

Park Nicollet Methodist Hospital 2016-2018 Implementation Plan

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

The CHNA Team, consisting of leadership from HealthPartners and its hospitals, met with staff from Community Hospital Consulting on August 24, 2015 to review the research findings and prioritize the community health needs common to each hospital’s study area. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input. The CHNA Team participated in a roundtable discussion to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospitals’ capacity to address the need. Once this prioritization process was complete, the health system and hospital leadership discussed the results and decided to address all of the prioritized needs in various capacities through hospital-specific implementation plans.

The prioritized needs are listed below:

1. **Mental and Behavioral Health**
2. **Access and Affordability of Healthcare**
3. **Chronic Disease and Illness Prevention**
4. **Equitable Care**

HealthPartners and hospital leadership developed the following principle to guide this work: **Through collaboration, engagement and partnership with our communities, we will address these priorities with a specific focus on health equity in special populations.** With the growing population of people over age 65, Park Nicollet Health Services identified seniors as one of these special populations for increased focus through Park Nicollet Foundation, its philanthropic arm.

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Priority #1:

Mental and Behavioral Health

Rationale:

- Health data findings suggest that the Twin Cities have higher rates of psychiatric hospital admissions than Minnesota. Furthermore, data indicate that counties in Park Nicollet Methodist Hospital's study area have varying ratios of mental health providers to residents.
 - Dakota County – 807:1
 - Hennepin County – 332:1
 - Scott County – 1,345:1
 - Minnesota – 529:1
- According to the *Minnesota Student Survey* (2013), a higher percentage of female 9th graders, compared to male 9th graders, report having a long-term mental health, behavioral health or emotional problem. Dakota County has the highest percent in the study area.
- CHIP Survey and CHIP Forum findings from the *2012-2015 Community Health Improvement Plan for Hennepin County Residents* indicate that social and community connectedness, as well as engagement, are critical characteristics of a healthy community. Hennepin County's CHIP also identified social and emotional wellbeing as a top health priority, with a goal to increase community and social connectedness.
- Scott County identified mental health as one of its three final health priorities in the *Scott County Community Health Improvement Plan 2015-2019*.
- Dakota County identified mental illness and promoting mental health as two of its top health priorities in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment*. According to the report, the rate of non-fatal, self-inflicted injuries requiring emergency room or inpatient care in Dakota County increased by 20 percent from 2008 - 2012. The rate is highest for 15-24 year olds, and females have a higher rate than males.
- According to the *2014-2018 Dakota County Community Health Improvement Plan*, more than one-quarter of Dakota County students said they had significant problems with feeling very trapped, lonely, sad, blue, depressed or hopeless about the future. Suicide was the leading cause of death among 15 – 24 year-olds in 2012.
- In its *2014 Advancing Health Equity in Minnesota Report to the Legislature*, the Minnesota Department of Health reported that 11.9% of White 9th graders in Minnesota thought about killing themselves during 2013. That figure increased to 15.2% for Black or African American, 17.3% for Hispanic and 20.4% for American Indian students.

Special Population of Park Nicollet Foundation Focus: Seniors

- The 65 and older population experienced the greatest percentage increase of all age groups in every county in the study area and in Minnesota (2010-2014). In Dakota, Hennepin and Scott counties, the median age is steadily increasing.

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Improve education about mental illness	• Provide education and increase awareness of eating disorders among community clinicians	Behavioral Health	x	Ongoing	Ongoing		
	• Support community organizations offering Mental Health First Aid, Youth Mental Health First Aid and other educational programs about mental health through annual grants and ongoing partnerships	Foundation	x	x	x		
Reduce the stigma surrounding mental illness	• Support community organizations offering programs focused on reducing the stigma surrounding mental illness through annual grants and ongoing partnerships	Foundation	x	x	x		
	• Partner with HealthPartners to train Make it OK ambassadors and offer Make it OK sessions to team members within Park Nicollet	Foundation	x				
Improve access to mental health services	• Complete plan to have 25 mental health practitioners on staff in 2016	Behavioral Health	x				
	• Expand access to mental health services through integration with Primary Care: e.g., the use of depression protocols, group therapy and embedding of therapists at primary and subspecialty care clinics	Behavioral Health; Primary Care	x	Ongoing	Ongoing		

