

2016 Community Health Needs Assessment



NORTH MEMORIAL
HEALTH



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Introduction

Background

North Memorial Health Hospital (NMHH) in Robbinsdale, Minnesota has provided care to people in the northwest Twin Cities metro communities since 1954. The Patient Care and Affordable Care Act of 2010 requires that all 501(C) (3) hospitals conduct a community health needs assessment (CHNA) to meet the U.S. Department of Treasury and Internal Revenue Service (IRS) rules. The overarching view of the community health needs assessment must be health needs from the perspective of the community, not the perspective of the hospital and health care providers.

During 2016, North Memorial Health Hospital conducted its second Community Health Needs Assessment. This Community Health Needs Assessment took into account input from persons who represent the broad interests of the assessed community including:

- Persons with special knowledge of or expertise in public health
- Representatives of medically underserved, low income and minority populations
- Populations with chronic disease needs

The overall Community Health Needs Assessment process was guided by the North Memorial Health Hospital Community Health Steering Committee.

This report includes a description of the community assessed, the process and methods used to conduct the assessment, data findings and a description of the community health needs identified through the Community Health Needs Assessment.



Community Health Steering Committee

North Memorial Health Hospital established a Community Health Steering Committee in the fall of 2014 to help guide the community health work being conducted to address health priorities identified in the 2013 Community Health Needs Assessment. The Community Health Steering Committee took on the responsibility of guiding the 2016 Community Health Needs Assessment process, defining the community to assess, identifying key stakeholders, recruiting focus group participants, and prioritizing health needs.

Community Health Steering Committee Members included:

Monique Drier, JCPP Supervisor – Hennepin County, Brooklyn Center Police Department

Darcy Ellis, RN, MSN, Stroke Program Manager, North Memorial Health

Matt Halley, MSW, Executive Director, Cookie Cart

Peter Hayden, PhD, President Turning Point

Alisa L Johnson, MA, Area Manager, Public Health Protection and Promotion, Public Health Department, Hennepin County

Shirley Kern, APRN, CNS, AOCN, North Memorial Health

Steven J. Knutson, Executive Director, Neighborhood HealthSource

Marie Maslowski, RN, MPH, Community Health Outreach Manager, North Memorial Health

Regan Murphy, Mayor, Robbinsdale

Kari Niemczyk, Program Coordinator, Heart Failure, North Memorial Health

Ekta Prakash, Executive Director, CAPI

Patty Reicks, RN, BSN, Manager, Trauma & Emergency General Surgery, North Memorial Health

Gayle Rieland, Nurse Manager, Minneapolis Public Schools

Jason Rusinak, Director of Population Management North Memorial Health & North Collaborative Care

Margaret Schuster, Sr. Public Health Specialist, City of Minneapolis – Health Department

R. John Sutherland, PhD, ABPP, Clinical Director of Psychological Services, North Memorial Health

Stella Whitney-West, Executive Director, North Point

Wendy Dellich, RN, BS, Metabolic and Bariatric Surgery Coordinator, North Memorial Health

Jeff Wicklander, President, North Memorial Health Hospital

Sue Wieker, Senior Planning Analyst, North Memorial Health

Tiffany Zitzewitz, VP Strategy & Business Development, North Memorial Health

The project manager was Marie K. Maslowski, RN, MPH Community Health Outreach Manager, North Memorial Health Hospital. The internal planning team was composed of Jason Rusinak, Director of Population Management North Memorial Health & North Collaborative Care; Jeff Wicklander, President, North Memorial Health Hospital; Sue Wieker, Senior Planning Analyst, North Memorial Health and Marie K. Maslowski, RN, MPH Community Health Outreach Manager, North Memorial Health Hospital.

Purpose and Scope

Community Health Needs Assessment Objectives

We are conducting a Community Health Needs Assessment to:

- Understand the health needs of the community we serve
- Build partnerships with community associates
- Improve the health of the community we serve
- Meet the requirements of the Patient Protection and Affordable Care Act

The Community Health Needs Assessment is:

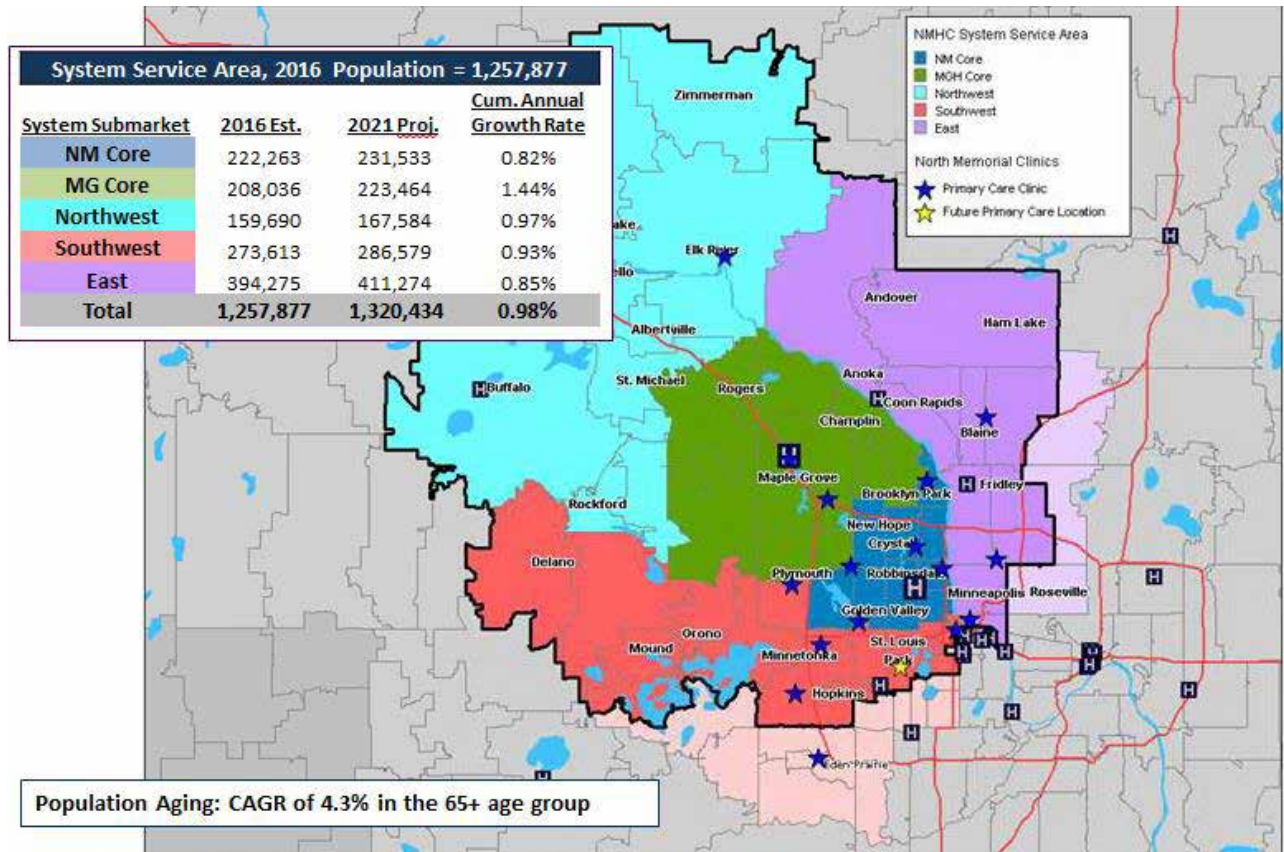
- A process to collect and analyze data about the identified community in order to prioritize identified health needs
- Identify community health needs and strengths
- Identify partnerships to address identified health priorities
- Develop and adopt an Implementation Plan to address identified health priorities

Geographic Area and Target Population

North Memorial Health Hospital services patients in the Northwest Twin Cities Metro Area.

