatives aligned with prioritized needs.

- Partner with community organizations, like Martin County Kids Against Hunger, Heaven's Table Food Shelf and Meals on Wheels to address community needs like food insecurity.
- Participate in community collaboratives like SHIP (Statewide Health Improvement Program) Community Leadership Teams who have mental health and health equity focus areas, Martin County Substance Abuse and Prevention Coalition who address mental health and social determinants of health related to substance use, Martin County Resiliency Team focused on mental health and others to address mental health and social determinants of health.
- Collaborate with Find Help and Community-based organizations to refer patients to community resources to address social determinants of health.

Efforts around addressing these health concerns will be monitored by MCHS Community Engagement and Site Leadership, with oversight and input from other department leadership. Annually we will gather impact from MCHS- Fairmont leaders on how we are addressing these health concerns in the community.

Mental Health

Objective: Reduce mental health issues by addressing mental health through preventative efforts.

Strategies:

- A. Provide financial and human resources to external organizations who address mental health in our community.
- B. Partner with schools and community organizations to identify, expand or provide mental health resources in our communities.

Addressing Social Determinants of Health

Objective: Address social determinants of health in our communities that are causing health disparities.

Strategies:

- A. Identify social determinants of health during clinical visits. Utilize Find Help platform to address social determinants of health and make community referrals.
- B. Address food insecurity through partnerships and collaborations.
- C. Provide financial and human resources to external organizations who are

addressing social determinants of health including, but not limited to, food insecurity, transportation, and housing.

Summary of Health Needs Not Addressed

Available resources have been prioritized to address the two most highly ranked needs that were identified in the CHNA. Other needs mentioned in the CHNA that were not ranked as a priority will be addressed by the hospital based on resources available and/or by other agencies/organizations within the community that are more aligned in addressing those needs.

Additional Mayo Clinic resources that benefit community health in the Southwest Minnesota region:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discovery. Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic –Mayo Clinic research programs encompass thousands of active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <https://www.mayo.edu/research/centers-programs/robert-d-patricia-e-kern-center-science-health-care-delivery/about>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)
- Mayo Clinic's Center for Health Equity and Community-Engaged Research works collaboratively with communities to develop and execute innovative solutions that address the communities' most pressing health issues. The center's community engagement activities are directly tied to the results of Mayo Clinic's [Community Health Needs Assessment](#), conducted in communities Mayo serves.

Learn more at: <https://www.mayo.edu/research/centers-programs/center-for-health-equity-community-engagement-research/about>.



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Mayo Clinic Health System – New Prague

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

MCHS in New Prague is a 49-bed, critical-access hospital located in New Prague, Minnesota. New Prague is part of the Southwest Minnesota region of MCHS, which includes family medicine clinics in Belle Plaine, Montgomery and New Prague, as well as hospitals in Fairmont, Mankato, St. James and Waseca.

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

In 2021, MCHS in New Prague donated over \$622,000 in charity care, providing local access to care for all, regardless of ability to pay. The hospital invested in community-based health and wellness programs including a community wellness challenge and a health-and-wellness partnership with the Fitness & Aquatic Center. In addition to community-based health initiatives MCHS in New Prague completed a \$4.5 million surgical expansion which included a third operating room, renovation of two operating rooms, and three new private preoperative and postoperative patient rooms. The expansion allows for new surgical services which will bring care for many patients closer to home.

The organization promoted health care careers through collaboration with area schools and supported health-related educational programs to service groups and local organizations on topics such as chronic disease and tobacco reduction and cessation.

Mayo Clinic Health System in Southwest 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 report. This report was created by Joe Visker, PhD, Minnesota State University-Mankato. This report includes analysis of existing data gathered from a variety of 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 community health survey that was distributed through community events and activities, in partnership with local community-based organizations, as well as distributed through social media. Participants were asked to complete a two-minute survey asking about their own health

concerns, community health concerns and demographics. Events/activities with typically underserved populations were targeted. Over 800 people took the survey throughout the region. There were over 100 responses from Le Sueur and Scott counties. Local public health departments reviewed and provided input on the survey questions during the development process. In addition, community conversations were held with stakeholders from the local New Prague Rotary Club, including an in-person community stakeholder prioritization activity on June 16th with 25 members in attendance.

Prioritized Health Needs

The MCHS – New Prague CHNA process identified and prioritized the following health needs for the New Prague area:

1. Mental Health
2. Addressing Social Determinants of Health

Mayo Clinic Health System in New Prague is planning to commit financial resources and human resources in carrying out all strategies identified in the plan.

Mayo Clinic Health System in New Prague is working with the following organizations and group to address identified health needs:

- Collaborate with New Prague area schools to address mental health and social determinants of health, as well as improve health and wellness. Examples include holding Wellness Week for elementary students with two days focused on mental health and funding school initiatives aligned with prioritized needs.
- Partner with community organizations, like the New Prague Peace Center and Community Peace Garden to help address social determinants of health like food insecurity.
- Participate in community collaboratives like SHIP (Statewide Health Improvement Program) Community Leadership Teams who have mental health and health equity focus areas, Community Education Advisory Council, Scott County CHIC Access Workgroup focused on health equity and increasing healthcare access and others to address mental health and social determinants of health.
- Collaborate with Find Help and Community-based organizations to refer patients to community resources to address social determinants of health.

Efforts around addressing these health concerns will be monitored by MCHS Community Engagement and Site Leadership, with oversight and input from other department leadership. Annually we will gather input from MCHS- New Prague leaders on how we are addressing these health concerns in the community.

Mental Health

Objective: Reduce mental health issues by addressing mental health through preventative efforts.

Strategies:

- A. Provide financial and human resources to external organizations who address mental health in our community.
- B. Partner with schools and community organizations to identify, expand or provide mental health resources in our communities.

Addressing Social Determinants of Health

Objective: Address social determinants of health in our communities that are causing health disparities.

Strategies:

- A. Identify social determinants of health during clinical visits. Utilize Find Help platform to address social determinants of health and make community referrals.
- B. Address food insecurity through partnerships and collaborations.
- C. Provide financial and human resources to external organizations who are addressing social determinants of health including, but not limited to, food insecurity, transportation, and housing.

Summary of Health Needs Not Addressed

Available resources have been prioritized to address the two most highly ranked needs that were identified in the CHNA. Other needs mentioned in the CHNA that were not ranked as a priority will be addressed by the hospital based on resources available and/or by other agencies/organizations within the community that are more aligned in addressing those needs.

Additional Mayo Clinic resources that benefit community health in the Southwest Minnesota region:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discovery. Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic –Mayo Clinic research programs encompass thousands of active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <https://www.mayo.edu/research/centers-programs/robert-d-patricia-e-kern-center-science-health-care-delivery/about>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)
- Mayo Clinic's Center for Health Equity and Community-Engaged Research works collaboratively with communities to develop and execute innovative solutions that address the communities' most pressing health issues. The center's community engagement activities are directly tied to the results of Mayo Clinic's [Community Health Needs Assessment](#), conducted in communities Mayo serves.

Learn more at: <https://www.mayo.edu/research/centers-programs/center-for-health-equity-community-engagement-research/about>.



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Mayo Clinic Health System – St. James

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

MCHS in St. James is a 25-bed, critical-access hospital located in St. James, Minnesota. St. James is part of the Southwest Minnesota region of MCHS, which includes family medicine clinic in St. James, as well as hospitals in New Prague, Mankato, Fairmont and Waseca.

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

In 2021, MCHS in St. James provided over \$1 million in charity care, giving local access to care to all, regardless of ability to pay. The hospital also contributed \$8,700 Hometown Health grants to organizations, such as Uniting Cultures, St. James Public Schools, and youth sports organizations.

In addition, Mayo Clinic Health System in St. James supported health and wellness in the community by hosting a career exploration class for area high school students. The organization also provided nutrition outreach through grocery store tours, virtual webinars addressing COVID 19, resiliency and health eating.

St. James also hosted community wellness challenges on Slim Your Screen Time and Well-being. Health education is also communicated through blog postings, newsletter articles and presentations.

Mayo Clinic Health System in Southwest 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 report. This report was created by Joe Visker, PhD, Minnesota State University-Mankato. This report includes analysis of existing data gathered from a variety of 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 community health survey that was distributed through community events and activities, in partnership with local community-based organizations, as well as distributed through social media. Participants were asked to complete a two-minute survey asking about their own health concerns, community health concerns and demographics. Events/activities with typically underserved populations were targeted. Over 800 people took the survey throughout the

region. Local public health departments reviewed and provided input on the survey questions during the development process. In addition, a prioritization survey was conducted with community stakeholders from local government, healthcare and nonprofit leaders with 36 of 57 individuals responding.

Prioritized Health Needs

The MCHS – St. James CHNA process identified and prioritized the following health needs for the St. James area:

1. Mental Health
2. Addressing Social Determinants of Health

Mayo Clinic Health System in St. James is planning to commit financial resources and human resources in carrying out all strategies identified in the plan.

Mayo Clinic Health System in St. James is working with the following organizations and group to address identified health needs:

- Collaborate with St. James area schools to address mental health and social determinants of health, as well as improve health and wellness. Examples include holding Wellness Week for elementary students with two days focused on mental health, and funding school initiatives aligned with prioritized needs.
- Utilize community health workers to address health disparities and chronic disease in the Somali and Hispanic populations, by connecting patients to community resources.
- Partner with community organizations, like Uniting Cultures in St. James to help support and celebrate the diverse ethnicities and cultures that are representative of the St. James area community, to address social determinants of health.
- Participate in community collaboratives like SHIP (Statewide Health Improvement Program) Community Leadership Teams who have mental health and health equity focus areas, Watonwan County Visions for Families and Communities Collaborative, Watonwan County Opioid Workgroup and others to address mental health and social determinants of health.
- Collaborate with Find Help and Community-based organizations to refer patients to community resources to address social determinants of health.

Efforts around addressing these health concerns will be monitored by MCHS Community Engagement and Site Leadership, with oversight and input from other department leadership.

Annually we will gather input from MCHS- St. James leaders on how we are addressing these health concerns in the community.

Mental Health

Objective: Reduce mental health issues by addressing mental health through preventative efforts.

Strategies:

- A. Provide financial and human resources to external organizations who address mental health in our community.
- B. Partner with schools and community organizations to identify, expand or provide mental health resources in our communities.

Addressing Social Determinants of Health

Objective: Address social determinants of health in our communities that are causing health disparities.

Strategies:

- A. Identify social determinants of health during clinical visits. Utilize Find Help platform to address social determinants of health and make community referrals.
- B. Address food insecurity through partnerships and collaborations.
- C. Provide financial and human resources to external organizations who are addressing social determinants of health including, but not limited to, food insecurity, transportation, and housing.

Summary of Health Needs Not Addressed

Available resources have been prioritized to address the two most highly ranked needs that were identified in the CHNA. Other needs mentioned in the CHNA that were not ranked as a priority will be addressed by the hospital based on resources available and/or by other agencies/organizations within the community that are more aligned in addressing those needs.

Additional Mayo Clinic resources that benefit community health in the Southwest Minnesota region:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discovery. Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic –Mayo Clinic research programs encompass thousands of active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <https://www.mayo.edu/research/centers-programs/robert-d-patricia-e-kern-center-science-health-care-delivery/about>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)
- Mayo Clinic's Center for Health Equity and Community-Engaged Research works collaboratively with communities to develop and execute innovative solutions that address the communities' most pressing health issues. The center's community engagement activities are directly tied to the results of Mayo Clinic's [Community Health Needs Assessment](#), conducted in communities Mayo serves.

Learn more at: <https://www.mayo.edu/research/centers-programs/center-for-health-equity-community-engagement-research/about>.



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Mayo Clinic Health System - Waseca

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

MCHS in Waseca is a 35-bed, critical-access hospital located in Waseca, Minnesota. Waseca is part of the Southwest Minnesota region of MCHS, which includes family medicine clinics in Janesville and Waterville, as well as hospitals in New Prague, Mankato, Fairmont and St. James.

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

In 2021, MCHS in Waseca provided \$634,000 in charity care, providing local access to care to all. In addition, the hospital supported health and wellness in the community by partnering with high schools and higher-education institutions to introduce students to careers in rural health care, and invested in health and wellness programs, including the Waseca Area Neighborhood Service Center Food Shelf, Relay for Life, Discover Waseca Careers, Waseca Early Childhood Fair and others.

Mayo Clinic Health System in Southwest 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 report. This report was created by Joe Visker, PhD, Minnesota State University-Mankato. This report includes analysis of existing data gathered from a variety of 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 community health survey that was distributed through community events and activities, in partnership with local community-based organizations, as well as distributed through social media. Participants were asked to complete a two-minute survey asking about their own health concerns, community health concerns and demographics. Events/activities with typically underserved populations were targeted. Over 800 people took the survey throughout the region. There were 118 responses from Waseca County. Local public health departments reviewed and provided input on the survey questions during the development process. In addition, community conversations were held with stakeholders from local government and nonprofit leaders, including an in-person Waseca Chamber Business After Hours event on July

20th that included a community stakeholder prioritization activity with over 30 community stakeholders in attendance.

Prioritized Health Needs

The MCHS – Waseca CHNA process identified and prioritized the following health needs for the Waseca area:

1. Mental Health
2. Addressing Social Determinants of Health

Mayo Clinic Health System in Waseca is planning to commit financial resources and human resources in carrying out all strategies identified in the plan.

Mayo Clinic Health System in Waseca is working with the following organizations and group to address identified health needs:

- Collaborate with Waseca area schools to address mental health and social determinants of health, as well as improve health and wellness. Examples include funding educator training and support regarding social-emotional learning and well-being of students, holding Wellness Week for elementary students with two days focused on mental health, and partnering on the Bike Rodeo at Waseca Public Schools.
- Partner with community organizations, like Waseca Area Senior Citizens Center and Waseca Area Neighborhood Service Center Food Shelf to help address social determinants of health, such as food insecurity, in the community.
- Participate in community collaboratives like SHIP (Statewide Health Improvement Program) Community Leadership Teams who have mental health and health equity focus areas, Waseca County Public Health, United Way and others to address mental health and social determinants of health in our community.
- Collaborate with Find Help and Community-based organizations to refer patients to community resources to address social determinants of health.

Efforts around addressing these health concerns will be monitored by MCHS Community Engagement and Site Leadership, with oversight and input from other department leadership. Annually we will gather impact from MCHS- Waseca leaders on how we are addressing these health concerns in the community.

Mental Health

Objective: Reduce mental health issues by addressing mental health through preventative efforts.

Strategies:

- A. Provide financial and human resources to external organizations who address mental health in our community.
- B. Partner with schools and community organizations to identify, expand or provide mental health resources in our communities.

Addressing Social Determinants of Health

Objective: Address social determinants of health in our communities that are causing health disparities.

Strategies:

- A. Identify social determinants of health during clinical visits. Utilize Find Help platform to address social determinants of health and make community referrals.
- B. Address food insecurity through partnerships and collaborations.
- C. Provide financial and human resources to external organizations who are addressing social determinants of health including, but not limited to, food insecurity, transportation, and housing.

Summary of Health Needs Not Addressed

Available resources have been prioritized to address the two most highly ranked needs that were identified in the CHNA. Other needs mentioned in the CHNA that were not ranked as a priority will be addressed by the hospital based on resources available and/or by other agencies/organizations within the community that are more aligned in addressing those needs.

Additional Mayo Clinic resources that benefit community health in the Southwest Minnesota region:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discovery. Overarching Mayo Clinic resources that bring these benefits to local health needs include:

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- Mayo Clinic's Center for Health Equity and Community-Engaged Research works collaboratively with communities to develop and execute innovative solutions that address the communities' most pressing health issues. The center's community engagement activities are directly tied to the results of Mayo Clinic's [Community Health Needs Assessment](#), conducted in communities Mayo serves.

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Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Eau Claire/Mayo Clinic Health System

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

Mayo Clinic Health System in Eau Claire is a 310-bed hospital located in Eau Claire, Wisconsin. Since 1905, the hospital has been dedicated to promoting health and meeting the health care needs of our patients.

Eau Claire is part of the Northwest Wisconsin region of Mayo Clinic Health System (MCHS), which includes hospitals in Barron, Bloomer, Menomonie and Osseo. Mayo Clinic Health System in Eau Claire supports the community through inpatient and outpatient services, as well as health and wellness. Although MCHS - Eau Claire serves patients from several communities in western Wisconsin, the majority are from Eau Claire County. For the purposes of MCHS - Eau Claire's CHNA, the community is defined as Eau Claire County.

In 2021, Mayo Clinic Health System in Eau Claire provided \$9.4 million in charity care and more than \$16.4 million in bad debt. The hospital contributed more than \$384,000 through philanthropic donations to support programs, including the American Red Cross, Alzheimer's Association, Epilepsy Foundation, United Way, National Alliance on Mental Illness, local emergency medical services, free clinics, Hometown Health grants, and healthcare college scholarships.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it's estimated we reached another 27,000 residents by providing health information on topics affecting immediate health issues and helpful tips on general wellness. Additionally, the hospital organized a "Feed My People Holiday Giving Virtual Campaign" that raised \$2,030 for hunger relief in Northwest Wisconsin.

The hospital also is a place of learning for many physicians, nurses, chaplains and pharmacists. In 2021, the cost of hosting these educational programs was valued at more than \$6.7 million. In 2017, a Master Collaborative Research Agreement was created between MCHS and the University of Wisconsin-Eau Claire, which will pave the way for increased research opportunities for students in our region.

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

The primary input into the assessment and prioritization process was the [2021 Eau Claire County Community Health Assessment, produced by the Community Health Assessment Planning Partnership Committee](#). This report was created through a joint effort of area health care organizations, the Eau Claire City-County Health Department, United Way of the Greater Chippewa Valley and Eau Claire Healthy Communities. In addition, written comments related to the previous CHNA would be considered, however, no written comments were received. This effort, led by the Community Health Assessment Planning Partnership Committee, began with the goal of evaluating community health to improve the quality of life for everyone in the community.

Prioritized Health Needs

Mental Health

Objective: Improve mental health with an emphasis on strengthening community mental health services and suicide prevention and supporting the resiliency across the lifespan.

Strategies:

1. Support resiliency education in partnership with local schools and community organizations.
 - a. Promote and share Mental Health Matters Resiliency training internally and externally
 - b. Offer virtual and in-person programs, often in partnership with local organizations
2. Collaborate to strengthen local partnerships related to community mental health improvement.
 - a. Staff have active roles in implementing strategic plans through community coalitions, such as Mental Health Action Team(s), Mental Health Matters and Health Dunn Right and with local law enforcement
3. Provide financial and human resources to enhance mental health access, outreach, and educational opportunities.
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants, and other requests for support.
 - b. Coordinate speaker's bureau and subject matter experts
4. Identify internal opportunities to assist departments to better address social determinant of health barriers
 - a. Build relationships with rural care, OB, Cancer Center, Primary Care and Quality

Substance Abuse and Alcohol Misuse

Objective: Prevent alcohol misuse and substance abuse with an emphasis on youth.

Strategies:

1. Collaborate to strengthen local partnerships related to community AODA improvement.
 - a. Staff have active roles in implementing strategic plans through community coalitions, such as Voices in Prevention and Alliance for Substance Abuse Prevention and local school district initiatives
2. Provide education and awareness around risks of using
 - a. Virtual and in-person programming
 - b. Presentations at local events
3. Provide financial and human resources to external organizations who address substance abuse in our community.
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants, and other requests to support youth serving organizations

Chronic Disease and Obesity

Objective: Prevent obesity and reduce chronic disease with a focus on nutrition, reducing food insecurity and increasing public access to physical activity.

Strategies:

1. Educate the community through health and wellness education and events.
 - a. Food is Medicine, Strong Bodies, virtual programming
2. Engage staff internally to support local efforts in reducing food insecurity
 - a. Volunteer and participate in drives for basic needs
3. Provide financial and human resources to external organizations who address food insecurity and preventative care work
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants and other requests as needed
4. Identify internal opportunities to assist departments to better address social determinant of health barriers
 - a. Build relationships with Primary Care, rural care and Preventative Health Coordinators and Quality

Efforts around addressing these health concerns will be monitored by Mayo Clinic Health System Community Engagement and Site Leadership, with oversight and input from other department leadership. Annually we will gather input from Mayo Clinic Health System – Eau Claire community board leaders on how we are addressing these health concerns in the community.

