



Hennepin County **Medical Center**



***Hennepin Healthcare System, Inc.
Health Services Plan and
Community Health Needs Assessment***

2013-2014

Approved by Hennepin County Board – 12/17/2013
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Overview and Purpose

On January 1, 2007, Hennepin County Medical Center's (HCMC) operational oversight transitioned from Hennepin County to a separate Public Benefit Corporation, Hennepin Healthcare System (HHS). As a part of this transition, state legislation required HCMC to:

Prepare, and submit to the county board for review and approval, a health services plan that draws from a population health needs assessment and delineates the corporation's role in the community, including education, research, and services to improve the health status of the community including indigent populations. The health services plan shall contain a description of how the corporation shall continue to coordinate with the county to provide health-related services to the residents of Hennepin County, including the indigent as defined by state and federal law and as determined by the Hennepin County Board of Commissioners.

HCMC has completed a Health Services Plan annually since 2006. Starting in tax years beginning after March 23, 2012, the Affordable Care Act requires 501(c)(3) non-profit hospitals to conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years. The format and requirements of the CHNA vary slightly from the Health Services Plan, but the two efforts are closely related.

As a result, this year's Health Services Plan was prepared in tandem with HCMC's community health needs assessment.

Health Services Plan

Overview of Hennepin County Medical Center/Hennepin Healthcare System, Inc.

Hennepin Healthcare System, Inc. (HHS) operates Hennepin County Medical Center (HCMC), a comprehensive academic medical center and 462 bed public teaching hospital in downtown Minneapolis. The system also includes specialty and primary care clinics at the downtown location and nine clinics located in Minneapolis and the suburban community. HCMC and its clinic network serve as an important statewide resource for the training of health care providers, as a source of innovative research and health care services, and as a major hub of the health care safety net in the region. HCMC is also an Essential Community Provider as designated by the Minnesota Department of Health.

Serving as the region’s “safety net” is central to HCMC/HHS’ mission. America’s Essential Hospitals defines a safety net as *“a hospital or health system that provides a significant level of care to low-income, uninsured, and vulnerable populations. It is distinguished by its commitment to provide access to care for people with limited or no access to health care due to their financial or insurance status or health condition.”* HCMC provides access to a full range of health services without regard to the patient’s ability to pay for these services. This is achieved through the use of a sliding-fee charge schedule and charity care policy. The capacity and willingness to provide comprehensive services to anyone in need sets HCMC apart from other providers.

HCMC/HHS embodies the best of a safety net hospital through its mission and vision statements:



Our Mission

We are committed:

- to provide the best possible care to every patient we serve today;
- to search for new ways to improve the care we will provide tomorrow;
- to educate health care providers for the future; and
- to ensure access to healthcare for all.



Our Vision

We are committed to being:

- the best place to receive care;
- the best place to give care; and
- the best place to work and learn.

Education

Hennepin County Medical Center is a premier teaching hospital and clinic system. From the training of tomorrow’s doctors to ensuring physicians throughout Minnesota remain current on the latest medical advances, HCMC has long been and continues to be a nationally-recognized public health system and medical education resource. In addition to providing primary care and routine patient services, teaching hospitals are centers for innovative and technically-sophisticated services. Teaching hospitals are essential not only because they are the “classrooms” for physicians, nurses, and other health professionals, but also because they are often the sites from which new therapies, surgeries, and technologies to treat and cure patients emerge. HCMC staff and trainees also receive training on quality

and safety, Patient- and Family-Centered Care, culturally-competent care, and other health issues affecting high-risk and special needs patients.

HCMC celebrated the opening of the Interdisciplinary Simulation and Education Center (ISEC) in January 2013. As a multidisciplinary training center, ISEC conducts educational programs for nurses, physicians, pre-hospital providers, and other allied health professionals from HCMC as well as community groups from across the region. ISEC provides a guided, safe environment for healthcare professionals to practice real-life medical situations and procedures via state-of-the-art simulation equipment.

As an academic teaching hospital, HCMC educates and trains more than 20,000 physicians, nurses, paramedics, EMT's, technicians, social workers, physician assistants, speech pathologists, and other health care providers each year in over 50 programs. It is estimated that more than half of physicians in Minnesota have received training at HCMC at some point in their career. In all, students from more than 140 hospitals, colleges, universities, and other facilities across the world come to HCMC for clinical training.

- 2011-2012 physician trainees included:
 - 233 HCMC residents and 11 fellows in 15 physician residency and fellowship programs
 - 430 non-HCMC residents and fellows
 - Over 700 medical students from other institutions

- Additional annual medical trainees include:
 - Over 1000 nursing students
 - 70 nurse practitioners and physician assistants (advanced practice providers)
 - 11 pharmacy residents
 - 6-8 ophthalmic technicians/technologists
 - 8 medical laboratory scientists
 - 4-6 phlebotomy technicians

HCMC emphasizes training the future healthcare workforce in light of community health needs. The Advanced Practice Provider Professional Center was established in 2013 to provide organizational structure in light of the increasing role of nurse practitioners and physician assistants at HCMC. Beginning in 2011, the Dental Therapist Program at HCMC is offered in cooperation with Metropolitan State University and provides advanced dental therapy training opportunities in general and pediatric dentistry as well as oral surgery. Additionally, in 2013 HCMC Emergency Medical Services began a partnership with Hennepin Technical College's Community Paramedic certification training program to provide students with relevant clinical experience. Community Paramedics are a new healthcare role and aim to apply and expand paramedic skills to the domain of preventative and primary care medicine. Community Paramedicine offers a way to close the gap between emergency care and primary care needs by providing community-based health services to underserved populations.

Community physicians and other practitioners from across Minnesota come to HCMC for continuing medical education training courses and to keep their skills and knowledge sharp. HCMC is the largest

Continuing Medical Education (CME) provider accredited by the Minnesota Medical Association. In 2012 HCMC offered 82 CME activities via 568 hours of instruction for physicians and non-physicians in regularly scheduled education series, in-person courses, and online education.

As a leader in emergency and trauma care, HCMC provides services to ensure that all patients, regardless of their location in Minnesota, receive state-of-the-art trauma care. HCMC trains hundreds of police, sheriff, and fire department “first responders,” ambulance and air-link crews, and emergency department health personnel statewide in emergency and trauma care. HCMC Emergency Medicine Education staff work with 4200 students and conduct over 59,000 student hours of instruction annually, including a full-time paramedic education partnership with Ridgewater College campuses in Willmar and Hutchinson. HCMC also conducts on-site training at the request of rural hospitals and clinics and has established relationships with other designated trauma centers and emergency departments in greater Minnesota. The HCMC Emergency Department maintains a free online database of diverse teaching materials including instructional videos, lectures, Critical Care Conference presentations and videos, medical blogs, and educational links, all utilized by practitioners around the world (<http://www.hgmeded.com/>).

Research

Part of an academic environment that emphasizes patient care, research, and teaching, the Minneapolis Medical Research Foundation (MMRF) oversees medical research conducted at HCMC. MMRF is the third largest medical research non-profit in Minnesota and ranks in the top ten percent nationally of all institutions receiving research grants from the National Institutes of Health. In 2012 MMRF research and education activities were supported by \$34.7 million in revenue. MMRF researchers are experts in their fields and are critical to HCMC's efforts in improving the health of our community.

Because HCMC is academic medical center and teaching hospital, education and research are interrelated. Teaching hospitals are required to incorporate scholarly activity into medical education teaching programs. MMRF laboratory facilities and research opportunities are key to recruiting exemplary medical faculty members, residents, and fellows. By attracting excellent clinicians, HCMC can better serve the current and future health needs of its patients and the broader community.

Research at MMRF has always had a very deliberate emphasis on the health care problems and needs prevalent in the HCMC patient population and surrounding community. This focus distinguishes MMRF/HCMC from other research institutions in the state, directly benefits patients, and creates strong links within the community. MMRF-coordinated research focuses include:

- Addiction medicine and tobacco dependence treatment
- Bone infections and healing
- Cancer biology
- Chronic kidney diseases
- Cognitive issues in aging
- Diabetes and obesity
- Disparities in health care delivery and outcomes
- Emergency medicine
- Heart failure
- HIV/AIDS
- Liver disease
- Pediatric disease prevention, food security
- Transplant availability and outcomes
- Traumatic brain injury

Additional resources for medical research are coordinated and supported through the Hennepin Health Foundation. An evaluation and reporting component informs emerging research in every grant-funded project. Hennepin Health Foundation-coordinated research focuses include:

- Clinical innovations in chronic disease management
- Clinical-community partnerships to improve public health