North Memorial Health, System Service Area

5% Growth in Population projected for 2016 to 2021



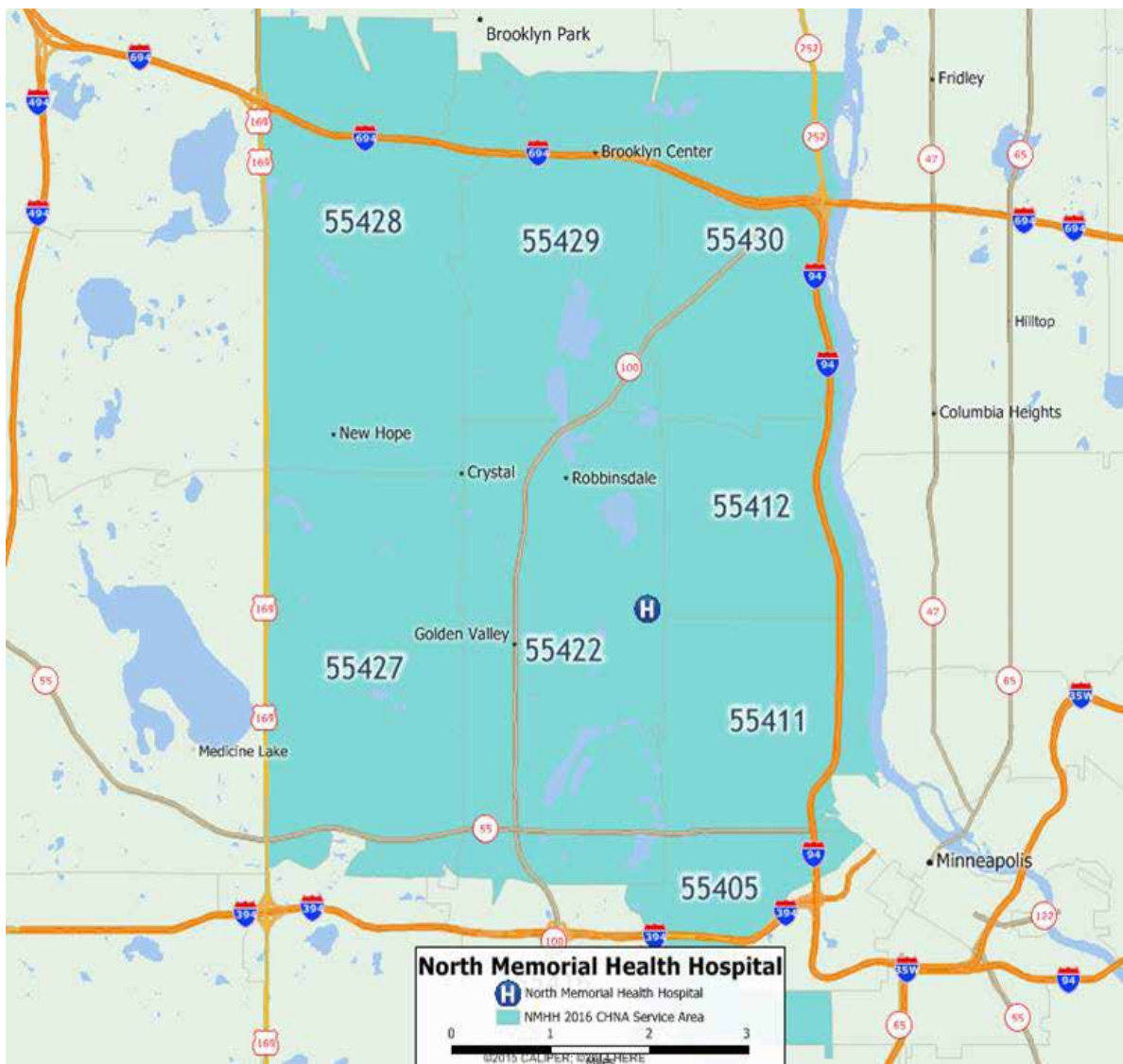
Source: Sg2, NielsenDemographics, 2016 Estimates and 2021 Projections

North Memorial Health Hospital's primary focus for the Community Health Needs Assessment is defined by the following zip codes which includes portions of the following cities:

- 55411 Minneapolis (97.07%) Golden Valley (2.93%)
- 55412 Minneapolis (100%)
- 55422 Golden Valley, MN (51.78%) Robbinsdale, MN (34.05%) Crystal, MN (14.05%), Brooklyn Center, MN (0.12%)
- 55427 Golden Valley, MN (52.08%) New Hope, MN (28.77%) Crystal, MN (19.15%)
- 55428 Brooklyn Park, MN (45.71%) New Hope, MN (36.93%) Crystal, MN (17.35%)
- 55429 Brooklyn Center, MN (57.81%) Crystal, MN (28.29%) Brooklyn Park, MN (13.90%)
- 54430 Brooklyn Center, MN (77.66%) Minneapolis, MN (22.07%) Brooklyn Park, MN (0.28%)
- 55405 North of 394 (includes the Heritage YMCA and senior housing) Minneapolis (100%)

The rationale for choosing this area is:

- The area is immediately adjacent to North Memorial Health Hospital
- The area mirrors SHAPE data geographic regions identified as “Minneapolis – North” and “Northwest Suburbs – inner ring”
- Research has showed that this is an area with the greatest health needs
- It is identical to the 2013 Community Health Needs Assessment area with only the addition of zip code 55405 north of 394 to the 2016 assessment.
- It is where 42.4% of 2015 North Memorial Health Hospital inpatients and 66.3% of 2015 outpatient emergency department patients live.



Research Methods

North Memorial Health Hospital collected primary and secondary data to conduct the Community Health Needs Assessment in order to identify the top community health needs. From these identified needs Community Health Steering Committee members prioritized the top health needs that will be addressed.

Secondary Research

North Memorial Health Hospital's Community Health Needs Assessment planning team gathered and analyzed existing community data from the following major sources:

Demographic Data

The Nielsen Company provides area population estimates, five-year projections (2016 and 2021) and many key demographic variables for community profile analysis.

Quantitative Data

Minnesota Hospital Association (MHA) is a trade organization representing hospitals and health systems in the state of Minnesota. MHA collects hospital-specific comparative data and provides data resources to members. Information includes reasons for hospitalization, visits to the emergency room not resulting in hospitalization and market share for years 2013 – Sept.2015 (change to ICD10 in October 2015).

Minnesota Department of Health (MDH) provides mortality data by cause of death and age group. Hennepin County Public Health Assessment Team prepared the mortality information for the North Memorial Health Hospital Community Health Needs Assessment service area for 2012-2014.

SHAPE 2014 - SHAPE (Survey of the Health of All the Population and the Environment) is an ongoing public health surveillance and assessment project of the Hennepin County Human Services and Public Health Department, surveying and reporting on the health of children and adults in Hennepin County.

Community Need Index – The Community Need Index (CNI) has been developed by Truven Health Analytics and Dignity Health. They developed Community Need Index scores for zip codes around the country that are an average of five different socio-economic indicators. These five socio-economic areas identify barriers to health among populations. These five socio-economic areas include: income barrier, cultural barrier, education barrier, insurance barrier and housing barrier.

Attributed Patient Data combines data from all the Electronic Medical Records within the North Collaborative Care. This includes Epic, NextGen, Allscripts and eclinicalworks. All data is based on fields pulled from these sources. The time range for this data is from 1/1/2013 to 6/1/2016. This is representative of the entire attributed patient population. This provides another data point to the Community Health Steering Committee members. The areas reviewed include chronic condition prevalence, BMI distribution and depression.

Primary Research

In order to provide a more detailed understanding of the health needs of the community, the Community Health Steering Committee approved the following qualitative research.

Qualitative Data

Focus Groups - Wilder Research was retained to conduct community focus groups, analyze the findings and write up the focus group results. They conducted 5 focus groups over the course of the Community Health Needs Assessment:

- A Community Health Steering Committee Members focus group
- A Healthcare and Social Service Professionals focus group
- An all-encompassing Community Members focus group
- Two Community member focus groups in partnership with Pillsbury United. One with a family focus and one with a senior focus.

A total of 60 people who live or work in the Community Health Needs Assessment area participated in the focus groups.

Key Stakeholder Interviews - Community Health Steering Committee members were asked to conduct key stakeholder interviews with persons they felt were community leaders representing local government, law enforcement, education, religious organizations, community-based organizations or informed community members. A total of 16 key stakeholder interviews were conducted.

Community Asset Mapping - Community Health Steering Committee members were introduced to the concept of community asset mapping and the importance of utilizing available community resources as potential partners to address identified health needs. Members of the Community Health Steering Committee represent some of the community assets that we can partner with. These include representatives from Federally Qualified Health Care Centers, schools, churches, government and social service organizations. More work will be done in this area when implementation planning is carried out.

Research Findings

Secondary Research Sources

The internal planning team of Jason Rusinak, Director of Population Management North Memorial Health & North Collaborative Care; Jeff Wicklander, President, North Memorial Health Hospital; Sue Wieker, Senior Planning Analyst, North Memorial Health and Marie K. Maslowski, RN, MPH Community Health Outreach Manager, North Memorial Health Hospital met during the first quarter of 2016 to identify existing resources available to help identify the health needs of the community being assessed. This data was gathered and presented to the Community Health Steering Committee during 2016 to inform and educate them about the health needs of the community being assessed. Six primary sources were used:

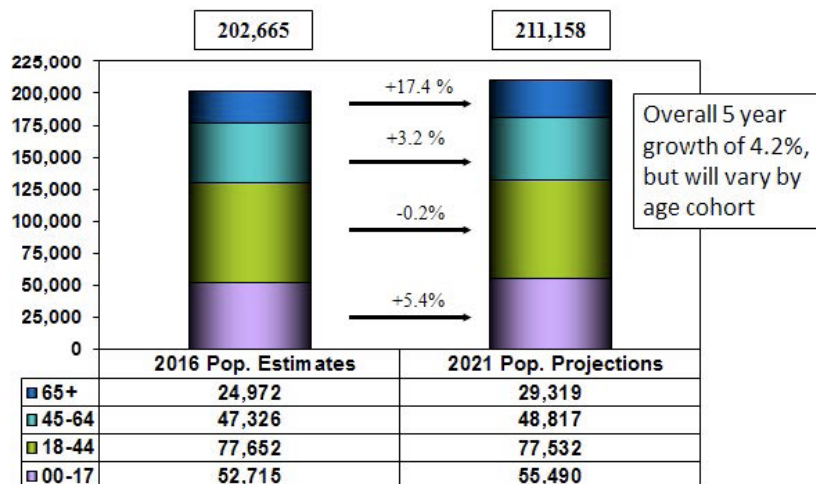
- Nielsen Demographic Data
- Minnesota Hospital Association Data
- Minnesota Department of Health Data
- SHAPE Data 2014 Adult Survey
- Community Needs Index
- Attributed Patient Data

Demographic Data

Population Growth

The North Memorial Health Hospital Community Health Needs Assessment area is expecting 4.2% growth over the next five years. This growth will vary by age cohort and is expected to be greatest in the 65+ age cohort with a 17.4% increase in five years. All zip codes within the North Memorial Health Hospital Community Health Needs Assessment area show projected growth in the next 5 years.

