Community Health Needs Assessment
December 2015
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Regions Hospital collaborated with five other hospitals in the HealthPartners system and contracted with Community Hospital Consulting to determine the greatest health needs in the communities they serve. These hospitals serve similar communities and have overlapping study areas.

The system’s study area is defined as Dakota, Hennepin, Ramsey, Scott and Washington Counties in Minnesota and Polk and St. Croix Counties in Wisconsin. Regions Hospital’s specific study area is defined as:

• Ramsey County
• Dakota County
• Washington County

Data elements regarding all seven counties in the system’s study area are included in this report for comparison and are also provided as an opportunity for the hospitals to work together to meet the needs identified in the overlapping counties.
Executive Summary

A review of the CHNA process and rationales for the identified health needs
Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for HealthPartners and its hospitals (Regions Hospital, Lakeview Hospital, Hudson Hospital & Clinic, Westfields Hospital & Clinic, Amery Hospital & Clinic, and Park Nicollet Methodist Hospital) by Community Hospital Consulting. This individual CHNA report utilizes relevant health data and stakeholder input to identify significant community health needs in Dakota, Ramsey, and Washington Counties, the defined study area for Regions Hospital. Data from the study areas of the other hospitals (Hennepin and Scott Counties in Minnesota and Polk and St. Croix Counties in Wisconsin) are included in some sections for comparison purposes.

The CHNA Team, consisting of leadership from HealthPartners and its hospitals, met with staff from Community Hospital Consulting on August 24, 2015 to review the research findings and prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the health system and hospital leadership discussed the results and decided to address all of the prioritized needs in various capacities through hospital specific implementation plans.

HealthPartners and hospital leadership developed the following principle to guide this work: Through collaboration, engagement and partnership with our communities we will address the following priorities with a specific focus on health equity in special populations.

The final list of prioritized needs, in descending order, is listed below:

1. Mental and Behavioral Health
2. Access and Affordability
3. Chronic Disease and Illness Prevention
4. Equitable Care
Priority #1: Mental and Behavioral Health

- Health data findings suggest that the Twin Cities have higher rates of psychiatric hospital admissions than Minnesota. Furthermore, data indicates that counties in the hospital’s study area have varying ratios of mental health providers to residents.
  - Dakota County – 807:1
  - Ramsey County – 298:1
  - Washington County – 544:1
  - Minnesota – 529:1
- Ramsey County identified mental health, mental disorders, and behavioral health as a top priority in the Ramsey County Community Health Improvement Plan 2014-2018. Findings from this report also indicate that only two of the five hospitals in Ramsey County provide inpatient mental health services. Ramsey County also falls short of the recommended 250 beds for its 500,000 population by nearly 100 beds. Finally, Ramsey County Public Health estimates that approximately 21% of children in the county suffer from mental disorders with at least some functional impairment at home, school and with peers.
- According to the Minnesota Student Survey (2013), across all Minnesota counties in the study area and in the state, 9th grade females reported higher rates of being harassed or bullied once or twice for their weight or physical appearance as compared to males. Additionally, a higher percentage of female 9th graders, compared to male 9th graders, report having a long-term mental health, behavioral health or emotional problem. Dakota County has the highest percent in the study area.
- Participants in the community conversations conducted by Regions Hospital identified access to mental health services as a need in the community. It was mentioned that the cultural stigma surrounding diagnoses and accessing services are significant barriers, particularly for diverse community members (such as the Vietnamese, Spanish speaking, and Somali populations) and the elderly. The lack of timely access to mental health services was also discussed, including long wait times and insurance policies that don’t cover mental health conditions.
- Dakota County identified mental illness and promoting mental health as two of its top health priorities in the Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment. The use of alcohol and other drugs was also identified as a top priority for Dakota County.
- In 2012, 128 people in Dakota County, 76 people in Washington County, and 261 people in Ramsey County were injured in alcohol-related motor vehicle crashes.
- According to the Minnesota Student Survey (2013), overall, a higher percentage of female 9th grade students (between 10% and 14%), compared to male 9th grade students (between 8% and 11%), report living with someone who drinks too much alcohol.
- Washington County identified behavioral health problems among children and adults due to substance abuse and mental illness as a health need in the Washington County Community Health Improvement Plan 2014.
Priority #2: Access and Affordability

• While Washington County’s median household income is over $81,000, Ramsey County’s median household income is much lower at $56,293. In addition, between 6% and 23% of children under age 18 in the hospital’s study area are living in poverty (2013).
• Each county’s unemployment rate has decreased since 2012, while Washington County’s unemployment rate is still slightly higher than Minnesota’s rate (2014).
• 9.5% of residents under age 65 in Minnesota do not have health insurance (2013). This compares to 11.8% in Ramsey County, 7.7% in Dakota County and 6.3% in Washington County.
• Ramsey County identified access to health services as a top health priority in the Ramsey County Community Health Improvement Plan 2014-2018. Findings from the report also indicate that 8.4% of metro area residents are uninsured, but that percentage increases to 18.2% for non-white residents.
• Dakota County identified access to healthcare as a top health priority in the Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment.
• Participants in the community conversations conducted by Regions Hospital identified access to dental services as a concern in the community. It was mentioned that there is limited access to dental care, often times limited by insurance provider or cost. Participants noted that copays can be too expensive and cost barriers are prevalent in certain communities. Improving access to health care for populations with limited services and increasing the proportion of residents who have access to health coverage were also identified as two priorities for the community.
• Health care system barriers was discussed among community conversation participants. Participants noted that there is confusion regarding how to access appropriate levels of care within the continuum, many community members have higher expectations of the Emergency Room, and cultural sensitivity can be a concern. It was mentioned that many residents feel that access to the Emergency Room is less complicated than regularly seeing a doctor, which may be due to cost and affordability as well.

Priority #3: Chronic Disease and Illness Prevention

• Cancer and heart disease are the first and second leading causes of death in Dakota, Ramsey, and Washington Counties, as well as Minnesota and Wisconsin (2009-2013). Ramsey County has increasing unintentional injury, stroke, cirrhosis and chronic lower respiratory disease mortality rates, while Dakota County has increasing unintentional injury and pneumonia and influenza mortality rates. Ramsey County has the highest cancer mortality rate in the study area, and Dakota and Washington Counties have a higher incidence rate of female breast cancer than Minnesota (2007-2011). Washington County also has the highest rate of colorectal cancer in the study area (2007-2011).
Priority #3: Chronic Disease and Illness Prevention Continued

- Obesity and diabetes are also concerns in the study area counties and across the state. Ramsey County has a slightly higher diabetes mortality rate than Minnesota (2009 - 2013). More than 25% of residents in each of the counties in the hospital's study area, as well as Minnesota and Wisconsin, are obese (2012). Additionally, over one-third of adults in each county in the study area were overweight in 2011-2012, and Dakota and Ramsey Counties have higher percentages than the state.
- Dakota County identified preventing and managing chronic conditions as one of its top health priorities in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment*. The assessment also identified physical activity, eating habits and obesity, as well as a healthy start for children and adolescents, as overall health priorities in Dakota County.
- Ramsey County identified nutrition, weight and active living as a top health priority in the *Ramsey County Community Health Improvement Plan 2014-2018*.
- Washington County identified obesity and chronic diseases as two of its top three health priorities in the *Washington County Community Health Improvement Plan 2014*.
- According to the 2010 Metro Adult Health Survey, males in Dakota County had the highest rate of reported participation in physical activity, as compared to females in Dakota County who had the lowest rate in the study area counties.
- Overall, in each county and the state, male 11th grade students compared to female 11th grade students were physically active for 60 minutes or more on a greater number of days (Minnesota Student Survey, 2013, 4-7 days compared to 0-3 days).
- Overall, in each county in the study area and Minnesota, a slightly higher percentage of male 11th grade students, compared to female 11th grade students, drank at least one pop or soda during the day prior to taking the 2013 Minnesota Student Survey.
- Participants in the community conversations conducted by Regions Hospital identified access to healthy lifestyle resources and the need to focus on prevention and education as priorities in the community. For example, it was mentioned that there is limited access to healthy, affordable foods, which contributes to obesity and diabetes. There is also a lack of understanding about how to control diabetes. Furthermore, there is a need to promote healthy lifestyles and focus on prevention and education.
- Gonorrhea rates are increasing in Dakota and Ramsey Counties, as well as Minnesota. Chlamydia rates are also increasing in Ramsey County, and Ramsey County had the highest chlamydia and gonorrhea rates compared to other counties in the study area in 2014.
- Asthma Emergency Department visit rates are higher in Ramsey County than in Minnesota (2011-2013).
- According to the Minnesota Department of Health, between 30% and 59.9% of children ages 24-35 months in the Dakota, Ramsey, and Washington Counties have their recommended immunizations, compared to approximately 63% of children in the state (2013).
- The percentage of mothers who received adequate or better prenatal care in Dakota, Ramsey and Washington Counties has recently decreased.
Priority #3: Chronic Disease and Illness Prevention Continued

• The use of tobacco was also identified as a top priority for both Dakota County in the Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment as well as the Washington County Community Health Improvement Plan 2014.
• In 2010, 14.5% of females and 17.7% of males in Minnesota were current smokers, compared to 18.7% of males and 27% of females in Dakota County.

Priority #4: Equitable Care

• There are approximately 412,529 residents in Dakota County, 532,655 residents in Ramsey County, and 249,283 residents in Washington County (2014). Each county in the study area had a higher overall population percent growth than Minnesota (2010-2014).
• The 65 and older population experienced the greatest percentage increase of all age groups in every county in the study area and in Minnesota (2010-2014). Washington County has the highest median age in the study area, which is also higher than Minnesota's median age. Dakota and Washington Counties median ages are increasing, while Ramsey County's median age is relatively stable.
• Ramsey County is also one of the most diverse counties in the study area. There are approximately 12% Black or African American residents and approximately 14% Asian residents in Ramsey County. Black or African American and Asian populations in Dakota, Ramsey, and Washington Counties also increased between 2010 and 2014.
• Data indicates that there is inequity among diverse populations. For example, in Minnesota there are significant disparities in graduation rates across racial groups (2013-2014).
  - American Indian/Alaska Native: 50.6%
  - Black: 60.4%
  - Hispanic: 63.2%
  - White: 86.3%
• Overall, 18.6% of children in Ramsey County are food insecure (2013) and 8.3% of seniors in Minnesota are threatened by hunger (2013). Ramsey County also has the highest overall food insecurity rate in the study area.
• Dakota County identified affordable housing, income, poverty and employment as top health priorities in the Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment.
Priority #4: Equitable Care Continued

- Ramsey County identified social determinants of health in the Ramsey County Community Health Improvement Plan 2014-2018. This includes poverty, income, education, unemployment, home ownership and affordable housing, and transportation.
- Washington County emphasizes addressing issues related to health equity by targeting vulnerable populations across their three community health priorities in the Washington County Community Health Improvement Plan 2014.
- When asked what they would do if they were in charge of improving the overall health of the community, participants in the community conversations conducted by Regions Hospital indicated that cultural competency and community empowerment would be two of the top priorities.
- Participants in the community conversations conducted by Regions Hospital also identified barriers to care for diverse populations as a major concern in the community. For example, linguistically diverse populations are at an increased risk of facing access barriers and receiving inadequate care. Additional populations that are at an increased risk are low-income, immigrants, elderly, LGBTQ population, homeless youth, unemployed and people who did not complete school. Concerns include transportation, medication management, limited medical coverage, cost barriers and culturally appropriate care.
- Cultural sensitivity was specifically discussed regarding health care system barriers during the community conversations. It was mentioned that providers should practice cultural humility with their patients and the community in order to connect medical and community models.
Process and Methodology

A detailed description of the process used to conduct this CHNA, the collaboration between hospital staff and Community Hospital Consulting, and the methods of data collection and analysis
Process and Methodology

Background and Objectives
This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014. The objectives of the CHNA are to:

• Meet federal government and regulatory requirements
• Research and report on the demographics and health status of the study area, including a review of state and local data
• Gather input, data and opinions from persons who represent the broad interest of the community
• Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by HealthPartners and its respective hospitals: Regions Hospital, Lakeview Hospital, Hudson Hospital & Clinic, Westfields Hospital & Clinic, Amery Hospital & Clinic, and Park Nicotet Methodist Hospital
• Prioritize the needs of the community served by HealthPartners and its respective hospitals
• Create individual implementation plans that address the prioritized needs for each hospital facility

Regions Hospital, Lakeview Hospital, and Park Nicotet Methodist Hospital engaged the resources of Community Hospital Consulting to conduct a comprehensive six-step Community Health Needs Assessment of their communities, including Dakota, Hennepin, Ramsey, Scott, and Washington Counties in Minnesota and St. Croix County in Wisconsin. The community health needs assessment utilized relevant health data and stakeholder input through community conversations to identify the main community health priorities that HealthPartners and its respective hospitals should seek to address.

Amery Hospital & Clinic, Hudson Hospital & Clinic, and Westfields Hospital & Clinic required assistance in the creation of their hospital specific implementation plans and incorporating their recently conducted county health needs assessments, which the hospitals conducted in collaboration with other organizations. Health data from these assessments, combined with a demographic analysis and a community conversation conducted by Amery Hospital & Clinic were used to formulate the final CHNA and identify priorities that HealthPartners and its respective hospitals should seek to address.
Process and Methodology Continued

Scope of CHNA Report
The CHNA components include:
• A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
• A biography of HealthPartners and its hospitals
• A description of each hospital’s defined study area
• Definition and analysis of the communities served, including both a demographic and a health data analysis
• A review and summary of health needs identified in current research
• Findings from community conversations and recently conducted studies that collected community input from people who represent a broad interest in the communities, including:
  • Work for a state, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
  • Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
• The prioritized community needs and separate implementation plans, which intend to address the community needs identified
• An evaluation of the hospital’s previous impact
• A list of available health resources in the community
• A list of information gaps that impact the hospital’s ability to assess the health needs of the community served

Methodology
HealthPartners and its hospitals provided Community Hospital Consulting with essential data and resources necessary to initiate and complete the process, including the definition of the hospital’s study area and necessary findings from community conversations and recently conducted community health assessments. Community Hospital Consulting conducted the following research:
• A demographic analysis of the study area, utilizing demographic data from the American Community Survey and other sources
• A study of the most recent health data available
• Facilitated the prioritization process during the CHNA Team meeting on August 24, 2015. The CHNA Team included:
  Kelly Appeldorn (Community Health Coordinator, Community Relations), Marna Canterbury (Director of Community Health, Lakeview Health Foundation), Christa Getchell (President Park Nicollet Foundation, VP, Park Nicollet Health Services), Libby Lincoln (Program Officer, Park Nicollet Foundation), DeDee Varner (Community Relations Manager), Pakou Xiong (Community Relations Specialist), Patty Willeman (Coordinator- Quality, Wellness, Corporate Health Consultant), and Donna Zimmerman (Sr. Vice President, Government & Community Relations).
Process and Methodology Continued

The methodology for each component of this study is summarized below.

- **Hospital Biographies:** Background information about HealthPartners and its hospitals, including the mission and vision, was provided by the hospital or taken from its website.
- **Study Area Definition:** The study area for each hospital is based on inpatient discharge data and discussions with hospital staff.
- **Demographics of the Study Area:** Population demographics include population by race, ethnicity, age, unemployment and economic statistics. Demographic data sources include, but are not limited to, the American Community Survey, the Kids Count Data Center, the U.S. Census Bureau and the United States Bureau of Labor Statistics.
- **Health Data Collection Process:** A variety of sources, which are all listed in the references section of this report, were utilized in the health data collection process. Health data sources include, but are not limited to, the Minnesota Department of Health, Metro Adult Health Survey, the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the Behavioral Risk Factor Surveillance System, the Minnesota Student Survey, and the WISH Query.
- **Review of Current Research:** HealthPartners provided Community Hospital Consulting with various studies that have been conducted for each county in the system’s study area. Community Hospital Consulting summarized the findings of each study and created an overall matrix of community health needs across all seven counties.
- **Community Input:** HealthPartners and its hospitals participated extensively in community conversations, collaborative initiatives with local public health departments that included surveys and interviews with required groups. A summary of those efforts is included in this report.
- **Prioritization Strategy:** Four significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the community input. Three factors were used to rank those needs during the CHNA Team meeting on August 24, 2015.
- **Evaluation of Hospital’s Impact:** IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA. Each hospital has tracked the progress made on previously listed activities and a summary of impact is provided in each facility-specific report.
- **Available Community Resources:** In addition to the services provided by HealthPartners and its hospitals, other charity care services and health resources available in the community were provided by each hospital. Community Hospital Consulting compiled the lists and included them in each hospital’s report.
HealthPartners Background and Hospital Biographies

A brief description of HealthPartners and the hospitals within the HealthPartners system
About HealthPartners

HealthPartners is an award-winning integrated health care system based in Bloomington, MN, with a team of 22,500 people dedicated to a mission to improve the health of members, patients and the community.

HealthPartners Organization at a Glance

• Founded in 1957 as a cooperative
• Integrated health care organization providing health care services and health plan financing and administration
• Largest consumer governed nonprofit health care organization in the nation
• Serves more than 1.5 million medical and dental health plan members nationwide
• Includes a multispecialty group practice of more than 1,700 physicians
• More than 22,500 people working to deliver the HealthPartners mission

HealthPartners Health Plan

• Nonprofit, consumer governed health plan
• 1.5 million medical and dental plan members
• Regional network of more than 148,000 doctors and other care providers in Minnesota, western Wisconsin, South Dakota and North Dakota
• HealthPartners and Cigna’s combined national network offers nearly 950,000 doctors and other care providers, plus 6,000 hospitals in the United States
• Ranked among the top 30 plans in the nation according to NCQA’s Private Health Insurance Plan Rankings 2013-14

Care Group

• Cares for more than one million patients
• Multispecialty group practice of more than 1,700 physicians
• More than 50 primary care clinics, 750 primary care physicians
• 22 urgent care locations
• Multi-payer
• Primary care and 55 medical and surgical specialties

Hospitals

• Methodist Hospital, St. Louis Park, MN
• Regions Hospital, Saint Paul, MN
• Lakeview Hospital, Stillwater, MN
• Hudson Hospital & Clinics, Hudson, WI
• Westfields Hospital & Clinic, New Richmond, WI
• Amery Hospital & Clinic, Amery, WI
• St. Francis Regional Medical Center, Shakopee, MN (one-third ownership)

Mission, Vision, Values

• **Mission:** To improve health and well-being in partnership with our members, patients and community.

• **Vision:** Health as it could be, affordability as it must be, through relationships built on trust.