Summary of Health Needs Not Addressed

In order to effectively measure impact and based on our area of expertise and availability of resources, Mayo Clinic Health System has selected the top three health priorities that were identified as significant needs in Eau Claire County to focus our efforts on – Mental Health, Substance Abuse and Alcohol Misuse and Chronic Disease/Obesity (including but not limited to nutrition and food insecurity). Additionally, the interconnectedness of various health issues, as recognized by participants in the CHNA process, is expected to produce additional benefits in other health areas examined during the assessment. Additional health needs from the assessment include communicable disease, healthy growth & development, environmental & occupational health, injury & violence, reproductive health and oral health. Such needs will be addressed as part of our practice, as resources become available or by other organizations within the community.

Additional Mayo Clinic resources that benefit community health in the Northwest Wisconsin region:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discovery.

Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic – In 2017, Mayo Clinic research programs encompassed more than 12,000 active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <http://www.mayo.edu/research/centers-programs/center-science-health-care-delivery/overview>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Bloomer/Mayo Clinic Health System – Chippewa Valley

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

Mayo Clinic Health System – Chippewa Valley in Bloomer is a 25-bed critical access hospital located in Bloomer, Wisconsin. Since 1961, the hospital has been dedicated to promoting health and meeting the health care needs of our patients. In 2011, the hospital became known as Mayo Clinic Health System – Chippewa Valley in Bloomer and continues its longstanding commitment to providing personalized and compassionate care to patients in the communities it serves.

Mayo Clinic Health System – Chippewa Valley in Bloomer is part of the Northwest Wisconsin region of MCHS, which also includes hospitals in Barron, Eau Claire, Menomonie and Osseo. Mayo Clinic Health System – Chippewa Valley supports the community through inpatient and outpatient services.

In 2021, Mayo Clinic Health System – Chippewa Valley in Bloomer provided \$846,774 in charity care and over \$1 million in bad debt. Mayo Clinic Health System – Chippewa Valley in Bloomer also provided \$67,000 through philanthropic donations to support programs such as the Boys and Girls Club, United Way, Junior Achievement, Chippewa Valley YMCA, public libraries, community gardens and healthcare college scholarships.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it's estimated we reached another 12,000 residents by providing health information on topics affecting immediate health issues and helpful tips on general wellness.

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

The primary input into the assessment and prioritization process was the [2021 Chippewa County Community Health Assessment](#), produced by the Community Health Assessment Planning Partnership Committee. 2021 Chippewa County Community Health Assessment (CHA) was conducted collaboratively by the Community Health Assessment Planning Partnership Committee (also referred to in this report as the CHA partners). This partnership, which includes county health departments, local healthcare facilities, and community organizations, was established to optimize the coordination and use of resources while reducing duplicative efforts.

Although this report is specific to Chippewa County, the partners used a parallel process to assess health needs in Eau Claire County as well. The shared process in Chippewa and Eau Claire counties recognizes overlapping service areas and resources in these communities. In addition, written comments related to the previous CHNA would be considered, however, no written comments were received. This effort, led by the Community Health Assessment Planning Partnership Committee, began with the goal of evaluating community health to improve the quality of life for everyone in the community.

Prioritized Health Needs

Mental Health

Objective: Improve mental health with an emphasis on strengthening community mental health services and suicide prevention and supporting the resiliency across the lifespan.

Strategies:

1. Support resiliency education in partnership with local schools and community organizations.
 - a. Promote and share Mental Health Matters Resiliency training internally and externally
 - b. Offer virtual and in-person programs, often in partnership with local organizations
2. Collaborate to strengthen local partnerships related to community mental health improvement.
 - a. Staff have active roles in implementing strategic plans through community coalitions, such as Mental Health Action Team(s), Mental Health Matters and Health Dunn Right and with local law enforcement
3. Provide financial and human resources to enhance mental health access, outreach, and educational opportunities.
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants, and other requests for support.
 - b. Coordinate speaker's bureau and subject matter experts
4. Identify internal opportunities to assist departments to better address social determinant of health barriers
 - a. Build relationships with rural care, OB, Cancer Center, Primary Care and Quality

Substance Abuse and Alcohol Misuse

Objective: Prevent alcohol misuse and substance abuse with an emphasis on youth.

Strategies:

1. Collaborate to strengthen local partnerships related to community AODA improvement.
 - a. Staff have active roles in implementing strategic plans through community coalitions, such as Voices in Prevention and Alliance for Substance Abuse Prevention and local school district initiatives
2. Provide education and awareness around risks of using
 - a. Virtual and in-person programming
 - b. Presentations at local events
3. Provide financial and human resources to external organizations who address substance abuse in our community.
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants, and other requests to support youth serving organizations

Chronic Disease and Obesity

Objective: Prevent obesity and reduce chronic disease with a focus on nutrition, reducing food insecurity and increasing public access to physical activity.

Strategies:

1. Educate the community through health and wellness education and events.
 - a. Food is Medicine, Strong Bodies, and other virtual programming
2. Engage staff internally to support local efforts in reducing food insecurity
 - a. Volunteer and participate in drives for basic needs
3. Provide financial and human resources to external organizations who address food insecurity and preventative care work
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants and other requests as needed
4. Identify internal opportunities to assist departments to better address social determinant of health barriers
 - a. Build relationships with Primary Care, rural care and Preventative Health Coordinators and Quality

Efforts around addressing these health concerns will be monitored by Mayo Clinic Health System Community Engagement and Site Leadership, with oversight and input from other department leadership. Annually we will gather input from Mayo Clinic Health System – Eau Claire community board leaders on how we are addressing these health concerns in the community.

Summary of Health Needs Not Addressed

To effectively measure impact and based on our area of expertise and availability of resources, Mayo Clinic Health System has selected the top three health priorities that were identified as significant needs in Chippewa County to focus our efforts on – Mental Health, Substance Abuse and Alcohol Misuse and Chronic Disease/Obesity (including but not limited to nutrition and food insecurity). Additionally, the interconnectedness of various health issues, as recognized by participants in the CHNA process, is expected to produce additional benefits in other health areas examined during the assessment. Additional health needs from the assessment include communicable disease, healthy growth & development, environmental & occupational health, injury & violence, reproductive health and oral health. Such needs will be addressed as part of our practice, as resources become available or by other organizations within the community.

Additional Mayo Clinic resources that benefit community health in the region:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discoveries.

Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic – In 2017, Mayo Clinic research programs encompassed more than 12,000 active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
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- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Barron/Mayo Clinic Health System – Northland

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

Mayo Clinic Health System – Northland in Barron is a 25-bed critical-access hospital located in Barron, Wisconsin. Since 1959, the hospital has been dedicated to promoting health and meeting the health care needs of its patients.

Barron is part of the Northwest Wisconsin region of Mayo Clinic Health System (MCHS), which includes hospitals in Eau Claire, Bloomer, Menomonie and Osseo. Mayo Clinic Health System – Northland in Barron supports the community through inpatient and outpatient services, as well as health and wellness.

In 2021, MCHS in Barron provided over \$1.8 million in charity care and more than \$3.5 million in bad debt. The organization also provided more than \$103,000 through philanthropic donations to support programs such as the Alzheimer's Association, Boys & Girls Club of Barron County, Benjamin's House Emergency Shelter and the Salvation Army of Barron County.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it's estimated we reached another 13,000 residents by providing health information on topics affecting immediate health issues and helpful tips on general wellness.

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

The MCHS – Northland community assessment process was led by a multisector community collaborative, Thrive Barron Steering County Committee, that encompasses local health care organizations, community groups and residents working together to identify Barron County's top health concerns. The committee met virtually beginning in September 2021 to determine an approach to evaluating the health needs of the greater Barron County area.

The primary input into the assessment and prioritization process was the Barron County 2021-22 Community Health Needs Assessment Survey. The 2021-22 Community Health Needs Assessment (CHNA) was designed to be a reaffirmation survey based on the findings of the extensive CHNA of 2019. The main reason for choosing this design for the CHNA, is like many others, the ongoing pandemic has limited the resources and capacity for a full needs assessment.

In early 2020, Barron County Public Health and all healthcare organizations in Barron County swiftly shifted to emergency response mode when COVID-19 began to greatly impact our community. Due to the derailment and pause of ordinary procedures and work, as well as the lack of adequate resources and staff to devote to the CHNA, the decision was made to use a reaffirmation survey.

This assessment was used to make sure that the previous community identified health priority needs within the 2019 CHNA survey are still what our Community Health Improvement Plan should be based around. The 2019 Community Health Needs Assessment final report for Mayo Clinic Health System - Northland has been posted on the Mayo Clinic Health System Community Engagement internet page for public review and comment. No written comments have been received.

Prioritized Health Needs

Mental Health

Objective: Improve mental health with an emphasis on strengthening community mental health services and suicide prevention and supporting the resiliency across the lifespan.

Strategies:

1. Support resiliency education in partnership with local schools and community organizations.
 - a. Promote and share Mental Health Matters Resiliency training internally and externally
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 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants, and other requests for support.
 - b. Coordinate speaker's bureau and subject matter experts
4. Identify internal opportunities to assist departments to better address social determinant of health barriers
 - a. Build relationships with rural care, OB, Cancer Center, Primary Care and Quality

Substance Abuse and Alcohol Misuse

Objective: Prevent alcohol misuse and substance abuse with an emphasis on youth.

Strategies:

1. Collaborate to strengthen local partnerships related to community AODA improvement.
 - a. Staff have active roles in implementing strategic plans through community coalitions, such as Voices in Prevention and Alliance for Substance Abuse Prevention and local school district initiatives
2. Provide education and awareness around risks of using
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3. Provide financial and human resources to external organizations who address substance abuse in our community.
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants, and other requests to support youth serving organizations

Chronic Disease and Obesity

Objective: Prevent obesity and reduce chronic disease with a focus on nutrition, reducing food insecurity and increasing public access to physical activity.

Strategies:

1. Educate the community through health and wellness education and events.
 - a. Food is Medicine, Strong Bodies, virtual programming
2. Engage staff internally to support local efforts in reducing food insecurity
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 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants and other requests as needed
4. Identify internal opportunities to assist departments to better address social determinant of health barriers
 - a. Build relationships with Primary Care, rural care and Preventative Health Coordinators and Quality

Efforts around addressing these health concerns will be monitored by Mayo Clinic Health System Community Engagement and Site Leadership, with oversight and input from other department leadership. Annually we will gather input from Mayo Clinic Health System – Eau Claire community board leaders on how we are addressing these health concerns in the community.

Summary of Health Needs Not Addressed

To effectively measure impact and based on our area of expertise and availability of resources, Mayo Clinic Health System has selected the top three health priorities that were identified as significant needs in Barron County to focus our efforts on – Mental Health, Substance Abuse and Alcohol Misuse and Chronic Disease and Obesity. Additionally, the interconnectedness of various health issues, as recognized by participants in the CHNA process, is expected to produce additional benefits in other health areas examined in the assessment process. Additional health needs from the assessment will be addressed as part of our practice, as resources become available or by other organizations within the community.

Additional Mayo Clinic resources that benefit community health in the region:

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- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <http://www.mayo.edu/research/centers-programs/center-science-health-care-delivery/overview>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)



Implementation Strategy 2023-2025

Mayo Clinic Health System-Franciscan Medical Center La Crosse



Implementation Plan

INTRODUCTION

Mayo Clinic (MC) is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education, and research.

Mayo Clinic Health System-Franciscan Medical Center is the legal entity that operates in five counties of southwest Wisconsin and one county in southeast Minnesota. The entity is commonly referred to as Mayo Clinic Health System in Southwest Wisconsin (MCHS SWWI).

Implementation Plan Definition

The implementation plan is the development of steps and actions to adopt, implement, sustain, and evaluate evidence-based interventions to improve health behaviors, outcomes, and environments. This aligns with the Mayo Clinic's primary value of the "needs of the patient come first."

This document will function as a guide to address the identified health needs in La Crosse County through the creation of funding strategies, resource inventories, partnership identification, community and staff involvement, key metrics, and reporting structures, in 2023-2025.

The focus of the implementation plan is to increase health equity and addressing the social determinants of health outlined in community assessment/survey referred to as the 2022 Community Needs Assessment for Mayo Clinic Health System – Franciscan Medical Center.

Community Definition

The MCHS SWWI La Crosse hospital is established in La Crosse, Wisconsin, in La Crosse County. The community has a rural population of 120,784 people who live in:¹

- 2 cities
- 4 villages
- 12 towns

Out of the 72 counties in Wisconsin, La Crosse County ranked 22nd in the state.²



The population is estimated to include seven listed races which include Indigenous person, Asian, Black/African American, Hispanic, White, two or more races and other.³ Of those races:

- .5% Indigenous population
- 1.5% Black/African American population
- 2% Hispanic population
- 2% Two or More Races/Other
- 5% Asian population
- 89% White population

The median household income in La Crosse County is \$57,882 and below the Wisconsin median household income of \$60,773, according to the 2020 United Way of Wisconsin ALICE report.⁴ The poverty rate is at 11.8%.

COMMUNITY BENEFIT

Through its interdisciplinary expertise in medical practice, research and education, Mayo Clinic and Mayo Clinic Health System reinvests its net operating income to advance breakthroughs in diagnoses, treatments and cures toward the variety and complexity of human diseases advancing the practice of medicine.

Additionally, the organization is focused on broader aspects of community need, including assistance to local non-profits, schools and government agencies, human service collaborative efforts to help stabilize and sustain the economies of the local communities.

The organization works relentlessly to ensure the community in the region has the peace of mind that their neighbors, Mayo Clinic Health System in Southwest Wisconsin are working together around the clock, on their behalf.

Community Benefit Requirements

Community benefit defined by the Catholic Health Association of the United States, is the hospital's "commitment to community service through organized and sustainable community benefit."⁷

Strategies and initiatives that qualify for community benefit reporting need to have at least one of the following:

- Improve access to health care services
- Enhance health of the community
- Advance medical or health knowledge
- Relieve or reduce the burden of government or other community efforts

For information about what should not be included or reported back be found at the [Community Benefit Overview](#).



HEALTHY WISCONSIN AND HEALTHY PEOPLE 2030 ALIGNMENT

Healthy Wisconsin

Healthy Wisconsin is a state initiative that produces a 10-year plan to serve as a public health roadmap. The [2020 State Health Assessment](#) led to a [Wisconsin State Health Improvement Plan](#) (SHIP).⁵

Healthy People 2030

Healthy People 2030 is the fifth iteration of the Healthy People initiative, which creates a repository of 10-year national objectives to improve health across the nation.⁶

MCHS SWWI was chosen to be a Health People 2030 Champion organization that creates a partnership between MCHS SWWI and the [Office of Disease Prevention and Health Promotion](#) within the US Department of Health and Human Services.

This partnership will provide access to national objectives, leading health indicator data, evidence-based resources, and ability to connect with professionals dedicated to the health and wellness of their local communities and the nation.



COMMUNITY ENGAGEMENT

Community Investments

Objective: Align the organization's community giving with efforts that improves health within the local community.

Employee Volunteerism

Objective: Connect MCHS SWWI staff with nonprofit organizations for roles that interest while expanding reach to improve the health and wellness of the communities it serves.

Community Partnerships

Objective: Engage with the community, patients, and staff to increase the health impact on the community through stronger relationships

Identified Health Needs

MCHS SWWI employees and stakeholders play a significant role in identifying the existing work, community assets and gaps in resources, within our region.

An internal committee recommended three priority community health needs to be addressed in the 2023-2025 implementation plan, based on their knowledge of the hospital's expertise, resources and ability to affect change.

The priorities identified included:

1. Access to Care
2. Mental Health and/or Substance Abuse
3. Chronic Disease and Contributing Factor

ACCESS TO CARE DEFINITION

Access to care is defined as having “timely use of personal health services to achieve the best health outcomes.” This includes Insurance coverage, services, timeliness, and workforce.⁸

Strategies can be implemented to decrease barriers, increase health literacy, and provide prevention opportunities for community members can be placed to improve the quality of life of the Southwest Wisconsin Region.

Healthy People 2030 Alignment

According to the Healthy People 2030 initiative, 1 out of 10 people in the United States do not have health insurance and are unable to pay for medication or care they need.⁶

- [Reduce the portion of people who cannot get prescription medicines when they need them – AHS-06](#)
- [Reduce the proportion of who cannot get medical care when the need it – AHS-04](#)
- [Increase the ability of proportion of people with a usual primary care provider – AHS-07](#)
- [Increase the use of telehealth to improve health services – AHS-RO2](#)
- [Increase the proportion of pregnant women who receive early and adequate prenatal care – MICH-08](#)

Healthy Wisconsin Alignment

The Wisconsin State Health Improvement Plan (SHIP) states that more than 8% of Wisconsinites did not receive medical care in the past 12 months due to cost.⁵

One of the five priorities areas listed in the Wisconsin SHIP includes a focus on person and community-centered health care.⁵

ACCESS TO CARE STRATEGY

Mayo Clinic Health System Goal

Ensure access to comprehensive, quality health care for community members in the Southwest Wisconsin Region, which are safe, affordable, timely and coordinated.

Strategy: Deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay.

Initiative: Address barriers to patients who cannot afford their prescription medicines

Initiative: Address transportation barriers for patients to and from appointments

Strategy: Increase patients’ health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, and increase overall literacy

Initiative: Increase the resources for the updating of languages services including translation efforts and interpretation service

Initiative: Continue to utilize the social determinants of health questionnaire and support the Community Based Organizations that are registered in Find Help for referrals to community resources

ACCESS TO CARE STRATEGY (CONT.)

Strategy: Increase the use of community health workers to provide patient-centered care with direct referrals to clinical and local resources

Initiative: Continue the relationship with Great Rivers United Way with the utilization of their Community Health Worker

Initiative: Research grant funding opportunities to support further community health worker engagement

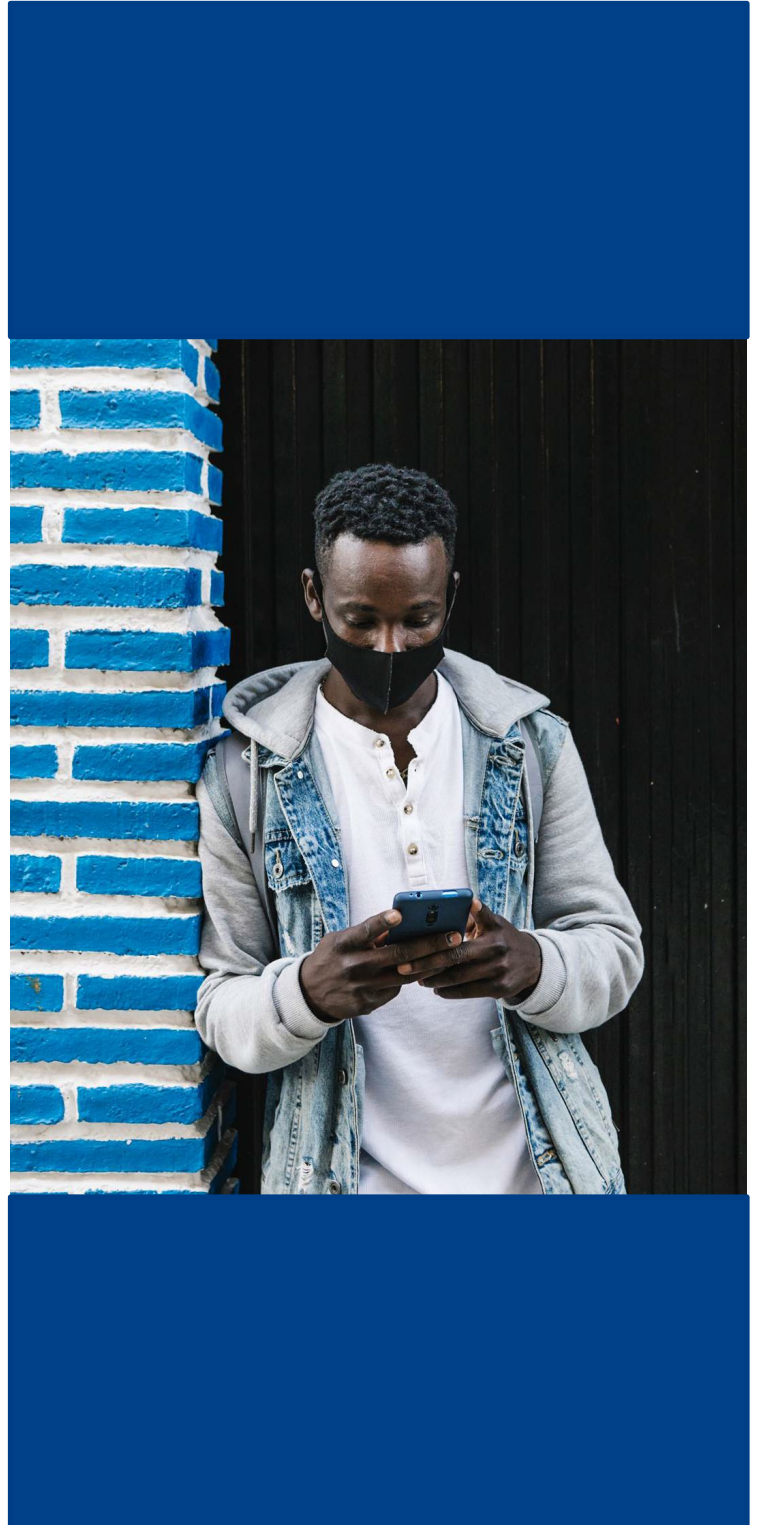
Strategy: Deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring; also called telehealth

Initiative: Increase internal capabilities to advance new ways of providing health care

Strategy: Strengthen the organizations workforce through development of programs and initiatives to support career exploration and recruitment

Initiative: Continue the relationship with the La Crosse School District and the Health Science Academy program

Initiative: Explore upstream solutions to create opportunities and pathways for students and new graduates within the organization



ACCESS TO CARE LOGIC MODEL

INPUTS

- HUB & Great Rivers United Way
- La Crosse School District
- Health Science Academy program
- Community Based Organizations
- Community Health Workers
- MCHS CE Team & Nursing Team
- CHNA Grant Opportunities

ACTIVITIES

- Deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay.
- Use of community health workers to provide patient centered care with direct referrals to clinical and local resources.
- Deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring, also called telehealth.
- Develop programs and initiatives to support career exploration and recruitment.