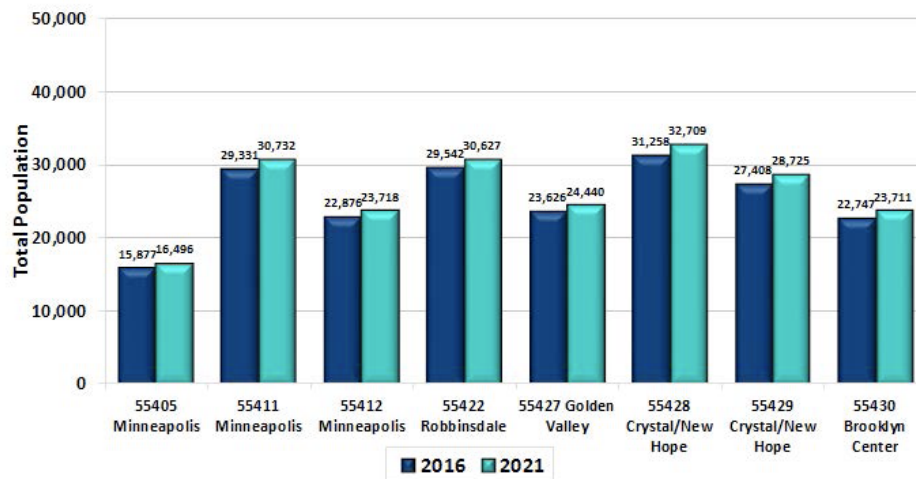
North Memorial Health Hospital, CHNA Service Area expecting 4.2% growth in five years



Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

North Memorial Health Hospital Service Area Demographics

4.2% Total Population Growth 2016 to 2021
(2016=202,665 • 2021=211,158)



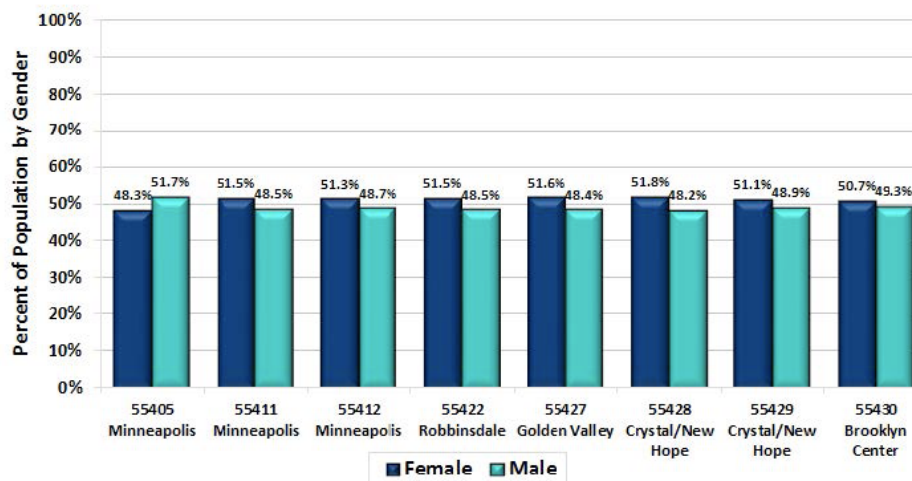
Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

Gender

In the North Memorial Health Hospital Community Health Needs Assessment area females lead males slightly in population percentages with the exception of the 55405 zip code where the male percentage slightly leads the female percentage.

North Memorial Health Hospital Service Area Demographics

2016 Gender Percent of Population by ZIP



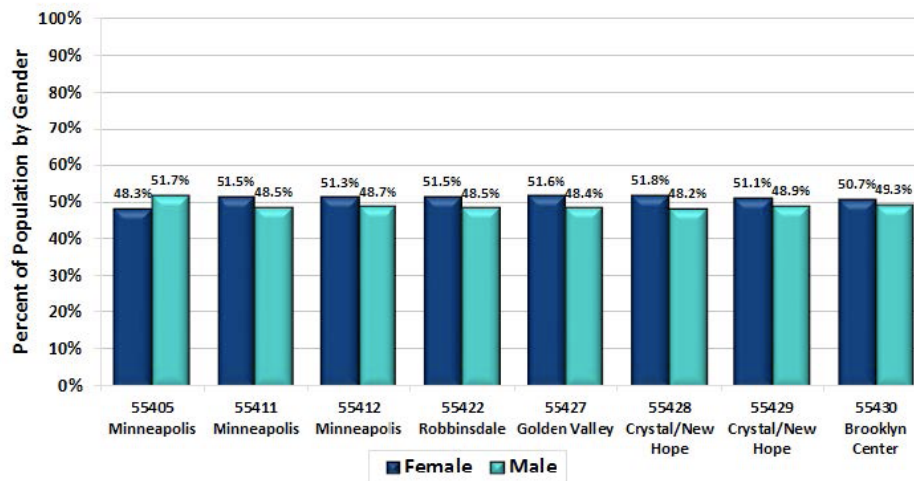
Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

Households with children

In the North Memorial Health Hospital Community Health Needs Assessment area the percent of households with children varies from 61.2% in zip code 55411 to 41.3% in zip code 55427.

North Memorial Health Hospital Service Area Demographics

2016 Family Households With and Without Children



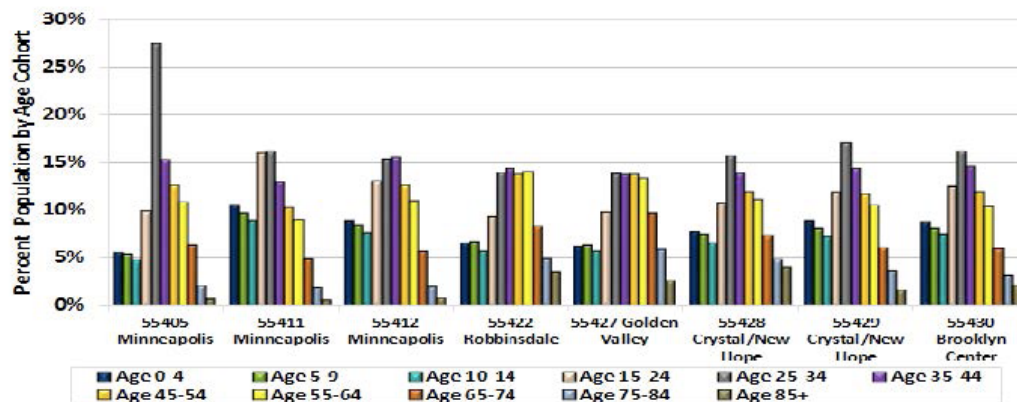
Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

Age percent by zip codes

The age percent of population by zip codes in the North Memorial Health Hospital Community Health Needs Assessment area from 2016 to 2021 do not show a wide variety of predicted change cross the years. In 2016, zip code 55411 shows the highest percentage of age 1 - 4 and is predicated to continue this lead in 2021. In 2016, zip code 55427 shows the highest percent of persons over 65 and is predicted to continue this lead in 2021.

North Memorial Health Hospital Service Area Demographics

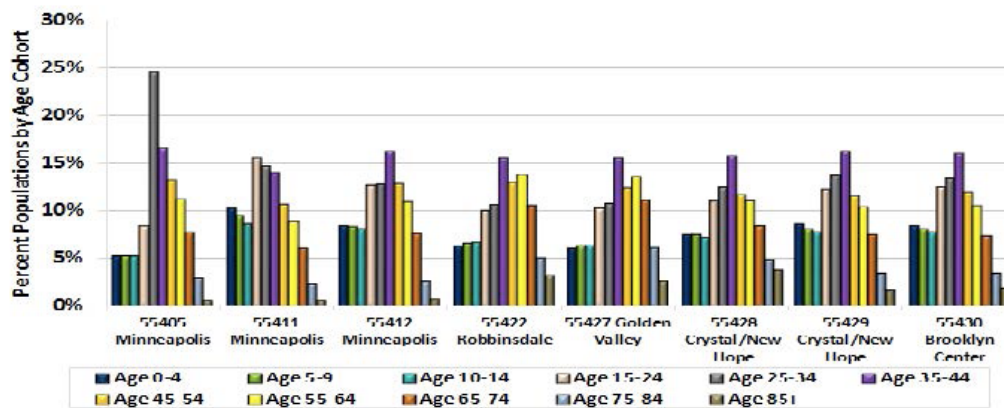
2016 Age Percent of Population by ZIP



Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

North Memorial Health Hospital Service Area Demographics

2021 Age Percent of Population by ZIP



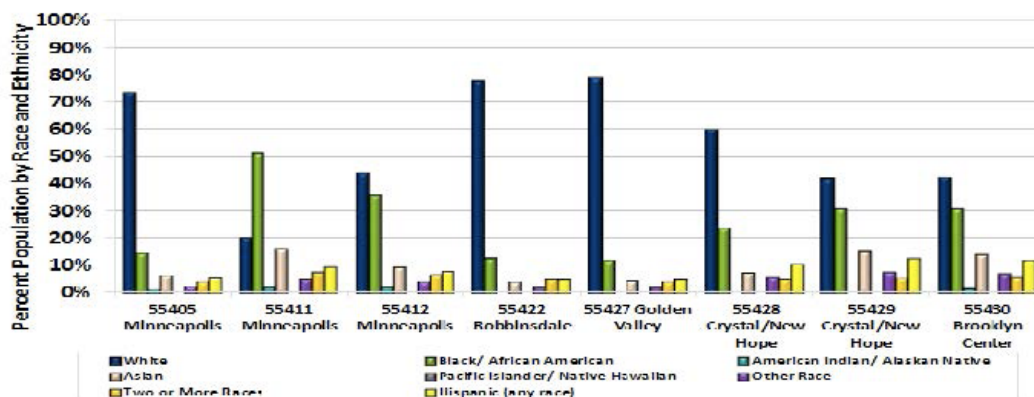
Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

Race and Ethnicity by zip codes

The race and ethnicity by zip code in the North Memorial Health Hospital Community Health Needs Assessment area from 2016 to 2021 show a slight change. The white population is predicted to increase slightly in zip codes 55405 and 55411. The black/African American population is predicted to increase slightly in zip codes 55412, 55422, 55427, 55428, 55429 and 55430. Other population groups show little change.