• **Values:** Excellence, Compassion, Partnership, Integrity
About Regions Hospital

• Established in 1872, joined HealthPartners in 1993
• Teaching and research hospital
• Level I trauma center for adults and children
• Specialty care in trauma, burn, emergency, heart, orthopedics, neurosciences, oncology and mental health
• 454 bed hospital in St. Paul, MN
• 967 physicians and resident physicians
• More than 25,000 annual admissions
• More than 2,500 babies born each year at the Birth Center
• Second largest provider of charity care in Minnesota

About Lakeview Health

- Includes Stillwater Medical Group, Lakeview Hospital and the Lakeview Foundation
- Lakeview Health was formed in 2005, joined HealthPartners in 2011
- Lakeview Hospital is the fifth oldest hospital in Minnesota, dating back to 1880
- Lakeview Hospital is a 97-bed acute-care hospital, with 4,100 inpatient admissions in 2013
- Stillwater Medical Group operates three primary care clinics in Stillwater and Mahtomedi, MN and Somerset, WI and a Clinic at Walmart in Oak Park Heights, MN
- Stillwater Medical Group had 98 provider FTEs in 2013
- Stillwater Medical Group had more than 189,000 patient visits in 2013
- Lakeview Health provided a total system community benefit of more than $14 million in 2012

About Hudson Hospital & Clinic

- Opened in 1953, joined HealthPartners in 2009
- In 2013, celebrated 60 years in the community
- 1,500 annual inpatient admissions
- More than 10,000 Emergency Center and 10,000 Specialty Clinics patients annually
- Internationally recognized, award-winning Healing Arts Program
- Nationally and locally recognized, award-winning sustainability efforts
- In 2012, contributed nearly $3 million in community benefits
- About 60 medical staff (many more credentialed and active)
- New medical office building opened in April 2014

About Westfields Hospital & Clinic

- Opened in 1950, joined HealthPartners in 2005
- 25 bed critical access hospital in New Richmond, WI
- 1,100 annual inpatient admissions in 2012
- About 40 medical staff (many more credentialed and active)
- More than 15 medical specialists provide care close to home at the Westfields Specialty Clinic
- In 2013, Westfields expanded to offer primary care when the New Richmond Clinic joined HealthPartners organization
- Westfields Community Pharmacy opened in July 2013
- Westfields is also home to the Cancer Center of Western Wisconsin
About Amery Hospital & Clinic

- Opened in 1956, joined HealthPartners in 2014
- 25 bed critical access hospital in Amery, WI
- 4 clinic locations, 2 fitness centers, dialysis center, wound healing center, 10-bed geriatric mental health center and assisted living facility
- About 1,150 annual inpatient admissions
- About 40 medical staff (many more credentialed and active)
- New onsite MRI, nuclear medicine scanner, CT scanner and mammography unit
- Environmentally friendly facility built in 2007 with rain gardens, green roof, and community walking trail along the Apple River

About Park Nicollet Methodist Hospital

- Established in 1892 and joined HealthPartners in 2013
- Specialty care includes oncology, cardiology, maternity and neuro-rehabilitation medicine, critical care and bariatrics
- 426 bed hospital located in St. Louis Park, MN, connected to Frauenshuh Cancer Center and Heart and Vascular Center
- Average daily census of 254 patients
- 960 physicians and resident physicians
- More than 25,000 annual admissions, 3,100 births and 50,000 Emergency Center patients treated each year

Study Area

Each hospital’s defined study area, as well as a snapshot of the counties served by other hospitals in the HealthPartners system.
HealthPartners Study Area

Dakota, Hennepin, Ramsey, Scott, Washington (MN), Polk and St. Croix Counties (WI)

*The “H” indicates hospital locations

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>Dakota County</th>
<th>Henn. County</th>
<th>Ramsey County</th>
<th>Scott County</th>
<th>Wash. County</th>
<th>Polk County</th>
<th>St. Croix County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lakeview Hospital</td>
<td>MN</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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</tr>
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<td>Park Nicollet Methodist Hospital</td>
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<td>X</td>
<td>X</td>
<td></td>
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</tr>
<tr>
<td>Regions Hospital</td>
<td>MN</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Amery Hospital &amp; Clinic</td>
<td>WI</td>
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<td>X</td>
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<td>Hudson Hospital &amp; Clinic</td>
<td>WI</td>
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<tr>
<td>Westfields Hospital &amp; Clinic</td>
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<td></td>
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<td></td>
<td>x</td>
</tr>
</tbody>
</table>

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded; CY 2014
Ramsey County makes up 50.2% of inpatient discharges
Washington County makes up 11.9% of inpatient discharges
Dakota County makes up 11.9% of inpatient discharges

*The “H” indicates the hospital

**Regions Patient Origin by County CY 2014**

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>CY 2014 Discharges</th>
<th>% of Total</th>
<th>Cumulative % of Total</th>
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<tbody>
<tr>
<td>Ramsey</td>
<td>MN</td>
<td>12,904</td>
<td>50.2%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Washington</td>
<td>MN</td>
<td>3,056</td>
<td>11.9%</td>
<td>62.0%</td>
</tr>
<tr>
<td>Dakota</td>
<td>MN</td>
<td>3,051</td>
<td>11.9%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Other</td>
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<td>6,717</td>
<td>26.1%</td>
<td>100.0%</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>25,728</strong></td>
<td></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded
Washington County makes up 52.5% of inpatient discharges

St. Croix County makes up 16.6% of inpatient discharges

Ramsey County makes up 11.8% of inpatient discharges

*The “H” indicates the hospital

Lakeview Hospital Patient Origin by County CY 2014

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>CY 2014 Discharges</th>
<th>% of Total</th>
<th>Cumulative % of Total</th>
</tr>
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<tbody>
<tr>
<td>Washington</td>
<td>MN</td>
<td>1,988</td>
<td>52.5%</td>
<td>52.5%</td>
</tr>
<tr>
<td>St. Croix</td>
<td>WI</td>
<td>627</td>
<td>16.6%</td>
<td>69.1%</td>
</tr>
<tr>
<td>Ramsey</td>
<td>MN</td>
<td>446</td>
<td>11.8%</td>
<td>80.8%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>726</td>
<td>19.2%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3,787</td>
<td></td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded
St. Croix County makes up 69.2% of inpatient discharges

*The “H” indicates the hospital

### Hudson Hospital & Clinic Patient Origin by County CY 2014

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>CY 2014 Discharges</th>
<th>% of Total</th>
<th>Cumulative % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Croix</td>
<td>WI</td>
<td>1,176</td>
<td>69.2%</td>
<td>69.2%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>523</td>
<td>30.8%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,699</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded
Westfields Hospital & Clinic Study Area

St. Croix County makes up 83.9% of inpatient discharges

*The “H” indicates the hospital

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>CY 2014 Discharges</th>
<th>% of Total</th>
<th>Cumulative % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Croix</td>
<td>WI</td>
<td>798</td>
<td>83.9%</td>
<td>83.9%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>153</td>
<td>16.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>951</td>
<td></td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded
**Amery Hospital & Clinic Study Area**

Polk County makes up 69% of inpatient discharges

*The “H” indicates the hospital

**Amery Patient Origin by County CY 2014**

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>CY 2014 Discharges</th>
<th>% of Total</th>
<th>Cumulative % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polk</td>
<td>WI</td>
<td>776</td>
<td>69.0%</td>
<td>69.0%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>349</td>
<td>31.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,125</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded
Hennepin County makes up 78.1% of inpatient discharges

Dakota County makes up 5.9% of inpatient discharges

Scott County makes up 3% of inpatient discharges

*The “H” indicates the hospital

<table>
<thead>
<tr>
<th>County</th>
<th>State</th>
<th>CY 2014 Discharges</th>
<th>% of Total</th>
<th>Cumulative % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hennepin County</td>
<td>MN</td>
<td>17,199</td>
<td>78.1%</td>
<td>78.1%</td>
</tr>
<tr>
<td>Dakota County</td>
<td>MN</td>
<td>1,310</td>
<td>5.9%</td>
<td>84.0%</td>
</tr>
<tr>
<td>Scott County</td>
<td>MN</td>
<td>664</td>
<td>3.0%</td>
<td>87.1%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>2,851</td>
<td>12.9%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>22,024</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded
Demographic Overview

A demographic analysis of the community served by the hospitals within the HealthPartners system
Demographics Summary

Overall Population

• **Overall Population**
  – According to annual estimates, there are approximately 5.46 million residents in Minnesota and approximately 5.76 million residents in Wisconsin.
  – Hennepin County is the most populated, while Polk County is the least populated.

• **Overall Population Change**
  – Scott County experienced the greatest overall percentage growth (7.0%) from 2010-2014, while Polk County experienced a percentage decrease (-1.6%).

• **Population by Race / Ethnicity**
  – There majority of residents in each county are White.
  – Ramsey and Hennepin Counties are the most racially diverse counties in the study area.
    • There are between approximately 12% - 13% Black or African American residents in both counties.
    • There are approximately 14% Asian residents in Ramsey County.
  – Overall, the White population experienced the least growth, or in some cases a decline, between 2010 and 2014.

• **Population by Age**
  – Ramsey County has the youngest median age, 34.6, while Polk County has the oldest median age, 44.7, out of the 7 counties served by HealthPartners’ hospitals.
  – The 65 and older population experienced the most growth between 2010 and 2014.

Demographics Summary
Economic and Social Factors

• **Income Disparities**
  – There are significant income disparities between counties. Scott County has the highest median household income, $85,481, while Polk County has the lowest, $49,138.
  – Poverty, particularly childhood poverty, may be a concern in Ramsey County.

• **Food Insecurity**
  – Polk and Ramsey Counties have higher rates of child food insecurity than their respective states.
  – According to Second Harvest Heartland and Feeding America, 1 in 9 individuals in Minnesota and 1 in 8 individuals in Wisconsin are affected by hunger.
  – Ramsey County's overall food insecurity rate is higher than both Minnesota and Wisconsin rates.
  – The percentage of seniors who are threatened by hunger has generally increased for both Minnesota and Wisconsin.
  – Between 2009 – 2013, overall, the percentage of the population in both Hennepin and Ramsey counties that are food insecure has increased.

• **Educational Attainment**
  – Hennepin and Ramsey Counties have lower graduation rates than Minnesota.
  – There are disparities in graduation rates in Minnesota and high school completion rates in Wisconsin across racial/ethnic groups.

Source: Feeding America, Map the Meal Gap: 2015, Child Food Insecurity by County; http://map.feedingamerica.org/county/2013/child; data accessed May 21, 2015
Source: Minnesota Department of Education, Data Reports and Analytics, w20.education.state.mn.us/MDEAnalytics/Data.jsp; data accessed June 1, 2015

Food insecurity refers to USDA’s measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecure children are those children living in households experiencing food insecurity.
Overall Population (2014)

- According to annual estimates, there are approximately 5.46 million residents in Minnesota and approximately 5.76 million residents in Wisconsin.
- A total of 2,591,567 people live within the 3,644.06 square mile 7 county area defined for this assessment.
- The population density for these specific 7 counties is estimated at 711.18 persons per square mile, which is higher than the national average of 88.23 persons per square mile.
- Hennepin County has approximately 1.2 million residents, making it the most populated county of the 7 counties served by HealthPartners’ hospitals.
- Polk County has approximately 43,400 residents, making it the least populated county of the 7 counties served by HealthPartners’ hospitals.

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 15, 2015
**Overall Population Change (2010-2014)**

### Population Change 2010 - 2014

<table>
<thead>
<tr>
<th>Location</th>
<th>2010</th>
<th>2014</th>
<th>2010-2014 Change</th>
<th>2010-2014 % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dakota</td>
<td>399,146</td>
<td>412,529</td>
<td>13,383</td>
<td>3.4%</td>
</tr>
<tr>
<td>Hennepin</td>
<td>1,154,184</td>
<td>1,212,064</td>
<td>57,880</td>
<td>5.0%</td>
</tr>
<tr>
<td>Ramsey</td>
<td>509,372</td>
<td>532,655</td>
<td>23,283</td>
<td>4.6%</td>
</tr>
<tr>
<td>Scott</td>
<td>130,480</td>
<td>139,672</td>
<td>9,192</td>
<td>7.0%</td>
</tr>
<tr>
<td>Washington</td>
<td>238,897</td>
<td>249,283</td>
<td>10,386</td>
<td>4.3%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>5,310,418</td>
<td>5,457,173</td>
<td>146,755</td>
<td>2.8%</td>
</tr>
<tr>
<td>Polk</td>
<td>44,154</td>
<td>43,437</td>
<td>-717</td>
<td>-1.6%</td>
</tr>
<tr>
<td>St. Croix</td>
<td>84,398</td>
<td>86,759</td>
<td>2,361</td>
<td>2.8%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>5,689,268</td>
<td>5,757,564</td>
<td>68,296</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

**Source:** U.S. Census Bureau, Population Division; factfinder.census.gov; data accessed May 15, 2015
Racial Composition (2014)

Dakota County: 86%
- White: 76%
- Black or African American: 6%
- American Indian and Alaska Native: 1%
- Asian: 1%
- Native Hawaiian and Other Pacific Islander: 1%
- Two or More Races: 1%

Hennepin County: 76%
- White: 70%
- Black or African American: 13%
- American Indian and Alaska Native: 1%
- Asian: 1%
- Native Hawaiian and Other Pacific Islander: 0.1%
- Two or More Races: 3%

Ramsey County: 70%
- White: 61%
- Black or African American: 14%
- American Indian and Alaska Native: 3%
- Asian: 1%
- Native Hawaiian and Other Pacific Islander: 0.1%
- Two or More Races: 6%

Scott County: 87%
- White: 84%
- American Indian and Alaska Native: 2%
- Asian: 1%
- Native Hawaiian and Other Pacific Islander: 0.1%
- Two or More Races: 3%

Washington County: 87%
- White: 84%
- American Indian and Alaska Native: 1%
- Two or More Races: 2%

Minnesota: 86%
- White: 78%
- Black or African American: 6%
- American Indian and Alaska Native: 1%
- Asian: 1%
- Native Hawaiian and Other Pacific Islander: 0.02%
- Two or More Races: 1%

Polk County: 97%
- White: 96%
- American Indian and Alaska Native: 1%
- Native Hawaiian and Other Pacific Islander: 0.04%
- Two or More Races: 1%

St. Croix County: 96%
- White: 94%
- American Indian and Alaska Native: 1%
- Native Hawaiian and Other Pacific Islander: 1%
- Two or More Races: 2%

Wisconsin: 88%
- White: 82%
- Black or African American: 3%
- American Indian and Alaska Native: 0.5%
- Native Hawaiian and Other Pacific Islander: 0.05%
- Two or More Races: 2%

## Population Change by Race (2010-2014)

### Population Change by Race

**Change from 2010 - 2014**

<table>
<thead>
<tr>
<th>Race</th>
<th>Dakota</th>
<th>Hennepin</th>
<th>Ramsey</th>
<th>Scott</th>
<th>Washington</th>
<th>Minnesota</th>
<th>Polk</th>
<th>St. Croix</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1.8%</td>
<td>3.1%</td>
<td>0.9%</td>
<td>5.6%</td>
<td>3.1%</td>
<td>1.2%</td>
<td>-2.3%</td>
<td>2.7%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>21.3%</td>
<td>10.1%</td>
<td>8.9%</td>
<td>42.1%</td>
<td>23.6%</td>
<td>14.1%</td>
<td>68.8%</td>
<td>9.3%</td>
<td>3.1%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>8.3%</td>
<td>1.7%</td>
<td>2.4%</td>
<td>20.5%</td>
<td>7.1%</td>
<td>6.9%</td>
<td>3.5%</td>
<td>9.0%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>12.3%</td>
<td>18.7%</td>
<td>22.6%</td>
<td>15.0%</td>
<td>13.4%</td>
<td>18.0%</td>
<td>35.2%</td>
<td>-3.5%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>21.4%</td>
<td>-14.3%</td>
<td>16.0%</td>
<td>14.2%</td>
<td>32.7%</td>
<td>14.6%</td>
<td>28.6%</td>
<td>52.0%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>13.8%</td>
<td>11.5%</td>
<td>12.9%</td>
<td>17.7%</td>
<td>16.8%</td>
<td>13.8%</td>
<td>17.8%</td>
<td>16.9%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, Population Division; [www.census.gov/popest/data/index.html](http://www.census.gov/popest/data/index.html); data accessed August 29, 2015
Age Composition (2014)

- Dakota County: 12% 0-19, 13% 20-34, 29% 35-54, 19% 55-64, 27% 65 and older
- Hennepin County: 12% 0-19, 12% 20-34, 27% 35-54, 24% 55-64, 26% 65 and older
- Ramsey County: 13% 0-19, 13% 20-34, 24% 35-54, 24% 55-64, 26% 65 and older
- Scott County: 9% 0-19, 11% 20-34, 31% 35-54, 18% 55-64, 31% 65 and older
- Washington County: 13% 0-19, 13% 20-34, 29% 35-54, 18% 55-64, 27% 65 and older
- Minnesota: 14% 0-19, 13% 20-34, 26% 35-54, 20% 55-64, 26% 65 and older
- Polk County: 18% 0-19, 16% 20-34, 24% 35-54, 15% 55-64, 24% 65 and older
- St. Croix County: 12% 0-19, 13% 20-34, 28% 35-54, 17% 55-64, 28% 65 and older
- Wisconsin: 15% 0-19, 14% 20-34, 25% 35-54, 19% 55-64, 25% 65 and older

### Population Change by Age (2010-2014)

#### Change from 2010 - 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Ages 0-19</th>
<th>Ages 20-34</th>
<th>Ages 35-54</th>
<th>Ages 55-64</th>
<th>Ages 65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dakota</td>
<td>-1.2%</td>
<td>3.9%</td>
<td>-4.3%</td>
<td>16.6%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Hennepin</td>
<td>2.8%</td>
<td>5.4%</td>
<td>-0.7%</td>
<td>13.7%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Ramsey</td>
<td>3.3%</td>
<td>6.3%</td>
<td>-2.1%</td>
<td>11.6%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Scott</td>
<td>4.1%</td>
<td>4.8%</td>
<td>2.2%</td>
<td>25.7%</td>
<td>29.3%</td>
</tr>
<tr>
<td>Washington</td>
<td>-0.3%</td>
<td>7.5%</td>
<td>-4.0%</td>
<td>14.8%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>-0.4%</td>
<td>-0.4%</td>
<td>-1.1%</td>
<td>13.1%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Polk</td>
<td>-8.9%</td>
<td>-2.5%</td>
<td>-8.7%</td>
<td>9.3%</td>
<td>13.7%</td>
</tr>
<tr>
<td>St. Croix</td>
<td>-1.2%</td>
<td>-3.0%</td>
<td>-2.4%</td>
<td>17.6%</td>
<td>24.9%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>-2.9%</td>
<td>-0.4%</td>
<td>-3.8%</td>
<td>11.5%</td>
<td>12.7%</td>
</tr>
</tbody>
</table>


Regions Hospital Community Health Needs Assessment
Community Hospital Consulting

December 2015 39
Median Age

- According to annual estimates, the median age in Minnesota is 37.8, compared to 39.2 in Wisconsin.
- Ramsey County has the youngest median age, 34.6, while Polk County has the oldest median age, 44.7, out of the 7 counties served by HealthPartners’ hospitals.
- Polk and St. Croix Counties’ median ages are increasing, while Ramsey and Hennepin Counties’ median ages are relatively stable.

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 15, 2015
• According to the Small Area Income and Poverty Estimates (SHAPE) Program, the median household income in Minnesota is $60,664, compared to $51,474 in Wisconsin.

• There is considerable variability in median household income levels among the 7 counties served by HealthPartners’ hospitals. Scott County has the highest median household income, $85,481, while Polk County has the lowest, $49,138.

Overall and Child Poverty

Poverty, All Ages
2011-2013 Rates

Child Poverty, Under Age 18
2011-2013 Rates


Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
December 2015
• Overall, unemployment rates have decreased in each county, as well as across Minnesota and Wisconsin, since 2012.

<table>
<thead>
<tr>
<th>Location</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dakota County (MN)</td>
<td>5.2%</td>
<td>4.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Hennepin County (MN)</td>
<td>5.2%</td>
<td>4.6%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Ramsey County (MN)</td>
<td>5.7%</td>
<td>4.9%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Scott County (MN)</td>
<td>5.0%</td>
<td>4.4%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Washington County (MN)</td>
<td>8.0%</td>
<td>7.5%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Minnesota</td>
<td>5.6%</td>
<td>4.9%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Polk County (WI)</td>
<td>8.1%</td>
<td>7.2%</td>
<td>5.9%</td>
</tr>
<tr>
<td>St. Croix County (WI)</td>
<td>5.7%</td>
<td>5.4%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>7.0%</td>
<td>6.8%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Food Insecurity

• According to Feeding America, 15.8% of U.S. residents are food insecure, compared to 10.6% in Minnesota and 12.4% in Wisconsin.

• In 2013, the average U.S. county food insecurity rate was 15.1%.

• According to Second Harvest Heartland and Feeding America, 1 in 9 individuals in Minnesota and 1 in 8 individuals in Wisconsin are affected by hunger.

• Scott County has the lowest rate of overall food insecurity, while Ramsey County has the highest.

• Of the 7 county area served by the HealthPartners Hospital System, 10.8% is food insecure. Hennepin, Ramsey, and Polk counties are above this rate.

Child Food Insecurity

- Nationally, 21.4% of children are food insecure.
- According to Map the Meal Gap: 2015, 16% of children across Minnesota are food insecure, compared to approximately 20% of children across Wisconsin.
- In 2013, the average U.S. county child food insecurity rate was 23.7%.
- Scott County has the lowest rate of child food insecurity, 12.5%, while Polk County has the highest rate of child food insecurity, 21.8%.

Source: Feeding America, Map the Meal Gap: 2015, Child Food Insecurity by County; http://map.feedingamerica.org/county/2013/child; data accessed May 21, 2015
Senior Food Insecurity

• Nationally, the threat of hunger for seniors from 2001 to 2013 has increased by 45%, while the number of seniors rose 107%.

• According to the National Foundation to End Senior Hunger (NFESH) 2013 Annual Report, 15.5% of U.S. seniors face the threat of hunger, as compared to 8.3% of Minnesota seniors and 11.9% of Wisconsin seniors.

• Between 2012 and 2013, the rate of change for seniors facing the threat of hunger increased by 2.1% in Minnesota, and 13.2% in Wisconsin.

• Since 2010, the percentage of seniors threatened by hunger has increased in Minnesota, Wisconsin, and the United States.


<table>
<thead>
<tr>
<th>Regions</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minnesota</td>
<td>7.4%</td>
<td>8.6%</td>
<td>8.1%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>10.6%</td>
<td>11.0%</td>
<td>9.7%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>


Note: Seniors are defined as individuals aged 60 years or older.

Note: Threat of hunger is the broadest category of food insecurity because it encompasses all three of the characterizations of food insecurity. NFESH and the researchers believe that threat of hunger is the most appropriate measurement to use with regard to the 60+ age cohort.
# Hunger Trends

## Overall Food Insecurity and Child Food Insecurity by County and State

**Percentages of Populations**


<table>
<thead>
<tr>
<th>Hunger Indicator</th>
<th>Dakota County (MN)</th>
<th>Hennepin County (MN)</th>
<th>Ramsey County (MN)</th>
<th>Scott County (MN)</th>
<th>Washington County (MN)</th>
<th>Minnesota</th>
<th>Polk County (WI)</th>
<th>St. Croix County (WI)</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Food Insecure</td>
<td><img src="image1" alt="Graph" /></td>
<td><img src="image2" alt="Graph" /></td>
<td><img src="image3" alt="Graph" /></td>
<td><img src="image4" alt="Graph" /></td>
<td><img src="image5" alt="Graph" /></td>
<td><img src="image6" alt="Graph" /></td>
<td><img src="image7" alt="Graph" /></td>
<td><img src="image8" alt="Graph" /></td>
<td><img src="image9" alt="Graph" /></td>
</tr>
<tr>
<td>% Child Food Insecure</td>
<td><img src="image1" alt="Graph" /></td>
<td><img src="image2" alt="Graph" /></td>
<td><img src="image3" alt="Graph" /></td>
<td><img src="image4" alt="Graph" /></td>
<td><img src="image5" alt="Graph" /></td>
<td><img src="image6" alt="Graph" /></td>
<td><img src="image7" alt="Graph" /></td>
<td><img src="image8" alt="Graph" /></td>
<td><img src="image9" alt="Graph" /></td>
</tr>
</tbody>
</table>

*Note: Directional trends to show general increases or decreases in food insecurity rates from 2009 – 2013. Red dot is highest rate, green dot is lowest rate.*
Educational Attainment

Overall Population

- Slightly more than 26% of Wisconsin residents have a Bachelor’s Degree or higher, compared to slightly more than 32% in Minnesota.
- The Minnesota Board of Higher Education indicates that:
  - Among Minnesotans age 25 and older with an associate’s degree, disparities exist across racial groups with only Asian (51%) and White (45%) Minnesotans exceeding the state average (44%).
  - Minnesota adults age 25 and older with a bachelor's degree had the lowest level of unemployment (2%) in 2013.
  - Minnesota adults age 25 and older with a graduate or professional degree had the highest median annual wage ($65,317) in 2013.

