
2016 Community Health Needs Assessment



A Partnership of North Memorial and Fairview

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Introduction

Background

Maple Grove Hospital in Maple Grove, Minnesota has provided care to people in the northwest Twin Cities metro communities since 2009. It is a partnership between North Memorial Health and Fairview Health Services. 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, Maple Grove 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 Maple Grove Hospital's Community Engagement Advisory Team.

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.



A Partnership of North Memorial and Fairview

Community Engagement Advisory Team

Maple Grove Hospital established a Community Engagement Advisory Team in 2012 to help guide the 2013 Community Health Needs Assessment. The Community Engagement Advisory Team took on the responsibility of guiding the 2013 Community Health Needs Assessment process, defining the community to assess, identifying key stakeholders, recruiting focus group participants, analyzing data and prioritizing health needs. They then continued to monitor the work being done to address the identified 2013 health priorities. In 2015 the Community Engagement Advisory Team began planning for the 2016 Community Health Needs Assessment process by defining the community to assess, identifying key stakeholders, recruiting focus group participants, and prioritizing health needs.

2016 Community Engagement Advisory Team Members included:

- › Patty Anderson, Administrative Supervisor, Maple Grove Parks and Recreation
- › Irene Merz, LSN, CNP, District Nurse, Wayzata Public Schools
- › Dustin Chapman, Behavioral Services Liaison, Licensed Alcohol and Drug Counselor, University of Minnesota Medical Center
- › LeeAnn Mortensen, MPH, Injury Prevention Coordinator, North Memorial Health Hospital
- › Andy Cochrane, CEO, Maple Grove Hospital
- › Robert N. Munson, MSW, LISW, Community Member
- › Elaine Forbes, RN, LSN, District Nurse, Osseo Area Schools
- › Heidi Nelson, City Administrator, City of Maple Grove
- › Jackie Haas, Guest Services Coordinator, Maple Grove Hospital
- › Jason Rusinak, Director of Population Management North Memorial Health & North Collaborative Care
- › Julie Juddi, RDN, LD, Clinical Nutrition Manager, Maple Grove Hospital
- › Shashikant Sane, MD, President, Hindu Community Center and Hindu American Temple School
- › Rev. Joel Jueckstock, M. Div., Ph.D., Supervisor Spiritual Care, Maple Grove Hospital
- › Heather Sheridan, Administrator, University of Minnesota Health, Maple Grove Clinics
- › Wendy Konop, Early Childhood and Family Education, Arborview Early Childhood Center
- › Eric Werner, Chief of Police, City of Maple Grove
- › Jonette Lucia, MMA, Coordinator Northwest Hennepin Family Service Collaborative
- › Sue Wieker, Senior Planning Analyst, North Memorial Health
- › Marie Maslowski, RN, MPH, Community Health Outreach Manager, Maple Grove Hospital
- › Yeng Yang, MD, Medical Director Pediatric Hospital Medicine and Newborn Medicine, Maple Grove Hospital
- › Cathy McMahon, Community Health Improvement Partnership “CHIP” Coordinator, Hennepin County Public Health

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

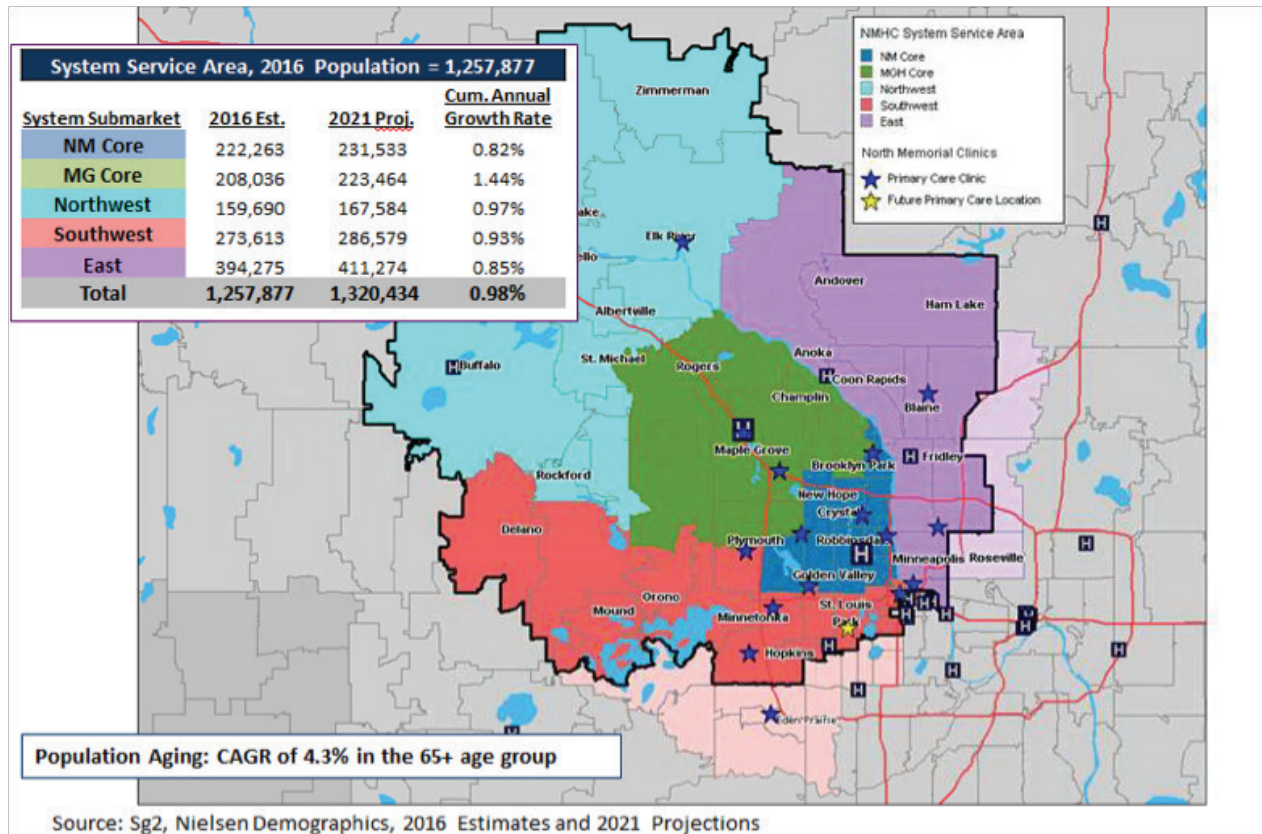
- › A process to collect and analyze data about the identified community in order to prioritize identified health needs
- › Identify community health needs and strengths
- › Identify partnerships to address identified health priorities
- › Develop and adopt an Implementation Plan to address identified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

Geographic Area and Target Population

Maple Grove Hospital services customers in the Northwest Twin Cities Metro Area.

