



North Memorial Health Hospital
Community Health Needs
Assessment

Contents

INTRODUCTION	Page 3
<ul style="list-style-type: none">• Background• Community Health Needs Assessment (CHNA) Community Engagement Advisory Team (CEAT)• Purpose and Scope• Geographic Area and Target Population• Research Methods<ul style="list-style-type: none">– Secondary Research– Primary Research– Limitations	
RESEARCH FINDINGS	Page 9
<ul style="list-style-type: none">• Secondary Research Claritas Demographic Data, Minnesota Hospital Association Data, Minnesota Department of Health (MDH) Data, Hennepin County Public Health SHAPE Data, Community Needs Index, Attributed Patient Data-Internal Health System Data, Minnesota Student Survey Data, Center for Community Health Core Health Data Indicators.• Primary Research Community member, CEAT, and health professional focus groups, key stakeholder interviews.• Community Asset Mapping	
PRIORITIES	Page 30
<ul style="list-style-type: none">• Prioritization Process• Prioritization Criterion• Resources to Address Identified Needs• Reason Other Priorities were not addressed	
COMMITMENT TO COMMUNITY—OUR VISION AND VALUES	Page 34
<ul style="list-style-type: none">• Commitment to access and Health Services	
RESULTS FROM 2016 COMMUNITY HEALTH PRIORITIES	Page 35
BOARD APPROVAL	Page 38
IMPLEMENTATION PLAN	Page 38

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 CHNA must be health needs from the perspective of the community, not the perspective of the hospital and healthcare providers.

During 2019, North Memorial Health Hospital conducted its third CHNA. This CHNA considered input from persons who represent the broad interests of the assessed community including:

- Persons with special knowledge of, or expertise, in public health including Hennepin County and City of Minneapolis Public Health department representatives.
- Representatives of medically underserved, low income and minority populations.
- Populations with chronic disease needs.

The overall CHNA process was guided by the North Memorial Health Community Engagement Advisory Team (CEAT). The CEAT met a total of six times during the 2019 CHNA process. These meetings were:

December 2018 Reviewed community assessment area and approved assessment process	March 2019 Participated in a focus group	April 2019 Reviewed demographic and quantitative data
June 2019 Reviewed qualitative data and voted on health priorities	September 2019 Discussed assets and partnerships that could help address identified health priorities	October 2019 Approved CHNA report before it goes to the North Memorial Health Strategic and Business Development 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 CHNA.

COMMUNITY ENGAGEMENT ADVISORY TEAM (CEAT)

North Memorial Health Hospital established a Community Engagement Advisory Team (CEAT) in the fall of 2014 to help guide the community health work being conducted to address health priorities identified in the 2013 CHNA. The CEAT took on the responsibility of guiding the 2016 CHNA 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 and 2016 health priorities. In 2018 the CEAT began planning for the 2019 CHNA process by defining the community to assess, identifying key stakeholders, recruiting focus group participants, reviewing data and prioritizing health needs.

2019 CEAT members included:

- Melissa Dau, Youth Suicide Prevention Coordinator, Minnesota Department of Health
- Wendy Dellich, RN, BS, Metabolic and Bariatric Surgery Coordinator, North Memorial Health
- Monique Drier, JCPP Supervisor - Hennepin County
- Marcia Glick, City Manager, Robbinsdale, MN
- Erin Gwiazdon, Director Marketing and Outreach, North Memorial Health
- Samantha Hanson, CAO, North Memorial Health
- Colleen Haubner, Executive Director, New Hope YMCA
- Peter Hayden, PhD, President Turning Point
- Keith Horton, Community Member
- Alisa L. Johnson, MN, 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
- Sara Luben, Community Engagement Coordinator, NorthPoint Health & Wellness Center
- Trudy Marshall, VP Marketing, Communications and Outreach, North Memorial Health
- Marie Maslowski, RN, MPH, Community Health Outreach Manager, North Memorial Health
- Patty Reicks, RN, BSN, Manger, Trauma & Acute Care, North Memorial Health
- Jason Rusinak, Director Pay Contracting and Network Management, North Memorial Health
- Margaret Schuster, Sr. Public Health Specialist, City of Minneapolis - Health Department
- Tsega Tamene, Director of Community Health, Pillsbury United Communities
- LaTrese Van Buren, Community Health Worker, Broadway Family Medicine, UMN Physicians
- Ryan Van Wky, Psy D, LP, Provider Lead - Mental Health, North Memorial Health
- Jeff Wicklander, President, North Memorial Health Hospital
- Sue Wieker, Senior Planning Analyst, North Memorial Health
- Tashawna Williams, Community School Site Coordinator, Brooklyn Center School District 286

The project manager was Marie Maslowski, RN, MPH, Community Health Outreach Manager, North Memorial Health. The internal planning team was composed of Jeff Wicklander, President, North Memorial Health Hospital; Sue Wieker, Senior Planning Analyst, North Memorial Health; Trudy Marshall, VP Marketing, Communications and Outreach, North Memorial Health; and Marie Maslowski, RN, MPH, Community Health Outreach Manager, North Memorial Health.

PURPOSE AND SCOPE

Community Health Needs Assessment (CHNA) Objectives

We are conducting a CHNA 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 CHNA is a process that includes:

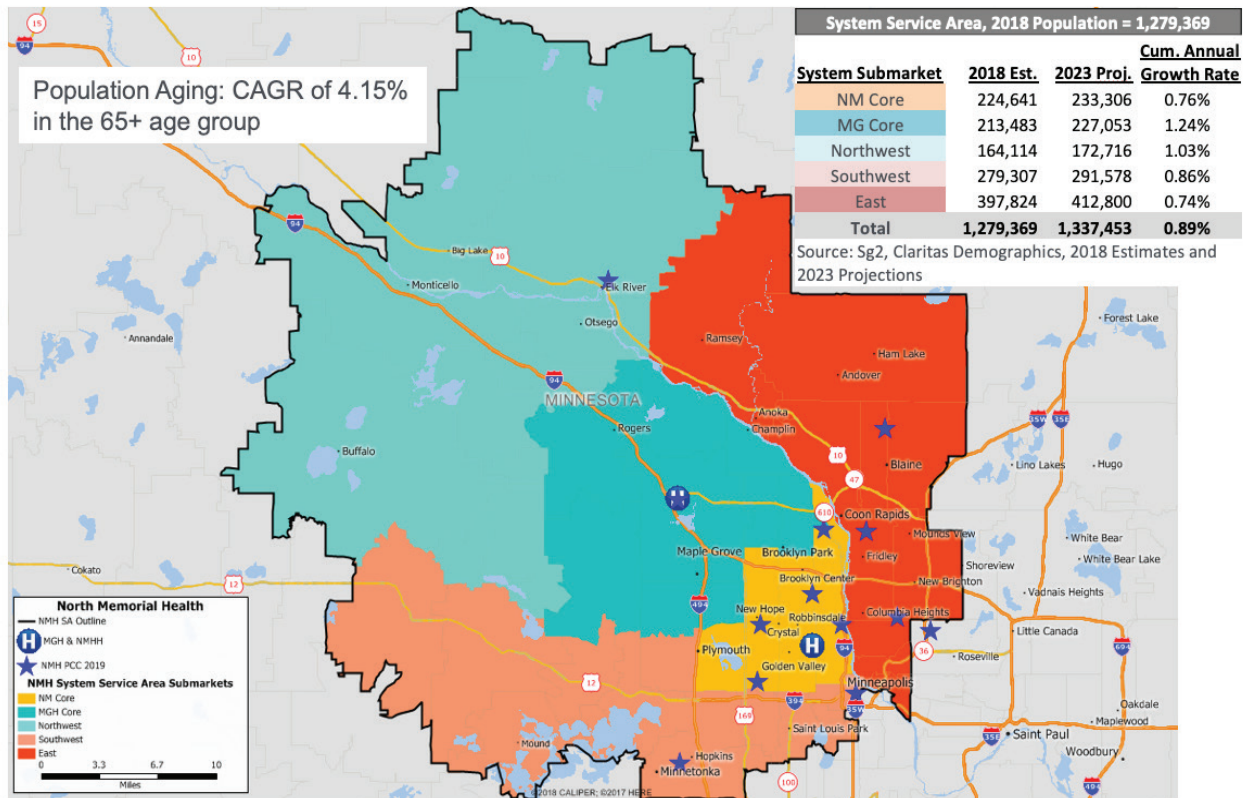
- Collecting and analyzing data about the identified community in order to prioritize identified health needs.
- Identifying community health needs and strengths.
- Identifying partnerships to address identified health priorities.
- Developing and adopting an Implementation Plan to address identified health priorities.

GEOGRAPHIC AREA AND TARGET POPULATION

North Memorial Health Hospital serves patients in the northwest Twin Cities Metro Area.

North Memorial Health, system service area

4.5% growth in population projected for 2018 to 2023.



North Memorial Health Hospital’s primary focus for the CHNA is defined by the following zip codes which includes portions of the following cities:

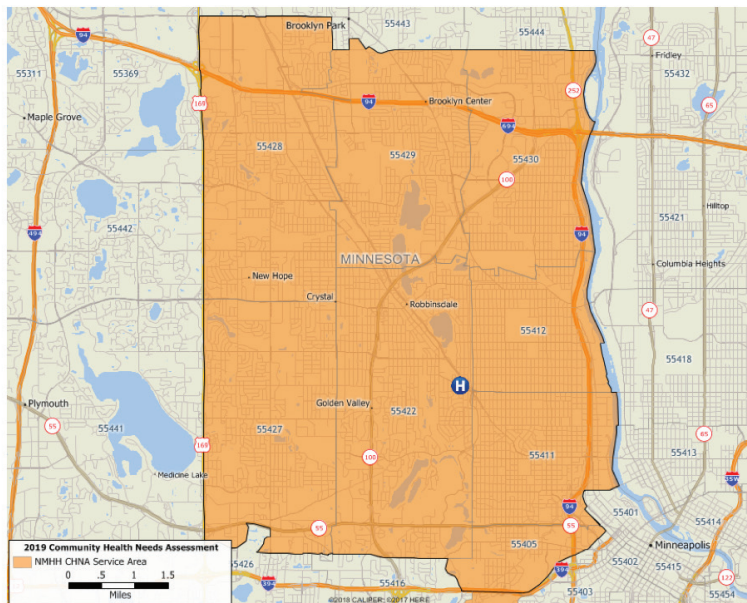
- 55411 – Minneapolis, MN (97.07%) and Golden Valley, MN (2.93%)
- 55412 – Minneapolis (100%)
- 55422 – Golden Valley, MN (51.78%), Robbinsdale, MN (34.05%), Crystal, MN (14.05%), Brooklyn Center, MN (0.12%)
- 55427 – Golden Valley, MN (52.08%), New Hope, MN (28.77%), Crystal, MN (19.15%)
- 55428 – Brooklyn 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%)
- 55430 – Brooklyn Center, MN (77.66%), Minneapolis, MN (22.07%), Brooklyn Park, MN (0.28%)
- 55405 – North of 394 (includes the Cora McCorvey 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 shown that this is an area with the greatest health needs
- It is identical to the 2016 CHNA area
- It is where 40% of 2018 North Memorial Health Hospital inpatients and 60% of 2018 outpatient emergency department patients live.