OUTPUTS

- Develop relationships with underserved populations
- CHW Program
- Advance medical and health knowledge
- Reduce the burden of governmental and community efforts.
- Strengthen the organizations workforce.
- Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient provider communication, and increase overall literacy.

OUTCOMES - HEALTHY PEOPLE 2030 ALIGNMENT

- Reduce the portion of people who can't get prescription medicines when they need them.
- Reduce the proportion of who cannot get medical care when they need it.
- Increase the proportion of people with a primary care provider.
- Increase the use of telehealth to improve health services.
- Increase the proportion of pregnant women who receive early and adequate prenatal care.
- Increase access to healthcare.

ACCESS TO CARE LOGIC MODEL (CONTINUED)

EVALUATION

- Number of services provided in the community
- Number of patients who access the CHW program
- Number of patients who access remote care

GRANTS

Community Grant Programs

- Community Collaboration Grants
- Community Impact Grants
- [Current Grant Funding Opportunities | Wisconsin Department of Health Services](#)

Improving Access to Overdose Treatment

- [Improving Access to Overdose Treatment | SAMHSA](#)

Center of Excellence for Protected Health Information Related to Behavioral Health

- The purpose of this program is to establish one national Center of Excellence to develop and disseminate training, technical assistance, and educational resources for healthcare practitioners, families, individuals, states, and communities on various privacy statutes and regulations as they relate to behavioral health data.
- [Center of Excellence for Protected Health Information Related to Behavioral Health | SAMHSA](#)

MCHS Rural Health Seed Grants

MENTAL HEALTH AND/OR SUBSTANCE ABUSE DEFINITION

According to the CDC, mental health is defined as “an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we manage stress, relate to others, and make healthy choices.”⁹

Substance abuse is defined by the CDC as, “a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others and is a form of substance-related disorder.”¹⁰

Healthy People 2030 Alignment

The Healthy People 2030 focuses on the prevention, screening, assessment, and treatment of mental health and substance use.

- [Increase the proportion of people with substance use and mental health disorders who get treatment for both – MHMD-07](#)
- [Increase the proportion of people with substance use disorder who got treatment in the past year-SU-01](#)
- [Reduce the proportion of people who misused prescription drugs in the past year – SU-12](#)

Healthy Wisconsin Alignment

According to the Healthy Wisconsin SHIP “poor mental health is associated with greater use of tobacco, alcohol, drugs, higher rates of suicide and accidents, as well as decreased school performance and lost productive workdays.”⁵

MENTAL HEALTH AND/OR SUBSTANCE ABUSE STRATEGY

Mayo Clinic Health System Goal

Address the community’s mental health and/or substance abuse health needs through prevention, screening, assessment, and treatment.

Strategy: Provide comprehensive mental health support for the young population

Initiative: Continue to support the behavioral health efforts and partnership with the Boys and Girls Club of Greater La Crosse

Initiative: Continue to support the Hamilton Elementary School

Initiative: Providing professional presentations in the community to help educate on the mental health/substance use topics

Strategy: Increase the number of people with mental health and/or substance use disorder obtaining treatment

Initiative: Continue partnership with Coulee Recovery Center including the peer support specialist program, substance abuse care provider, and clinic supervision

Initiative: Further develop the Opioid Stewardship program

Initiative: Continue the dialectical behavior therapy research program

MENTAL HEALTH AND/OR SUBSTANCE ABUSE LOGIC MODEL

INPUTS

- Boys and Girls Club of Greater La Crosse
- Hamilton Elementary School
- Coulee Recovery Center
- Opioid Stewardship Program
- Community Based Organizations
- MCHS CE Team
- CHNA Grant Opportunities

ACTIVITIES

- Dialectical behavior therapy research program
- Coulee Recovery Center peer support specialist program
- Coulee Recovery Center substance abuse care
- Coulee Recovery Center clinic supervision
- Opioid Stewardship Program

OUTPUTS

- Develop relationships with underserved populations
- Outreach to Boys and Girls Club of Greater La Crosse and Hamilton Elementary School
- Provide comprehensive mental health support for the young population
- Increase the number of people with mental health and/or substance use disorder obtaining treatment

OUTCOMES - HEALTHY PEOPLE 2030 ALIGNMENT

- Increase the proportion of people with substance use and mental health disorders who get treatment
- Reduce the proportion of people who misused prescription drugs in the past year

EVALUATION

- Number of services provided in the community
- Number of people who seek mental health services
- Number of youth who seek behavioral health services

MENTAL HEALTH AND/OR SUBSTANCE ABUSE LOGIC MODEL (CONTINUED)

GRANT OPPORTUNITIES

Addressing Racial Equity in Substance Use and Addiction Outcomes Through Community-Engaged Research at Minority Serving Institutions (R01 Clinical Trial Optional)

- Closing date – Nov 14, 2023
- Opportunity Number: RFA-DA-23-032
- [Search Grants | GRANTS.GOV](#)

Improving Access to Overdoses Treatment Department of Health and Human Services Substance Abuse and Mental Health Services

- The purpose of this program is to expand access to naloxone and other Food and Drug Administration (FDA) approved overdose reversal medications for emergency treatment of known or suspected opioid overdose. The recipients will collaborate with other prescribers at the community level to implement trainings on policies, procedures, and models of care for prescribing, co-prescribing, and expanding access to naloxone and other FDA-approved overdose reversal medications to the specified population of focus (i.e., rural or urban).
- Opportunity number: TI-23-004
- [Search Grants | GRANTS.GOV](#)
- [Health Services for Children with Serious Emotional Disturbance | SAMHSA](#)

Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance

- [Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance | SAMHSA](#)

Pediatric Mental health Care Access

- Forecasted with an estimated post date of March 27, 2023
- Opportunity Number: HRSA-23-081
- The purpose of the Pediatric Mental Health Care Access (PMHCA) Program is to promote **behavioral health** integration into pediatric primary care by supporting the planning and development of State (including jurisdiction, and Tribal) or regional pediatric mental **health care telehealth access programs**.

Project AWARE (Advancing Wellness and Resiliency in Education)

- The purpose of this program is to develop a sustainable infrastructure for school-based mental health programs and services.
- [Project AWARE \(Advancing Wellness and Resiliency in Education\) | SAMHSA](#)

MCHS Rural Health Seed Grants

CHRONIC DISEASE AND CONTRIBUTING FACTORS DEFINITION

According to the CDC, chronic disease is defined broadly as, “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States.”¹⁰

Healthy People 2030 Alignment

The Healthy People 2030 focuses on reducing health problems and improving quality of life by addressing chronic disease.

- [Increase the proportion of adults who get screened for lung cancer – C-03](#)
- [Increase the proportion of females who get screened for breast cancer – C-05](#)
- [Increase the proportion of adults who get screened for colorectal cancer – C-07](#)
- [Increase the proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider – DIA-03](#)
- [Increase the proportion of people with diabetes who get formal diabetes education – D-06](#)
- [Increase control of high blood pressure – HDS-05](#)
- [Increase cholesterol treatment in adults – HDS-07](#)
- [Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity – NWS-05](#)

CHRONIC DISEASE AND CONTRIBUTING FACTORS STRATEGY

Mayo Clinic Health System Goal

Provide comprehensive, quality health care for patients experiencing chronic disease including screenings, patient-self management, and patient education.

Strategy: Increase the vaccination rates among children and adolescents

Initiative: Partner with the quality department along with Nursing to improve childhood and adolescent immunization

Strategy: Increase patient cancer screening (lung, breast, colorectal)

Initiative: Partner with the Commission of Cancer, Hope Restore, St. Clare Health mission and the Center for Breast Care for screening events and opportunities

Strategy: Utilize evidence-based screening and education for chronic disease management programs

Initiative: Continue to build upon primary care and nursing efforts including screenings, fasting glucose, blood pressure, and vaccinations

Initiative: Development of the bariatric surgery and weight management care

Strategy: Increase availability of healthy nutritious food in the community

Initiative: Continue working with Clinical Dietetic department to advance initiatives

CHRONIC DISEASE AND CONTRIBUTING FACTORS LOGIC MODEL

INPUTS

- Commission of Cancer
- Hope Restores
- St. Clare Health Mission
- Center for Breast Care
- Clinical Dietetic Department
- Community Based Organizations
- Quality Department
- Nursing
- MCHS CE Team
- CHNA Grant Opportunities

ACTIVITIES

- Vaccine outreach
- Patient cancer screening (lung, breast, colorectal)
- Evidence-based screening and education
- Chronic disease management programs
- Increase availability of healthy nutritious food in the community
- Develop bariatric surgery and weight management care
- Advance Clinical Dietetic department

OUTPUTS

- Develop relationships with underserved populations
- Increased vaccination rates among children and adolescents

OUTCOMES - HEALTHY PEOPLE 2030 ALIGNMENT

- Increase the proportion of adults who get screened for lung cancer.
- Increase the proportion of females who get screened for breast cancer.
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- Increase the proportion of people with diabetes who get formal diabetes education.
- Increase cholesterol treatment in adults.
- Increase proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity.

CHRONIC DISEASE AND CONTRIBUTING FACTORS LOGIC MODEL (CONTINUED)

EVALUATION

- Number of services provided in the community.
- Number of people who get screened for lung cancer.
- Number of people who get screened for breast cancer.
- Number of people who get screened for colorectal cancer.
- Number of people who receive diabetes education.
- Number of people who receive counseling on weight loss, nutrition, or physical activity.

GRANT OPPORTUNITIES

Health Home for Individuals with Chronic Conditions

- Opportunity Number: CMS-2J2-23-001
- [Search Grants | GRANTS.GOV](#)

Health Care Models for Persons with Multiple Chronic Conditions from Populations that Experience Health Disparities: Advancing Health Care towards Health Equity (R01 - Clinical Trials Optional)

- Closing Date – Sep 7, 2024
- Opportunity number: PAR-22-092
- [Search Grants | GRANTS.GOV](#)

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes

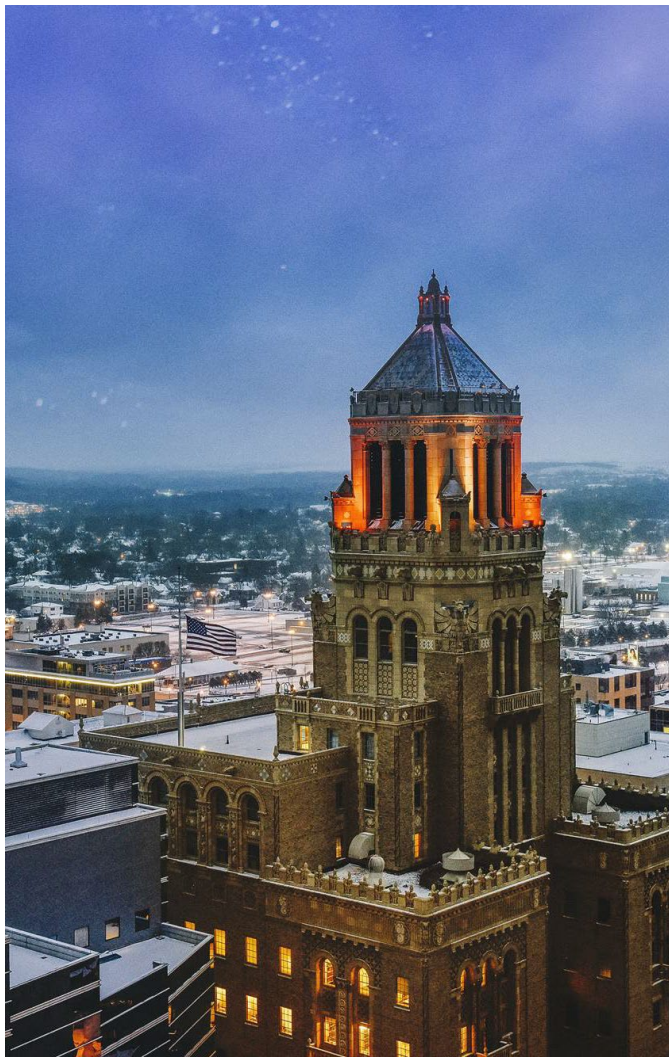
- This notice of funding opportunity (NOFO) seeks to prevent or delay onset of type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes.
- Closing date May 7, 2023
- Opportunity number: CDC-RFA-DP-23-0020
- [Search Grants | GRANTS.GOV](#)

MCHS Rural Health Seed Grants

ADDITIONAL MAYO CLINIC RESOURCES

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discovery.

Overarching Mayo Clinic resources that bring these benefits to local health needs include:



Biomedical Research at Mayo Clinic

In 2017, Mayo Clinic research programs encompassed more than 12,000 active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic's unique expertise and integrated, multidisciplinary approach to medicine benefits community health everywhere. For more information visit, <http://www.mayo.edu/research>.

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The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. For more information visit <http://www.mayo.edu/research/centers-programs/center-science-health-care-delivery/overview>.

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JOINT COMMISSION REQUIREMENTS

The Joint Commission (TJC) is an independent, not-for-profit organization that “improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.”¹²

These new requirements have been identified to reduce health care disparities in ambulatory health, behavioral health and human services, critical access hospitals and accreditation programs. They include:

Standard LD.04.03.08: Reducing health care disparities for the [organization’s] [patients] is a quality and safety priority.

Requirement EP 1: The [organization] designates an individual(s) to lead activities to reduce health care disparities for the [organization’s] [patients].

Note: Leading the [organization’s] activities to reduce health care disparities may be an individual’s primary role or part of a broader set of responsibilities

Requirement EP 2: The [organization] assesses the [patient’s] health-related social needs and provides information about community resources and support services.

Note 1: [Organizations] determine which health-related social needs to include in the [patient] assessment. Examples of a [patient’s] health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills
- Education and literacy
- Food insecurity
- Housing insecurity

Requirement EP 3: The [organization] identifies health care disparities in its [patient] population by stratifying quality and safety data using the sociodemographic characteristics of the [organization’s] [patients].

Note 1: [Organizations] may focus on areas with known disparities identified in the scientific literature (for example, [Hospital/Critical Access Hospital: organ transplantation, maternal care, diabetes management; Ambulatory Health Care: kidney disease, maternal care, diabetes management; Behavioral Health Care: treatment for substance abuse disorder, restraint use, suicide rates]) or select measures that affect all [patients] (for example, experience of care and communication).

Note 2: [Organizations] determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include the following:

- Age
- Gender
- Preferred language
- Race and ethnicity

Requirement EP 4: The [organization] develops a written action plan that describes how it will address at least one of the health care disparities identified in its [patient] population.

Requirement EP 5: The [organization] acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.

Requirement EP 6: At least annually, the [organization] informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.

SUMMARY OF HEALTH NEEDS NOT ADDRESSED

MCHS SWWI analyzed the local health need outcomes identified in the CHNA and chose strategies and initiatives where the organization could make the greatest impact and effect change in our communities. These priorities include poverty and livable wage and/or safe and affordable housing.

With a narrowed vision of the local priorities, MCHS SWWI will be able to:

- Set goals and measurable objectives to guide evidence-based policies, programs, and other actions to improve health and well-being.
- Supply accurate, prompt, and accessible data that can drive targeted actions to address regions and populations that have poor health or are at elevated risk for poor health.
- Foster impact through public and private efforts to improve health and well-being for all ages and the communities in which they live.
- Share and support the implementation of evidence-based programs and policies that are replicable, scalable, and sustainable.
- Stimulate research and innovation toward critical research, data, and evaluation needs.

The health needs not addressed will be addressed by the hospital based on resources available and/or by other agencies/organizations within the community that are more aligned in addressing those needs.

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Implementation Strategy 2023-2025

Mayo Clinic Health System-Franciscan Medical Center Sparta



Implementation Plan

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The focus of the implementation plan is to increase health equity and addressing the social determinants of health outlined in community assessment/survey referred to as the 2022 Community Needs Assessment for Mayo Clinic Health System – Franciscan Medical Center.

Community Definition

The MCHS SWWI Sparta hospital is established in Sparta, Wisconsin, in Monroe County. The community has a rural population of 46,193 people who live in:¹

- 2 cities
- 8 villages
- 24 towns



Out of the 72 counties in Wisconsin, Monroe County ranked 45th in the state.²

The population is estimated to include seven listed races which include Indigenous person, Asian, Black/African American, Hispanic, White, two or more races and other.³ Of those races:

- 1% Indigenous population
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HEALTHY WISCONSIN AND HEALTHY PEOPLE 2030 ALIGNMENT

Healthy Wisconsin

Healthy Wisconsin is a state initiative that produces a 10-year plan to serve as a public health roadmap. The [2020 State Health Assessment](#) led to a [Wisconsin State Health Improvement Plan](#) (SHIP).⁵

Healthy People 2030

Healthy People 2030 is the fifth iteration of the Healthy People initiative, which creates a repository of 10-year national objectives to improve health across the nation.⁶

MCHS SWWI was chosen to be a Health People 2030 Champion organization that creates a partnership between MCHS SWWI and the [Office of Disease Prevention and Health Promotion](#) within the US Department of Health and Human Services.

This partnership will provide access to national objectives, leading health indicator data, evidence-based resources, and ability to connect with professionals dedicated to the health and wellness of their local communities and the nation.



COMMUNITY ENGAGEMENT

Community Investments

Strategy: Align the organization's community giving with efforts that improves health within the local community.

Employee Volunteerism

Strategy: Connect MCHS SWWI staff with nonprofit organizations for roles that interest while expanding reach to improve the health and wellness of the communities it serves.

Community Partnerships

Strategy: Engage with the community, patients, and staff to increase the health impact on the community through stronger relationships

Identified Health Needs

MCHS SWWI employees and stakeholders play a significant role in identifying the existing work, community assets and gaps in resources, within our region.

An internal committee recommended three priority community health needs to be addressed in the 2023-2025 implementation plan, based on their knowledge of the hospital's expertise, resources and ability to affect change.

The priorities identified included:

1. Access to Care
2. Mental Health and/or Substance Abuse
3. Chronic Disease and Contributing Factor

ACCESS TO CARE DEFINITION

Access to care is defined as having “timely use of personal health services to achieve the best health outcomes.” This includes Insurance coverage, services, timeliness, and workforce.⁷

Strategies can be implemented to decrease barriers, increase health literacy, and provide prevention opportunities for community members can be placed to improve the quality of life of the Southwest Wisconsin Region.

Healthy People 2030 Alignment

According to the Healthy People 2030 initiative, 1 out of 10 people in the United States do not have health insurance and are unable to pay for medication or care they need.⁶

- [Reduce the portion of people who can't get prescription medicines when they need them – AHS-06](#)
- [Reduce the proportion of who cannot get medical care when the need it – AHS-04](#)
- [Increase the ability of proportion of people with a usual primary care provider – AHS-07](#)
- [Increase the use of telehealth to improve health services – AHS-RO2](#)
- [Increase the proportion of pregnant women who receive early and adequate prenatal care – MICH-08](#)

Healthy Wisconsin Alignment

The Wisconsin State Health Improvement Plan (SHIP) states that more than 8% of Wisconsinites did not receive medical care in the past 12 months due to cost.⁵

One of the five priorities areas listed in the Wisconsin SHIP includes a focus on person and community-centered health care.⁵

ACCESS TO CARE STRATEGY

Mayo Clinic Health System Goal

Ensure access to comprehensive, quality health care for community members in the Southwest Wisconsin Region, which are safe, affordable, timely and coordinated.