North Memorial Health, System Service Area

5% Growth in Population projected for 2016 to 2021



Maple Grove Hospital’s primary focus for the Community Health Needs Assessment is defined by the following zip codes which includes portions of the following cities:

- › 55311 (Maple Grove, MN (91.57%), Rogers, MN (6.03%), Corcoran, MN (0.08%))
- › 55369 (Maple Grove, MN (74.94%), Dayton, MN (21.19%), Osseo, MN (2.91%), Rogers, MN (0.29%))
- › 55445 (Brooklyn Park, MN)
- › 55446 (Plymouth, MN)

New zip codes:

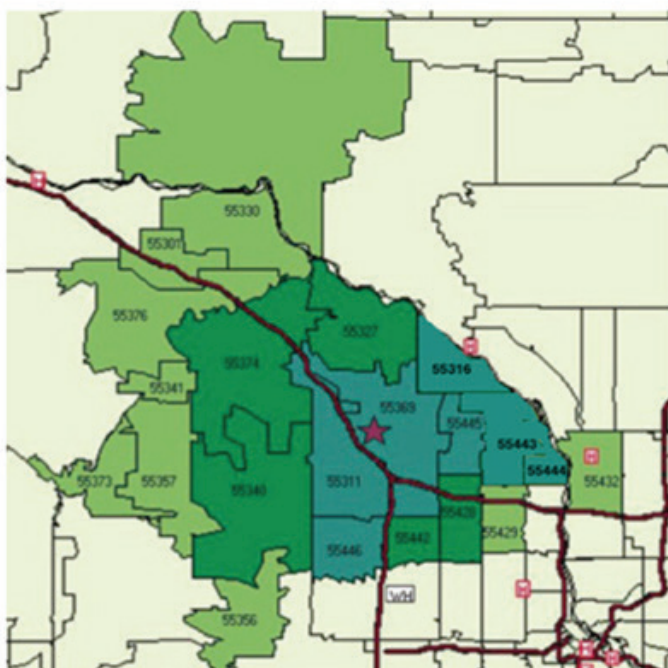
- › 55443 (Brooklyn Park, MN) and
- › 55444 (Brooklyn Park, MN (99.85%), Brooklyn Center, MN (0.15%))
- › 55316 (Champlin, MN)

The rationale for choosing this area is:

- › The area is immediately adjacent to Maple Grove Hospital
- › The area closely mirrors SHAPE data geographic regions identified as “Northwest Suburbs - outer ring”
- › It is identical to the 2013 Community Health Needs Assessment with the addition of zip codes 55443 and 55444 which have greater health needs and 55316 which was recommended by the Community Engagement Advisory Team.
- › It is where 33.4% of 2015 Maple Grove Hospital inpatient and 43.2% of 2015 outpatient emergency department customers live.

ASSESSMENT AREA OF FOCUS

MAPLE GROVE HOSPITAL PRIMARY SERVICE AREA (27 ZIPs) TOTAL



COMMUNITY HEALTH NEEDS ASSESSMENT SERVICE AREA

- 55311 Maple Grove
- 55316 Champlin
- 55369 Maple Grove/Osseo
- 55446 Plymouth
- 55443 Brooklyn Park
- 55444 Brooklyn Park
- 55445 Brooklyn Park

Research Methods

Maple Grove 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 Engagement Advisory Team members prioritized the top health needs that will be addressed.

Secondary Research

Maple Grove 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 Maple Grove 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 patient population within the Attributed Patient Data. This provides another data point to the Community Engagement Advisory Team 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 Engagement Advisory Team 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 4 focus groups over the course of the Community Health Needs Assessment:

- › A Community Engagement Advisory Team Members focus group
- › A Healthcare and Social Service Professionals focus group
- › Two Community Members focus groups

A total of 45 people who live or work in the Community Health Needs Assessment area participated in the focus groups.

Key Stakeholder Interviews - Community Engagement Advisory Team 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 14 key stakeholder interviews were conducted.

Community Asset Mapping - Community Engagement Advisory Team 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 Engagement Advisory Team represent some of the community assets that we can partner with. These include representatives from schools, public health, other health systems, 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; Andy Cochrane, CEO, Maple Grove Hospital; Sue Wieker, Senior Planning Analyst, North Memorial Health and Marie K. Maslowski, RN, MPH Community Health Outreach Manager, Maple Grove 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 Engagement Advisory Team 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

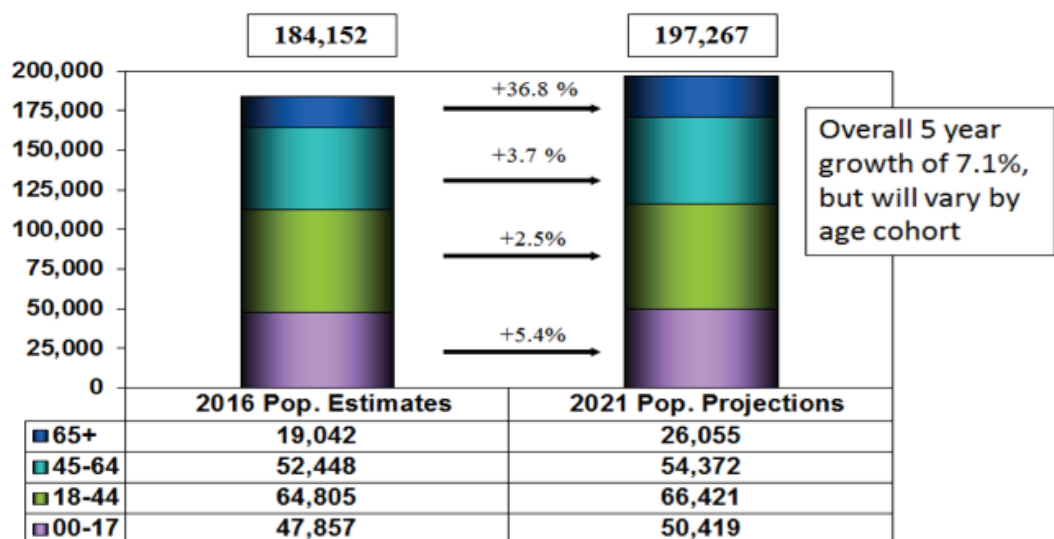
Demographic Data

Population Growth

The Maple Grove Hospital Community Health Needs Assessment area is expecting 7.1% 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 36.8% increase in five years. All zip codes within the Maple Grove Hospital Community Health Needs Assessment area show projected growth in the next 5 years.

Maple Grove Hospital, CHNA Service Area

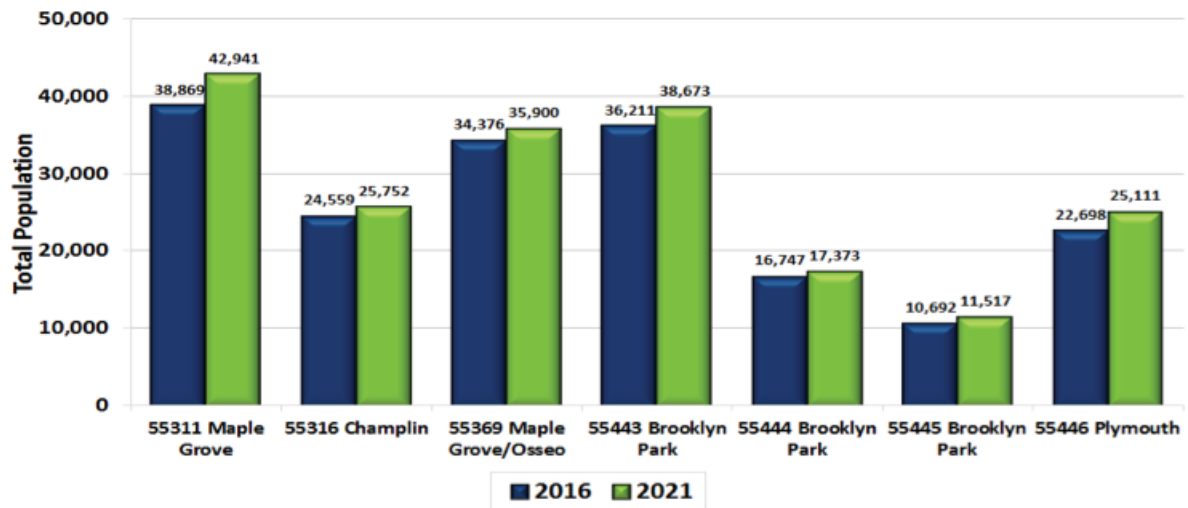
expecting 7.1% growth in five years



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

Maple Grove Hospital Service Area Demographics

71% Total Population Growth 2016 to 2021
(2016=184,152 • 2021=197,267)