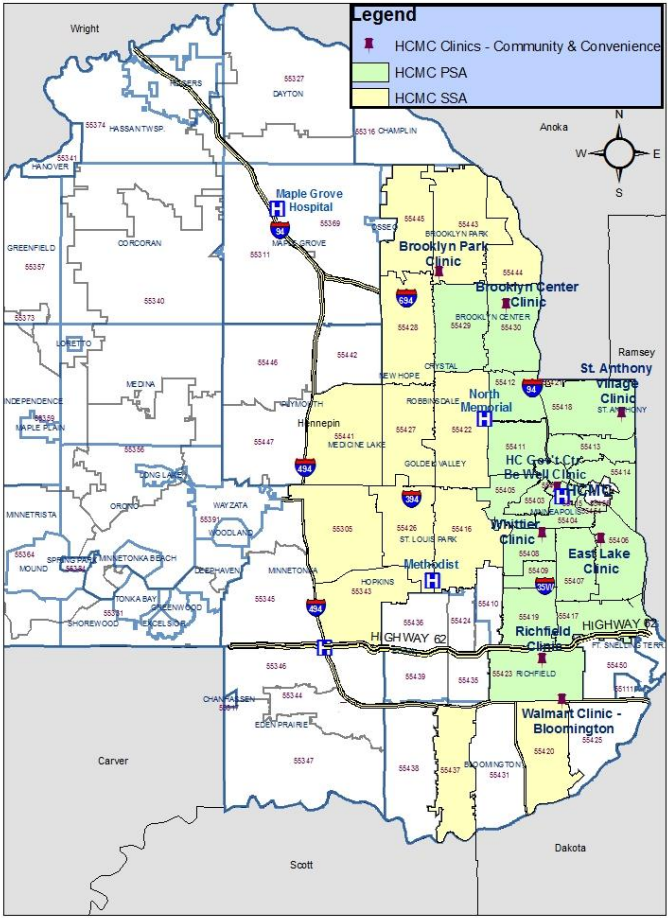
Community Health Needs Assessment

Community Definition and Demographics

Hennepin County Medical Center cares for patients from across Minnesota, not just Hennepin County. In 2012, HCMC treated 154,626 patients from all 87 Minnesota counties. Many of these 745,853 patient encounters came through referrals from their local physicians, often for specialized care and regional services available only at HCMC. Patients and practitioners statewide depend on the high level of expertise based in HCMC’s extensive array of services, capabilities, and staff.

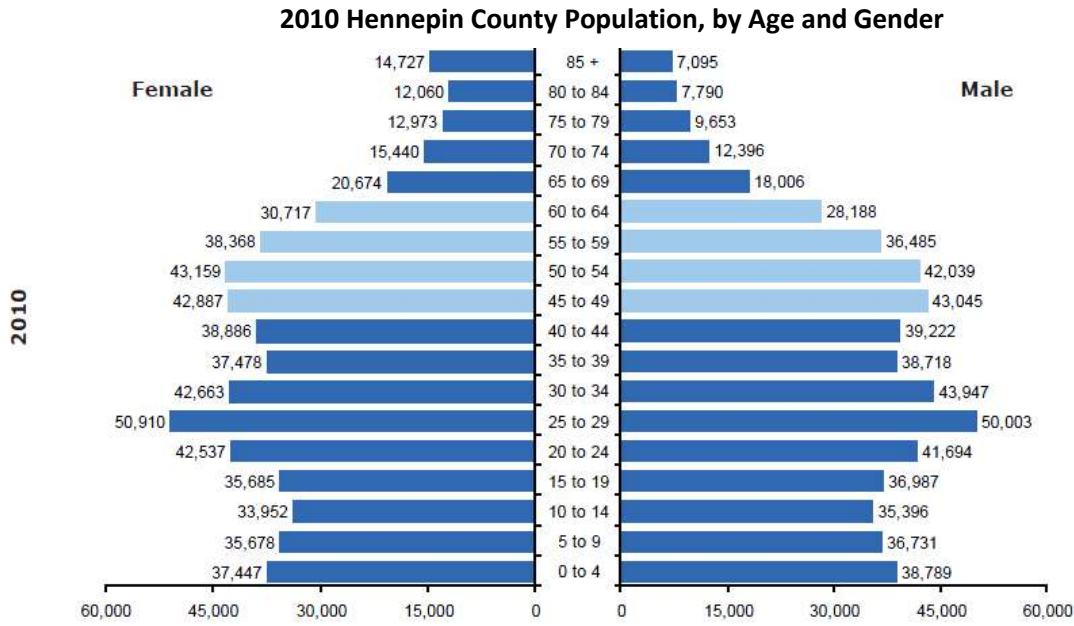
Although HCMC/HHS is a resource for services to individuals from across the entire state, its largest catchment area is Hennepin County. HCMC’s primary service area includes 21 zip codes in Minneapolis, Brooklyn Center, Brooklyn Park, Crystal, Golden Valley, Richfield, and St. Anthony. Its secondary service area includes an additional 13 zip codes and reaches further into Hennepin County. For the purpose of this community health needs assessment, HCMC broadly defines its community as Hennepin County. HCMC analyzed detailed local information for its primary and secondary service areas where available. Given HCMC’s safety net focus, it also considered specific populations within Hennepin County including minorities, low-income individuals, and those with distinct health needs.

HCMC Primary Service Area and Secondary Service Area



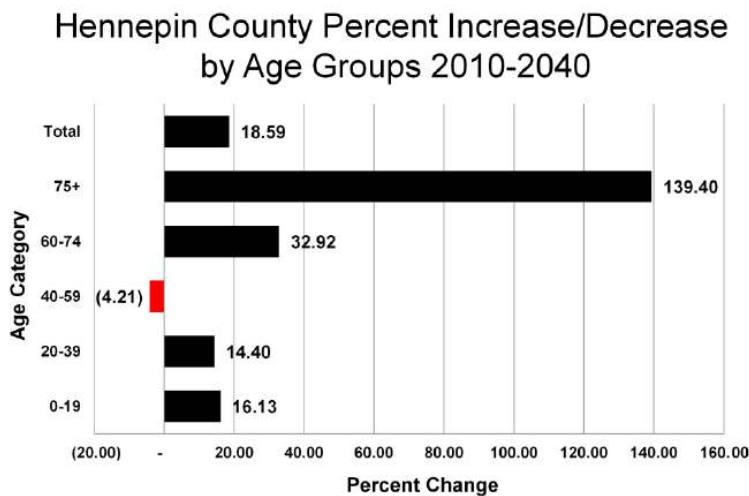
Overall Population

According to US Census data, Hennepin County's total population grew from 1,116,200 in 2000 to 1,152,425 in 2010, an increase of 36,225 people, or 3.2 percent. This is a slower growth rate than was seen in the 1980s and 1990s. Overall, Hennepin County's population is getting older due to the aging of the Baby Boomer population.



Source: 2010 U. S. Census Bureau

By year 2025, the population is expected to continue its slow growth rate. By 2040, the slow growth rate is predicted to result in a population of roughly 1,366,710. Due to the aging population, the percent increase of Hennepin County residents age 75 and over is projected to exceed 139%:



Data Source: Population Actuals and Projections (Minnesota State Demographic Center downloaded 1/4/2012); 1990-2009 data drawn from Missouri Census Data Center Population Estimates by Age (http://mcdc.missouri.edu/publications/estimates_by_age.shtml) downloaded October 2010

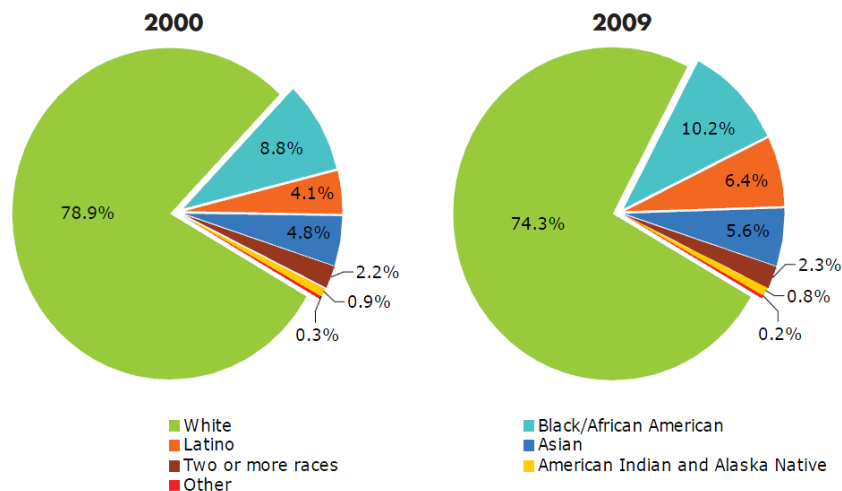
Racial and Ethnic Communities

Hennepin County continues to become more diverse. Asian, Black/African American, Hispanic/Latino, multi-racial, and other populations in Hennepin County have increased as a proportion of the total county population between 2000 and 2010. Only White and American Indian populations in the county decreased during that time. Hennepin County is also home to Minnesota’s largest foreign-born population; 12.5% of Hennepin residents were born in a different country. The city of Brooklyn Park, located within HCMC’s primary and secondary service areas, had the largest increase in the proportion of its foreign-born population, jumping from 13.3% in 2000 to 25.5% in 2010. Additionally, the largest number of Somali refugees in Minnesota lives in Hennepin County. With 90 different languages spoken, Hennepin County is the eighteenth-most linguistically diverse county in the United States.

