2019 Community Health Needs Assessment

Hutchinson Health

HealthPartners®

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About HealthPartners

HealthPartners is the largest consumer-governed, non-profit health care organization in the nation with a mission to improve health and well-being in partnership with members, patients and the community.

For more information, visit healthpartners.com.

OUR MISSION is to improve the health and well-being of those we serve – is the foundation of our work. And that work is guided by our vision and values, creating a culture of Head + Heart, Together.

OUR VISION

guides us into the future

Health as it could be, affordability as it must be, through relationships built on trust.

OUR STRATEGIES

in all that we do

We approach our work and create our work plans by focusing on four dimensions: People, Health, Experience, Stewardship

OUR VALUES

guide our actions

EXCELLENCE
We strive for the best results and always look for ways to improve.

COMPASSION
We care and show empathy and respect for each person.

PARTNERSHIP
We are strongest when we work together and with those we serve.

INTEGRITY
We are open and honest and we keep our commitments.

Hutchinson Health

In partnership with HealthPartners, Hutchinson Health includes primary and specialty care clinics, emergency services, and specialty programs. Hutchinson Health includes an Intensive Care Unit, featuring eICU technology, as well as a facility-wide clinical monitoring system. Along with a full-range of advanced diagnostic imaging services featuring multi-slice CT scanning, 3D and 2D digital mammography, X-ray, ultrasound, ACR Lung Cancer Screening Center, and MRI. We have over 30 full time physicians, over 30 visiting physician specialists, 20 additional clinicians and practitioners along with our support staff of 650 employees.

After five decades of providing exceptional medical care, Hutchinson Health partnered with HealthPartners in 2018 to expand specialty services to better serve patients and the community. Hutchinson Health continues to offer a licensed 66-bed, Level 4 Trauma Center, including a 12-bed inpatient mental health unit. The Hutchinson Health Clinic and Urgent Care, Hutchinson Health Hospital, BirthCare and new Cancer Center, along with our multiple locations and services, enhance patient care delivery options closer to home.

EXECUTIVE SUMMARY

Hutchinson Health is part of HealthPartners, the largest consumer-governed, non-profit health care organization in the nation with a mission to improve health and well-being in partnership with members, patients and the community. Hutchinson Health is an integrated, non-profit clinic and hospital system serving southwestern and central Minnesota. This report describes the current Community Health Needs Assessment (CHNA) process and results for Hutchinson Health.

Between 2017 and 2019, HealthPartners and Hutchinson Health engaged with local public health partners in Meeker, McLeod, and Sibley Counties, Minnesota, local coalitions, and community partners to conduct a comprehensive CHNA. The CHNA identifies the significant health needs of the community as well as measures and resources to address those needs. The results will enable community partners to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the community.

This assessment meets all the federal requirements of the Patient Protection and Affordable Care Act (ACA) and the Internal Revenue Service final regulations. It was approved by the Hutchinson Health Board on November 26, 2019. In accordance with federal requirements, this report is made widely available to the public on our website a hutchhealth.com/health-well-being/community-health-needs-assessment/.

COMMUNITY SERVED

Hutchinson Health is located in the city of Hutchinson in McLeod County, Minnesota. While Hutchinson Health serves patients across Minnesota, over 78 percent of the people we serve live in McLeod, Meeker, and Sibley Counties with the majority (56 percent) residing in McLeod County.

In total, 74,000 people live in these three counties. In 2017 and 2018, Hutchinson Health reported a total of 4225 inpatient admissions, with 3285 inpatient admission patients living in these three counties.

74,000

people living in the three primary counties we serve

McLeod
Meeker
Sibley

METHODOLOGY

In 2018, HealthPartners contracted with The Improve Group to analyze and report on data describing the communities we serve. HealthPartners provided The Improve Group with the definitions of the hospital's service areas, the indicators to study for the health and demographic data summaries, and data collected during community conversations. The Improve Group then gathered secondary data from public sources, analyzed community input data and developed summary reports to guide a prioritization process. While Hutchinson Health data was not included directly in the 2018 community health needs assessment of HealthPartners and The Improve Group, Hutchison Health participated with the HealthPartners CHNA Team. Methods used to complete the HealthPartners CHNA guided the completion of Hutchinson Health's 2019 assessment. Additionally, Hutchinson Health and Meeker, McLeod, Sibley County Public Health departments collaborated in the development and implementation of assessment methods, utilized community input, and analyzed data collected.

Prioritized Needs

The HealthPartners CHNA Team included representatives from each HealthPartners hospital and HealthPartners leadership. In September 2018, the CHNA Team met to review the data and prioritize the community health needs across the system.

HealthPartners collectively prioritized community health needs using a process informed by a modified Hanlon method and other commonly used prioritization methods. Each hospital shared its 4-5 priority topic areas and rationale for each topic area based on: size, seriousness, equity, value and change. HealthPartners hospitals worked in a thorough, facilitated large and small group process to reach consensus on top priorities using both the criteria described above and community input data. The five priorities are of equal importance and are presented in alphabetical order. The five priority areas and priority area definitions are:

Access to care

Access to care refers to having equitable access to appropriate, convenient and affordable health care. This includes factors such as proximity to care, access to providers, cost, insurance coverage, medical transportation, care coordination within the health care system and cultural sensitivity and responsiveness.

Access to health

Access to health refers to the social and environmental conditions that directly and indirectly affect people's health such as housing, income, employment, education and more. These factors, also referred to as social determinants of health, disproportionately impact low income communities and communities of color.

Mental health and well-being

Mental health and well-being refers to the interconnection between mental illness, mental health, mental well-being and the associated stigma. Poor mental health is associated with poor quality of life, higher rates of chronic disease and a shorter lifespan.

Nutrition and physical activity

Nutrition and physical activity refers to equitable access to nutrition, physical activity and food and feeding choices. Poor nutrition and physical inactivity are major contributors to obesity and chronic diseases such as diabetes, heart disease and stroke, which disproportionally impact low income communities and communities of color.

Substance abuse

Substance abuse and addiction are the excessive use of substances including alcohol, tobacco, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being.

NEXT STEPS

Hutchinson Health and HealthPartners will continue to work collaboratively with the community to develop shared goals and actions that address the highest priority needs identified in the CHNA. These shared goals and actions will be presented in our implementation strategy, which is a required companion report to the CHNA. Each need addressed will be tailored to the hospital's programs, resources, priorities, plans and/or collaboration with governmental, non-profit or other health care organizations.

About the Community Health Needs Assessment (CHNA) process

BACKGROUND AND GOALS

HealthPartners mission is to improve health and well-being in partnership with our members, patients and community. One of the ways we bring the mission to life is to collaborate with community partners to better understand what contributes to and causes barriers to good health. We use this information to work together to improve health outcomes.

The Community Health Needs Assessment (CHNA) process is an opportunity for us to identify the significant health needs of the community and the measures and resources required to address those needs. HealthPartners worked with local health departments, local coalitions, the Center for Community Health (CCH) and community partners to conduct a comprehensive CHNA. Our next step is to develop an implementation plan, for the period 2020 to 2022, to address the CHNA priorities.