<http://www.city-data.com/zips/>

NORTH MEMORIAL HEALTH—COMMUNITY HEALTH NEEDS ASSESSMENT AREA



North Memorial Health Hospital

- 55405* Minneapolis
- 55411 Minneapolis
- 55412 Minneapolis
- 55422 Robbinsdale
- 55427 Golden Valley
- 55428 Crystal/New Hope
- 55429 Crystal/New Hope
- 55430 Brooklyn Center

*Area north of 394

RESEARCH METHODS

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

Secondary Research

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

Demographic Data

Claritas—available through Sg2, provides area population estimates, five-year projections (2018 and 2023) 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 January – September 2018.

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 CHNA service area for 2015-2017.

SHAPE 2018 - 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 CNI 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. This is representative of the entire patient population within the Attributed Patient Data as of March 2019. This provides another data point to the CEAT members. The areas reviewed include chronic condition prevalence and BMI distribution.

Minnesota Student Survey—is administered by the Minnesota Department of Education every three years. 2016 survey results for 9th graders from the Brooklyn Center and Robbinsdale school districts was looked at in relationship to each other and Minnesota Statewide survey result.

PRIMARY RESEARCH

In order to provide a more detailed understanding of the health needs of the community the CEAT approved the following qualitative research.

Qualitative Data

Focus Group—Wilder Research was retained to conduct community focus groups, analyze the findings and write up the focus group results. They conducted four focus groups over the course of the CHNA including:

- A Community Engagement Advisory Team (CEAT) member focus group
- A healthcare and social service professional focus group
- Two community members focus groups

A total of 59 people who live or work in the CHNA area participated in the focus groups.

Key Stakeholder Interviews—CEAT members were asked to conduct key stakeholder interviews with persons they felt were community leaders representing local government, law enforcement, education, community-based organizations, business owners or informed community members. A total of nine key stakeholder interviews were conducted.

Community Asset Mapping—CEAT 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. CEAT members represent some of the community assets that we can partner with. These include representatives from Federally Qualified Health Centers; schools; local, county and state government; and social service organizations.

The September 2019 CEAT meeting was focused on a discussion around community assets, partnerships and programs that North Memorial Health Hospital could work with to help address the identified health priorities. These assets include Hennepin County and City of Minneapolis Public Health, local government, local schools, social service provides, other health systems, and non-profits such as Pillsbury United and Federally Qualified Health Centers. More work will be done in this area when implementation planning is carried out.

LIMITATIONS

Efforts were made by both CEAT members and the internal planning team to gather comprehensive quantitative and qualitative data to develop a thorough picture of the community we serve. However, we acknowledge that quantitative data lags in time and ethnic and minority groups can be underrepresented. For qualitative data, it is acknowledged that individuals who participated in a focus group or key stakeholder interview bring their own perspectives and biases to this process. 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. Some ethnic and minority groups were not well represented.

Research Findings

SECONDARY RESEARCH SOURCES—QUANTITATIVE DATA

The internal planning team met during the fourth quarter of 2018 to identify existing resources available to help identify the health needs of the community being assessed. This data was gathered and presented to the CEAT during 2019 to inform and educate them about the health needs of the community being assessed. Seven primary sources were used:

- Claritas Demographic Data
- Minnesota Hospital Association Data
- Minnesota Department of Health Data
- Hennepin County Public Health SHAPE Data 2019
- Community Needs Index
- Internal Health System Data—Attributed Patient Data
- Minnesota Student Survey Data

CENTER FOR COMMUNITY HEALTH—CORE HEALTH DATA INDICATORS

The Center for Community Health (CCH) is a collaborative with health plans, health systems and public health agencies in the seven-county metropolitan area of Minnesota. The mission of CCH is to advance community health, well-being, and equity through collective understanding of needs and innovation approaches to foster community strengths. One of the outcomes of this collaborative is the development of a core set of health data indicators which helps to guide our community health data collection. These core indicators include:

- Access to Health Service
- Asthma
- Cancer
- Cardiovascular Disease
- Clinical Preventive Services
- Demographics, People and Place
- Diabetes
- Environmental Quality
- Healthy Eating
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Mortality and Morbidity
- Obesity
- Oral Health
- Physical Activity
- Reproductive and Sexual Health
- Social & Economic Factors
- Substance Abuse
- Tobacco Use

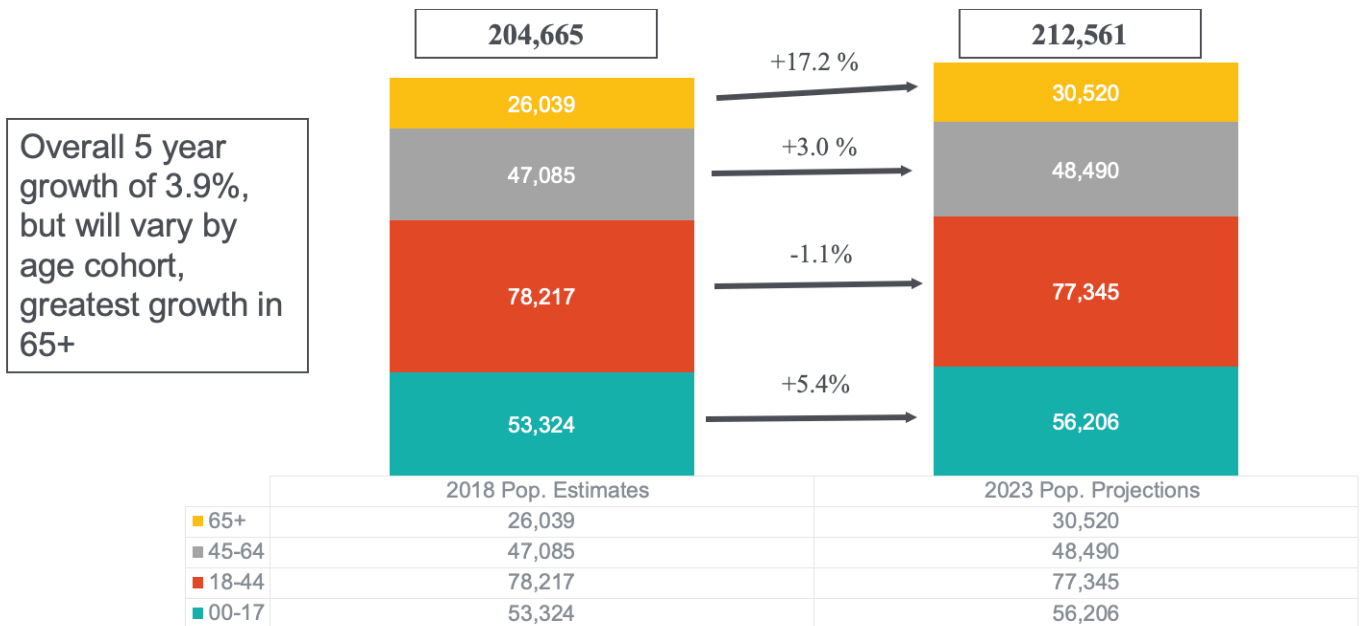
Demographic Data

POPULATION GROWTH

The North Memorial Health Hospital CHNA area is expecting 3.9% 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 17.2% increase in five years. All zip codes within the North Memorial Health Hospital CHNA area show projected growth in the next five years.

North Memorial Health Hospital, CHNA area

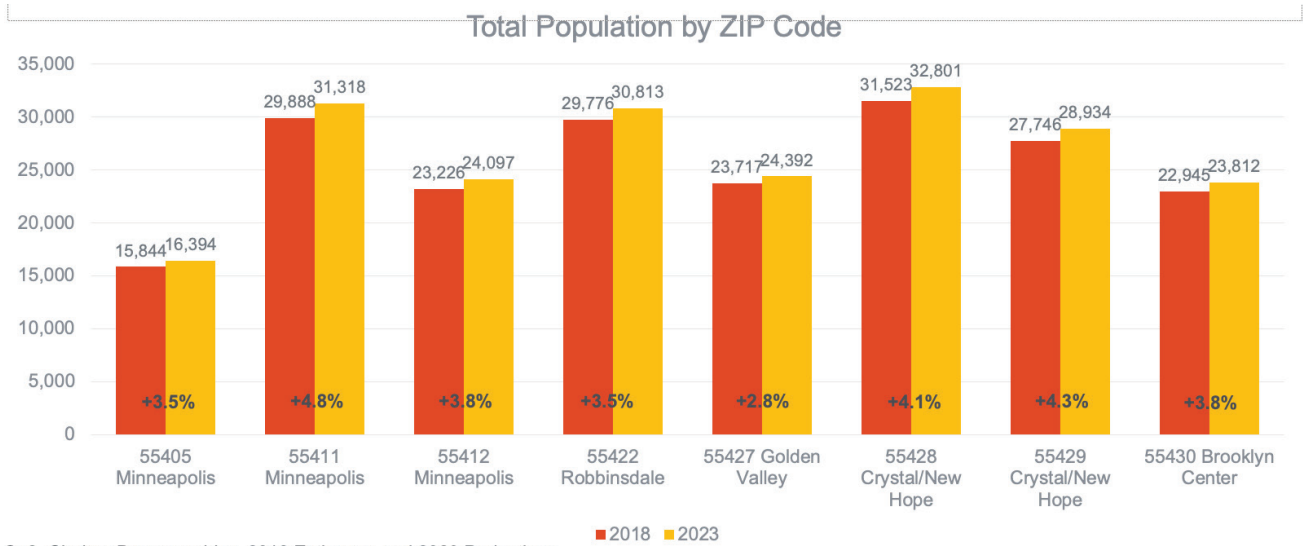
Expecting 3.9% growth in five years.



Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

North Memorial Health Hospital area demographics

3.9% total population growth 2018 to 2023.



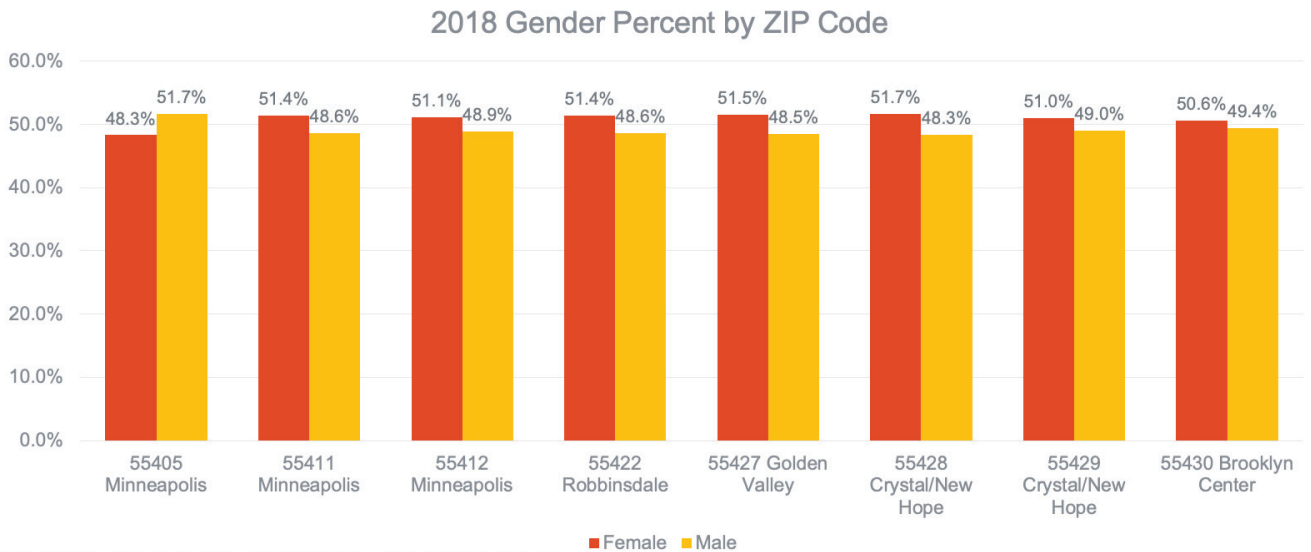
Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

GENDER

In the North Memorial Health Hospital CHNA 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

2018 gender percent of population by zip.



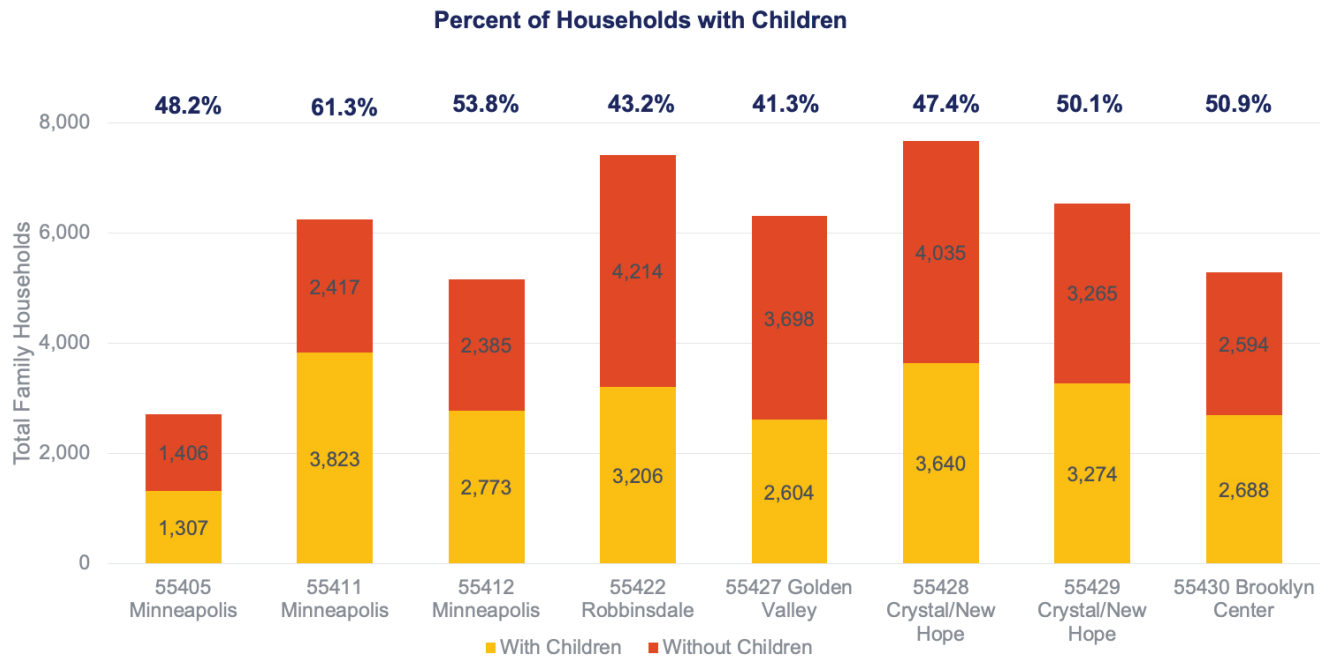
Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

HOUSEHOLDS WITH CHILDREN

In the North Memorial Health Hospital CHNA area, the percent of households with children varies from 61.3% in zip code 55411 to 41.3% in zip code 55427.

North Memorial Health Hospital area demographics

2018 family households with and without children
percent of households with children.



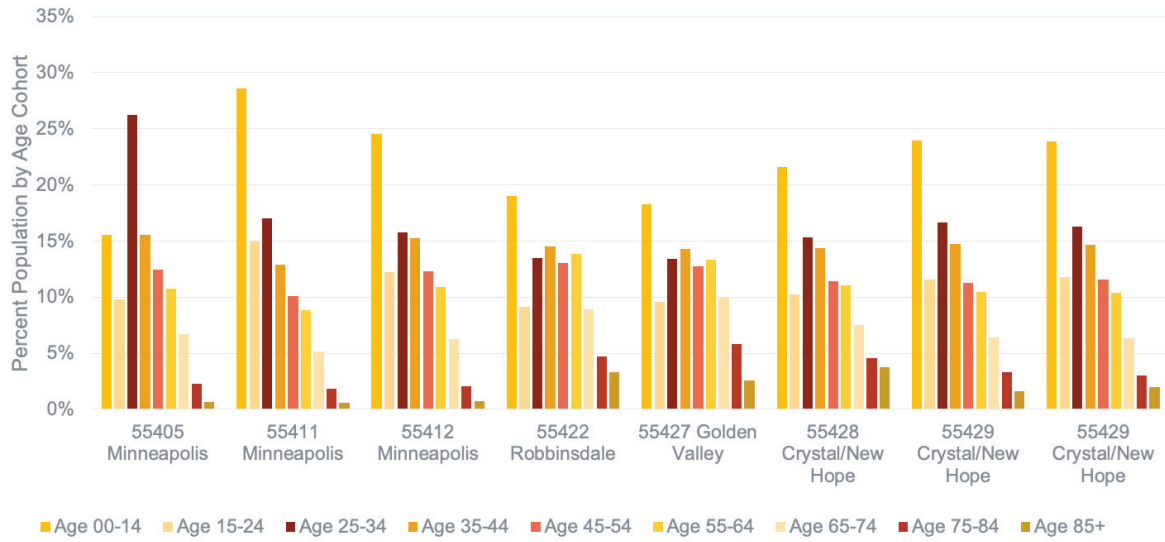
Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

AGE PERCENT BY ZIP CODES

Age percent of population by zip codes in the North Memorial Health Hospital CHNA area from 2018 to 2023 do not show a wide variety of predicted change cross the years. In 2018, zip code 55411 shows the highest percentage of age 0 - 14 and is predicated to continue this lead in 2021. In 2018, zip code 55427 shows the highest percent of persons over 65 and is predicted to continue this lead in 2023.

North Memorial Health Hospital area demographics

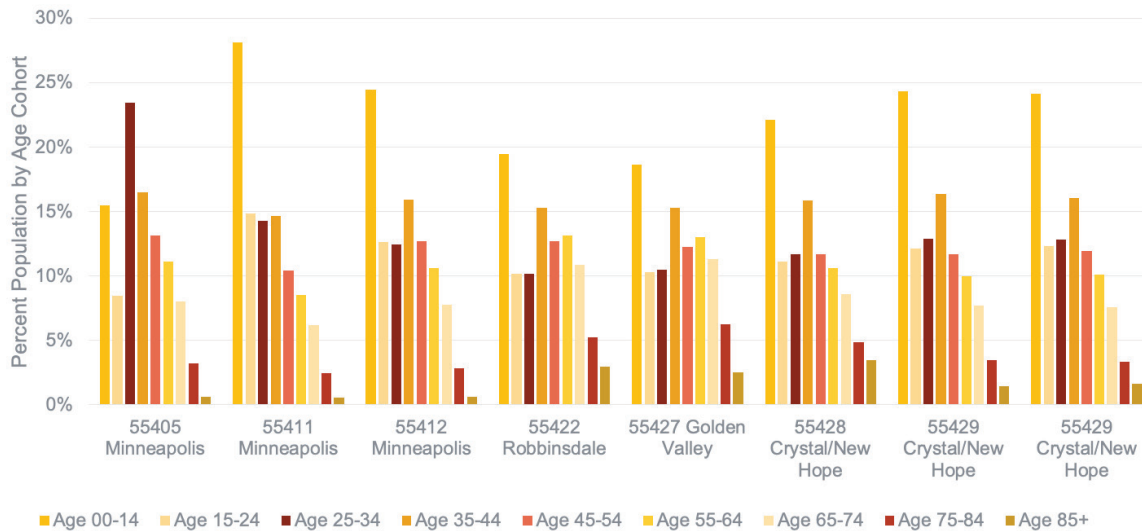
2018 age percent of population by zip.



Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

North Memorial Health Hospital area demographics

2023 age percent of population by zip.



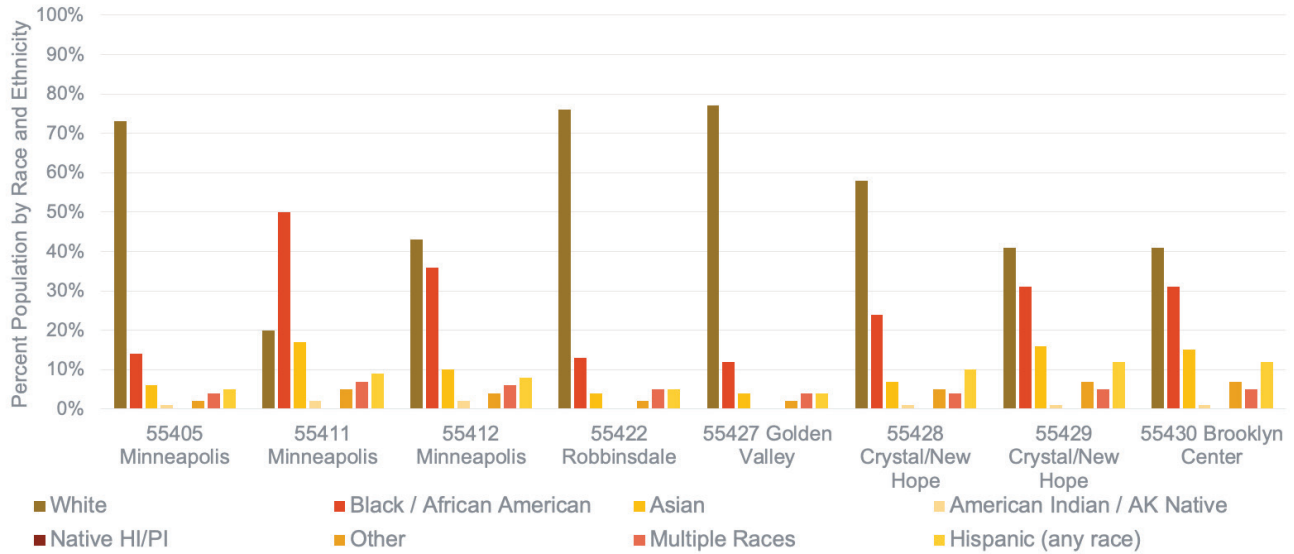
Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

RACE AND ETHNICITY BY ZIP CODES

Race and ethnicity by zip code in the North Memorial Health Hospital CHNA area shows considerable differences in diversity. Local sources are needed to help us stay on top of what is happening in our community and respond accordingly. Recent census data are showing a drop in in-migration and immigration in Minnesota in the last two years.

North Memorial Health Hospital area demographics

2018 race and ethnicity by zip.



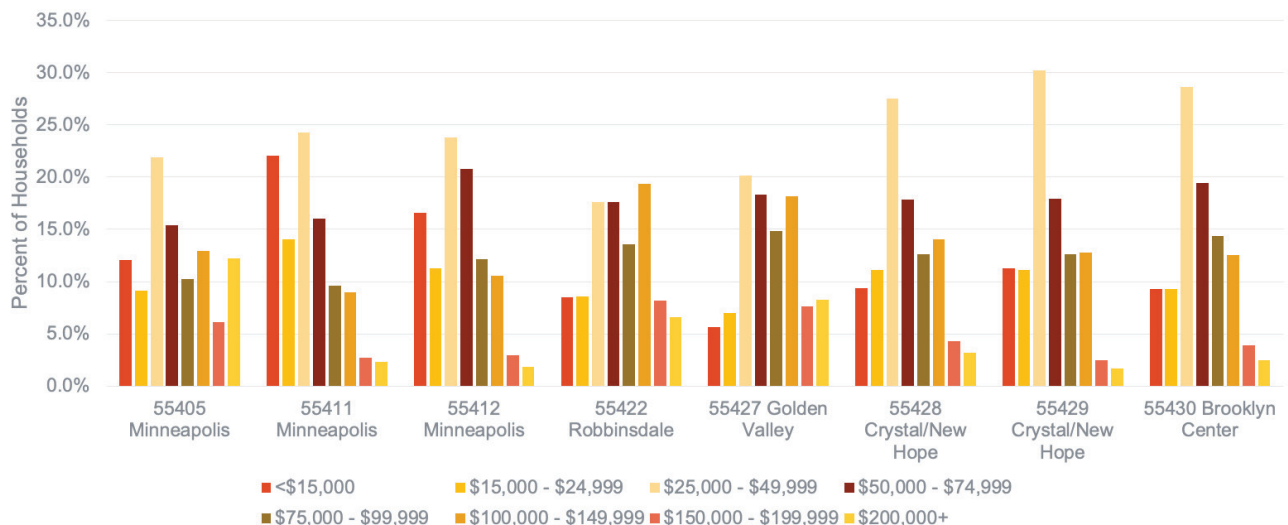
Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

HOUSEHOLD INCOME BY ZIP CODE

The household incomes by zip codes in the North Memorial Health Hospital CHNA area in 2018 show a wide distribution with slightly over 22% of the population in 54411 making <\$15,000/year followed by slightly over 16% of the population in 55412 making <\$15,000/year.

North Memorial Health Hospital area demographics

2018 household income by zip.



Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 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 and causes of death. This data was grouped into: all populations; children 0 - 17; and persons 65 and over categories.

HOSPITALIZATIONS

For all populations, without birth data, psychoses, septicemia, heart failure and shock, alcohol/drug abuse or dependence and pulmonary edema and respiratory failure are higher when compared to all of Minnesota. For children 18 and under, without birth data, pulmonary edema and respiratory failure, bronchitis and asthma, simple pneumonia and pleurisy, poisoning and toxic effects of drugs, and otitis media are higher when compared to all of Minnesota. For persons 65 and over septicemia, heart failure and shock, pulmonary edema & respiratory failure, G.I. hemorrhage, and renal failure are high when compared to all of Minnesota.

Top 10 Reasons for Hospital Utilization

ALL POPULATION, WITH BIRTH DATA, 2018				
DIAGNOSIS RELATED GROUP	NMHH AA	%	ALL MN	%
Vaginal delivery w/o complicating diagnosis	1,361	6.8%	29,133	6.7%
Normal newborn	1,124	5.6%	27,977	6.5%
Major joint replacement or reattach of lower extremity w/o MCC	955	4.7%	17,177	4.0%
Neonate with other significant problems	850	4.2%	13,359	3.1%
Psychoses	724	3.6%	14,066	3.3%
Septicemia or severe sepsis w/o MV 96+ hours with MCC	473	2.4%	18,950	4.4%
Cesarean section with CC/MCC	448	2.2%	7,498	1.7%
Cesarean section w/o CC/MCC	392	1.9%	7,173	1.7%
Vaginal delivery with complicating diagnosis	344	1.7%	4,560	1.1%
Heart failure and shock with MCC or Peripheral ECMO	341	1.7%	6,235	1.4%

Source: Minnesota Hospital Association, January thru September 2018

ALL POPULATION, WITHOUT BIRTH DATA, 2018				
DIAGNOSIS RELATED GROUP	NMHH AA	%	ALL MN	%
Psychoses	955	6.3%	17,177	5.2%
Septicemia or severe sepsis w/o MV 96+ hours with MCC	724	4.8%	14,066	4.2%
Major joint replacement or reattach of lower extremity w/o MCC	473	3.1%	18,950	5.7%
Heart failure and shock with MCC or Peripheral ECMO	448	2.9%	7,498	2.3%
Alcohol/drug abuse or depend w/o rehab therapy w/o MCC	341	2.2%	6,235	1.9%
Pulmonary edema & respiratory failure	288	1.9%	4,861	1.5%
Septicemia or severe sepsis w/o MV 96+ hours w/o MCC	264	1.7%	5,755	1.7%
Esophagitis, gastroent & misc digest disorders w/o MCC	236	1.6%	5,472	1.6%
Cellulitis w/o MCC	183	1.2%	4,189	1.3%
Simple pneumonia & pleurisy with MCC	188	1.2%	4,531	1.4%

Source: Minnesota Hospital Association, January thru September 2018

AGES 0-17, WITHOUT BIRTH DATA, 2018

DIAGNOSIS RELATED GROUP	NMHH AA	%	ALL MN	%
Psychoses	95	8.6%	2,133	10.2%
Pulmonary edema & respiratory failure	59	5.3%	727	3.5%
Bronchitis & asthma w CC/MCC	58	5.2%	789	3.8%
Bronchitis & asthma w/o CC/MCC	48	4.3%	842	4.0%
Simple pneumonia & pleurisy with MCC	33	3.0%	443	2.1%
Poisoning & toxic effects of drugs w/o MCC	33	3.0%	495	2.4
Otitis media & URI w/o MCC	33	3.0%	351	1.7%
Seizures w/o MCC	31	2.8%	729	3.5%
Nutritional & misc metabolic disorders w/o MCC	28	2.5%	516	2.5%
Esophagitis, gastroent & misc digest disorders w/o MCC	24	2.2%	482	2.3%

Source: Minnesota Hospital Association, January thru September 2018

AGES 65+, WITHOUT BIRTH DATA, 2018

DIAGNOSIS RELATED GROUP	NMHH AA	%	ALL MN	%
Septicemia or severe sepsis w/o MV 96+ hours with MCC	405	7.6%	9,112	5.8%
Major joint replacement or reattach of lower extremity w/o MCC	297	5.5%	12,366	7.8%
Heart failure and shock with MCC or Peripheral ECMO	274	5.1%	6,138	3.9%
Pulmonary edema & respiratory failure	109	2.0%	2,660	1.7%
Septicemia or severe sepsis w/o MV 96+ hours w/o MCC	96	1.8%	2,793	1.8%
Simple pneumonia & pleurisy with MCC	93	1.7%	2,983	1.9%
G.I. hemorrhage with CC	83	1.5%	2,251	1.4%
Renal failure with CC	79	1.5%	1,841	1.2%
Renal failure with MCC	66	1.2%	1,240	0.8%
Simple pneumonia & pleurisy with CC	63	1.2%	2,684	1.7%

Source: Minnesota Hospital Association, January thru September 2018

CAUSES OF DEATH

For all populations the top three causes of death are cancer, heart disease and accidents. The diagnosis of accidents, chronic lower respiratory diseases, Alzheimer’s disease, Nephritis, and influenza and pneumonia are higher than Hennepin County.

