



# Regions Hospital<sup>®</sup>

HealthPartners<sup>®</sup>

Community Health Needs Assessment

November 2018

Prepared by:

The **Improve** Group

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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](http://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

# Executive Summary

Between 2016 and 2018, HealthPartners and Regions Hospital engaged with local public health partners in Dakota, Hennepin, Ramsey and Washington Counties, as well as local coalitions, the Center for Community Health (CCH) and community partners to conduct a comprehensive Community Health Needs Assessment (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 of the federal requirements of the Patient Protection and Affordable Care Act and the Internal Revenue Service final regulations. It was approved by the Regions Hospital Board on December 5, 2018. In accordance with federal requirements, this report is made widely available to the public on our website at <http://www.healthpartners.com/hospitals/regions>.

## Community Served

Regions Hospital is located in the city of St. Paul in Ramsey County, Minnesota. While Regions Hospital serves patients from everywhere, over 75 percent of our patients live in Dakota, Hennepin, Ramsey and Washington Counties. In total, these four counties have a total population of 2.4 million people. In 2017, Regions Hospital reported about 23,000 inpatient admissions from these four counties.

## Methodology

In 2018, HealthPartners and Regions Hospital contracted with The Improve Group to analyze and report on the data describing the communities we serve. HealthPartners provided The Improve Group with the definition of the 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 partner organizations 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.

## 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 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.

### **Next Steps**

Regions Hospital 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 work with community partners to better understand what contributes to and stands in the way of good health and how we can 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 our 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 2019 to 2021 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 Regions Hospital's community;
- 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 Regions Hospital.

## Methodology

HealthPartners collaborated across six hospitals within its family of care for the CHNA:

- 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)

In addition, each hospital engaged with local public health partners and other local health care organizations on the CHNA process through participation in two local collaboratives: The Center for Community Health East Metro CHA (Community Health Assessment)/CHNA Collaborative and the West Metro CHNA Collaboration.

In 2018, HealthPartners and Regions Hospital 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 partner organizations through community conversations and surveys. The Improve Group then gathered secondary data from public sources, analyzed community input data and developed summary reports to guide a prioritization process.

## Core health data indicators

Core health data indicators for this report were collaboratively selected by the CCH for inclusion in CHNAs conducted in the Minneapolis-St. Paul metropolitan area. The CCH is a collaborative between public health agencies, non-profit health plans and not-for-profit hospital/health systems in the seven-county Twin Cities metropolitan 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 Dakota, Hennepin, Ramsey and Washington Counties. When data specific to these counties is not available, data is presented at the regional or state level. 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;
- Metro SHAPE Survey (Metro SHAPE), a community survey by six Minneapolis-St. Paul metropolitan area counties;
- Minnesota Student Survey (MSS), a statewide survey by the Minnesota Department of Education; and
- Data from the Minnesota Department of Health and other state agencies.

This report also includes additional data sources provided 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, Regions Hospital partnered with Park Nicollet Health Services, Lakeview Hospital and local public health partners to conduct community input activities across Dakota, Hennepin, Ramsey and Washington counties to understand community member and health care providers' top community health priorities. Regions Hospital also solicited community feedback and comments on its 2015 CHNA. The hospital did not receive any community comments.

The community input for in this report includes:

**County Priority Data:** Each county public health agency in the Regions Hospital area determined the top health priorities for their communities through a county-level Community Health Assessment (CHA) process. This report includes CHA data from all four counties in our community.

**Community Conversations:** In 2018, Regions Hospital hosted and/or partnered with others including Park Nicollet Health Services, Lakeview Hospital, and local public health partners to host community conversations to understand priority health issues facing various populations. The groups included:

- Adult HealthPartners members who are experiencing homelessness
- Diamondhead School-Based Health Resource Center Advisory Committee
- African-American community members
- Members of West African, African American, Southeast Asian, Latino and European American communities (conducted by the Northwest Hennepin Family Services Collaborative)
- Seniors and providers of Senior Services in St. Louis Park
- Members of the Northwest Hennepin Healthy Community Partnership
- The Park Nicollet Foundation Board of Directors
- Staff and contracted interpreters serving Methodist and Regions Hospitals
- Regions Hospital care managers and social workers

- Marnita’s Table community input session in Scott County
- Community Health Action Team (CHAT)
- Lakeview Health and Wellness Advisory Committee (HWA)

**Provider Survey:** In 2018, Regions Hospital and Park Nicollet Health Services surveyed HealthPartners providers who practice in the Minneapolis-St. Paul metropolitan area 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 or their patients face in addressing health needs and providing resources. One hundred and one health care providers completed the survey.