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 20, 2015
# Educational Attainment

## Graduation Rates (Minnesota)

<table>
<thead>
<tr>
<th>Location and Student Category</th>
<th>Number of Students</th>
<th>Percent of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minnesota</strong></td>
<td>65,937</td>
<td>100.0%</td>
</tr>
<tr>
<td>Continuing</td>
<td>7,249</td>
<td>11.0%</td>
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<tr>
<td>Dropout</td>
<td>3,266</td>
<td>5.0%</td>
</tr>
<tr>
<td>Graduate</td>
<td>53,524</td>
<td>81.2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1,898</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>Dakota County</strong></td>
<td>5,716</td>
<td>100.0%</td>
</tr>
<tr>
<td>Continuing</td>
<td>519</td>
<td>9.1%</td>
</tr>
<tr>
<td>Dropout</td>
<td>196</td>
<td>3.4%</td>
</tr>
<tr>
<td>Graduate</td>
<td>4,947</td>
<td>86.6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>54</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Hennepin County</strong></td>
<td>13,338</td>
<td>100.0%</td>
</tr>
<tr>
<td>Continuing</td>
<td>2,096</td>
<td>15.7%</td>
</tr>
<tr>
<td>Dropout</td>
<td>698</td>
<td>5.2%</td>
</tr>
<tr>
<td>Graduate</td>
<td>10,045</td>
<td>75.3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>499</td>
<td>3.7%</td>
</tr>
<tr>
<td><strong>Ramsey County</strong></td>
<td>6,746</td>
<td>100.0%</td>
</tr>
<tr>
<td>Continuing</td>
<td>1,064</td>
<td>15.8%</td>
</tr>
<tr>
<td>Dropout</td>
<td>521</td>
<td>7.7%</td>
</tr>
<tr>
<td>Graduate</td>
<td>4,942</td>
<td>73.3%</td>
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<tr>
<td>Unknown</td>
<td>219</td>
<td>3.3%</td>
</tr>
<tr>
<td><strong>Scott County</strong></td>
<td>1,791</td>
<td>100.0%</td>
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<tr>
<td>Continuing</td>
<td>147</td>
<td>8.2%</td>
</tr>
<tr>
<td>Dropout</td>
<td>56</td>
<td>3.1%</td>
</tr>
<tr>
<td>Graduate</td>
<td>1,541</td>
<td>86.0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>47</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>Washington County</strong></td>
<td>3,462</td>
<td>100.0%</td>
</tr>
<tr>
<td>Continuing</td>
<td>246</td>
<td>7.1%</td>
</tr>
<tr>
<td>Dropout</td>
<td>75</td>
<td>2.2%</td>
</tr>
<tr>
<td>Graduate</td>
<td>3,104</td>
<td>89.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>37</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

### Four Year Graduation Rates

#### 2013 - 2014

- Dakota County: 86.6%
- Hennepin County: 75.3%
- Ramsey County: 73.3%
- Scott County: 86.0%
- Washington County: 89.7%
- Minnesota: 81.2%

**Definition:** The Four-Year Graduation Rate is a four-year, on-time graduation rate based on a cohort of first time ninth grade students plus transfers into the cohort within the four year period minus transfers out of the cohort within the four year period. This rate is similar to, but not the same as, the National Governors Association (NGA) Graduation Rate. The NGA Rate allows more time for Special Education students and recent immigrants to graduate.

Source: Minnesota Department of Education, Data Reports and Analytics, w20.education.state.mn.us/MDEAnalytics/Data.jsp; data accessed June 1, 2015

[HealthPartners logo]
Educational Attainment
Graduation Rates (Minnesota)

- There are disparities in high school completion rates across race/ethnicity in Minnesota.
- For example, American Indian/Alaska Native, Black and Hispanic students have substantially lower graduation rates than their White counterparts.
  - American Indian/Alaska Native: 50.6%
  - Black: 60.4%
  - Hispanic: 63.2%
  - White: 86.3%

Definition: The Four-Year Graduation Rate is a four-year, on-time graduation rate based on a cohort of first-time ninth grade students plus transfers into the cohort within the four year period minus transfers out of the cohort within the four year period. This rate is similar to, but not the same as, the National Governors Association (NGA) Graduation Rate. The NGA Rate allows more time for Special Education students and recent immigrants to graduate.

Source: Minnesota Department of Education, Data Reports and Analytics, w20.education.state.mn.us/MDEAnalytics/Data.jsp; data accessed June 1, 2015
# Educational Attainment
## Completion Rates (Wisconsin)

<table>
<thead>
<tr>
<th>County, District or State</th>
<th>Cohort Count</th>
<th>Student Count</th>
<th>4-Year Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polk County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amery</td>
<td>144</td>
<td>133</td>
<td>92.4%</td>
</tr>
<tr>
<td>Clayton</td>
<td>32</td>
<td>29</td>
<td>90.6%</td>
</tr>
<tr>
<td>Clear Lake</td>
<td>34</td>
<td>30</td>
<td>88.2%</td>
</tr>
<tr>
<td>Frederic</td>
<td>36</td>
<td>27</td>
<td>75.0%</td>
</tr>
<tr>
<td>Luck</td>
<td>29</td>
<td>27</td>
<td>93.1%</td>
</tr>
<tr>
<td>Osceola</td>
<td>144</td>
<td>142</td>
<td>96.6%</td>
</tr>
<tr>
<td>Saint Croix Falls</td>
<td>87</td>
<td>83</td>
<td>95.4%</td>
</tr>
<tr>
<td>Unity</td>
<td>74</td>
<td>69</td>
<td>93.2%</td>
</tr>
<tr>
<td>St. Croix County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baldwin-Woodville Area</td>
<td>123</td>
<td>113</td>
<td>91.9%</td>
</tr>
<tr>
<td>Glenwood City</td>
<td>35</td>
<td>33</td>
<td>94.3%</td>
</tr>
<tr>
<td>Hudson</td>
<td>432</td>
<td>410</td>
<td>94.9%</td>
</tr>
<tr>
<td>New Richmond</td>
<td>195</td>
<td>181</td>
<td>92.8%</td>
</tr>
<tr>
<td>St. Croix Central</td>
<td>103</td>
<td>98</td>
<td>95.1%</td>
</tr>
<tr>
<td>Somerset</td>
<td>117</td>
<td>108</td>
<td>92.3%</td>
</tr>
<tr>
<td>Wisconsin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes: Rates reflect "completed - regular" high school completion status. The denominator is the total of completers plus non-completers in all credentials and categories in that adjusted cohort. The numerator is the "completed - regular" credential.

Educational Attainment
Completion Rates (Wisconsin)

• There are disparities in high school completion rates across race/ethnicity in Wisconsin.

• For example, American Indian, Black and Hispanic students have lower completion rates than their White counterparts.
  – American Indian: 79.1%
  – Black: 65.9%
  – Hispanic: 79.1%
  – White: 93.3%

Notes: Rates reflect "completed - regular" high school completion status. The denominator is the total of completers plus non-completers in all credentials and categories in that adjusted cohort. The numerator is the "completed - regular" credential.
Health Status Overview

*Dakota, Hennepin, Scott, Ramsey, and Washington Counties (MN), and St. Croix (WI) County*

An analysis of available health data pertaining to Dakota, Hennepin, Scott, Ramsey, and Washington Counties in Minnesota, as well as St. Croix County in Wisconsin.
Various counties are included in the health data section. While this hospital’s individual study area does not include each of the counties served by the HealthPartners’ hospitals, it is important to consider health needs in comparison to other localities.

For comparison, this section of the report includes a health data analysis for the following counties:

- Dakota County, MN
- Hennepin County, MN
- Scott County, MN
- Ramsey County, MN
- Washington County, MN
- St. Croix County, WI
Data Sources and Levels

• The following information outlines specific health data:
  – Mortality, chronic diseases and conditions, health behaviors, natality, mental health and access

• Data Sources include, but are not limited to:
  – Minnesota Department of Health, Minnesota Public Health Data Access
  – Minnesota Student Survey
  – The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
  – Metro Adult Health Survey
  – Survey of the Health of All of the Population and the Environment (SHAPE)
  – Wisconsin Department of Health Services, WISH Query
  – Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics
  – Community Commons

• Data Levels: nationwide, state, metropolitan statistical area (MSA) and county level data
Cancer and heart disease are the first and second leading causes of death, respectively, in Dakota, Hennepin, Ramsey, Scott, St. Croix, and Washington Counties, as well as Minnesota and Wisconsin (2009 - 2013 combined rates).

- Heart disease rates are increasing in Hennepin County, but decreasing in St. Croix County and Wisconsin.
- Cancer rates are decreasing in Dakota, Hennepin, Ramsey, Scott, and Washington Counties, as well as Minnesota and Wisconsin.

Hennepin County has higher rates of cirrhosis, nephritis, and unintentional injury than the state.

Ramsey County has higher rates of cancer, cirrhosis, chronic lower respiratory disease, diabetes, nephritis, and stroke than Minnesota.

- Overall, unintentional injury rates are increasing in Dakota, Hennepin, and Washington Counties, as well as Minnesota.

St. Croix County has higher rates of accidents, cerebrovascular diseases, diabetes, and suicide than Wisconsin.

Washington County has lower mortality rates than the state in each of the top ten leading causes of death.

Mortality
Leading Causes of Death

Leading Causes of Death
(Alphabetical Order)

Age Adjusted Death Rates per 100,000, 2009-2013

Green indicates that the county’s rate is lower than the state’s rate for that disease category.
Red indicates that the county’s rate is higher than the state’s rate for that disease category.


Regions Hospital Community Health Needs Assessment
Community Hospital Consulting

December 2015
## Leading Causes of Death

### (Ranked Order)

Utilizing Age Adjusted Death Rates per 100,000, 2009-2013

<table>
<thead>
<tr>
<th>Rank</th>
<th>Minnesota</th>
<th>Dakota County</th>
<th>Hennepin County</th>
<th>Ramsey County</th>
<th>Scott County</th>
<th>Wash. County</th>
<th>Wisconsin</th>
<th>St. Croix County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cancer</td>
<td>Cancer</td>
<td>Cancer</td>
<td>Cancer</td>
<td>Cancer</td>
<td>Cancer</td>
<td>Malignant neoplasms</td>
<td>Malignant neoplasms</td>
</tr>
<tr>
<td>2</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Heart Disease</td>
<td>Diseases of heart</td>
<td>Diseases of heart</td>
</tr>
<tr>
<td>3</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Unintentional Injury</td>
<td>Stroke</td>
<td>Unintentional Injury</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Cerebrovascular diseases</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Stroke</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Stroke</td>
<td>Chronic lower respiratory diseases</td>
<td>Chronic lower respiratory diseases</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Stroke</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Chronic Lower Respiratory Disease</td>
<td>Unintentional Injury</td>
<td>Stroke</td>
<td>Unintentional Injury</td>
<td>Cerebrovascular diseases</td>
<td>Chronic lower respiratory diseases</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes</td>
<td>Diabetes</td>
<td>Diabetes</td>
<td>Diabetes</td>
<td>Diabetes</td>
<td>Diabetes</td>
<td>Alzheimer's disease</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>7</td>
<td>Nephritis</td>
<td>Nephritis</td>
<td>Nephritis</td>
<td>Nephritis</td>
<td>Nephritis</td>
<td>Nephritis</td>
<td>Diabetes mellitus</td>
<td>Alzheimer's disease</td>
</tr>
<tr>
<td>8</td>
<td>Pneumonia and Influenza</td>
<td>Suicide</td>
<td>Suicide</td>
<td>Pneumonia and Influenza</td>
<td>Suicide</td>
<td>Suicide</td>
<td>Influenza and pneumonia</td>
<td>Intentional self-harm (suicide)</td>
</tr>
<tr>
<td>9</td>
<td>Suicide</td>
<td>Pneumonia and Influenza</td>
<td>Pneumonia and Influenza</td>
<td>Suicide</td>
<td>Pneumonia and Influenza</td>
<td>Pneumonia and Influenza</td>
<td>Intentional self-harm (suicide)</td>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
</tr>
<tr>
<td>10</td>
<td>Cirrhosis</td>
<td>Cirrhosis</td>
<td>Cirrhosis</td>
<td>Cirrhosis</td>
<td>Cirrhosis</td>
<td>Cirrhosis</td>
<td>Other causes*</td>
<td>Other causes*</td>
</tr>
</tbody>
</table>

*not in ranked order because it includes all other causes of death

# Select Mortality Trends


<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Dakota County (MN)</th>
<th>Hennepin County (MN)</th>
<th>Ramsey County (MN)</th>
<th>Scott County (MN)</th>
<th>Washington County (MN)</th>
<th>Minnesota</th>
<th>St. Croix County (WI)</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td></td>
<td></td>
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<tr>
<td>Cirrhosis</td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephritis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia &amp; Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: Directional trends to show general increases or decreases in mortality rates from 2009 – 2013. Red dot is highest rate, green dot is lowest rate.*

-- Rates based on 20 or fewer deaths are not calculated.


Cancer Mortality

- Overall, cancer rates have declined since 2009. However, cancer is the leading cause of death in Minnesota, Wisconsin and the 7 counties served by HealthPartners Hospitals.
- Ramsey County has a higher cancer mortality rate than Minnesota.
- Scott County has the lowest cancer mortality rate among the 5 Minnesota counties served by HealthPartners’ hospitals.
- St. Croix County has a lower cancer mortality rate than Wisconsin.

Note: Wisconsin Department of Health Services uses the term “Malignant Neoplasms,” while Minnesota Department of Health uses the term “Cancer.”
Cancer Incidence Rates (MN)
Age-adjusted per 100,000, 2007-2011

- Dakota County
- Hennepin County
- Ramsey County
- Scott County
- Washington County
- Minnesota

Breast (Female Only)
- Dakota County: 144.1
- Hennepin County: 138.2
- Ramsey County: 132.2
- Scott County: 130.3
- Washington County: 130.7
- Minnesota: 152

Colorectal
- Dakota County: 40.8
- Hennepin County: 39.6
- Ramsey County: 38.7
- Scott County: 42.4
- Washington County: 43.7
- Minnesota: 42.8

Lung and Bronchus
- Dakota County: 54.9
- Hennepin County: 54.3
- Ramsey County: 58.3
- Scott County: 61.2
- Washington County: 55.7
- Minnesota: 55.5

Cancer Incidence Rates (WI)
Age-adjusted per 100,000, 2008-2012

- St. Croix County
- Wisconsin

Breast (Female Only)
- St. Croix County: 99
- Wisconsin: 125.6

Colorectal
- St. Croix County: 31.4
- Wisconsin: 40.5

Lung and Bronchus
- St. Croix County: 40.9
- Wisconsin: 61.7


Notes: Rates for "All Ages" are age-adjusted to the standard 2000 U.S. population. Cancer incidence data is collected by the Minnesota Cancer Surveillance System (MCSS). MCSS is an ongoing program at the Minnesota Department of Health and Minnesota’s central cancer registry.

Heart Disease Mortality

• Heart disease is the second leading cause of death in Minnesota and its 5 counties served by HealthPartners’ hospitals, as well as Wisconsin and St. Croix County.

• Overall, heart disease rates have increased in Hennepin, Ramsey and Scott Counties since 2009.

• St. Croix County has a much lower heart disease mortality rate than Wisconsin.

Heart Disease Mortality
Age-Adjusted Death Rates, 2009-2013

<table>
<thead>
<tr>
<th>Region</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dakota</td>
<td>108.1</td>
</tr>
<tr>
<td>Hennepin</td>
<td>107.7</td>
</tr>
<tr>
<td>Ramsey</td>
<td>120.6</td>
</tr>
<tr>
<td>Scott</td>
<td>116.7</td>
</tr>
<tr>
<td>Washington</td>
<td>110</td>
</tr>
<tr>
<td>Minnesota</td>
<td>130</td>
</tr>
<tr>
<td>St. Croix</td>
<td>140</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>162.1</td>
</tr>
</tbody>
</table>

Note: Wisconsin Department of Health Services uses the term “Diseases of the Heart,” while Minnesota Department of Health uses the term “Heart Disease.”

Chronic Lower Respiratory Disease Mortality

- Chronic lower respiratory disease is the fourth leading cause of death in Minnesota and Wisconsin.
- Ramsey County has a higher chronic lower respiratory disease mortality rate than the state. Ramsey and Scott Counties’ rates have also increased since 2009.
- Scott, Dakota and Hennepin Counties have the lowest chronic lower respiratory disease rates among the 5 Minnesota counties served by HealthPartners’ hospitals.
- St. Croix County has a slightly lower chronic lower respiratory disease mortality rate than Wisconsin.

Stroke Mortality

- Stroke is the fifth leading cause of death in Minnesota and Wisconsin, but the third leading cause of death in Ramsey County and St. Croix County. It is the fourth leading cause of death in Dakota, Hennepin and Washington Counties.
- Overall, stroke rates have fluctuated between 2009 and 2013, but Ramsey County does have a higher stroke mortality rate than the state.
- Scott and Washington Counties have the lowest stroke mortality rates among the 5 Minnesota counties served by HealthPartners’ hospitals.
- St. Croix County has a slightly higher cerebrovascular disease mortality rate than Wisconsin.

Note: Wisconsin Department of Health Services uses the term “Cerebrovascular Disease,” while Minnesota Department of Health uses the term “Stroke.”
Diabetes Mortality
Age-Adjusted Death Rates, 2009-2013

Suicide
Age-Adjusted Death Rates, 2009-2013

Note: Wisconsin Department of Health Services uses the term “Diabetes Mellitus,” while Minnesota Department of Health uses the term “Diabetes.”

Note: Wisconsin Department of Health Services uses the term “Intentional Self-Harm (Suicide),” while Minnesota Department of Health uses the term “Suicide.”

- In 2009 – 2013, St. Croix County had the highest diabetes mortality rates, while Hennepin County experienced the lowest rate.

- In 2009 – 2013, St. Croix County had the highest rate of suicide, while Scott County experienced the lowest rate.
Unintentional Injuries

Unintentional Injury
Age-Adjusted Death Rates per 100,000
2009-2013

Unintentional Injuries by Type
2009 - 2013

- In the Minnesota counties, the majority of fatal accidental falls for both males (26.3%) and females (31.3%) occur in Hennepin County.
- 56.6% of fatal accidental falls across the 5 Minnesota counties occur within the older (>85 years) population.
- In St. Croix County (WI), fatal accidental falls make up 24% of unintentional injury mortality rates, with nearly 47% of those deaths occurring within the older (>85 years) population.

<table>
<thead>
<tr>
<th>County</th>
<th>Motor Vehicle</th>
<th>Trans. (Not MV)</th>
<th>Accidental Poison.</th>
<th>Accidental Falls</th>
<th>Other</th>
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<tbody>
<tr>
<td>Dakota</td>
<td>136</td>
<td>1</td>
<td>151</td>
<td>345</td>
<td>99</td>
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<tr>
<td>Hennepin</td>
<td>267</td>
<td>13</td>
<td>584</td>
<td>1,217</td>
<td>427</td>
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<tr>
<td>Ramsey</td>
<td>140</td>
<td>8</td>
<td>270</td>
<td>357</td>
<td>167</td>
</tr>
<tr>
<td>Scott</td>
<td>56</td>
<td>-</td>
<td>34</td>
<td>77</td>
<td>26</td>
</tr>
<tr>
<td>Washington</td>
<td>78</td>
<td>3</td>
<td>71</td>
<td>117</td>
<td>63</td>
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<tr>
<td>Minnesota</td>
<td>2,408</td>
<td>71</td>
<td>2,179</td>
<td>4,400</td>
<td>2213</td>
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<tr>
<td>St. Croix</td>
<td>40</td>
<td>6</td>
<td>18</td>
<td>32</td>
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<tr>
<td>Wisconsin</td>
<td>2,995</td>
<td>0</td>
<td>2,965</td>
<td>5,215</td>
<td>1,826</td>
</tr>
</tbody>
</table>

Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
December 2015
Chronic Conditions
Asthma

- Ramsey and Hennepin Counties have higher rates of asthma emergency department visits, compared to the state of Minnesota as well as Dakota, Scott, and Washington Counties.
- Washington County has the lowest rate of asthma emergency department visits among the 5 Minnesota counties served by HealthPartners’ hospitals.
- In 2011 – 2013, asthma emergency department visit rates for Dakota, Hennepin, and Ramsey Counties increased, while Washington County and Scott County rates decreased.
- St. Croix County has a lower asthma emergency department visit rate than Wisconsin.


Notes: Emergency department data do not include data from federal and sovereign hospitals (e.g. Veteran’s Administration; Indian Health Service) or data on Minnesota residents seen in facilities outside of Minnesota and North Dakota. Records with a missing county have been excluded from county counts, but are included in the state’s count.