Top 10 Causes of Death

ALL POPULATION, WITH BIRTH DATA, 2015-2017				
CAUSE	NMHH AA	%	HENN CTY	%
Cancer	1,070	20.5%	5,711	23.4%
Heart disease	823	15.8%	4,137	18.6%
Accidents	393	7.5%	1,805	6.0%
Chronic lower respiratory diseases	296	5.7%	1,292	5.1%
Cerebrovascular diseases	259	5.0%	1,283	5.5%
Alzheimer’s disease	192	3.7%	1,207	2.9%
Diabetes	172	3.3%	734	3.7%
Nephritis	105	2.0%	363	1.6%
Influenza and pneumonia	94	1.8%	390	1.2%
Chronic liver disease and cirrhosis	86	1.7%	398	1.7%
TOP 10 SUBTOTAL	3,490	67.0%	17,320	69.7%
TOTAL DEATHS	5,212	100.0%	25,516	100.0%
Suicide is #11	73	1.4%	426	1.7%

Source: Minnesota Department of Health, 2015-2017 (Hennepin County Public Health Assessment Team)

Deaths by Age and Gender—State of Minnesota

CDC Official Final Deaths 2017: released 12/8/2018

Suicide, as a cause of death, shows up in the top causes of death in all age groups except 0 - 14, and 65+.

ALL AGES		
RANK	CAUSE OF DEATH	DEATHS
1	Coronary Heart Disease	4,236
2	Alzheimers	2,467
3	Lung Disease	2,377
4	Lung Cancers	2,316
5	Stroke	2,239
6	Diabetes Mellitus	1,305
7	Falls	1,165
8	Hypertension	1,044
9	Colon-Rectum Cancers	792
10	Pancreas Cancer	776
11	Suicide	774

AGES 0-14		
RANK	CAUSE OF DEATH	DEATHS
1	Congenital Anomalies	93
2	Low Birth Weight	73
3	Birth Trauma	18
4	Other Injuries	10
Numbers too small to report		

AGES 15-24		
RANK	CAUSE OF DEATH	DEATHS
1	Suicide	144
2	Poisonings	76
3	Road Traffic Accidents	62
4	Homicide	27
5	Other Injuries	11
Numbers too small to report		

AGES 25-34		
RANK	CAUSE OF DEATH	DEATHS
1	Poisonings	178
2	Suicide	133
3	Road Traffic Accidents	69
4	Homicide	28
5	Other Injuries	23
6	Congenital Anomalies	15
7	Liver Disease	15
8	Coronary Heart Disease	13
9	Endocrine Disorders	13
10	Maternal Conditions	12

AGES 35-44		
RANK	CAUSE OF DEATH	DEATHS
1	Poisonings	129
2	Suicide	129
3	Coronary Heart Disease	57
4	Road Traffic Accidents	56
5	Liver Disease	46
6	Other Injuries	27
7	Diabetes Mellitus	27
8	Inflammatory/Heart	20
9	Alcohol	20
10	Homicide	19

AGES 45-54		
RANK	CAUSE OF DEATH	DEATHS
1	Coronary Heart Disease	243
2	Poisonings	187
3	Suicide	142
4	Lung Cancers	107
5	Liver Disease	103
6	Diabetes Mellitus	75
7	Colon-Rectum Cancers	73
8	Stroke	60
9	Breast Cancer	58
10	Road Traffic Accidents	55

AGES 65-74		
RANK	CAUSE OF DEATH	DEATHS
1	Lung Cancers	709
2	Coronary Heart Disease	684
3	Lung Disease	547
4	Diabetes Mellitus	335
5	Stroke	283
6	Pancreas Cancer	237
7	Colon-Rectum Cancers	158
8	Lymphomas	152
9	Hypertension	151
10	Breast Cancer	146

AGES 55-64		
RANK	CAUSE OF DEATH	DEATHS
1	Coronary Heart Disease	511
2	Lung Cancers	464
3	Liver Disease	243
4	Diabetes Mellitus	206
5	Liver Disease	204
6	Stroke	154
7	Pancreas Cancer	139
8	Colon-Rectum Cancers	136
9	Suicide	131
10	Breast Cancer	128

AGES 75+		
RANK	CAUSE OF DEATH	DEATHS
1	Coronary Heart Disease	2,728
2	Alzheimers	2,318
3	Stroke	1,727
4	Lung Disease	1,547
5	Lung Cancers	1,023
6	Falls	943
7	Hypertension	767
8	Diabetes Mellitus	662
9	Parkinson's Disease	587
10	Influenza & Pneumonia	520

www.worldlifeexpectancy.com/minnesota-cause-of-death-by-age-and-gender

2018 SHAPE DATA

Adult **S**urvey 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.

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’s core service area.

Overall Health

- General health
- Chronic diseases and conditions
- Weight and obesity
- Limitations and disabilities

Access to Health Care

- Health insurance coverage
- Unmet or delayed care need
- Usual source and place of care
- Prescription medication use
- Dental care

Health Lifestyles and Behaviors

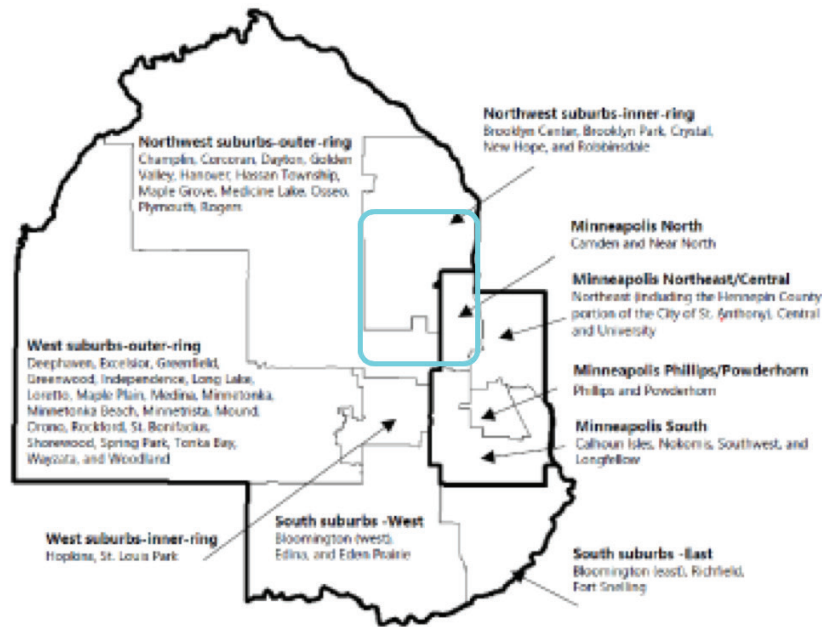
- Fruit and vegetable intake
- Eating breakfast
- Beverage intake
- Nutrition and beverage summary measure
- Physical activity and exercise
- Screen time
- Cigarette and other tobacco use
- Environmental tobacco exposure
- Alcohol use

How You Feel

- Depression and anxiety
- Non-specific psychological distress

Social-Environmental Factors

- Community involvement and social connectedness
- Neighborhood walkability
- Community cohesion and neighborhood safety
- Discrimination
- Food and housing security
- Number of times moved
- Sexual orientation and identity



Reporting area changes, Brooklyn Park was moved to the inner Northwest suburbs, and Golden Valley moved to Outer Northwest suburbs.

SHAPE 2018—CCH INDICATORS

PERCENTAGE OF ADULTS REPORTED	HENNEPIN COUNTY	MPLS NORTH	NORTHWEST INNER	NORTHWEST OUTER
Reported overall health status good or better	89.0%	74.3%	86.6%	90.6%
Experienced frequent mental distress	12.3%	20.8%	13.7%	11.0%
Ever been diagnosed with high blood pressure	21.0%	26.7%	28.8%	22.4%
Ever been diagnosed with diabetes	7.4%	12.5%	11.6%	6.3%
Being obese (BMI ≥ 30.0)	24.4%	32.3%	32.7%	23.9%
Being overweight (but not obese) (BMI = 25.0 to 29.9)	32.5%	29.3%	30.3%	36.3%
Engage in no leisure time physical activity	14.6%	39.6%	22.8%	12.5%
Currently smoke	9.2%	22.3%	10.3%	5.4%
Binge drinking at least once during the past 30 days	29.4%	26.0%	26.1%	24.9%
Difficulty paying health insurance costs during past year	23.2%	38.9%	31.9%	24.1%
Visited a dentist or dental clinic within the past year	74.9%	54.4%	70.5%	82.2%
Delayed or did not get needed medical care, past year*	24.9%	37.5%	27.4%	19.1%
Delayed or did not get needed mental health care*	59.2%	62.2%	55.0%	60.1%
Skipped doses, took less, did not fill prescription*	9.5%	18.7%	11.7%	7.0%
Always understand my health information from provider	59.2%	47.5%	51.2%	63.0%
Always treated with respect by health care providers	77.4%	67.1%	71.2%	81.1%