## 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

The HealthPartners CHNA Team included representatives from six HealthPartners hospitals 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 disproportionately impact low income communities and communities of color.

**Substance abuse**

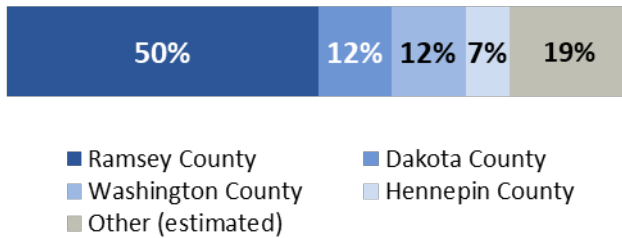
Substance abuse and addiction are the excessive use of substances including alcohol, tobacco, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being.

HealthPartners discussed and considered additional or alternative priorities during the prioritization process, including culturally competent care and sensitivity and coordination of services. These needs were not selected as one of the top five priorities but will be considered in the implementation plans for the selected priority areas.

# About the community we serve

## People served

Regions Hospital inpatient admissions



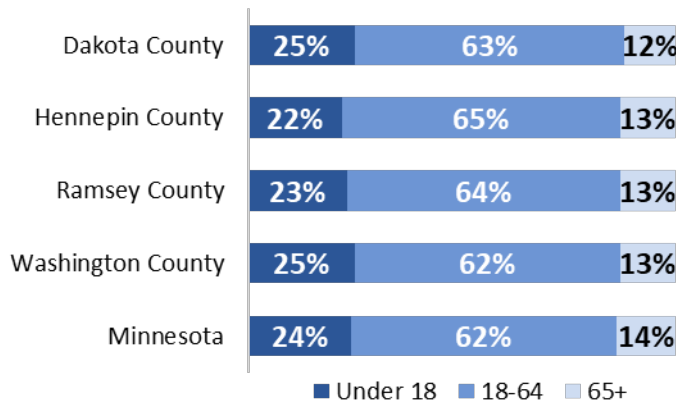
Source: HealthPartners Electronic Health Records, 2017

While we serve patients from everywhere, over 75 percent of the people we serve live in Dakota, Hennepin, Ramsey and Washington Counties. Throughout this report, we refer to these four counties as “our community” and primarily use data from these areas.

The combined population of Ramsey, Dakota, Washington and Hennepin Counties is 2.4 million people. In 2017, Regions Hospital reported about 23,000 inpatient admissions from these four counties.

## Population by age

Population by age group



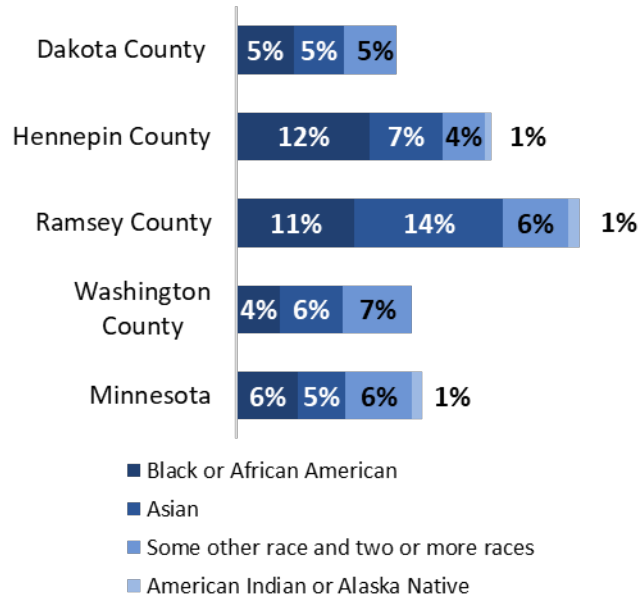
Source: US Census Bureau, American Community Survey, 2012-16

We know that people have different health needs at different stages in their lives. When appropriate, we looked at data by age group to understand unique needs.

The median age of people living in our community ranges from 35 in Ramsey County to 39 in Washington County. About 1 in 4 people in our community are under age 18 and 1 in 8 are over 65.

## Race and ethnicity

Population by race, not including people who identify as white.