This CHNA was conducted in accordance with requirements identified in the Patient Protection and Affordable Care Act and the Internal Revenue Service final regulations released on December 29, 2014. This CHNA was designed to:

- Meet federal government and regulatory requirements;
- Review secondary health and demographic data describing Hutchinson Health;
- Gather input from community members on health needs and priorities, including input from members of underserved, low income and minority populations;
- Analyze the secondary data and community input data; and
- Prioritize the health needs of the community served by HealthPartners and Hutchinson Health.

METHODOLOGY

HealthPartners collaborated across six hospitals within its family of care for the CHNA. In addition, Hutchinson Health actively partnered with Meeker, McLeod, and Sibley County (MMS) Public Health to align Hutchinson Health's CHNA and Meeker, McLeod, and Sibley County Public Health's Community Health Assessment process. Over the course of 2018 and 2019, Hutchinson Health, Meeker, McLeod, and Sibley County Public Health and other community stakeholders collaborated in the development and implementation of assessment methods including community conversations, community surveys, and provider surveys.

In 2018, HealthPartners contracted with The Improve Group to analyze and report on the data describing the communities we serve. HealthPartners provided The Improve Group with the definitions of each hospital's service area, the indicators to study for the health and demographic data summaries and data collected during community conversations. Community input was collected in partnership with HealthPartners and our partners through community conversations and multiple surveys. The Improve Group then gathered secondary data from public sources, analyzed community input data and developed summary reports to guide a prioritization process for HealthPartners shared priorities.

Core health data indicators for this report were collaboratively selected for inclusion in CHNAs conducted in the Minneapolis-St. Paul metropolitan area and southwest-central Minnesota between public health agencies, non-profit health plans and not-for-profit hospital/health systems in a 9-county area. The list of indicators was updated based on a pilot testing process that occurred in 2017.

Secondary data in this report is specific to McLeod, Meeker and Sibley Counties, Minnesota. When data specific to the county is not available, regional and state-level data is presented. Comparison data is included where available. All survey data is self-reported. Additional data sources include:

- American Community Survey (ACS), an ongoing survey by the U.S. Census Bureau
- Behavioral Risk Factor Surveillance System (BRFSS), a national survey by the Centers for Disease Control and Prevention (CDC)
- Meeker, McLeod, Sibley (MMS) Community Health Survey, a community survey by three area counties
- Minnesota Student Survey (MSS), a statewide survey by the Minnesota Department of Education
- Putting All Communities Together (PACT) for Families SHARE Survey, a youth survey by five counties
- Youth Risk Behavior Survey (YRBS), a national survey by the CDC
- United Way ALICE report
- Data from local and county partners
- Data from the Minnesota Department of Health and other state agencies

This report also includes data collected by HealthPartners, including: HealthPartners Electronic Health Records (EHR); IMPACT Survey, a survey on mental illness stigma, developed and analyzed by HealthPartners; and Family Community Survey, a survey on health behaviors of children, developed and analyzed by HealthPartners.

COMMUNITY INPUT DATA

As part of its CHNA process, Hutchinson Health actively partnered with Meeker, McLeod, Sibley (MMS) Community Leadership Team to align Hutchinson Health's CHNA, MMS's Community Health Assessment (CHA), and Glencoe Regional Health Services CHNA process. This process included shared development and implementation of assessment methods including community dialogues, community surveys, healthcare provider surveys, and community prioritization discussions.

The community input for this report includes:

County priority data: A three-county public health collaborative in the Hutchinson Health service area is working to determine the top health priorities for its community through a three county-level Community Health Assessment process (CHA) primarily based on results of the 2018 Community Health Survey, 2018 Community Health Survey Results Hispanic Sample, and qualitative community input sessions.

Community input sessions included data from the following events: Ridgewater College Health Fair (McLeod County, March 19, 2019), Sibley County Senior Expo (April 16, 2019), Mental Health Community event (McLeod County, April 28, 2019), Mental Health Conference (McLeod County, 29, 2019), and United Way of McLeod County Strategic Planning Meetings (June 30, 2019 and July 7, 2019). Additionally, Hutchinson Health developed a Health and Well-being Advisory Committee in 2018 comprised of persons who represent

the broad interests of the community served by the hospital, including those with special knowledge of or expertise in public health, public education, and local organizations serving or representing the interest of members of medically underserved, low-income, and minority populations in the community. This committee met on the following dates to review available community health data, provide input to Hutchinson Health on identification of priority areas, and helped to guide Hutchinson Health on how to best address unmet community health needs: November 1, 2018, December 12, 2018, February 13, 2019, April 10, 2019, July 10, 2019, August 14, 2019 and October 9, 2019.

Provider survey: In 2019, Hutchinson Health surveyed health care providers to understand their perceptions of leading health needs and community resources available to help their patients. The survey also asked providers to identify barriers they face in addressing health needs and the resources they need to better serve their patients. Thirty-two health care providers completed the survey. In 2018, HealthPartners surveyed health care providers across six hospitals within its family of care. Twenty-three health care providers completed the survey. In 2019, Glencoe Regional Health Services utilized the same survey resulting in twelve health care providers completing the survey.

HEALTHPARTNERS APPROACH TO EQUITY

At HealthPartners, a top priority is to assure everyone has equal access to excellent and reliable health care and services, to work toward a day where every person, regardless of their social circumstances, has the chance to reach their best health. This requires us to identify and work towards eliminating health disparities, defined by the CDC as “preventable differences in the burden of disease, injury, violence or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups and communities.”

Our commitment to health equity shaped our approach to our CHNA and will continue to shape our approach as we develop an implementation plan to address community health needs in partnership with our community. This includes considering factors such as race, ethnicity, age, gender identity, socioeconomic status, and education levels when setting priorities and developing implementation plans.

CHNA PRIORITIZATION PROCESS

The HealthPartners CHNA Team included representatives from each HealthPartners hospital and HealthPartners leadership. On September 14, 2018, the CHNA Team met to review the data and prioritize the community health needs across the system.

HealthPartners collectively prioritized community health needs using a process informed by a modified Hanlon method and other commonly used prioritization methods. Each hospital shared its 4 - 5 priority topic areas and rationale for each topic area based on:

- **Size:** Number of persons affected, taking into account variance from benchmark data and targets;
- **Seriousness:** The degree to which the problem leads to death, disability and impairment of one’s quality of life (mortality and morbidity);
- **Equity:** Degree to which specific groups are affected by the problem;
- **Value:** The importance of the problem to the community; and
- **Change:** What is the same and what is different from your previous CHNA?

HealthPartners hospitals worked in a thorough, facilitated large and small group process to reach consensus on top priorities. The CHNA Team considered the criteria described above as well as community input data in these discussions. The five priorities are of equal importance and are presented in alphabetical order. The five priority areas are:

Access to care

Access to care refers to having equitable access to appropriate, convenient and affordable health care. This includes factors such as proximity to care, access to providers, cost, insurance coverage, medical transportation, care coordination within the health care system and cultural sensitivity and responsiveness.