Chronic Conditions: Adult
Adult Overweight

- In 2011 – 2012, both Minnesota and Wisconsin had higher percentages of overweight adults than the United States.
- Dakota, Ramsey, and Washington counties also had percentages higher than 2011-2012 national rates.
- Scott County (MN) and St. Croix (WI) have the lowest percentages of overweight adults out of the 7 counties served by HealthPartners.

% Overweight Adults
2011-2012

37.5% 35.0% 38.0% 30.9% 36.3% 37.0% 30.7% 36.5% 35.8%

Dakota Hennepin Ramsey Scott Washington Minnesota St. Croix Wisconsin U.S.

Source: Definition: Adults with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. Calculated by height and weight variables.
In 2012, Wisconsin had a higher percentage of obese adults than the United States, while Minnesota had a lower percentage.

St. Croix County (WI) also had a higher percentage than 2012 national rates and all of the Minnesota counties served by the HealthPartners hospital system.

Hennepin County (MN) had the lowest percentage of obese adults in 2012.

% Obese Adults 2012

- Dakota: 25.9%
- Hennepin: 22.7%
- Ramsey: 25.1%
- Scott: 24.6%
- Washington: 25.7%
- Minnesota: 28.4%
- St. Croix: 29.7%
- Wisconsin: 27.8%
- U.S.: 28.4%

Source: Centers for Disease Control and Prevention, County Data Indicators, http://www.cdc.gov/diabetes/atlas/countydata/County_ListofIndicators.html; data accessed August 31, 2015
Source: Definition: Adults with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. Calculated by height and weight variables.

Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
Chronic Conditions: Adult

Adult Obesity Trends

Adult Obesity Trends
Percent of Population

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Dakota County (MN)</th>
<th>Hennepin County (MN)</th>
<th>Ramsey County (MN)</th>
<th>Scott County (MN)</th>
<th>Washington County (MN)</th>
<th>Minnesota</th>
<th>St. Croix County (WI)</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Obese Adults</td>
<td>40.2%</td>
<td>45.7%</td>
<td>43.4%</td>
<td>40.1%</td>
<td>41.6%</td>
<td>47.5%</td>
<td>42.6%</td>
<td>40.2%</td>
</tr>
</tbody>
</table>

Note: Directional trends to show general increases or decreases in obesity rates from 2008 – 2012. Red dot is highest rate, green dot is lowest rate.
Chronic Conditions: Youth
Youth Overweight / Obesity

**Minnesota**
- In Minnesota, there is a higher percentage of overweight 9th grade males than overweight 9th grade females (Minnesota Student Survey, 2013).
- Hennepin, Ramsey, and Scott counties have the highest rates of overweight 9th grade males, while Dakota County has the lowest percentage (Minnesota Student Survey, 2013).
- Ramsey County has the highest rate of overweight 9th grade females, and is also higher than the state percentage (Minnesota Student Survey, 2013).
- Dakota and Hennepin Counties have the lowest percentage of overweight 9th grade females (Minnesota Student Survey, 2013).

**Wisconsin**
- In 2013, the percent of students in grades 9 – 12 who were overweight was 13.0% in Wisconsin, as compared to 16.6% of U.S. adolescents. This percentage has generally decreased in Wisconsin since 2009, with a slight increase in 2011 (Center for Disease Control and Prevention).

**Minnesota**
- In Minnesota and across all of its counties served by HealthPartners, there is a significantly higher percentage of obese 9th grade males than obese 9th grade females (Minnesota Student Survey, 2013).
- Ramsey County has the highest rate of obese 9th grade males, and is also higher than the state percentage (Minnesota Student Survey, 2013).
- Scott and Washington counties have the lowest rates of obese 9th grade females (Minnesota Student Survey, 2013).

**Wisconsin**
- In 2013, the percent of students in grades 9 – 12 who were obese in Wisconsin was 11.6%, as compared to 13.7% of U.S. adolescents. This percentage has generally increased for both Wisconsin and the U.S. since 2009 (Center for Disease Control and Prevention).

Source Definition: Overweight is defined as body mass index (BMI)-for-age and sex ≥ 85th percentile but < 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]).
Source Definition: Obese is defined as body mass index (BMI)-for-age and sex ≥ 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m²]).
Health Behaviors
Exercise and Physical Activity

Minnesota

- The majority of residents in the Minnesota counties served by the HealthPartners participated in some physical activities or exercises other than their regular jobs.
- In 2013, 76.5% of Minnesota residents reported that they participated in physical activity within the past month, as compared to 74.7% of U.S. residents.
- Males in Dakota County had the highest rate of reported participation in physical activity (90.9%), as compared to females in Dakota County who had the lowest rate (85.7%).

Source: 2010 Metro Adult Health Survey & SHAPE Survey

Wisconsin

- In 2011, 19% of St. Croix County residents were physically inactive, as compared to 23% of Wisconsin residents (St. Croix Community Health Needs Assessment and Implementation Plan).
- In 2009 – 2011, the percent of adults in Wisconsin who usually biked or walked to work in the last week was 4.0%, compared to 3.4% of U.S. adults. In addition, in 2013, 76.2% of Wisconsin residents reported that they participated in physical activity within the past month, as compared to 74.7% of U.S. residents (Center for Disease Control).

Source: St. Croix Community Health Needs Assessment and Implementation Plan

Minnesota

- Overall, in each county and the state, male 11th grade students compared to female 11th grade students were physically active for 60 minutes or more on a greater number of days (4-7 days compared to 0-3 days) (Minnesota Student Survey, 2013).

Wisconsin

- In St. Croix, 25.6% of high school students have 3 or more hours of screen time on an average school day.
- Significantly more male high school students (31.2%) reported using computers for non-school related activities than females (18.1%) in St. Croix County.
- In St. Croix, 60.4% of male students and 48.8% of female students participated in physical activities for a total of at least 60 minutes per day on five or more of the 7 days before the survey.

Source: St. Croix Community Health Needs Assessment and Implementation Plan

- In 2013, the percent of students in grades 9 – 12 who achieved 1 hour or more of moderate-and/or vigorous-intensity physical activity daily in Wisconsin was 24.0%, as compared to 27.1% of U.S. adolescents (Center for Disease Control).
Health Behaviors
Nutrition

Minnesota

- The majority of individuals in the participating counties consume at least 3 - 4 servings of vegetables per day.
- Dakota County has the highest percent (40.8%) of individuals who consume adequate servings of fruits and vegetables per day (5+ servings), while Washington County has the lowest (37%).
- The majority of adults in Ramsey, Dakota, Scott, and Washington counties do not consume any soda or pop during the day.
- Ramsey County had the highest percent of residents who consume 1 – 2 glasses of soda or pop per day (23%), while Dakota had the lowest (17%).

Source: 2010 Metro Adult Health Survey & SHAPE Survey

Wisconsin

- In St. Croix, 79.6% of residents reported consuming insufficient fruit and vegetable intake in 2012, as compared to the Wisconsin average of 77.2%.

St. Croix Community Health Needs Assessment and Implementation Plan

- In 2005 – 2009, 78.8% of the St. Croix adult population reported inadequate fruit and vegetable consumption, compared to 76.9% of the Wisconsin and 75.7% of the U.S.
- In 2014, estimated expenditures for carbonated beverages as a percent of total household expenditures were 4.5% for Wisconsin households and 4.0% for overall U.S. households.

Source: Community Commons

Minnesota

- Overall, in each county and the state, a slightly higher percentage of male 9th grade students (between 7% and 10%), compared to female 9th grade students (between 5% and 7%), did not each any fruit during the 7 days prior.
- Overall, in each county and the state, a slightly higher percent of male 11th grade students, compared to female 11th grade students, drank at least one soda during the day prior.
- In Dakota County, 50% of 11th grade male students drank at least 1 soda during the prior day, compared to 35% of females.
- More than half of male 11th grade students in Minnesota, compared to less than 40% of female 11th grade students, drank at least one pop or soda during the day prior.

Source: 2013 Minnesota Student Survey

Wisconsin

- In 2013, the median intake of fruits and vegetables (times per day) for both Wisconsin and U.S. adolescents was 1.0 for fruits and 1.3 for vegetables.
- In 2013, the percent of students in grades 9 – 12 who drank regular soda/pop at least one time per day was 19.6% in Wisconsin, as compared to 27.0% in the U.S. This percentage has steadily declined in Wisconsin since 2007.

Source: Center for Disease Control

Note: See detailed sourcing information for health behaviors in the summary of data sources section
# Health Behaviors

## Binge Drinking

### Minnesota

- Scott County had the highest rate of **binge drinking** (32%) for males, which is higher than both the Minnesota rate and the U.S. average for males (2010 Metro Adult Health Survey SHAPE Survey).
- In 2012, the overall prevalence of **binge drinking** in Minnesota was 29% (Center for Disease Control).
- The national average for **binge drinking** in 2012 was 12.4% for females, and 24.5% for males (Institute for Health Metrics and Evaluation).

### Wisconsin

- In 2011, 28% of St. Croix County residents responding to the survey participated in **binge drinking** in the last 30 days before the survey, as compared to 23% of Wisconsin (St. Croix County Community Health Needs Assessment and Improvement Plan).

### Adult

### Youth

- 14% of female 9th grade students in Scott County reported living in a **household with someone who drinks too much alcohol**, compared to 11% or less in other counties and the state.
- Overall, a higher percentage of female 9th grade students (between 10% and 14%), compared to male 9th grade students (between 8% and 11%), report **living with someone who drinks too much alcohol**.

*Source: 2013 Minnesota Student Survey*

- In St. Croix, 29% of high school students reported **having consumed alcohol** during the last 30 days.
- 16.2% of St. Croix high school students **reported binge drinking** during the past 30 days before the survey.

*Source: St. Croix County Community Health Needs Assessment and Improvement Plan*
Health Behaviors

Smoking

**Minnesota**

- In 2010, 14.5% of females and 17.7% of males in Minnesota were **current smokers** (Minnesota Adult Tobacco Survey).
- In 2010, Dakota County had the highest rate of female **everyday smokers** (27.0%), compared to Scott County, which had the lowest (24.1%). In addition, in 2010, Washington County had the highest rate of male **everyday smokers** (21.4%), while Scott County had the lowest (12.4%) (2010 Metro Adult Health Survey).

**Wisconsin**

- 21% of St. Croix County and Wisconsin adult residents report that they **currently smoke** in 2010 (Institute for Health Metrics and Evaluation).
- The national average of **smoking prevalence** in 2012 was 22.2% for males, 17.9% for females, and 20% for both sexes (Center for Disease Control).
- More than 915,000 Wisconsinites still **smoke cigarettes** (St. Croix County Community Health Needs Assessment and Improvement Plan).

**Minnesota**

- 29% of Washington County 11th grade **males reported using any tobacco products** during the past 30 days, as compared to 9% of female 11th grade students in Hennepin County.
- 33% of Scott County 11th grade females believe that most students in their school **use tobacco** (cigarettes, chew) daily, as compared to 20% of 11th grade males in Hennepin County.  
  *Source: 2013 Minnesota Student Survey*

**Wisconsin**

- 29.9% of high school student participants in St. Croix reported having **tried cigarettes**, as compared to 12.9% of students who reported having **smoked cigarettes** during the past 30 days before the survey.
- 6,900 Wisconsin adolescents become **new smokers** each year.  
  *Source: St. Croix County Community Health Needs Assessment and Improvement Plan*
Mental Health

- Across all Minnesota counties and the state, 9th grade females reported higher rates of being harassed or bullied once or twice for their weight or physical appearance as compared to males.
- In Minnesota, a higher percentage of female 9th graders, compared to male 9th graders, report having a long-term mental health, behavioral health or emotional problem. Dakota County has the highest percent in the study area.
- In St. Croix, 43.2% of high school students agreed that harassment and bullying is a problem at their school.
- Scott County has the most significant ratio of residents to mental health providers out of the Minnesota Counties.
- St. Croix County is nearly double the ratio of residents to mental health providers in comparison to Wisconsin.

<table>
<thead>
<tr>
<th>County</th>
<th>Rank</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott County</td>
<td>36</td>
<td>5.5</td>
</tr>
<tr>
<td>Washington County</td>
<td>50</td>
<td>6.3</td>
</tr>
<tr>
<td>Dakota County</td>
<td>61</td>
<td>7.4</td>
</tr>
<tr>
<td>Hennepin County</td>
<td>75</td>
<td>8.9</td>
</tr>
<tr>
<td>Ramsey County</td>
<td>85</td>
<td>11.2</td>
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Note: See detailed sourcing information for health behaviors in the summary of data sources section
Mental Health
Alcohol-Related Crashes

Motor Vehicle Crashes by County and State
2012

<table>
<thead>
<tr>
<th>Type of Motor Vehicle Crash</th>
<th>Dakota County (MN)</th>
<th>Hennepin County (MN)</th>
<th>Ramsey County (MN)</th>
<th>Scott County (MN)</th>
<th>Washington County (MN)</th>
<th>Minnesota</th>
<th>St. Croix County (WI)</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons Injured</td>
<td>1,877</td>
<td>19</td>
<td>8,205</td>
<td>33</td>
<td>3,363</td>
<td>19</td>
<td>554</td>
<td>4</td>
</tr>
<tr>
<td>Persons Killed</td>
<td>128</td>
<td>3</td>
<td>613</td>
<td>5</td>
<td>261</td>
<td>0</td>
<td>50</td>
<td>1</td>
</tr>
<tr>
<td>% Alcohol-Related</td>
<td>6.8%</td>
<td>15.8%</td>
<td>7.5%</td>
<td>15.2%</td>
<td>7.8%</td>
<td>0.0%</td>
<td>9.0%</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

- Hennepin County had the highest number of persons injured in alcohol-related motor vehicle crashes in 2012.
- Both Hennepin County and Washington County had the highest rates of persons killed in alcohol-related motor vehicle crashes in 2012 as compared to the 5 counties served by the HealthPartners hospital system in Minnesota.
- Scott County had the highest percentage of persons injured in alcohol-related motor vehicle crashes, while Washington County had the highest percentage of persons killed in alcohol-related motor vehicle crashes.
- The percentage of Persons Injured in St. Croix County during 2012 is higher than that of Wisconsin, as well as Washington, Ramsey, Hennepin, and Dakota counties in Minnesota.
- The number of persons both injured and killed in 2012 alcohol-related motor vehicle crashes in Wisconsin is significantly higher than those in Minnesota.


Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
December 2015
• From 2008 – 2012, communicable disease rates increased in Dakota, Hennepin, and Ramsey Counties as well as the state of Minnesota, while rates of communicable diseases in Scott and Washington Counties decreased.

**Minnesota Chlamydia Rates**

Per 100,000, 2014

- Dakota County: 286
- Hennepin County: 558
- Ramsey County: 560
- Scott County: 229
- Washington County: 241
- Minnesota: 375

**Minnesota Gonorrhea Rates**

Per 100,000, 2014

- Dakota County: 42
- Hennepin County: 173
- Ramsey County: 153
- Scott County: 32
- Washington County: 26
- Minnesota: 77

**Wisconsin Chlamydia Rates**

Per 100,000, 2013

- St. Croix: 167
- Wisconsin: 412

**Wisconsin Gonorrhea Rates**

Per 100,000, 2013

- St. Croix: 12
- Wisconsin: 81


Notes: Data exclude cases diagnosed in federal or private correctional facilities. U.S. Census 2010 data is used to calculate rates. County data missing for 988 chlamydia cases and 151 gonorrhea cases (due to missing residence).
Communicable Diseases: Chlamydia and Gonorrhea
Rates per 100,000

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Dakota County (MN)</th>
<th>Hennepin County (MN)</th>
<th>Ramsey County (MN)</th>
<th>Scott County (MN)</th>
<th>Washington County (MN)</th>
<th>Minnesota</th>
<th>St. Croix County (WI)</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** Directional trends to show general increases or decreases in communicable disease rates from 2008 – 2012. Red dot is highest rate, green dot is lowest rate.
Natality (Minnesota)
Birth Rates / Preterm and Low Birth Weight Births

Preterm Births: Live births of babies who are less than 37 weeks gestation at birth.
Low Birth Weight Births: Live births who are less than 2500 grams at birth.
Adequate or Better: Prenatal care started in the 1st trimester and the woman had an adequate number of visits.

Regions Hospital Community Health Needs Assessment
Community Hospital Consulting

Preterm Births 2013
- Dakota County: 8.9%
- Hennepin County: 8.2%
- Ramsey County: 8.6%
- Scott County: 7.9%
- Washington County: 7.8%
- Minnesota: 8.1%

Low Birth Weight Births 2013
- Dakota County: 4.4%
- Hennepin County: 5.5%
- Ramsey County: 5.5%
- Scott County: 3.6%
- Washington County: 4.9%
- Minnesota: 4.7%

Birth Rates Per 1,000 Population, 2013
- Dakota County: 12.6
- Hennepin County: 13.8
- Ramsey County: 14.9
- Scott County: 13.7
- Washington County: 11.6
- Minnesota: 12.8

% Received Adequate or Better Prenatal Care
Care Began in 1st Trimester, with Adequate Number of Visits, 2013
- Dakota County: 81.4%
- Hennepin County: 77.1%
- Ramsey County: 68.9%
- Scott County: 80.3%
- Washington County: 82.1%
- Minnesota: 77.8%
### Teen Birth Rates

**Ages 15-19, 2011-2013, Per 1,000 Female Pop.**

<table>
<thead>
<tr>
<th>Region</th>
<th>Dakota County</th>
<th>Hennepin County</th>
<th>Ramsey County</th>
<th>Scott County</th>
<th>Washington County</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Birth Rate</td>
<td>12.5</td>
<td>18.9</td>
<td>27.3</td>
<td>10.6</td>
<td>8.6</td>
<td>18.2</td>
</tr>
</tbody>
</table>

### Teen Pregnancy Rates

**Ages 15-19, 2011-2013, Per 1,000 Female Pop.**

<table>
<thead>
<tr>
<th>Region</th>
<th>Dakota County</th>
<th>Hennepin County</th>
<th>Ramsey County</th>
<th>Scott County</th>
<th>Washington County</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy Rate</td>
<td>18.7</td>
<td>29.2</td>
<td>38.1</td>
<td>16.1</td>
<td>13.6</td>
<td>24.4</td>
</tr>
</tbody>
</table>

### % Births to Unmarried Mothers

**2013**

<table>
<thead>
<tr>
<th>Region</th>
<th>Dakota County</th>
<th>Hennepin County</th>
<th>Ramsey County</th>
<th>Scott County</th>
<th>Washington County</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Unmarried</td>
<td>27.7%</td>
<td>32.2%</td>
<td>43.4%</td>
<td>19.1%</td>
<td>24.1%</td>
<td>32.9%</td>
</tr>
</tbody>
</table>

### % Smoked During Pregnancy

**2013**

<table>
<thead>
<tr>
<th>Region</th>
<th>Dakota County</th>
<th>Hennepin County</th>
<th>Ramsey County</th>
<th>Scott County</th>
<th>Washington County</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Smoked</td>
<td>6.9%</td>
<td>5.3%</td>
<td>7.6%</td>
<td>5.9%</td>
<td>6.8%</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

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Regions Hospital Community Health Needs Assessment
Community Hospital Consulting

December 2015
Natality Trends (Minnesota)

Natality Data Indicators

<table>
<thead>
<tr>
<th>Natality Data Indicator</th>
<th>Dakota County (MN)</th>
<th>Hennepin County (MN)</th>
<th>Ramsey County (MN)</th>
<th>Scott County (MN)</th>
<th>Washington County (MN)</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Rates*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Low Birth Weight Births</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Preterm Births</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% Received Adequate or Better Prenatal Care*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>% Smoked During Pregnancy</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Note: Directional trends to show general increases or decreases from 2008 – 2012. Red dot is highest rate, green dot is lowest rate.

* % Received Adequate or Better Prenatal Care and Birth Rates - green dot is the highest rate and the red dot is the lowest rate.

Natality Data Indicators
Rates per 1,000 Female Population Ages 15 - 19

<table>
<thead>
<tr>
<th>Natality Data Indicator</th>
<th>Dakota County (MN)</th>
<th>Hennepin County (MN)</th>
<th>Ramsey County (MN)</th>
<th>Scott County (MN)</th>
<th>Washington County (MN)</th>
<th>Minnesota</th>
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</thead>
<tbody>
<tr>
<td>Teen Birth Rates</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Teen Pregnancy Rates</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Directional trends to show general increases or decreases from 2005 – 2007; 2008 – 2010; 2011 – 2013. Red dot is highest rate, green dot is lowest rate.

Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
Birth Rates / Low Birth Weight / Teen Births / Prenatal Care

**Birth Rates**
Per 1,000 Population, 2013
- St. Croix County: 12.0
- Wisconsin: 11.6

**% Births to Mothers Who Received First-Trimester Prenatal Care 2013**
- St. Croix County: 79.9%
- Wisconsin: 75.6%

**Teen Birth Rates**
Ages 15-19, 2011-2013, per 1,000 Females
- St. Croix County: 10.9
- Wisconsin: 21.8

**% Low Birth Weight Births 2013**
- St. Croix County: 5.5%
- Wisconsin: 7.0%

Natality Trends (Wisconsin)

- Teen birth rates overall decreased in St. Croix County between 2009 – 2013, while Wisconsin teen birth rates significantly decreased.
- The percent of births to mothers who received first-trimester prenatal care has decreased in both St. Croix County and Wisconsin.
- While the percentage of low birthweight births in Wisconsin has slightly decreased, percentages in St. Croix County have increased.