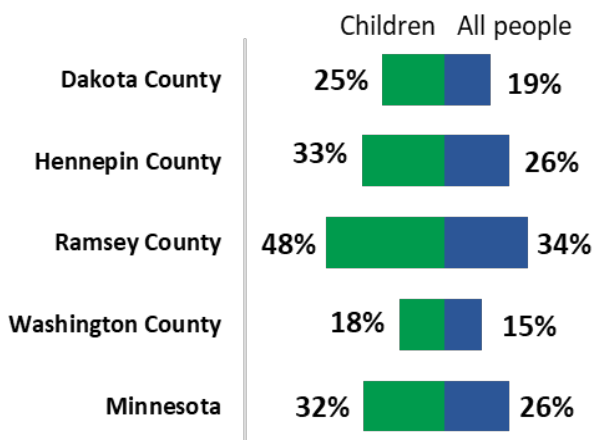
Source: US Census Bureau, American Community Survey, 2012-16

People of color are disproportionately impacted by social and environmental conditions that affect health.

Ramsey and Hennepin Counties are more racially diverse than the rest of the state, with 32 percent of Ramsey County residents and 27 percent of Hennepin County residents identifying as a race other than white. In comparison, 14 to 16 percent of people in Washington and Dakota Counties identify as a race other than white. Between 4 and 7 percent of people in our community identify as Hispanic or Latino.

## Poverty

Percent of people with household incomes at or below 200% of the federal poverty level.



Source: US Census Bureau, American Community Survey, 2012-16

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.

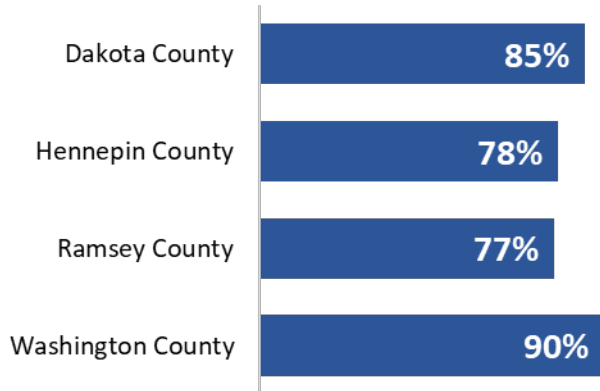
More than 1 in 5 people in the communities we serve are currently experiencing poverty. However, poverty is most prevalent in Ramsey and Hennepin Counties.

Ramsey County is the only county in the metro area where the average cost of living (\$61,000/year) is less than the median income. One in three Ramsey County residents, including 48 percent of children, live in low income households.

Across our community, the percentage of people of color living in poverty is 3 to 4 times higher than that of people who identify as white.

## Education status

Percentage of students who **graduate with a high school diploma in four years.**



Source: Minnesota Department of Education, 2017

Education level can impact an individual's ability to be healthy. 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.

In our community, 8 in 10 students graduate from high school in four years. However, significant disparities exist by race.

In Hennepin and Ramsey Counties, only 6 in 10 students who identify as black or Hispanic graduate in four years. In our community, graduation rates are lowest among students who identify as American Indian. Graduation rates for American Indian students range from 35 percent in Hennepin County to 64 percent in Washington County.

# Priorities and definitions

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

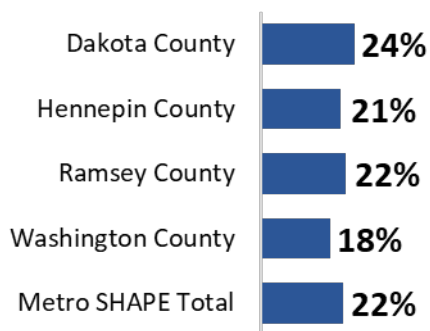
## Priority: Access to care

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 communities that influence access to care.

### Cost of insurance

Percentage of adults who report it has been **"somewhat difficult"** or **"very difficult"** to pay for health insurance premiums, co-pays and deductibles during the past year.



Source: Metro SHAPE, 2014

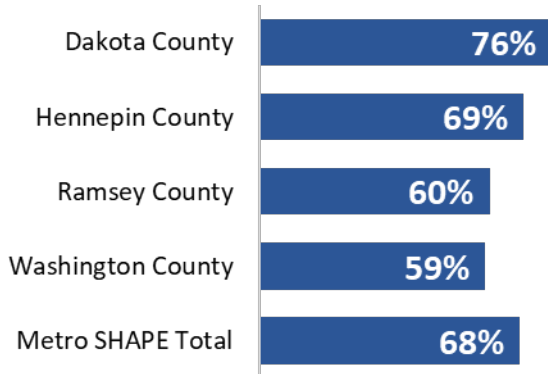
According to the American Community Survey, between 93 and 96 percent of residents in our community have health insurance.