Strategy: Deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay.

Initiative: Address barriers to patients who cannot afford their prescription medicines

Initiative: Address transportation barriers for patients to and from appointments

Strategy: Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient-provider communication, and increase overall literacy

Initiative: Increase the resources for the updating of languages services including translation efforts and interpretation service

Initiative: Continue to utilize the social determinants of health questionnaire and support the Community Based Organizations that are registered in Find Help for referrals to community resources

ACCESS TO CARE STRATEGY (CONT.)

Strategy: Increase the use of community health workers to provide patient-centered care with direct referrals to clinical and local resources

Initiative: Continue the relationship with Great Rivers United Way with the utilization of their Community Health Worker

Initiative: Research grant funding opportunities to support further community health worker engagement

Strategy: Deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring; also called telehealth

Initiative: Increase internal capabilities to advance new ways of providing health care

Strategy: Strengthen the organizations workforce through development of programs and initiatives to support career exploration and recruitment

Initiative: Explore upstream solutions to create opportunities and pathways for students and new graduates within the organization



ACCESS TO CARE LOGIC MODEL

INPUTS

- HUB & Great Rivers United Way
- Sparta School District
- Monroe County Health Department
- Community Based Organizations
- Community Health Workers
- MCHS CE Team & Nursing Team
- CHNA Grant Opportunities

ACTIVITIES

- Deliver comprehensive care to uninsured, underinsured, and vulnerable patients regardless of ability to pay.
- Use of community health workers to provide patient centered care with direct referrals to clinical and local resources.
- Deliver consultative, diagnostic, and treatment services remotely for patients who live in areas with limited access to care or would benefit from frequent monitoring, also called telehealth.
- Develop programs and initiatives to support career exploration and recruitment.

OUTPUTS

- Develop relationships with underserved populations
- CHW Program
- Advance medical and health knowledge
- Reduce the burden of governmental and community efforts.
- Strengthen the organizations workforce.
- Increase patients' health-related knowledge via efforts to simplify health education materials, improve patient provider communication, and increase overall literacy.

OUTCOMES - HEALTHY PEOPLE 2030 ALIGNMENT

- Reduce the portion of people who can't get prescription medicines when they need them.
- Reduce the proportion of who cannot get medical care when they need it.
- Increase the proportion of people with a primary care provider.
- Increase the use of telehealth to improve health services.
- Increase the proportion of pregnant women who receive early and adequate prenatal care.
- Increase access to healthcare.

ACCESS TO CARE LOGIC MODEL (CONTINUED)

EVALUATION

- Number of services provided in the community
- Number of patients who access the CHW program
- Number of patients who access remote care

GRANT OPPORTUNITIES

Community Grant Programs

- Community Collaboration Grants
- Community Impact Grants
- [Current Grant Funding Opportunities | Wisconsin Department of Health Services](#)

Improving Access to Overdose Treatment

- [Improving Access to Overdose Treatment | SAMHSA](#)

Center of Excellence for Protected Health Information Related to Behavioral Health

- The purpose of this program is to establish one national Center of Excellence to develop and disseminate training, technical assistance, and educational resources for healthcare practitioners, families, individuals, states, and communities on various privacy statutes and regulations as they relate to behavioral health data.
- [Center of Excellence for Protected Health Information Related to Behavioral Health | SAMHSA](#)

MCHS Rural Health Seed Grants

MENTAL HEALTH AND/OR SUBSTANCE ABUSE DEFINITION

According to the CDC, mental health is defined as “an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we manage stress, relate to others, and make healthy choices.”⁸

Substance abuse is defined by the CDC as, “a patterned use of a drug in which the user consumes the substance in amounts or with methods which are harmful to themselves or others and is a form of substance-related disorder.”⁹

Healthy People 2030 Alignment

The Healthy People 2030 focuses on the prevention, screening, assessment, and treatment of mental health and substance use.

- [Increase the proportion of people with substance use and mental health disorders who get treatment for both – MHMD-07](#)
- [Increase the proportion of people with substance use disorder who got treatment in the past year-SU-01](#)
- [Reduce the proportion of people who misused prescription drugs in the past year – SU-12](#)

Healthy Wisconsin Alignment

According to the Healthy Wisconsin SHIP “poor mental health is associated with greater use of tobacco, alcohol, drugs, higher rates of suicide and accidents, as well as decreased school performance and lost productive workdays.”⁵

MENTAL HEALTH AND/OR SUBSTANCE ABUSE STRATEGY

Mayo Clinic Health System Goal

Address the community’s mental health and/or substance abuse health needs through prevention, screening, assessment, and treatment.

Strategy: Provide comprehensive mental health support for the young population

Initiative: Continue to support the behavioral health efforts and partnership with the Boys and Girls Club

Initiative: Continue to support the Hamilton Elementary School

Initiative: Providing professional presentations in the community to help educate on the mental health/substance use topics

Strategy: Increase the number of people with mental health and/or substance use disorder obtaining treatment

Initiative: Continue partnership with Coulee Recovery Center including the peer support specialist program, substance abuse care provider, and clinic supervision

Initiative: Further develop the Opioid Stewardship program

Initiative: Continue the dialectical behavior therapy research program

MENTAL HEALTH AND/OR SUBSTANCE ABUSE LOGIC MODEL

INPUTS

- Boys and Girls Club
- Coulee Recovery Center
- Opioid Stewardship Program
- Community Based Organizations
- MCHS CE Team
- CHNA Grant Opportunities

ACTIVITIES

- Dialectical behavior therapy research program
- Coulee Recovery Center peer support specialist program
- Coulee Recovery Center substance abuse care
- Coulee Recovery Center clinic supervision
- Opioid Stewardship Program

OUTPUTS

- Develop relationships with underserved populations
- Outreach to Boys and Girls Club of Greater
- Provide comprehensive mental health support for the young population
- Increase the number of people with mental health and/or substance use disorder obtaining treatment

OUTCOMES - HEALTHY PEOPLE 2030 ALIGNMENT

- Increase the proportion of people with substance use and mental health disorders who get treatment
- Reduce the proportion of people who misused prescription drugs in the past year

EVALUATION

- Number of services provided in the community
- Number of people who seek mental health services
- Number of youth who seek behavioral health services

MENTAL HEALTH AND/OR SUBSTANCE ABUSE LOGIC MODEL (CONTINUED)

GRANT OPPORTUNITIES

Addressing Racial Equity in Substance Use and Addiction Outcomes Through Community-Engaged Research at Minority Serving Institutions (R01 Clinical Trial Optional)

- Closing date – Nov 14, 2023
- Opportunity Number: RFA-DA-23-032
- [Search Grants | GRANTS.GOV](#)

Improving Access to Overdoses Treatment Department of Health and Human Services Substance Abuse and Mental Health Services

- The purpose of this program is to expand access to naloxone and other Food and Drug Administration (FDA) approved overdose reversal medications for emergency treatment of known or suspected opioid overdose. The recipients will collaborate with other prescribers at the community level to implement trainings on policies, procedures, and models of care for prescribing, co-prescribing, and expanding access to naloxone and other FDA-approved overdose reversal medications to the specified population of focus (i.e., rural or urban).
- Opportunity number: TI-23-004
- [Search Grants | GRANTS.GOV](#)
- [Health Services for Children with Serious Emotional Disturbance | SAMHSA](#)

Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance

- [Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbance | SAMHSA](#)

Pediatric Mental health Care Access

- Forecasted with an estimated post date of March 27, 2023
- Opportunity Number: HRSA-23-081
- The purpose of the Pediatric Mental Health Care Access (PMHCA) Program is to promote **behavioral health** integration into pediatric primary care by supporting the planning and development of State (including jurisdiction, and Tribal) or regional pediatric mental **health care telehealth access programs**.

Project AWARE (Advancing Wellness and Resiliency in Education)

- The purpose of this program is to develop a sustainable infrastructure for school-based mental health programs and services.
- [Project AWARE \(Advancing Wellness and Resiliency in Education\) | SAMHSA](#)

MCHS Rural Health Seed Grants

CHRONIC DISEASE AND CONTRIBUTING FACTORS DEFINITION

According to the CDC, chronic disease is defined broadly as, “conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States.” ¹⁰

Healthy People 2030 Alignment

The Healthy People 2030 focuses on reducing health problems and improving quality of life by addressing chronic disease.

- [Increase the proportion of adults who get screened for lung cancer – C-03](#)
- [Increase the proportion of females who get screened for breast cancer – C-05](#)
- [Increase the proportion of adults who get screened for colorectal cancer – C-07](#)
- [Increase the proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider – DIA-03](#)
- [Increase the proportion of people with diabetes who get formal diabetes education – D-06](#)
- [Increase control of high blood pressure – HDS-05](#)
- [Increase cholesterol treatment in adults – HDS-07](#)
- [Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity – NWS-05](#)

CHRONIC DISEASE AND CONTRIBUTING FACTORS STRATEGY

Mayo Clinic Health System Goal

Provide comprehensive, quality health care for patients experiencing chronic disease including screenings, patient-self management, and patient education.

Strategy: Increase the vaccination rates among children and adolescents

Initiative: Partner with the quality department along with Nursing to improve childhood and adolescent immunization

Strategy: Increase patient cancer screening (lung, breast, colorectal)

Initiative: Partner with the Commission of Cancer, Hope Restore, St. Clare Health mission and the Center for Breast Care for screening events and opportunities

Strategy: Utilize evidence-based screening and education for chronic disease management programs

Initiative: Continue to build upon primary care and nursing efforts including screenings, fasting glucose, blood pressure, and vaccinations

Initiative: Development of the bariatric surgery and weight management care

Strategy: Increase availability of healthy nutritious food in the community

Initiative: Continue working with Clinical Dietetic department to advance initiatives

CHRONIC DISEASE AND CONTRIBUTING FACTORS LOGIC MODEL

INPUTS

- Commission of Cancer
- Hope Restores
- St. Clare Health Mission
- Center for Breast Care
- Clinical Dietetic Department
- Community Based Organizations
- Quality Department
- Nursing
- MCHS CE Team
- CHNA Grant Opportunities

ACTIVITIES

- Vaccine outreach
- Patient cancer screening (lung, breast, colorectal)
- Evidence-based screening and education
- Chronic disease management programs
- Increase availability of healthy nutritious food in the community
- Develop bariatric surgery and weight management care
- Advance Clinical Dietetic department

OUTPUTS

- Develop relationships with underserved populations
- Increased vaccination rates among children and adolescents

OUTCOMES - HEALTHY PEOPLE 2030 ALIGNMENT

- Increase the proportion of adults who get screened for lung cancer.
- Increase the proportion of females who get screened for breast cancer.
- Increase the proportion of adults who get screened for colorectal cancer.
- Increase the proportion of adults with subjective cognitive decline who have discussed their symptoms with a provider.
- Increase the proportion of people with diabetes who get formal diabetes education.
- Increase cholesterol treatment in adults.
- Increase proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition, or physical activity.

CHRONIC DISEASE AND CONTRIBUTING FACTORS LOGIC MODEL (CONTINUED)

EVALUATION

- Number of services provided in the community.
- Number of people who get screened for lung cancer.
- Number of people who get screened for breast cancer.
- Number of people who get screened for colorectal cancer.
- Number of people who receive diabetes education.
- Number of people who receive counseling on weight loss, nutrition, or physical activity.

GRANT OPPORTUNITIES

Health Home for Individuals with Chronic Conditions

- Opportunity Number: CMS-2J2-23-001
- [Search Grants | GRANTS.GOV](#)

Health Care Models for Persons with Multiple Chronic Conditions from Populations that Experience Health Disparities: Advancing Health Care towards Health Equity (R01 - Clinical Trials Optional)

- Closing Date – Sep 7, 2024
- Opportunity number: PAR-22-092
- [Search Grants | GRANTS.GOV](#)

A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes

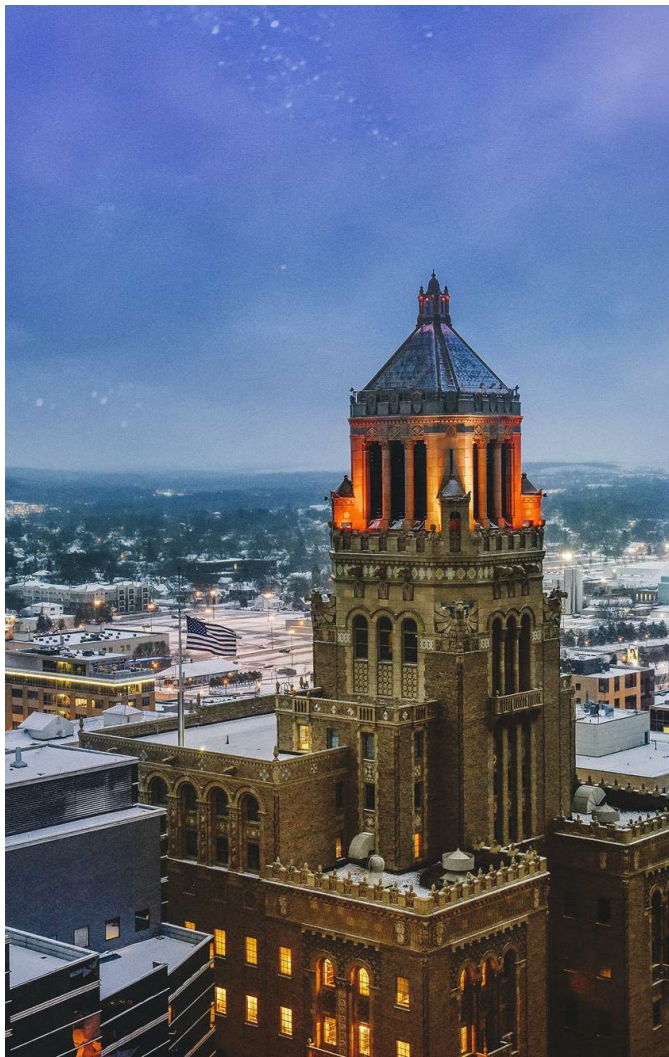
- This notice of funding opportunity (NOFO) seeks to prevent or delay onset of type 2 diabetes among adults with prediabetes and improve self-care practices, quality of care, and early detection of complications among people with diabetes.
- Closing date May 7, 2023
- Opportunity number: CDC-RFA-DP-23-0020
- [Search Grants | GRANTS.GOV](#)

MCHS Rural Health Seed Grants

ADDITIONAL MAYO CLINIC RESOURCES

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discovery.

Overarching Mayo Clinic resources that bring these benefits to local health needs include:



Biomedical Research at Mayo Clinic

In 2017, Mayo Clinic research programs encompassed more than 12,000 active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic's unique expertise and integrated, multidisciplinary approach to medicine benefits community health everywhere. For more information visit, <http://www.mayo.edu/research>.

Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery

The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. For more information visit <http://www.mayo.edu/research/centers-programs/center-science-health-care-delivery/overview>.

Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT and OCER)

Mayo Clinic's CCaT and OCER seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT and OCER makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. For more information visit <http://www.mayo.edu/ctsa> and/or <http://www.mayo.edu/ctsa/community>.

JOINT COMMISSION REQUIREMENTS

The Joint Commission (TJC) is an independent, not-for-profit organization that “improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value”.¹¹

These new requirements have been identified to reduce health care disparities in ambulatory health, behavioral health and human services, critical access hospitals and accreditation programs. They include:

Standard LD.04.03.08: Reducing health care disparities for the [organization’s] [patients] is a quality and safety priority.

Requirement EP 1: The [organization] designates an individual(s) to lead activities to reduce health care disparities for the [organization’s] [patients].

Note: Leading the [organization’s] activities to reduce health care disparities may be an individual’s primary role or part of a broader set of responsibilities

Requirement EP 2: The [organization] assesses the [patient’s] health-related social needs and provides information about community resources and support services.

Note 1: [Organizations] determine which health-related social needs to include in the [patient] assessment. Examples of a [patient’s] health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills
- Education and literacy
- Food insecurity
- Housing insecurity

Requirement EP 3: The [organization] identifies health care disparities in its [patient] population by stratifying quality and safety data using the sociodemographic characteristics of the [organization’s] [patients].

Note 1: [Organizations] may focus on areas with known disparities identified in the scientific literature (for example, [Hospital/Critical Access Hospital: organ transplantation, maternal care, diabetes management; Ambulatory Health Care: kidney disease, maternal care, diabetes management; Behavioral Health Care: treatment for substance abuse disorder, restraint use, suicide rates]) or select measures that affect all [patients] (for example, experience of care and communication).

Note 2: [Organizations] determine which sociodemographic characteristics to use for stratification analyses. Examples of sociodemographic characteristics may include the following:

- Age
- Gender
- Preferred language
- Race and ethnicity

Requirement EP 4: The [organization] develops a written action plan that describes how it will address at least one of the health care disparities identified in its [patient] population.

Requirement EP 5: The [organization] acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.

Requirement EP 6: At least annually, the [organization] informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.

SUMMARY OF HEALTH NEEDS NOT ADDRESSED

MCHS SWWI analyzed the local health need outcomes identified in the CHNA and chose strategies and initiatives where the organization could make the greatest impact and effect change in our communities. These priorities include poverty and livable wage and/or safe and affordable housing.

With a narrowed vision of the local priorities, MCHS SWWI will be able to:

- Set goals and measurable objectives to guide evidence-based policies, programs, and other actions to improve health and well-being.
- Supply accurate, prompt, and accessible data that can drive targeted actions to address regions and populations that have poor health or are at elevated risk for poor health.
- Foster impact through public and private efforts to improve health and well-being for all ages and the communities in which they live.
- Share and support the implementation of evidence-based programs and policies that are replicable, scalable, and sustainable.
- Stimulate research and innovation toward critical research, data, and evaluation needs.

The health needs not addressed will be addressed by the hospital based on resources available and/or by other agencies/organizations within the community that are more aligned in addressing those needs.

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Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Mayo Clinic Health System

Albert Lea and Austin

Approved by the Southeast Minnesota Regional Board, May 10, 2023

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and promote health through integrated clinical practice, education, and research.

Mayo Clinic Health System – Albert Lea and Austin

The main population centers of Albert Lea and Austin are approximately 23 miles apart. The demographics of the two counties are similar, but specific community needs in Albert Lea and Austin (Freeborn and Mower Counties, respectively) vary. Health needs prioritization reflects this to ensure that each community's unique health issues are addressed and that local support for Community Health Needs Assessment (CHNA) plans is achieved.

Mayo Clinic Health System – Albert Lea and Austin has a long history of reaching out to its communities for feedback, collectively identifying local health care needs and building partnerships to meet those needs. Valuable partnerships with community organizations work to improve the quality of life for all who live in the communities served by Mayo Clinic Health System. Leadership and staff from both sites serve on local boards and initiatives, including economic development and Chamber of Commerce committees, family services collaborative, community college foundation, historical societies, United Way and others.

Community Input and Surveys

The Mayo Clinic Health System in Southeast Minnesota CHNA process was conducted in partnership with regional county public health organizations. A collaborative approach helped evaluate the health needs of our communities and determine health priorities.

Coordinated efforts included developing and disseminating a random mailed survey. In addition, Mayo Clinic Health System and the county public health department also used separate surveys and feedback mechanisms to supplement the community survey. These included key informant interviews in each community, focus groups and community listening sessions to solicit feedback from typically underserved or at-risk populations and gain general perspectives about social and environmental issues affecting health.

Prioritized Health Needs

Albert Lea/Freeborn County	Austin/Mower County
Mental Well-being	Mental Well-being
Access to Care	Access to Care
Chronic Disease Prevention	Substance Misuse

Community perspective throughout the priority health areas was an overall concern about language barriers and lack of culturally sensitive communications. These include lack of knowledge, understanding access, connecting to diverse populations, lack of cultural understanding and the need for information on different cultures.

Mental Well-Being

Community input stressed the importance of mental well-being education and stress management/coping skills, both in school and with parents, in addition to seniors living alone and possibly facing isolation issues.

Mental health concerns were mentioned multiple times, especially related to the effects of the COVID-19 pandemic. Other topics referenced were parenting, students, families, drug abuse, addiction, drugs (marijuana and vaping), care access (especially to primary care and affordable mental health care), affordability, provider availability, understanding medical conditions and health education.

The top concern listed revolved around care access and providers. Stigma and lack of education/resources rose to the top of issues that need addressing. Other issues included depression, addiction, drugs, suicide, anxiety, loneliness, broken families, abuse, and community awareness. Crisis help, long-term housing, and county support were also concerns.

