



Hutchinson Health

HealthPartners®

Community Health Implementation Plan

April 28, 2020

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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.

Mission, Vision and Values

Our mission – 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.

Mission

To improve health and well-being in partnership with our members, patients and community

Vision

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

Values

Excellence, compassion, partnership, integrity

About 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 Cancer Center, along with our multiple locations and services, enhance patient care delivery options closer to home. Visit HutchHealth.com for additional information.

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 4,225 inpatient admissions, with 3,285 inpatient admission patients living in these three counties.

Summary of the Community Health Needs Assessment (CHNA) process

Hutchinson Health collaborated with HealthPartners and six other hospitals within its family of care for the collaborative CHNA process in 2018:

- Amery Hospital & Clinic (Amery, WI)
- Hudson Hospital & Clinic (Hudson, WI)
- Lakeview Hospital (Stillwater, MN)
- Park Nicollet Health Services including Park Nicollet Methodist Hospital (St. Louis Park, MN)
- Regions Hospital (St. Paul, MN)
- Westfields Hospital & Clinic (New Richmond, WI)

Over the course of 2018 and 2019, Hutchinson Health also actively partnered with Meeker, McLeod and Sibley (MMS) Community Leadership Teams 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 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.

HealthPartners approach to equity

At HealthPartners, a top priority is to make sure 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

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.
- 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:

Key priority areas

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 and 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 disproportionately 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.

Other Priorities Not Selected

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 .

Community Health Implementation Plan FY 2020-2021

Hutchinson Health will proceed with a two year implementation plan for 2020-2021. In 2021, Hutchinson Health will update its Community Health Needs Assessment one year early to be in alignment with all of the hospitals in the HealthPartners system of care.

<h2>Priority: Access to care</h2>
Definition: 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, and medical transportation, care coordination within the health care system and cultural sensitivity and responsiveness.

Goal: Improve access to care that is appropriate, affordable, and convenient.	
Strategies: <ul style="list-style-type: none"> • Explore alternative care delivery methods. • Increase access to specialty care in our community. • Increase availability of Primary Care. 	Anticipated Impact: <ul style="list-style-type: none"> • Increase convenience will improve follow up on recommended evaluations and treatment. • Improve patient satisfaction. • Improve screening, prevention, and early detection of health conditions.

Goal: Identify and reduce barriers to care.	
Strategies: <ul style="list-style-type: none"> • Actively identify health system navigation challenges. • Increase availability of Care Coordination services. • Actively utilize community partners to seek the patient perspective on barriers to care. 	Anticipated Impact: <ul style="list-style-type: none"> • Improved follow up with recommended care. • Increase in patient satisfaction.

Priority: Access to health

Definition: 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.

Goal: Strengthen existing and explore new community partnerships to address social determinants of health.

Strategies: <ul style="list-style-type: none">• Develop hunger screening and referral process with community partners.• Develop and deepen community partnerships to address social determinants of health (transportation, housing, food, etc.)	Anticipated Impact: <ul style="list-style-type: none">• Reduce the number of patients that face food insecurity in our community.• Patients will be connected to community support services.• Reduce patient barriers to achieving health and wellbeing.• Leverage community partnerships in our efforts to eliminate health disparities.
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Goal: Promote early child brain development.

Strategies: <ul style="list-style-type: none">• Incorporate early childhood resources into clinics and community.• Implement the Children’s Health Initiative.• Partner to connect families of infants and young children to community resources.	Anticipated Impact: <ul style="list-style-type: none">• Improve early childhood literacy• Children are prepared for kindergarten• Establish health and well-being early in life.• Educational opportunities gap is narrowed.
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Priority: Mental health and well-being

Definition: 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.

Goal: Reduce stigma surrounding mental illness.

Strategies:

- Expand and deepen Make It Ok anti-stigma campaign.
- Expand and deepen community partnerships to reduce stigma.

Anticipated Impact:

- Increase community awareness related to the stigma of mental health.
- Improve individual's ability to have open conversations on mental illness.

Goal: Increase access to education and resources around mental health and well-being.