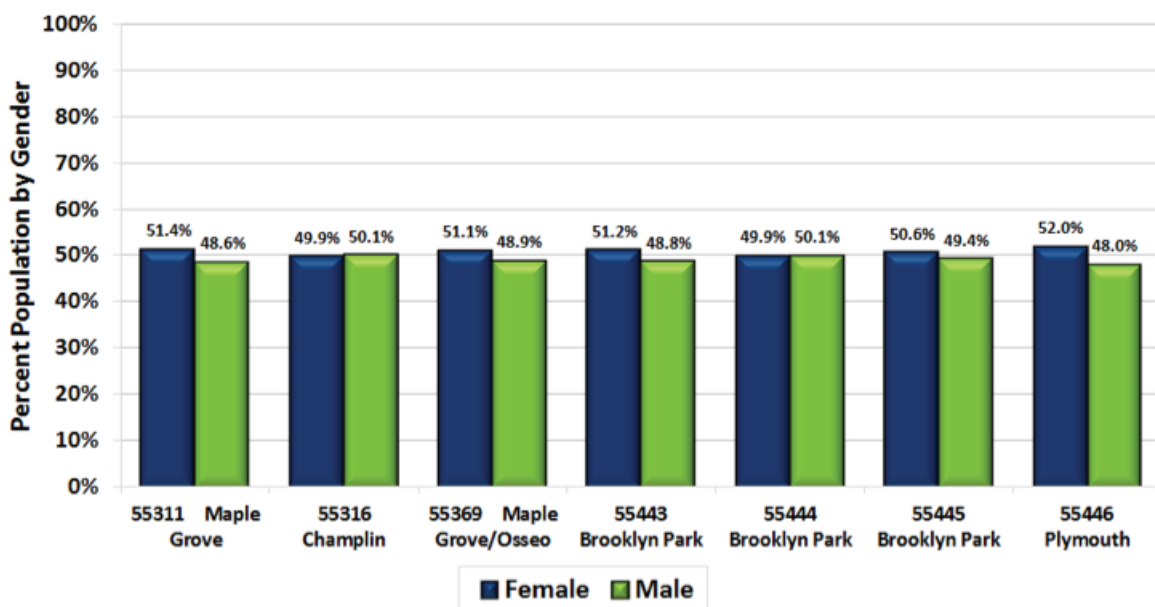
Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

Gender

In the Maple Grove Hospital Community Health Needs Assessment area females lead males slightly in population percentages with the exception of the 55316 and 55444 zip codes where the male percentage slightly leads the female percentage.

Maple Grove Hospital Service Area Demographics

2016 Gender Percent of Population by ZIP



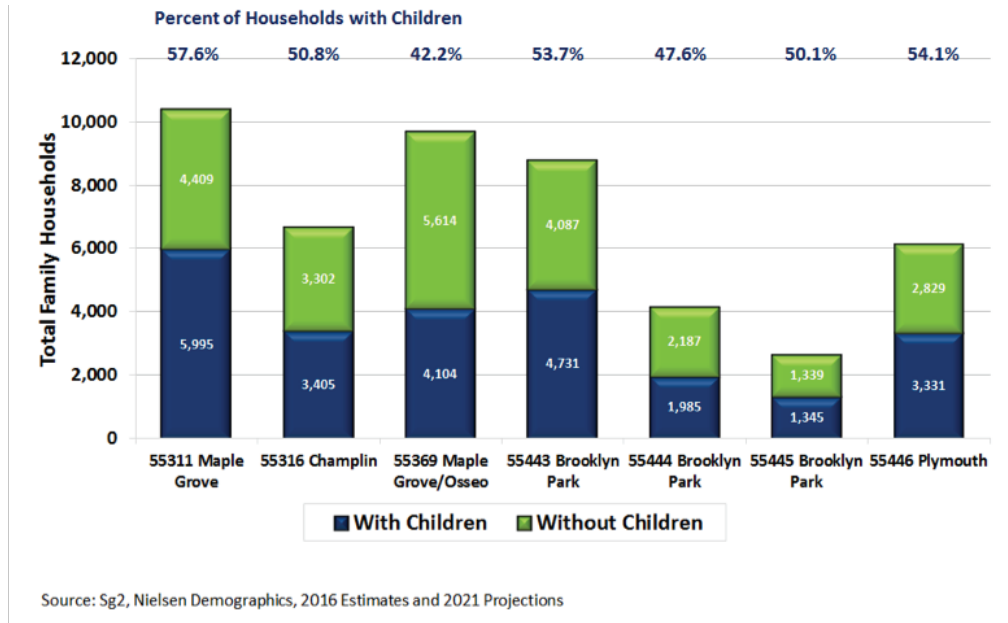
Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

Households with children

In the Maple Grove Hospital Community Health Needs Assessment area the percent of households with children varies from 57.6% in zip code 55311 to 42.2% in zip code 55369.

Maple Grove Hospital Service Area Demographics

2016 Family Households With and Without Children

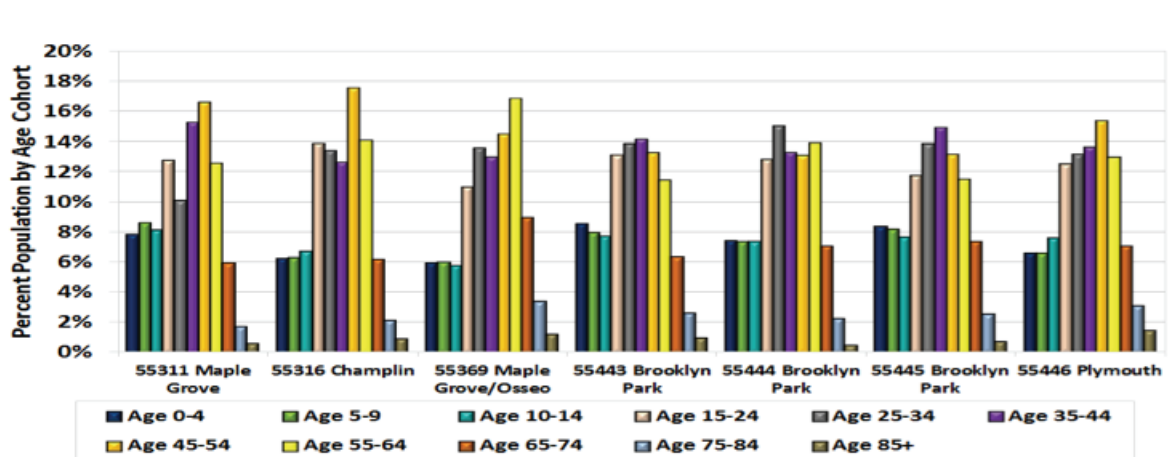


Age percent by zip codes

Age percent of population by zip codes in the Maple Grove 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 55443 shows the highest percentage of age 1 - 4 and is predicated to continue this lead in 2021. In 2016 zip code 55369 shows the highest percent of persons over 65 and is predicted to continue this lead in 2021. All zip codes show an increase in persons over 65 from 2016 to 2021.