Natality Data Indicators

<table>
<thead>
<tr>
<th>Natality Data Indicator</th>
<th>St. Croix County (WI)</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Rates*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Births to Mothers Who Received First-Trimester Prenatal Care*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Low Birthweight Births</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Directional trends to show general increases or decreases from 2009 – 2013. Red dot is highest rate, green dot is lowest rate.  
* % Births to Mothers Who Received First-Trimester Prenatal Care and Birth Rates - green dot is the highest rate and the red dot is the lowest rate.
Prevention (Minnesota)
Childhood Immunizations

• Between 30% and 59.9% of children ages 24-35 months in the 5 Minnesota counties served by HealthPartners' hospitals have their recommended immunizations, compared to approximately 63% of children in the state.

• Overall, 2010 – 2012 rates of childhood immunizations steadily increased in all counties as well as the state of Minnesota, with slight decreases from 2012 – 2013.

Notes: The map displays the percentage of children receiving immunizations in the childhood series. The series includes: DTaP, polio, MMR, Hib, hepatitis B, varicella (chickenpox), and PCV.

Prevention
Childhood Immunizations

• Between 2009 – 2013, the percent of 24 month old children who were immunized increased in Minnesota, Wisconsin, and the United States.

• In 2013, Minnesota had the highest percent of 24 month olds who were immunized, as compared to Wisconsin and the United States.


Definitions: 4:3:1:3:3:1 immunization coverage. Depending on the brand of vaccine used, a child would either get 3 doses of Hib plus a booster, or 2 doses of Hib plus a booster; at the state-level, the CDC no longer reports Hib simply as 3 or more doses but instead specifies that the “full series” was received.

Between December 2007 and September 2009 there was a shortage of the Hib vaccination which lead to a temporary suspension of the booster shot for most children in the U.S. This explains the dip in full-coverage in 2009 and 2010, which rebounded by 2011.
Oral Health

• Approximately 75.7% of respondents in the Minneapolis – St. Paul – Bloomington MSA visited the dentist or dental clinic within the past year for any reason, compared to 74.8% in Minnesota and 72.0% in Wisconsin.

• In 2012, 67.2% of U.S. adults reported visiting the dentist or dental clinic within the past year for any reason.

Note: The following counties are represented in the Minneapolis - St. Paul - Bloomington, MN - WI Metropolitan Statistical Area: Anoka County, MN; Carver County, MN; Chisago County, MN; Dakota County, MN; Hennepin County, MN; Isanti County, MN; Le Sueur County, MN; Mille Lacs County, MN; Pierce County, WI; Ramsey County, MN; Scott County, MN; Sherburne County, MN; Sibley County, MN; St. Croix County, WI; Washington County, MN; Wright County, MN
Health Insurance Access

Uninsured Trends
Percentages of State and National Populations

Residents Under Age 65 Without
Health Insurance
2013

<table>
<thead>
<tr>
<th>Health Care Coverage Indicator</th>
<th>Minnesota</th>
<th>Wisconsin</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Uninsured Residents Under Age 65</td>
<td>![Graph]</td>
<td>![Graph]</td>
<td>![Graph]</td>
</tr>
</tbody>
</table>

Note: Directional trends to show general increases or decreases 2009 - 2013. Red dot is highest rate, green dot is lowest rate.

- In 2013, Ramsey County had the highest rate of uninsured residents under age 65, while Washington County had the lowest rate.
- According to the University of Minnesota State Health Access Data Assistance Center (SHADAC), uninsured rates in both Minnesota and Wisconsin have steadily declined since 2010.

Source: University of Minnesota State Health Access Data Assistance Center, Maps and Charts, http://datacenter.shadac.org/map/236/coverage-type-total#1/77/458; data accessed September 1, 2015
Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
## County Health Rankings (2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Dakota County</th>
<th>Henn. County</th>
<th>Ramsey County</th>
<th>Scott County</th>
<th>Wash. County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>19</td>
<td>46</td>
<td>63</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Length of Life</td>
<td>8</td>
<td>32</td>
<td>52</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>47</td>
<td>65</td>
<td>78</td>
<td>44</td>
<td>27</td>
</tr>
<tr>
<td>Health Factors</td>
<td>6</td>
<td>28</td>
<td>58</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>6</td>
<td>9</td>
<td>20</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>13</td>
<td>9</td>
<td>22</td>
<td>23</td>
<td>2</td>
</tr>
<tr>
<td>Social and Economic Factors</td>
<td>14</td>
<td>65</td>
<td>76</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>63</td>
<td>55</td>
<td>58</td>
<td>82</td>
<td>64</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>St. Croix County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>9</td>
</tr>
<tr>
<td>Length of Life</td>
<td>11</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>10</td>
</tr>
<tr>
<td>Health Factors</td>
<td>6</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>8</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>31</td>
</tr>
<tr>
<td>Social and Economic Factors</td>
<td>2</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>57</td>
</tr>
</tbody>
</table>

- The **County Health Rankings** rank **87** counties in Minnesota (1 being the best ranking, 87 being the worst ranking).

- The **County Health Rankings** rank **72** counties in Wisconsin (1 being the best ranking, 72 being the worst ranking).

*Please note that various factors go into these rankings, and they are not an absolute judgment on the health status of each community. The County Health Rankings should be used as only one piece of the overall assessment. Please visit the appendix for additional information about indicators involved in the rankings.*
Findings from Current Research

A review of recently conducted Community Health Needs Assessments, including community input collected from persons with expert knowledge of public health in the community served by the hospital
HealthPartners, as a system of hospitals, clinics, and care providers, has an extensive reach into the communities it serves in numerous localities. Representatives from each of the hospitals, as well as staff from the larger health system, serve on boards, coalitions and community collaborations to improve the health of residents in the communities served by each of the six HealthPartners’ hospitals:

- Regions Hospital
- Lakeview Hospital
- Hudson Hospital & Clinic
- Westfields Hospital & Clinic
- Amery Hospital & Clinic
- Park Nicollet Methodist Hospital

This section of the report serves to document these collaborations for the respective hospitals, identifying participation in and results from HealthPartners’ efforts to collect input from persons who represent the following groups:

- State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community
- Members of medically underserved, low-income and minority populations in the community, or individuals or organizations serving or representing the interests of such populations
<table>
<thead>
<tr>
<th>County</th>
<th>Report Name</th>
<th>Public Health Input</th>
<th>Underserved Groups</th>
</tr>
</thead>
</table>
| Dakota County   | Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment | • The Dakota County CHA was conducted and produced by the Dakota County Public Health Department, spearheaded by Bonnie Brueshoff (Public Health Director, Dakota County Public Health Department).                                                                 | • Two members of the Steering Committee were from the Dakota County Human Services Advisory Committee  
• The Community Health Opinion Survey  
• Follow-up version of the Community Health Opinion Survey                                                                 |
| Hennepin County | 2012 - 2015 Community Health Improvement Plan for Hennepin County Residents | • The Hennepin County Human Services and Public Health Department, Minneapolis Department of Health and Family Support, and Bloomington Division of Public Health for the Community Health Boards of Bloomington, Edina and Richfield served as the convening partners for the project. | • CHIP Survey  
• Three CHIP Forums                                                                 |
| Ramsey County   | Ramsey County Community Health Improvement Plan 2014-2018                   | • The Ramsey County Community Health Improvement Plan (CHIP) was conducted and produced by St. Paul - Ramsey County Public Health.                                                                                      | • More than 80 residents and community leaders from the public, private and nonprofit sectors met from April - November 2013  
• Community Health Concerns Survey                                                                 |
| Scott County    | Scott County Community Health Improvement Plan 2015-2019                    | • The Scott County Community Health Improvement Plan was conducted and produced by the Scott County Public Health Department.                                                                                       | • Public Forums  
• Discussions within the Scott County Health Care Systems Collaborative  
• Survey on Mental Health Issues                                                                 |
<table>
<thead>
<tr>
<th>County</th>
<th>Report Name</th>
<th>Public Health Input</th>
<th>Underserved Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington County</td>
<td>2014 Washington County Community Health Improvement Plan</td>
<td>• The Washington County Community Health Improvement Plan was conducted and produced by Washington County Department of Public Health and Environment.</td>
<td>• Washington County Residential Survey&lt;br&gt;• Washington County Community Health Opinion Survey&lt;br&gt;• Key Informant Interviews&lt;br&gt;• Adult Listening Sessions&lt;br&gt;• Youth Listening Sessions</td>
</tr>
<tr>
<td>Polk County</td>
<td>Polk County 2020 Community Health Improvement Plan Version 2014-2016</td>
<td>• The Polk County 2020 Community Health Improvement Plan was conducted in collaboration with the Polk County Health Department.</td>
<td>• Community Surveys</td>
</tr>
<tr>
<td>St. Croix County</td>
<td>St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016</td>
<td>• St. Croix County Public Health is an integral part of the Healthier Together collaborative, serving as one of five partners on the coalition.</td>
<td>• Community Health Assessment aNd Group Evaluation (CHANGE) Assessment&lt;br&gt;• Transform Wisconsin Public Opinion Poll&lt;br&gt;• Community Health Needs Assessment (CHNA) Survey</td>
</tr>
<tr>
<td>St. Croix and Washington Counties</td>
<td>PowerUp Family Community Survey</td>
<td>NA</td>
<td>• The Family Community Survey is targeted towards families with children under the age of 18</td>
</tr>
</tbody>
</table>
## Areas of Concern by County

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Dakota</th>
<th>Henn.</th>
<th>Ram.</th>
<th>Scott</th>
<th>Wash.</th>
<th>Polk</th>
<th>St. Croix</th>
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</thead>
<tbody>
<tr>
<td>Access to Health Care</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Affordable Housing</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol / Tobacco / Other Drugs</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Diseases / Conditions (Obesity, Heart Disease, etc.)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Lack of Physical Activity / Nutrition</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
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<tr>
<td>Maternal and Child Health</td>
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<td>x</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Mental Health / Social &amp; Emotional Wellbeing (Example: Increasing community connectedness)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>Oral Health</td>
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<tr>
<td>Public Health Funding</td>
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<tr>
<td>Social Determinants of Health (Income, Poverty, Transportation, etc.)</td>
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<td>x</td>
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<td></td>
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</tr>
<tr>
<td>Violence Prevention</td>
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<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

Source: Healthy People / Healthy Communities: 2013 Dakota County Community Health Needs Assessment; www.co.dakota.mn.us/Government/publiccommittees/CHA/Pages/profiles.aspx; data accessed July 11, 2015
Dakota County
Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment

Methodology Summary:
The Healthy Dakota Initiative utilized an adapted version of the Mobilizing for Action through Partnerships and Planning (MAPP) model. The Healthy Dakota Initiative Steering Committee completed the following three assessments: Community Themes and Strengths Assessment, Forces of Change Assessment, and Community Health Status Assessment. This process included an extensive review of available data indicators, as well as the systematic collection of community input.

Community Input – Required Groups:

<table>
<thead>
<tr>
<th>1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community</th>
<th>• The Dakota County CHA was conducted and produced by the Dakota County Public Health Department, spearheaded by Bonnie Brueshoff (Public Health Director, Dakota County Public Health Department).</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations</td>
<td>• Two members of the Steering Committee were from the Dakota County Human Services Advisory Committee • The Community Health Opinion Survey • Follow-up version of the Community Health Opinion Survey</td>
</tr>
</tbody>
</table>

Hospital Involvement:
Connie Marsolek, representative from Park Nicollet Clinic - Burnsville, served as one of the 11 members of the Healthy Dakota Initiative Steering Committee.
Elizabeth Lincoln, Program Officer from the Park Nicollet Foundation, served on the Mental Health Action Team for the Healthy Dakota Initiative.
Community Input Findings:
- Safety
- Tobacco, alcohol, and other drug use
- Chronic disease and conditions
- Physical activity
- Mental health

Overall Health Needs Identified:
- Mental Illness
- Physical activity / eating habits / obesity
- Use of alcohol, tobacco, and other drugs
- Promoting mental health
- Public health funding
- Preventing / managing chronic conditions
- Income / poverty / employment
- Healthy start for children and adolescents
- Access to health care
- Affordable housing

Source: Healthy People / Healthy Communities: 2013 Dakota County Community Health Needs Assessment; www.co.dakota.mn.us/Government/publiccommittees/CHA/Pages/profiles.aspx; data accessed July 11, 2015

HealthPartners®
Methodology Summary:

The Community Health Improvement Plan for Hennepin County was a collaboration of five local community health boards and multiple community partners. Together, this diverse partnership conducted a survey, an analysis of available health data, and three community health forums to identify top priorities and develop strategies to address important health goals.

Community Input – Required Groups:

<table>
<thead>
<tr>
<th>1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community</th>
<th>• The Hennepin County Human Services and Public Health, Minneapolis Department of Health and Family Support, and Bloomington Division of Public Health for the Community Health Boards of Bloomington, Edina and Richfield served as the convening partners for the project.</th>
</tr>
</thead>
</table>
| 2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations | • CHIP Survey  
• Three CHIP Forums |

Hospital Involvement:

Deanna Varner and Donna Zimmerman, both representatives from HealthPartners, were members of the CHIP Leadership Group for the Hennepin County Community Health Needs Assessment.
CHIP Survey Findings:

Characteristics of a Healthy Community:
- Access to affordable quality health care
- Access to affordable opportunities to be physically active
- Safe places / reduced crime
- Access to affordable healthy foods
- Social and community connectedness
- Engaged, committed, motivated, and informed residents

Changes to Make:
- Improve local access to affordable health care
- Improve local opportunities for affordable physical activities
- Improve local access to affordable health foods

CHIP Forum Findings:

Characteristics of a Healthy Communities:
- Safety
- Environments that foster health
- Community connectedness & engagement
- Economic vitality
- Equitably accessible high quality infrastructure
- Basic needs are met
- Quality educational opportunities
- Good physical and mental health
- Multi-sector leaders promote the common good
- Active participation in creating health

Strategic Health Issues and Goals:

- **Maternal and Child Health**: Increase childhood readiness for school.
- **Nutrition, Obesity and Physical Activity**: Increase regular physical activity and proper nutrition through improvements to the physical environment.
- **Social and Emotional Wellbeing**: Increase community and social connectedness.
- **Health Care Access**: Develop health care access strategies that will help achieve the targeted goals above.
- **Social Conditions that Impact Health**: Develop health care access strategies that will help achieve the targeted goals above.

Ramsey County
Ramsey County Community Health Improvement Plan 2014-2018

Methodology Summary:
The Ramsey County Community Health Improvement Plan was produced by the Saint Paul - Ramsey County Public Health Department in collaboration with several community partners, represented on the CHIP Committee (CHIPC). The CHIPC dedicated time to regularly scheduled meetings, reviewed available health data, examined external "forces of change", conducted the Community Health Concerns Survey, and identified priority health issues and themes.

Community Input – Required Groups:

<table>
<thead>
<tr>
<th>1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community</th>
<th>• The Ramsey County Community Health Improvement Plan (CHIP) was conducted and produced by Saint Paul - Ramsey County Public Health.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations</td>
<td>• More than 80 residents and community leaders from the public, private and nonprofit sectors met from April - November 2013 • Community Health Concerns Survey</td>
</tr>
</tbody>
</table>

Hospital Involvement:
HealthPartners was a Committee Member Organization for the Ramsey County Community Health Improvement Plan (CHIP), devoting regular meeting time to CHIP work and serving as a key participant in the planning process.
Strategic Health Issues and Goals:
(Rated as 1 or 2 – indicated high need – by at least 1 group)

- Safety
- Distracted Driving
- Lack of Health Insurance
- Poverty
- Lack of Medical Services that are low/no cost
- Tobacco use by youth
- Alcohol use by underage youth
- Driving under the influence of drugs
- Unemployment
- Youth gang activity
- High blood pressure
- Alcohol abuse among adults
- Language/communication barriers in accessing health care services

Overall Health Needs Identified:

- Social Determinants of Health
- Nutrition, Weight and Active Living
- Access to Health Services
- Mental Health / Mental Disorders / Behavioral Health
- Violence Prevention

Methodology Summary:

The Scott County Public Health Department facilitated in, conducted, and participated in the Scott County Community Health Improvement Plan 2015-2019. The process included an analysis of publicly available data and the systematic collection of community input from key community stakeholders and representatives of underserved populations. The Community Health Steering Committee went through a multi-step process to identify priorities. Six priority health issues were identified, and three final health priorities were selected.

Community Input – Required Groups:

<table>
<thead>
<tr>
<th>1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community</th>
<th>• The Scott County Community Health Improvement Plan was conducted and produced by the Scott County Public Health Department.</th>
</tr>
</thead>
</table>
| 2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations | • Public Forums  
• Discussions within the Scott County Health Care Systems Collaborative  
• Survey on Mental Health Issues |

Hospital Involvement:

Libby Lincoln, a representative from the Park Nicollet Foundation, served on the Scott County Health Matters: Statewide Health Improvement Program Community Leadership Team and the Scott County Health Care System Collaborative Team.
Scott County
Scott County Community Health Improvement Plan 2015-2019

Initial Health Priorities:
• Strengthen Early Identification of Infants and Toddlers: Health Development
• Mental Health
• Chronic Disease Prevention: Through Healthy Eating and Physical Activity
• Sexually Transmitted Infections
• Teen Alcohol Use
• Exposure to Second Hand Smoke

Three Final Health Priorities:
• Chronic Disease Prevention: Healthy Eating & Physical Activity
• Identifying at Risk Infants and Toddlers: Healthy Development
• Mental Health: Healthy Communities


Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
December 2015 102
Methodology Summary:
The 2014 Washington County Community Health Improvement Plan utilized elements of the Mobilizing for Action through Partnerships and Planning (MAPP) model. This process included a review of available health data, as well as the systematic collection of community input.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community
   • The Washington County Community Health Improvement Plan was conducted and produced by Washington County Department of Public Health and Environment.

2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations
   • Washington County Residential Survey
   • Washington County Community Health Opinion Survey
   • Key Informant Interviews
   • Adult Listening Sessions
   • Youth Listening Sessions

Hospital Involvement:
Lakeview Health Foundation participated in and provided input for the Washington County Community Health Improvement Plan.
Initial Categories of Health Issues: *(Used for Prioritization)*

- Obesity, Nutrition and Physical Activity
- Chronic Disease and Conditions
- Mental Health
- Substance Abuse
- Tobacco Use
- Injury and Violence
- Environmental Health
- Access to Health Services
- Maternal and Child Health
- Infectious Diseases

Overall Health Needs Identified:

- **Obesity** in children and adults due to poor nutrition and physical activity.
- Premature death and disability from **chronic diseases** due to tobacco use.
- **Behavioral health problems** among children and adults due to substance abuse and mental illness.


Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
Description of PowerUp and Family Community Survey

• PowerUp is an evidence-based, comprehensive approach to create community change through improving youth health in the St. Croix Valley over 10 years in partnership with schools, businesses, health care, civic groups, families, kids, and the entire community.

• The Family Community Survey is an online survey distributed at 2 year intervals over the course of the initiative that is targeted towards families with children under the age of 18 to gather data concerning awareness, attitudes and behaviors related to PowerUp.

• Two comparison groups are included in the study:
  – 2013: Stillwater, Mahtomedi, Somerset Areas
    • 1,825 surveys mailed, 273 responses (15% response rate)
  – 2014: Hudson, New Richmond Areas
    • 1,925 surveys mailed, 222 responses (13% response rate)

What do parents need to help PowerUp their families? Top 5:

• Coupons/Price Discounts
• Physical Activity during the school day
• Access to free/low cost places to be physically active
• Physical Education in Schools
• Better foods and beverages served at community events

Source: Family Community Survey, PowerUp Initiative, January 2014
Methodology Summary:
The Polk County Community Health Improvement Plan 2014-2016 was conducted in collaboration with:

- Polk County Health Department
- Amery Hospital & Clinic
- Osceola Medical Center
- St. Croix Regional Medical Center

The assessment was initiated in mid-2012 and included a review of comprehensive health data, an analysis of body mass index information from local clinic records and health and lifestyle data from community surveys.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

   - The Polk County 2020 Community Health Improvement Plan was conducted in collaboration with the Polk County Health Department.

2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

   - Community Surveys

Hospital Involvement:

Amery Hospital & Clinic was one of four collaborating organizations that conducted and produced the Polk County Community Health Improvement Plan.
The County Health Rankings compare the health status of the county to other counties across the state. Of the 72 ranked counties in Wisconsin, Polk County ranks:

<table>
<thead>
<tr>
<th>Category</th>
<th>Polk County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>33</td>
</tr>
<tr>
<td>Health Factors</td>
<td>36</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>19</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>64</td>
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<tr>
<td>Social and Economic Factors</td>
<td>33</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>53</td>
</tr>
</tbody>
</table>

Health Data:

- Self-harm is the second leading cause of hospitalization in Polk County
- The suicide rate in Polk County is nearly twice the state’s rate (23 vs. 13 per 100,000)
- Approximately 15% of Polk County youth reported that they seriously considered committing suicide in the past year.
- Between 2007 and 2009, 17 children were hospitalized in Polk County for self-harm.

Community Input:

- On the Community Health Survey, 16% of respondents said they have been diagnosed with depression or a mental health disorder
- The 4% of respondents on the Community Health Survey who reported they have considered suicide, 22% reported that they are doing “nothing” to address these concerns.

Polk County (Finding #2 – Obesity)
Polk County 2020 Community Health Improvement Plan Version 2014-2016

Health Data:
- Polk County and Wisconsin (28%) exceed the national goal of 25%.
- The increase in annual health care costs for every obese adults exceeds $1,400.
- Obese youth are more likely to become obese adults, putting them at risk of having lifelong health consequences.