Access to health

Access to health refers to the social and environmental conditions that directly and indirectly affect people's health such as housing, income, employment, education and more. These factors, also referred to as social determinants of health, disproportionately impact low income communities and communities of color.

Mental health and well-being

Mental health and well-being refers to the interconnection between mental illness, mental health, mental well-being and the associated stigma. Poor mental health is associated with poor quality of life, higher rates of chronic disease and a shorter lifespan.

Nutrition and physical activity

Nutrition and physical activity refers to equitable access to nutrition, physical activity and food and feeding choices. Poor nutrition and physical inactivity are major contributors to obesity and chronic diseases such as diabetes, heart disease and stroke, which disproportionally impact low income communities and communities of color.

Substance abuse

Substance abuse and addiction are the excessive use of substances including alcohol, tobacco, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being.

HealthPartners discussed and considered additional or alternative priorities during the prioritization process, including: older adult health/aging, maternal and child health, environmental health and injury and violence. These needs were not selected as top five priorities in the consensus building process, however, the themes will be considered in the implementation of the selected priority areas. The five priorities identified by the HealthPartners CHNA team aligned with Hutchinson Health's 2016 CHNA priorities and continue to support priority areas identified in this 2019 CHNA assessment.

About the Community We Serve

PEOPLE SERVED

Hutchinson Health is located in the city of Hutchinson in McLeod County, Minnesota. While Hutchinson Health serves patients across Minnesota, over 78 percent of the people we serve live in McLeod, Meeker, and Sibley Counties with the majority (56 percent) residing in McLeod County.

In total, 74,000 people live in these three counties. In 2017 and 2018, Hutchinson Health reported a total of 4225 inpatient admissions from patients living in these three counties.

Source: Hutchinson Health Electronic Health Records, 2019

74,000

people living in the three primary counties we serve

McLeod
Meeker
Sibley

35-39

median age

1 in 4	1 in 6
under 18 years old	over 65 years old

POPULATION AGE

We know that people have different health needs at different stages of life. Throughout the CHNA process, we considered how each need, asset and barrier impacts different age groups.

The median age of our community is between 35 and 39 years old. About 1 in 4 people in our communities is under 18 and 1 in 6 is over 65.

However, our community is an aging community, with the number of adults over age 65 expected to increase significantly over the next decade.

Source: U.S. Census Bureau, American Community Survey, 2012-16

RACE AND ETHNICITY

Ramsey County is more racially diverse than the rest of Minnesota, with 32 percent of residents identifying as a race other than white. In comparison to the metro area of Minnesota, where up to 32 percent of residents identify as a race other than white, 8 percent of Meeker, McLeod, and Sibley County. In Meeker, McLeod, and Sibley County, 6 percent of residents identify as Hispanic or Hispanic/Latino.

It is important to acknowledge that people of color are disproportionately impacted by social and environmental conditions that affect people's health.

Source: U.S. Census Bureau, American Community Survey, 2012-16

POVERTY AND ECONOMIC CONSTRAINTS

People who are experiencing poverty face health disparities. People who live in households earning at or below 200 percent of the federal poverty level (FPL) are considered low income.

Minnesota state average for poverty is 23 percent or more than 1 in 4 people experience poverty. McLeod's poverty rate is lower than the state average with slightly more than 1 in 6 people (16.3%), including more than 1 in 8 (11.2%) children experience poverty.

1 in 6

in McLeod county experience poverty

1 in 8 are children

Collectively, in Meeker, McLeod and Sibley County, more than 1 in 5 people (17.3%), including about 1 in 9 children (10.7), lives in a low-income household.

A report by the Minnesota Housing Partnership in 2019 indicated that about 28 percent of McLeod County households, or 3,800, are cost-burdened. A household paying more than 30 percent of its income on rent or a mortgage is considered cost-burdened. A cost-burdened household is less likely to afford basic needs such as food and health care. Statewide, 572,000 households fall under this category.

Source: U.S. Census Bureau, American Community Survey, 2012-16; Minnesota Housing Partnership, Out of Reach, 2019; Minnesota Housing Partnership, The Statewide Crisis for Workforce Housing, 2019.

9 in 10

high school students in Meeker County graduate in 4 years

Higher levels of education are strongly associated with higher incomes

EDUCATION STATUS

An individual's education level can impact their health. People with less than a high school education are more likely to experience health disparities than people with higher education levels. Higher levels of education are also strongly associated with higher incomes.

More than 8 in 10 high school students in McLeod County (88.3%) and Sibley County (86.7%) graduate in four years, compared to more than 9 in 10 students in Meeker County (92.7%) students graduate in four years.

Source: U.S. Department of Education EDFacts, 2015-16

Priorities and Definitions

The following sections describe the health priorities identified during the CHNA process, all of which include data related to equity.

Priority: Access to Care

Access to care refers to having equitable access to appropriate, convenient and affordable health care. This includes factors such as proximity to care, access to providers, cost, insurance coverage, medical transportation, care coordination within the health care system and cultural sensitivity and responsiveness.

The following indicators provide a snapshot of conditions in our community that influence access to care.

> [Concerns for the health of our community include] too many are facing financial disaster due to health care costs."
>
> – Hutchinson Health Provider survey participant

Cost of insurance

"[Concerns for the health of our community include] too many are facing financial disaster due to health care costs." – Hutchinson Health Provider survey participant

When people cannot afford to pay for insurance or other health care costs, they are less likely to get the care they need.

According to the 2016 American Community Survey, the vast majority of adults and children in our community have health insurance. In Meeker, McLeod and Sibley County, 6 percent of adults do not have health insurance, while 4 percent of children are uninsured.

Source: MMS Community Health Survey, 2018

Cost of care

Over 50 percent (51.3) of adults in our community who delayed or skipped medical care did so because of cost or lack of insurance. More than 40 percent (44.3) of adults who needed mental health care said cost or lack of insurance was the reason they did not get the care they needed.

Hutchinson Health providers cited a lack of insurance coverage, increase in persons under insured, and increase in total health care costs among the top barriers to accessing health care.

Source: MMS Community Health Survey, 2018; U.S. Census Bureau, American Community Survey, 2012-16

50%

adults in our community...

who delayed or skipped medical care did so because of cost or lack of insurance

Availability of care

Meeker, McLeod, and Sibley County residents may have barriers accessing primary care because of the relatively low number of physicians based on the population. While McLeod County has a favorable number of 28 providers per 100,000 people in 2017, Meeker and Sibley County are disproportionately lower with the number of providers per 100,000 people in each county at 4 and 0 respectively.

Additionally, there are not enough mental health services in the area to meet community members' needs. Meeker, McLeod, and Sibley County are considered Mental Health Professional Shortage Areas (HPSA). As a result, people may need to wait months to see a mental health care provider, especially a psychiatrist.

HealthPartners providers cited a need for increased access to overall mental health providers, including same-day mental health appointments and more availability of evening and weekend appointments.