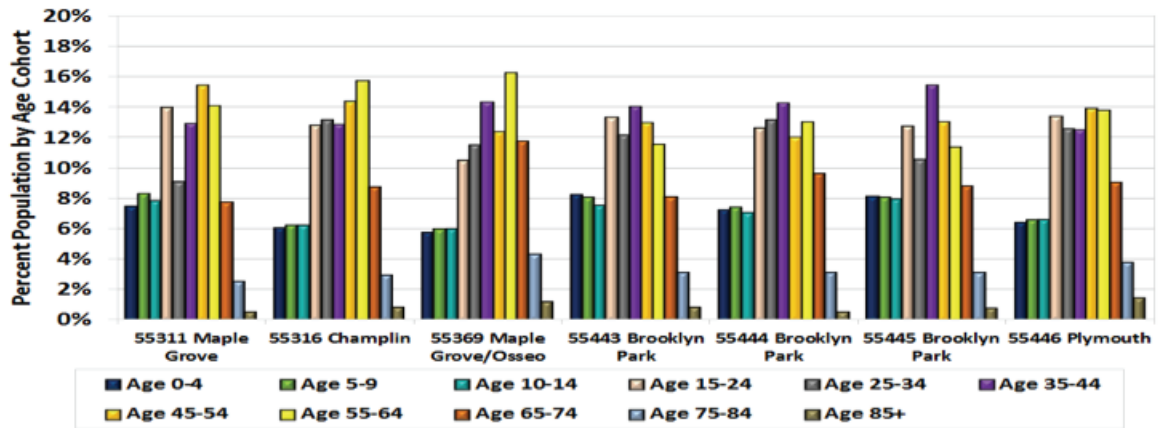
Maple Grove Hospital Service Area Demographics

2016 Age Percent of Population by ZIP



Maple Grove Hospital Service Area Demographics

2021 Age Percent of Population by ZIP



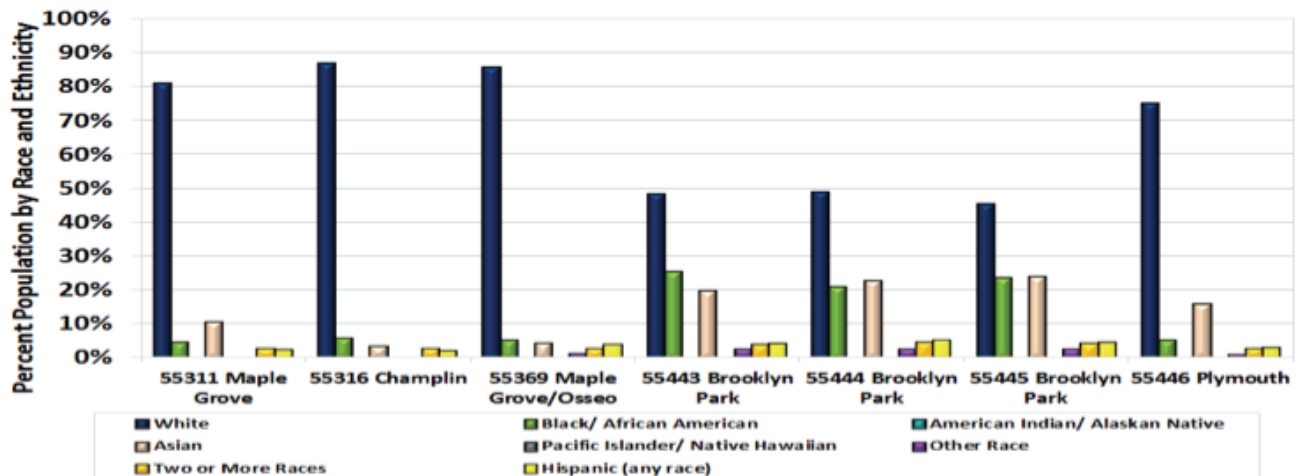
Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

Race and Ethnicity by zip codes

Race and ethnicity by zip code in the Maple Grove Hospital Community Health Needs Assessment area from 2016 to 2021 show changes in three areas. The White population is predicted to decrease in all zip codes, with 55445 showing the largest decrease by 7.0%. The Black/African American population is predicted to increase in all zip codes, with 55445 showing the largest increase by 2.5%. The Asian population is predicted to increase across all zip codes, with 55445 showing the largest increase by 4.0%. Other population groups show little change.

Maple Grove Hospital Service Area Demographics

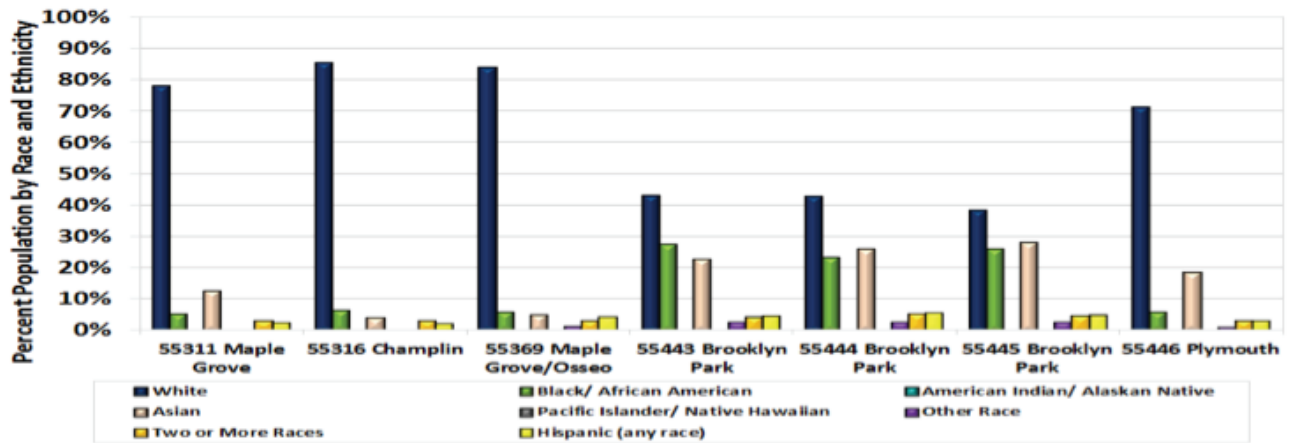
2016 Race and Ethnicity by ZIP



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

Maple Grove Hospital Service Area Demographics

2021 Race and Ethnicity by ZIP



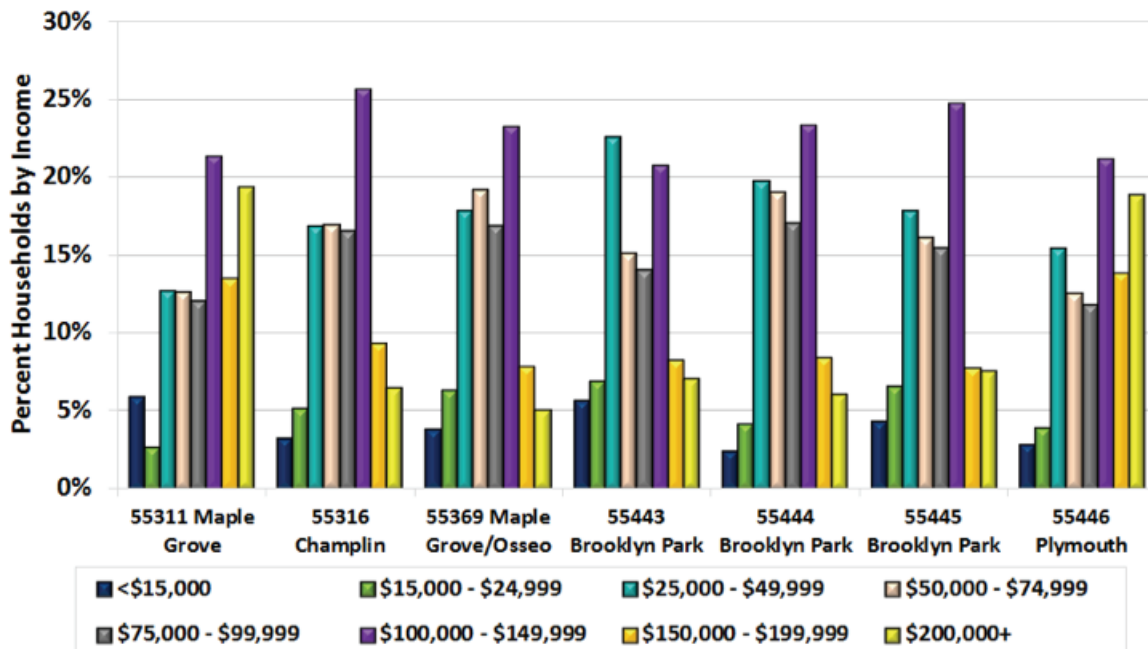
Source: Sg2, Nielsen Demographics, 2016 Estimates and 2021 Projections

Household Income by zip code

Household incomes by zip codes in the Maple Grove Hospital Community Health Needs Assessment area in 2016 show a wide distribution with 5.9% of the population in 55311 making <\$15,000/year and 19.3% of the population making \$200,000 or more. This zip code, 55311, has the highest percentage of the population at both ends of the income spectrum. Zip code 55443 has the next highest percentage of households making <\$15,000 per year at 5.7% and has 7.0% of its population making \$200,000 or more.

