

## **Maple Grove Hospital and Fairview Maple Grove Medical Center 2013 Community Health Needs Assessment Report**

### **Overview**

Maple Grove Hospital and Fairview Maple Grove Medical Center initiated its first joint Community Health Needs Assessment beginning in January of 2013. The Community Health Needs Assessment was designed to identify community needs, assets, gaps and barriers to community health and health services. The process used mirrors the process used for the Fairview Health System in 2012 when they conducted their Community Health Needs Assessment at all six of their hospitals. Using a process that involved the collection and analysis of both quantitative and qualitative data and the prioritizations of identified needs the following 4 key themes of need emerged:

- Mental Health
- Injury Prevention
- Wellness/Balance/Education
- Asthma

As we move forward, the Maple Grove community will benefit by our focus on wellness, prevention, education and empowering our community members. These identified areas of community health needs will be addressed in the Maple Grove Hospital/Fairview Maple Grove Implementation Plan for 2014 -2016, after which, the next Community Health Assessment will be conducted.

The objectives for the Maple Grove Community Health Assessment are:

- To understand the health needs of the community we serve
- To build partnerships with community associates
- To improve the health of the community we serve
- To meet the requirements of the Patient Protection & Affordable Care Act

In March of 2010, the U.S. Congress passed the Patient Protection & Affordable Care Act that introduced new reporting requirements for private not-for-profit hospitals to maintain 501(c)(3) tax-exempt status. For tax years beginning after March 2012, each hospital must:

- Conduct a Community Health Needs Assessment at least once every three years and include public health and community input
- Develop an implementation plan to address unmet community needs and obtain Board of Direction approval of the plan
- Report both the process used and the implementation plan to the community and on IRS Form 990.

The Community Health Assessment and Implementation plan was approved by the Maple Grove Community Health Steering Committee on October 31, 2013. The Maple Grove Hospital Board of Directors approved the Community Health Assessment report and the Implementation Plan which is based on needs identified in the Community Health Assessment on November 20, 2013.

## Leadership

In order to successfully conduct a Community Health Needs Assessment it is essential to have leadership that can direct the project, assist with identifying resources, break down barriers for program implementation and act as conduits with the community. A planning committee was established that represented Maple Grove Hospital, Fairview Maple Grove Medical Center and Fairview Health Services to lead the community health needs assessment. The role of this committee was to act as contacts and direct the work of the Steering Committee.

### Planning Committee Members are:

- Ann Ellison, Director Community Health/Church Relations/Medical Missions, Fairview Health Services
- Jackie Hass, Guest Services Administrator, Maple Grove Hospital
- Jennifer Krippner, Director of Physician Development & Guest/Public Relations, Maple Grove Hospital
- Marie Maslowski, Community Health Outreach Manager, Fairview Maple Grove Medical Center
- Heather Sheridan, Administrator, Fairview Maple Grove Medical Center
- Jason Weaver, Finance Manager, Maple Grove Hospital

A community health needs assessment is not conducted in a vacuum. The planning committee saw the need to have shared community ownership of this project and the programs derived from it. Stakeholders from diverse sectors of the community, who represent the broad interests of the community served, were invited to join the Community Health Needs Assessment Steering Committee.

### Steering Committee members are:

- Andy Cochrane, CEO, Maple Grove Hospital, Maple Grove Hospital Co-Chair of Assessment
- John Herman, President, Fairview Maple Grove Medical Center, Fairview Maple Grove Medical Center Co-Chair of Assessment
- Dustin Chapman, Behavioral Services Liaison & Licensed Alcohol & Drug Counselor, Fairview Behavior Services
- Melissa Drews, Wellness Program Manager, Osseo School District (ISD 279)
- David Jess, Chief of Police, Maple Grove Police Department
- Joel Jueckstock, Chaplin, Maple Grove Hospital
- Jonette Lucia, Project Coordinator, Northwest Hennepin Family Service Collaborative
- Irene Mertz, School Nurse, Wayzata School District (ISD 284)
- Alisa Morley, Pediatric Nutritionist, Fairview Maple Grove Medical Center
- Lee Ann Mortenson, Injury Prevention Coordinator, North Memorial Trauma Services
- Martha Overby, Regional Director Program Service, March of Dimes