Hennepin County Population Change by Race/Ethnicity 2000-2010

Race/Ethnicity	2000	2010	Percent Change
Hispanic/Latino	45,439	77,676	70.9%
White	881,016	826,670	-6.2%
Black or African American	98,698	134,240	36.0%
American Indian	10,212	8,848	-13.4%
Asian/Pacific Islander	53,702	71,966	34.0%
Other race	2,115	2,321	9.7%
Two or more races	25,018	30,704	22.7%
Total	1,116,200	1,152,425	3.2%

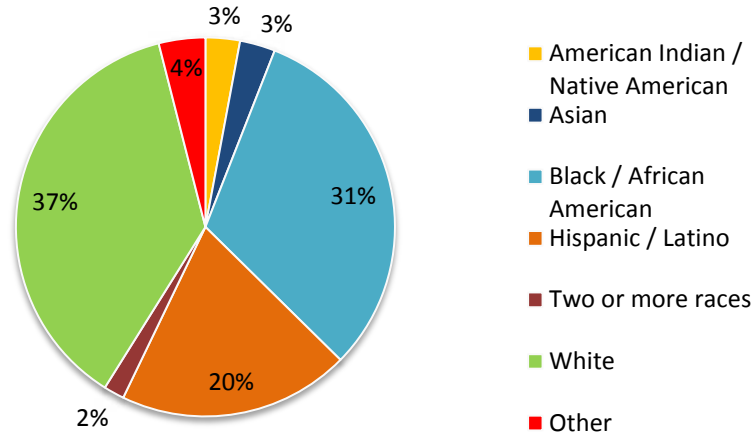
Source: 2000 and 2010 U.S. Census Bureau



HCMC’s patient population is much more diverse than Hennepin County’s population as a whole. In 2012 37% of patients were white, 31% African American, and 20% Hispanic/Latino. 33% of all patients were born in a different country. Of patients reporting a non-United States country of origin, the top 15

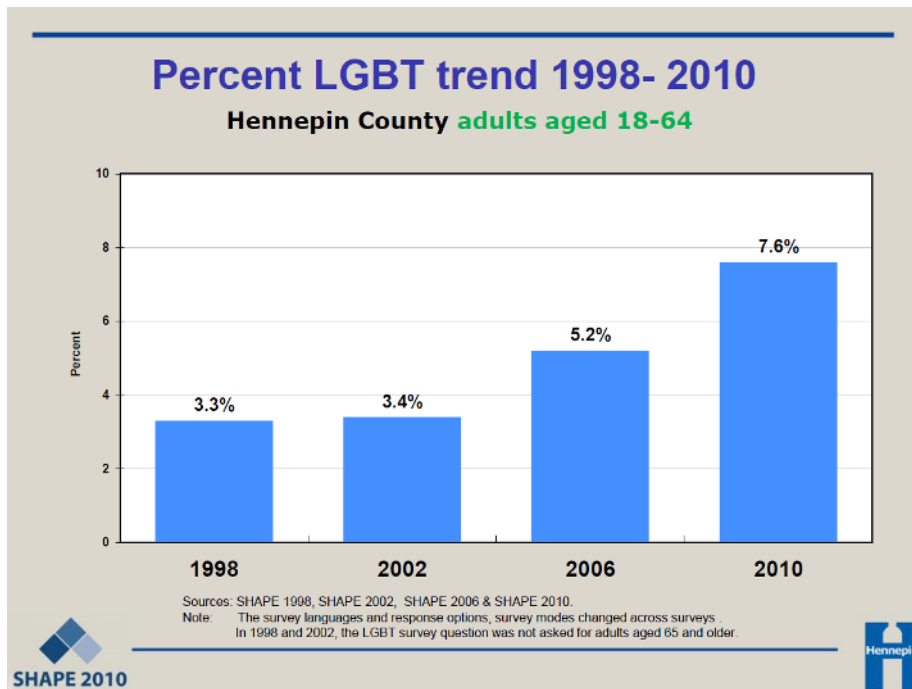
countries represented (and listed in decreasing order) are Mexico, Somalia, Ecuador, Ethiopia, Liberia, Laos, Kenya, India, El Salvador, Guatemala, Nigeria, Vietnam, Russia, China, and Togo.

HCMC patient race and ethnicity - 2012



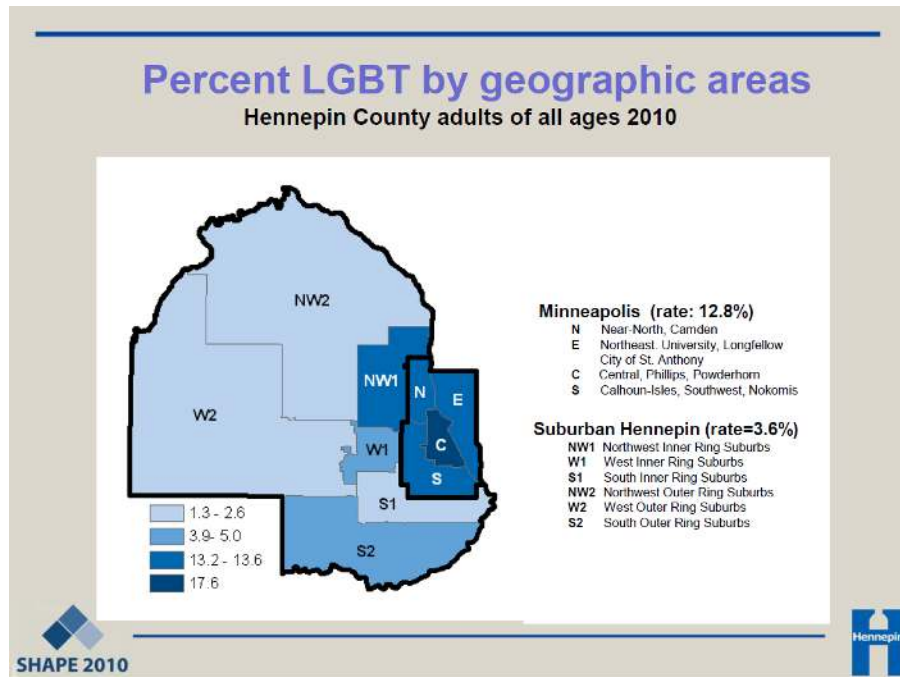
Lesbian, Gay, Bisexual, and Transgender (LGBT) Communities

Between 1998 and 2010, the percentage of Hennepin County adults aged 18-64 identifying as LGBT increased by 130%:



12.5% of the population of Minneapolis identified as LGBT in the 2000 Census, ranking Minneapolis 4th nationwide in the percentage of LGBT residents. 4.7% of Minnesota residents identified as LGBT,

ranking the state 10th nationwide. The highest concentration of LGBT residents is in Minneapolis and the northwestern first-ring suburbs:



Across the United States the number of same-sex households increased by 80.4% between 2000 and 2010. In Hennepin County there were 11.2 same-sex households for every 1000 households, the most in the state and ranked 24th highest nationwide. The 2010 Minnesota state average was 4.9 same-sex households for every 1000 households.

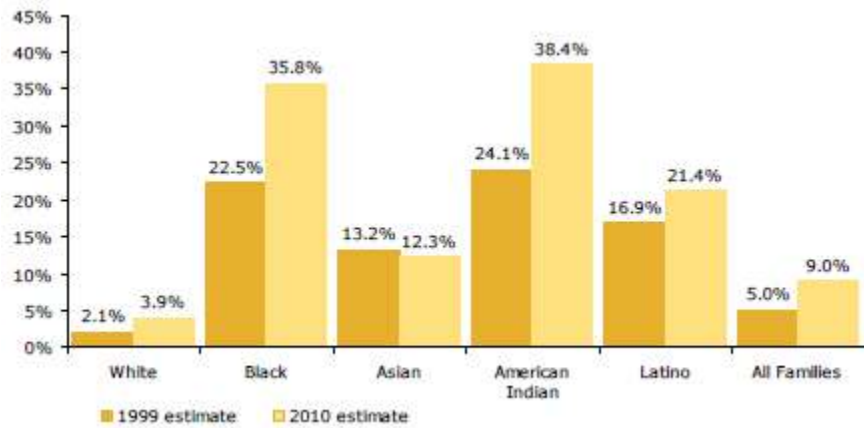
Income and Poverty

The income level of Hennepin County families and households has decreased over the past decade. From 1999 to 2010 the median family income decreased 10% to \$76,797¹. The median household income decreased from 1999 to 2010 by 11.7% to \$59,236². In addition, the percentage of Hennepin County families living in poverty increased from 5% in 1999 to 9% in 2010. All racial/ethnic groups, except for Asians, saw an increase in the proportion of families living in poverty. Income inequality and poverty continue to be highest amongst Hennepin County's racial and ethnic minority families.

¹ Family income includes the incomes of all members living in the household who are 15 years old and over and related to the head householder by birth, marriage, or adoption

² Household income includes the income of the head householder and all individuals 15 years old and over living in the household, whether they are related to the head householder or not.