Despite having insurance, many people find it difficult to pay for insurance premiums, co-pays and deductibles. In our community, between 18 and 24 percent of adults reported it was difficult to pay insurance premiums, co-pays and deductibles in the last years.

During the community conversations, Regions Hospital interpreters and community members shared concerns about the impact of high health care costs on many patients. Health care providers also noted that health insurance costs are a barrier to care.

## Cost of care

Percentage of adults who **delayed or did not get medical care** due to cost or lack of insurance.



Source: Minnesota Department of Health, Center for Health Statistics, 2016

***“If they can’t afford it, they just won’t go for help. They end up so sick that they have to go to the emergency room.”***

– Community conversation participant

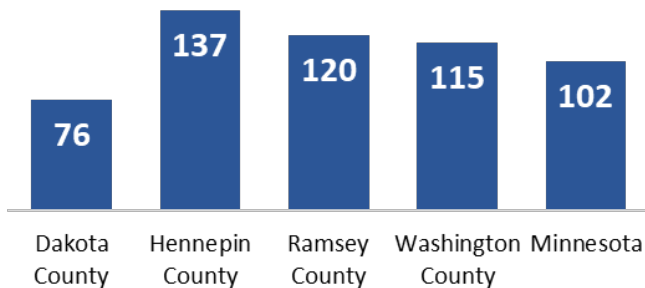
When people cannot afford to pay for insurance or other health care costs, they are less likely to get the care they need.

Nearly 70 percent of adults in our community who delayed or skipped medical care did so because of cost or lack of insurance. More than half of adults who needed mental health care said cost was the reason they did not get the care they needed. This ranged from 40 percent in Ramsey County to 58 percent in Washington County.

In addition, 10 percent of residents age 25 and older who were prescribed medication did not fill their prescriptions due to factors related to cost.

## Availability of care

Number of **primary care physicians** per 100,000 residents.



Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2014

Unlike other communities served by HealthPartners, the Minneapolis-St. Paul metropolitan area does not have a shortage of primary care providers. Dakota County residents may have barriers accessing primary care because of the relatively low number of physicians based on the population.

However, there are not enough mental health services in the area to meet community members’ needs. With 134 mental health providers per 100,000 people, Dakota County falls well below the state ratio of mental health providers per resident which is 205 per 100,000 people. 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 same-day mental health appointments and more availability of evening and weekend

appointments.

One measure of availability of care is Emergency Department (ED) diverts, where an emergency department's patient census exceeds their ability to treat additional patients promptly and they are diverted to another facility. In 2017, Regions Hospital ED was on divert a total of 138 times.

## Transportation and scheduling

***“Many patients have a hard time getting off work or getting transportation to specialists located far from [their] home clinic.”***

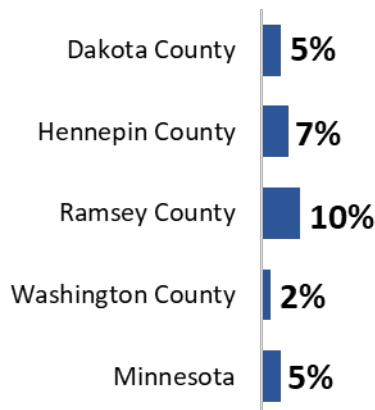
– Provider survey participant

Lack of evening and weekend appointments is a barrier for many people because there are 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.

## Language and cultural barriers

Percentage of people over age 5 who speak English less than "very well."



Source: US Census Bureau, American Community Survey, 2012-16

***“Lack of cultural understanding is a barrier to [accessing] services.”***

– Community conversation participant

Many patients 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. This barrier is a significant concern in Hennepin and Ramsey Counties where 1 in 5 people speak a language other than English.

Lack of culturally appropriate care is also a barrier to accessing care. Community members expressed their need for health care providers to respect and support their cultural traditions. This may include routines related to nutrition and physical activity. Health care providers also identified the need for more culturally competent care.