- Kathryn Richmond, Principal Planner Public Health and Clinical Services, Hennepin County Human Services and Public Health Department – Local Public Health Representative
- Mark Sahr, Environment, Health & Safety Manager, Boston Scientific Maple Grove
- Shashikant Sane, President of Hindu Community Center and President of Hindu American Temple School, Maple Grove Hindu Temple
- Mark Steffenson, Mayor, Maple Grove Minnesota
- Yeng Yang – Director, Pediatric Hospitalist program, Maple Grove Hospital, and former medical provider in Internal Medicine and Pediatrics at Fairview Maple Grove Medical Center

The role of the Steering Committee is to approve the assessment area, assist with the gathering of assessment data, identify focus group participants, approve focus group and key stakeholder interview questions, identify key stakeholders and assist with interviews, identify web based survey groups, review findings from the Community Health Needs Assessment, assist with the identification and prioritization of community health needs, assist with identification of programs and resources to address the identified needs, approve the draft Community Health Needs Assessment report and the draft implementation plan which will be presented to the Maple Grove Hospital Board for approval and participate in a community forum to present the findings of the assessment.

Ultimately, the goal is to have stakeholders from diverse sectors of the community share data, own the community health assessment process, the implementation plan, and jointly fund programs to improve community health. The development of this shared ownership is an ongoing process. The Steering Committee will continue to meet after the community health needs assessment is complete in order to direct and evaluate implementation plan activities.

### **Definition of Community**

For the Community Health Needs Assessment conducted by Maple Grove Hospital and Fairview Maple Grove Medical Center the assessment area was defined as the Primary Service Area for Maple Grove Hospital. While both Maple Grove Hospital and Fairview Maple Grove Medical Center serve patients from a broader community the choice was made to limit the assessment area to the community directly surrounding both institutions. This approach allows for targeted community health intervention programs. The assessment area is composed of four zip codes – 55311, 55369, 55445 and 55446. These four zip codes include all or portions of four cities – Maple Grove, Osseo, Brooklyn Park and Plymouth. The community area encompasses all or portions of three public school districts – Osseo Independent School District 279, Wayzata Independent School District 284 and Robbinsdale Independent School District 281. See appendix A for a map of the community area assessed.

## **Community Demographics**

Maple Grove Hospital and Fairview Maple Grove Medical Center utilized demographic data collected from Fairview Health Service's Claritas data in order to help the Community Health Assessment Steering Committee better understand the population. Demographic and socio-economic data were examined. This data was presented by zip code, see appendix B for demographic graphs.

The Maple Grove Assessment area is a suburban area located in the northwest corner of the 12-county metro area. It is entirely located in Hennepin County and is one of the fastest growing areas in the metro. Based on 2012 data 102,612 people reside within the four zip codes that make up the Maple Grove assessment area. This area is expected to experience strong population growth, with a 7.1% increase in population size expected over the next five years to 109,909 people which is an increase of 7,297 people. Population is expected to grow the most, 13.9%, in zip code 55311 (Maple Grove) and least, 0.5% in zip code 55444 (Brooklyn Park).

The median household income in the Maple Grove assessment area is around \$86,690 compared to the \$64,128 of the residents of the 12-county metro area.

79% of the population is white, black/African Americans and Asians represent 7% and 10 % of the population, respectively. All other racial groups comprise 4% of the Maple Grove Assessment area's population.

The Maple Grove Assessment area is a younger community, with 9.5% of the population over age 65 compared to 11.6% in the 12-county metro area. By 2018, this age band is expected to grow to 12.1% while the 12-county metro area will expand to 13.6%.

## **Community Needs Index Score**

The Community Needs Index (CNI) was developed by Catholic Healthcare West and Thompson Reuters. The CNI combines publicly available and proprietary data to identify the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. The CNI provides the ability to pinpoint neighborhoods with significant barriers to health care access and account for the underlying economic and structural barriers that affect overall health. CNI scores range from a 5 (highest disparity/highest community need) to a 1 (lowest health disparity/lowest community need).