Hennepin County percentage of families in poverty by race/ethnicity, 1999 and 2010

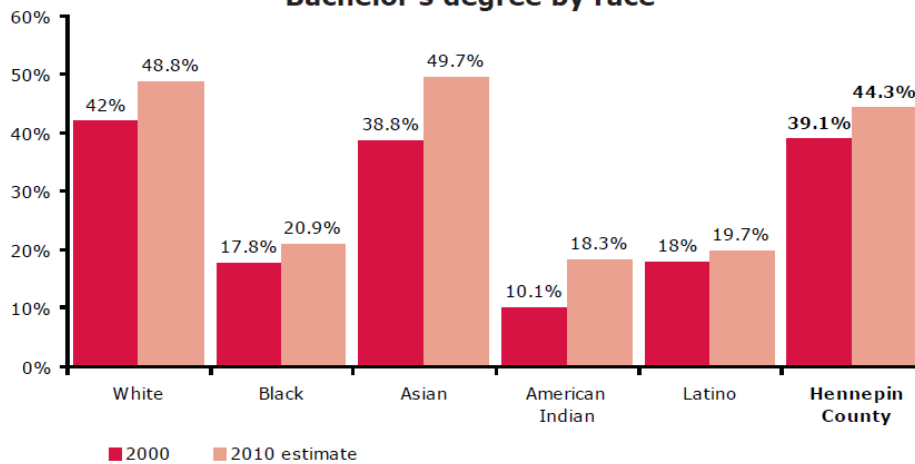


Source: U.S. Census Bureau, 2000 Census and 2010 ACS.

Education

Hennepin County residents are well-educated: more than 92 percent of residents over age 25 are high school graduates, and more than 44 percent of residents over age 25 have at least a bachelor’s degree. However, this level of educational attainment does not exist equally across all racial and ethnic groups.

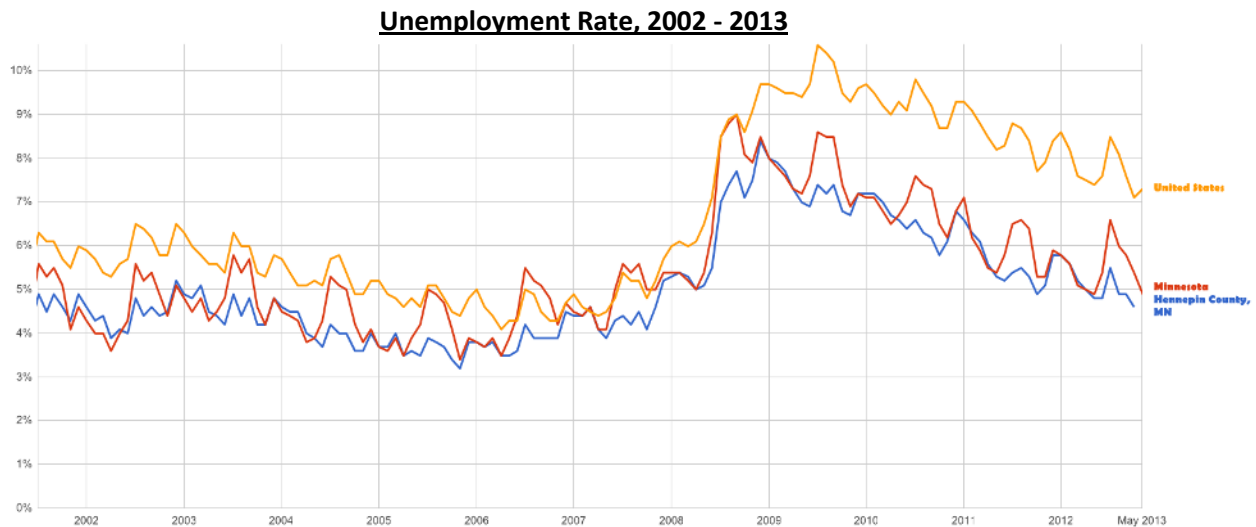
Figure 4. Hennepin County adults age 25 and over with at least a Bachelor’s degree by race



Source: U.S. Census Bureau, 2000 Census and 2010 ACS.

Economic and Financial Condition

Hennepin County has a broad-based economy with sizable manufacturing, financial, governmental, trade, health care, and entertainment sectors. One third of the state's employers, including 11 Fortune 500 companies, operate within the county's boundaries. The diversity of this base has typically provided some level of insulation against economic downturns. Employment remains relatively stable, and the unemployment rate has typically remained below the national average.



Source: US Bureau of Labor Statistics

Existing Community Health Resources

Hennepin County and the Twin Cities metropolitan area are home to many available health care facilities and resources.

- Hospitals in Hennepin County include:
 - Hennepin County Medical Center, Minneapolis
 - Abbott Northwestern Hospital, Minneapolis
 - University of Minnesota Medical Center, Fairview and University of Minnesota Amplatz Children's Hospital, Minneapolis
 - Children's Hospitals and Clinics of Minnesota, Minneapolis
 - Shriners Hospitals for Children, Minneapolis
 - VA Medical Center, Minneapolis
 - Fairview Southdale Hospital, Edina
 - Park Nicollet Methodist Hospital, St Louis Park
 - North Memorial Medical Center, Robbinsdale
 - Maple Grove Hospital, Maple Grove
 - PrairieCare (inpatient psychiatric hospital for children/adolescents), Maple Grove
 - Regency Hospital (long-term acute care hospital), Golden Valley

- A recent trend is the establishment of free-standing emergency departments, often in conjunction with urgent care or other clinic facilities. In Hennepin County, Allina Health operates an emergency department at Abbott Northwestern WestHealth in Plymouth.
- Clinic resources range from small independent practices to integrated health systems with outpatient clinic locations across the county.
 - Within the urban healthcare safety net, Federally Qualified Health Centers and community clinics in Hennepin County include:
 - Cedar Riverside People’s Center, Minneapolis
 - Community University Health Care Center, Minneapolis
 - Indian Health Board of Minneapolis, Minneapolis
 - Native American Community Clinic, Minneapolis
 - Neighborhood HealthSource Fremont, Sheridan, Central, and Heritage Seniors clinics, Minneapolis
 - NorthPoint Health & Wellness Center, Minneapolis
 - Southside Community Health Services, Minneapolis
 - Hennepin County Public Health clinics include:
 - Hennepin County Health Care for the Homeless in 11 Minneapolis locations
 - Hennepin County Public Health Clinic, Minneapolis
 - Immunization clinics are also held regularly in Bloomington, Brooklyn Center, and south Minneapolis
 - Hennepin County Mental Health Center, Minneapolis
- Mental health resources include outpatient clinic and counseling services, case management services, community support programs, crisis response and intervention, housing services, residential programs, vocational services, chemical health services, and support groups. Hennepin County Adult Behavioral Health Services maintains a directory of these resources online at:

http://www.hennepin.us/files/HennepinUS/HSPHD/Adult%20Behavioral%20Health/ABH_Directory_2013.pdf

Health Needs of the Community

Data Sources

Quantitative and qualitative data was collected in order to identify community health needs. The primary quantitative data source was the 2010 Survey of the Health of All the Population and the Environment (SHAPE), conducted by the Hennepin County Human Services and Public Health Department. The adult survey collected responses from more than 7000 Hennepin County residents, and the child survey collected responses from nearly 2200 Hennepin County residents. The results were reported for Hennepin County as a whole and for local geographic areas within the county. The data were also reported by demographic variables including gender, age, grade level (where applicable), and household income. HCMC staff also reviewed Hennepin County's Public Health Assessment on-line community health assessment indicators, which include data from SHAPE, the Minnesota Student Survey, and vital records information. Additional data sources included state- and county-level morbidity and mortality data from the Center for Disease Control and Minnesota Department of Health, as well as 2012 Minnesota LGBT survey data collected from 1867 respondents by the Rainbow Health Initiative.

Key informant interviews were also conducted during summer 2013 to gather qualitative data and consult with community members and experts. HCMC staff met with representatives from the following organizations:

- Andrew Residence
- City of Minneapolis Health Department
- Elliot Park Neighborhood, Inc.
- Hennepin County Human Services and Public Health Department
- Minnesota Department of Health, Office of Minority and Multicultural Health
- Minnesota Visiting Nurse Agency / Hospice of the Twin Cities
- Northwest Hennepin Family Service Collaborative
- Portico Healthnet
- Rainbow Health Initiative
- University of Minnesota, Department of Primary Dental Care

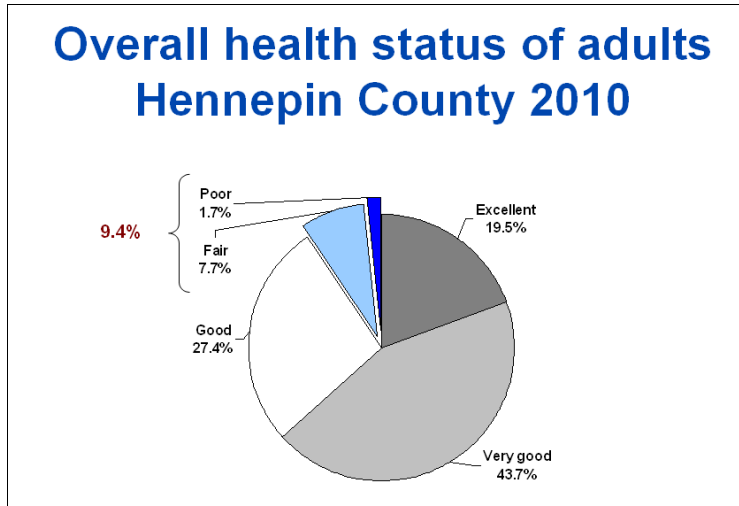
Finally, information was obtained from the 2012 Community Health Improvement Partnership (CHIP) collaboration convened by Hennepin County Human Services and Public Health. The CHIP project engaged community stakeholder organizations to identify health needs, opportunities and partners for change, and the top five strategic health issues for Hennepin County. The process involved a survey completed by 239 community organizations doing health-related work and three CHIP forum sessions attended by 110 individuals from multiple sectors serving Hennepin County.