North Memorial Health Hospital Service Area Demographics

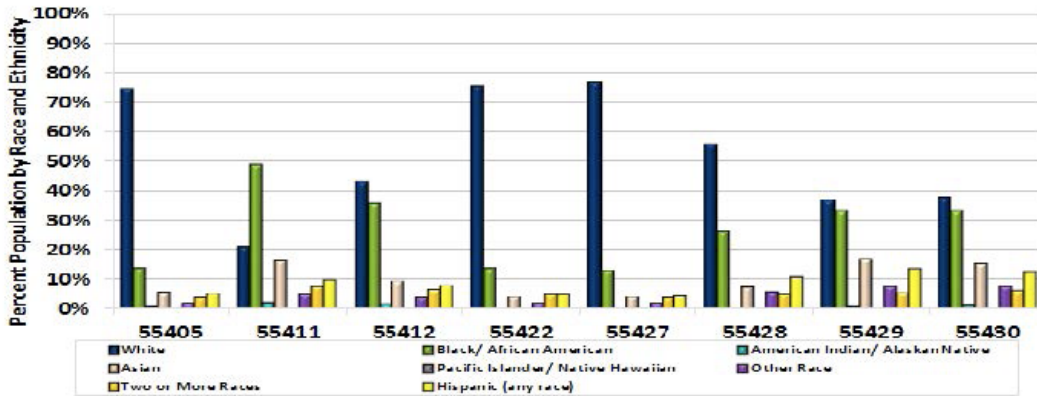
2016 Race and Ethnicity by ZIP



Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

North Memorial Health Hospital Service Area Demographics

2021 Race and Ethnicity by ZIP



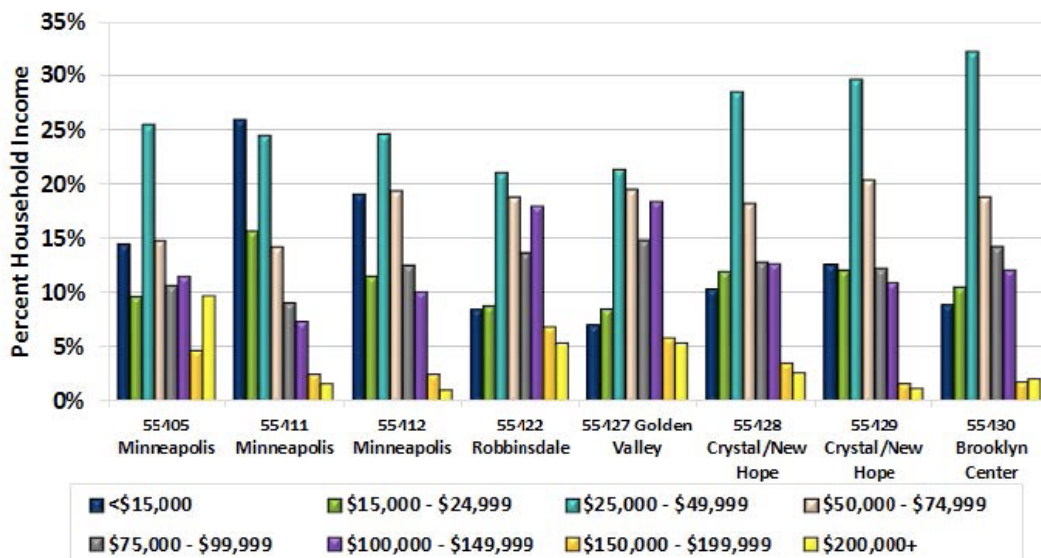
Source: Sq2, Nielsen Demographics, 2016 Estimates and 2021 Projections

Household Income by zip code

The household incomes by zip codes in the North Memorial Health Hospital Community Health Needs Assessment area in 2016 show a wide distribution with slightly over 25% of the population in 54411 making <\$15,000/year followed by slightly less than 20% of the population in 55412 making <\$15,000/year.

North Memorial Health Hospital Service Area Demographics

2016 Household Income by ZIP



Source: Sq2, Nielsen Demographics, 2016 Estimates and 2021 Projections

Quantitative Data

Using data from the Minnesota Hospital Association and the Minnesota Department of Health, the following top 10 areas were looked at in: Reasons for hospitalization; Reason for emergency room visits not resulting in hospitalizations; and Causes of death. This data was grouped into: All Populations; Children 18 and under; and Seniors 65 and over categories.

Hospitalizations

For All Populations, without birth data, no diagnosis is higher than the state of Minnesota. For Children 18 and under, without birth data, asthma, respiratory failure and upper respiratory infections were high when compared to all of Minnesota. For persons 65 and over, septicemia, kidney failure and congestive health failure were higher when compared to all of Minnesota.

Top 10 Reasons for Hospitalization

Top 10 Reasons for Hospitalization, 2013-2015* All Population, with Birth Data						Top 10 Reasons for Hospitalization, 2013-2015* All Population, without Birth Data					
Diagnosis	NMMC PSA	%	ALLMN	%		Diagnosis	NMMC PSA	%	ALLMN	%	
Vaginal Birth	6,721	9.7%	128,072	8.5%	+	Septicemia (nos)	1,909	3.6%	39,997	3.6%	
Cesarean Birth	1,992	2.9%	44,503	3.0%		Pneumonia (nos)	1,020	2.0%	27,397	2.5%	
Septicemia (nos)	1,909	2.8%	39,997	2.7%		Osteoarthritis, Lower Leg (nos)	857	1.7%	32,325	2.9%	-
Perineal Laceration, Second-Degree	1,167	1.7%	22,640	1.5%		Kidney Failure (nos)	835	1.7%	14,188	1.3%	
Pneumonia (nos)	1,020	1.5%	27,397	1.8%		Respiratory Failure	659	1.3%	9,326	0.8%	
Post-Term Pregnancy	873	1.3%	18,225	1.2%		First Heart Attack	594	1.2%	16,060	1.4%	
Osteoarthritis, Lower Leg (nos)	857	1.2%	32,325	2.2%	-	Pancreatitis	564	1.1%	10,773	1.0%	
Kidney Failure (nos)	835	1.2%	14,188	0.9%		Major Depression, Severe- Recurrent Ep	553	1.1%	12,101	1.1%	
Perineal Laceration, First-Degree	806	1.2%	13,886	0.9%		Stroke	549	1.1%	12,360	1.1%	
Previous Caesarian Delivery	801	1.2%	19,555	1.3%		Irregular Heartbeat	539	1.1%	16,044	1.4%	

Source: Minnesota Hospital Association, 2013 thru September 2015, *Change to ICD10 in October 2015
 + designates a 0.5% or higher percentage of difference between the NMMC PSA and State of MN
 - designates a 0.5% or lower percentage of difference between the NMMC PSA and State of MN
 nos = not otherwise specified (unspecified diagnosis)

Top 10 Reasons for Hospitalization, 2013-2015* Children 18 and Under, without Birth Data					
Diagnosis	NMMC PSA	%	ALLMN	%	
Bronchitis	172	3.8%	2,934	3.4%	
Asthma (nos)	153	3.4%	1,420	1.6%	+
Pneumonia (nos)	141	3.1%	2,903	3.4%	
Episodic Mood Disorder (nos)	90	2.0%	1,457	1.7%	
Respiratory Failure	89	2.0%	1,101	1.3%	+
Bronchitis (nec)	84	1.9%	1,345	1.6%	
Pneumonia, Bacterial (nos)	70	1.6%	955	1.1%	
Major Depression, Severe- Recurrent Ep	67	1.5%	1,766	2.0%	-
Upper Respiratory Infection (nos)	61	1.4%	637	0.7%	+
Dehydration	59	1.3%	1,523	1.8%	

Top 10 Reasons for Hospitalization, 2013-2015* Ages 65 and Over					
Diagnosis	NMMC PSA	%	ALLMN	%	
Septicemia (nos)	949	5.6%	22,737	4.6%	+
Pneumonia (nos)	463	2.8%	17,429	3.5%	-
Osteoarthritis, Lower Leg (nos)	461	2.7%	18,443	3.7%	-
Kidney Failure (nos)	437	2.6%	9,150	1.8%	+
Congestive Heart Failure	372	2.2%	7,741	1.6%	+
Irregular Heartbeat	348	2.1%	11,161	2.3%	
Stroke	340	2.0%	8,899	1.8%	
First Heart Attack	319	1.9%	10,235	2.1%	
Urinary Tract Infection (nos)	272	1.6%	8,487	1.7%	

Reasons for emergency room visits not resulting in hospitalizations

For All Populations, without birth data, the diagnosis of upper respiratory infection, asthma, and strep sore throat is higher than the state of Minnesota. For Children 18 and under, without birth data, upper respiratory infections, strep sore throat, asthma, and viral infection were high when compared to all of Minnesota. For persons 65 and over, chest pain was higher when compared to all of Minnesota.