The research completed by Catholic Healthcare West and Thompson Reuters shows a causal relationship between nine socio-economic barriers to health care and preventable hospital admissions. Their research found that residents of a zip code with a CNI score of 5 are hospitalized 60% more than residents of a zip code with a CNI score of 1. Also, people with ambulatory sensitive conditions (ASC) such as pneumonia or ear infections were hospitalized 97% more when they resided in a zip code with a CNI score of 5 compared to people that live in a zip code with a CNI score of 1.

Nine factors have been identified in the CNI that enable us to quantify health disparities and access issues in communities across the nation. These factors are:

- Percentage of households below poverty line, with the 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
- Percentage of population without health insurance
- Percentage of population that is minority (including Hispanic ethnicity)
- Percentage of population over age 5 that speaks English poorly or not at all
- Percentage of population in the labor force, ages 16, without employment
- Percentage of households renting their home
- Percentage of population over 25 without a high school diploma

See appendix C for a map of the Maple Grove Assessment area with corresponding CNI scores. The Maple Grove Assessment area shows little variation and low CNI scores. This finding caused an adjustment in analysis. Vulnerable populations and the needs they present will be addressed based on needs identified by our external partners and continuation of financial counseling related to medical resources and programs for patients at both Maple Grove Hospital and Fairview Maple Grove Medical Center.

### **Maple Grove Hospital and Fairview Maple Grove Medical Center**

**Maple Grove Hospital** is a partnership between North Memorial Healthcare and Fairview Health Services. These two health systems partnered to create a hospital that answers the needs of the northwest metro community – superior health outcomes delivered through excellent communications, care coordination and attention to the individualized needs of patients and their families. Maple Grove Hospital opened in December of 2009 as a 90 bed community hospital and in December of 2012, due to community demand, an additional 40 beds were added for a total of 130 private rooms.

Maple Grove Hospital's goal was to create a facility to meet the growing needs of the community and serve as a model "hospital of the future" by thinking outside the boundaries of traditional healthcare design. Our values guide every discussion, decision and behavior. It's not only what we do that matters, but how we do it. The values we demonstrate with each action and interaction are:

- Respect
- Accountability
- Communication
- Teamwork
- Pride
- Vision: Together, delivering healthcare as it ought to be.

**Fairview Maple Grove Medical Center** opened in July of 2007. It combines the expertise of Fairview and the University of Minnesota Physicians. This is an ambulatory center which offers the following services: Family Medicine, Women's Health, Adult Specialty Services, Children's Specialty Services, Ancillary Services, Ambulatory Surgery Center and Full Service Cancer Care. Our **mission is** "To improve the health of the communities we serve" with the vision to be the best health care delivery system for America, in partnership with the University of Minnesota. Our Values are who we are and include:

- Dignity
- Integrity
- Service
- Compassion

## **Data**

Quantitative Data – Collected quantitative data included Community Needs Index (CNI) scores and mortality, hospitalization and Emergency Room utilization not resulting in hospitalization. CNI scores have been discussed above. Mortality data by zip code was obtained from the Minnesota Department of Health and hospitalization and Emergency Room utilization not resulting in hospitalization data was obtained from the Minnesota Hospital Association. All data was obtained for years 2008 -2010 and by the following age groups:

- All ages, 0 through time of death
- Children, 0 to 18 years of age
- Seniors, 65 years of age and older

Hospitalization and Emergency Room utilization not resulting in hospitalization was obtained at the ICD-9 code level. ICD-9 codes are the specific diagnosis which gives the reason that a patient was admitted to the hospital or visited the Emergency Room. Mortality data was obtained at an ICD-10 category code level, a category code signifies that diagnoses are grouped into categories.

See appendix D for quantitative data tables.

Qualitative Data – Collected qualitative data includes focus group results, key stakeholder interviews, web-based surveys and a listing of community assets. Steering Committee members reviewed and made changes to the focus group questions, the key stakeholder questions and the web-based survey questions before they were used.