Source: HealthPartners, Provider Survey, 2018; Hutchinson Health, Provider Survey, 2019; US Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource file, 2017; Minnesota Department of Health Office of Rural Health, 2016

> "[Barriers to accessing care includes] aversion to seeking mental health care due to stigma associated as well as difficulty getting to appointments (high volumes of no-shows)."
>
> – Provider survey participant

Transportation and scheduling

"[Barriers to accessing care includes] aversion to seeking mental health care due to stigma associated as well as difficulty getting to appointments (high volumes of no-shows)." – Provider survey participant

Many patients face additional barriers in accessing care. Lack of evening and weekend appointments is a barrier for many community members who cannot take time off work to get care during the day.

Transportation to appointments is another barrier to care. Not having access to a car, long travel distances to specialty providers and relying on family members for rides affect people's ability to access health care.

Health care providers cited the location of providers and the transportation challenges as barriers to accessing care.

Residents surveyed in Meeker, McLeod, and Sibley county, of those who sought help from a mental health professional in the past 12 months (from the date surveyed), 28% of respondents indicated they had to travel between 10-29 miles to get to the appointment, another 29% indicated they had to travel between 30-49 miles to get to the appointment, and more than 9% indicated that they had to travel 50 miles or more to get to the appointment.

Source: MMS Community Health Survey, 2018.

29%

had to travel between 30-49 miles to get to the mental health appointment

9% indicated that they had to travel 50 miles or more to get to the appointment

Language and cultural barriers

Health care providers and community members said patients may also face barriers when scheduling appointments and communicating with providers.

These barriers are especially significant for community members who do not speak English as a primary language. Communication barriers are a concern in McLeod County, where 6 percent of people over age 5 speak a primary language other than English.

Lack of culturally appropriate care is also a barrier to accessing care.

Priority: Access to Health

Access to health refers to the social and environmental conditions that directly and indirectly affect people's health such as housing, income, employment, education and more. These factors, also referred to as social determinants of health, disproportionately impact low income communities and communities of color.

The following is a snapshot of conditions in our community that influence our health. Extensive research exists providing the link between these conditions and health.

Food insecurity

People experiencing food insecurity do not have consistent access to healthy and adequate food. Expenses for food are one of the first reductions people make under economic stress. People who experience food insecurity may forego adequate food for other expenses such as housing and health care.

In 2018, 9 percent of adults in Meeker, McLeod and Sibley County identified that during the past 12 months, they worried frequently worried that their food would run out before they had money to buy more. 17% of McLeod County students shared that there frequently isn't enough to eat at home. (17.4% combined response to "sometimes, most of the time, all the time")

Source: Feeding America, MMS Community Health Survey, 2018; PACT for Families SHARE Survey, 2016

Housing cost burden

People are considered "housing cost burdened" when they spend 30 percent or more of their income on mortgage or rent. High costs of housing can compete with health care and basic needs such as food.

According to the American Community Survey, 20 percent of homeowners in our community are housing cost burdened. Renters are far more likely to spend a high proportion of their income on housing costs. 43.5 percent of renters in Meeker, McLeod and Sibley County are housing cost burdened.

Social workers and care managers indicated housing was a top concern, especially for people with behavioral health and medical needs.

Source: U.S. Census Bureau, American Community Survey, 2012-16

43.5%

of renters in Meeker, McLeod and Sibley County are housing cost burdened

20 percent of homeowners in our community are housing cost burdened

People experiencing homelessness and housing insecurity

People in rural Minnesota are not exempt from experiencing homelessness. Homelessness includes people who are living in emergency or transitional housing, living in places not meant for human habitation, who are fleeing domestic violence and have no other residence and people who are losing their primary residence within 14 days. According to the Wilder Homeless Study, 238 people in southwest Minnesota identified as experiencing homelessness in fall 2018, an increased compared to 179 from fall of 2015.

250

the number of McLeod County households that are homeless or in danger of becoming homeless seeking assistance from UCAP every year

UCAP in McLeod County served 372 people in emergency shelters between October 2015 and September 2016

In McLeod County, 100 households (with a total of 85 children) came to UCAP (United Community Action Partnership) in McLeod County between Jan 1, 2017 and June 1, 2017 looking for help with housing because they were homeless or in danger of becoming homeless. An average of 250 households every year come to UCAP in McLeod County that are homeless or in danger of becoming homeless. UCAP in McLeod County served 372 people in emergency shelters between October 2015 and September 2016.

Source: Wilder Homeless Study, 2015; UCAP, 2019

Unemployment

According to the Minnesota Department of Employment and Economic Development, the unemployment rate in our community is approximately 3 percent. However, significant unemployment disparities exist by race.

While current county-level unemployment rates by race are not available, data from the American Community Survey is useful for identifying employment disparities. According to this data, unemployment rates among people who identify as black or African American or who identify as two or more races are 3 times higher than people who identify as white. People who identify as Asian, American Indian, Hispanic/Latino or who identify with another race are unemployed at twice the rate as people who identify as white.

Source: U.S. Census Bureau, American Community Survey, 2012-16

Priority: Mental Health and Well-Being

Mental health and well-being refers to the interconnection between mental illness, mental health, mental wellbeing and the associated stigma. Poor mental health is associated with poor quality of life, higher rates of chronic disease and a shorter lifespan.

The following is a snapshot of conditions in our community that influence our mental health and well-being.

Poor mental health days

More than 30 percent (33.71) of adults surveyed in Meeker, McLeod and Sibley County report that they have poor mental health on 10 or more days in a month.

12 percent of residents reported a time in the last 30 days that they wanted to talk with or seek help from a health professional about mental health issues but did not go, or delayed talking with someone.

"[Resources to better address community health needs should include] Early childhood care and support for families to help with good mental health development and skills learned early in life." – Hutchinson Health Provider survey participant

> "[Resources to better address community health needs should include] Early childhood care and support for families to help with good mental health development and skills learned early in life."
>
> – Hutchinson Health Provider survey participant

Mental health and well-being was ranked as the second highest concern for the Community Health Action Team across HealthPartners. Hutchinson Health providers ranked mental health and wellbeing as their number one concern.

The lack of mental health care, as well as bullying, were mentioned as unhealthy aspects of the community.

Health care providers mentioned the growing prevalence of mental health issues as well as the need for more mental health professionals and community supports.

Source: MMS Community Health Survey, 2018

1 in 4

female adults in our community have been diagnosed with anxiety or depression

1 in 6 male adults in our community with a diagnosis of anxiety or depression

Adult mental health: anxiety and depression

Many adults in our community say they have been diagnosed with a mental illness such as anxiety or depression. On average, about 1 in 4 female adults in our community have been diagnosed with anxiety or depression, compared to 1 in 6 male adults in our community with the same diagnosis.

Rates of mental illness are highest in low income communities. Nearly one-third of adults in low income households reported an anxiety or depression diagnosis.

Death by suicide is a significant concern for our community. According to the CDC, death by suicide has increased 40 percent in Minnesota since 1999.

Between 2013 and 2017, 53 Meeker, McLeod and Sibley County adults died by suicide. Although suicide can affect all people, in Minnesota, middle-aged men and American Indians are most at risk for suicide.