Access to Care

Access to care means different things to people. Feedback from focus groups varied from confusion about where to go for what, understanding insurance coverage, lack of mental health resources, needing more dental care options and having interpreters for health care issues.

Other socioeconomic issues affect access to care, including transportation, cultural attitudes toward health, navigating available resources and having enough providers. Each one connects/overlaps with others, emphasizing the importance of communication specific to various cultures.

Affordability was referenced. Understanding resources, the need for more mental health resources and the appropriate use of options (urgent care/overuse of emergency department) were cited. Vaccinations, nutrition education, and technology were mentioned. Some expressed frustration with the complexity of the system. The pandemic quickly opened several new ways of accessing care, including virtual care and remote monitoring. While improving access, these new ways of care delivery can also be confusing for those who may have technology struggles or become impatient when coordinating appointments with transportation, child care and work schedules.

Chronic Disease Prevention

Chronic disease prevention focuses on keeping people healthy, engaging and empowering people and communities to choose healthy behaviors and reducing the risk of developing disease. Empowering people to manage lifestyle factors can help prevent chronic disease onset and progression. Areas of emphasis include substance misuse and obesity/overweight, especially concerning the multi-cultures in Freeborn County.

Substance Misuse

Substance misuse was noted as a serious health challenge. Groups defined substance misuse as using illegal drugs and the inappropriate use of legal substances, such as alcohol and tobacco. The World Health Organization defines drug misuse as using a substance for a purpose not consistent with legal or medical guidelines. Reducing substance misuse improves overall health and affects mental well-being and chronic disease prevention.

Community concerns reflected how substances are used to mitigate mental health and “take the edge off.” Discussions focused on parents not setting a good example for their kids – many respondents felt/feel that too many parents are using drugs and alcohol and normalizing their use with their children. The family must be considered when addressing substance misuse, as it affects multiple generations.

County collaborations

Freeborn County

Priority Health Topic	Mayo Clinic Health System Resources	Mayo Clinic Health System collaborates with these organizations.
Mental Well-being	Mayo Clinic Health System Psychiatric Services Unit Mayo Clinic Health System Family Medicine Fountain Centers	Freeborn County Public Health Freeborn County SHIP Freeborn County Senior Resources Freeborn County Family Services Collaborative United Way Albert Lea Public Schools Salvation Army Community Health Care Collaborative Albert Lea Senior Center NAMI Albert Lea Family Y Community Education Faith communities South Central Mobile Crisis Team Community Action Agency Cedar House, Inc. Support groups
Access to Health Care	Signage within clinic Mayo Clinic Health System website Collateral shared at community events Mayo Clinic Health System Language Services Mayo Clinic Express Care	Freeborn County Public Health IMAA Freeborn County Family Services Collaborative Community Health Care Collaborative

	Mayo Clinic Health System Virtual Care options	
Chronic Disease Prevention	Well-child visits Immunization clinics School flu shot clinics Fountain Centers Mayo Clinic Health System Dieticians	Freeborn County Public Health Freeborn County SHIP Albert Lea Family Y City of Albert Lea Parks & Rec Community Education Community Health Care Collaborative

Mower County

Priority Health Topic	Mayo Clinic Health System Resources	Mayo Clinic Health System collaborates with these organizations.
Mental Well-being	Mayo Clinic Health System Psychiatric Services Unit Mayo Clinic Health System Family Medicine Fountain Centers	United Way Austin Public Schools Austin Aspires School social workers School success coaches Salvation Army Fernbrook Services Independent Management Services Mower County Senior Center Seibel Center Gerard Academy Parenting Resource Center Austin YMCA Community Education Mower County SHIP Crime Victim Resource Center Welcome Center Cedar River Counseling Service Quality Case Management and Adult Rehab Services Catholic Charities Faith communities LIFE Mower County
Access to Health Care	Signage within clinic Mayo Clinic Health System website Collateral shared at community events Mayo Clinic Express Care	Mower County Public Health Mower County SHIP IMAA Children's Dental Health Services Comunidades Latinas Unidas En Servicio

	Mayo Clinic Health System Virtual Care	
Substance Misuse	Mayo Clinic Patient Education Mayo Clinic Health System human and financial resources Mayo Clinic Health System Fountain Centers	Mower County Health and Human Services Mower County SHIP Austin Positive Action Coalition Alcoholics Anonymous

Health Need #1 in priority: Mental Well-being

Objective: Improve mental well-being throughout the community

Strategies:

1. Support resiliency programming with local schools and community organizations.
 - Provide Road to Resilience and well-being information for school communication
2. Develop programming with community organizations that reaches people in their own environment/culture.
 - Promote Journey to Wellness
3. Collaborate to strengthen local partnerships related to community mental health improvement.
 - Parenting Resource Center training opportunities (Mower)
 - Health Care Collaborative training opportunities (Freeborn)
4. Provide financial and human resources to external organizations that address mental well-being in our community.
 - Offer grant opportunities to organizations that meet well-being criteria
 - Coordinate participation from subject matter experts
5. Identify internal opportunities to assist departments in better addressing social determinants of health barriers.
 - Expand the awareness and use of Find Help in the Practice
 - Host a community forum/online seminar to increase well-being awareness and resources
 - Promote a FindHelp success story, internally and externally
6. Respond to emerging community issues related to mental well-being.

Health Need #2 in priority: Access to Care

Objective: Reduce community-identified barriers to access to health care for all populations

Strategies:

1. Identify gaps to streamline the care continuum.
 - Work with internal systems between Mayo Clinic Health System and

- Mower County Health and Human Services to coordinate the care of state-insured patients
2. Educate populations on how to access health care resources.
 - Partner with Austin Aspires, United Way of Mower County and other county groups to encourage childhood immunizations (i.e., on-site resource table, summer park events)
 - Evaluate community data to identify where the lowest immunization rates are – conduct immunization clinics
 3. Educate communities on the changes and ways to receive health care.
 - Conduct community outreach with underserved populations
 4. Develop a community-based connect resource.
 - Include/Distribute a “where to seek care” resource piece in multiple languages
 5. Convene related groups to discuss barriers to health care.
 - Broadband coalition group
 - Community Roundtable
 - Leadership Austin/Albert Lea
 6. Provide financial and human resources to external organizations that address access to health care in our community.
 7. Respond to emerging community issues related to health care access.
 - Work with the Chambers and other local businesses on communicating about emerging health issues

Health Need #3 in priority (Freeborn): Chronic Disease Prevention

Objective: Reduce chronic disease through community education on healthy living, and nutrition and increase public access to physical activity

Strategies:

1. Create opportunities to share information on healthy lifestyles in culturally sensitive ways.
 - All-Inclusive Playground
 - Blue Zones
2. Collaborate with public health initiatives and other organizations to address health issues that can lead to chronic diseases.
 - City of Albert Lea
 - Blue Zones
 - United Way
 - Albert Lea YMCA
3. Educate the community through health and well-being education and events.
4. Participate in local coalitions addressing socioeconomic factors affecting healthy living (i.e., housing, transportation, etc.).
5. Provide financial and human resources to external organizations that address chronic disease prevention in our community.

- Student memberships at Albert Lea YMCA
6. Respond to emerging community issues related to chronic disease prevention.

Health Need #3 in priority (Mower): Substance Misuse

Objective: Reduce substance misuse by providing education, collaboration and advocacy around substance misuse in the community.

Strategies:

1. Create opportunities to share education on vaping and alcohol misuse in culturally sensitive ways.
2. Provide education and awareness around the risks of using substances.
3. Collaborate with community partners to expand knowledge of the harmful effects of substance misuse and provide education on how to reduce substance misuse.
 - Austin Positive Action Coalition
 - Mower County Opioid Advisory Committee
4. Participate in local coalitions addressing socioeconomic factors that can affect substance misuse.
5. Provide financial and human resources to external organizations that address substance abuse in our community.
6. Respond to emerging community issues related to substance misuse prevention.

Summary of Health Needs Not Addressed

Understanding that all individual health and wellness efforts are interconnected with the environment, culture, people, policies, systems and programs, it is essential to continue to weave in the lesser-referenced issues with the priority areas. Identifying the top three areas to address will assist our community partners serving specific groups when seeking funding and determining the relevancy of programming and future direction for their organizations.

Through the assessment process, the following needs were mentioned but not addressed directly in this Community Health Needs Assessment:

Socioeconomic Factors

While not an area of either Mayo Clinic Health System expertise or direct influence, the following socioeconomic factors are essential to the community. Mayo Clinic Health System – Albert Lea and Austin will participate in a supporting role instead of a directing role. Mayo Clinic Health System can support programs and partner with organizations that focus on these issues.

- Food insecurity
- Education
- Employment
- Family and social support
- Housing
- Income

- Neighborhood
- Poverty
- Safety
- Transportation
- Violence

Although food insecurity is not listed in the top three priority areas, efforts will be addressed as a community health need, working with various county and local organizations committed to overcoming hunger. Reasons for food insecurity are complex, involving many social determinants of health, making it overwhelming for one organization to address. However, working collectively with community organizations and sharing resources and creative approaches can help address the root causes of food insecurity and develop strategies to manage them.

Prevention

Prevention efforts are ongoing through other programs throughout the county. While these are undoubtedly critical areas, they will not be a focus of the Community Health Needs Assessment. Mayo Clinic Health System – Albert Lea and Austin will take a supporting role in the following prevention areas:

- Immunizations
- Prevention Education

Additional Mayo Clinic resources that benefit community health in the Alberta and Austin region

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and medical practice specialties. Since much of our research takes place in the communities of our operations, our local communities are often the first to benefit from practice improvements from discoveries.

Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic – In 2018, Mayo Clinic research programs encompassed 12,760 active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and across Mayo Clinic sites throughout the country. Mayo Clinic brings unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <http://www.mayo.edu/research/centers-programs/center-science-health-care-delivery/overview>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Osseo/Mayo Clinic Health System – Oakridge

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

Mayo Clinic Health System- Oakridge is an 18-bed critical-access hospital located in Osseo, Wisconsin. Since 1964, the hospital has been dedicated to promoting health and meeting the health care needs of its patients.

Osseo is part of the Northwest Wisconsin region of Mayo Clinic Health System (MCHS), which includes hospitals in Barron, Bloomer, Eau Claire and Menomonie. MCHS in Osseo supports the community through inpatient and outpatient services, as well as health and wellness.

In 2021, Mayo Clinic Health System- Oakridge provided over \$1.5 million in charity care and more than \$1.2 million in bad debt. The hospital contributed more than \$40,000 through philanthropic donations to support programs, including the American Cancer Society, Junior Achievement, Trempealeau County Aging and Disability Resource Center, Osseo-Fairchild School District and healthcare college scholarships.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it was estimated MCHS reached another 7,000 residents by providing health information on topics affecting immediate health issues and helpful tips on general wellness in 2021.

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

The primary input into the assessment and prioritization process was the [COMPASS Now 2021 report for Trempealeau County](#). COMPASS Now is a joint effort of Great Rivers United Way, area health care organizations and county health departments to improve the quality of life for everyone in the community. Led by the COMPASS Now 2021 team, the Compass Now 2021 study is focused on communities within a six-county region including Buffalo, La Crosse, Monroe, Trempealeau, and Vernon counties in Wisconsin, and Houston County in Minnesota.

The purpose of the Compass Now 2021 report is to provide an updated assessment of community needs that can be used to inform community action strategies by stakeholders across the region. MCHS is an active partner in the COMPASS Now collaborative and

harnesses findings of the COMPASS Now 2021 report to shape its own priorities. For the purpose of this report, the community is defined as Trempealeau County.

Prioritized Health Needs

Mental Health

Objective: Improve mental health with an emphasis on strengthening community mental health services and suicide prevention and supporting the resiliency across the lifespan.

Strategies:

1. Support resiliency education in partnership with local schools and community organizations.
 - a. Promote and share Mental Health Matters Resiliency training internally and externally
 - b. Offer virtual and in-person programs, often in partnership with local organizations
2. Collaborate to strengthen local partnerships related to community mental health improvement.
 - a. Staff have active roles in implementing strategic plans through community coalitions, such as Mental Health Action Team(s), Mental Health Matters and Health Dunn Right and with local law enforcement
3. Provide financial and human resources to enhance mental health access, outreach, and educational opportunities.
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants, and other requests for support.
 - b. Coordinate speaker's bureau and subject matter experts
4. Identify internal opportunities to assist departments to better address social determinant of health barriers
 - a. Build relationships with rural care, OB, Cancer Center, Primary Care and Quality

Substance Abuse and Alcohol Misuse

Objective: Prevent alcohol misuse and substance abuse with an emphasis on youth.

Strategies:

1. Collaborate to strengthen local partnerships related to community AODA improvement.
 - a. Staff have active roles in implementing strategic plans through community coalitions, such as Voices in Prevention and Alliance for Substance Abuse Prevention and local school district initiatives
2. Provide education and awareness around risks of using
 - a. Virtual and in-person programming

- b. Presentations at local events
- 3. Provide financial and human resources to external organizations who address substance abuse in our community.
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants, and other requests to support youth serving organizations

Chronic Disease and Obesity

Objective: Prevent obesity and reduce chronic disease with a focus on nutrition, reducing food insecurity and increasing public access to physical activity.

Strategies:

- 1. Educate the community through health and wellness education and events.
 - a. Food is Medicine, Strong Bodies, virtual programming
- 2. Engage staff internally to support local efforts in reducing food insecurity
 - a. Volunteer and participate in drives for basic needs
- 3. Provide financial and human resources to external organizations who address food insecurity and preventative care work
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants and other requests as needed
- 4. Identify internal opportunities to assist departments to better address social determinant of health barriers
 - a. Build relationships with Primary Care, rural care and Preventative Health Coordinators and Quality

Efforts around addressing these health concerns will be monitored by Mayo Clinic Health System Community Engagement and Site Leadership, with oversight and input from other department leadership. Annually we will gather input from Mayo Clinic Health System – Eau Claire community board leaders on how we are addressing these health concerns in the community.

Summary of Health Needs Not Addressed

To effectively measure impact and based on our area of expertise and availability of resources, Mayo Clinic Health System has selected the top three health priorities that were identified as significant needs in Trempealeau County to focus our efforts on – Mental Health (including mental health stigma and suicide prevention), Substance Abuse and Alcohol Misuse (including tobacco use, e-cigarettes & vaping and illegal drug use) and Chronic Disease and Obesity. Additionally, the interconnectedness of various health issues, as recognized by participants in the CHNA process, is expected to produce additional benefits in other health areas examined during the assessment. Additional health needs from the assessment will be addressed as part of our practice, as resources become available or by other organizations within the community.

Additional Mayo Clinic resources that benefit community health in the region:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discoveries.

Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic – In 2017, Mayo Clinic research programs encompassed more than 12,000 active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <http://www.mayo.edu/research/centers-programs/center-science-health-care-delivery/overview>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Menomonie/Mayo Clinic Health System – Red Cedar

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

Mayo Clinic Health System – Red Cedar is a 25-bed, critical-access hospital located in Menomonie, Wisconsin. Since 1980, the hospital has been dedicated to promoting health and meeting the health care needs of its patients. Red Cedar is part of the Northwest Wisconsin (NWWI) region, which also includes hospitals in Eau Claire, Bloomer, Barron and Osseo. It supports the community through inpatient and outpatient services.

MCHS has a long tradition of supporting community health and wellness as part of its commitment to bring Mayo Clinic quality care to local communities. In 2021, Mayo Clinic Health System - Red Cedar provided more than \$2 million in community benefit through charity care and more than \$5.9 million in bad debt. It provided more than \$103,000 through philanthropic donations in the community to support programs such as the Boys and Girls Club, Boyceville Community School District and School District of the Menomonie Area; Menomonie Free Clinic; Stepping Stones of Dunn County; Menomonie Public Library and community events and causes that promote health, wellness and/or physical activity.

Health education is also communicated through numerous blog postings, newsletter articles and informal presentations. Through online tracking and other measures, it's estimated we reached another 20,000 residents by providing information on topics affecting immediate health issues and helpful tips on general wellness.

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

The primary input into the assessment and prioritization process was the [2022 Dunn County Community Health Needs Assessment](#) produced by members of the Dunn County Community Health Needs Assessment Steering Committee. The CHNA in Dunn County and the steering committee has been a collaborative venture involving nonprofit organizations, local health care facilities, the University of Wisconsin-Stout, and the Dunn County Health Department. Collaborators work together to share financial support, resources, and commitment to leverage the health improvements, thereby reducing duplication of public and private sector efforts in the county.

The 2022 Dunn County Community Health Needs Assessment (CHNA) was designed to be a Reaffirmation Survey based on the findings of the extensive CHNA of 2019. There were two main reasons for choosing this design for the 2022 CHNA, (1) like many others, the ongoing pandemic has limited the resources and capacity for a full needs assessment, and (2) a potential future collaborative venture between Chippewa and Eau Claire Counties to combine CHNA efforts.

This assessment was used to make sure that the previous community identified health priority needs within the 2019 CHNA survey are still what our Community Health Improvement Plan (CHIP) should be based around. The final CHNA report provides useful information to public health officials, health care providers, policy makers, organizations, community groups, and individuals who are interested in improving the health status of our community. The reaffirmation results will be used to create action-oriented plans for their organizations and coalitions.

Prioritized Health Needs

Mental Health

Objective: Improve mental health with an emphasis on strengthening community mental health services and suicide prevention and supporting the resiliency across the lifespan.

Strategies:

1. Support resiliency education in partnership with local schools and community organizations.
 - a. Promote and share Mental Health Matters Resiliency training internally and externally
 - b. Offer virtual and in-person programs, often in partnership with local organizations
2. Collaborate to strengthen local partnerships related to community mental health improvement.
 - a. Staff have active roles in implementing strategic plans through community coalitions, such as Mental Health Action Team(s), Mental Health Matters and Health Dunn Right and with local law enforcement

3. Provide financial and human resources to enhance mental health access, outreach, and educational opportunities.
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants, and other requests for support.
 - b. Coordinate speaker's bureau and subject matter experts
4. Identify internal opportunities to assist departments to better address social determinant of health barriers
 - a. Build relationships with rural care, OB, Cancer Center, Primary Care and Quality

Substance Abuse and Alcohol Misuse

Objective: Prevent alcohol misuse and substance abuse with an emphasis on youth.

Strategies:

1. Collaborate to strengthen local partnerships related to community AODA improvement.
 - a. Staff have active roles in implementing strategic plans through community coalitions, such as Voices in Prevention and Alliance for Substance Abuse Prevention and local school district initiatives
2. Provide education and awareness around risks of using
 - a. Virtual and in-person programming
 - b. Presentations at local events
3. Provide financial and human resources to external organizations who address substance abuse in our community.
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants, and other requests to support youth serving organizations

Chronic Disease and Obesity

Objective: Prevent obesity and reduce chronic disease with a focus on nutrition, reducing food insecurity and increasing public access to physical activity.

Strategies:

1. Educate the community through health and wellness education and events.
 - a. Food is Medicine, Strong Bodies, virtual programming
2. Engage staff internally to support local efforts in reducing food insecurity
 - a. Volunteer and participate in drives for basic needs
3. Provide financial and human resources to external organizations who address food insecurity and preventative care work
 - a. Offer grant opportunities: School and Student Support Grant, Hometown Health Grants and other requests as needed
4. Identify internal opportunities to assist departments to better address social determinant of health barriers

- a. Build relationships with Primary Care, rural care and Preventative Health Coordinators and Quality

Efforts around addressing these health concerns will be monitored by Mayo Clinic Health System Community Engagement and Site Leadership, with oversight and input from other department leadership. Annually we will gather input from Mayo Clinic Health System – Eau Claire community board leaders on how we are addressing these health concerns in the community.

Summary of Health Needs Not Addressed

To effectively measure impact and based on our area of expertise and availability of resources, Mayo Clinic Health System has selected the top three health priorities that were identified as significant needs in Dunn County to focus our efforts on – Mental Health, Substance Abuse and Alcohol Misuse and Chronic Disease and Obesity. Additionally, the interconnectedness of various health issues, as recognized by participants in the CHNA process, is expected to produce additional benefits in other health areas examined. Additional health needs identified from the assessment, including housing and a healthy environment, will be addressed as part of our practice, as resources become available or by other organizations within the community.

Additional Mayo Clinic resources that benefit community health in the region:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discoveries.

Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic – In 2017, Mayo Clinic research programs encompassed more than 12,000 active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <http://www.mayo.edu/research/centers-programs/center-science-health-care-delivery/overview>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)



**Community Health Needs Assessment
2023 – 2025 Implementation Plan for Needs Identified**

**Mayo Clinic Health System
Cannon Falls, Lake City and Red Wing**

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education, and research.