*Due to costs or lack of insurance

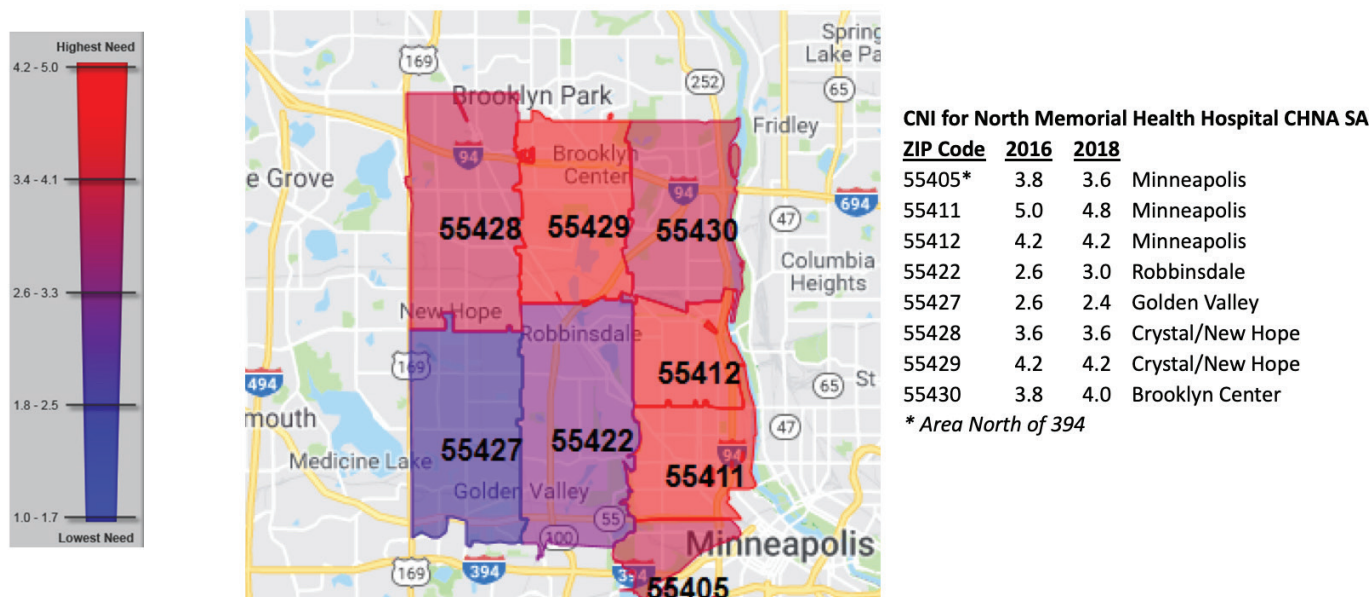
Notable findings from the SHAPE survey include:

- Reported overall health status good or better is lower in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Experienced frequent mental health distress is higher in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Ever been diagnosed with high blood pressure is higher in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Ever been diagnosed with diabetes is higher in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Being obese is higher in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Engage in no leisure time physical activity is higher in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Currently smoke is higher in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Difficulty paying health insurance costs during past year is higher in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Visited a dentist or dental clinic within the past year is lower in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Delayed or did not get needed medical care, past year is higher in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Delayed or did not get needed mental healthcare, past year is higher in Minneapolis North compared to Northwest Inner ring and Hennepin County.
- Skipped doses, took less, did not fill prescription is higher in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Always understand my health information from provider is lower in Minneapolis North and the Northwest Inner ring compared to Hennepin County.
- Always treated with respect by healthcare providers is lower in Minneapolis North and the Northwest Inner ring compared to Hennepin County.

COMMUNITY HEALTH NEEDS INDEX

Dignity Health and Truven Health Analytics

The Community Need Index (CNI) map shown below illustrates that the North Memorial Health Hospital CHNA area is composed of zip codes that are identified as having middle to high social-economic needs. The 2018 CNI scores for zip codes in the assessment area range from 2.4 to 4.8. Improvement since 2016 have been seen in zip codes 55405, 55411 and 55427. Since 2016 scores rose in zip code 55422 and 55430, demonstrating increased social-economic needs.



Source: Truven health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and Community Need Index 2018

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—Optum Data One Data

The top 10 chronic conditions identified in the attributed patient data are shown below. For all populations—hypertension, dyslipidemia, diabetes are the top three. For children 18 and under—asthma, diabetes, and hypertension are the top three. For persons over 65—hypertension, dyslipidemia and diabetes are the top three.

Chronic Condition Prevalence

TOTAL POPULATION		
CHRONIC CONDITION	COUNT	%
Hypertension	55,198	58.1%
Dyslipidemia	52,253	55.0%
DM	32,297	34.0%
Asthma	23,142	24.4%
COPD	11,584	12.2%
Coronary Artery Disease	10,817	11.4%
Afib	6,898	7.3%
CHF	4,972	5.2%
Rheumatoid Arthritis	2,069	2.2%

65+ POPULATION		
CHRONIC CONDITION	COUNT	%
Hypertension	25,260	76.3%
Dyslipidemia	24,611	74.4%
DM	13,470	40.7%
Coronary Artery Disease	7,228	21.8%
Asthma	5,542	16.7%
COPD	5,238	15.8%
Afib	5,141	15.5%
CHF	3,442	10.4%
Rheumatoid Arthritis	982	3.0%

<18 POPULATION		
CHRONIC CONDITION	COUNT	%
Asthma	3,019	86.8%
DM	296	8.5%
Hypertension	208	6.0%
Dyslipidemia	116	3.3%
Coronary Artery Disease	9	0.3%
Rheumatoid Arthritis	12	0.3%
COPD	3	0.1%
Afib	5	0.1%
CHF	1	0.0%

BMI Data—Optum One Data

For total populations the BMI distribution shows 37.6% of the identified population having a BMI in the obese class. For children 18 and under, 49% are identified as underweight while 8% are in the obese class. For persons over 65, 39% are in the obese class.

BMI Distribution

TOTAL POPULATION		
BMI CLASS	COUNT	%
Underweight: <18.5	5,760	7.3%
Normal: 18.5 - 24.9	20,377	25.8%
Overweight: 25.0 - 29.9	23,097	29.2%
Obese (Class I): 30.0 - 34.99	15,912	20.1%
Obese (Class II): 35.0 - 39.99	7,804	9.9%
Obese (Class III): 40+	6,034	7.6%

+65 POPULATION		
BMI CLASS	COUNT	%
Underweight: <18.5	335	2%
Normal: 18.5 - 24.9	5,046	25%
Overweight: 25.0 - 29.9	7,097	35%
Obese (Class I): 30.0 - 34.99	4,586	23%
Obese (Class II): 35.0 - 39.99	1,981	10%
Obese (Class III): 40+	1,164	6%

<18 POPULATION		
BMI CLASS	COUNT	%
Underweight: <18.5	4,920	49%
Normal: 18.5 - 24.9	3,330	33%
Overweight: 25.0 - 29.9	939	9%
Obese (Class I): 30.0 - 34.99	401	4%
Obese (Class II): 35.0 - 39.99	196	2%
Obese (Class III): 40+	227	2%

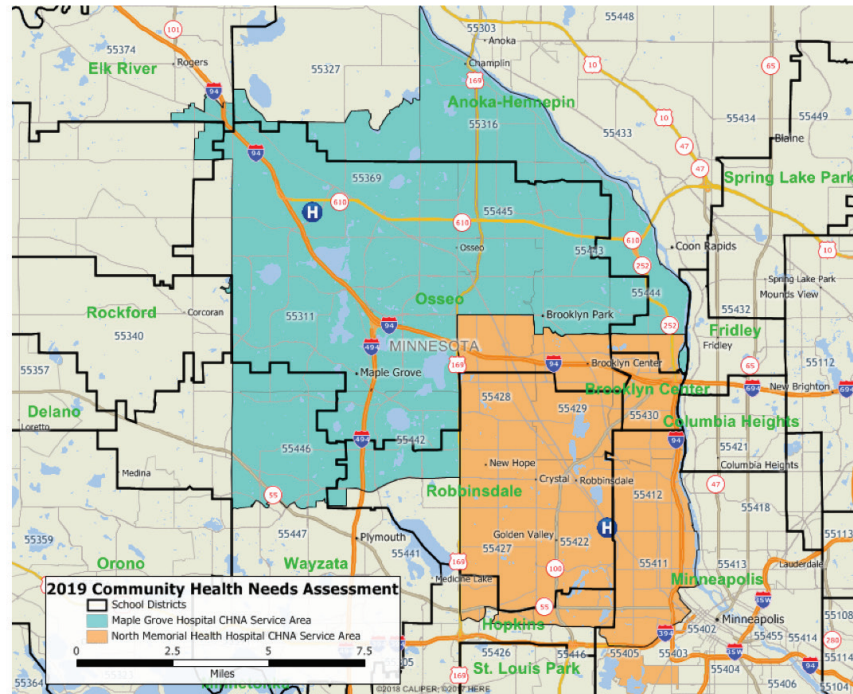
MINNESOTA STUDENT SURVEY DATA

A few indicators in the Center for Community Health (CCH) list are from the Minnesota Student Survey. This is the first time we have included this data in our CHNA, providing additional insights into the health needs of our community. The map shows our CHNA areas with the public-school district boundaries. We looked at two school districts—Brooklyn Center and Robbinsdale.

- **Healthy:** Physical and emotional health are fundamental to students' overall well-being
- **Safe:** Students need to feel safe in order to learn and thrive.
- **Engaged:** Engaged students have higher academic outcomes
- **Supported:** Supportive school environments and caring relationships can foster student motivation and engagement.

Source: *Snapshots on Minnesota Youth: 2016 Minnesota Student Survey Whole Child Report*

Indicators on following pages: *MDE, Data Center, Data Reports and Analytics Minnesota Student Survey Reports 2013-2016*



Only 55.1% of 9th grade students in the Brooklyn Center school district and 65.6% of 9th grade students in the Robbinsdale school district self-report being in “very good” or “excellent health” compared with 67.4% of students statewide.