Strategies:

- Increase staff knowledge and awareness of mental health and well-being.
- Expand and deepen community partnerships to improve mental health and well-being.

Anticipated Impact:

- Improve employee ability to care for patients experiencing mental illness in all care settings.
- Leverage community partnerships to expand the efforts to improve mental health and well-being.

Goal: Improve access to mental health services.

Strategies:

- Improve access to mental health services for patients in crisis.
- Expand alternative care delivery methods.
- Increase internal and external awareness of how to access services.
- Explore opportunities to increase mental and behavioral health resources in schools.

Anticipated Impact:

- Increase community knowledge of existing mental health resources.
- Increase ease of navigating care.
- Timely access to care.
- Increased patient access to services.

Priority: Nutrition and physical activity

Definition: 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 disproportionately impact low income communities and communities of color.

Goal: Explore community partnership opportunities to improve community nutritional knowledge

<p>Strategies:</p> <ul style="list-style-type: none"> • Support and engage communities and schools through the PowerUp programs. • Support the Power of Produce partnership with the local Farmer’s market to increase youth participation in Nutritional meal choices. • Expand Community Education offerings around better eating. 	<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Improved attitudes and behaviors toward nutritional food choices. • Strengthened community partnerships around better eating. • Consistency of message on healthy eating choices across multiple venues.
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Goal: Promote and support physical activity.

<p>Strategies:</p> <ul style="list-style-type: none"> • Support and engage communities and schools through the PowerUp programs. • Partner to support increased free and low-cost physical activity opportunities. • Collaborate with community stakeholders to increase the awareness of available indoor and outdoor physical activity resources. 	<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Strengthened community partnerships to promote physical activity. • Increased awareness of the benefits of regular physical activity. • Increased opportunities to be physically active.
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Goal: Promote breastfeeding.

<p>Strategies:</p> <ul style="list-style-type: none"> • Offer educational opportunities for women and families • Explore Baby-friendly Hospital status. 	<p>Anticipated Impact:</p> <ul style="list-style-type: none"> • Patients receive the knowledge and support to breastfeed.
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Priority: Substance Abuse

Definition: 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.

Goal: Reduce opioid prescriptions, doses, and number of patients meeting chronic opioid use criteria.

Strategies: <ul style="list-style-type: none">• Reduce the supply of opioids.• Identify and promote non-substance alternative treatments for pain.• Address addiction.• Educate patients, families and staff.	Anticipated Impact: <ul style="list-style-type: none">• Reduction in the number of new patients prescribed an opioid.• Reduction in the number of pills and morphine equivalent doses prescribed.• Reduction in the number of patients meeting the chronic opioid use criteria.
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Goal: Increase awareness and access to treatment for substance abuse (alcohol, tobacco, e-cigarettes, and drugs).

Strategies: <ul style="list-style-type: none">• Increase awareness of available resources.• Provider training.• Support the Healthy Beginnings program.• Expand Substance Use Disorder treatment services.	Anticipated Impact: <ul style="list-style-type: none">• Increased knowledge of available resources and treatment options.• Reduced alcohol, tobacco and drug use during pregnancy and breastfeeding.• Increased assessment and referrals for treatment.
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Goal: Align efforts and collaborate with community partners.

Strategies: <ul style="list-style-type: none">• Partner with County Public Health offices on policies, ordinances and education.• Partner with Schools on substance abuse prevention and education.	Anticipated Impact: <ul style="list-style-type: none">• Strengthen community partnerships and improve local policies and ordinances.• Strengthen partnerships with schools to provide substance abuse prevention and educational resources.
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Goal: Reduce accidental poisoning and drug abuse.

Strategies: <ul style="list-style-type: none">• Promote free and environmentally-friendly medication collection at hospital and clinic facilities within the community.• Promote community prescription take-back locations and disposals.	Anticipated Impact: <ul style="list-style-type: none">• Prevent prescription drugs from entering the drinking water system.• Keep chemicals out of the environment.• Prevent medications from being misused.• Lower the occurrence of overdose.
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Contact Information

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