A total of five focus groups were held. These groups include the following populations: Steering Committee members; Healthcare and Social Service providers; Business, Government and Industry representatives; community residents of Maple Grove and Plymouth; and community residents of Osseo and Brooklyn Center.

A total of 17 key stakeholder interviews were conducted with persons who represented a broader range of institutions and interests in the community. Steering Committee members were asked to conduct these interviews or submit names to the planning committee to conduct the interviews.

Web-based surveys were sent to members of Pastoral Associations, the Maple Grove Rotary, the North Hennepin Chamber of Commerce and members of the general public who were unable to attend a focus group. 16 responses were received back from members of the Pastoral Association, 12 responses were received back from the Maple Grove Rotary, 1 response was received back from the North Hennepin Chamber of Commerce and 6 responses were received back from the general public. See appendix E for a list of focus group questions, appendix F for a list of key interview questions and appendix G for a copy of the web-based survey.

Steering Committee members also took part in a community asset mapping exercise at one of their meetings. The overall findings of this exercise were that the Maple Grove Community Assessment area has a wide broad list of community assets which can be accessed to address community health needs. See appendix H for a list of community assets.

### **Data Analysis**

Quantitative Data was gathered and cleaned up by the staff at Fairview's Community Health Department. The top 10 conditions, in the Maple Grove Assessment area, by mortality, hospital admission and Emergency Room utilization not resulting in hospitalization was compared to State of

Minnesota rates for the same condition. This data included both with and without birth data and was broken into three age groups:

- All populations, 0 through time of death
- Children, 0 to 18 years of age
- Seniors, 65 years of age and older

The quantitative data was placed into tables showing both absolute number of events and percentages of event. The Maple Grove Community Health Assessment Planning Committee reviewed the data pulling out those events which showed a 0.5% or higher difference between the Maple Grove Assessment data and the State of Minnesota Data. Qualitative Data was examined looking for trends and overlaps with quantitative data. The Planning Committee identified the top four issues by merging quantitative and qualitative data findings. These four issues along with another category were presented to the Steering Committee at the September 2013 meeting. The top four issues identified initially by the planning committee were:

- Mental Health/Behavioral Health
- Asthma
- Injury Prevention
- Wellness/Education/Prevention
- Other

The quantitative data tables, focus group results and web-based surveys results were sent to Steering Committee members for review prior to the September meeting where Steering Committee members' prioritized health needs to work on.

### **Prioritization Process**

Steering Committee members utilized a set of criteria to evaluate the health needs identified through the data analysis. The criteria for this analysis included:

- The degree to which the issue was health related
- The degree to which the issue was tied to CNI scores
- The magnitude of the need
- The seriousness of the need
- The feasibility of addressing the need
- The alignment with Maple Grove Hospital and Fairview Maple Grove Medical Center's strengths and strategy



Each member of the Steering Committee used the criteria to rank the health needs. Those members of the Steering Committee not in attendance at the meeting were contacted and given the opportunity to vote. Out of 21 Steering Committee members 21 voted. See appendix I for the prioritization tool and criteria used in the prioritization process.

### **Priorities**

The following priorities, in rank order, were identified during the Maple Grove Community Health Needs Assessment process:

- Mental Health
- Wellness, Education, Prevention
- Injury Prevention and
- Asthma

For the “Other” category Steering Committee members identified the following areas:

- Resource Information and Navigation
- Early Childhood and Parenting classes
- Access and Navigation of Care
- Homelessness

### **Limitations**

Due to potential HIPPA violations, internal hospitalization, Emergency Room visit, mortality and clinic data was not used in analysis or prioritization of need.

The hospitalization and Emergency Room visit data provided by the Minnesota Hospital association was provided as ICD-9 code level, while the mortality data provided by the Minnesota Department of Health was only available at the ICD-a0 chapter code level.

### **Appendices** (available upon request)

- a. Implementation Plan
- b. Map of Community
- c. CNI Score Map
- d. Top Health Conditions
- e. Prioritization Process Tool and Criteria Definition