Minnesota Student Survey Brooklyn Center and Robbinsdale Public School District

CCH INDICATOR: PERCENTAGE OF 9TH GRADE STUDENTS	STATEWIDE	BROOKLYN CENTER	ROBBINSDALE
BMI is in the overweight/obese category	24.2	33.3	26.9
Consume at least 1 serving of a) fruit and b) vegetables daily	47.3/40.3	34.5/31.3	51.3/39.2
Physically active for 60 minutes or more on at least five of the last seven days	51.9	31.0	45.4
Smoked one or more cigarettes, past 30 days (e cigarette)	4.3 (9.3)	3.8 (7.5)	2.2 (7.3)
Self-report any physical disabilities, or long-term health problems (asthmas, cancer, diabetes, epilepsy)	16.0	17.6	18.4
Reported using alcohol within the past 30 days	11.2	9.6	11.2
Reported using marijuana during the past 12 months	9.8	16.7	8.6
Suicidal thought during past year	11.8	16.9	8.1
Report having a dental appointment in the past 12 months	82.7	66.3	80.2
Self-report being in “very good” or “excellent” health	67.4	55.1	65.6

PRIMARY RESEARCH SOURCES—QUALITATIVE DATA

Focus Groups

Wilder Research conducted four focus groups: one with CEAT members; one with health professionals and social service providers; and two with community members. In total, 59 people who live or work in the community being assessed by North Memorial Health Hospital participated in the focus groups.

Participants were asked a series of questions about their vision for a healthy community, the community's unmet needs, community resources, how North Memorial Health Hospital can help achieve a vision of a healthy community, and their knowledge of the hospital's efforts following the last CHNA in 2016.

Focus group participants were asked "What makes a healthy community?" Many ideas for a healthy community were expressed including – eliminating health disparities and providing easy access to physical and mental healthcare and insurance. They also said a healthy community should include: parks, community centers, and recreation resources; safe, quality schools that provide activities that lead to a lifetime of education for all students; safe, stable, and accessible housing for all ages; employment opportunities; social service organizations with staff that reflect the community; access to affordable food and fresh produce; active faith communities that work with police and schools; and transportation options that include bike infrastructure.

Community ownership and pride were also identified as important to a healthy community, along with social connections among community members and diversity of people. Participants also expressed a need for connections to city hall and elected officials, appropriate government services, and government entities that allow for community decision making.

Focus group participants spoke about existing community resources, including: community partnerships; prevention coalitions; community paramedics and North Memorial Health Ambulance Services; healthcare

providers including North Point, University of Minnesota, and Fairview; local organizations; law enforcement; Hennepin County, City of Minneapolis and Minnesota Department of Health Public Health; public and charter schools; community gardens; food shelves; North Market; adult education and early childhood family education; libraries; and businesses.

Key themes identified include:

- **Access to care in a complex system**—the healthcare system is complex and can be difficult for patients to navigate.
- **Care and support for older adults and those with multiple medical issues**—the complex medical system is more difficult for patients who are older adults, have chronic or multiple healthcare needs, or are isolated.
- **Culturally responsive healthcare**—the community surrounding North Memorial Health Hospital is very diverse and providing culturally responsive healthcare is imperative.
- **Relationship between hospital and community**—North Memorial Health Hospital could improve their relationship with the community.
- **Prevention service—Mental Health and Substance Abuse**—prevention activities and services to treat mental health and substance abuse issues continues to be a community need.
- **Safe, accessible, and affordable housing with ownership opportunities**—there is a limited supply of affordable, safe, and accessible housing.
- **Transportation**—affordable and accessible transportation, especially for medical care, continues to be an unmet community need.

KEY STAKEHOLDER INTERVIEWS

To organize the feedback received from the nine key stakeholder interviews that were conducted by CEAT members two-word clouds were developed to capture the major ideas.

VISION FOR A HEALTHY COMMUNITY

For the question related to “Vision for a Healthy Community” ideas such as “Resources,” “Safety” and “Basic needs met” stood out in the word cloud.



The individuals interviewed described a healthy community as a safe place with a range of opportunities, and where people can thrive, access resources, and connect with others. Multiple people spoke about a healthy community being equitable and a place where community members can speak for themselves. Others described health holistically, recognizing the importance of culture, as well as emotional and spiritual well being.

HEALTHY COMMUNITY NEEDS

For the question related to “Healthy Community Needs” major ideas included mental health, transportation, social determinants, and awareness of services.



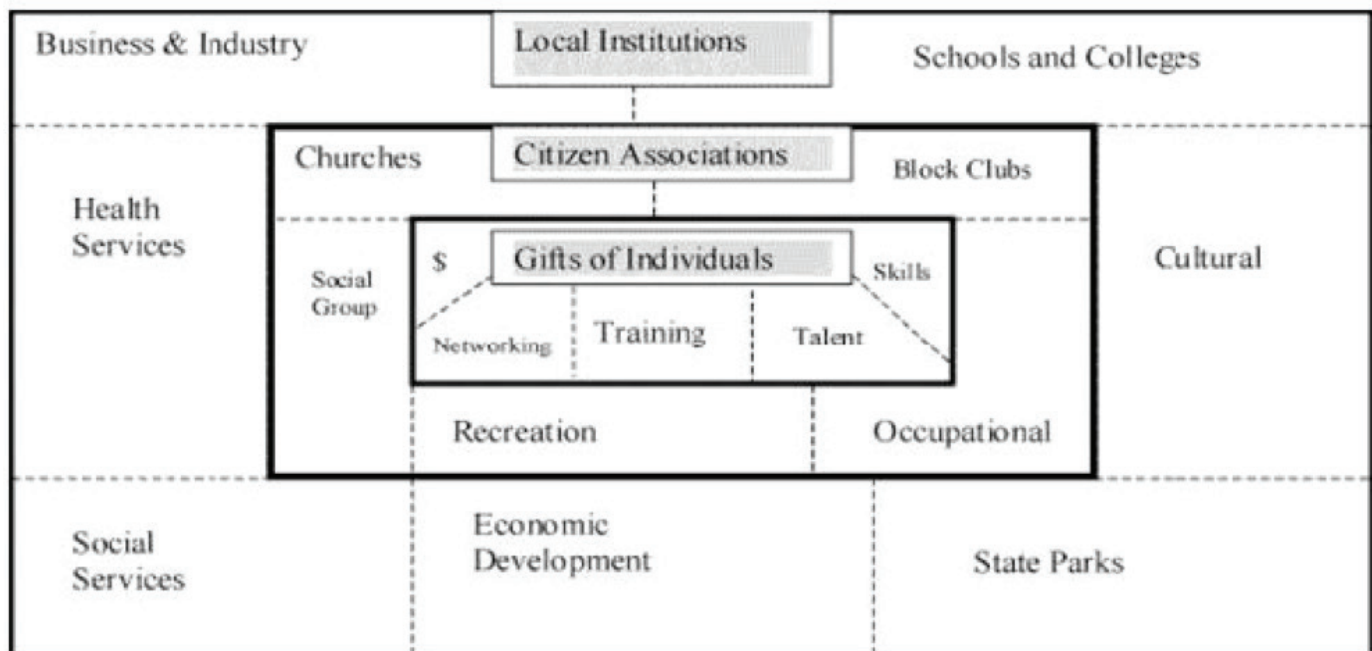
Additional considerations that were identified in key stakeholder interviews include:

- **Mental Health:** mental health is a major issue in the community; addressing mental health needs may look different across communities.
- **Social Determinants and Community Conditions:** access to healthy food, housing, and transportation were identified as needs in the community, particularly for lower-income residents.
- **Access to Services and Resources:** the cost of health insurance and limitations on coverage are barriers to residents accessing services.
- **Racism and Social Inequities:** unconscious bias and structural racism contribute to inequities.

COMMUNITY ASSET MAPPING

CEAT members were introduced to the concept of community asset mapping and the importance of using available community resources as potential partners to address the identified health needs. The following tool was used:

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>

The September 2019 CEAT meeting was focused on a discussion of community assets, partnerships and programs that North Memorial Health Hospital could work with to help address the identified health priorities. These assets include Hennepin County and the City of Minneapolis Public Health, local government, local schools, social service providers, other health systems, and non-profits such as Pillsbury United and the Federally Qualified Health Centers. More work will be done in this area when implementation planning is carried out.

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 CEAT for review and discussion. Initial top findings presented to the CEAT were:

- Mental health and substance abuse
- Food/Access/Affordability/Nutrition education
- Healthy aging
- Helping the community access healthcare
- Culturally responsive care
- Relationship between the hospital and community
- Housing: safe, accessible, affordable
- Transportation: especially for medical care

A discussion with the CEAT around these findings and the data changed the top health priorities to:

- Mental health/Substance abuse
- Culturally responsive care:
 - Relationship between the hospital and community
- Structural and institutional racism
- Resources/Partnerships:
 - Housing
 - Access to healthcare
 - Food
 - Transportation
- Healthy aging

PRIORITIZATION CRITERION AND WORKSHEET

After discussion around the top health priorities and gathered data the CEAT voted to prioritize the top two health priorities to be addressed starting in 2020. 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 three to four 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

	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 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.	Serious	Very likely—North Memorial Health and community partners can have some impact within three to four years.
3	Impacts some neighborhoods or communities more than others.	Very serious	Somewhat likely—North Memorial Health and community partners can have some impact within three to four years.
2	Impacts only one or two neighborhoods or communities.	Moderately serious	North Memorial Health 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 and community partners can have a positive impact anytime soon.
	SIZE SCORE	SERIOUSNESS SCORE	POTENTIAL TO IMPACT SCORE
SCORE:			

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 CEAT voting on the top health priorities are:

- 1) Mental health/Substance abuse—253 votes
- 2) Culturally responsive care—247 votes
 - Relationship between the hospital and community
- 3) Resources/Partnerships—233.5 votes
 - Housing
 - Access to healthcare
 - Food
 - Transportation
- 4) Healthy aging—224 votes
- 5) Structural and institutional racism—219 votes

After a discussion around the top health priorities a decision was made to separate out mental health and substance abuse.