Top 10 Reasons for Emergency Room

Top 10 Reasons for ER Visits Not Resulting in Hospitalization, 2013-2015*					
All Population, with Birth Data					
Diagnosis	NMMC PSA	%	ALL MN	%	
Upper Respiratory Infection (nos)	7,436	3.1%	80,727	1.9%	+
Chest Pain (nos)	5,308	2.2%	95,750	2.3%	
Headache	4,479	1.9%	78,032	1.9%	
Asthma (nos)	3,783	1.6%	32,404	0.8%	+
Lower Back Pain	3,520	1.5%	55,837	1.3%	
Chest Pain (nec)	3,432	1.4%	64,365	1.5%	
Strep Sore Throat	3,255	1.4%	36,420	0.9%	+
Abdominal Pain (nec)	3,239	1.4%	53,430	1.3%	
Nausea w Vomiting	3,200	1.3%	37,507	0.9%	
Pain in Limb	3,135	1.3%	45,637	1.1%	

Source: Minnesota Hospital Association, 2013 thru September 2015, *Change to ICD10 in October 2015
 + designates a 0.5% or higher percentage of difference between the NMMC PSA and State of MN
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 - designates a 0.5% or lower percentage of difference between the NMMC PSA and State of MN
 nos = not otherwise specified (unspecified diagnosis)
 nec = not elsewhere classified (diagnosis does not fit into a different category)

Top 10 Reasons for ER Visits Not Resulting in Hospitalization, 2013-2015*					
Children 18 and Under, without Birth Data					
Diagnosis	NMMC PSA	%	ALL MN	%	
Upper Respiratory Infection (nos)	4,947	8.0%	54,838	5.5%	+
Middle Ear Infection (nos)	2,809	4.6%	53,189	5.4%	
Fever (nos)	2,379	4.2%	42,563	4.3%	
Strep Sore Throat	2,210	3.6%	26,068	2.6%	+
Asthma (nos)	1,747	2.8%	14,214	1.4%	+
Vomiting	1,450	2.4%	23,094	2.3%	
Viral Infection (nos)	1,431	2.3%	14,290	1.4%	+
Pharyngitis	1,379	2.2%	21,970	2.2%	
Pneumonia (nos)	1,122	1.8%	14,410	1.4%	
Cough	892	1.5%	12,745	1.3%	

Top 10 Reasons for ER Visits Not Resulting in Hospitalization, 2013-2015*					
Ages 65 and Over					
Diagnosis	NMMC PSA	%	ALL MN	%	
Chest Pain (nos)	824	4.5%	24,446	3.5%	+
Dizziness & Giddiness	503	2.8%	16,549	2.3%	
Chest Pain (nec)	469	2.6%	16,706	2.4%	
Fainting	467	2.6%	15,785	2.2%	
Discomfort, Fatigue (nec)	440	2.4%	14,660	2.1%	
Urinary Tract Infection (nos)	369	2.0%	21,184	3.0%	-
Pain in Limb	287	1.6%	8,720	1.2%	
Nose Bleed	266	1.5%	10,819	1.5%	
Headache	262	1.4%	7,396	1.0%	
Head Injury (nos)	261	1.4%	8,814	1.2%	

Causes of Death

For All Populations the top three causes of death are cancer, heart disease and unintentional injury. The diagnosis of stroke is higher than the state of Minnesota coming in as the fourth highest cause of death in the assessment community. While the diagnosis of cancer, heart disease, Alzheimer's and pneumonia, influenza is lower than the state of Minnesota.

Top 10 Causes of Death

Top 10 Causes of Death, 2012-2014					
All Population, with Birth Data					
Diagnosis	NMMC PSA	%	ALL MN	%	
Cancer	1,094	22.3%	28,663	23.4%	-
Heart Disease	757	15.4%	22,715	18.6%	-
Unintentional injury	357	7.3%	7,333	6.0%	
Stroke	277	5.6%	6,287	5.1%	+
Chronic lower respiratory disease	264	5.4%	6,665	5.5%	
Diabetes	155	3.2%	3,512	2.9%	
Alzheimer's	146	3.0%	4,489	3.7%	-
Nephritis (Kidney disease)	85	1.7%	1,991	1.6%	
Chronic liver disease	77	1.6%	1,506	1.2%	
Pneumonia, influenza	67	1.4%	2,052	1.7%	-
Septicemia	54	1.1%	1,119	0.9%	
Other (residual)	1,582	32.2%	35,940	29.4%	
Total deaths	4,915	100.0%	122,272	100.0%	

Source: Minnesota Department of Health, 2012-2014 (Dave Johnson, Hennepin County Public Health)

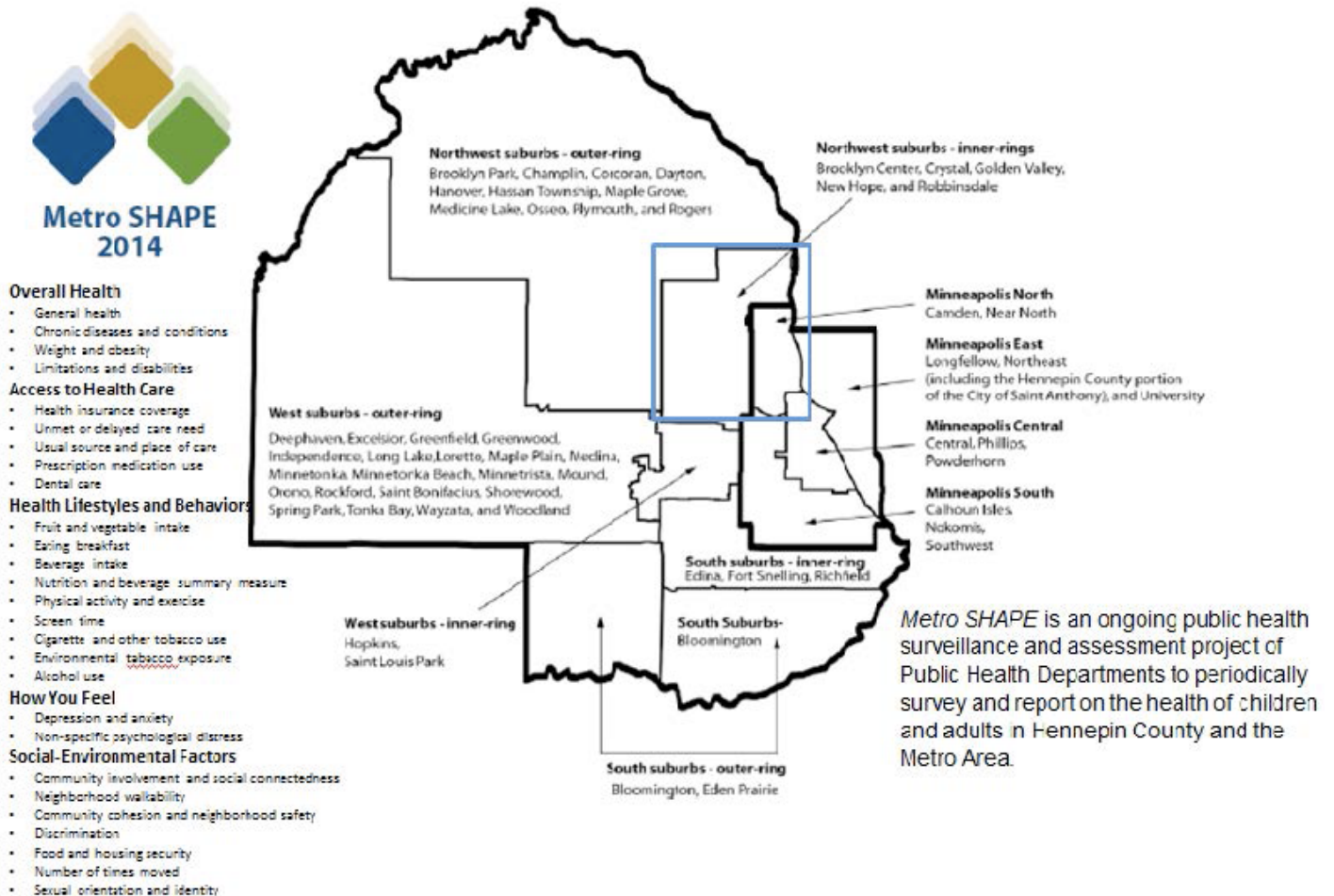
SHAPE Data

SHAPE (Survey of the **H**ealth of **A**ll the **P**opulation and the **E**nvironment) is an ongoing public health surveillance and assessment project of the Hennepin County Human Services and Public Health Department, surveying and reporting on the health of children and adults in Hennepin County. The survey asks community members questions about 1-overall health, 2-healthy lifestyle and behaviors, 3-health care access and utilization, and 4-social/environmental factors.

Source: <http://www.co.hennepin.mn.us/SHAPE>

Data analysis concentrated on two of the geographic areas: Minneapolis North and Northwest suburbs – inner rings. These areas are immediately adjacent to North Memorial Health Hospital and are outlined in light blue on the map below. This area is the North Memorial Health core service area.

Figure 1. Reporting Areas for the Metro SHAPE 2014 Hennepin County Data Book



Some findings from SHAPE 2014:

Minneapolis North

- A larger number of respondents in Minneapolis North reported fair or poor health – 18.0% compared to 7.6 % in Hennepin County total.
- 18.5% of Minneapolis North respondents reported 8 or more days of poor physical health compared to 9.8% in Hennepin County total.
- 18.9% of Minneapolis North respondents reported 8 or more days of poor mental health compared to 13.2% in Hennepin County total.
- 31.8 % of Minneapolis North respondents reported 8 or more unhealthy (mental and physical health) days compared to 22.0% in Hennepin County total.
- A larger number of respondents in Minneapolis North reported higher incidences of chronic diseases or high risk conditions:
 - Hypertension – 30.8% in Minneapolis North compared to 21.1% in Hennepin County total.
 - Pre-diabetes – 12.5% in Minneapolis North compared to 8.0% in Hennepin County total.
 - Diabetes – 10.7% in Minneapolis North compared to 6.1% in Hennepin County total.
 - Heart attack, angina, stroke – 5.1% in Minneapolis North compared to 4.8% in Hennepin County total.
 - Asthma – 11.8% in Minneapolis North compared to 7.3% in Hennepin County total.
 - BMI overweight or obese – 65.3% in Minneapolis North compared to 57.4% in Hennepin County total.
- 84.1% of Minneapolis North respondents report having health insurance compared to 89.1% in Hennepin County total.
- 75.4% of Minneapolis North respondents report being insured the entire year compared to 85.2% in Hennepin County total.
- 12.7% of Minneapolis North respondents report finding it very difficult to pay for health insurance premiums, co-pays and deductibles in the past 12 months compared with 5.6% in Hennepin County total.
- 32.7% of Minneapolis North respondents report being told by a health professional that they have depression compared to 22.8% in Hennepin County total.
- 29.4% of Minneapolis North respondents report being told by a health professional that they have anxiety compared to 21.3% in Hennepin County total.