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Improve access to mental health services	• Complete the launch at the Maple Grove clinic of a new model of mental health care - using a team of providers located at the same location to co-manage patient care	Behavioral Health	x	Ongoing	Ongoing		
	• Develop a survivorship program to support cancer survivors in dealing with the emotional and psychological after-effects of cancer	Frauenshuh Cancer Center	x	Ongoing	Ongoing		
	• Maintain a capital campaign to raise philanthropic support for the cancer survivorship program	Foundation	x				
	• Continue to embed mental health professionals in the cancer center to improve access to mental health services and support crisis management needs of cancer patients	Frauenshuh Cancer Center	Ongoing	Ongoing	Ongoing		
	• Expand NOW! (No Obstacles to Well Being!), a telemedicine based, Park Nicollet-driven program to provide youth mental health services, to the Richfield community	Foundation	x				
	• Support schools and community programs providing mental health services to youth through annual grants and partnerships	Foundation	x	x	x		

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Improve access to mental health services	<ul style="list-style-type: none"> • Launch a capital campaign to raise additional funds to support and expand mental health services for youth 	Foundation	x				
	<ul style="list-style-type: none"> • Reduce conditions negatively affecting the mental health of seniors by providing grant support to community organizations addressing isolation and lack of community connectedness 	Foundation	x	x	x		
	<ul style="list-style-type: none"> • Continue to offer services to promote the mental wellbeing of Park Nicollet team members, including the Be Well and Your Life Support programs 	Employee Health	Ongoing	Ongoing	Ongoing		

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Priority #2: Access and Affordability of Healthcare

Rationale:

- While Scott County has the highest median household income in the study area (approximately \$85,000), Hennepin County’s median household income is more than \$20,000 less (approximately \$64,000). In addition, 12.2% of overall residents and 15.3% of children in Hennepin County are living in poverty (2013).
- While 9.5% of residents under age 65 do not have health insurance in Minnesota (2013), 10.2% of residents under age 65 do not have health insurance in Hennepin County. This compares to 7.7% in Dakota County and 7.7% in Scott County.
- Access to affordable quality health care was identified as a high priority in CHIP Survey findings from the *2012-2015 Community Health Improvement Plan for Hennepin County Residents* .
- Dakota County identified access to healthcare as a top health priority in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment* .

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Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Make health care easier to use; Reduce barriers to access	• Implement a “Call, Click, Come In” campaign to offer patients expanded options for accessing care	Primary Care	x	Ongoing	Ongoing		
	• Convene a telemedicine steering committee to guide the expansion of telemedicine efforts to improve access to services	IS&T; Care Delivery	x				
	• Continue to support existing Park Nicollet school-based health centers providing free or low-cost medical, dental and vision services to youth in need (financial support, personnel and other resources)	Foundation	Ongoing	Ongoing	Ongoing		
	• Expand access to free and low-cost health care services for youth in need by opening a new, school-based health center in Richfield	Foundation	x				

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Make health care easier to use; Reduce barriers to access	<ul style="list-style-type: none"> Expand annual free skin cancer screening services to provide access to greater numbers of community members 	Frauenshuh Cancer Center	x	Ongoing	Ongoing		
	<ul style="list-style-type: none"> Continue to support, through annual grants, Park Nicollet and community programs that provide patients in need with free medications, transportation and other resources to remove financial and other barriers to accessing care 	Foundation	Ongoing	Ongoing	Ongoing		
	<ul style="list-style-type: none"> Improve access to health care for seniors by: <ol style="list-style-type: none"> Convening a work group of seniors, non-profit organizations and other stakeholders to address the need for increased transportation options, and Providing grant support to community organizations providing transportation services 	Foundation	x				
			x	x	x		

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Priority #3: Chronic Disease and Illness Prevention

Rationale:

- Cancer and heart disease are the first and second leading causes of death in Dakota, Hennepin, and Scott Counties, as well as Minnesota (2009-2013). Scott County also has a higher incidence rate of lung and bronchus cancer, while Dakota County has a higher incidence rate of female breast cancer than Minnesota (2007-2011).
- Obesity and diabetes are also concerns in the study area counties and across the state. Scott County has a slightly higher diabetes mortality rate than Minnesota (2009-2013). Hennepin County has increasing adult obesity trends, and Dakota County has a slightly higher percentage of overweight adults than 2011-2012 national rates.
- Scott County identified chronic disease prevention through healthy eating and physical activity as one of its three final health priorities in the *Scott County Community Health Improvement Plan 2015-2019* . Less than 35% of Scott County 5th, 9th, and 11th grade students are getting the recommended number of servings of vegetables per day; less than 40% are getting the recommended number of servings of fruit per day.
- Dakota County identified preventing and managing chronic conditions as one of its top health priorities in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment* . The assessment also identified physical activity and eating habits and obesity as overall health priorities in Dakota County. Nineteen percent of Dakota county 8th graders, 20% of 9th graders and 20.5% of 11th graders were overweight or obese in 2013.
- Hennepin County identified nutrition, obesity and physical activity as top priorities in the *2012-2015 Community Health Improvement Plan for Hennepin County Residents* . Only one in five children aged 3 to 17 in Hennepin County is meeting the recommended guidelines for servings of vegetables each day. One in five 9th and 12th graders reported a weight and height that would place them in either the overweight or obese weight status group.
- The Minnesota Department of Health *2014 Advancing Health Equity in Minnesota Report to the Legislature* indicated that in 2013 21.5% of White 9th grade students in Minnesota were overweight or obese by self-reported height and weight. By the same measures, 30.7% of Black or African American and 31.3% of Hispanic students were overweight or obese.
- Overall, in each county in the study area and Minnesota, a slightly higher percentage of male 11th grade students, compared to female 11th grade students, drank at least one pop or soda during the day prior to taking the 2013 Minnesota Student Survey.
- Access to affordable healthy foods was identified as a top priority in the *2012 – 2015 Community Health Improvement Plan for Hennepin County Residents* . Overall, 15.2% of children in Hennepin County are food insecure (2013) and 8.3% of seniors in Minnesota are threatened by hunger (2013).
- Only between 30% and 59.9% of children ages 24-35 months in Dakota, Hennepin, and Scott Counties have their recommended immunizations, compared to approximately 63% of children in the state (2013).

- Hennepin County has much higher rates of chlamydia and gonorrhea (558 per 100,000 and 173 per 100,000 in 2014) than Minnesota (375 per 100,000 and 77 per 100,000 in 2014). Furthermore, chlamydia rates in Hennepin County and gonorrhea rates in Dakota and Hennepin Counties are increasing.

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Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Improve healthy behaviors / Reduce obesity	• Expand the use of technology (emails, text messages, MyChart messages, etc.) to engage patients between visits and promote healthy behaviors	Primary Care	Ongoing	Ongoing	Ongoing		
	• Continue to partner with the Brookdale YMCA on the pre-diabetes prevention program; solicit funding to expand to additional locations	Primary Care	x				
	• Continue partnering with the yumPower program to teach youth about healthy eating	Primary Care	x	Ongoing	Ongoing		
	• Expand the Fruit and Veggie prescription program to more Park Nicollet clinics to give youth an incentive to learn how to shop for and prepare healthy foods	Primary Care	x				
	• Make further refinements to the Flash FWD program, an intensive multi-disciplinary approach to obesity for elementary and middle school children and their families	Primary Care	x				
	• Reduce food insecurity among seniors by providing grant support to community organizations addressing the issue	Foundation	x	x	x		
	• End the sale of all sugar-sweetened beverages at Methodist Hospital and Park Nicollet clinics	PN Institute - Better Eating Collaborative	x				
	• Continue to offer the Be Well program to support Park Nicollet team members in maintaining healthy behaviors	Employee Health	Ongoing	Ongoing	Ongoing		

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Develop innovative methods for addressing chronic diseases	<ul style="list-style-type: none"> Employ risk stratification methods to help identify patients who are not managing their chronic conditions well, allowing for earlier intervention to prevent the need for hospitalization or other high-cost treatment options 	Primary Care	x	Ongoing	Ongoing		
	<ul style="list-style-type: none"> Expand the team management model of care, with physicians, nurses, pharmacists, dietitians, care coordinators and other providers collaborating to work with patients with chronic diseases 	Primary Care	x	Ongoing	Ongoing		
Prevent / reduce the prevalence of Infectious Diseases	<ul style="list-style-type: none"> Continue routine screening for STIs in the target age group during Primary Care visits 	Primary Care	Ongoing				
	<ul style="list-style-type: none"> Coordinate with the HealthPartners Children’s Health Initiative team to identify and implement best practices in working with adolescents on sexual health issues 	Primary Care	x	Ongoing	Ongoing		
	<ul style="list-style-type: none"> Continue to provide grant and other resource support to the Park Nicollet school-based health centers and community organizations offering free immunizations and sexual health services to adolescents 	Foundation	Ongoing	Ongoing	Ongoing		
	<ul style="list-style-type: none"> Expand free immunizations, primary care and sexual health services to a new, school-based health center in Richfield 	Foundation	x	Ongoing	Ongoing		

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Priority #4:

Rationale:

Equitable Care

- There are approximately 412,529 residents in Dakota County, 1,212,064 residents in Hennepin County, and 139,672 residents in Scott County (2014). Each county in the study area had a higher overall population percent growth than Minnesota (2010-2014).
- Hennepin County is the most populated county in HealthPartners' study area, and it is also one of the most racially diverse.
- Approximately 13% of Hennepin County residents are Black or African American, compared to 6% in Minnesota (2014). Black and Asian populations in Hennepin County increased between 2010 and 2014, as well as Black and Native Hawaiian and Other Pacific Islander populations in Dakota and Scott Counties.
- Data indicate that there is inequity among diverse populations. For example, in Minnesota, there are significant disparities in graduation rates across racial groups (2013-2014).
 - American Indian/Alaska Native: 50.6%
 - Black: 60.4%
 - Hispanic: 63.2%
 - White: 86.3%
- The *2014 Minnesota Department of Health Advancing Health Equity in Minnesota Report to the Legislature* indicated that, in Minnesota:
 - American Indians and African Americans experience substantially higher mortality rates at earlier ages.
 - African American and Hispanic/Latino women are more likely to be diagnosed with later-stage breast cancer than women of European heritage. African American women are at the greatest risk of dying from the disease; breast cancer mortality among African American women is 24% higher than white women, despite the incidence of breast cancer among African American women being 18% lower.
 - There are great disparities in chlamydia rates among diverse populations. In 2012, the rate among Black persons were 11 times higher than the rate among Whites. The rates among American Indians and Asian/Pacific Islanders were five and two times higher respectively.
- According to the *Minnesota Community Measurement 2014 Health Equity of Care Report*, Black, African American and American Indian racial groups had rates of optimal care significantly below the state average with colorectal screening, diabetes, vascular disease and asthma.

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Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Increase cultural competency and humility throughout the organization; Cultivate a culture that embraces diversity	<ul style="list-style-type: none"> Monitor the effectiveness of the community health worker (CHW) at the Minneapolis clinic; hire CHWs for other clinics, as indicated 	Primary Care	x	Ongoing	Ongoing		
	<ul style="list-style-type: none"> Continue to offer It's Time to Talk, Team Dialogues and other diversity and inclusion-focused trainings for leaders and employees throughout the organization 	Human Resources	Ongoing	Ongoing	Ongoing		
	<ul style="list-style-type: none"> Increase employee recruitment and retention strategies to create a more diverse workforce 	Human Resources	x	Ongoing	Ongoing		
	<ul style="list-style-type: none"> Implement an Equitable Care Champion program to increase awareness of organizational priorities and resources around health equity 	Equitable Care Champion Team	x	Ongoing	Ongoing		
	<ul style="list-style-type: none"> Improve data collection regarding race and primary language of patients 	All Service Lines	x	Ongoing	Ongoing		
Reduce disparities in breast cancer screening rates for patients of color (11.2% in 2015)	<ul style="list-style-type: none"> Provide for Primary Care to directly schedule mammograms to remove the barrier of the patient having to make a separate call to schedule 	Primary Care	x	Ongoing	Ongoing		
	<ul style="list-style-type: none"> Partner with nonprofits serving diverse communities and women in need to provide free breast cancer screening events (mobile mammography and diagnostic services); Seek funding to sustain and expand the program 	Jane Brattain Breast Center; Foundation	x	Ongoing	Ongoing		

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Reduce disparities in breast cancer screening rates for patients of color (11.2% in 2015)	• Maintain a community outreach coordinator to build relationships and trust in diverse communities and facilitate screening events	Jane Brattain Breast Center; Foundation	x	Ongoing	Ongoing		
	• Develop culturally sensitive and translated educational materials about breast cancer screening	Jane Brattain Breast Center; Foundation	x				
	• Conduct a pilot study of potential cultural reasons why patients of color aren't getting screening mammograms	Primary Care; Specialty Care	x	Ongoing	Ongoing		
Reduce disparities in colorectal cancer screening rates for patients of color (11.5% in 2015)	• Offer Fecal Immunochemical Testing (FIT) for colorectal cancer to increase the likelihood of patients of color following through on screening	Primary Care	x	Ongoing	Ongoing		
Encourage and support diversity and health equity in community-based organizations and services	• In making grant decisions, consider how community grant applicants incorporate diversity and health equity into their culture, focus and manner of providing services	Foundation	x	x	x		
	• Focus grant making in locations that have been shown to have high levels of health inequities	Foundation	x	x	x		