As part of Mayo Clinic, Mayo Clinic Health System in Cannon Falls, Lake City and Red Wing offers a variety of health care options to the communities it serves, ranging from primary and specialty care to more complex care at Mayo Clinic. Local residents also benefit from Mayo Clinic education and research efforts, so the best practices identified are implemented locally to assure the highest standards of care, quality and safety.

Our ongoing partnerships with Goodhue County Public Health, the United Way of Goodhue, Wabasha and Pierce Counties, Chamber of Commerce Cannon Falls, Chamber of Commerce Lake City and Chamber of Commerce Red Wing, Non-Profit service clubs, local schools and other community organizations are integral to improving the health and quality of life for area residents. Our work continues with our community partners through the community health needs assessment, surveys, community meetings and interviews. We collectively identify health and social issues and work toward improving the health status of our community.

Community input

Mayo Clinic Health System's locations in Cannon Falls, Lake City and Red Wing partnered with Goodhue County Public Health and used the findings as a key part of our process. The primary input for the assessment and prioritization process included community input through key-informant interviews, countywide mail surveys, local focus groups, demographic data and local surveys completed by the school districts. Mayo Clinic Health System continues to work with its partners in Goodhue County Public Health and United Way of Goodhue, Pierce and Wabasha County to implement the CHNA.

Qualitative and quantitative data collection methods included:

- Analysis of existing data gathered from various sources, such as census data, government reports, health department statistics, and information collected from local hospitals and community service organizations.
- Focus groups are held in the community, including underserved populations.
- Key informant interviews with local governmental and organization leaders throughout the county.

Prioritized Health Needs

Identified Health Needs

1. ***Mental Health***
2. ***Substance Misuse***
3. ***Social Connection and Inclusion***

1. Mental Health

According to Healthy People 2030, about half of all people in the United States will be diagnosed with a mental health disorder at some point in their lifetime. Mental health affects people of all ages and racial/ethnic groups, but some populations are disproportionately affected by these conditions. Mental Health was the top health concern mentioned in key informant interviews, with 81% identifying it as a top issue. Concerns about access to mental health care and how the COVID-19 pandemic exacerbated mental health issues were frequently raised.

Based on input from the community, a priority will be placed on promoting well-being with a particular focus on awareness of mental health resources, building resilience and improving mental health for all.

2. Substance Misuse

Substance misuse is a serious health challenge. Drug and alcohol use includes the harmful risk behaviors of binge drinking and drinking among pregnant people and people under age 21 and any use of tobacco, e-cigarettes or vapes, marijuana, or other drugs.

Drug and alcohol use was among the most frequently mentioned health concerns, cited by 29% of key informants interviewed in 2022. Statistics indicated opioid-involved overdose deaths spiked to never-before-seen levels in Goodhue County in 2021. The World Health Organization defines drug misuse as using a substance for a purpose not consistent with legal or medical guidelines. Reducing substance misuse improves overall health, mental well-being, and chronic disease prevention.

3. Social Connection and Inclusion

People's relationships and interactions with family, friends, co-workers, and community members can majorly affect their health and well-being. Positive home, work, and community relationships can help reduce adverse health impacts. Some people face discrimination, bullying, and social isolation and often do not get the support they need to achieve optimal health. Key informants and community members who mentioned this as a top health concern noted that both the COVID-19 pandemic and the murder of George Floyd highlighted how important social and community support is to health.

Social and community support is about the connection between characteristics of the contexts within which people live, learn, work, and play and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.

Community Collaborations

Priority Health Topic	Mayo Clinic Health System Resources	Mayo Clinic Health System collaborates with these organizations:
Mental Health	Mayo Clinic Health System Integrated Behavioral Health Mayo Clinic Patient Education Mayo Clinic Health System Newsletters Mayo Clinic Health System human and financial resources Mayo Clinic Health System Services Unit Fountain Centers Mayo Clinic Health System – Journey to Wellness Program	Goodhue County Public Health United Way of Pierce, Goodhue, and Wabasha County Live Well Goodhue County (SHIP) Child and Family Services Collaborative Live Healthy Red Wing CARE Clinic Mental Health Collaborative Goodhue County Education District and Public Schools Red Wing Family Y Community Education and Recreation Faith communities
Substance Misuse	Mayo Clinic Patient Education Mayo Clinic Health System human and financial resources Mayo Clinic Health System Services Unit Fountain Centers	Goodhue County Sheriff's Department Local Police Departments Red Wing Elks Organization Red Wing Family Y CARE Clinic DARE Program United Way of Pierce, Goodhue, and Wabasha County
Social Connection and Inclusion	Mayo Clinic Health System – Diversity and Inclusion Education Mayo Clinic Health System human and financial resources	County Library Goodhue County Public Health United Way of Pierce, Goodhue, and Wabasha County Red Wing Family Y City Park and Recreations

Health Need #1 Mental Health

Objective: Improve mental health throughout the community.

Objective: Increase access to mental health support.

Strategies:

1. Work with community partners to establish education sessions and mental health awareness programs.
2. Collaborate to strengthen local partnerships related to community mental health improvement.
 - a. Participate in the Make it OK program.
3. Support resiliency – mental health programming with local schools and community organizations.
 - a. Promote Journey to Wellness program.
 - b. Share HomeTown Health blogs
4. Increase community knowledge and skills to recognize mental health disorders.
5. Provide financial and human resources to external organizations that address mental well-being in our community.
6. Respond to emerging community issues related to mental well-being.
 - a. Promote FindHelp.org

Health Need #2 Substance Misuse

Objective: Reduce substance misuse by providing education, collaboration, and advocacy around substance misuse in the community.

Objective: Decrease harm and deaths related to the misuse of opioids.

Strategies:

1. Create opportunities to share education on drug and alcohol misuse in culturally sensitive ways.
2. Participate in local coalitions addressing socioeconomic factors that can affect substance misuse.
3. Partner with organizations to expand knowledge about opioids and harm reduction through community education.
 - a. Work closely with Mayo Clinic Opioid Stewardship Group and share resources.
4. Collaborate with community partners to increase access to Naloxone and fentanyl test strips.
 - a. Share information with CARE Clinic.
5. Provide financial and human resources to external organizations that address substance abuse in our community.
6. Respond to emerging community issues related to substance misuse prevention.
7. Increase organizational and community capacity to prevent and reduce the harm caused by using and misusing opioids, including synthetic opioids.

Health Need # 3 Social Connection and Inclusion

Objective: Increase a sense of belonging, unity, and value among priority communities.

Strategies:

1. Participate and invest in activities that seek to improve access to care.
 - a. Partner with CARE Clinic and share "Where to Seek Care" material with underrepresented groups.
2. Participate and invest in activities that seek to improve social cohesion.
 - a. Attend diverse community events.
3. Advance health and racial equity initiatives.
 - a. Collaborate with CARE Clinic.
4. Develop programming with community organizations that reaches a diverse community.
5. Provide financial and human resources to external organizations that foster social connection and inclusion.

Summary of Health Needs Not Addressed

The assessment process identified needs that will not be addressed in this Community Health Needs Assessment implementation plan.

Access to Care

Mayo Clinic Health System Red Wing, Cannon Falls, and Lake City will continue to evaluate and improve access to care throughout the county. Mayo Clinic Health System partners with the CARE Clinic to provide medical, mental, and dental services at no /reduced costs to impoverished community members. Mayo Clinic Health System provides the facility for the CARE Clinic to operate and additional services to assist the continuity of care between the CARE Clinic and Mayo Clinic Health System.

Mayo Clinic Health System will continue to work with the Mental Health Coalition, United Way 211 Service, Red Wing Y , and other community efforts to increase access to care by providing information on where and how to navigate health care options, ensuring those services are accommodating and accessible.

Socioeconomic Factor- Housing

While this is not an area of Mayo Clinic Health System expertise, it is essential to the community, and we will play a supporting role. Mayo Clinic Health System can support programs and partner with organizations that focus on housing, such as the Affordable Housing Coalition in Goodhue County and

the Homeless initiative of Goodhue County. Mayo Clinic Health System will also engage in United Way's Poverty Simulation to increase awareness of the effects of poverty on health

Additional Mayo Clinic resources that benefit community health in the Cannon Falls, Lake City and Red Wing region:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and medical practice specialties. Since much of our research takes place in the communities of our operations, our local communities are often the first to benefit from practice improvements from a new discovery.

Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic – In 2018, Mayo Clinic research programs encompassed 12,760 active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <http://www.mayo.edu/research/centers-programs/center-science-health-care-delivery/overview>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)

Mayo Clinic's Center for Health Equity and Community-Engaged Research works collaboratively with communities to develop and execute innovative solutions that address the communities' most pressing health issues. The center's community engagement activities are directly tied to the results of Mayo Clinic's [Community Health Needs Assessment](#), conducted in communities Mayo serves. Learn more at: <https://www.mayo.edu/research/centers-programs/center-for-health-equity-community-engagement-research/about>.



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

ARIZONA/Mayo Clinic Hospital

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research. This community health needs assessment report is a customized version of the coordinated community health needs assessment that the Maricopa County Department of Public Health (MCDPH) conducted in partnership with Adelante Healthcare, Banner Health, Dignity Health, Native Health, Mountain Park Health Clinic's, Phoenix Children's Hospital, St. Vincent de Paul Medical Clinic, and other health care organizations in Maricopa County.

Mayo Clinic is a tertiary care referral specialty hospital with primary focus areas in Cancer, Cardiovascular Services, Neuroscience and Transplant Medicine. The role of Mayo Clinic is to serve as a resource/support for referring hospitals, physician practices and is equipped to manage complex care patients in a team-oriented comprehensive manner (particularly cancer, cardiac, neuroscience and transplant patients) along with managing other chronic complex health conditions of our patients.

The Mayo Clinic Hospital CHNA utilized a mixed-methods approach that included the collection of secondary or quantitative data from existing data sources and community input or qualitative data from focus groups, surveys, and meetings with community stakeholders. The process was reiterative as both the secondary and primary data were used to help inform each other. The advantage of using this approach is that it validates data by cross-verifying from a multitude of sources. Mayo Clinic Hospital was conducted in concert with the previously mentioned collaborators utilizing Maricopa County Health Department and their primary data sources.

Mayo Clinic Hospital has reviewed the priorities of all CHNA community partnering hospitals, community clinics, the State of Arizona and Maricopa County to determine its priorities for the upcoming 2023 – 2025 CHNA. It has been discussed and approved by the Maricopa County Department of Health's Maricopa County Health Improvement Partnership, the Mayo Clinic Community Engagement Committee, the Mayo Clinic Community Advisory Board, the Mayo Clinic Office of Equity, Inclusion and Diversity, and the Executive Office Team (the highest governing body of Mayo Clinic in Arizona) to determine the continuance of the same priorities and areas of focus for the upcoming 2023-2025 CHNA.

Prioritized Health Needs

1. Access to Care
2. Cancer
3. Social Determinants of Health/Homelessness & Financial Insecurity

This community health needs assessment that the Maricopa County Department of Public Health (MCDPH) conducted is in partnership with Adelante Healthcare, Banner Health, Dignity Health, Native Health, Mountain Park Health Clinic, Phoenix Children's Hospital, St. Vincent de Paul Medical Clinic, and other health care organizations in Maricopa County.

Mayo Clinic is working with the Maricopa County Department of Public Health and has created the Health Improvement Partnership of Maricopa County (HIPMC) which has established a formal process to receive and track written comments regarding the Maricopa County Community Health Needs Assessment and Plan from stakeholders. This group collectively provides oversight of the Maricopa County effort. HIPMC will monitor the collective effort of the consortium and determine the evaluation of collective impact. Mayo Clinic Hospital will monitor its contribution to the consortium as well as Mayo Clinic's individual impact on the collective effort of the CHNA Implementation Plan. Mayo Clinic also invites feedback on its web pages for written comments for the CHNA. In addition, many individual agencies have requested the CHNA report to use for grant applications, assessments, and planning.

In February 2020, during the previous CHNA reporting period, the COVID-19 virus became a pandemic throughout the U.S. and within the Maricopa County community. Mayo Clinic responded to this challenge in a multitude of ways to help protect the health of our local and regional communities as well as contribute to the national and global response, including:

- Restructuring patient care services to ensure capacity for intensive care for community needs. This has required significant interruptions in normal operations and resulted in considerable financial losses across Mayo Clinic operations as non-emergency care services are deferred to increase immediate COVID-19 response capacity.
- Expanding virtual care capabilities to advance home care and treatment to safely improve access for the community and rural patients.
- Rapid development and dissemination of [public and consumer information](#) about the COVID-19 virus to help the public (consumers, government, peer medical providers, etc.) understand the risks and take actions to prevent and/or care for the infection.
- Development and dissemination of rapid COVID-19 testing resources to strengthen efforts of local public health and other health care organizations in serving community needs.
- Refocused research efforts to bring a greater understanding, therapies and potential vaccine solutions for the COVID-19 virus, including antibody testing capabilities, blood plasma therapies and effectiveness and safety of various pharmaceutical therapies.
- Sharing knowledge and collaborating broadly with other academic health centers and businesses to expand understanding and resources to address and contain the disease. Examples include using AI to model and forecast hotspots across the U.S., as well as developing tools to standardize contact tracing and exposure management. These systems will help to inform how communities can more safely return to previous activities.

Much as our approach to supporting the community was necessarily amended during our COVID-19 response, subsequent community dynamics or pressing public health issues may require immediate attention in the future. Mayo Clinic Hospital in Arizona may need to delay some of the strategies described below if this were to occur.

In addition, Mayo Clinic Hospital will continue to respond to the evolving needs of COVID-19 through a collaborative grant from the National Institutes of Health that has funded Mayo Clinic, Arizona State University, University of Arizona, and Northern Arizona University to respond to unmet needs in the entire state. This is inclusive of Maricopa County to build trust in specifically targeted communities. i.e., underrepresented communities inclusive of rural, disabled, Black, Native and Hispanic communities by reacting to Long COVID impacts and other diseases that are even more impactful because of comorbidity implications of those diseases.

Health Need #1 -- Access to Care

Objective:

The Mayo Clinic Hospital 2023 – 2025 CHNA Implementation Plan objective for Access to Care is to provide non-Mayo Clinic patients access to expert specialty care when they previously had limited or no opportunity to receive the needed treatment..

Strategies:

- A. As a strategy to ensure Access to Care is implemented, Mayo Clinic Hospital will partner with Mountain Park Health Clinic (MPHC) a federally qualified health center to provide donated on-site mammography equipment. In addition to the on-site mammography equipment, Mayo Clinic will make provisions for MPHC patients with abnormal mammograms to come to Mayo Clinic Hospital for biopsy, surgery, therapy treatment, radiology treatment and reconstruction services for MPHC patients that qualify for Mayo Clinic Access Review Panel (charity care). Mayo Clinic Hospital Access Review Panel has committed provisions for up to 12 MPHC patients per year for MPHC charitable care for MPHC referred patients who meet income guidelines. The associated cost of care for this care is expected to be about \$2M each year.
- B. As a strategy to ensure Access to Care is implemented, Mayo Clinic Hospital will partner with Adelante Healthcare, a federally qualified clinic. The Mayo Clinic Hospital Patient Access Review Panel will extend charity patient care to patients of Adelante Healthcare for up to 8 Adelante Healthcare patients per year for charitable care. Provisions for up to 12 breast cancer patients per year will be provided at no cost if patients meet the charity care income guidelines. The cost of this care is expected to be approximately \$1.5M.
- C. Through institutionally directed outreach, Mayo Clinic Hospital staff will continue to provide care to patients in the community that do not have access but show a need for complex inpatient comprehensive care. One such effort of care will be provided for cancer patients at the Phoenix Indian Medical Center (PIMC). Mayo

Clinic staff will spend time weekly at PIMC to provide on-site medical care to PIMC patients at no cost.

- D. Mayo Clinic will approve Mayo Clinic staff to provide targeted community health education/screenings in collaboration with community faith-based initiatives and community-based organizations. This allows for patient access to Mayo Clinic who currently do not have access to Mayo Clinic, and to targeted disparate populations. These efforts are provided through many departments, divisions, schools, clinical specialties, nurses and other healthcare providers including, but not limited to the department of radiology, Mayo Clinic Alix School of Medicine, the Center for Health Equity, Community Engaged Research, Mayo Clinic Resident/Fellows Organization, Mayo Clinic Office of Diversity & Inclusion, Mayo Clinic employee resource groups, Mayo Clinic Department of Nursing and others. These efforts are primarily delivered to populations living in disparate zip codes with known socioeconomic and health care needs, and many are in partnership with organizations located there: i.e., Circle the City Respite Facility for the Homeless, First Institutional Baptist Church, Pilgrim Rest Baptist Church, New Hope Baptist Church, Faith Baptist Church, Mesa Homeless Men's Center and St. Vincent de Paul Medical Clinic. The Mayo Clinic Community Engagement Committee budget and other Mayo Clinic Department/Division budgets provide more than \$650K per year toward these activities.
- E. In these community care arrangements, Mayo Clinic malpractice insurance coverage will follow the employee to the institution where the service is provided.

Health Need #2 – Cancer Care

Objective:

Mayo Clinic Hospital 2023 – 2025 CHNA Implementation Plan objective for Cancer Care is to provide patients with direct cancer care through their Primary Care Provider, and when necessary, bringing the patient to Mayo Clinic for more comprehensive diagnosis and treatment. These cases are often requested by a community provider or partner and are approved on a case-by-case basis. The impact of this objective is to assist in reducing disparate health outcomes for minority, poor and other vulnerable disparate populations.

Strategies:

- A. Mayo Clinic Hospital has partnered with Mountain Park Health Clinic (MPHC) (a federally qualified health center) to provide on-site mammography technology at no cost. Mayo Clinic will also make provisions for MPHC patients with abnormal mammograms to come to Mayo Clinic Hospital for biopsy, surgery, therapy treatment, radiology treatment and reconstruction services for MPHC patients that qualify for Mayo Clinic Access Review Panel (charity care). Mayo Clinic Hospital Access Review Panel has committed provision for up to 12 MPHC patients per year for MPHC charitable care for MPHC referred patients. The associated cost of care in

previous years has been approximately \$2M.

- B. Mayo Clinic Hospital will partner with Adelante Healthcare (a federally qualified clinic). The Mayo Clinic Hospital Patient Access Review Panel will extend charity patient care to patients of Adelante Healthcare for up to 12 Adelante Healthcare patients per year.
- C. Mayo Clinic leadership provided financial support to create and sustain the Coalition of Blacks Against Breast Cancer (CBAC), a not-for-profit separate 501-C3 organization. CBAC is an Arizona nonprofit whose mission is to provide high-quality, reliable information and support to Black breast and prostate cancer patients/survivors in their breast and prostate cancer journeys. CBAC has monthly meetings which include two components. The first hour is for survivor, caregiver and family member support and sharing. The second hour, Mayo Clinic Hospital staff provide educational speakers that represent best clinical practices, newest approaches, investigational study outcomes, nutrition, wellness and physical wellness activity and many other types of educational information that breast and prostate cancer survivors and their families need to have for optimal survivorship. In addition, Mayo Clinic will continue its financial support to this organization and programming through support of a paid Coordinator as well as sponsorship of various CBAC events/activities.
- D. Mayo Clinic Hospital's Center for Health Equity and Community Engaged Research will partner with CBAC to provide faith-based outreach to targeted minority, underserved and disparate populations in Maricopa County. In addition to the paid Coordinator, Mayo Clinic provides 25K in financial assistance and in-kind contribution to the CBAC meetings, special targeted outreach and support for an annual community leadership meeting.
- E. Mayo Clinic Hospital will continue to have an onsite GI Clinic at Adelante Healthcare. Mayo Clinic faculty, residents and fellows will manage a GI Clinic at Adelante, a Federally Qualified Health Clinic in Maricopa County. Mayo Clinic faculty will provide onsite GI screening tests to patients for GI cancers. Those who have positive screening test findings will be referred to Mayo Clinic for a no-cost colonoscopy. Those that have a diagnosis of cancer, and meet income requirements, will be treated at Mayo Clinic Hospital at no cost to the patient or to Adelante Healthcare.