Summary of Health Needs

Overall Health Issues and Disparities

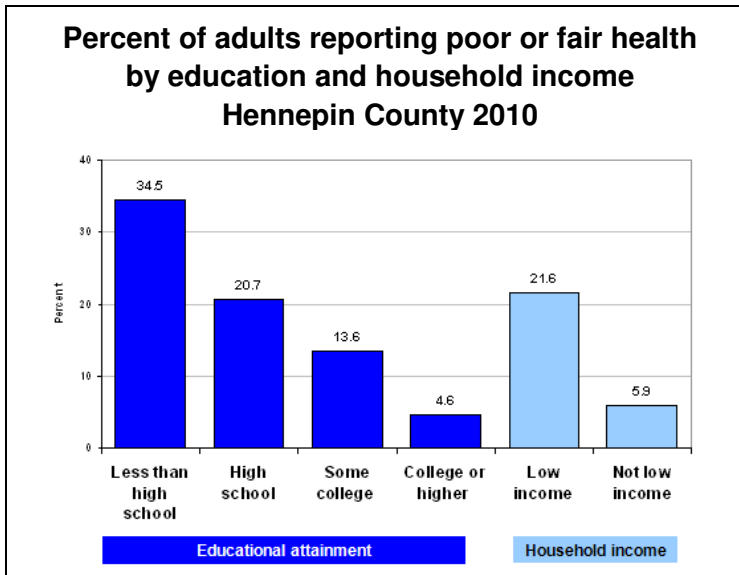
Overall, the residents of Hennepin County are very healthy. Residents report better health status than the rest of the state and country with regard to overall health status, obesity, tobacco usage, and physical activity. However, disparities in health are evident when analyzed by income level, educational attainment, race/ethnicity, and geographic area.

For example, in 2010 63% of Hennepin County adults reported having excellent or very good health:



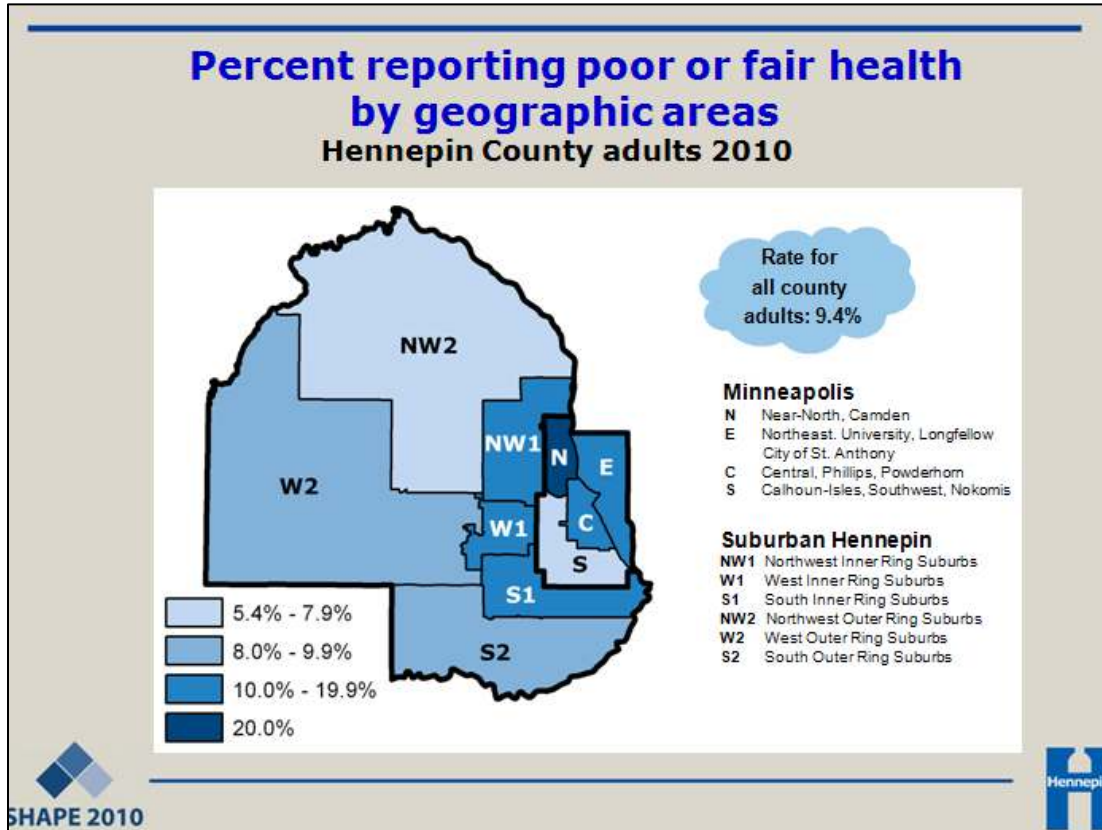
Source: SHAPE 2010

As seen in the table below, lower education and income levels were common in the 9.4% of adults reporting poor or fair health:



Source: SHAPE 2010

Additionally, north Minneapolis residents reported poor or fair health at double the rate of all Hennepin County adults. Residents living in several other areas of Minneapolis and the first-ring suburbs also reported poor or fair health at a higher rate than Hennepin County as a whole. This area corresponds directly to HCMC's primary and secondary service areas.



Source: SHAPE 2010

The SHAPE surveys have historically showed that very similar racial, ethnic, language, education, income, and geographic health disparities exist for the following health issues:

- Asthma
- Cardiovascular disease
- Diabetes
- Frequent mental distress
- Insurance coverage
- Preventive care and cancer screenings
- Tobacco use
- Weight status
- Healthy eating
- Physical activity

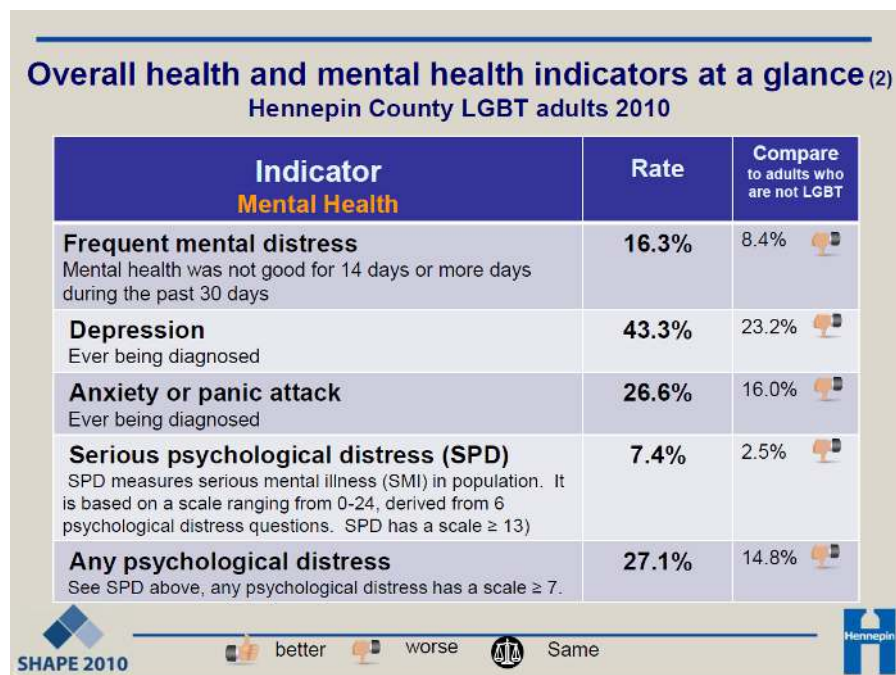
For detailed data and analysis, please see the SHAPE website: <http://www.co.hennepin.mn.us/SHAPE>.