## Immigration and political climate

***“The fear [of ICE] is great. Immigrants aren’t going to the doctor, the mosque, WIC, the grocery store... their basic needs aren’t being met.”***

– Community conversation participant

The current political climate has caused many families to avoid seeking health care services.

Community conversation participants expressed the need to address policies regarding immigration. They added that HealthPartners could better coordinate with immigrant community leaders to address these concerns.

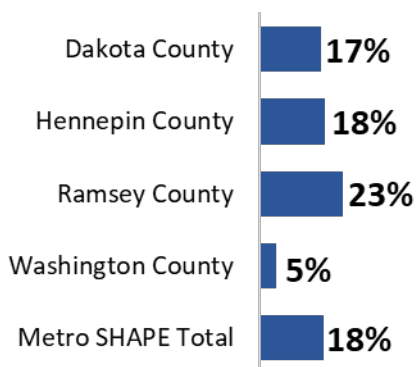
## Priority: Access to health

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 communities that influence our health. Extensive research exists providing the link between these conditions and health.

### Food insecurity

Percentage of adults who worried that their **food would run out** before they had money to buy more in the last 12 months.



Source: Metro SHAPE, 2014

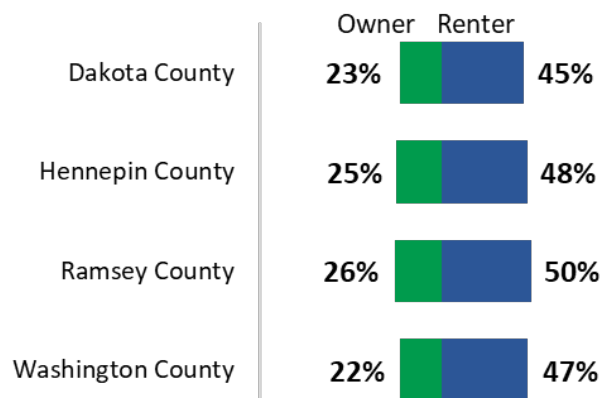
People experiencing food insecurity do not have consistent access to adequate food due to lack of money. Expenses for food are one of the first reductions people make under economic stress. People who experience food insecurity may forego adequate food for other expenses such as housing and health care.

In 2014, an average of 1 in 5 adults in our community identified as food insecure. This means they worried their food would run out before they had money to buy more.



## Housing cost burden

Percentage of households using **more than 30% of their income on housing costs.**



Source: US Census Bureau, American Community Survey, 2012-16

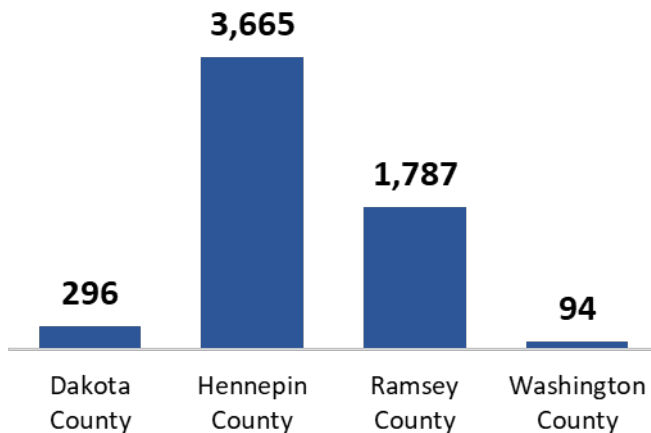
Social workers and care managers indicated housing was a top concern, especially for people with behavioral health and medical needs.

People are considered “housing cost burdened” when they spend more than 30 percent of their income on housing costs. According to the American Community Survey, 1 in 4 homeowners in our community are housing cost burdened. The percent of renters in our community who are housing cost burdened is much higher, ranging from 45 percent in Dakota County to 50 percent in Ramsey County.

Additionally, between 3 percent of adults in Washington County and nearly 7 percent in Ramsey County missed a mortgage payment due to lack of money in the past 12 months.