Health Need #3 - Social Determinants of Health/Homelessness

Objective:

Mayo Clinic Hospital 2023 – 2025 CHNA Implementation Plan objective for social determinants of health (SDOH) emphasizing homelessness and financial insecurity (and other SDOH determinants in partnership with Maricopa County partnering organizations), is to support community-based organizations working in the homelessness/housing space through clinical staff volunteerism, continuing medical education, organizational leadership, health outreach events and financial contribution. Mayo Clinic will partner with key organizations within

Maricopa County to ensure the health, health care offered at the organizations and the policies in place related to providing health care to this vulnerable population are compliant with oversight organizations. The below strategies will curb the homeless rate and positively support the efforts of partnering organizations working to impact SDOH. The intent is to create organizational plans that help clients find greater self-sufficiency and assist in getting individuals experiencing homelessness back into productive contributing citizen roles. Mayo Clinic has a seat on the Executive Board of Trustees for strategy and leadership advice at Circle the City Respite Facility for the Homeless, a Federally Qualified Health Center in Maricopa County. The anticipated contribution for Mayo Clinic Hospital to help create a safety net of quality care providers for Maricopa County residents that find themselves in varying stages of homelessness. Mayo Clinic will provide financial contributions, clinical health care, serve as a health care adviser and provide recommended continuing education for clinical staff and administrative leadership.

Strategies:

- A. Mayo Clinic will partner with Circle the City (CTC) to provide specialty care consultation, continuing education for CTC nursing staff when needed (specifically wound care), Administrative leadership to CTC Board of Governors, financial contributions, community outreach through Mayo Clinic employee volunteerism and ongoing contribution through the employees of Mayo Clinic Valley of the Sun United Way pledges. Outreach will be provided for CTC clients through their downtown respite, mid-town respite and their mid-town primary care clinical office for the homeless. The partnership prepares the population utilizing care through CTC to be optimally healthy once they return to independent and semi-independent housing.
- B. Mayo Clinic will partner with St. Vincent de Paul Medical Clinic to plant the Mayo Clinic Alix College of Medicine Student Community Clinic experience during the second year of medical school. Through this community partnership, the clinic gets the support of experienced Mayo Clinic faculty overseeing care of its patients, and the students receive training in the social determinants of health by immersing them in a community-based free clinic. The goal of the clinic experience is not to teach the basics of medicine; rather, it is to illustrate the art of delivering care when a patient's social circumstances challenge the typical care normally recommended. It's clear that both groups gain immeasurably from the relationship.
- C. Mayo Clinic Hospital staff will volunteer at St. Vincent de Paul Medical Clinic to ensure quality specialty care is available to St. Vincent de Paul Medical Clinic patients who find themselves in need of care outside the realm of the primary care that St. Vincent de Paul Medical Center provides.
- D. Mayo Clinic will partner with the New Leaf's East Mesa Men's Center to feed the nearly 100 men that find themselves in a state of homelessness. Mayo Clinic will pay for purchased food, prepare it and serve the meal on a quarterly basis. Also, Mayo Clinic will provide an annual knee-to-foot examination to the residents of

Mesa Men's Center in collaboration with the Mayo Clinic Hospital Department of Orthopedic Surgery physician/clinician staff. Each resident will receive a pair of work boots or shoes and two pairs of socks to assist the residents with the required work shoe apparel for their respective jobs. This provision is in partnership with a Minnesota-based shoe company, Red Wing. These contributions and outreach are at no cost to the facility, nor the residents of the facility.

Summary of Health Needs Not Addressed:

The 2023 – 2025 Coordinated Community Health Needs Assessment (CCHNA) is a continuation of multiple, local, hospital community health assessments, planning, and implementation cycle that began with the previous cycle in 2019 and will focus on the current health priorities, access to care, cancer and social determinants of health. Because the focus will continue to be on these priorities, a new cycle began with a new assessment in December 2022.

Like the previous Maricopa County Community Health Need Assessment, this CCHNA is the product of an 18-month-long collaborative effort undertaken by a variety of community health stakeholders. These include the member organizations of the Health Improvement Partnership of Maricopa County (HIPMC) and the Maricopa County Synapse coalition, with the Maricopa County Department of Public Health participating both as a member organization in both groups and as a lead agency that facilitated the overall CCHNA process.

This effort provides an opportunity to catalyze stronger collaboration and better-shared measurement systems among hospitals, health centers, and health departments. Also, limited resources for comprehensive health assessments and the move toward new population health models have created the need for an organized collaborative public-private approach to conducting assessments. As a result, Banner Health, Adelante Healthcare, Dignity Health, Native Health, and Phoenix Children's Hospital have joined forces with Mayo Clinic Hospital and its partnership with HIPMC and Maricopa County Department of Public Health to identify the communities' strengths and greatest needs in a coordinated community health needs assessment.

Members of the Maricopa County Community Health Needs Assessment Planning Group have identified and prioritized the community health needs of Maricopa County. As a partner in this Maricopa County collaboration, Mayo Clinic will provide partnership support to the membership of the Maricopa County-wide planning group to enhance and fulfill other county-wide identified/prioritized health needs through financial, in-kind, human resource, charity care for referral of patients at no cost to the patient and no cost to the referring hospital or referring health care facility.

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to local communities and in all specialties of medical practice. Since

much of our research takes place in the communities where our operations are based, our local communities are often the first to benefit from practice improvements coming from a new discovery.

Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic – As of 2023, Mayo Clinic research programs encompassed 20,228 active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere." (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <http://www.mayo.edu/research/centers-programs/center-science-health-care-delivery/overview>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaT, OCER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/> and <http://www.mayo.edu/ctsa/community>)



Community Health Needs Assessment

2023-2025 Community Health Improvement Plan for Identified Needs

Mayo Clinic in Florida

Introduction *(Describe local hospital services and community role, including significant partnerships with local community organizations that benefit community/population health, and briefly describe how the site hospital conducted the CHNA, including primary data sources and collaborators.)*

Mayo Clinic is a not-for-profit organization with a mission of inspiring hope and contributing to health and well-being by providing the best care to every patient through integrating clinical practice, education, and research. Mayo Clinic in Florida (the "organization") is a multi-specialty medical center located in Jacksonville, Florida, and a fully owned, essential piece of Mayo Clinic, with headquarters based in Rochester, Minnesota. Mayo Clinic in Florida has been in operation for more than 36 years, opening a hospital in 2008 comprising 307 beds, 34 operating rooms, and the provision of care in more than 50 adult medical and surgical specialties, including a full-service emergency department. As such, the inpatient hospital and outpatient clinic bring services together in one location allowing specialty physicians, researchers, and educators to collaborate and offer the best care for patients.

Mayo Clinic in Florida is uniquely qualified to care for the serious and complex health needs of people in the local community, the southeast region of the United States, and across the globe. With world-class Mayo Clinic experts on-site and continuous investment in the finest people, facilities, and technology, patients have access to the highest level of specialty care possible. Ongoing relationships with local government and private and non-profit community organizations are integral to improving the health for area citizens. As a result of findings in the Community Health Needs Assessment (CHNA), subsequent surveys, civic meetings, and partnerships, public health initiatives are increasingly adding value to the health status of the community.

As federally required by the Affordable Care Act, the CHNA evaluated significant health needs in the organization's service area. Mayo Clinic in Florida hired Conduent's Healthy Communities Institute (HCI) to conduct the CHNA. HCI is a multidisciplinary team of public health experts, including health care information technology veterans, academicians, and former senior government officials, all committed to help health-influencing organizations succeed in their endeavors. HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital, and community development sectors, to help them assess and develop strategies to improve population health. To learn more about Conduent's Healthy Communities Institute, please visit <https://www.conduent.com/community-population-health/>.

For the 2022 CHNA, the focus was to better understand the health disparities and social determinants of health in our communities. Health disparities are based on racial and ethnic inequities facing the region and residents. Social determinants are based on social, economic, and environmental factors. Two types of data were used in the CHNA: primary and secondary data. Primary data is information collected for the purposes of this community assessment. Primary data were obtained through interviews, group discussions, and surveys. Secondary data are health indicator information previously collected by public sources such as government health departments. Each type of data was analyzed using a unique methodology. Findings were organized by health and quality of life topic areas. Findings were then synthesized for a comprehensive overview of the health needs of Mayo Clinic in Florida's service area. While Mayo Clinic in Florida is interested in improving access to Mayo Clinic, the focus of the community health needs is on Mayo Clinic in Florida's local communities, Duval and St. Johns Counties, and are aligned with the organization's strategic priorities. This Community Health Improvement Plan (CHIP) aims to act as a guide to address the identified health-related needs resulting from the abovementioned CHNA.

Mayo Clinic in Florida has long-standing relationships with agencies contributing to community/population health, with significant relationships including:

- **Sulzbacher Center** – Sulzbacher Center is the largest provider of comprehensive services for homeless people in the area. Sulzbacher offers a continuum of care approach, addressing all aspects of homelessness, including housing, income, and health care. Since opening in 1995, Sulzbacher's services have grown to include street outreach, primary health, behavioral health and dental care for all ages, permanent housing, job placement, and early learning.
- **Volunteers in Medicine** – Volunteers in Medicine is Jacksonville's only free health care clinic providing outpatient primary and specialty medical services offered to Northeast Florida's working, low-income and uninsured individuals and families with a priority of keeping them healthy, employed, and helping to minimize the use of hospital emergency rooms for routine care. In addition to patients' immediate, primary needs, Volunteers in Medicine also focuses on health promotion and prevention of disease, illness, and social problems.
- **We Care Jacksonville, Inc.** – We Care Jacksonville is a care referral organization coordinating a community-wide network of medical volunteers and donated health care services to serve the uninsured and underserved. We Care Jacksonville's focus includes a partnership of strong primary care networks resulting in donated time, skills, and services to those in need and a network of over 500 primary and specialty volunteer providers, including diagnostics, consultations, and treatments.
- **AGAPE Family Health** – AGAPE provides care to everyone regardless of race, national origin, gender, age, or socioeconomic status. AGAPE's mission is to facilitate relationships with community partners to create healthier families and environments in the City of Jacksonville, including providing primary care and nutritional services, chronic disease management, a mobile medical bus, and an on-site pharmacy.
- **Florida Department of Health** – Florida Department of Health represents the vision that health belongs to everyone and every group – not just a governmental agency. Florida Department of Health takes individuals, families, communities, and partnerships with local and state-level stakeholders to create a culture of health in Florida. Florida Department of Health helps assess community needs and contributes to the Community Health Improvement Plan development.
- **Others as defined below.**

Prioritized Health Needs

(List prioritized health needs - rank from highest to lowest priority and describe key local consortiums and organizations the local hospital works with to address the identified health needs. Describe who will provide oversight and how efforts will be monitored and evaluated.)

Prioritized Health Needs for Mayo Clinic in Florida are noted below. The top three focus areas are Mayo Clinic in Florida's priority for the 2023-2025 Community Health Improvement Plan but does not preclude activities that could impact the remaining six focus areas.

1. Access
2. Chronic Diseases
3. Mental Health
4. Cancer
5. Areas of Poverty
6. Drug Abuse
7. Transportation
8. Maternal & Child Health
9. Housing

Jacksonville, Florida, hosts five health systems, each uniquely positioned with clearly defined community health objectives offering various community health activities. A community benefit collaboration between the hospitals provides a forum to share community outreach efforts to maximize collaborative opportunities and avoid redundancies. This framework is ideal for Mayo Clinic resources which can focus on highly subspecialized health care needs. Utilizing clinical, educational, and research expertise, Mayo Clinic will reach across all focus areas as appropriate. However, to ensure the greatest impact, there will be a strategic focus on the first three focus areas where Mayo Clinic in Florida can contribute the greatest value.

In addition to the local health systems accountability partnership, Mayo Clinic in Florida's internal oversight will be provided by the Office of Community Engagement, Center for Health Equity and Community Engagement Research (CHECER), Office of Equity, Inclusion, and Diversity, and the Clinical Practice. Monitoring and evaluation will occur continuously with periodic reporting of outcomes.

Health Need: Access	
Objective:	Increase access to health care resources for individuals and families with limited or no means in the community.

Strategies:

- A. Medical Learner-Driven Community Clinic
- Mayo Clinic in Florida will develop a hub to create robust and sustainable coordination, facilitation, and transparency to provide opportunities for community care, health education, and resources to clinical practices and enhance the learner's experience. Mayo Clinic will facilitate the partnership with the Sulzbacher Center, which will encompass patient care, patient education, and coordination of resources to support access to health care and address health disparities. Learners and staffs desire more collaborative engagement in the community. This clinic will incorporate medical students, allied health students, residents, fellows (trainees), social work/case management, administrative fellows, and Mayo Clinic faculty. The clinic's launch will leverage opportunities to provide an understanding of our most vulnerable and experiential community health program and develop the future health care workforce. The program will provide access and continuity of care to under-resourced community members through primary and subspecialty services. Success will be measured by # clinic days, patients seen, learner satisfaction, and specialty services provided.
- B. Implementation and use of a closed-loop electronic referral system to help ensure patients and community members are directly connected to the right community resources to address factors contributing to social determinants of health.
- C. Advance community-engaged research efforts that bring a greater understanding of chronic disease burden in partnership with Mayo Clinic in Florida's Center for Health Equity and Community Engagement Research (CHECER) and Employee Resource Groups.
- Wellness Rx is a collaboration between Mayo Clinic and community-based organizations to educate, empower, and encourage healthy lifestyle habits in under-resourced communities. Due to the success of Wellness Rx, expansion is planned to include an additional under-resourced community and health screenings to the current program. Success will be measured by the number of program attendees, change in knowledge and awareness of healthy habits, increased access to healthy foods, and increased uptake of risk-reducing behaviors. The program has transitioned to the community in Zone I, and Mayo Clinic has expanded to Zone II (Arlington). Cancer and Chronic disease risk reduction programs are planned for Zone III (Brentwood, Springfield), Portside (largely Hispanic community), the Johnson YMCA, and faith-based organizations in Duval County.
- D. Through interactive community-placed sessions, provide up-to-date and innovative information about cancer risk reduction, treatment, and survivorship
- The "Cancer Conversations" series will focus on providing "cutting-edge" information to communities via interactive sessions with cancer providers, researchers, advocates, and survivors, in partnership with Mayo Clinic in Florida's Center for Health Equity and Community Engagement Research (CHECER).
 - The sessions will directly connect community members with information and resources. Topics covered in the series will focus on up-to-date information throughout the cancer continuum, from cancer etiology to

	cancer survivorship. • The number of attendees will measure success, feedback on evaluation forms, "referrals" or connections made with resources via the series, and pre/post-survey results. E. Increase access to health care resources by providing primary and specialty care services. • Volunteers in Medicine – continue providing in-kind services, such as oncology and gastroenterology, at the center and refer high-risk cases to Mayo Clinic in Florida for continued care. Continue funding an HPV lab and vaccination access through a dedicated research program. • Sulzbacher Center - continue funding Sulzbacher Center through community contributions funding. Provide specialty care services at an after-hours clinic (Beaches), providing in-kind rotational services, such as mental health and addiction (Dr. Rummans), a minor procedure clinic, and other supplementary primary care and specialty care consultative needs. • We Care Jacksonville – continue as a participating provider agreeing to provide specialty care for complex patient needs, such as oncology, general surgery, and gastroenterology. • AGAPE Family Health – continue providing financial contributions through their awards program and evaluate alignment to provide health services such as Dermatology and Family Medicine in partnership with Mayo Clinic's Center for Health Equity and Community Engagement Research (CHECER). • Wildflower Healthcare – provide financial contributions to initiatives, such as a new program to increase access for underserved residents of St. Johns County by creating a technological infrastructure to provide telemedicine care virtually. • Barnabas Clinic – provides health services, crisis assistance, and food programs that help people recover. It's the only comprehensive service center in Nassau County. • Mission House - provides in-kind services through Community Internal Medicine and provide financial funding to grant programs. F. Continue offering a number of in-kind/free services in a range of subspecialties at Mayo Clinic in Florida through our Community Financial Assistance Program. G. In preparation for an emergency evacuation, the Duval County Health Department (DCHD) has partnered with the City of Jacksonville's Emergency Operations Center (EOC) to develop a program and procedure to meet the needs of people with special needs. Mayo Clinic has historically supported one of the City's special needs shelters in the event of a hurricane. Mayo Clinic in Florida would agree to prioritize supporting the City's special needs shelter. H. Transportation • The Jacksonville Transportation Authority is the local agency that manages public transportation. As such, they spearhead multiple efforts to increase access across the community and improve the quality of that transportation

	(timeliness and frequency of availability). One such effort is "First Coast Flyer ."This bus system was developed to respond to community needs and improve access. • Ride United is a program created by United Way of Northeast Florida; they partnered with United Way Worldwide General Motors and Lyft in November 2019. A pilot was conducted from January 2019 to April 2021, providing rides to Duval County residents for access to food, medical care, and employment-related needs. The program dispatched 4,527 rides; 1,579 were for medical/health care purposes. The pilot demonstrated strong evidence that this service is extremely needed in our region. Mayo Clinic and its employees contribute annually to United Way's campaign and through Mayo Clinic grants funds. • Also, through Mayo Clinic's Community Contributions program, we will provide financial support to organizations supporting and addressing transportation access to health care needs.

Health Need: Chronic Diseases	
Objective:	Increase access to resources to provide health education and self-advocacy tools that address and deliver chronic disease prevention services and early diagnosis. Improve communication among providers and the community regarding chronic diseases and prevention.
Strategies:	A. Participate in local Community Health Improvement Plan efforts related to the CHNA. For example: • In partnership with local faith-based organizations, veteran organizations, disease-specific groups, and community health clinics, Mayo Clinic will offer free health and wellness events providing health screenings and/or education and self-management tool kits to community members. • Education and screening will be focused on obesity, diabetes, know your numbers, heart health, cardiovascular disease, nutrition, asthma, and cancer prevention and screening education through targeted outreach and engagement. ○ Mayo Clinic Program: HOPE Para La Comunidad is a health education, outreach, and research initiative that partners with organizations serving predominantly Spanish-speaking community

	members in Jacksonville to provide information about various wellness topics that impact the community. Quarterly Spanish language sessions will be held that will focus on healthy lifestyle habits that will reduce the risk of obesity. • Success will be measured by # of events, knowledge improvement # of attendees, pre and post-surveys, and other data. B. Over the next six years, Mayo Clinic in Florida will provide financial investment and staff support to Blue Zones Project Jacksonville to provide leadership and guidance to Blue Zones Jacksonville initiatives. Blue Zones project is a comprehensive community initiative to cultivate more healthy and vibrant communities that support our community members' well-being, improve health equity and contribute to the reduction and prevention of chronic diseases. • Blue Zones Jacksonville will focus on targeted neighborhoods that are among our most vulnerable populations that will be comprised as follows: - o Northside zip codes (32206, 32208, 32209) - o Westside zip codes (32210, 32244) - o Beaches zip codes (32250, 32266, 32233) - o Blue Zones Executive Director and Executive Steering Committee will track initiatives and meeting targets and goals. C. Continuing Medical Education for Health Care Providers – Food Is Medicine Program • Provide Lifestyle free medical education and training to reduce diet-related diseases to Mayo Clinic and Community medical students, physicians, nurse practitioners, physician assistants, and registered dietitians across Northeast Florida. • Success will be measured by the number of health providers trained and knowledge gained, pre and post-surveys and events. D. Preserve long-standing relationships with and provide financial resources to organizations supporting their mission to address chronic diseases and cancer in Northeast Florida. E. Provide educational material throughout the community during activities in which Mayo Clinic has a presence, in partnership with the Office of Patient Education. F. Serving specific regions of Mayo Clinic in Florida's local community within areas such as: • <u>Urban/Downtown</u> - o AGAPE - o Sulzbacher Center - o Volunteers in Medicine • <u>Beaches/Intracoastal</u> - o Mission House - o Sulzbacher Center (after-hours clinic) • <u>Rural</u> - o Wildflower Healthcare

	○ Barnabas Center G. Develop and continue to support wellness initiatives and healthy food option opportunities at Mayo Clinic in Florida. For example: • Development of staff and patient community garden to provide nutritional food access. • Mayo Clinic Heritage Classic – an annual 5K run/walk. • Nutrition and cooking courses. • On-site weekly fitness classes. • Healthy food offerings for patients/visitors/employees.