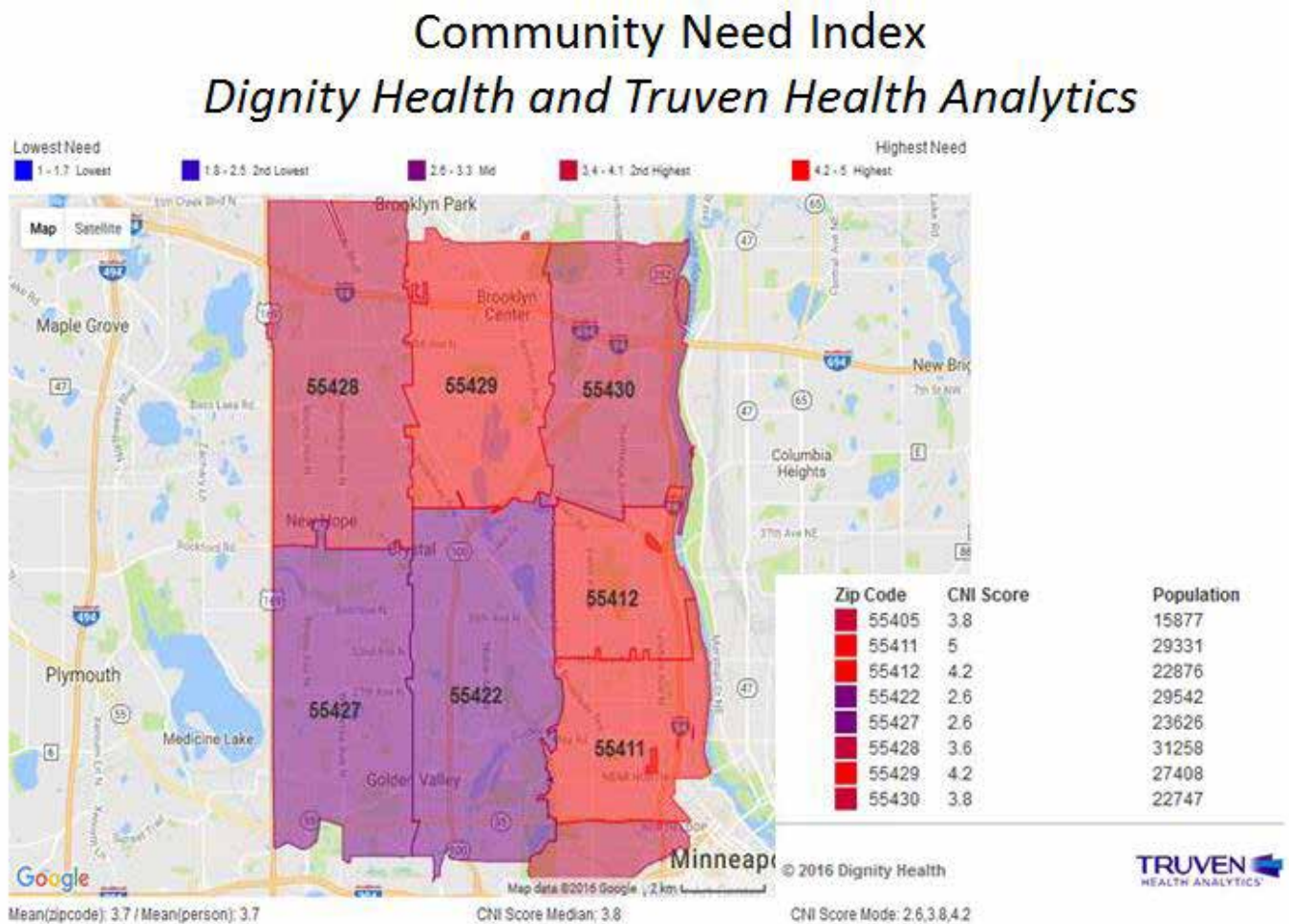
Northwest Suburbs – inner ring

- Respondents in Northwest Suburbs-inner ring reported fair or poor health – 7.7% compared to 7.6 % in Hennepin County total.
- 12.3% of Northwest Suburbs-inner ring respondents reported 8 or more days of poor physical health compared to 9.8% in Hennepin County total.
- 12.5% of Northwest Suburbs-inner ring reported 8 or more days of poor mental health compared to 13.2% in Hennepin County total.
- 22.0 % of Northwest Suburbs-inner ring respondents reported 8 or more unhealthy (mental and physical health) days similar to Hennepin County total. However, Northwest Suburbs-inner ring respondents report a higher percent of 14 or more days, at 15.0% compared to 13.3% in Hennepin County total.
- A larger number of respondents in Northwest Suburbs-inner ring reported higher incidences of chronic disease or high risk conditions:
 - Hypertension – 23.7% in Northwest Suburbs-inner ring compared to 21.1% in Hennepin County total.
 - Pre-diabetes – 8.3% in Northwest Suburbs-inner ring compared to 8.0% in Hennepin County total.
 - Diabetes – 6.2% in Northwest Suburbs-inner ring compared to 6.1% in Hennepin County total.
 - Heart attack, angina, stroke – 5.8% in Northwest Suburbs-inner ring compared to 4.8% in Hennepin County total.
 - The reported Asthma rate is lower in Northwest Suburbs-inner ring respondents at 6.0% compared to 7.3% in Hennepin County total.
 - BMI overweight or obese – 64.1% in Northwest Suburbs-inner ring compared to 57.4%% in Hennepin County total.
- 90.1% of Northwest Suburbs-inner ring respondents report having health insurance compared to 89.1% in Hennepin County total.
- 87.5% of Northwest Suburbs-inner ring respondents report being insured the entire year compared to 85.2% in Hennepin County total.
- 5.5% of Northwest Suburbs-inner ring respondents report finding it very difficult to pay for health insurance premiums, co-pays and deductibles in the past 12 months compared with 5.6% in Hennepin County total.
- 16.8% of Northwest Suburbs-inner ring respondents report being told by a health professional that they have depression compared to 22.8% in Hennepin County total.
- 17.1% of Northwest Suburbs-inner ring respondents report being total by a health professional that they have anxiety compared to 21.3% in Hennepin County total.

Source: <http://www.co.hennepin.mn.us/SHAPE>

Community Health Needs Index

The Community Need Index (CNI) map shown below illustrates that the North Memorial Health Hospital Community Health Needs Assessment area is composed of zip codes that are identified as having high social-economic need. The range of scores for zip codes in the assessment area range from 2.6 to 5.0 (highest need).



Income Barrier:

- Percentage of households below poverty line, with head of household age 65 or more.
- Percentage of families with children under 18 below poverty line.
- Percentage of single female-headed families with children under 18 below poverty line.

Cultural Barrier:

- Percentage of population that is minority (including Hispanic ethnicity).
- Percentage of population over age 5 that speaks English poorly or not at all.

Education Barrier:

- Percentage of the population over 25 without a high school diploma.

Insurance Barrier:

- Percentage of population in the labor force aged 16 or more, without employment.
- Percentage of population without health insurance.

Housing Barrier:

- Percentage of households renting their homes.

<http://cni.chw-interactive.org/>

Attributed Patient Data

Top 10 Chronic Conditions

The top 10 chronic conditions identified in the Attributed Patient data are shown below. For All Populations - dyslipidemia, hypertension, diabetes and depression are the top four. For children 18 and under - asthma, depression and diabetes are the top three. For persons over 65 - hypertension, dyslipidemia and diabetes are the top three. Also identified in the over 65 population is depression at number five.

Attributed Patient Data

Chronic Condition Prevalence NMMC PSA (67,671)		
Chronic Condition	Count	%
Dyslipidemia	26,728	39.5%
Hypertension	23,243	34.3%
Diabetes	15,423	22.8%
Depression	13,431	19.8%
Asthma	11,170	16.5%
Chronic Obstructive Pulmonary Disease	5,477	8.1%
Coronary Artery Disease	5,242	7.7%
Atrial Fibrillation	3,351	5.0%
Congestive Heart Failure	2,750	4.1%
Rheumatoid Arthritis	1,008	1.5%

Chronic Condition Prevalence, Children 18 and under NMMC PSA (6,492)		
Chronic Condition	Count	%
Asthma	1,586	24.4%
Depression	266	4.1%
Diabetes	118	1.8%
Hypertension	108	1.7%
Dyslipidemia	40	0.6%
Rheumatoid Arthritis	9	0.1%
Chronic Obstructive Pulmonary Disease	4	0.1%
Atrial Fibrillation	4	0.1%
Coronary Artery Disease	3	0.0%
Congestive Heart Failure	0	0.0%

Chronic Condition Prevalence, Seniors 65 and over NMMC PSA (12,285)		
Chronic Condition	Count	%
Hypertension	12,235	99.6%
Dyslipidemia	11,028	89.8%
Diabetes	6,541	53.2%
Coronary Artery Disease	3,612	29.4%
Depression	3,485	28.4%
Asthma	2,600	21.2%
Atrial Fibrillation	2,506	20.4%
Chronic Obstructive Pulmonary Disease	2,503	20.4%
Congestive Heart Failure	1,865	15.2%
Rheumatoid Arthritis	494	4.0%

BMI Data

For All Populations the BMI distribution shows 38.7% of the identified population having a BMI in the obese class. For children 18 and under, 48.3% are identified as underweight while 8.5% are in the obese class. For persons over 65, 37.2% are in the obese class.