Community Input:
- On the Community Health Survey, just over one-third of respondents described their weight as “healthy”, nearly half reported they were “slightly overweight”, and 14% said they were “very overweight”.
- In the first six months of 2012, approximately 65% of patients were screened for height and weight in medical centers in Polk County. More than 40% of screened patients were obese and nearly 30% were overweight.
Health Data:

• An estimated 38 million people per year in the United States drink too much.
• The prevalence of excessive drinking in Polk County (23%) and Wisconsin (24%) far exceeds the national goal of 8%.
• Approximately 24% of boys and 16% of girls in Polk County report having had their first drink of alcohol before age 13.
• Motor vehicle crashes are the leading cause of death in Polk County, with a rate more than twice the state’s rate. Alcohol is involved in three times as many fatal car crashes than in the state overall.

Community Input:

• On the Community Health Survey, approximately 30% of respondents reported binge drinking in the past month.
Polk County Priority Comparison
2009 vs. 2014-2016 Priorities

2009 CHNA Health Priorities
• Physical Activity
• Adequate, Appropriate and Safe Nutrition
• Tobacco Use and Exposure
• Mental Health
• Unhealthy Alcohol and Drug Use

2014-2016 CHIP Health Priorities
• Mental Health
• Obesity
• Unhealthy Alcohol Use

Source: Community Health Needs Assessment Report - 2009 Polk County Wisconsin
Polk County Healthy Wisconsin
Healthy Wisconsin Health Plan 2020 Overview

- **Healthiest Wisconsin 2020: Everyone Living Better, Longer** represents the third decade of statewide community health improvement planning designed to benefit the health of everyone in Wisconsin and the communities in which they live, play, work, and learn. The vision reflects the plan's twin goals:
  - Improve health across the life span
  - Eliminate health disparities and achieve health equity

**Infrastructure Focus Areas**
- Access to quality health services
- Collaborative partnerships for community health improvement
- Diverse, sufficient, competent workforce that promotes and protects health
- Emergency preparedness, response and recovery
- Equitable, adequate, stable public health funding
- Health literacy and health education
- Public health capacity and quality
- Public health research and evaluation
- Systems to manage and share health information and knowledge

**Health Focus Areas**
- Adequate, appropriate, and safe food and nutrition
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Mental health
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure
- Unhealthy alcohol and drug use
- Violence and injury prevention

Source: Community Health Needs Assessment Report -2009 Polk County Wisconsin

Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
Methodology Summary:
Healthier Together – St. Croix County is a community collaboration working together to improve the health of residents in St. Croix County. The coalition is a partnership between:
- Baldwin Area Medical Center
- Hudson Hospital & Clinic
- River Falls Area Hospital
- Westfields Hospital & Clinic
- St. Croix County Public Health

The coalition engaged in a joint community health planning process that culminated in a Community Health Needs Assessment and Implementation Plan.

The first phase – “Data Collection” and “Community Input” – was conducted between July and December of 2013. This section summarizes those findings.

Community Input – Required Groups:
1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community
   - St. Croix County Public Health is an integral part of the Healthier Together collaborative, serving as one of five partners on the coalition.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations
   - Community Health Assessment and Group Evaluation (CHANGE) Assessment
   - Transform Wisconsin Public Opinion Poll
   - Community Health Needs Assessment (CHNA) Survey

Hospital Involvement:
Hudson Hospital & Clinic and Westfields Hospital & Clinic are an integral part of the Healthier Together collaborative, serving as two of five partners on the coalition.
St. Croix County
St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016

Health Data Findings:
Youth Risk Behavior Surveillance System (YRBSS):
• 43.2% of students said harassment / bullying is a problem at their school
• 12.6% of students have considered attempting suicide in the last 6 months
• 29.9% of students have tried cigarette smoking and 29% reported drinking alcohol during the last 30 days
• 21.3% have tried marijuana
• 36.1% reported ever having sexual intercourse
• 25.6% of students reported watching television 3 or more hours per day on an average school day

Additional Data Indicates:
• Poverty and food insecurity are concerns in St. Croix County
• Homelessness, domestic violence and lack of public transportation are issues facing families in St. Croix County
• Excessive alcohol consumption is one of Wisconsin's largest public health issues
• Leading causes of death are cancer and heart disease (2012)

Community Input Findings:
Community Health Assessment and Group Evaluation (CHANGE) Assessment:
• Community-at-large sector: increased access to active living, access to healthy food options, and promotion of healthy eating, as well as breastfeeding awareness.
• Healthcare sector: improvements needed in a referral system to community-based resources for physical activity.
• School sector: need for environmental and policy changes for improved physical activity and nutrition opportunities in the school systems.

Transform Wisconsin Public Opinion Poll:
• At random, 300 St. Croix adults completed the survey.
• Results indicated that 82% of respondents believe that childhood obesity is a serious problem in Wisconsin (31% reported it as a “very serious” problem).
• Respondents almost unanimously agreed that promoting active schools and opening recreational facilities for public use are common-sense steps to promoting increased physical activity.

Community Health Needs Assessment (CHNA) Survey:
• A total of 434 individuals responded to the survey.
Top Health Priorities:
• Obesity and Lack of Physical Activity
• Access to Primary and Preventative Health Services
• Adequate and Appropriate Nutrition
• Alcohol and Other Substance Use and Addictions
• Tobacco Use and Exposure

St. Croix County Priority Comparison
2009 vs. 2014-2016 Priorities

2009-2014 CHIP Health Priorities

• Access to Primary and Preventative Health Services
• Adequate and Appropriate Nutrition
• Overweight, Obesity, and Lack of Physical Activity
• Alcohol and Other Substance Use and Addiction
• Tobacco Use and Exposure

2014-2016 CHNA and Improvement Plan Health Priorities

• Healthy Foods
• Oral Health
• Physical Activity

Source: St. Croix County Community Health Improvement Plan 2009-2014
Summary of Community Conversations Conducted by Regions Hospital

A review of findings from the community conversations conducted by Regions Hospital
Background
Regions Hospital Community Conversations

- Regions Hospital conducted 2 community conversations during the summer of 2015 to gather input from under-represented groups in the community, including linguistically diverse populations.

**Community Conversation #1**
Interpreters from various Organizations, 10 Attendees
Conducted: June 16, 2015

<table>
<thead>
<tr>
<th>Organization &amp; Language Represented</th>
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<tbody>
<tr>
<td>Park Nicollet: Somali, Spanish</td>
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<tr>
<td>Language Banc: Oromo/Amharic, Somali</td>
</tr>
<tr>
<td>Itasca Interpretation Services: Karen</td>
</tr>
<tr>
<td>Kim Tong: Vietnamese, Spanish</td>
</tr>
<tr>
<td>Regions: Oromo/Amharic, Vietnamese</td>
</tr>
</tbody>
</table>

**Community Conversation #2**
Community Organizations, 11 Attendees
Conducted: July 14, 2015

<table>
<thead>
<tr>
<th>Organization Represented</th>
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</thead>
<tbody>
<tr>
<td>African American Breast Cancer Alliance</td>
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<tr>
<td>Impetus - Let’s Get Started LLC</td>
</tr>
<tr>
<td>Neighborhood House</td>
</tr>
<tr>
<td>Open Cities Health Center</td>
</tr>
<tr>
<td>Union Gospel Mission</td>
</tr>
<tr>
<td>Vital Aging Network</td>
</tr>
</tbody>
</table>
Summary of Findings
Regions Hospital Community Conversations

• Access to Mental Health Services
• Access to Dental Services
• Healthcare System Barriers
• Focus on Prevention and Education
• Access to Healthy Lifestyle Resources
  – Contributing to obesity and diabetes
• Barriers to Care for Diverse Populations
• Community Connectedness

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015
A brief survey was conducted to rank the top health care initiatives. The top five issues were:

1. Improving access to health care for populations with limited services
2. Promoting positive health habits
3. Promoting change in negative habits
4. Improving access to preventive care
5. Increasing the proportion of residents who have access to medical insurance coverage

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015
Access to Mental Health Services
Regions Hospital Community Conversations

• Cultural Stigma Towards Mental Health
  – Many Vietnamese community members remain in denial about their mental health.
    • Mental health diagnoses/medication are sometimes viewed as ‘offensive.’
  – Spanish and Somali populations have difficulty navigating the system due to lack of education or lack of access to a computer.
  – Somali participants believe parental awareness of the system is crucial. If a parent doesn’t understand the system, they can’t be an advocate for their child.
  – Isolated older adults may develop depression and anxiety, but many deny it or do not want to discuss it.
  – Strengthen mental health through peer and community support. These are as important as the traditional medical model of service delivery.

• Culturally Sensitive Education About Available Services
  – Many populations are afraid to ask questions.

• Lack of Timely Healthcare Access
  – Appointments are weeks out, which is too long to wait for someone in crisis.
  – Many insurance policies don’t cover mental health services.

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

HealthPartners
Access to Dental Services
Regions Hospital Community Conversations

• Limited Dental Care Affordability
  – Misunderstandings and cost barriers are prevalent in certain communities.
  – Somali participants described copays as too expensive.
  – Spanish interpreters described dental check-ups as accessible.
    • It is more difficult to access specialty dental care (geographic gap between specialists and clinics), and it is worse for pediatric specialty care.

• Limited Dental Care Access
  – Access to affordable dental care is severely limited for Medicare patients.
  – Oromo representatives reported a fear regarding dental care. Many are afraid the dentist may take out their teeth or damage their teeth with deep cleaning.
  – Many insurance companies don’t provide dental insurance, or providers don’t accept the insurance people do have.

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015
Healthcare System Barriers
Regions Hospital Community Conversations

• Lack of Access to Appropriate Level of Care
  – There is confusion regarding appropriate access of different levels of care (Primary Care vs. Urgent Care vs. Emergency Room).
  – The primary care system does not seem to be accommodating. Patients will choose the Emergency Room because it is open and no appointment is needed.
  – Many feel that access to the Emergency Room is less complicated.

• Higher Expectation of Emergency Rooms
  – Many representatives (Oromo, Vietnamese, Spanish, Hmong) believe that there is more equipment and more thorough testing in the Emergency Room.
  – Somali representatives believe that there aren’t enough doctors in the urgent care setting. They will end up sending you to the Emergency Room, so going to the hospital is better.

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015
Healthcare System Barriers Cont.
Regions Hospital Community Conversations

- Cultural Sensitivity and Humility
  - There can be stereotypes from healthcare providers about age/people of color/etc.
  - Providers need to learn to communicate more effectively with patients, and provide immigrants with access to culturally competent care in their own language.
  - Providers should practice cultural humility with patients and the community in order to connect the medical and community models.
  - Encourage providers to approach patients and communities with cultural humility.

- Lack of a Holistic Approach
  - Especially with diabetes and food choice that are culturally appropriate.

- “Advocating for Yourself” is Difficult
  - Some patients feel there is a power differential between doctors and patients.

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015
Regions Hospital Community Health Needs Assessment
Community Hospital Consulting

HealthPartners®
Prevention and Education
Regions Hospital Community Conversations

• Need for Increased Focus on Prevention and Education
  – There seems to be a lack of belief, or focus, on preventive care.
  – For example, people tend to only go to the dentist or doctor when something hurts, but do not usually go as a preventative measure.

• Community Education on Healthcare Access is Necessary
  – Many people do not know which healthcare resources are available to them, and navigating the healthcare system can be overwhelming.
  – There can be a lack of follow-up with patients who need it.

• Encouragement to Seek Care
  – Fear of a diagnosis and/or stigma surrounding a diagnosis can prevent people from seeking treatment.
  – There is a need to stress importance of early diagnosis.

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015
Access to Healthy Lifestyle Resources
Regions Hospital Community Conversations

- Limited Access to Healthy, Affordable Foods
  - Obesity and diabetes are of particular concern.

- Lack of Adequate Education/Understanding Regarding Nutrition
  - There is a lack of understanding about how to control diabetes.
  - Regarding childhood diabetes, full family involvement is crucial, particularly in the Spanish-speaking community.

- Culturally-tailored Nutrition Education
  - Food education needs to be in primary language if possible, with photos of portion sizes.

- Community Support
  - Role models and community support are critical: “If others you know attend programs, you will too.”
  - The community must own it and feel responsible for it to flourish.

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

HealthPartners®
• **Healthy Lifestyle Promotion**
  – Need for advertising where people go for information (i.e., church, bus stops, etc.)
  – Vietnamese representatives suggested family-based programs as a motivation for people to attend healthy lifestyle programs.
  – Hmong representatives believe that people will not go to healthy lifestyle programs unless they are introduced at special events.

• **Monetary and Programming Support (noted specifically by community organizations)**
  – Grant funding is an asset to the community, but cycles may need to be extended past 12 months
  – There was mention about the medical community investing in the community and grand providers meeting with the community to set goals
Barriers to Care for Diverse Populations
Regions Hospital Community Conversations

- Linguistically diverse populations are at an increased risk of facing access barriers and receiving inadequate care.
- Additional populations that are at an increased risk are:
  - Low-income
  - Immigrants
  - Elderly who are fragile and isolated
  - LGBTQ population
  - Homeless youth
  - Unemployed
  - People who did not complete school
- Concerns include:
  - Transportation
  - Medication management
  - Limited medical coverage
  - Cost barriers
  - Culturally appropriate care

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015
Community Connectedness
Regions Hospital Community Conversations

• Integration of Medical and Community Models
  – Build partnerships across the medical and local communities by capitalizing upon existing assets and engaging residents.

• Community Members as Resources
  – Residents have time, desire, connections, and creative ideas, but not always enough resources to see those ideas through.
  – Train community members to provide information to others, so medical providers do not necessarily need to be present (EX: Latino community churches).
  – Somali representatives suggested a need for community health workers who follow up with patients and explain the benefits of a prescribed medication.

• Linguistically Diverse Community Assets
  – There are many Hmong (Hmong American Partnership – joined with Karen groups), Oromo, Vietnamese (Vietnamese Family Services), and Somali programs within the community.
  – Wellness programs for people aged 50+.

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015
Summary of Community Conversations Conducted by Lakeview Hospital

A review of findings from the community conversations conducted by Lakeview Hospital
Lakeview Hospital conducted 2 community conversations during the summer of 2015 to gather input from various groups in the community, including representatives of under-served populations.

### Community Conversation #1
Members of Community Health Action Team
Conducted: May 15, 2015

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheryl Hale</td>
<td>Nursing, Stillwater Area Public Schools</td>
</tr>
<tr>
<td>Shelly Rock</td>
<td>Parish Nursing, Lakeview</td>
</tr>
<tr>
<td>Susan Whalen</td>
<td>Private Practice Psychologist</td>
</tr>
<tr>
<td>Allie Schmidt</td>
<td>Pregnancy Counselor, Evolve Adoption</td>
</tr>
<tr>
<td>Diane Cragoe</td>
<td>School Programs Coordinator, Family Means</td>
</tr>
<tr>
<td>Jean Streetar</td>
<td>Washington County Public Health</td>
</tr>
<tr>
<td>Cathy Dyball</td>
<td>Community Thread</td>
</tr>
<tr>
<td>Jen Kowalsky</td>
<td>Community Member</td>
</tr>
</tbody>
</table>

### Community Conversation #1
Members of Health and Wellness Advisory Committee
Conducted: July 15, 2015

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
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<tbody>
<tr>
<td>Sue Hedlund</td>
<td>Retired Public Health Deputy Director</td>
</tr>
<tr>
<td>Lowell Johnson</td>
<td>Director of Public Health, Washington County</td>
</tr>
<tr>
<td>Rick Robbins</td>
<td>Community Member &amp; Marketing Professional</td>
</tr>
<tr>
<td>Denise Pontrelli</td>
<td>Superintendent of Schools, Stillwater</td>
</tr>
<tr>
<td>Ron Phillippo</td>
<td>Community Member &amp; Retired Boy Scout Executive</td>
</tr>
</tbody>
</table>

Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015

Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
Summary of Findings
Lakeview Hospital Community Conversations

- Access to Mental Health Services
- Chemical and Substance Abuse Issues
- Access to Adequate Nutrition and Physical Activity
- Need to “connect people to services and to each other”

Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015
A brief survey was conducted to rank the top health care initiatives. The top health care needs were:

- Promoting change in negative habits
- Promoting positive health habits
- Improving access to health care for populations with limited services
- Increasing the proportion of residents who have access to health coverage
- Promoting chronic disease management
Access to Mental Health Services
Lakeview Hospital Community Conversations

• Top Priority
  – Five out of eight community conversation members reported mental health as the top need in the community.

• Mental Health Stigma & Gaps in Access
  – There is a need to decrease stigma and close the gap in access to services.
  – There is a continued need to work on stigma, and create resources that people are confident in.
  – Connecting providers with needs can be difficult. There is an overall need to connect “need” with the “help.”

• Preventive Education
  – Education is necessary to help people identify early signs of mental illness and next steps for treatment.

• Lack of Resources
  – The community does not have facilities to take people with mental health issues. The ambulance will not take them, so the sheriff has to bring them to Regions Hospital.

Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015
Share this:

Regions Hospital Community Health Needs Assessment
Community Hospital Consulting

December 2015

HealthPartners
• **Substance Abuse**
  – Abuse of prescription medications, opiates in particular, is a concern in the community.
  – The community lacks continuing alcohol and tobacco education, including e-cigs and non-smoking forms.
  – There is an increase in drug use among high school students and young adults in the Stillwater area.
  – There is a problem with marijuana’s increasing acceptance and the perception that it is low risk, including a “weed justification” of “it’s okay because it’s okay in other states.”

• **Parental Education**
  – There is a need to educate adults and guardians about new forms of common substances. For example, weed wax and other non-traditional forms of marijuana are common.
  – There are now “how-to” drug use apps.
Nutrition and Physical Activity
Lakeview Hospital Community Conversations

**Assets**
- *PowerUp* is an important and visible resource in the area.

**Needs**
- **Health Literacy**
  - Lack of health and wellness literacy is a problem in the community.
- **Lack of Healthy Food for Specific Populations**
  - There is food inequity in the area, and access to nutritious foods for the elderly is severely limited.
- **Lack of Resources**
  - The community lacks a recreation department and facilities that are available are being underutilized.
    - *PowerUp* open gyms help with this issue.
  - Additional partnerships between Washington County/Stillwater Schools/Lakeview Hospital might be beneficial on this front.
    - “It might be a coordination problem, not a facilities problem.”
- **School Wellness**
  - New policies are being proposed to the school board.
  - Budget cuts are impacting schools’ abilities to staff nurses.

Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015

Regions Hospital Community Health Needs Assessment
Community Hospital Consulting

December 2015
135
Create Connections
Lakeview Hospital Community Conversations

- Establishing Community Connections
  - “Connecting people to services and to each other” was a recurring theme in both community conversations conducted by Lakeview Hospital.
  - This need is applicable across conditions and communities, including mental health.
  - Lakeview Hospital can be influential by continuing to connect patients to available services.
  - Lakeview can continue to collaborate with partners to share resources and increase awareness of resources.

- Building a Healthier Community
  - Increasing access to necessary resources and connecting community members who share similar experiences will increase the health and quality of life of the whole community.

Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015
Summary of Community Conversation Conducted by Amery Hospital & Clinic

A review of findings from the community conversations conducted by Amery Hospital & Clinic
Amery Hospital & Clinic conducted 1 community conversation during the summer of 2015 to gather input from various community members, including those with insight from under-served populations.

<table>
<thead>
<tr>
<th>Community Conversation Attendee</th>
<th>Organization / Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amery EMS</td>
<td></td>
</tr>
<tr>
<td>Amery Community Member</td>
<td></td>
</tr>
<tr>
<td>AHC Employee</td>
<td></td>
</tr>
<tr>
<td>Amery Fire Chief</td>
<td></td>
</tr>
<tr>
<td>City of Amery</td>
<td></td>
</tr>
<tr>
<td>Amery Community Festival Committee Lead</td>
<td></td>
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</table>
Summary of Findings
Amery Hospital & Clinic Community Conversation

• Access to Mental Health Services
• Alcohol and Other Chemical Abuse Issues
• Nutrition and Physical Activity
• Healthcare System Barriers / Misuse
• Community Strengths and Leadership

Source: Community Conversation conducted by Amery Hospital; August 20, 2015
Access to Mental Health Services
Amery Hospital & Clinic Community Conversation

• Lack of Access to Mental Health Services
  – Participants noted lack of access to mental health services as one of the biggest health needs in the community.
  – There is “no place to bring [these patients] within Polk County.”

• Limited Services
  – Inpatient services are provided at Amery, but they are limited to ages 45+.
  – Outpatient services are provided at Amery Behavioral Health, but it can be difficult to get appointments.
  – There are not any services available for patients in crisis.

• Many do not want to seek treatment because there is a stigma associated with having a mental health condition.

Source: Community Conversation conducted by Amery Hospital; August 20, 2015

Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
Alcohol and Chemical Abuse
Amery Hospital & Clinic Community Conversation

• Substance Use and Mental Health
  – Drug and alcohol usage was also noted as one of the biggest health concerns in the community.
  – It was noted that drug and alcohol use can be connected to mental health issues.

• Limited Services
  – The closest facility for drug and alcohol treatment is located in Duluth.

• Children are at Risk
  – It was mentioned that there is a feeling among youth that drugs are okay if they are “natural.”
  – The internet can provide inaccurate and misleading information.
  – There is a significant familial influence regarding growing up with drugs / alcohol in the home.

Source: Community Conversation conducted by Amery Hospital; August 20, 2015
Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
Nutrition and Physical Activity
Amery Hospital & Clinic Community Conversation

- **Access to Healthy Lifestyle Resources**
  - There are adequate programs that promote healthy lifestyles, but physical activity was still noted as a significant concern.
  - One person mentioned that a swimming pool might increase access to physical activity resources.