Maple Grove Hospital Service Area Demographics

2016 Household Income by ZIP



Source: Sg2, 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: 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 persons 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, pneumonia and respiratory failure were high when compared to all of Minnesota. For persons 65 and over no diagnosis is higher when compared to all of Minnesota.

Top 10 Reasons for Hospitalization

Top 10 Reasons for Hospitalization, 2013-2015*					
All Population, with Birth Data					
Diagnosis	MGH FSA	%	ALL MN	%	
Vaginal Birth	4,897	11.0%	128,072	8.5%	+
Cesarean Birth	1,677	3.8%	44,503	3.0%	+
Perineal Laceration, Second-Degree	1,433	3.2%	22,640	1.5%	+
Septicemia (nos)	1,144	2.6%	39,997	2.7%	
Osteoarthritis, Lower Leg (nos)	855	1.9%	32,325	2.2%	
Previous Caesarian Delivery	718	1.6%	19,555	1.3%	
Perineal Laceration, First-Degree	648	1.5%	13,886	0.9%	+
Osteoarthritis, Pelvic / Thigh (nos)	585	1.3%	18,026	1.2%	
Pneumonia (nos)	562	1.3%	27,397	1.8%	-
Post-Term Pregnancy	486	1.1%	18,225	1.2%	

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 MGH FSA and State of MN
 - designates a 0.5% or lower percentage of difference between the MGH FSA and State of MN
 nos = not otherwise specified (unspecified diagnosis)

Top 10 Reasons for Hospitalization, 2013-2015*					
All Population, without Birth Data					
Diagnosis	MGH FSA	%	ALL MN	%	
Septicemia (nos)	1,144	3.8%	39,997	3.5%	
Osteoarthritis, Lower Leg (nos)	855	2.8%	32,325	2.9%	
Osteoarthritis, Pelvic / Thigh (nos)	585	1.9%	18,026	1.6%	
Pneumonia (nos)	562	1.9%	27,397	2.4%	-
Kidney Failure (nos)	425	1.4%	14,188	1.3%	
Irregular Heartbeat	372	1.2%	16,044	1.4%	
First Heart Attack	364	1.2%	16,060	1.4%	
Major Depression, Severe - Recurrent Episodes	357	1.2%	12,101	1.1%	
Stroke	338	1.1%	12,360	1.1%	
Hardening of the Heart Arteries	322	1.1%	10,874	1.0%	

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 MGH FSA and State of MN
 - designates a 0.5% or lower percentage of difference between the MGH FSA 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	MGH FSA	%	ALL MN	%	
Pneumonia (nos)	110	3.9%	2,903	3.4%	+
Bronchiolitis due to RSV	89	3.1%	2,934	3.4%	
Respiratory Failure	60	2.1%	1,101	1.3%	+
Chemotherapy	57	2.0%	1,740	2.0%	
Major Depression, Severe - Recurrent Episodes	56	2.0%	1,766	2.0%	
Episodic Mood Disorder (nos)	56	2.0%	1,457	1.7%	
Asthma (nos)	47	1.7%	1,420	1.6%	
Depressive Disorder (nec)	46	1.6%	1,802	2.1%	-
Dehydration	44	1.5%	1,523	1.8%	
Bronchiolitis (nec)	44	1.5%	1,345	1.6%	

Top 10 Reasons for Hospitalization, 2013-2015*					
Ages 65 and Over					
Diagnosis	MGH FSA	%	ALL MN	%	
Septicemia (nos)	589	5.0%	22,737	4.6%	
Osteoarthritis, Lower Leg (nos)	475	4.1%	18,443	3.7%	
Pneumonia (nos)	288	2.5%	17,429	3.5%	-
Kidney Failure (nos)	265	2.3%	9,150	1.8%	
Osteoarthritis, Pelvic / Thigh (nos)	262	2.2%	9,669	2.0%	
Irregular Heartbeat	255	2.2%	11,161	2.3%	
Congestive Heart Failure	222	1.9%	7,741	1.6%	
Stroke	219	1.9%	8,899	1.8%	
First Heart Attack	207	1.8%	10,235	2.1%	
Hardening of the Heart Arteries	180	1.5%	6,190	1.3%	

Reasons for emergency room visits not resulting in hospitalizations

For All Populations, without birth data, the diagnosis of chest pain is higher than the state of Minnesota. For Children 18 and under, without birth data, fever, croup 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						Top 10 Reasons for ER Visits Not Resulting in Hospitalization, 2013-2015* All Population, without Birth Data					
Diagnosis	MGH PSA	%	ALL MN	%		Diagnosis	MGH PSA	%	ALL MN	%	
Chest Pain (nos)	2,886	2.9%	95,750	2.3%	+	Chest Pain (nos)	2,886	3.0%	95,750	2.3%	+
Headache	2,093	2.1%	78,032	1.9%		Headache	2,093	2.2%	78,032	1.9%	
Chest Pain (nec)	2,017	2.0%	64,365	1.5%	+	Chest Pain (nec)	2,017	2.1%	64,365	1.6%	+
Upper Respiratory Infection (nos)	1,916	1.9%	80,727	1.9%		Upper Respiratory Infection (nos)	1,916	2.0%	80,727	2.0%	
Abdominal Pain (nec)	1,578	1.6%	53,430	1.3%		Abdominal Pain (nec)	1,578	1.6%	53,430	1.3%	
Fever (nos)	1,509	1.5%	55,458	1.3%		Fever (nos)	1,509	1.6%	55,458	1.3%	
Abdominal pain (nos)	1,277	1.3%	71,791	1.7%		Abdominal pain (nos)	1,277	1.3%	71,791	1.7%	
Fainting	1,247	1.3%	43,351	1.0%		Fainting	1,247	1.3%	43,351	1.1%	
Nausea w Vomiting	1,231	1.2%	37,507	0.9%		Nausea w Vomiting	1,231	1.3%	37,507	0.9%	
Lower Back Pain	1,227	1.2%	55,837	1.3%		Lower Back Pain	1,227	1.3%	55,837	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 MGH PSA and State of MN
 - designates a 0.5% or lower percentage of difference between the MGH 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						Top 10 Reasons for ER Visits Not Resulting in Hospitalization, 2013-2015* Ages 65 and Over					
Diagnosis	MGFSA	%	ALL MN	%		Diagnosis	MGFSA	%	ALL MN	%	
Upper Respiratory Infection (nos)	1,302	5.3%	54,838	5.5%		Chest Pain (nos)	582	4.4%	24,446	3.5%	+
Fever (nos)	1,208	4.9%	42,563	4.3%	+	Chest Pain (nec)	392	2.9%	16,706	2.4%	+
Middle Ear Infection (nos)	790	3.2%	53,189	5.4%	-	Dizziness & Giddiness	361	2.7%	16,549	2.3%	
Vomiting	599	2.4%	23,094	2.3%		Fainting	360	2.7%	15,785	2.2%	
Croup	589	2.4%	18,069	1.8%	+	Discomfort, Fatigue (nec)	301	2.3%	14,660	2.1%	
Strep Sore Throat	539	2.2%	26,068	2.6%		Urinary Tract Infection (nos)	291	2.2%	21,184	3.0%	-
Viral Infection (nos)	526	2.1%	14,290	1.4%	+	Pain in Limb	226	1.7%	8,720	1.2%	
Head Injury (nos)	481	1.9%	19,281	1.9%		Nose Bleed	209	1.6%	10,819	1.5%	
Asthma (nos)	470	1.9%	14,214	1.4%		Irregular Heartbeat	201	1.5%	9,754	1.4%	
Pneumonia (nos)	443	1.8%	14,410	1.4%		Head Injury (nos)	194	1.5%	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 cancer and Alzheimer's is higher than the state of Minnesota. While the diagnosis of heart disease, stroke and pneumonia and 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						Top 10 Causes of Death, 2012-2014 All Population, without Birth Data					
Diagnosis	MGH PSA	%	ALL MN	%		Diagnosis	MGH PSA	%	ALL MN	%	
Cancer	624	26.9%	28,663	23.4%	+	Cancer	624	27.3%	28,663	23.7%	+
Heart Disease	388	16.8%	22,715	18.6%	-	Heart Disease	388	17.0%	22,715	18.7%	-
Unintentional injury	149	6.4%	7,333	6.0%		Unintentional injury	148	6.5%	7,333	6.1%	
Chronic lower respiratory disease	130	5.6%	6,665	5.5%		Chronic lower respiratory disease	130	5.7%	6,665	5.5%	
Alzheimer's	103	4.4%	4,489	3.7%	+	Alzheimer's	103	4.5%	4,489	3.7%	+
Stroke	92	4.0%	6,287	5.1%	-	Stroke	92	4.0%	6,287	5.2%	-
Diabetes	60	2.6%	3,512	2.9%		Diabetes	60	2.6%	3,512	2.9%	
Chronic liver disease	37	1.6%	1,506	1.2%		Chronic liver disease	37	1.6%	1,506	1.2%	
Nephritis (Kidney disease)	33	1.4%	1,991	1.6%		Nephritis	33	1.4%	1,991	1.6%	
Pneumonia, influenza	25	1.1%	2,052	1.7%	-	Pneumonia, influenza	25	1.1%	2,052	1.7%	-
Septicemia	22	0.9%	1,119	0.9%		Septicemia	22	1.0%	1,119	0.9%	
Other (residual)	653	28.2%	35,940	29.4%	-	Other (residual)	653	28.6%	34,858	28.8%	
Total deaths	2,316	71.8%	122,272	100.0%		Total deaths	2,285	100.0%	121,190	100.0%	