LGBT Health Issues and Disparities

While the SHAPE surveys did not ask respondents to rank their top health concerns, the 2012 Rainbow Health Initiative survey asked respondents to identify their top three LGBT health issues. The following issues were most frequently identified:

- HIV/AIDS
- Mental Health
- Bullying
- Health Care Provider Competence
- Suicide
- Alcohol Use

The SHAPE 2010 survey showed data to support the significance of many of these health issues. For example, Hennepin County LGBT respondents were more likely to engage in heavy or binge drinking, particularly those age 50 and older. Additionally, the rate of frequent mental distress, depression, and other psychological distress indicators for Hennepin County LGBT respondents was roughly twice as high as the rate for Hennepin County adults who did not identify as LGBT:



The SHAPE 2010 survey also provided significant data on additional health issues. For example, Hennepin County LGBT residents were more likely to be uninsured, experience unmet medical and mental health needs, smoke, and experience food and residential insecurity than residents who did not identify as LGBT.

Oral Health

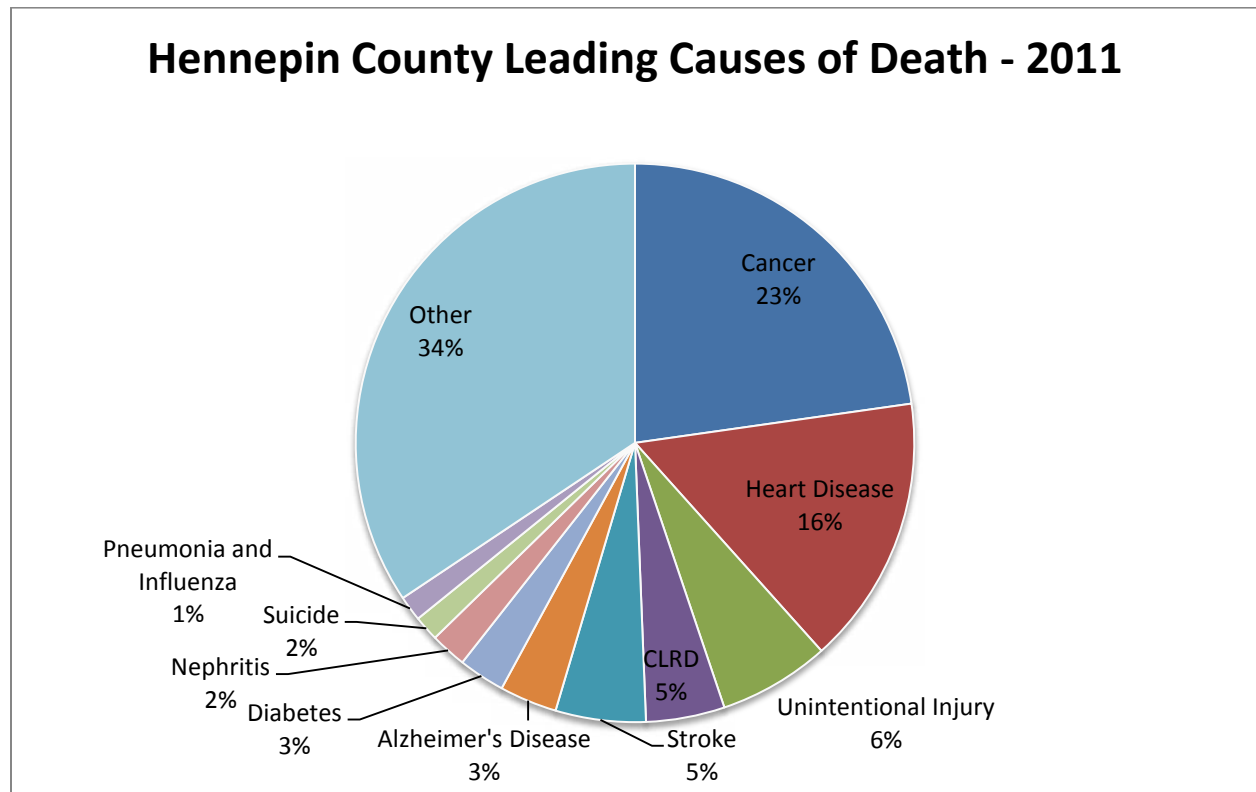
Data on dental care also show income- and geographic-related health disparities. The SHAPE 2010 survey found that 80.2% of survey respondents with a household income of 200% of the federal poverty

level (FPL) had seen a dentist in the past year, as compared to only 55.7% of respondents under 200% of FPL. Similarly, 77.7% of respondents with an income of more than 200% of FPL had some sort of dental insurance, whereas only 58.2% of respondents under 200% of FPL had dental coverage. Areas with the lowest levels of dental care access and utilization included Minneapolis neighborhoods in HCMC's primary service area; highest levels of dental care access and utilization were located in outer ring suburbs.

As seen above, the link between dental coverage and dental care utilization is clear. A June 2012 Hennepin Health Foundation survey of 71 dental clinics located in Hennepin County found that only 10% of these clinics accepted patients on medical assistance. Of this small proportion of clinics, only a handful provided access to new patients with Medicaid or no insurance. The University of Minnesota's Pediatric Dental Clinic and Community-University Health Care Center, HCMC Dentistry Clinic, and NorthPoint Health and Wellness Center were the only surveyed clinics providing access to new patients of these populations. The other surveyed clinics that reported the acceptance of Medicaid were clear to point out that they were either not accepting new Medicaid patients or that their appointment lead times were considerably long. Some reported lead times extending beyond six months.

Mortality and Life Expectancy

Mortality data show that the leading identifiable causes of death in Hennepin County are cancer and heart disease, followed by unintentional injury, chronic lower respiratory disease, and stroke:



Source: 2012 Minnesota County Health Tables, Minnesota Department of Health

While life expectancy for Hennepin County residents is higher than the national level, marked differences can be seen between races/ethnicities:

Table 2. United States life expectancy, 2009

	All races		White		Black	
	Men	Women	Men	Women	Men	Women
At birth	75.7	80.6	76.2	80.9	70.9	77.4
At age 65	82.3	85	82.4	85	80.5	83.9

Source: Centers for Disease Control

Table 3. Hennepin County life expectancy, 3 year average 2008-2010^a

	All races		White		Black		American Indian		Asian		Latino	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
At birth	78.6	82.6	79.0	83.1	76.8	78.8	68.1	68.4	76.3	84.2	85.4	85.8
At age 65	84.4	86.1	84.5	86.9	84.9	85.7	79.8	80.9	85.1	88.9	90.1	89.1

^a Please note the life expectancy calculation used data across a 3 year period, between 2008-2010.

Source: Minnesota Center for Health Statistics, Hennepin County Assessment Unit

Source: http://www.hennepin.us/files/HennepinUS/Research%20Planning%20and%20Development/Projects%20and%20Initiatives/Aging%20Initiative/12412_LitReview_SocialFactorsHealthyAging.pdf

Prioritization of Health Needs and Services

In summer 2012, Hennepin County public health staff analyzed population health data, results from the Community Health Improvement Partnership (CHIP) community survey, and themes from three CHIP forum discussions to ultimately identify the following three top strategic health issues:

- Maternal and child health
- Social and emotional well-being
- Nutrition, obesity, and physical activity

The health needs identified during the 2013 HCMC community health needs assessment match those identified during the 2012 CHIP collaboration convened by Hennepin County Human Services and Public Health.

Information Gaps

HCMC is fortunate to be able to utilize the Hennepin County SHAPE data, which included information from over 9000 households in 2010 on topics including overall health, health care access and utilization, healthy lifestyle and behaviors, and social-environmental factors. However, several information gaps exist in this dataset as well as others referenced for this community health needs assessment:

- **Race/ethnicity:** the SHAPE 2010 survey was not able to reach sufficient numbers of racial and ethnic populations to provide specific results by racial/ethnic group. While 2006 data exist, it was difficult to track down more recent data.
- **Language:** the SHAPE 2010 survey was administered via mail and printed in English. Given the linguistic diversity of Hennepin County and the HCMC population in particular, the lack of information from non-English speakers is an issue.
- **Timing:** the SHAPE survey is conducted every 4 years, with 2010 being its most recent iteration. Much like relying on Census data that is available every 10 years, it can be difficult to plan or update programs with information from older data sets.
- **Sexual orientation and gender identity:** questions about sexual orientation and gender identity have only recently begun to be included in health and population surveys. The SHAPE survey has asked about LGBT (lesbian/gay/bisexual/transgender) health issues since 2006, but more data is needed to better understand the health needs of this population.
- **Oral health:** data on dental issues are conspicuously missing from much of the available health datasets. The SHAPE 2010 adult survey included two questions on dental care that scratched the surface but did not dive into current dental health needs. Hospitals, particularly emergency departments, feel the impact of untreated oral health conditions. Being able to better understand the large local need for dental services can help organizations better plan interventions and other programs.