In 2017, 43 percent of youth in McLeod County and 35 percent of youth in Meeker County reported being worried about a lot of things "most of the time." 12.8 percent of youth in McLeod County reported in 2017 that they considered suicide in the last year, compared to 6.4 percent of youth in Meeker County. Comparable youth data is not available for Sibley County.

43%

of youth in McLeod County reported being worried about a lot of things "most of the time."

12.8 percent of youth in McLeod County reported in 2017 that they considered suicide in the last year

Source: MMS Community Health Survey, 2018; PACT for Families SHARE Survey, 2016; Minnesota Office of Vital Statistics, 2017

> "Mental health stigma real or perceived is an issue that must be addressed."
>
> – Community survey participant

Contributors to poor mental health: social isolation

Social and emotional support are important contributors to overall health and well-being. According to the HealthPartners IMPACT Survey, 86 percent of adults believe mental health has a large impact on a person's overall health and wellbeing.

Social and emotional support are also linked to educational achievement and economic stability.

Contributors to poor mental health: stigma

"Mental health stigma real or perceived is an issue that must be addressed." - Community survey participant

The stigma associated with having a mental illness can also negatively affect mental health. Reducing stigma related to mental health was a leading theme that emerged from the community.

Over 43 percent of Meeker, McLeod and Sibley County adults are reluctant to seek help for a mental illness or are uncomfortable talking with others about their mental illness.

Source: MMS Community Health Survey, 2018

43%

of adults are reluctant to seek help for a mental illness or are uncomfortable talking with others about their mental illness

the stigma associated with having a mental illness can negatively affect mental health

Priority: Nutrition and Physical Activity

Nutrition and physical activity refers to equitable access to nutrition, physical activity and food and feeding choices. Poor nutrition and physical inactivity are major contributors to obesity and chronic diseases such as diabetes, heart disease and stroke. These diagnoses disproportionately impact low income communities and communities of color.

The following is a snapshot of nutrition and physical activity behaviors and factors in our community.

Adult fruit and vegetable consumption

A diet rich in fruits, vegetables, whole grains and lean proteins is a key protective factor in preventing chronic disease. The current recommendation for adults is to eat 5 or more servings of fruit and vegetables per day.

About 1 in 3 (35.5%) adults in Meeker, McLeod and Sibley County get 3 or more servings of fruit and vegetables. Another 2 out of 3 adults consume 2 or less servings of fruit and vegetables.

There is a lack of available data regarding youth fruit and vegetable consumption in Meeker, McLeod and Sibley County at this time.

Source: MMS Community Health Survey, 2018

Access to healthy food: food deserts

Participants in the community conversations cited having access to healthy food an important component to a healthy community.

However, according to the U.S. Department of Agriculture (USDA), 40 percent of people in Meeker, McLeod and Sibley County live in neighborhoods considered food deserts. A neighborhood is considered a food desert if 33 percent of the population lives more than one mile from a supermarket or large grocery store in urban communities or 10 miles for rural communities.

According to the HealthPartners Family Community Survey, throughout our community, parents identified a lack of lower prices for healthy foods and a lack of options to buy farm fresh foods as the most important barriers to address to help their families eat better.

Source: U.S. Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas, 2015

Access to healthy food: SNAP benefits

Even when healthy food is available locally, it may not be affordable. Many people in our community receive food supports such as Supplemental Nutrition Assistance Program (SNAP) benefits.

8.43 percent of households in our community are receiving SNAP benefits. (8.8 McLeod, 8.8 Meeker, 7.7 Sibley)

Source: U.S. Census Bureau, American Community Survey, 2012-16

23%

of adults are getting the recommended 30 minutes of moderate physical activity a day for 3 days or more per week

The current recommendation for adults is 150 minutes of moderate activity a week

Adult physical activity

Physical activity is defined as exercise and other activities that involve bodily movement. Physical activity includes playing, working, active transportation, household chores and recreational activities.

The current recommendation for adults is 150 minutes of moderate activity a week. Nearly 75 percent of adults in our Minnesota counties report they are meeting the physical activity recommendations.

Only 23 percent of people in Meeker, McLeod and Sibley County are getting the recommended 30 minutes of moderate physical activity a day for 3 days or more per week.

Source: MMS Community Health Survey, 2018

Youth physical activity

Youth should be active for 60 minutes or more at least 5 days a week. There is an overall lack of available data regarding youth physical activity in Meeker, McLeod and Sibley County.

Access to physical activity opportunities

"[Concerns for the health of our community include] Lack of available activities and resources to keep community members active, involved and feel connected." – Provider survey participant

> "[Concerns for the health of our community include] Lack of available activities and resources to keep community members active, involved and feel connected."
>
> – Provider survey participant

Parks and recreation are essential to the physical, economic, environmental, and social health of the city and their residents. While nearly 1 in 2 people in McLeod County lives in the city of Hutchinson which has an extensive system of parks, trails and recreation facilities and programs, about 15 percent of community members in McLeod County do not feel there are adequate opportunities to be physically active in their community. More than 50 percent of people in Sibley and Meeker County reported their communities are lacking similar amenities. Many community survey participants indicated a need for increased opportunities for physical activity including safer biking and walking paths.

Source: MMS Community Health Survey, 2018

Unhealthy weight

Being overweight or obese puts people at higher risk for heart disease, diabetes and other chronic conditions. According to self-reported height and weight, more than half of adults in our community are overweight or obese.

According to survey participants, 40.3 the percent of adults in Meeker, McLeod and Sibley County indicated they have been told by a healthcare professional that they are overweight, and 16.8 percent indicated they have been told there were obese.

Source: MMS Community Health Survey, 2018

40.3%

of adults in our community indicated they have been told by a healthcare professional that they are overweight

16.8 percent indicated they have been told there were obese

High blood pressure diagnosis

Uncontrolled high blood pressure puts people at higher risk for heart disease and stroke. In Sibley County, 38.7 percent of people have been told by a health care professional that they have high blood pressure, which is higher than the McLeod County rate of 34.4 percent and Sibley County rate at 30.5 percent.

Significant disparities in rates of chronic disease exist by race. These health disparities can also be found in chronic disease performance measures. According to the 2018 Minnesota Community Measurement Report, people who identify as Black or American Indian have rates below statewide measures for childhood immunizations, controlling blood pressure and breast cancer screenings. In addition, people who identify as Black have the lowest performance in controlling blood pressure compared to the rest of the state.

These disparities are often the result of socioeconomic barriers and lack of culturally appropriate care experienced by these communities.

Source: MMS Community Health Survey, 2018

High cholesterol diagnosis

High cholesterol also puts people at higher risk for developing heart disease. Across our community, 28.6 percent of adults have high cholesterol.

Source: MMS Community Health Survey, 2018

Diabetes diagnosis

Diabetes puts people at high risk for long-term problems affecting the eyes, kidneys, heart, brain, feet and nerves. 15.9 percent of adults in our community said they have been told by a health care provider that they have diabetes. These rates are slightly higher than the averages in the Minneapolis-St. Paul metropolitan area and the state of Minnesota overall.