Attributed Patient Data

BMI Distribution NMMC (54,541)		
BMI Class	Count	%
Underweight: <18.5	3,850	7.1%
Normal: 18.5-24.9	14,048	25.8%
Overweight: 25.0-29.9	15,542	28.5%
Obese (Class 1): 30.0-34.99	10,697	19.6%
Obese (Class 2): 35.0-39.99	5,621	10.3%
Obese (Class 3): 40+	4,783	8.8%

BMI Distribution, Children 18 and under NMMC		
BMI Class	Count	%
Underweight <18.5	3,134	48.3%
Normal: 18.5-24.9	2,197	33.8%
Overweight: 25.0-29.9	604	9.3%
Obese (Class 1): 30.0-34.99	285	4.4%
Obese (Class 2): 35.0-39.99	139	2.1%
Obese (Class 3): 40+	133	2.0%

BMI Distribution, Seniors 65 and over NMMC		
BMI Class	Count	%
Underweight: <18.5	268	2.2%
Normal: 18.5-24.9	3,243	26.4%
Overweight: 25.0-29.9	4,192	34.1%
Obese (Class 1): 30.0-34.99	2,534	21.4%
Obese (Class 2): 35.0-39.99	1,194	9.7%
Obese (Class 3): 40+	754	6.1%

Primary Research Sources — Qualitative Data

Focus Groups

Wilder Research conducted 5 focus groups: one with members of the Community Health Steering Committee; one with health professionals and social service providers; and three with community members. In total, 60 people who live or work in the community being assessed by North Memorial Health Hospital participated in the focus groups. Key themes identified include:

- There is a lack of awareness of the available health and social services.
- Improving access to basic needs can positively affect health.
- Building a sense of belonging to the community can enhance health.
- Hospital staff and health care providers should reflect and understand the community they serve.
- The health care system is confusing and it can be difficult to access services.
- The community could benefit from more health education and preventative care.
- Mental health intertwines with other health and chemical dependency issues and the community lacks services to address the needs.
- The hospital can develop and strengthen relationships with the community.

Key Stakeholder Interviews

In an attempt to organize the feedback received from the 16 key stakeholder interviews that were conducted by Community Health Steering Committee members two word clouds (wordles) were developed to capture the major ideas.

For the question related to a “Vision for a Health Community” no single idea dominated the word cloud, although it does show the many visions participants have for their community.

Key Stakeholder Interviews Vision For A Healthy Community



For the question related to “Healthy Community Needs” major ideas included Mental Health, Affordable Healthy Food, Healthy Lifestyle Education, Social Isolation and Lack of Community Engagement.

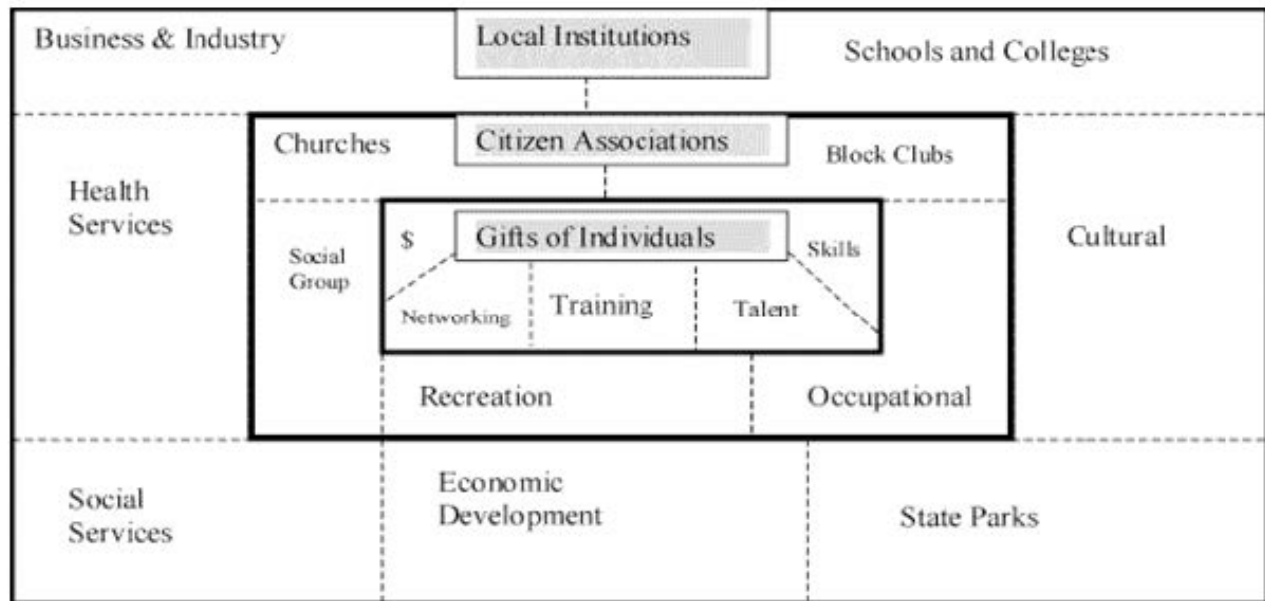
Key Stakeholder Interviews - Healthy Community Needs



Community Asset Mapping

Community Health Steering Committee members were introduced to the concept of community asset mapping and the importance of utilizing available community resources as potential partners to address the identified health needs. The following tool was distributed:

What is a Community Asset?



Source: University Outreach and Extension at University of Missouri System and Lincoln University
<http://extension.missouri.edu/about/fy00-03/assetmapping.htm>

There was discussion around the asset map, how it can be used to identify partners in our work and which of those partners are already at the table. More work will be done in this area when implementation planning is carried out.

Limitations

Every attempt was made to reach out to the community and engage a wide range of both focus group participants and persons interviewed as key stakeholders. Members of the Community Health Steering Committee took an active role in recruiting community members. While both the focus groups and stakeholder interviews represent a small sample of community members their perception is extremely valuable as they tell the story the numbers cannot. These insights are subjective in nature and thus cannot be reliably projectable to the larger population.

Priorities

Prioritization Process

Responses to the focus groups, key stakeholder interviews and the quantitative data were reviewed by the internal planning committee. The planning committee summarized the data and presented it to the Community Health Steering Committee for review and discussion. Initial top findings presented to the Community Health Steering Committee were:

- Mental Health/Substance Abuse
- Food – access, affordable, education on nutrition (social determinate of health)
- Asthma – pediatric
- Youth – education on healthcare careers, leadership development
- Cultural Awareness of community diversity

All of the above are addressed with community partnerships and community support in mind.

A discussion with the Community Health Steering Committee around these findings and the data changed the top health priorities to:

- Mental Health/Substance Abuse
- Food – access, affordable, education on nutrition (social determinate of health)
- Respiratory Disease
- Youth – education on healthcare careers, leadership development
- Obesity
- Cultural diversity

All of the above are addressed with community partnerships, community support and cultural appropriateness in mind.

Tool Used

After discussion around the top health priorities and gathered data the Community Health Steering Committee voted to prioritize the top two health priorities to be addressed starting in 2017. The prioritization criterion used three guidelines:

- How widespread is the health need?
- How serious or important do you think this health need is for individuals and/or the community?
- What is the potential for North Memorial Health Hospital and community partners to have a positive impact on this health need within 3 to 4 years?

The tool used is the Community Health Needs Scoring Form developed by Hennepin County Medical Center and adapted for our use.

Community Health Needs Scoring Form

HEALTH NEED: _____

	SIZE	SERIOUSNESS	POTENTIAL TO IMPACT
Rating Scale	How widespread is the health need?	How serious or important do you think this health need is for individuals and/or the community?	What is the potential for North Memorial Health Hospital and Community Partners to have a positive impact on this health need within 3 to 4 years.
4	Impacts most of the hospital's identified Community Assessment area.	Very serious	Very likely: North Memorial Health Hospital and Community Partners can have some impact within 3 to 4 years.
3	Impacts some neighborhoods or communities more than others.	Moderately serious	Somewhat likely: North Memorial Health Hospital and Community Partners can have some impact within 3 to 4 years.
2	Impacts only one or two neighborhoods or communities.	Somewhat serious	North Memorial Health Hospital and Community Partners can have a positive impact, but it will take time to build partnerships, acquire resources, and see progress.
1	Not sure how widespread the health need is in the community.	Not serious	Not sure or don't think North Memorial Health Hospital and Community Partners can have a positive impact anytime soon.

Health Need:	Size Score	Seriousness Score	Potential to Impact Score	TOTAL

COMMENTS: Please add your thoughts about the above needs as well as any thoughts you have about how to address these needs on the back.

Optional: Name _____

The results of Steering Community Member voting on the top health priorities are:

- 1) Mental Health/Substance Abuse - 207 votes
- 2) Food; access, affordable, education on nutrition (Social Determinate of Health) - 182 votes
- 3) Obesity - 177 votes
- 4) Cultural Diversity - 175 votes
- 5) Respiratory Disease - 161 votes
- 6) Youth; education on healthcare careers, leadership development - 158 votes

All addressed with community partnerships, community support and cultural appropriateness in mind.