Source: Minnesota Department of Health, 2012-2014 (Dave Johnson, Hennepin County Public Health)
 + designates a 0.5% or higher percentage of difference between the MGH PSA and State of MN
 - designates a 0.5% or lower percentage of difference between the MGH PSA and State of MN

Source: Minnesota Department of Health, 2012-2014 (Dave Johnson, Hennepin County Public Health)
 + designates a 0.5% or higher percentage of difference between the MGH PSA and State of MN
 - designates a 0.5% or lower percentage of difference between the MGH PSA and State of MN

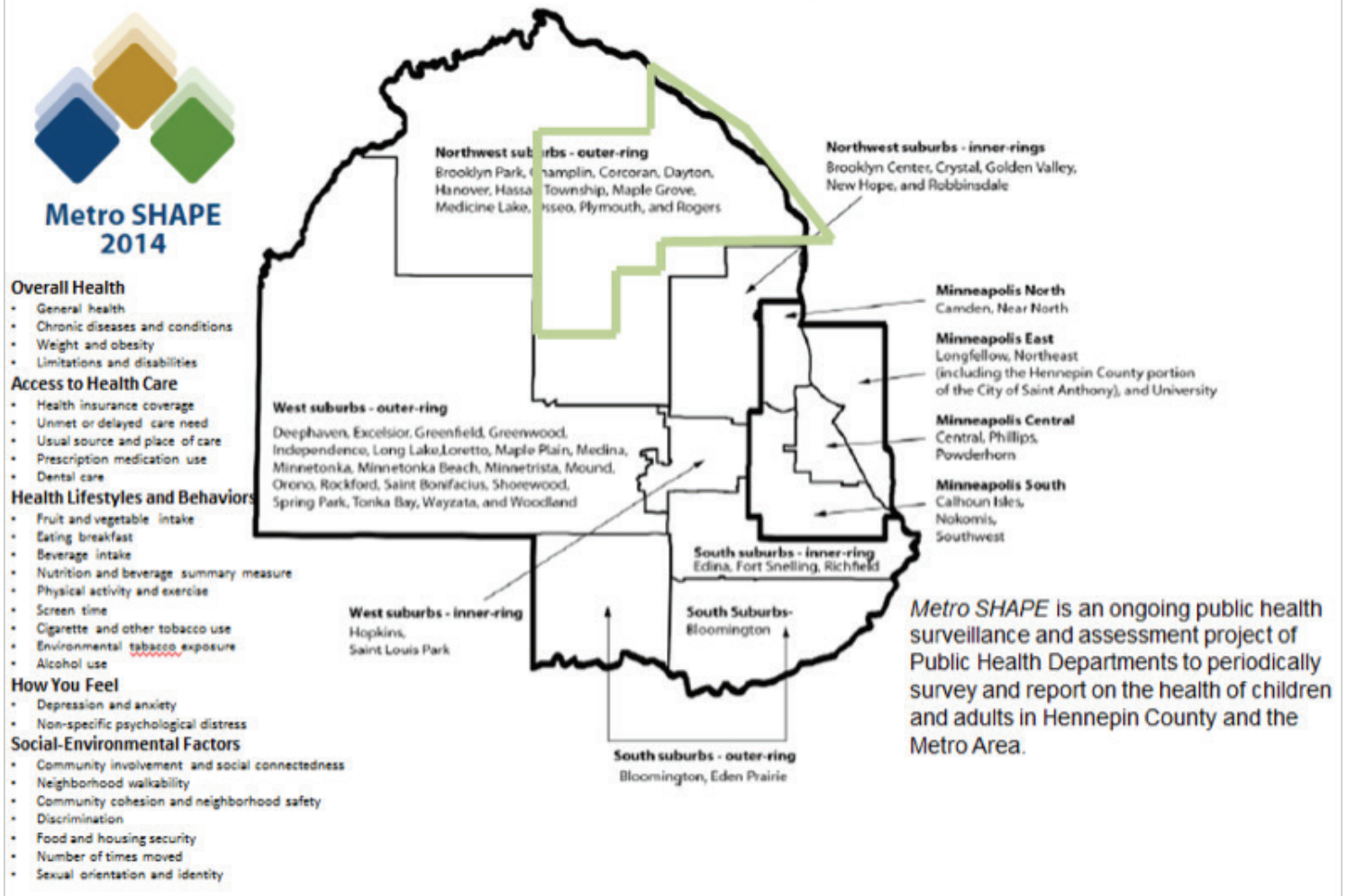
SHAPE Data

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 the geographic area defined as Northwest suburbs - outer rings. Maple Grove Hospital is located within this area along with most of the zip codes. The area is outlined in light green on the map below.