Source: MMS Community Health Survey, 2018

Cancer rates

According to the Minnesota Department of Health, 1 in 4 Minnesotans die of cancer. Just over 10 percent of adults in our community said they have been told by a health care provider that they have cancer.

More data needed for types of cancer and prevalence ratio of diagnosis

Source: MMS Community Health Survey, 2018

Priority: Substance Abuse

Substance abuse refers to the excessive use of substances including alcohol, tobacco, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being.

"[Concerns about the health of the community include] Management of chronic illness, wellness, and substance abuse." – Provider survey participant

The following is a snapshot of substance abuse concerns in our communities.

> "[Concerns about the health of the community include] Management of chronic illness, wellness, and substance abuse."
>
> – Provider survey participant

14%

of adults smoke in Meeker County

fewer than 10 percent of adults currently smoke in our Minnesota counties

Tobacco use

Tobacco use is associated with many chronic diseases and health conditions, including respiratory disease, heart disease and cancer.

At 14 percent, the smoking rate for adults in Meeker County is much higher than rates in our Minnesota counties, where fewer than 10 percent of adults currently smoke. McLeod smoking rate for adults is 10.5 percent and Sibley County smoking rate is 8.6 percent.

Source: MMS Community Health Survey, 2018

Youth tobacco use

According to the 2017 PACT SHARE Survey, more than 5 percent of youth in Meeker and McLeod County report smoking cigarettes in the past month. Another 9.5 percent of the same youth in McLeod County reported use of e-cigarettes, compared to 8.51 percent of youth in Meeker County.

Source: PACT for Families SHARE Survey, 2016

9.5%

of youth in McLeod County reported use of e-cigarettes

8.51 percent of youth in Meeker County

Alcohol binge drinking

Binge drinking is defined as having five or more drinks on one occasion. In our community, approximately 1 in 3 men reported binge drinking in the past month. Among women, about 1 in 4 reported binge drinking in the last month.

Over 60 percent of health care providers at Hutchinson Health indicated alcohol/substance abuse was a concern for our community, ranking this issue as the third highest overall health concern.

Source: MMS Community Health Survey, 2018; Hutchinson Health, Provider Survey, 2018.

1 in 3

men reported binge drinking in the past month

1 in 4 women reported binge drinking in the last month

health care providers ranked this issue as the third highest overall health concern

Youth alcohol use

Underage drinking can affect youth, their families and the community. Youth who drink alcohol are more likely to experience problems at school, illness, physical and sexual violence, accidents, injury and even death. Over 8 percent of Meeker and McLeod students reported using alcohol in the past month.

Source: PACT for Families SHARE Survey, 2016

Illicit drug use including prescription drug use

Nearly 10 percent of students surveyed in 2017 throughout McLeod County reported use of marijuana, prescription drugs not prescribed to them, other illegal drugs and synthetic marijuana in the last 30 days, compared to 7.5 percent of Meeker County students on the same topic.

Source: PACT for Families SHARE Survey, 2016

2016 CHNA Implementation Plan and Evaluation of Impact

Hutchinson Health prioritized two primary areas of focus for this 2016 Community Health Needs Assessment Implementation Plan: mental health and nutrition.

We believe targeting efforts in these primary areas of focus would work towards not only addressing those specific need areas, but also greatly impact related high identified community health need areas including access to care, senior health, and addressing social determinants that can impact health outcomes. The gap between provider identified needs and community interest for both mental health and nutrition appeared to be low, as supported by the results from community input sessions and community-based electronic and paper survey results, thereby encouraging action in these areas.

With respect to mental health, as the primary resource for Mental Health services in our region, we are committed to working on improving access, addressing mental health stigma, and improving continuity of care between mental health providers and primary care. Each of the examples listed below provided unique opportunities for Hutchinson Health to expand work towards addressing the identified mental health needs of the community.

- Participation with the Meeker, McLeod, Sibley counties mental health subcommittee (developed in June 2014) work to address mental health stigma through education and awareness.
- Consideration of initiating the process of obtaining certification for Behavioral Health Care Home, expanding on Health Care Home certification that we obtained in May 2016.
- Improve continuity of care between mental health and emergency room and between mental health and urgent care through improving and formalizing communication channels.
- Partnering with HealthPartners and Meeker, McLeod, Sibley county Public Health to implement programming to reduce the stigma of mental health through Make It Ok and support community education such as QPR suicide prevention trainings, a regional mental health professional education conference, and other mental health related community events.
- Focused on ongoing recruitment effort for additional mental health providers, including tele-medicine for psychiatric.
- Continue to provide a 24 hour mental health HELP Line to the community.

With respect to nutrition, addressing the cost of healthy food has been identified as a primary barrier to improving access to healthy food for individuals and families in our community. Each of the examples listed below are ways in which Hutchinson Health is working to towards addressing the identified nutritional health needs of the community.

- Dedicated staff time in Nutrition Service and Health and Well-being Services to support community health outreach and activities such as food tastings, healthy recipes development, and other health promotion events.
- Partnership with Meeker County Food Shelf and McLeod Emergency Food Shelf which has included healthy food drives and support to improve food shelf environments that serve to create a more welcoming environment for communities to access appealing, healthy food.

- Partnership with Hunger Free McLeod to improve the quality of nutrition provided in their weekend "Backpack" food program. The "Backpack" food program provides food home in the backpacks of area elementary school students who receive free and reduced-price lunches as a nutritional supplement for the weekend.
- Partnership with Hutchinson Farmers Market which includes staff time for nutrition education and financial support for the Power of Produce program. The primary goals of Power of Produce program is to empower children to independently make healthy food choices and increase the amount of fruits and vegetables that children (and their families) are eating at home.

While Hutchinson Health identified two priority areas in the 2016 CHNA, in partnership with regional public health entities and Meeker, McLeod, Sibley (MMS) Community Leadership Team (CLT), Hutchinson Health also actively participated in the collective action framework identified in the 2017 Meeker, McLeod, Sibley Community Health Improvement Plan (CHIP). The mission of the CLT is to advance healthy living within our three counties with a vision to partner with communities to encourage and support efforts to impact environmental change and enhance healthful living. The coalition is comprised of stakeholders from key sectors including Hutchinson Health, Ridgeview Sibley Medical Center, Meeker Memorial Hospital, Glencoe Regional Health Services, University of Minnesota Extension, local planning organizations, and other local organizations focusing on health equity.

Following a shared process of completing the 2016 CHNA, MMS Healthy Communities CLT agreed to use a collective action framework in order to increase efficiencies, decrease duplication, and leverage resources to expand the impact. MMS's 2017 CHIP includes a detailed report of this collective action framework and can be accessed at https://www.mmshealthycommunities.org/wp-content/uploads/FINAL-Collective-Action-CHIP.pdf. Within this document, each partner outlined a commitment to dedicating staff and other resources related to the action areas referenced. In addition to the work identified above relating to mental health and nutrition, Hutchinson Health also contributed efforts towards the regional priorities of improving senior health, access the care, and choice/behavior/culture including the following examples:

Access the Care

- Certified as a Health Care Home in 2016. A review of impact following 90 Hutchinson Health patients who had been enrolled in Care Coordination in Health Care Home for at least a year showed an marked reduction in emergency room visits and re-admissions resulting in an estimated cost of care savings of more than $729,000.
- Implemented an enhanced provider support model to increase quality time between patient and provider.
- Focused on ongoing recruitment efforts for providers in primary care and specialty services.
- Increased urgent care hours and implemented an improved triage process for urgent care and ER.
- Provides sports medicine coverage to Hutchinson High School and Buffalo Lake – Hector schools to more effectively prevent injury and improve care, treatment, and management services to student-athletes.
- Provides ergonomic assessment and support for businesses.
- Offers Chronic Disease Self-Management classes, diabetes prevention, diabetes self-management program.