After a review of potential implementation projects to address these health priorities, a decision was made to separate out Mental Health and Substance Abuse. A presentation was made to the North Memorial Board of Directors on December 1, 2016 and approval of the Community Health Needs Assessment findings and the top health priorities was obtained. Starting in 2017 North Memorial Health Hospital along with our community partners will begin to address the following health priorities:

- Mental Health
- Substance Abuse
- Food; access, affordability and education on nutrition

Mental Health and Substance Abuse were identified in both the North Memorial Health Hospital and Maple Grove Hospital Community Needs Health Assessments. Since both institutions are part of the North Memorial Health System, Community Health Assessment areas are adjacent to each other and populations cross the two Community Health Needs Assessment areas Mental Health and Substance Abuse initiatives will be addressed together as system wide health priorities.

Resources To Address Identified Needs

North Memorial Health Hospital will work with community partners to help address the identified community needs. Our Community Steering Committee will guide this work and identify potential partners.

We currently work in partnerships with numerous community partners to address community needs. These partners include schools, public health, law enforcement, religious groups, substance abuse prevention initiatives, social service organizations, local government and other healthcare organizations. Partnership is the foundation upon which all of our community outreach work is based and will continue to be based.

Resources available to address the identified health needs include existing community programs around substance abuse prevention, mental health and food access. These include Partnership for Change, Partners in Prevention, Mental Health First Aid Training, and the North Market initiative. We will continue to work with the Center for Community Health (CCH). This is a collaboration between public health, healthcare organizations and health plans. The mission of CCH is to improve the health of the community by engaging across sectors and serving as a catalyst to align the community health assessment process and the development of action plans in order to provide collaborative impact for priority health issues.

We will also continue to work with Hennepin County CHIP to address the issues they have identified. This work includes membership on the Steering Committee and involvement with the Social Connectedness and Nutrition Obesity and Physical Activity (NOPA) work groups.

Results From 2013-2016 Health Priorities

North Memorial Health Hospital's 2013-2015 priorities were:

- Access & Affordability
- Community Collaboration & Connecting Community Resources
- Cultural Competency in Treatment Interactions
- Social & Emotional Wellbeing
- Health Information

Below are highlights of some of the work done in these priority areas:

Access & Affordability

- North Memorial Health Hospital engaged with Portico HealthNet, a local nonprofit specializing in insurance eligibility and enrollment, to expand strategic partnerships for the Medical Assistance population.
- North Memorial Health Hospital did an educational mailer to everyone in our services area to educate the community on where to get the appropriate level of care for a variety of high level conditions. These were handed out in our clinics and at local community pharmacies.
- North Memorial Health Hospital does monthly health tips that are handed out at local community pharmacies across the twin cities.
- North Memorial Health Hospital developed initiatives to reduce the barriers patients have expressed regarding breast and colon cancer screening:

For breast cancer screening:

- We led efforts to standardize the core processes of primary care clinics in order to “seize the opportunity” during clinic visits to discuss the importance of early detection and breast cancer screening with patients who are due for a mammogram.
- Reduced the financial and transportation barriers by developing a partnership with the Sage Program.
- Reduced the fear and anxiety of the unknowns of the mammogram procedure by developing a “What to Expect during a Mammogram” patient brochure that is now available in all clinics. In addition, we drove the project to rapid release of mammogram results via MYCHART in order to reduce the anxiety of waiting for a mailed letter.
- Developed a process to re-engage patients who no-show for a scheduled mammogram re-claiming 61% of these patients.
- Applied multiple outreach approaches to create awareness and encourage patients to get screened.
- 2,567 North Memorial patients were up to date with breast cancer screening during 2015, which was about 75% of the eligible patient population.

For colon cancer screening:

- We led efforts to standardize the process of offering less invasive options of stool testing when patients do not wish to schedule the gold standard of a colonoscopy.
- We operationalized a FIT Kit/ Follow up Process, which has increased our overall screening rate by 5%.
- Applied multiple outreach approaches to create awareness and encourage patients to get screened.
- 18,228 North Memorial patients were up to date with colon cancer screening during 2015, which was about 74% of the eligible patient population.

Community Collaboration & Connecting Community Resources

- North Memorial Health Hospital does monthly health tips that are handed out at local community pharmacies across the twin cities.
- The North Memorial Community Health Steering Committee meet to provide leadership on health priorities and guide the community health needs assessment. Items discussed include – health priority progress, Hennepin County Community Health Improvement Partnership involvement, Center for Community Health activities, the 2016 Community Health Needs Assessment.
- North Memorial Health Hospital continues to work to improve integration between North Memorial Health Hospital and community-partners through enhanced referral coordination and communication. A few key community partners have developed a more integrated approach to address the needs of high-risk patients through care conferences and targeted care management. Through our partnership with Vail Place, we are directly referring patients from across the system (inpatient psych, clinics, community paramedics, etc.) into services like case management, housing support and job skills development.
- North Memorial Health Hospital has worked with ten Senior Companion volunteers and has referred in nearly 30 high-risk seniors into the program.

Cultural Competency In Treatment Interactions

- North Memorial Health Hospital has incorporated a section on “Cultural Competency” and “Conversations on Community” into new employee orientation. Cultural Competency covers the following topics:

What makes an interpreter qualified

How to work with an Interpreter

Expectations of agency interpreters

Expectations of Team Members When Working with LEP(Limited English Proficient) Customers

Other Resources: Certified Language international, M.A.R.T.T.I. (My Accessible Real-Time Trusted Interpreter)

- Conversations on Community program objectives:

Deepening self-awareness

Examine the impact of differences and similarities on the North Memorial community

Examine the dynamics of moving our behaviors from Tolerance to Appreciation

Understand your role and responsibilities to continuously improve the work environment so that everyone can feel more included—more a part of the community

Practice having conversations that matter

The “Conversations on Community” program is also offered at other times throughout the year.

Social & Emotional Wellbeing

- North Memorial Health SafeJourney is an innovative, volunteer-driven program that provides victim of domestic violence with safety planning, injury documentation, immediate emotional support, legal advocacy and options for longer-term support. Trained volunteer advocates provide 24-hour on site advocacy to patients at North Memorial Health Hospital, Maple Grove Hospital, North Memorial clinics as well as individuals in our community. On-going support by weekly support groups, individual counseling and follow-up calls. In 2015 alone there were a total of 1,474 total domestic abuse encounters.
- North Memorial Health Hospital’s behavioral health department expanded programming for patients with mental illness by opening an intensive outpatient program for patients suffering from mood disorders. This eight-week program provided a natural step-down in care for patients in the partial hospital program, and a less-intensive option for struggling outpatients who didn’t require inpatient psychiatric hospitalization. During this time, psychiatrists and psychologists were also embedded within several of North Memorial Health’s outpatient clinics to assist primary care providers and allow easy access to mental health services for patients.
- Transitional Recovery-Care Program is a partnership between North Memorial Health Hospital and Catholic Charities. North Memorial Health Hospital pays for two staffed beds at Exodus House to ensure a safe disposition for our homeless population who are medically stable but need time to transition to permanent housing.

Health Information

- Safe Kids Northwest Metro Minneapolis through the low cost bike helmet program sold or gave away over 1,500 bike helmets during 2015. Nine car seat clinics were held in the region and over 200 car seats were checked at these events for correct installation, keeping these kids safe while riding in their vehicles.
- Partnership for Change met 11 times in 2015, with additional sub-committee and workgroup meetings. Some of the major activities carried out included: over 250 yard signs/posters/flyers placed around the community for the spring campaign, 15 community presentations on Place of Last Drink initiative and other programs maintained under the coalition, youth-led leadership groups met over 24 times throughout the school year and completed a number of campaigns within the high school and community such as distributed Social Host Ordinance reminders to parents at the Homecoming games and Sticker Shock at local liquor stores.
- The North Memorial Health Stroke Program participated in multiple community events and sponsored two educational workshops on stroke. We have three active support groups for stroke survivors and their families. In 2015, the program provided 380 stroke risk assessment screenings during our community outreach events. To increase early recognition of stroke by individuals living in critical access areas the department funded FAST advertising on billboards and gas pumps in various rural Minnesota cities.
- North Memorial Health held Oral/Head and Neck Cancer Awareness Event at the North Memorial Health Outpatient Center on April 8, 2015. Approximately 50 patients attended this event at the North Memorial Health Outpatient Center physicians discussed risks of head and neck cancer, prevention, smoking cessation, treatments.
- Community Outreach for Advance Care Planning includes formal presentations to community groups, as well as information tables at community events. In 2015 North Memorial Health Hospital did five presentations to community groups serving a total of 100 people. The presentations involve a PowerPoint and the opportunity for attendees to fill out a Health Care Directive. 24 Health Care Directives were completed and notarized at these events. A North Memorial Health Hospital staff member attended three community events where we manned an Advance Care Planning table. 580 people attended these events and 140 Health Care Directives were distributed. In addition, we donated 16 hours of time training ACP Facilitators in the community, one from a local church and one from a skilled nursing facility.
- A Mental Health First Aid class for persons working with adults and a Mental Health First Aid class for persons working with youth were offered for the community in 2015 in partnership with Turning Point and NAMI trainers. A total of 16 persons attended the class for persons working with youth and 20 persons attended the class for persons working with adults.

Implementation Plan

Implementation planning teams composed of both internal employees and external community partners will be brought together the first quarter of 2017 to develop Implementation Plans for the three identified health priorities:

- Mental Health
- Substance Abuse
- Food – access, affordability and education on nutrition

Once the implementation strategies and plans are developed for each of the three health priorities they will be posted on North Memorial Health Hospital's website. The health needs identified above will be the focus of North Memorial Health Hospital's community benefit work and will be detailed in the Implementation Plans.

For more information on the North Memorial Health Hospital's 2016 Community Health Needs Assessment and Implementation Plan please contact:

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