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



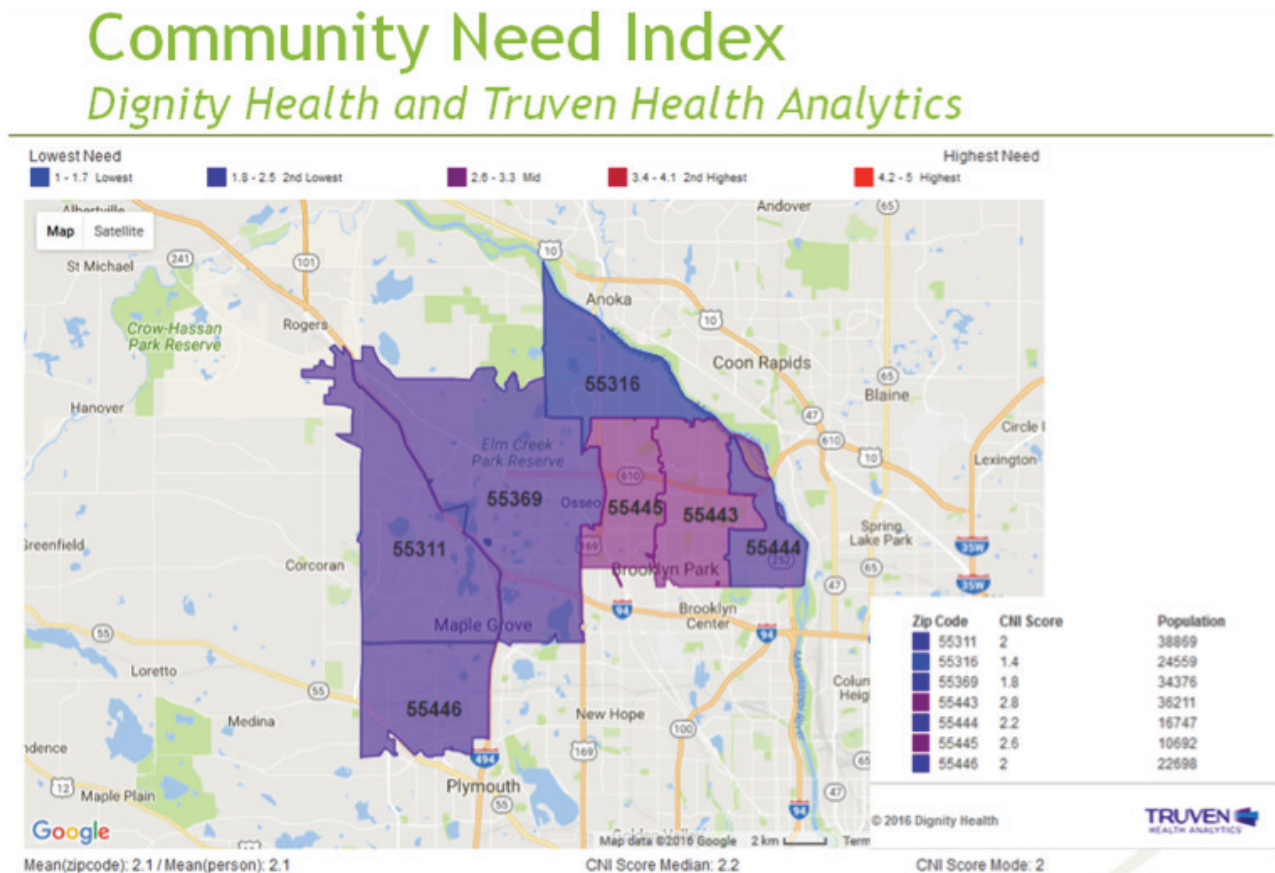
Some findings from SHAPE 2014:

Northwest Suburbs - outer ring

- › A smaller percent of respondents in the Northwest Suburbs - outer ring reported fair or poor health - 6.4% compared to 7.6 % in Hennepin County total.
- › A smaller percent of respondents in the Northwest Suburbs - outer ring reported 8 or more days of poor physical health - 7.6% compared to 9.8% in Hennepin County total.
- › A smaller percent of respondents in the Northwest Suburbs - outer ring reported 8 or more days of poor mental health - 11.8% compared to 13.2% in Hennepin County total.
- › A smaller percent of respondents in the Northwest Suburbs - outer ring reported 8 or more unhealthy (mental and physical health) days - 19.1% compared to 22.0% in Hennepin County total.
- › A larger number of respondents in the Northwest Suburbs - outer ring reported higher incidences of chronic diseases or high risk conditions:
 - › Hypertension - 23.7% in the Northwest Suburbs - outer ring compared to 21.1% in Hennepin County total.
 - › Borderline high blood pressure - 23.2% in the Northwest Suburbs - outer ring compared to 21.2% in Hennepin County total.
 - › Pre-diabetes - 8.2% in the Northwest Suburbs - outer ring compared to 8.0% in Hennepin County total.
 - › High blood cholesterol - 31.4% in the Northwest Suburbs - outer ring compared to 30.0% in Hennepin County total.
- › BMI overweight or obese - 63.5% in the Northwest Suburbs - outer ring compared to 57.4% in Hennepin County total.
- › 90.1% of the Northwest Suburbs - outer ring respondents aged 25 to 64 report having health insurance compared to 89.1% in Hennepin County total.
- › 83.4% of the Northwest Suburbs - outer ring respondents report being insured the entire year compared to 85.2% in Hennepin County total.
- › 8.8% of the Northwest Suburbs - outer 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.
- › 18.8% of the Northwest Suburbs - outer ring report being told by a health professional that they have depression compared to 22.8% in Hennepin County total.
- › 18.2% of the Northwest Suburbs - outer ring respondents report being told by a health professional that they have anxiety compared to 21.3% in Hennepin County total.

Community Health Needs Index

The Community Need Index (CNI) map shown below illustrates that the Maple Grove Hospital Community Health Needs Assessment area is composed of zip codes that are identified as having low to middle social-economic needs. The CNI scores for zip codes in the assessment area range from 1.4 to 2.8.



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

The five socio-economic indicators used to develop the CNI map are:

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.

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

Top 10 Chronic Conditions

Chronic Condition Prevalence NMHH 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 NMHH 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 NMHH 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 33.2% of the identified population having a BMI in the obese class. For children 18 and under, 47.1% are identified as underweight while 7.8% are in the obese class. For persons over 65, 37.1% are in the obese class.

Attributed Patient Data

BMI Distribution MGH (51,748)		
BMI Class	Count	%
Underweight: <18.5	3,336	6.4%
Normal: 18.5-24.9	14,882	28.8%
Overweight: 25.0-29.9	16,358	31.6%
Obese (Class 1): 30.0-34.99	9,943	19.2%
Obese (Class 2): 35.0-39.99	4,390	8.5%
Obese (Class 3): 40+	2,839	5.5%

BMI Distribution, Children 18 and under MGH		
BMI Class	Count	%
Underweight: <18.5	2,810	47.1%
Normal: 18.5-24.9	2,119	35.5%
Overweight: 25.0-29.9	573	9.6%
Obese (Class 1): 30.0-34.99	206	3.5%
Obese (Class 2): 35.0-39.99	99	1.7%
Obese (Class 3): 40+	156	2.6%

BMI Distribution, Seniors 65 and over MGH		
BMI Class	Count	%
Underweight: <18.5	147	1.5%
Normal: 18.5-24.9	2,399	24.0%
Overweight: 25.0-29.9	3,749	37.5%
Obese (Class 1): 30.0-34.99	2,264	22.6%
Obese (Class 2): 35.0-39.99	965	9.7%
Obese (Class 3): 40+	475	4.8%

Primary Research Sources – Qualitative Data

Focus Groups

Wilder Research conducted 4 focus groups: one with members of the Community Engagement Advisory Team; one with health professionals and social service providers; and two with community members. In total, 45 people who live or work in the community being assessed by Maple Grove Hospital participated in the focus groups.

Overall, the participants were complimentary of their community. Their ideas for a healthy community included access to basic needs such as healthy food; affordable mental and physical health care; affordable and safe housing; employment opportunities; transportation; senior services; parent education and recreation services.

Key themes identified include:

- › Health care services are available in the community, but there is a lack of other social services or knowledge of available resources.
- › The community lacks transportation options.
- › The community's demographics are changing.
- › The population of Maple Grove is starting to age and will continue to do so in the coming years.
- › There is the growing homeless youth and adult populations.
- › There is the growth and diversity of immigrant populations.
- › The community could benefit from more prevention and education services.
- › There is limited access to mental health care.
- › Residents would benefit from better care coordination and discharge planning.
- › Participants were concerned about the use of prescription pain medicine.
- › Bringing services to where the people are can increase access.
- › Partnerships can help the hospital reach residents.

Key Stakeholder Interviews

In an attempt to organize the feedback received from the 14 key stakeholder interviews that were conducted by Community Engagement Advisory Team members' two word clouds (wordle) were developed to capture the major ideas.

For the question related to “Vision for a Healthy Community” ideas such as “Healthy Community”, “Healthy Foods” and “People Feel Welcome and Can Be Involved” stood out in the word cloud.