- Improved Hutchinson Health's Cancer Clinic, increasing exam rooms, onsite infusion chemotherapy, offering hematology and oral specialty medication care coordination services, and a breast cancer support group.

Senior Care

- Offered Living Well with Chronic Conditions education program
- Partnership with McLeod County Senior Expo, providing dedicated staff to serve to plan and implement an annual community education event targeted for the senior population 55+ as well as providing clinical staff to present on education topics related to the identified needs of this population.
- Implement a team based care model with Connector RN position to improve continuity of care, adherence to physician recommendations, and overall patient outcomes.

Choice/Behavior/Culture

This priority area of Choice/Behavior/Culture is rooted in understanding that social determinants of health include conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Work towards improving this area include the following examples with a focus on making policy, system, cultural, and environmental changes:

- Provides lactation services for patients and lactation counseling and resources to the general public.
- Advocates for improving lactation support in the community by participating on the McLeod Breast Feeding Coalition.
- Partnership with local organizations offering health-related activities in an effort to support a health culture in our community, including partnerships with Heart of Hutch, Wheel and Cog Children's Museum, McLeod for Tomorrow, supporting local runs/walks/bike rides, Contributing to JayCees bike helmet distribution event, and other community education events.
- Participation in the Worksite Wellness Consortium for Meeker and McLeod counties
- Supports Hutchinson Health employees to give back to the community by providing a financial match to employees who volunteer at least 25 hours a year to approved nonprofit organizations.

NEXT STEPS

Hutchinson Health and HealthPartners will continue to work collaboratively with the community to develop shared goals and actions that address the top five priority needs identified in the CHNA. These shared goals and actions will be presented in our implementation strategy, which is a required companion report to the CHNA. Each need addressed will be tailored to the hospital's programs, resources, priorities, plans and/or collaboration with governmental, non-profit or other health care organizations.

While Hutchinson Health and HealthPartners hospitals jointly prioritized systems-level needs, the U.S. Department of the Treasury and the IRS require a hospital organization to separately document the implementation strategy for each of its hospital facilities. The Board of Hutchinson Health must approve the implementation strategy by May 2020.

CONTACT INFORMATION

For more information or questions about this report, please contact Hutchinson Health via email at JLyons@HutchHealth.com.

SOURCES

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APPENDIX

Hutchinson Health Community Committee Participation (local/regional)

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	Hutchinson Health Attendee
Meeker, McLeod, Sibley Community Leadership Team (MMS CLT)	MMS CLT meets quarterly to discuss and address unmet community health needs in the area through action, networking and educational opportunities. Attendees represent stakeholder groups across Meeker, McLeod, and Sibley counties. MMS CLT provides strategic and collaborative framework for health improvement activities throughout the three-county region of Meeker, McLeod and Sibley counties.	Quarterly	Candace Hoversten Jim Lyons Amy Martin
Meeker-McLeod-Sibley joint Community Health Needs Assessment (CHNA) subcommittee	Hutchinson Health, Glencoe Regional Health Services, Meeker County Public Health, McLeod County Public Health, and Sibley County Public Health are meeting to align respective community needs assessments which are all due in 2019/2020.	Quarterly	Candace Hoversten Amy Martin
Hutchinson Health – Health and Well-being Advisory Committee	Members meet bimonthly to discuss and address unmet community health needs in the area through action, networking, and educational opportunities. Attendees represent community stakeholders including but not limited to Hutchinson Public School District, Dassel Cokato Public School District, New Discoveries Montessori Academy, McLeod Emergency Food Shelf, United Way of McLeod County, City of Hutchinson Parks, Recreation and Community Education, McLeod County Human Services, McLeod County Public Health, Common Cup, Hutchinson Health, Hutchinson Health Foundation, Hutchinson Ecumenical Ministerial Association	Bimonthly	Candace Hoversten Jim Lyons Amy Martin Emma Schalow
PowerUp Action Team – Hutchinson	PowerUp Action Team meets monthly with the objective to increase physical activity and decrease food insecurity/improve nutrition through changes to policy, systems, environment and community support through implementing plans and activities to address obesity and chronic disease for the population Hutchinson Health serves. It is comprised of key stakeholders in McLeod County.	Monthly	Emma Schalow Candace Hoversten
Mental Health Action Team – McLeod County	Mental Health Action Team meets monthly with the objective to decrease mental health stigma and increase community support for changes in policy, systems, and environment in order to improve the mental health of the population and decrease barriers related to access to care. McLeod County Public Health and Hutchinson Health lead this team. It is comprised of key stakeholders in Meeker, McLeod and Sibley counties.	Monthly	Candace Hoversten
Meeker, McLeod and Sibley (MMS) Mental Health Task Force	MMS Mental Health Task Force meets biannually with the objective to address barriers related to mental health stigma and access in Meeker, McLeod and Sibley counties. This group is primarily comprised of mental health service providers in Meeker, McLeod and Sibley counties.	Biannual	Tara Nelson

Hutchinson Health Community Committee Participation (local/regional)

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	Hutchinson Health Attendee
Hutchinson Grow Our Own	Hutchinson Grow Our Own meets monthly to implement plans and activities to address youth in poverty and the growing "opportunity gap" facing families in our region. Hutchinson's Grow Our Own committee was a recipient of Southwest Initiative Foundation's Grow Our Own funding opportunities to address local barriers related to the fact that more than 1 in 5 children in southwest Minnesota live in poverty.	Monthly	Candace Hoversten
Hutchinson Bicycle-Pedestrian Advisory Committee (BPAC)	The Hutchinson Bicycle-Pedestrian Advisory Committee (BPAC) serves as an advisory committee to the Hutchinson City Council and the Park, Recreation and Community Education Board. The BPAC provides advice on issues related to bicycling and pedestrian needs in Hutchinson, advocates for pedestrian and bicycling infrastructure improvements, and promotes recreational walking and bicycling in the city.	Quarterly Ad-hoc	Candace Hoversten
Meeker County Trails Planning Committee	Meeker County Trails Planning Committee provides input on updating a Meeker County Trails Plan to guide development and maintenance of a county-wide network of trails to serve the needs of residents and visitors.	Quarterly	Candace Hoversten
Friends of Meeker County Trails	Friends of Meeker County Trails provides advice to Meeker County on issues related to bicycling and pedestrian needs, advocates for pedestrian and bicycling infrastructure improvements, and promotes recreational walking and bicycling throughout the county.	Monthly	Candace Hoversten
Hutchinson Connect	Hutchinson Connect meets monthly with the objective to improve the health of the community through implementing plans and activities to increase social connectedness in the community of Hutchinson. It is comprised of community volunteers and nonprofit stakeholders in Hutchinson.	Monthly	Candace Hoversten
United Way of McLeod County Strategic Planning Committee	United Way of McLeod County Strategic Planning Committee goal is to discuss and address unmet community health needs in the area through action, networking, and educational opportunities and development of a strategic and collaborative framework with community partners. It is comprised of key stakeholders in McLeod County.	6/30/19, 7/9/19	Candace Hoversten
McLeod County Senior Expo Committee	McLeod County Senior Expo Committee identifies and addresses health issues related to persons 55 and over in McLeod County by implementing a yearly expo that provides health education and resources targeted to meet the needs of the population.	Monthly	Amy Martin Peg Christenson