The three health priorities which will be addressed starting in 2020 are:

Mental health	Substance abuse	Culturally responsive care Relationship between the hospital and community
----------------------	------------------------	--

Mental Health and Substance Abuse were identified in both the North Memorial Health Hospital and Maple Grove Hospital Community Needs Health Assessments (CHNA). Since both institutions are part of North Memorial Health, the CHNA areas are adjacent to each other and populations cross the two CHNA 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 during our Implementation Planning. Our CEAT will help to guide this work and identify potential partners.

We currently work in partnership with numerous community partners to address community needs. These partners include schools, public health—state and local, law enforcement, substance abuse prevention initiatives, social service organizations, local government and other healthcare organizations. Partnership is the foundation upon which all 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 classes for the community and the City of Maple Grove's Age-Friendly Maple Grove initiative. We will continue to work with the Center for Community Health (CCH) which 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.

OTHER IDENTIFIED COMMUNITY NEEDS NOT CHOSEN AS A PRIORITY

The health priorities not being addressed directly include, but still important to the community:

- Resources/Partnerships:
 - Housing
 - Access to healthcare
 - Food
 - Transportation
- Healthy aging
- Structural and institutional racism

Although these priorities were not selected as priority needs during the 2019 CHNA, North Memorial Health Hospital will support work that addresses these needs as appropriate. The CEAT felt that to make an impact in the top three identified health priorities resources should be focused on mental health, substance abuse and culturally responsive care-relationship between the hospital as community priorities and not spread across a multitude of priorities.

Resources/Partnerships—housing, access to healthcare, food, transportation is being addressed by care coordinators and social service providers.

Healthy aging is one of the priorities identified in the 2019 Maple Grove Hospital CHNA and community members from the North Memorial Health Hospital CHNA area are able to access community classes and programs in the Maple Grove Hospital Assessment area.

Structural and institutional racism is a large, multi-dimensional and important issue. Some CEAT members voiced concern that this health priority is “too broad” and “not able to impact in three to four years.” This issue will begin to be addressed through the work that will be done in the health priority of culturally responsive care-relationship between the hospital and community.

Commitment to Community

Our Vision and Values

North Memorial Health Hospital's mission is **empowering our customers to achieve their best health**. We view the people we serve as customers, not patients, empowering them to expect the best care, communicate their needs and allowing us to be creative and accountable for meeting their needs. It is this mission that guides our work helping community, in partnership with community organizations and partners, achieve their best health. Our shared values include:

Inventiveness

Accountability

Relationships

We work to improve the health of the people in the communities we serve through these values. Our vision: Together, healthcare the way it ought to be.

COMMITMENT TO ACCESS AND HEALTH SERVICES

We strive to insure all community members have access to quality medical care regardless of their circumstances. The following programs assist members of our community in accessing healthcare services.

- **CHARITY CARE**—North Memorial Health Hospital provides a Financial Assistance program. Patients may qualify if their general income and assets meet the minimum guideline. The Financial Assistance application is available on the website in English, Hmong, Spanish, and Russian.
- **UNINSURED HOSPITAL PATIENT DISCOUNT**—North Memorial Health Hospital provides an upfront discount to uninsured patients for hospital and hospital-based clinic services that are medically necessary. This discount is for customers who do not have any insurance and are not eligible for a Medicaid plan.
- **DISCHARGE PRESCRIPTION ASSISTANCE**—North Memorial Health Hospital will provide, free of charge, select medications to customers who are unable to pay for their discharge medications and are not eligible for any local, state, federal, manufacturer and/or private prescription medication assistance programs.

Results From 2016 Health Priorities

NORTH MEMORIAL HEALTH HOSPITAL'S 2016-2019 PRIORITIES WERE:

Mental health	Substance abuse	Food
----------------------	------------------------	-------------

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

Mental Health (Addressed with Maple Grove Hospital)

- North Memorial Health Hospital has incorporated the Make It Okay message into annual employee training. Make It Okay is designed to reduce stigma surrounding mental health.
- North Memorial Health Hospital, along with Maple Grove Hospital has offered a total of four Adult focused Mental Health First Aid classes, 10 Youth Mental Health First Aid classes and seven safeTALK suicide awareness classes to the community since 2017. Since 2017 over 375 community members have attended these classes.
- The North Memorial Health Mental Health Clinic opened in December 2016 in response to an identified community need. The clinic focuses on general mental health problems with a specific focus on serious and persistent mental illness and post-traumatic stress disorder for patients 18 years of age and over. In 2018, we added additional programming to include a Partial Hospitalization Program focused on serious and persistent mental illness populations. We also added an Intensive Outpatient Program focused on post-traumatic stress syndrome, the first of its kind in the state and in the metro area. In early 2018, we hired two more psychologists. In late 2018, we began a hiring process to expand access by increasing the number of outpatient therapists by four and prescribers by four as well. All four therapists started in 2019. We also expanded access to behavioral health through the hiring of an additional behavioral health provider located in the primary care setting, a service line known as Integrative Behavioral Health.
- SafeJourney, our domestic violence advocacy program, continues to offer 24-hour advocacy by trained volunteers. Support groups for woman experiencing domestic violence are held along with financial support for clients who qualify.
- North Memorial Health 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.

Substance Abuse (Addressed with Maple Grove Hospital)

- North Memorial Health Hospital, along with Maple Grove Hospital, worked with Partnership for Change and Partners in Prevention to reduce drug and alcohol use among youth in our community. Partners in Prevention is located in the Wayzata school district. Partnership for Change is located in North Memorial Health Hospital's trauma department and leverages community partnerships to prevent and reduce substance misuse in the community through strategies such as:
 - POLD (Place of Last Drink) - five training presentations were held from 2017 - 2019.
 - Held a Provider Forum and Panel Discussion on Opioids, April 2018 with the Medicine Abuse Prevention Workgroup, North Memorial Health ED and Grand Rounds. Education was provided about the opioid epidemic. About 65 providers attended.
 - Community-based medication drop boxes - five were opened from 2017 - 2019.
 - Seven community events/presentations were held from 2017 - 2019 including a Marijuana Perception of Harm symposium in April 2018 in partnership with Hazelden and Partners in Prevention with approximately 100 attendees.
- North Memorial Health Hospital financially supported Partners in Prevention's: Uncover the Truth education campaign in 2017, 2018 and 2019.
- The North Memorial Health Mental Health Clinic opened in December 2016 in response to an identified community need. The clinic focuses on general mental health problems with a specific focus on serious and persistent mental illness and post-traumatic stress disorder. We have not been able to formally expand our Addiction Services offering in 2018. In 2019, two of the newly hired outpatient psychologists came to North Memorial Health with a significant professional background in working with populations struggling with addiction. Developing co-occurring MH/SUD programming remains a possible plan for expansion, but we have been limited by not having addiction specialists amongst our outpatient prescribers.
- North Memorial Health Hospital, along with Maple Grove Hospital continues to work with ICSI (Institute for Clinical Improvement) in the areas of:
 - Acute prescribing by implementing acute opioid prescribing guidelines for surgical and non-surgical prescribing.
 - High risk populations by having efforts in progress that support patients in the emergency department to begin medication assisted therapy.
 - Proper disposal of unused opioids by putting medication disposal kiosks at North Memorial Health Pharmacy - Robbinsdale on the first floor of North Memorial Health Hospital and North Memorial Health Pharmacy - Maple Grove at Maple Grove Hospital. In 2018 over 500 pounds of potentially dangerous unused or expired prescription and over-the-counter medications were collected from our community.
 - Chronic pain prescribing by developing chronic pain-controlled substance guidelines to safely and effectively support prescribing of opioids for chronic use patients.

Food/Access/Affordability/Nutrition Education

- North Memorial Health was a major partner in the development of North Market, a grocery store in North Minneapolis that is a food desert. North Memorial Health worked with Pillsbury United to build North Market. North Memorial Health operates a Wellness Resource Center (WRC) which is staffed by a community wellness coordinator, community health workers, a pharmacy technician, and a nutritionist. North Market opened Dec. 14, 2017. Examples of community education classes and events offered at North Market include:
 - Hypertension 101
 - Going Further with Food
 - Anti-Inflammatory Diet
 - Bariatrics class
 - Stepping ON Fall Prevention
 - Farmer’s Market
 - Farm Fresh Fest with CEAP
 - Resume writing workshop
 - Smart Snacking
 - Salt Free Cooking
 - Children’s Dental Services Acid Attack presentation
 - Healthy Living Support Group
 - North Rising Program
 - Back to school event
 - Career Fair
 - Edison High School Career Day
- Worked with CEAP to sponsor Farm FreshFest (a free farmers market for any and all) and to explore new programs around food delivery. Financially supported Farm FreshFest in 2018 and 2019.
- From 2017 – 2019 Community Paramedics provided Bridge Bags to patients in need.
- From 2017 – 2019 Community Paramedics purchased and prepared Matterbox Emergency Food Supplies that were delivered to customers that showed indications of food insecurity.
- Worked with Second Harvest Heartland to provide food assistance screening, food boxes and disease management education to our patients. From 2017 – 2019 we have enrolled 186 people in the FOODRx program.

Board Approval

A presentation will be made to the North Memorial Health Strategic and Business Development Committee on Dec. 9, 2019, and approval of the Community Health Needs Assessment (CHNA) findings and the top health priorities will be obtained. Starting in 2020 North Memorial Health Hospital along with our community partners will begin to address the following health priorities:

Mental health	Substance abuse	Culturally responsive care
----------------------	------------------------	-----------------------------------

Mental health and substance abuse were identified in both the North Memorial Health Hospital and Maple Grove Hospital 2019 CHNAs. Since both institutions are part of North Memorial Health, CHNA areas are adjacent to each other, and populations cross the two CHNA areas; mental health and substance abuse initiatives will be addressed together as system wide health priorities.

Implementation Plan

Implementation planning teams composed of both internal employees and external community partners will be brought together the first quarter of 2020 to develop Implementation Plans for the three identified health priorities:

Mental health	Substance abuse	Culturally responsive care
----------------------	------------------------	-----------------------------------

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 2019 CHNA please contact:

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



North Memorial Health
3300 Oakdale Ave. N
Robbinsdale, MN 55422

northmemorial.com