Services to Improve the Health Status of the Community

2014 Implementation Plan

Maternal and Child Health

Maternal and Child Health

• Provide culturally-appropriate services to improve the health and well-being of women, infants, children, and families

Why it is important: Research shows that how a child develops in their first years has lifelong implications on physical, cognitive, and social-emotional health; learning; and overall well-being. Healthy childhood development sets the stage for readiness for school, which influences success in life. Unaddressed illnesses and conditions such as asthma, obesity, dental caries, child maltreatment, and developmental and behavioral issues all affect a child's ability to be healthy. Regular preventive care and developmental screenings play an important role in detecting and preventing significant health issues and provide opportunities to intervene early, should a child show signs of growth or developmental delays or serious health conditions.³

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. Pregnancy can often provide an ideal opportunity to identify existing health risks in women and to prevent future health problems for women and their children. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and interconception (between pregnancies) care.⁴

The following outlines several of the maternal and child health initiatives that HCMC/HHS plans to pursue in 2014:

Increase opportunities for early childhood developmental screening

- **Assuring Better Child Development Close the Loop project:** HCMC's Pediatric Clinic, Brooklyn Park Clinic, Richfield Clinic, and Whittier Clinic are participating as pilot sites. This collaboration with the Hennepin County Community Health Improvement Partnership (CHIP) and Minneapolis Public Schools aims to improve kindergarten readiness by doubling the number of 3-year-olds screened. This evidence-based project seeks to improve communication between clinics and the school districts so that children and their families will have increased access to early intervention and school readiness resources.
- **Primary Care Early Childhood Social-Emotional Screening and Referral Partnerships project:** HCMC's Pediatric Clinic is participating as a pilot site in this Hennepin County Children's Mental Health Collaborative project. This two-year project will focus on the 400 children enrolled in the

³ 2012-2015 Community Health Improvement Plan for Hennepin County Residents, <http://www.hennepin.us/CHIP>.

⁴ Healthy People 2020, Maternal, Infant, and Child Health, <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=26>.

Pediatric Clinic Health Care Home and aims to increase the number of 0- to 3-year-old children screened and successfully engaged in needed mental health services. A bilingual social worker will implement a consistent screening and referral process that can be replicated in other large, high-volume, diverse clinics.

- **Additional early childhood developmental screenings:** In 2013-2014 HCMC pediatrics residents will be leading a quality improvement project in the HCMC Pediatric Clinic to screen all 18-month-old patients for autism and other developmental issues. Early Childhood and Family Education educators from the Minneapolis Public Schools are also present in the HCMC Pediatric Clinic to connect families to available resources.

Increase opportunities for screening and treatment for anxiety and depression for new mothers

- HCMC will continue universal routine screening of pregnant women and new mothers receiving obstetric and postpartum care for depression and anxiety during their pregnancy and in the first year after childbirth.
- **Mother-Baby Program:** This program opened in 2013 and includes the Mother-Baby Hope Line, a triage and resource telephone “warm” line which provides mental health assessment for pregnant and postpartum women; assessment of concerns related to infant mental health, mother-baby attachment and caregiving concerns; referral to appropriate resources; and brief therapeutic interventions. It also includes the Mother-Baby Day Hospital, an intensive outpatient mental health treatment program for pregnant women or mothers of very young children who are experiencing moderate or severe mental health symptoms. Women with babies under one year old are encouraged to bring their baby with them to treatment. In 2013-2014 HCMC will expand aftercare support groups for women who have completed the program.

Reduce health disparities

- Continue to offer **Aquí Para Tí (APT) / Here for You**, a bicultural, clinic-based, youth development program that provides medical care, behavioral health consultations, coaching, health education, and referrals to Latino youths and their parents. A multidisciplinary team of bilingual, bicultural providers helps youth and their parents access culturally appropriate resources and coaches youth to avoid risky behaviors, particularly risky sexual behavior. The program uses a confidential, family-centered approach, protecting patient privacy while encouraging family members to work together to support the healthy development of the child.
- **Henne-Teen:** Based on the successful model of Aquí Para Tí, the goal of this initiative is to ensure confidential, teen-friendly health care throughout HCMC system. 2014 efforts include implementing modifications to the electronic health record system, making it possible to document, order labs, order treatments, process billing and print out visit summaries while

protecting teen confidentiality. Clinic pharmacies will also be restructured to have more stock medicine available at the point of care. Workflows will be implemented on how to greet teens and make their rights clear from the beginning of the visit, as well as make sure adolescents receive the services they need, even when family members accompany them to clinic visits.

- **Children’s Summer Meal Program:** This is a federally-funded program operated nationally by the US Department of Agriculture and administered locally by the Minnesota Department of Education. The program provides nutritious meals to children during summer vacation when free or reduced price school meals are not available. The HCMC Office of Pediatric Research and Advocacy, in partnership with the Nutrition Services Department and the Hennepin Health Foundation, provided meals for about 50 children per day in summer 2013. HCMC plans to continue to sponsor free breakfast and lunch to children in the HCMC hospital cafeteria during summer 2014.

Mental Health

Mental Health

• **Sustain the breadth and depth of mental health services in order to increase social and emotional well-being**

Why it is important: An individual’s mental health plays a major role in his or her ability to achieve and maintain good physical health. Recent studies have demonstrated that patients who suffer from serious depression, thought disorder, or other disabling mental illnesses die as much as 25 years earlier than individuals in the general population. Mental health and physical health are closely connected, and many people with serious chronic medical conditions also have co-occurring mental illness. The medical costs for treatment of chronic medical conditions for patients with a co-occurring mental illness are as much as four times higher than the costs for patients without a mental illness. People with depression have nearly twice the annual health care costs than those without depression, partly due to the fact that adults with serious mental illness are more likely to get care on an emergency basis than through primary care screening and preventative care.

In Hennepin County, almost one out of every five individuals living below 200% of FPL indicated that they had recent, frequent mental distress in the past month.⁵ 40% of individuals currently enrolled in one of HCMC’s Health Care Homes have a current diagnosis of serious and persistent mental illness. HCMC/HHS currently provides a wide range of mental health services for the community, many of which are consistently at full capacity.

The following outlines some of the mental health initiatives that HCMC/HHS plans to pursue in 2014:

⁵ 2012-2015 Community Health Improvement Plan for Hennepin County Residents, <http://www.hennepin.us/CHIP>.

Provide access to a full spectrum of mental health services

- Continue to operate services at full capacity, including inpatient psychiatry, acute psychiatric services, partial hospital program, child/adolescent clinic, day treatment program, women's mental health program, Mother-Baby Program, occupational therapy, recreational therapy and social services.
- Further integrate psychologists into the Health Care Home model in order to expand capacity for mental health issues to be dealt with in clinic settings. Psychologists will be available at the Whittier and Medicine Clinics.
- Work with Hennepin County, Minnesota Department of Health and Human Services, and other agencies to reduce delays in admission to state mental health facilities.

Transform mental health service model to address co-morbidities

- Continue development of the Medicine/Psychiatry inpatient program in order to provide coordinated medical care for psychiatric patients. This program began in 2013 and aims to reduce disparity in outcomes between HCMC patients with and without mental illness. A related initiative expands primary care access to psychiatry day treatment patients.
- Plan an expanded wraparound care model for patients with complex medical issues and serious and persistent mental illness, particularly within the HCMC Coordinated Care and Positive Care Clinics. Wraparound care involves intensive case management that involves individualized, community-based care.
- The Hennepin Health accountable care organization integrates medical care, behavioral health, and human services for over 6000 low-income Hennepin County patients. Ongoing behavioral health-related work involves launching an "Intensive Treatment Plan" to provide intensive case management for patients with serious and persistent mental illness and expanding community mental health "in-reach" to high utilizers of Acute Psychiatric Services at the HCMC Emergency Department and/or other crisis services.
- Continue integration of work along the continuum of care with Hennepin County's Human Services & Public Health Departments (HSPHD) and add more community supports to serve patients being discharged from inpatient and residential treatment facilities. 2014 collaborations include planning for a sobering center, which would ease pressure on the HCMC Emergency Department and Hennepin County detox facility and get people connected with rehabilitation services. Additional planning includes improving access to interim and low-income supported housing for Hennepin Health patients and other Hennepin County residents.

Increase community and social connectedness

- Collaborate with Hennepin Health partners and Twin Cities RISE! on vocational services and work skills training for Hennepin Health behavioral health patients. The goal is to connect these individuals with full-time, living wage jobs and provide ongoing support to ensure their success in the workplace.
- Continue to participate in Hennepin County Community Health Improvement Project (CHIP) action team on social connectedness initiatives.
- Increase involvement with National Alliance on Mental Illness of Minnesota (NAMI).