Vision For A Healthy Community



For the question related to “Healthy Community Needs” major ideas included Mental Health, Substance Abuse, Poor Nutrition, and Poor Public Transportation.

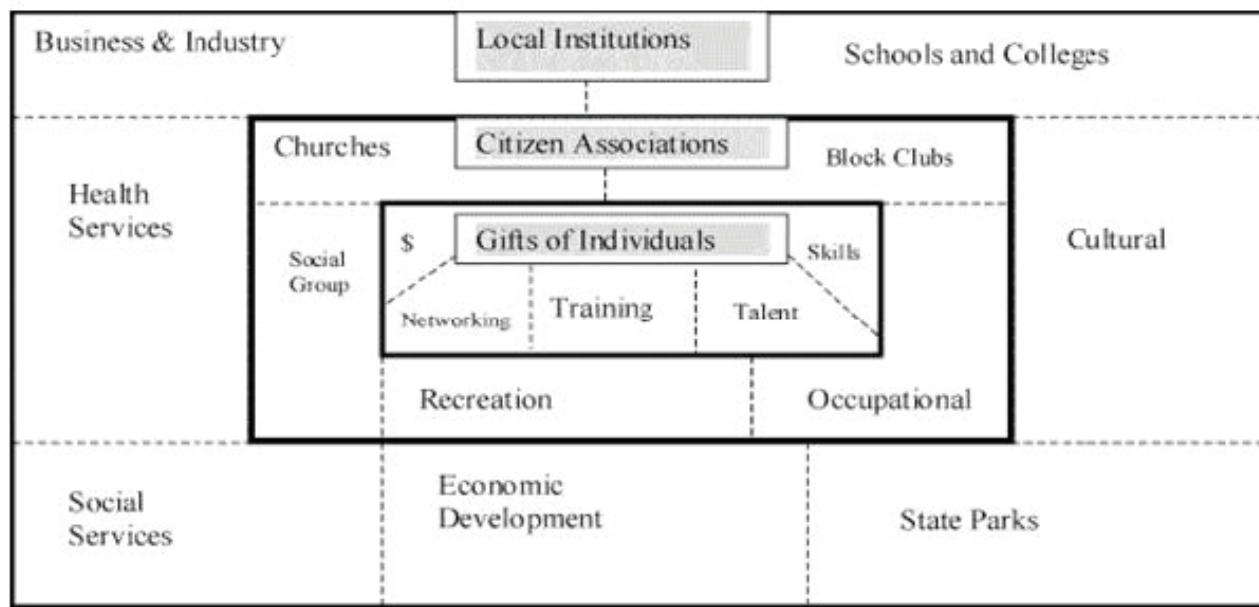
Key Stakeholder Interviews Healthy Community Needs



Community Asset Mapping

Community Engagement Advisory Team 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 Engagement Advisory Team 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 Engagement Advisory Team for review and discussion. Initial top findings presented to the Community Engagement Advisory Team were:

- › Mental Health/Substance Abuse
- › Healthy Aging/Senior Services
- › Cancer - Prevention, Screening, Healthy Survivors
- › Injury Prevention Across The Lifespan
- › Nutrition/Healthy Lifestyles
- › Youth Engagement - Education About Healthcare Careers, Leadership Development
- › Understanding Of Immigrant Cultures And Issues Related To Health

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
- › Healthy Aging/Senior Services
- › Cancer - Prevention, Screening, Healthy Survivors
- › Injury Prevention Across The Lifespan
- › Nutrition/Healthy Lifestyles
- › Youth Engagement - Education About Healthcare Careers, Leadership Development
- › Understanding Of Immigrant Cultures And Issues Related To Health
- › Transportation/Healthcare access

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 Engagement Advisory Team 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 Maple Grove 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) Healthy Aging/Senior Services -169 votes
- 3) Cancer - Prevention, Screening, Healthy Survivors - 162 votes
- 4) Nutrition/Healthy Lifestyles - 161 votes
- 5) Injury Prevention Across The Lifespan - 159 votes
- 6) Understanding Of Immigrant Cultures And Issues Related To Health/Disparities - 157 votes
- 7) Youth Engagement - Education About Healthcare Careers, Leadership Development - 143 votes
- 8) Transportation/Healthcare access - 132 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 Maple Grove Hospital Board of Directors on November 16, 2016 and approval of the Community Health Needs Assessment findings and the top health priorities was obtained. Starting in 2017 Maple Grove Hospital along with our community partners will begin to address the following health priorities:

- › Mental Health
- › Substance Abuse
- › Healthy Aging/Senior Services

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

Mental Health and Substance Abuse were identified in both the Maple Grove Hospital and North Memorial Health Hospital Community Health Needs Assessments. Since both institutions are part of the North Memorial Health, Community Health Assessment area 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

Maple Grove Hospital will work with community partners to help address the identified community needs. Our Community Engagement Advisory Team will help to 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 mental health, substance abuse prevention, and senior health. These include Partnership for Change, Partners in Prevention, Mental Health First Aid Training, and the City of Maple Grove's Age-Friendly Maple Grove 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

- › Maple Grove Hospital's 2013-2015 priorities were:
- › Mental Health/Behavioral Health
- › Injury Prevention
- › Wellness/Balance/Education
- › Asthma

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

Mental Health/Behavioral Health

- › Maple Grove Hospital took the lead and worked with NAMI and other community partners to offer both adult focused Mental Health First Aid classes and youth focused Mental Health First Aid classes to community members and professionals in the Maple Grove Hospital 2013 Community Health Needs Assessment area. These classes were offered in partnership with NAMI, local schools, local law enforcement and other health systems.
- › Maple Grove Hospital continues to work with the Center for Community Health in developing a coordinated community response to address Mental Health as a health priority across the metro area.
- › Maple Grove Hospital continues involvement in Partnership for Change and Partners in Prevention to work to address substance use among youth in the community.
- › Maple Grove Hospital continues to work with Hennepin County CHIP on the identified health priority of Social Isolation.

Injury Prevention

- › Maple Grove Hospital partners with University of Minnesota Health Maple Grove to offer the annual “Be Healthy, Be Active, Be Safe: Safety Fair and Bike Rodeo” to families in the community. The goal of this event is to provide safety information, education and resources to families in the community.
- › Maple Grove Hospital continues to be actively involved with the local Safe Kids group providing leadership on the Safe Kids Northwest Board and staff for local car seat clinics.

Wellness/Balance/Education

- › Maple Grove Hospital in partnership with University of Minnesota Health Maple Grove trained two staff members to become Active Living Everyday facilitators. Active living classes were offered to staff members and the community.
- › Maple Grove Hospital distributes information on the local public school’s ECFE (Early Childhood and Family Education) programs in our childbirth education classes and to all Family Birth Center and Pediatric customers.
- › Maple Grove Hospital has a strong working relationship with the March of Dimes and partners with them on their annual “Walk for Babies”.
- › Maple Grove Hospital is continuing to work with the City of Maple Grove on their Age-Friendly Maple Grove initiative.

Asthma

- › Maple Grove Hospital formed an Asthma Task Force composed of community members, local school nurses, and staff from University of Minnesota Health Maple Grove to address the issue of asthma education in the schools. The partnership offered education on asthma management to nurses from a local school district. This education was provided by a Pediatrician from Maple Grove Hospital and a Respiratory Therapist from University of Minnesota Health Maple Grove.
- › Maple Grove Hospital also offered asthma education to parents and students at one of the local elementary schools by a Pediatrician from Maple Grove Hospital.
- › Maple Grove Hospital is developing an asthma education tool kit for school nurses from a local school district.

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 Maple Grove Hospital's website. The health needs identified above will be the focus of Maple Grove Hospital's community benefit work and will be detailed in the Implementation Plans.

For more information on the Maple Grove Hospital 2016 Community Health Needs Assessment please contact:

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A Partnership of North Memorial and Fairview

maplegrovehospital.org