Health Need: Mental Health	
Objective:	To educate and provide resources to those who suffer from mental health needs. Collaborate with others in the community to help guide and treat.
Strategies:	A. Increase the knowledge and awareness of mental health resources through targeted community outreach and education efforts. • Participate and provide mental health virtual/in-person education sessions, offer suicide prevention screening question training, mental health resources, and toolkits in partnership with community organizations in Northeast Florida and across our Mayo Clinic enterprise locations. ○ Programming for the educational sessions will consist of the following: ○ The offering of suicide-screening questions training through toolkits ○ Awareness of community resources ○ Mental Health educational sessions with community expertise ○ Success will be measured by the number of collaborative efforts each year, knowledge gained through events, # of events, and pre/post surveys. • Provide education and outreach in predominantly Spanish-speaking communities in partnership with Mayo Clinic in Florida's Center for Health Equity and Community Engagement Research (CHECER) and Employee Resource Groups. ○ Hope Para La Comunidad established the Mental Health Advisory Group, which engaged community behavioral health organizations throughout Northeast Florida. B. Mayo Clinic has partnered with Ginger, an external vendor that provides confidential mental health services from your mobile device. The Ginger Emotional Support app offers free and unlimited behavioral health coaching via text and a self-guided library

	with resources and tools to support you. If referred to therapy or psychiatry, video appointments with licensed therapists and psychiatrists are available with flexible weekend and evening hours. Ginger is currently a pilot program offered to all Mayo Clinic employees who reside in Florida and Georgia, their spouses, and their dependents 13 years old and older. Staff feedback is needed to determine if the service will be expanded to the entire Mayo Clinic enterprise in the future. App metrics and data collection show success. C. Participate in local Community Health Improvement Plan efforts as it relates to the CHNA. For example: • Jacksonville University ○ Provide support to Jacksonville University Men’s Mental Health Center initiatives. The center aims to increase access to mental health services for marginalized men by providing free or low-cost, high-quality counseling in the 32209. The aim is to decrease barriers and reduce health disparities in men's mental health care among vulnerable residents, particularly men over 18. • American Foundation for Suicide Prevention – actively participates and supports local efforts and work of American for Suicide Prevention in Northeast Florida through the annual 5K. • Mayo Clinic will actively participate and attend monthly Northeast Florida 988 meetings. • Partner with local organizations for staff to support programs and provide expertise to local organizations to support and address mental health in Northeast Florida. Such as; JASMYN, Hearts4Minds, Here Tomorrow, Mental Health Resource Center, United Way, etc. • Additionally, through Mayo Clinic’s Community Contributions program, we will provide financial support to organizations supporting and addressing our community's mental health and wellness initiatives. D. Provide mental health education and resource material throughout the community during activities in which Mayo Clinic has a presence, in partnership with the Office of Patient Education.

Summary of Health Needs Not Addressed

(Describe health needs identified but need to be addressed through Mayo Clinic efforts, along with a brief explanation as to why the hospital is not addressing a health need, such as resource constraints, lack of expertise, and the need being addressed by another organization, etc.)

When considering all the health needs in the community, a narrow focus was determined as the best option to yield the greatest benefit. Other factors included; (1) Mayo Clinic can offer the most value to focus areas 1-3 elements (2) Due to limited resources, it is in the best interest to focus on fewer program efforts rather than dilute efforts across numerous projects and (3) there are various efforts underway in the community which is designed to address focus areas 4-9. A decision was made to defer this to other community agencies to avoid redundancy. Examples include;

- Cancer and Transportation: Mayo Clinic chose not to specifically prioritize Cancer and Transportation because these two health needs are addressed throughout our top three priorities.
- Areas of Poverty: Mayo Clinic chose not to prioritize addressing poverty due to The Women's Giving Alliance (WGA), which has identified poverty as their top priority for program funding since 2017. WGA assesses community needs and allocates operational support funding to non-profits working on this issue. Mayo Clinic chose not to prioritize addressing poverty due to LIFT JAX. LIFT JAX has established addressing the financial stability of neighborhoods as a key priority by supporting the Melanin Market and working with their Deb Store to build career pathways.
- Women's Giving Alliance: who has identified poverty as their number one priority for program funding since 2017. WGA assesses community needs and funds operational support to non-profits working on this issue. In addition, LIFT JAX has established addressing the financial stability of eastside neighborhoods as a key priority.
- Drug Abuse: Mayo Clinic chose not to prioritize Drug Abuse due to Project Opioid's partnership with JAX Chamber to educate leaders on how to launch an initiative to combat the opioid crisis. Mayo Clinic also chose not to prioritize Drug Abuse due to The Duval County Department of Health grant from the Overdose Data to Action (OD2A) program. The grant prioritizes opioid addictions and overdoses but covers all addictions. This grant allows Duval County to help people get on the path of recovery and provide our community with services.
- Maternal & Child Health: Mayo Clinic chose not to prioritize Maternal and Child Health because the Florida Department of Health in Duval County has a robust program where maternal and child health is included in its strategic priorities. Florida Department of Health's program Healthy Families and Healthy Babies includes efforts to reduce infant mortality, prevent unplanned pregnancies, increase access to nutritious and affordable food, and increase the percentage of citizens who are at a healthy weight.
- Housing: Mayo Clinic Chose not to prioritize addressing Housing due to Changing Homelessness' which has set solving homelessness as a priority. Changing Homelessness works to end homelessness in Nassau, Duval, and Clay counties by engaging in community efforts to prevent and end homelessness. Mayo Clinic chose not to prioritize addressing Housing due to Ability Housing. Ability Housing prioritizes providing safe and affordable housing to all.

Additional Mayo Clinic resources that benefit community health in the Northeast Florida region *(standard language for all implementation plans):*

Through its extensive research and education efforts, Mayo Clinic in Florida brings the breadth and depth of its expertise to all local communities and in many medical practice specialties. Since much of our research occurs in the communities of Mayo Clinic's operations, Mayo Clinic in Florida's local communities is often the first to benefit from practice improvements from a new discovery.

Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic – As of 2023, Mayo Clinic research programs across all Mayo Clinic sites encompassed 20,228 active studies to improve the prevention and treatment of human disease. Research teams at Mayo Clinic, are comprised of experts across multiple disciplines and Mayo Clinic sites throughout the country. Mayo Clinic brings unique expertise and an integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Comprehensive Cancer Center (MCCC) – The center has strategic initiatives to transform cancer care through innovative research, early cancer interception, and cancer discovery science; and to openly share the expertise and knowledge gained to reduce the burden on cancer within the MCCC catchment areas.
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <http://www.mayo.edu/research/centers-programs/center-science-health-care-delivery/overview>)
- Center for Clinical and Translational Science and the Center for Health Equity and Community Engaged Research (CCaT, CHECER) – Mayo Clinic's CCaT seeks to speed the translation of research results into therapies, tools, and patient care practices that improve community health. The CCaT makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <https://www.mayo.edu/research/centers-programs/center-clinical-translational-science/community/community-engaged-research-program>)
- Experiential health education training of area health professionals in the J. Wayne and Delores Barr Weaver Multidisciplinary Simulation Center is dedicated to improving clinical learning and patient care and reducing patient risk through new technologies coupled with realistic medical scenarios and educational debriefings.
- Educational pathway programs and volunteer opportunities are offered for high school and college students. Some of these initiatives include, but are not limited to:
 - #NextGenMed
 - Program through Mayo Clinic's Officer of Non-Clinical Education Programs, we established a partnership with Duval County Public schools to provide experiential learning through mentorships and career explorations programing.
 - Jacksonville University
 - Mayo Clinic in Florida has a strong relationship with Jacksonville University. Through our partnership, Mayo Clinic and Jacksonville University provide educational opportunities and training for various allied health professionals and clinical education.
 - The Mayo Clinic in Florida Innovation Alliances (Innovation Alliances) team strives to create an

inclusive environment that meets employees wherever they are in their innovation journey. The Innovation team is informed by engagement with the Mayo Clinic in Florida community.

- Educational partnerships through Mayo Clinic's Innovation Alliances include but are not limited to;
 - i. Convergence Science Program in partnership with Georgia Tech, Emory University and has expanded to include Florida A&M University and FSU with future opportunities to expand to other Universities. This program pairs senior level undergraduate engineering students with clinical mentors at Mayo Clinic.
 - ii. Data science and artificial intelligence internship programs with FSU
- Mayo Clinic's Center for Health Equity and Community-Engaged Research works collaboratively with communities to develop and execute innovative solutions that address the communities' most pressing health issues. The Center's community engagement activities are directly tied to the results of Mayo Clinic's [Community Health Needs Assessment](#), conducted in communities Mayo serves.
- A unique partnership is occurring between some of the Mayo Clinic Employee Resource Groups (MERGs) and Community Engagement activities on the Florida campus. In particular, activities that relate to the Community Health Needs Assessment.



Community Health Needs Assessment

2023-2025 Implementation Plan for Needs Identified

Mayo Clinic Hospital in Rochester

Introduction

Mayo Clinic is a not-for-profit organization with the mission to inspire hope and promote health through integrated practice, research and education. Mayo Clinic is committed to helping address the health needs of local communities as well as advance population health through collaborative efforts within its organization and with community partners.

Mayo Clinic Hospital - in Rochester, Minn., is one of the largest private, nonprofit hospitals in the world, providing a broad range of services in virtually every medical and surgical specialty. The hospital encompasses two facilities — [Saint Marys campus](#) and [Methodist campus](#), which are located within a mile of each other and are part of the wider Mayo Clinic in Rochester campus.

Mayo Clinic Hospital is a global, national, state, regional and local resource, serving patients from Olmsted County, southeastern Minnesota counties, every state and 138 countries. Combined, the two hospital campuses have 2,059 licensed beds and 96 operating and procedural rooms. Mayo Clinic Hospital is accredited by the American College of Surgeons as a Level 1 Trauma Center, directly serving patients within a 200-mile radius, while also caring for patients from a much broader geographical area. Mayo Clinic Air Ambulance Service is available for patients within a 50- to 150-mile radius and transports emergently ill patients to Mayo Clinic Hospital in Rochester.

Mayo Clinic works with local experts and organizations across sectors to improve the health, well-being, vibrancy and long-term stability of its local communities. A key goal of Mayo Clinic's community partnerships is to strengthen overall community capacity to address prioritized health needs in Olmsted County, as well as other emerging community issues and goals.

To produce the [2022 Mayo Clinic Hospital Community Health Needs Assessment](#), Mayo Clinic co-led a community consortium with the Olmsted County Department of Public Health and Olmsted Medical Center and with the participation of numerous local human service organizations. The consortium used primary data gathered from a random mail survey, convenience surveys with diverse and under-represented residents, as well as secondary data from the Rochester Epidemiology Project, the CDC, CMS, and other publicly available health sources.

The following implementation plan details how Mayo Clinic Hospital and Mayo Clinic will address the prioritized health needs in Olmsted County.

Prioritized Health Needs

COVID-19 continues as a significant community health concern in 2023

In early 2023, Mayo Clinic continues to be ready to respond to community health needs related to

COVID-19. Working closely with Olmsted County Public Health and other community health care providers and organizations, Mayo Clinic will remain vigilant to changing needs. As such, efforts to respond to 2022 prioritized health needs will depend on the community's capacity to collaborate given pandemic-related emergent issues. CHNA implementation strategies may need to be adjusted as needed.

2022 Prioritized Health Needs

- Mental health
- Substance use (alcohol, tobacco and other drugs)
- Access to care (medical, dental, mental)

Mayo Clinic will continue to work with the Olmsted County Community Health Needs Assessment Collaborative to address prioritized Olmsted County health needs through the [Community Health Improvement Plan](#), as well as respond with independent efforts.

Mayo Clinic Hospital will focus on each of the three priorities using hospital as well as outpatient practice, research, education and administration resources.

Mental health

Responsible: Department of Psychiatry, PA Division of External Engagement, Employee and Community Health, Center for Clinical and Translational Science

Objective: Increase Mayo Clinic's and the local community's capacity to assist patients and citizens with mental health challenges in prevention and treatment.

Strategies:

- Continue efforts to advocate for long-term care services for post- acute behavioral health patients.
- Provide financial and in-kind support to the Southeast Regional Crisis Center.
- Through Primary Care-Rochester, support mental health services through the Alternative Learning Center school health clinic.
- Through Mayo Clinic's Community Contributions Program in Rochester, MN, support the work of local non-profits to respond to mental health needs such as the National Alliance for Mental Illness, Zumbro Valley Health Center, and the Southeast Regional Crisis Center.
- Provide direction and increase telemedicine visits to the Primary Care Rochester/Kasson School Health Program to improve the health of school-aged children, including behavioral health.

	F. Through Mayo’s Dept of Psychiatry and Psychology, provide staff support needs to the psychiatrist position within Olmsted County social services team. G. Continue to participate in the Olmsted County Communities Coordinating for Healthy Development Workgroup and increase support for early childhood mental and physical health development and prenatal mental health. H. Participate in local Olmsted County Community Health Improvement Plan efforts. I. Support employee and family mental health information needs through communication/education platforms. J. Provide Mayo Clinic volunteers to assist with Parks RX, a program that encourages doctors to prescribe patients and their families to spend time in nature to improve mental health. K. Continue to provide staff time to help lead and participate in the Rochester Healthy Community Partnership to learn more about unmet health needs and priorities of immigrant populations. L. Create a coalition of LatinX mental health providers from the Rochester area to offer educational and promotional events to the Hispanic community about mental health. (Center for Health Equity and Community Engaged Research) M. Continuing participation in the Children’s Mental Health Coordination effort, a multi-organizational effort to improve coordination and care response for area children with mental health care needs. N. Advocate for legislation that establishes Medicaid coverage for recuperative care services for adults experiencing homelessness.

Substance use (alcohol, tobacco and other drugs)

Responsible: Division of Community Engagement, Department of Psychiatry and Psychology, Department of Primary Care, Mayo Clinic Hospital

Objective: Increase Mayo Clinic's and our local community's capacity to help prevent and treat patients and residents with substance use

Strategies:

- A. Educate the community about opioid and other substance use topics through clinical expertise. (Patient Education, health information through owned media channels such as Mayo News Network, social media channels)
- B. Participate in community efforts around National Drug Take Back Day (every April and October) to promote the safe disposal of prescribed medications.
- C. Support trained peer support specialists to be present in emergency rooms to help serve patients with addiction and addiction and related behavioral health disorders.
- D. Provide philanthropic support to local non-profit programs and organizations providing addiction intervention and counseling services (Recovery is Happening, Doc's Recovery House, NAMI SEMN, Zumbro Valley Health Center, Salvation Army, etc.).
- E. Expand therapies to help patients wean off opioid use. (Dr. Lai)
- F. Lend Mayo Clinic expertise to ISD 535 to help nurses respond to emergency overdose opioid use in schools.
- G. Collaborate with Zumbro Valley Health Services and other mental and substance use health providers to serve the longer-term needs of patients discharged from the ER.
- H. Expedite the identification and referral of patients with addiction disorders in our primary care practice to appropriate treatment through the Controlled Substance Advisory Group (CSAG), a multidisciplinary group with members of Psychiatry, Psychology, Pain Rehabilitation, Pain Medicine, Nursing, Primary Care and Pharmacy.
- I. Advocate for affordability and availability of treatment options for opioid addiction.
- J. Increase screening for patients for opioid use disorder and expand effective treatment options.
- K. Continue to participate in and help lead the Emergency Department Community Collaborative to gather representatives from local government and service organizations to discuss the needs of Emergency Department patients who present with substance use, mental health or violence/legal issues
- L. Conduct research to help understand health disparities related to substance use and effective interventions for high-risk populations.

Access to Care

Responsible: Division of Community Engagement

Objective: Support community efforts that help residents access appropriate preventive and responsive health care, including mental, medical and dental care

Direct Strategies:

- A. Continue efforts to advocate for long-term care services for post-acute behavioral health patients.
- B. Provide financial and in-kind support to the Southeast Regional Crisis Center.
- C. Through the Department of Primary Care-Rochester, expand immunization and other preventive support to health services through the Alternative Learning Center school health clinic.
- D. Provide philanthropic support to local non-profits that are responding to healthcare access needs such as dental and mental health clinics serving residents who are un and underinsured.
- E. Continue to provide support to the Salvation Army Good Samaritan Health and Dental Clinics that serve under and un-insured residents in Olmsted Count. Outreach includes:
 - Medical direction and expertise
 - Medical student and staff volunteers
 - Pharmaceutical counseling and costs
 - HEART Clinic to provide cardiovascular care and make referrals
- F. Provide medical direction and increase telemedicine visits to the Primary Care Rochester/Kasson School Health Program to improve the health of school-aged children.
- G. Continue to operate the Mayo Clinic Pediatric Refugee Program to help screen and provide continued care to newly immigrated children.
- H. Continue to help provide the Community Health Worker program to bridge health education and care services to diverse populations experiencing high health disparities and socioeconomic barriers.
- I. Participate in local Olmsted County Community Health Improvement Plan efforts.
- J. Continue to provide preventive health support care at The Landing to help people experiencing homelessness. Mayo services include:
 - Paramedic program
 - Department of Medicine residents
 - A Legal Clinic operating by Mayo Clinic Legal Department Volunteers

	K. Expand specialty care clinics in community care settings such as the cardiac clinic at Salvation Army Good Samaritan Health Clinic and the ENT Clinic at Community Health Services, Inc. L. Continue to co-lead and support the Rochester Healthy Community Partnership that engages with local immigrant groups and organizations to and understand and respond to unique health needs through community-based participatory research, education and civic engagement. M. Continue to operate the Mobile Immunization Clinic pilot to scale efforts to broader community need/convenience. N. Expand EPIC community care referrals for patients indicating needs with social determinants of health. O. Provide ENT (Ear, Nose, Throat) specialty care to LatinX and un-and underinsured communities through Mayo-staffed clinics at Community Health Services Inc. P. Continue telehealth platform established and operated through the American Academy of Dermatology that pairs volunteer dermatologists with local/regional free clinics to provide volunteer subspecialty care.

Indirect
strategies:

- A. Continue to provide financial support to community efforts that improve services and supports for financially- stressed community members, including education, literacy, job training, and basic needs (housing, food, healthcare) through the Mayo Clinic Community Contributions Program.
- B. Continue to help lead and participate in the Rochester Affordable Housing Coalition to increase affordable housing options for residents as a social determinant of health.
- C. Continue to help lead and participate in the Rochester Cradle 2 Career educational improvement initiative to help local youth attain job readiness to reduce their likelihood of experiencing poverty and financial stress.
- D. Advocate for legislation that establishes Medicaid coverage for recuperative care services for adults experiencing homelessness.

Summary of Health Needs Not Addressed

The Olmsted Community Health Care Needs Assessment prioritized a total of 35 health indicators. Of these, three priorities were identified through a series of prioritization sessions with a broad spectrum of community groups. Mayo Clinic is working to address each of the three health priorities. In addition, the 4th leading health priority was financial stress. Mayo Clinic continues to help address financial stress and other social determinants of health through the above efforts.

Mayo Clinic resources that benefit communities everywhere

Mayo Clinic understands that “health” is a multi-faceted concept, with multiple definitions and measures. As we work to improve the health of the communities we serve we recognize the importance of recognizing social and environmental contexts. We also recognize that what we improve in one area has the promise to benefit other areas of health as well.

Additional Mayo Clinic resources that benefit community health in Olmsted County, Minn.:

Through its extensive research and education efforts, Mayo Clinic brings the breadth and depth of its expertise to all local communities and in all specialties of medical practice. Since much of our research takes place in the communities of our operations, our local communities are oftentimes the first to benefit from practice improvements coming from new discoveries. Overarching Mayo Clinic resources that bring these benefits to local health needs include:

- Biomedical Research at Mayo Clinic –Mayo Clinic research programs encompass thousands of active studies to improve prevention and treatment of human disease. Research teams at Mayo Clinic are comprised of experts across multiple disciplines and from across Mayo Clinic sites throughout the country. Mayo Clinic brings its unique expertise and integrated, multidisciplinary approach to medicine to benefit community health everywhere. (See: <http://www.mayo.edu/research>)
- Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery – The Center for the Science of Health Care Delivery (CSHCD) analyzes and coordinates resources to improve care delivery models and value for patients. Advanced care models are applied to local communities first. (See: <https://www.mayo.edu/research/centers-programs/robert-d-patricia-e-kern-center-science-health-care-delivery/about>)
- Center for Clinical and Translational Science and the Office of Community-Engaged Research (CCaTS) – Mayo Clinic's CCaTS seeks to speed the translation of research results into therapies, tools and patient care practices that improve community health. CCaTS makes connections, finds best practices, bridges gaps, and engages the community in medical research and education expertise. (See: <http://www.mayo.edu/ctsa/>)

and <http://www.mayo.edu/ctsa/community>)

- Mayo Clinic's Center for Health Equity and Community-Engaged Research works collaboratively with communities to develop and execute innovative solutions that address the communities' most pressing health issues. The Center's community engagement activities are directly tied to the results of Mayo Clinic's [Community Health Needs Assessment](#), conducted in communities Mayo serves.

Learn more at: <https://www.mayo.edu/research/centers-programs/center-for-health-equity-community-engagement-research/about>.