HealthPartners Community Committee Participation (system wide)

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
Building Resilience: Preventing Diseases of Despair	Funded by the Catalyst Initiative of the Minneapolis Foundation, this guided community conversation focused on Building Resilience: Preventing Diseases of Despair. The group explored strategies for primary prevention of addiction and suicide. It was an all-day event centering community voices, emergent research, and trauma responsive approaches to supporting individual and collective resilience.	9/18/2018	DeDee Varner Pakou Xiong Thia Bryan
Center for Community Health (CCH) Assessment and Alignment Workgroup	This subgroup of CCH services as a catalyst to align the community health assessment process.	Monthly	DeDee Varner
Center for Community Health (CCH) Collective Action Collective Impact (CACI)	This is one of two subgroups from CCH. The CACI Subgroup is charged to develop and implement an improvement project to address a shared priority based upon the community health needs assessments of the participating CCH organizations in the 7-county Twin Cities Metropolitan area.	Monthly	Pakou Xiong Libby Lincoln Amy Homstad
Center for Community Health (CCH) Steering Committee	The Center for Community Health (CCH) is a collaborative between public health agencies, non-profit health plans, and not-for-profit hospital/health systems in the seven-county metropolitan area in Minnesota. The mission is to advance community health, well-being, and equity through collective understanding of needs and innovative approaches to foster community strengths.		Nancy Hoyt-Taff Marna Canterbury
Dakota County Healthy Communities Collaborative	The mission of the DCHCC is to bring together healthcare providers, county staff, school representatives, faith communities, nonprofit staff and other organizations to support the health and well-being of Dakota County citizens. The goal of the DCHCC is to identify needs, connect community resources, and create solutions	Monthly	DeDee Varner Libby Lincoln
Hmong Community Stroke Education and Awareness Initiative	Originally initiated from Regions Hospital Stroke Center as an awareness of high rates of Stroke in Hmong Community, through St. Paul School partnerships, has turned into a Hmong Stroke Translation project with funding from the Regions Foundation to translate 8 selected American Heart Association Stroke documents into Hmong and to make it ethnically appropriate.	Monthly	Pakou Xiong

HealthPartners Community Committee Participation (system wide)

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
Team (MHWAT)	Part of the Saint Paul - Ramsey County Public Health (SPRCPH) Community Health Improvement Plan (CHIP), SPRCPH formed an authentic community engaged Mental Health and Wellness Action Team that informs the work of our department in responding to the integrated health care needs of Saint Paul - Ramsey County residents and greater communities. Ramsey County Mental Health and Wellness Action Team (MHWAT) is one of 5 SPRCPH Community Health Improvement Goals.	Monthly	Pakou Xiong
MHWAT Wellness Group	This is 1 or 4 subgroups of the MHWAT. The MHWAT Wellness Group's purpose is to increase mental well-being for students, families and school staff in Ramsey County by focusing on components of mental well-being for adolescent students.	Monthly	Pakou Xiong
Minnesota Department of Health Healthy Minnesota Partnership	The Healthy Minnesota Partnership brings community partners and the Minnesota Department of Health together to improve the health and quality of life for individuals, families, and communities in Minnesota. The Healthy Minnesota Partnership has been charged with developing a statewide health improvement plan around strategic initiatives that ensure the opportunity for healthy living for all Minnesotans, and that engages multiple sectors and communities across the state to implement the plan.	5x/year	Donna Zimmerman (representing Itasca Project) DeDee Varner
Minnesota Department of Health Mental Well-Being & Resilience Learning Community	The purpose is to expand understanding about a public health approach to mental health by profiling current community initiatives across a continuum of public health aligned strategies.	Monthly	DeDee Varner
St. Paul Ramsey County Community Health Services Advisory Committee	The board advises, consults with or makes recommendations to the Saint Paul City Council and the Ramsey County Board of Health on matters relating to policy development, legislation, maintenance, funding, and evaluation of community health services.	Monthly	Dr. Kottke
St. Paul Ramsey County Public Health Statewide Health Improvement Program Community Leadership Team Meetings	The Minnesota Department of Health provides funding to Saint Paul – Ramsey County Public Health through the Statewide Health Improvement Partnership (SHIP) to work with a variety of partners to improve the health of our community. Saint Paul - Ramsey County Public Health is in its fourth cycle of SHIP funding. Three goals: Increasing physical activity; improving access to healthy foods; reducing the use of and exposure to tobacco.	4x/year	DeDee Varner

HealthPartners Community Committee Participation (system wide)

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
Forces of Change Affecting Community Health	The Center for Community Health hosted a dialogue for community leaders. This event aimed to increase collaboration and richness of conversation about health, broadly defined, across the Minneapolis Saint Paul Metro Region. Sixty participants contributed to insights and exchanged ideas.	10/25/2017	DeDee Varner Marna Canterbury Nancy Hoyt-Taft Pakou Xiong Libby Lincoln
REASN	The Racial Equity Action Support Network (REASN) brings together racial equity champions and advocates from community, nonprofit, and government organizations across Minnesota, providing them a space for support in doing the challenging work of creating racial equity and to strategically advance new thinking and action in their work.	Quarterly	Sidney Van Dyke
Healthcare for the Homeless	The Healthcare for the Homeless group is part of Westside Community Health Services. They provide primary care to homeless patients that discharge from Regions and those who utilize the Higher Ground Homeless shelter. This group meets to discuss how Regions Care Management and Healthcare for the Homeless can work better together and communicate effectively to best provide care for our shared patients.	Quarterly	Rachelle Brombach
East Metro Coordination of Care	The East Metro Community is part of the Lake Superior Quality Innovation Network (LSQIN) Coordination of Care initiative, which is a community-based collaborative designed to improve coordination of care, care transitions, and reduce readmissions for Medicare beneficiaries and all patients in Minnesota. In addition to the monthly informational meetings there are several work groups that work on various topics related to reducing readmissions.	Monthly	Rachelle Brombach Mona Olson
West Metro CHNA Collaborative	North Memorial & Maple Grove Hospital, Allina, Park Nicollet Health Services, Hennepin Health are meeting to align respective community needs assessments which are due in 2018 and beyond.	Ad hoc	Libby Lincoln Amy Homstad

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