- **Sugar Intake**
  - Community members may need additional information on the risks associated with high sugar consumption.

- **Vulnerable Populations**
  - Low income community members are most at risk for unhealthy lifestyles.

Source: Community Conversation conducted by Amery Hospital; August 20, 2015
Barriers
- Transportation
  - Lack of understanding or knowledge of services may be an issue. For example, the Amery Hospital & Clinic Van service could be advertised as alternative to ambulance after ER visit.
- Medication management may be a concern for the elderly.
  - Home visits were suggested to assist with this issue.

Misuse
- Healthcare System
  - It was mentioned that community members may “know the system too well.” For example, a patient may wait until the Urgent Care is closed so they don’t have a copay.
- Fire Department
  - It was noted that over half of calls are routine calls rather than emergency.

Community education may be helpful.

Source: Community Conversation conducted by Amery Hospital; August 20, 2015

Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
December 2015
Community Strengths and Leadership
Amery Hospital & Clinic Community Conversation

• **Strengths**
  – Personal touch
  – Safe
  – Community collaboration
  – Support for community projects and fund raisers
  – Healthy lifestyle resources
    • Gyms, expert help, nutrition, diabetes and pregnancy counseling

• **Leadership**
  – The community needs someone to spearhead issues and support will follow.
  – It is important to take on leadership roles and let the community know that there are several people / organizations willing to help or connect you with those that can help.

Source: Community Conversation conducted by Amery Hospital; August 20, 2015
HealthPartners’ Previous Community Health Priorities

A listing of the health needs identified in the most recently conducted Community Health Needs Assessment for HealthPartners (Dakota, Ramsey, Washington, and St. Croix Counties)
2012 HealthPartners’ CHNA Needs
Dakota, Ramsey, Washington, and St. Croix Counties

1. Increase Access to Mental Health Services
2. Promote Positive Behaviors to Reduce Obesity
3. Increase Access to Primary and Preventive Care
4. Improve Service Integration
5. Promote Change in Unhealthy Lifestyles

Source: 2013 CHNA for Regions, Lakeview, Hudson and Westfields
Regions Hospital Community Health Needs Assessment
Community Hospital Consulting
Overall Summary of Common Themes

A list of common health needs that were identified by evaluating demographic data, health data, and a summary of community input.
Common Themes

• **Mental and Behavioral Health**
  – Mental health services and access
  – Drug and alcohol abuse and dependency

• **Chronic Disease and Illness Prevention**
  – Obesity
  – Heart disease
  – Diabetes
  – Cancer
  – Communicable diseases

• **Equitable Care**
  – Social determinants of health
  – Disparities among underserved populations

• **Access and Affordability**
  – Ease of healthcare use
  – Barriers to access
  – Connections to services and resources
  – Partnerships
Input Regarding the Hospital’s Previous CHNA

A review of the community input provided on the hospital’s previous CHNA and Implementation Plan
Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.

- Collaborative efforts were made by each of the hospitals to coordinate with their local counties in creating CHNAs/CHIPs/CHAs. Findings from these existing documents supplemented the 2015 CHNA and Implementation Strategies for the six HealthPartners’ hospitals participating in this report.

- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital’s website. However, at the time of this publication, written feedback has not been received on the hospital’s most recently conducted CHNA and Implementation Strategy.

- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.
Evaluation of Hospital’s Impact

An evaluation of the hospital’s impact regarding initiatives detailed in the hospital’s previous Implementation Plan
Evaluation of Hospital’s Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital’s prior CHNA.
- The hospital has tracked the progress made on previously listed activities and a summary of impact made by the facility is included in this section.
The Community Health Needs Assessment (CHNA), a statutory requirement from the federal government Affordable Care Act, was instituted to justify a hospital’s 501(c)(3) tax-exempt status. Every three years, a Community Health Needs Assessment is to be completed and needs to include a written three-year Implementation Plan. The Plan is to be reviewed and updated annually.

We at HealthPartners believe the Community Health Needs Assessment (CHNA) is a written extension of our mission to improve health and well-being in partnership with our members, patients and community. We welcome the opportunity to share this executive summary.

Our HealthPartners hospitals first CHNAs, in 2012, identified the greatest needs in the communities we serve. Comprehensive assessments were conducted by the following HealthPartners hospitals: Regions Hospital in St. Paul, MN; Lakeview Hospital in Stillwater, MN; Methodist Hospital in St. Louis Park, MN; Hudson Hospital in Hudson, WI; Westfields Hospitals in New Richmond, WI; and Amery Regional Medical Center in Amery, WI. Both the CHNAs and Implementation Plans at each of the hospitals were approved by their respective hospital boards, Q4 2012.

The first year of each hospital’s Implementation Plan was 2013. This executive summary is a report back of the 2013 implementation activities.

The priorities that were identified by the Community Health Needs Assessment for Regions Hospital include:
- Increase Access to Mental Health Services
- Promote Positive Behaviors to Reduce Obesity (Nutrition/Physical Activity)
- Increase Access to Primary and Preventive Care
- Improve Service Integration
- Promote Change in Unhealthy Lifestyles (Tobacco/Alcohol/Substance Abuse)

## Priority #1 Increase Access to Mental Health Services

### Objective 1: Regions Hospital seeks to improve access to mental health care by leading the effort to offer a centralized place for comprehensive, quality, and personal mental health services.

<table>
<thead>
<tr>
<th>Implementation Activity</th>
<th>Year #1 2013 Progress Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regions Hospital will build a new mental health care facility, including an eight-story tower with 100 private inpatient rooms.</td>
<td>By first quarter 2013, Regions Hospital will begin operating a partial hospitalization program, DayBridge.</td>
</tr>
</tbody>
</table>

### Objective 2: Through funding by the Regions Hospital Foundation and in partnership with other community organizations, Regions Hospital will implement a community-based mental health anti–stigma campaign, which is comprised of several new and on-going initiatives aimed at reducing the stigma associated with mental health illnesses.

<table>
<thead>
<tr>
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<tr>
<td>Regions Hospital will continue to lead and provide support to the East Metro Mental Health Roundtable and support the administrative costs of the task force.</td>
<td>This team launched the MakeItOK campaign and continued to oversee the Mental Health Drug Assistance Program. This Roundtable revised metrics for tracking mental health services, with the assistance of the Wilder Foundation, and reported on the need for more intensive Residential services. The East Metro Mental Health Roundtable will re-convene to discuss options.</td>
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### Objective 3: Regions Hospital Foundation (RHF) and HealthPartners will continue to support initiatives that improve access to mental health services.

<table>
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<td>At Regions Hospital, volunteers provide friends and family members with information and resources on mental illnesses, medications, and how to be an effective support system. By 2013, Regions Hospital will provide a new dedicated resource room to NAMI.</td>
<td>RHF raises funds for and acts as a fiscal agent and performs administrative functions for the Mental Health Drug Assistance Program (MHDAP) at Regions Hospital, which improves access to prescription drugs for persons with mental illness. In 2013, MHDAP provided $234,620 worth of stop-gap assistance to 406 mental health patients who temporarily could not afford medications. The program helped individuals obtain 1,275 prescriptions. Operating: $234,620</td>
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### Priority #1 Increase Access to Mental Health Services

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<td>Royalties will participate in the annual NAMIFlask in September to raise the public’s awareness of mental illnesses and end the stigma surrounding them.</td>
<td>Regions Hospital will participate in the planning process for developing various marketing techniques associated with the anti–stigma campaign. Regions Hospital will proceed in the planning process for developing various marketing techniques associated with the anti–stigma campaign. In 2013, Regions and HealthPartners spent $1,004,257 on the Make It OK campaign using contributions to Regions Hospital Foundation. MakeItOK.org launched in December 2012 and the campaign hard launched in May 2013 with an advertising “flight” that included television, Make It OK has generated a lot of enthusiasm in the community. One indication of the enthusiasm is the number of people who visit MakeItOK.org. Through 2013 the site had 30,696 unique visitors and 4,055 people took the site’s pledge to become stigma-free. The Make It OK campaign has also received very positive reviews in local press. The following quote is from a StarTribune editorial date: June 12, 2013: “Minnesota, so often ahead of the health care curve, is again a public health paragon thanks to the Make It OK campaign, which boldly but pragmatically moves beyond previous efforts to reduce the stigma of mental illness.” Operating, through Foundation Fundraising: $1,004,257</td>
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<td>Regions Hospital will continue to operate the DayBridge, a partial hospitalization program. DayBridge is a mental health program for adults who need intensive therapy but can continue to live in their community with the support of family and friends.</td>
<td>Regions Hospital will continue to offer services in the Emergency Center Mental Health crisis unit. By year end 2013, Regions Hospital will implement enhancements to the care model utilized in the crisis unit including reducing aggressive patient behavior and de-escalation training for staff, unit physical National Association on Mental Illness (NAMI) provides trained volunteers to source the lobby and resource room. Over 113 hours of volunteer time was provided to assist families with their education and support needs.</td>
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<td>There were 88 participants on the Regions Hospital team and the team raised approximately $6,000 to contribute to NAMI in the effort to increase awareness of mental illness and to eliminate stigma.</td>
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improvements for patient and staff safety and a revised clinical staffing model to enhance and accelerate treatment.

Operating: $3,225,000

(Mental Health Crisis Alliance (MHCA) prevents avoidable emergency hospitalization and facilitating timely discharges by providing adult mental health crisis stabilization services in homes, community settings, or in short-term, supervised, licensed residential programs. Regions Hospital will continue to be an active sponsor of the MHCA

We are founders and help lead (as well as financially support) The Mental Health Crisis Alliance (formerly known as EMACS) which received the following 3 prestigious awards this past year:
• 2013 DHS Commissioner’s Circle of Excellence Award
• 2013 NAHA Provider of the Year Award
• 2013 University of Minnesota Humphrey School Local Government Innovation Award
This program is proven to reduce costs and hospitalizations for patients needing crisis stabilization.

Regions Hospital will participate in the exclusive breastfeeding rate improvement from summer 2012 at 39% to winter 2014 at 64%. Goal is Best Fed Beginnings initiative. The purpose of the Best Fed Beginnings (BFB) initiative is to promote breastfeeding nationwide by creating an environment in which a mother’s choice concerning breastfeeding is honored and supported. We are founders and help lead (as well as financially support) The Mental Health Crisis Alliance (formerly known as EMACS) which received the following 3 prestigious awards this past year:
1) Exclusive breastfeeding rate improvement from summer 2012 at 39% to winter 2014 at 64%. Goal is 70%
2) Baby Skin to Skin (vaginal birth) improved from summer 2012 at 30% to winter 2014 at 60%. Goal is 70%
3) Rooming In 23 of 24 hours/day improved from summer 2012 at 10% to winter 2014 at 50%. Goal is 70%
4) Created/developed/implemented prenatal education documents for all 17 prenatal clinics, translated into Hmong, Somali, Spanish, Amharic

Regions will continue its support including employee and corporate fundraising and active involvement in the American Heart Association’s focus to improve the heart health of our population and reduce obesity.

Regions Hospital participated and sponsored the following events:
• Teaching Gardens funds gardens in local schools
• Heart Walk
• Power to End Stroke
• Go Red for Women
Operating: $65,036

Regions Hospital will support the Crisis Center by educating patients in the emergency department about the services, and providing psychiatric coverage to the crisis center.

As noted above, 7,482 patients were served in Regions Hospital Emergency Center Crisis unit in 2013. Patients were regularly educated and provided materials about the Ramsey County Crisis Center.

Operating: $7,000

Regions Hospital will continue to collaborate with SHIP throughout 2012 and 2013.

Many of Regions Hospital’s priority goals overlap with many of the SHIP goals. Regions Hospital, as part of the integrated system of HealthPartners and through its sister hospital in Stillwater, collaborates and advocates in cooperation with these SHIP efforts through our yumPower and PowerUp initiatives.

Regions Hospital will promote yumPower and healthy eating on campus and through social media.

The accomplishments for 2013 focused around a strong communications campaign. Internal employee communications, Facebook and Twitter were all used to send consistent messaging about yumPower and better-for-you options. Articles included everything from weight loss tips, juvenile diabetes and the yumPower app to choosing the right foods when dining out and debating the merits of cleanses. There were several events including teaming with Andrew Zimmern to offer free yumPower samples on his food truck, handing out free veggies at clinics and offering yumPower options and recipes at Regions year end celebration.

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Operating: $65,036

Regions Hospital will promote the health and wellness of its own employees by creating a “be well” culture.

Regions has a fitness center which consists of a cardio room, personal training/coach room. There are 1,436 (29%) of employees who have signed participation forms giving themselves badge access 24/7 to the fitness center which resulted in 14,921 employee visits during 2013. During peak use hours all 4 machines are busy. In the group fitness room a variety of classes are offered such as yoga, core conditioning, mindful relaxation, step aerobics and Zumba. The space comfortably holds 8-10 people depending upon the type of class with an average attendance of 5-6 people per class which results in about 2274 employee visits for a group fitness class. In the fitness center personal
Regions Hospital will begin providing wellness coaching services for its employees on an individual or group basis.

Regions provides health and wellness coaching to employees through a variety of services offered by a certified wellness coach. Our most successful coaching program was "Know Your Numbers". In this program, employees complete 3 visits in the order of their choosing. In one visit they meet with the Employee Health and Wellness Clinic NP to discuss cardiovascular health risk factors including blood pressure, height, weight, BMI and blood work (cholesterol profile and glucose). In another they meet with a certified personal trainer and wellness coach to review overall fitness and well-being after measuring waist circumference and body composition. In another visit they meet with a wellness coach to discuss results on a completed self-assessment tool measuring resilience, stress management and life satisfaction. There were 106 employees who completed at least one visit and 56 employees who completed all three visits.

Employees who completed evaluations indicated that this program was extremely beneficial in changing lifestyle and improving health and well-being. In addition, another 17 employees participated in individual or in a small group session with the health and wellness coach.

Regions Hospital will establish an onsite employee health clinic for employees to receive some preventative and early treatment for minor ailments to improve overall health.

Regions opened an Employee Health and Wellness clinic to employees which is staffed by a certified family nurse practitioner. The clinic provides minor acute illness and injury care, including workplace injury, preventative health screenings and wellness care. In 2013, over 2,100 employees received care for concerns related to musculoskeletal pain/injury, skin, allergic, upper respiratory conditions, blood pressure, mental health and urinary issues. Employees receive any required blood/radology testing, prescriptions and referrals to other providers as needed. Twenty-nine employees received tobacco cessation counseling including a free 6-week supply of nicotine replacement products (average value of $100 per supply). Patient (employee) satisfaction with the clinic is measured using the same method as all HealthPartners clinics. This measurement includes the question "Would you recommend your Regions Health and Wellness Clinic to colleagues?" The clinic consistently scores above 90 and mostly at 100 (the maximum score). The clinic has provided accessible and high quality care to employees while showing an ROI for saved productive time (less PTO) and cost to the health insurance plan.

Regions Hospital will continue providing wellness coaching services for its employees on an individual or group basis.

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in programs and initiatives specifically designed to reduce disparities and encourage the appropriate use of health care resources.

In the Emergency Department and payment for charity care transports.

- Quality BLS stretcher transports provided to Regions Patients by St. Paul Fire BLS service in 2013: 1380
- Quality wheelchair discharges (administered by CART EMRT’s) from Regions Hospital: 95 per month/average
- Quality BLS transports provided to Metro area nursing care facilities and hospitals: 285 per month/average

Capital: $150,000
Operating: $ 258,650

Priority #3 Increase Access to Primary and Preventive Care

Objective 7: Regions Hospital will provide access to an expansive library of health and wellness materials to help patients develop a deeper understanding of medical conditions and appropriate wellness activities and resources available in the community.

Regions Hospital will continue to operate the Health Resource Center.

2013 has been a transitional year for the health resource center (HRC). During 2012 an analysis of data related to use of the services and programming and key informant interviews reveals that the HRC as currently designed is not meeting its intended purpose. Therefore, the Health Resource Center was closed in 2013. Patients and families still receive many educational resources through Regions Hospital and HealthPartners. The cancer care center, mental health and heart center all have patient resource libraries. In addition, families do access the medical resource library which does maintain a small collection of books but mainly provides access to reliable on-line resources. Patient care staff readily accesses the TGR system which currently has over 100 education modules. This puts education at the bedside for patients and their families. Patient care staff also utilizes the on-line materials through HealthPartners Healthwise which allows staff to print out resources for patients and families. Finally patients can receive a complimentary care (massage, music therapy, etc) while a patient at Regions.

Regions Hospital will continue to build on its health education materials housed within the Electronic Medical Record

Regions Hospital went live with Healthwise Patient Instructions in June, 2013. Based on a patient’s problem list and/or diagnosis code(s), relevant patient instructions are presented in Epic, our electronic medical record, during the patient encounter. Patient Instructions can be added to the After Visit Summary/Discharge Instructions as part of the patient’s medical record (or printed separately). Patients can also view the instructions on MyChart. In addition, a code at the bottom of a patient instruction directs the patient to more information on the topic in the Healthwise Health Information Library on healthpartners.com. Ambulatory and ED went live with Healthwise Patient Instructions prior to 2013 so consistent, patient-friendly content is now provided to patients across the continuum of care.

Operating: $45,000

Regions Hospital will continue to enhance the health education materials and links available at www.regionshospital.com

At www.RegionsHospital.com patients can find a variety of health education materials and links to trusted sites for additional support and resources. Patients can print the website or are directed there through social media. In 2013, Regions Hospital website had 495,213 visits.
Regions Hospital Community Health Needs Assessment

Operating: $  1,565,847

Regions Hospital will continue to maintain an on-site and on-line medical library resources for Regions Hospital and HealthPartners employees, along with medical and nursing students.

Implementation Activity:
Regions Hospital is a training ground for approximately 470 residents and many clinical students who receive extensive training. Regions Hospital will continue to partner with various institutions to provide high quality learning opportunities for future clinicians.

Priority #4 Improve Service Integration
Objective #9 Regions Hospital will continue to improve service integration and the patient continuum of care via innovative partnerships and effective communication with other service providers.

Implementation Activity:
Regions Hospital will continue to operate the Hospital to Home pilot program, which aims to get patients the right care at the right time.

Year #1 2013 Progress Update
Regions Hospital and its partners expanded the program to 18 additional participant positions with grant funding from the Federal Housing and Urban Development agency. Regions partnered with additional community organizations to recruit program participants and ensure that those participants met criteria for previous ER right care at the right time.

In 2013, Regions:
• Developed electronic medical record emergency department care plans: An emergency department-based care plan is created for identified patients with high rates of unnecessary emergency
partners, or evaluate improved ways to appropriately share discharge information with the patient’s caregivers, to ensure smooth handovers and transitions of care.

Department (ED) visits and admissions. All care plans are visible to all hospital care providers, including emergency department providers, hospitalists, and primary care physicians within the system.

- Provided care manager outreach to patients: A care manager is available to provide face-to-face or telephonic education and follow up for patients using the emergency department for non-emergent reasons.
- Funded a community paramedic development program: The community paramedic, under the orders of a physician, will make one or more home visits to identified patients to support clinical stabilization, patient education, and prevent unnecessary hospital readmissions and emergency department visits.
- Developed an electronic medical record ED visit data feed to primary care providers: Within 24 hours of an emergency department visit, the visit information is sent electronically to the applicable primary care provider. IT development work was required in order to design and implement this electronic feed to primary care clinics.

Capital: $205,000
Operating Budget: $34,000,000

Regions Hospital will also continue to work closely with community clinic partners in the service area on continuity of care and linkages to Regions Hospital, as part of the east metro safety net. HealthPartners Medical Group physicians continue to provide on-call services for these clinics when their patients are hospitalized at Regions Hospital.

Regions Hospital is conducting a telemedicine services pilot to assist small hospitals and rural communities to increase access to clinical expertise in select sub-specialty areas. Based on community clinic feedback, Regions identified the need to provide more streamlined and timely access to a patient’s record once a patient received care at Regions and subsequently returned to their home clinics (based on patient’s permission). Regions Hospital has committed and is in the process of implementing a new portal that will provide easier access to the patient’s electronic health record. This portal will provide secure access without the need of an additional security token via the internet. Patients who identify a physician or clinic in the community will be published to their list of patients for ease of selection. This portal will be up and available in February 2014 for the pilot clinics. Additional clinics will be rolled out once the pilot clinics are deemed successful.

Capital: $526,600
Operating Budget: $87,436

Regions Hospital will actively lead or participate in the company-wide care management transformation efforts. This work intends to improve health outcomes and the experience for patients with chronic or complex conditions by integrating services and smoothing handovers and transitions.

Also imbedded in the ED are care managers who provide education and support to patients, connect them to primary care and to community resources. In addition, geographic studies were completed and we are partnering with community paramedics in neighborhoods where we see a high utilization of the emergency department. Our results around re-admission reduction have also been positive. For 2013, our non-elective 30 day readmit rate was 9.9%, down from 11.86%.

Many efforts are in place to manage risk of readmission. An algorithm was built to assign a score to patients representing their risk for readmission. This score, along with other criteria, is used by care management staff and physicians to put in place activities to manage the risk. Hospital care management works closely with the healthplan disease and case management staff to ensure high risk patients are being followed outside the hospital. Hospital care management also works closely with Geriatrics, Hospice and Home Care to establish smooth transitions and exchange of information. Regular meetings take place with TCU’s, LTC’s, SNF’s and other facilities to establish and maintain processes that support efficient and effective transitions to and from the acute care setting.