Nutrition, Obesity and Physical Activity

Nutrition, Obesity and Physical Activity

•Provide culturally-appropriate programs and services that support regular physical activity and proper nutrition

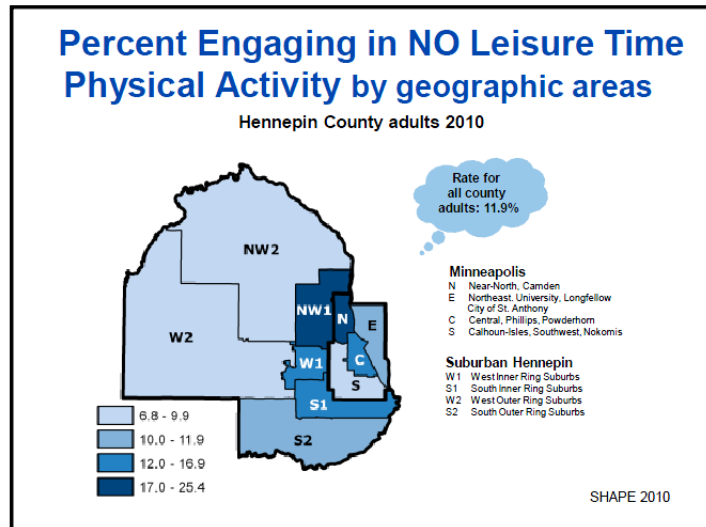
Why it is important: Two of the most important steps that individuals can take to sustain health are to be physically active and to eat a balanced diet that includes fruits and vegetables. More than half of Hennepin county adults are classified as obese (20%) or overweight (33%). Nearly one out of five Hennepin County parents “do not know” or “are not sure” how much their child currently weighs. Parents from low income households are significantly less likely to know their child’s current weight. Surveys show that Hennepin County adults and

children are not meeting their daily guidelines for fruit and vegetable consumption. Only 37.3% of adults report eating 5 or more fruits and vegetables each day. 85.5% of 3- to 5-year-olds are getting two or more servings of fruit each day. However, among 14- to 17-year-olds, the percentage meeting the daily guideline drops to 70.2%. Physical activity rates for children are also decreasing. Only 28% of Hennepin County children ages 6 to 13 meet the guideline of getting at least 60 minutes of daily physical activity each day. This drops even further to 15.7% for adolescents aged 14 to 17. ⁶

The following outlines some of the nutrition, obesity, and physical activity initiatives that HCMC/HHS plans to pursue in 2014:

Increase opportunities for regular physical activity and proper nutrition

- **Baby-Friendly Hospital designation:** HCMC is in the process of becoming a Baby-Friendly Hospital, which means the Hennepin Healthcare System will promote and support breastfeeding by implementing the *Ten Steps to Successful Breastfeeding* and following the World Health Organization’s *International Code for the Marketing of Breast Milk Substitutes*. This initiative will allow HCMC to better support new moms’ breastfeeding goals. HCMC will also ensure that families choosing to formula feed will receive instruction of safe formula feeding.
- **Continue community health collaborations:** In 2014 HCMC will continue to partner with community groups on a variety of health initiatives. For example:
 - HCMC’s downtown Medicine Clinic, Coordinated Care Center, and Richfield Clinic will continue to work with the Hennepin County Human Services and Public Health



⁶ 2012-2015 Community Health Improvement Plan for Hennepin County Residents, <http://www.hennepin.us/CHIP>.

Department on Community Transformation Grant projects. 2013-2014 efforts focus on fostering patient engagement amongst patients with diabetes and other chronic health conditions, health coaching and patient goal-setting, and additional health promotion/prevention programs.

- The Brooklyn Park/Brooklyn Center Community Care Team is planning a weekly “Walk with the Doc” event. Clinic staff will meet with community members to walk in local parks and discuss medical and healthy living information.
 - HCMC will also continue to participate in Hennepin County Community Health Improvement Project (CHIP) action team on nutrition, obesity, and physical activity.
- **We Can Prevent Diabetes:** HCMC Health Care Homes will partner with the Minnesota Department of Human Services and Minnesota Department of Health to connect Minnesota Medicaid patients with diabetes prevention activities. Efforts will focus on patients between 18 and 75 years of age who have a diagnosis of pre-diabetes or have significant risk for developing type 2 diabetes.
 - **Taking Steps Together:** HCMC’s Pediatric and Nutrition Departments continue their five year commitment to patient and family centered care through Taking Steps Together (TST): Nutrition and Healthy Lifestyle Program. Over the past five years TST has served over 450 HCMC patients and family members. TST offers community-based, culturally appropriate, bilingual programming. Each week families cook, eat, play and learn together; they work together to develop strategies for healthful decisions at home. TST is evidence based, rigorously analyzed and has demonstrated positive results for participants. Everything about TST is patient centered; from the program’s location at neighborhood community centers, to the recipes, languages and activities that are selected. Participants drive the learning at TST. They develop their own guidelines for class participation, and throughout the course they are empowered to utilize their own experiences and cultural knowledge to establish individualized solutions for better health for their families and communities. Along the way, TST staff maintains an environment where physical activities are fun and healthy food is delicious – a core philosophy of the program.

In 2014 TST graduates and program staff will continue to gather together and pilot “Next Steps: a community-led solution to sustaining healthy behaviors in families addressing childhood obesity.” With this initiative, TST graduates and community leaders have developed a variety of parent-led health maintenance groups engaging in activities ranging from gardening to cooking and sharing recipes. Together, they continue to move their communities toward better health.

- **Therapeutic Food Pharmacy:** Continuing in 2014, the HCMC Therapeutic Food Pharmacy addresses hunger and food insecurity among patients and families, with a long term vision of a hunger-free hospital and community where all families have the healthful food they need every day. One of only two food shelves in the nation located in a hospital setting, HCMC’s

Therapeutic Food Pharmacy provides services in nine hospital-based clinics and four community clinics. Staff provide nutrient-rich foods on-site, often coupled with health and diet education, and also help patients connect to more sustained assistance programs such as SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps) and WIC. The program actively recruits and engages multi-lingual community volunteers and staff to assist and support this work. The program serves approximately 2,000 households and 5,000 people a month.

Implementation Action Plan

Priority Health Need	Objective	Project	Measures
Maternal & Child Health	Increase opportunities for early childhood developmental screening	ABCD Close the Loop / Hennepin County CHIP action team	<ul style="list-style-type: none"> • # and % of 3-year-olds screened • # and % of unscreened 4- and 5-year olds referred/screened • # and % of referrals with feedback received/reviewed within 90 days of referral date
		Primary care early childhood social-emotional screening and referral partnerships	<ul style="list-style-type: none"> • # and % of 0- to 3-year old health care home patients screened • % successfully engaged in mental health services
		18-month-old autism and developmental screenings	<ul style="list-style-type: none"> • # and % of 18-month-olds screened
	Increase opportunities for screening and treatment for anxiety and depression for new mothers	Universal routine screening	<ul style="list-style-type: none"> • # of mothers of infants 0-12 months screened • # of positive screening results • # and types of referral due to screening result
		Mother-Baby Program	<ul style="list-style-type: none"> • # of mental health assessments via telephone “warm” line • # of mothers treated in Mother-Baby Day Hospital • # of mothers participating in aftercare support groups
	Reduce health disparities	Aquí Para Tí	<ul style="list-style-type: none"> • # of youth/families served • # and % of patients reporting STI risk factors • # and type of patient goals • Patient and parent mental health inventory data
		Henne-Teen	<ul style="list-style-type: none"> • Implementation of Epic electronic health record modifications to increase teen patient confidentiality • Implementation of teen-focused clinic workflows
		Children’s Summer Meal Program	<ul style="list-style-type: none"> • # of children served

Mental Health	Provide access to a full spectrum of mental health services	Continue to operate services at full capacity	<ul style="list-style-type: none"> • Volume of mental health visits 	
		Integrate psychologists into the Health Care Home model	<ul style="list-style-type: none"> • Volume of psychologist visits at Whittier and Medicine clinics 	
	Transform mental health service model to address co-morbidities	Medicine/Psychiatry inpatient program	<ul style="list-style-type: none"> • # and type of cardiac risks among patients with psychiatric disorders • # and types of clinical staff changes/additions 	
		Hennepin Health	<ul style="list-style-type: none"> • # of patients involved in Intensive Treatment Plan case management • # of patients served by community mental health “in-reach” in HCMC Acute Psychiatric Services/Emergency Department 	
		Integration of work with Hennepin County HSPHD	<ul style="list-style-type: none"> • Participation in sobering center planning • Participation in planning to improve patient access to interim and low-income supported housing 	
	Increase community and social connectedness	Hennepin Health vocational services and work skills training	<ul style="list-style-type: none"> • # of participants • Post-training job placement #s 	
		Hennepin County CHIP action team	<ul style="list-style-type: none"> • Participation in CHIP social connectedness action team initiatives 	
		Involvement with National Alliance on Mental Illness of Minnesota (NAMI)	<ul style="list-style-type: none"> • # and types of collaborations, events, and outreach 	
	Nutrition, Obesity, & Physical Activity	Increase opportunities for regular physical activity and proper nutrition	Baby-Friendly Hospital designation	<ul style="list-style-type: none"> • Achievement of Baby-Friendly Hospital designation • % of mothers exclusively breastfeeding their babies
			Community Transformation Grant projects	<ul style="list-style-type: none"> • D5 scores • # and types of patient goals
Hennepin County CHIP action team			<ul style="list-style-type: none"> • Participation in CHIP nutrition, obesity, and physical activity action team initiatives 	
We Can Prevent Diabetes			<ul style="list-style-type: none"> • Patient participation in Diabetes Prevention Program classes • Patient weight loss and other health indicators 	

		Taking Steps Together (TST)	<ul style="list-style-type: none">• # of participants in TST and TST-alumni programs
		Therapeutic Food Pharmacy	<ul style="list-style-type: none">• # of individuals and households served• # of participating HCMC clinic locations