Priority #5 Promote Change in Unhealthy Lifestyles (Tobacco/Alcohol/Substance Abuse)

Implementation Activity:
Regions Alcohol and Drug Abuse Program (ADAP) established in 1972, matches clients with appropriate community resources to build the foundation for viable, sustainable recovery. The staffs of licensed drug and alcohol counselors are supported by a team of mental health care professionals. Through long-established community relationships with social service, county agencies, and financial and housing organizations, Regions ADAP program will continue to connect clients with appropriate community resources to support their long-term recovery.

Year #1 2013 Progress Update
Regions Hospital Alcohol and Drug Abuse Program (ADAP) navigated several changes in management and staffing structure in 2013. In September of 2013, the final leadership structure was in place and since that time, efforts have focused on increasing the availability of residential and outpatient programs, by increasing staff numbers and expertise, improving the amount and quality of programming, and by actively building relationships with our referral sources and community partners. As a result of changes, volumes of patients served in residential, outpatient and assessment clinics have been increasing, as have the patient’s level of satisfaction.

Operating: $2,314,000
For appropriate emergency department and trauma patients, Regions Hospital will conduct a Screening, Brief Intervention and Referral to Treatment (SBIRT).

In 2013, Regions Hospital emergency department screened 2,651 patients using the SBIRT tool.
Prioritization

A description of the process used to prioritize the identified health needs, as well as a final list of needs that the hospitals within HealthPartners will seek to address
The Prioritization Process

• On August 24, 2015 leadership from HealthPartners and its respective hospitals met with Community Hospital Consulting to review findings and prioritize the community’s health needs.

• Leadership ranked the health needs based on three factors:
  – Size and Prevalence of Issue
  – Effectiveness of Interventions
  – Hospital’s Capacity
The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue
   a. How many people does this affect?
   b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?
   c. How serious are the consequences? (urgency; severity; economic loss)

2. Effectiveness of Interventions
   a. How likely is it that actions taken will make a difference?
   b. How likely is it that actions will improve quality of life?
   c. How likely is it that progress can be made in both the short term and the long term?
   d. How likely is it that the community will experience reduction of long-term health cost?

3. HealthPartners Capacity
   a. Are people at HealthPartners likely to support actions around this issue? (ready)
   b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)
   c. Are the necessary resources and leadership available to us now? (able)
Final Priorities

• HealthPartners leadership ranked the four significant health needs based on the three factors discussed, resulting in the following prioritized list:

1. Mental and Behavioral Health
2. Access and Affordability
3. Chronic Disease and Illness Prevention
4. Equitable Care
Resources in the Community

An extensive list of resources that are available in the community to address the identified health needs
Resources in the Community

• In addition to the services provided by HealthPartners and its hospitals, other charity care services and health resources available in the community are included in this report.

• Please visit the separate Appendix document for a full listing of community resources.
Information Gaps

A description of any information gaps in the demographic or health data collected for this study
Information Gaps

• While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the community conversations and review of current research.

• This assessment seeks to address the community’s health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics. For example, 2009-2013 averages were used for mortality rates to give the most recent and accurate data.

• A variety of data sources were used to collect and analyze health behavior data. Due to these differences, direct comparisons between counties and across states should be made with caution. For example:
  – The most recent local overweight and obesity data by county is provided within the 2010 Metro Adult Health Survey for Dakota, Ramsey, Scott, and Washington Counties and within the 2010 SHAPE Survey for Hennepin County. The recently conducted Metro Shape 2014 Survey results will provide overweight and obesity data for all counties mentioned above in October 2015.
  – Senior Food Insecurity is a growing topic and is currently available at the state and national levels through the National Foundation to End Senior Hunger (NFESH) Annual Reports.
  – The 2010 SHAPE Survey for Hennepin County does not contain information on sugar-sweetened beverage consumption, and therefore could not be used to compare to the counties within the 2010 Metro Adult Health Survey.

• Timeframes for select data elements for the United States do not align with the timeframes for the study area but are reflective of the most recent year due to the fact that many data elements for the study area required a multi-year average due to low response volume. These occasions are noted in the “source” section of each data element.
About Community Hospital Consulting

A description of Community Hospital Consulting, which is the organization that collaborated with the hospital to conduct this assessment.
About Community Hospital Consulting

• Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance.

• For more information about CHC, please visit the website at www.communityhospitalcorp.com.
Implementation Plan

Region Hospital’s 2015 Implementation Plan
Regions Hospital
2015 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for HealthPartners and its hospitals (Regions Hospital, Lakeview Hospital, Hudson Hospital & Clinic, Westfields Hospital & Clinic, Amery Hospital & Clinic, and Park Nicollet Methodist Hospital) by Community Hospital Consulting. This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Dakota, Hennepin, Ramsey, Scott, and Washington Counties in Minnesota and Polk and St. Croix Counties in Wisconsin. Region Hospital’s specific study area is defined as Dakota, Ramsey and Washington Counties, but health data for the remaining counties are used for comparison in this CHNA.

The CHNA Team, consisting of leadership from HealthPartners and its hospitals, met with staff from Community Hospital Consulting on August 24, 2015 to review the research findings and prioritize the community health needs. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the health system and hospital leadership discussed the results and decided to address all of the prioritized needs in various capacities through hospital specific implementation plans.

HealthPartners and hospital leadership developed the following principle to guide this work: Through collaboration, engagement and partnership with our communities we will address the following priorities with a specific focus on health equity in special populations.

The final list of prioritized needs, in descending order, is listed below:

1. Mental and Behavioral Health
2. Access and Affordability
3. Chronic Disease and Illness Prevention
4. Equitable Care
Regions Hospital
2015 Implementation Plan

Priority #1: Mental and Behavioral Health

Rationale:
• Health data findings suggest that the Twin Cities have higher rates of psychiatric hospital admissions than Minnesota. Furthermore, data indicates that counties in the hospital’s study area have varying ratios of mental health providers to residents.
  - Dakota County – 807:1
  - Ramsey County – 298:1
  - Washington County – 544:1
  - Minnesota – 529:1
• Ramsey County identified mental health, mental disorders, and behavioral health as a top priority in the Ramsey County Community Health Improvement Plan 2014-2018. Findings from this report also indicate that only two of the five hospitals in Ramsey County provide inpatient mental health services. Ramsey County also falls short of the recommended 250 beds for its 500,000 population by nearly 100 beds. Finally, Ramsey County Public Health estimates that approximately 21% of children in the county suffer from mental disorders with at least some functional impairment at home, school and with peers.
• According to the Minnesota Student Survey (2013), across all Minnesota counties in the study area and in the state, 9th grade females reported higher rates of being harassed or bullied once or twice for their weight or physical appearance as compared to males. Additionally, a higher percentage of female 9th graders, compared to male 9th graders, report having a long-term mental health, behavioral health or emotional problem. Dakota County has the highest percent in the study area.
• Participants in the community conversations conducted by Regions Hospital identified access to mental health services as a need in the community. It was mentioned that the cultural stigma surrounding diagnoses and accessing services are significant barriers, particularly for diverse community members (such as the Vietnamese, Spanish speaking, and Somali populations) and the elderly. The lack of timely access to mental health services was also discussed, including long wait times and insurance policies that don't cover mental health conditions.
• Dakota County identified mental illness and promoting mental health as two of its top health priorities in the Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment. The use of alcohol and other drugs was also identified as a top priority for Dakota County.
• In 2012, 128 people in Dakota County, 76 people in Washington County, and 261 people in Ramsey County were injured in alcohol-related motor vehicle crashes.
• According to the Minnesota Student Survey (2013), overall, a higher percentage of female 9th grade students (between 10% and 14%), compared to male 9th grade students (between 8% and 11%), report living with someone who drinks too much alcohol.
• Washington County identified behavioral health problems among children and adults due to substance abuse and mental illness as a health need in the Washington County Community Health Improvement Plan 2014.
<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Steps</th>
<th>Responsible Leader(s)</th>
<th>Estimated Year</th>
<th>Progress</th>
<th>Key Results (As Appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve access</td>
<td>• Participate in the Mental Health Crisis Alliance to increase and provide better access to crisis services for patients</td>
<td>Michael Trangle, Jayne Quinlan, Babette Apland</td>
<td>CY 2016</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>• Explore expansion of Crisis Stabilization and IRTS beds to serve the needs of Regions patients</td>
<td>Babette Apland, Jayne Quinlan</td>
<td>CY 2016</td>
<td>x</td>
<td>To be completed in 2017</td>
</tr>
<tr>
<td></td>
<td>• Provide psychiatric drug assistance as a stop gap measure for those patients without medication coverage. Assist with obtaining long term coverage.</td>
<td>Jayne Quinlan</td>
<td>CY 2016</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>• ED/MH model of care and Pod G renovations</td>
<td>Wendy Waddell</td>
<td>CY 2016</td>
<td>x</td>
<td>To be completed in 2017</td>
</tr>
<tr>
<td></td>
<td>• HeroCare</td>
<td>Wendy Waddell &amp; Gretchen Prohofsky</td>
<td>CY 2016</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Reduce stigma &amp; improve education</td>
<td>• Nami Walk</td>
<td>Wendy Waddell &amp; Nancy Miller</td>
<td>CY 2016</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>• MakeltOK</td>
<td>Wendy Waddell &amp; Gayle Godfrey</td>
<td>CY 2016</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
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<td>Estimated Year</td>
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<tr>
<td>Reduce stigma &amp; improve education</td>
<td>• ADAP programming updates</td>
<td>Michaelene Spence &amp; Wendy Waddell</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>• Support groups for families of inpatients</td>
<td>Wendy Waddell</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Priority #2: Access and Affordability

Rationale:

- While Washington County's median household income is over $81,000, Ramsey County's median household income is much lower at $56,293. In addition, between 6% and 23% of children under age 18 in the hospital's study area are living in poverty (2013).
- Each county's unemployment rate has decreased since 2012, while Washington County's unemployment rate is still slightly higher than Minnesota's rate (2014).
- 9.5% of residents under age 65 in Minnesota do not have health insurance (2013). This compares to 11.8% in Ramsey County, 7.7% in Dakota County and 6.3% in Washington County.
- Ramsey County identified access to health services as a top health priority in the Ramsey County Community Health Improvement Plan 2014-2018. Findings from the report also indicate that 8.4% of metro area residents are uninsured, but that percentage increases to 18.2% for non-white residents.
- Dakota County identified access to healthcare as a top health priority in the Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment.
- Participants in the community conversations conducted by Regions Hospital identified access to dental services as a concern in the community. It was mentioned that there is limited access to dental care, often times limited by insurance provider or cost. Participants noted that copays can be too expensive and cost barriers are prevalent in certain communities. Improving access to health care for populations with limited services and increasing the proportion of residents who have access to health coverage were also identified as two priorities for the community.
- Health care system barriers was discussed among community conversation participants. Participants noted that there is confusion regarding how to access appropriate levels of care within the continuum, many community members have higher expectations of the Emergency Room, and cultural sensitivity can be a concern. It was mentioned that many residents feel that access to the Emergency Room is less complicated than regularly seeing a doctor, which may be due to cost and affordability as well.
## Priority #2: Access and Affordability

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<tr>
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</thead>
<tbody>
<tr>
<td>Make healthcare easier to use; reduce barriers to access; improve connections to services and resources</td>
<td>• Utilize our preferred network of TCUs to increase access to high quality care</td>
<td>Senior leaders, care management</td>
<td>x  x  x</td>
<td></td>
<td>The majority of patients referred to a Transitional Care Unit currently go to one of Regions Hospital's preferred TCUs</td>
</tr>
<tr>
<td></td>
<td>• Improve timeliness of patient placement and flow through the hospital</td>
<td>Access and Flow leadership, Nursing leadership</td>
<td>x  x  x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Care model process improvement</td>
<td>Sean Schuller, Senior leaders</td>
<td>x  x  x</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Be the East metro provider of charity care, removing barriers to care for patients without insurance and continue to provide financial counseling services throughout the hospital to help people enroll in insurance and the Regions Hospital Charity Care Program</td>
<td>Regions Senior Leadership, Finance department</td>
<td>x  x  x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Priority #2: Access and Affordability

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<tbody>
<tr>
<td>Make healthcare easier to use; reduce barriers to access; improve connections to services and resources</td>
<td>• Continue community collaborations with partners such as Portico and St. Paul Fire to provide access and services outside the hospital</td>
<td>Regions Senior Leadership, Finance department</td>
<td>CY 2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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Priority #3: Chronic Disease and Illness Prevention

Rationale:
- Cancer and heart disease are the first and second leading causes of death in Dakota, Ramsey, and Washington Counties, as well as Minnesota and Wisconsin (2009-2013). Ramsey County has increasing unintentional injury, stroke, cirrhosis and chronic lower respiratory disease mortality rates, while Dakota County has increasing unintentional injury and pneumonia and influenza mortality rates. Ramsey County has the highest cancer mortality rate in the study area, and Dakota and Washington Counties have a higher incidence rate of female breast cancer than Minnesota (2007-2011). Washington County also has the highest rate of colorectal cancer in the study area (2007-2011).
- Obesity and diabetes are also concerns in the study area counties and across the state. Ramsey County has a slightly higher diabetes mortality rate than Minnesota (2009 - 2013). More than 25% of residents in each of the counties in the hospital's study area, as well as Minnesota and Wisconsin, are obese (2012). Additionally, over one-third of adults in each county in the study area were overweight in 2011-2012, and Dakota and Ramsey Counties have higher percentages than the state.
- Dakota County identified preventing and managing chronic conditions as one of its top health priorities in the Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment. The assessment also identified physical activity, eating habits and obesity, as well as a healthy start for children and adolescents, as overall health priorities in Dakota County.
- Ramsey County identified nutrition, weight and active living as a top health priority in the Ramsey County Community Health Improvement Plan 2014-2018.
- Washington County identified obesity and chronic diseases as two of its top three health priorities in the Washington County Community Health Improvement Plan 2014.
- According to the 2010 Metro Adult Health Survey, males in Dakota County had the highest rate of reported participation in physical activity, as compared to females in Dakota County who had the lowest rate in the study area counties.
- Overall, in each county and the state, male 11th grade students compared to female 11th grade students were physically active for 60 minutes or more on a greater number of days (Minnesota Student Survey, 2013, 4-7 days compared to 0-3 days).
- Overall, in each county in the study area and Minnesota, a slightly higher percentage of male 11th grade students, compared to female 11th grade students, drank at least one pop or soda during the day prior to taking the 2013 Minnesota Student Survey.
- Participants in the community conversations conducted by Regions Hospital identified access to healthy lifestyle resources and the need to focus on prevention and education as priorities in the community. For example, it was mentioned that there is limited access to healthy, affordable foods, which contributes to obesity and diabetes. There is also a lack of understanding about how to control diabetes. Furthermore, there is a need to promote healthy lifestyles and focus on prevention and education.
- Gonorrhea rates are increasing in Dakota and Ramsey Counties, as well as Minnesota. Chlamydia rates are also increasing in Ramsey County, and Ramsey County had the highest chlamydia and gonorrhea rates compared to other counties in the study area in 2014.
- Asthma Emergency Department visit rates are higher in Ramsey County than in Minnesota (2011-2013).
• Between 30% and 59.9% of children ages 24-35 months in the study area have their recommended immunizations, compared to approximately 63% of children in the state (2013).
• The percentage of mothers who received adequate or better prenatal care in Dakota, Ramsey and Washington Counties has recently decreased.
• The use of tobacco was also identified as a top priority for both Dakota County in the Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment as well as the Washington County Community Health Improvement Plan 2014.
• In 2010, 14.5% of females and 17.7% of males in Minnesota were current smokers, compared to 18.7% of males and 27% of females in Dakota County.

### Priority #3: Chronic Disease and Illness Prevention

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<tr>
<td>Reduce obesity</td>
<td>• Make the healthy eating choice the easy choice (i.e. water in the vending is the lowest price option, healthier beverages are 80% of the choices, healthier menu items in the cafeteria)</td>
<td>Partnership with Nutrition Services, Materials Management, Leaders, Employee Health and Wellness</td>
<td>CY 2016 x</td>
<td>x x x</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Employee wellness: “Know Your Numbers”, employee challenges, “eat well be well”</td>
<td>Employee Health and Wellness Nutrition Services-Dieticians</td>
<td>CY 2016 x</td>
<td>x x x</td>
<td></td>
</tr>
</tbody>
</table>
## Priority #3: Chronic Disease and Illness Prevention

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<tbody>
<tr>
<td>Reduce obesity</td>
<td>• Best fed beginnings program</td>
<td>Birth Center, Senior Leaders</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Improve healthy behaviors</td>
<td>• Continue to promote healthy behaviors among employees (frequent fitness, health assessment, wellbeing program, employee resilience center, well at work, health coaching, BeWell moments, lunch and learns)</td>
<td>Employee Health and Wellness</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Prevent chronic and communicable diseases</td>
<td>• Continue to encourage prevention techniques for chronic and communicable diseases among employees (flu vaccines, communicable disease call in, immunizations)</td>
<td>Employee Health and Wellness</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>• Intensive case management support for community to best prevent chronic and communicable diseases</td>
<td>Care Management, Senior Leaders</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
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Priority #4: Equitable Care

Rationale:

- There are approximately 412,529 residents in Dakota County, 532,655 residents in Ramsey County, and 249,283 residents in Washington County (2014). Each county in the study area had a higher overall population percent growth than Minnesota (2010-2014).
- The 65 and older population experienced the greatest percentage increase of all age groups in every county in the study area and in Minnesota (2010-2014). Washington County has the highest median age in the study area, which is also higher than Minnesota's median age. Dakota and Washington Counties median ages are increasing, while Ramsey County's median age is relatively stable.
- Ramsey County is also one of the most diverse counties in the study area. There are approximately 12% Black or African American residents and approximately 14% Asian residents in Ramsey County. Black or African American and Asian populations in Dakota, Ramsey, and Washington Counties also increased between 2010 and 2014.
- Data indicates that there is inequity among diverse populations. For example, in Minnesota there are significant disparities in graduation rates across racial groups (2013-2014).
  - American Indian/Alaska Native: 50.6%
  - Black: 60.4%
  - Hispanic: 63.2%
  - White: 86.3%
- Overall, 18.6% of children in Ramsey County are food insecure (2013) and 8.3% of seniors in Minnesota are threatened by hunger (2013). Ramsey County also has the highest overall food insecurity rate in the study area.
- Dakota County identified affordable housing, income, poverty and employment as top health priorities in the Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment.
- Ramsey County identified social determinants of health in the Ramsey County Community Health Improvement Plan 2014-2018. This includes poverty, income, education, unemployment, home ownership and affordable housing, and transportation.
- Washington County emphasizes addressing issues related to health equity by targeting vulnerable populations across their three community health priorities in the Washington County Community Health Improvement Plan 2014.
- When asked what they would do if they were in charge of improving the overall health of the community, participants in the community conversations conducted by Regions Hospital indicated that cultural competency and community empowerment would be two of the top priorities.
- Participants in the community conversations conducted by Regions Hospital also identified barriers to care for diverse populations as a major concern in the community. For example, linguistically diverse populations are at an increased risk of facing access barriers and receiving inadequate care. Additional populations that are at an increased risk are low-income, immigrants, elderly, LGBTQ population, homeless youth, unemployed and people who did not complete school. Concerns include transportation, medication management, limited medical coverage, cost barriers and culturally appropriate care.
- Cultural sensitivity was specifically discussed regarding health care system barriers during the community conversations. It was mentioned that providers should practice cultural humility with their patients and the community in order to connect medical and community models.

<table>
<thead>
<tr>
<th>Priority #4:</th>
<th>Equitable Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
<td><strong>Action Steps</strong></td>
</tr>
<tr>
<td>Reduce clinical disparities</td>
<td>• Further develop a robust health equity dashboard to continually measure key outcomes by race, language, and payor</td>
</tr>
<tr>
<td></td>
<td>• Reduce identified disparity in Adjusted Length of Stay for limited English proficient patients in Mental Health inpatient units</td>
</tr>
<tr>
<td></td>
<td>• Reduce identified disparity in Med/surg readmission rates by race</td>
</tr>
<tr>
<td></td>
<td>• Equitable Care Champions program: disseminate best-practices throughout the hospital</td>
</tr>
<tr>
<td>Promote health literacy across specific populations</td>
<td>• Pharmacy counseling at discharge among vulnerable patient populations: discuss medications with a pharmacist to increase understanding</td>
</tr>
</tbody>
</table>
## Priority #4: Equitable Care

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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>CY 2016</td>
<td>CY 2017</td>
<td>CY 2018</td>
</tr>
<tr>
<td>Promote health literacy across specific populations</td>
<td>• Explore best practices for the use of CHWs: have been known to improve health literacy among health care consumers</td>
<td>Demeka Campbell, Craig Harvey, Kristin Woody, Beth Heinly-Munk</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Increase Cultural Competency</td>
<td>• Improve the culture of humility/inclusion of our employees through education and engagement in equitable care activities</td>
<td>Primary Care, Diversity &amp; Inclusion</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Foster relationships with our diverse communities in our service area to improve patient experience</td>
<td>Primary Care, Diversity &amp; Inclusion</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Questions or Comments?

Please address written comments on the CHNA and Implementation Plan and requests for a copy of the CHNA and Implementation Plan to:

Regions Hospital
ATTN: Community Relations
640 Jackson Street
St. Paul, MN 55101

Email: RegionsCommunityHealth@HealthPartners.com

Please find the most up to date contact information on Region Hospital’s website under “Community Benefit.”

www.regionshospital.com
Thank you!

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