## People experiencing homelessness

Number of persons **experiencing homelessness.**



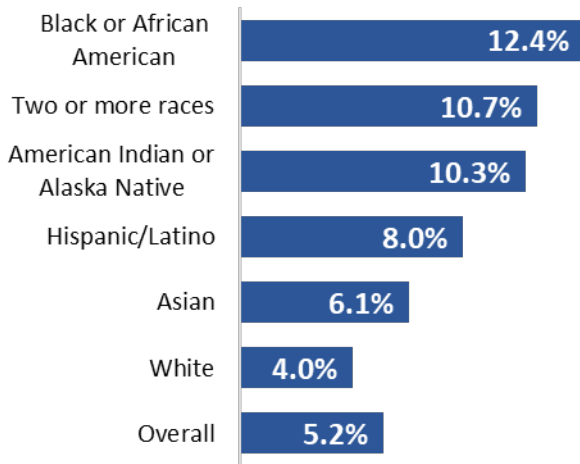
Source: Wilder Homeless Study, 2015

Many people, especially in Hennepin County, experience 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, 5,842 people in our community were homeless in 2015.

Moving frequently is an indicator of housing instability. About 6 percent of people in our community moved two times in a two-year time period while 80 percent did not move at all.

## Unemployment

**Unemployment** rates by race across the four-county area, estimated.



Source: US Census Bureau, American Community Survey, 2012-16

According to the Minnesota Department of Employment and Economic Development and the Wisconsin Department of Workplace Development, the unemployment rate in our community is approximately 2.6 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.

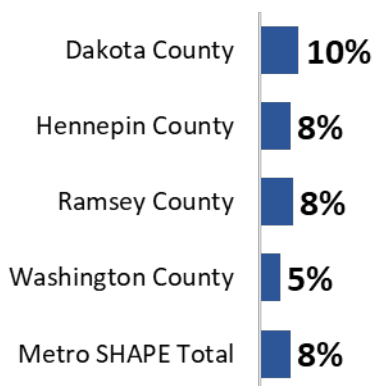
## Priority: Mental health and well-being

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.

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

### Poor mental health days

Percentage of adults who reported 14 or more **poor mental health days** in the past month.



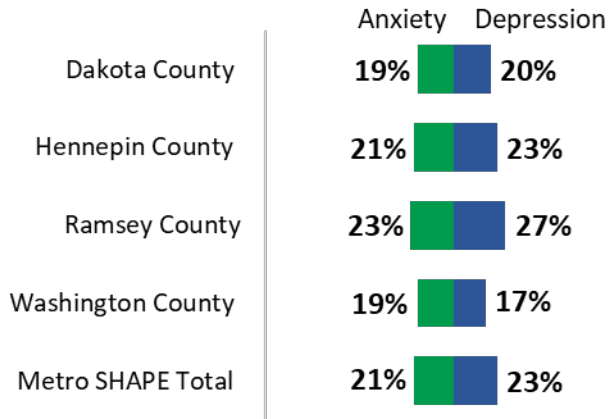
Source: Metro SHAPE, 2014

Nearly 1 in 10 adults in our community report that they have poor mental health on 14 or more days in a month. Poor mental health includes feeling sad, stressed or depressed. Washington County adults and adults over 65 in the area indicated they had the fewest days feeling sad, stressed or depressed in the past month.

Community conversation participants identified mental health and well-being as one of their top concerns for the community. They said mental health should be viewed like chronic diseases that require ongoing care.

## Adult mental health

Percentage of adults who have ever been diagnosed with **anxiety or depression**.



Source: Metro SHAPE, 2014

Many adults in our community say they have been diagnosed with a mental illness such as anxiety or depression. More than 1 in 5 adults in our community have been diagnosed with anxiety and 1 in 4 have been diagnosed with depression.

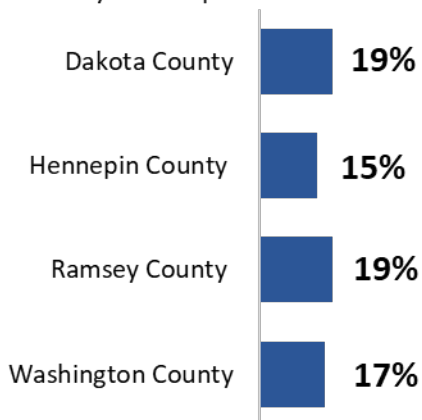
Rates of mental illness are highest in low income communities. Nearly 1 in 3 adults in low income households reported an anxiety or depression diagnosis.

HealthPartners EHR data indicates nearly 17,000 HealthPartners patients who live in the four counties we serve had a positive screening for depression in 2017.

Health care providers also shared that mental health and well-being impact many of the people they serve. They highlighted the need to improve access to mental health services in the community.

## Youth mental health

Percentage of youth who have been bothered by **feeling down, depressed or hopeless** more than half the days in the past two weeks.



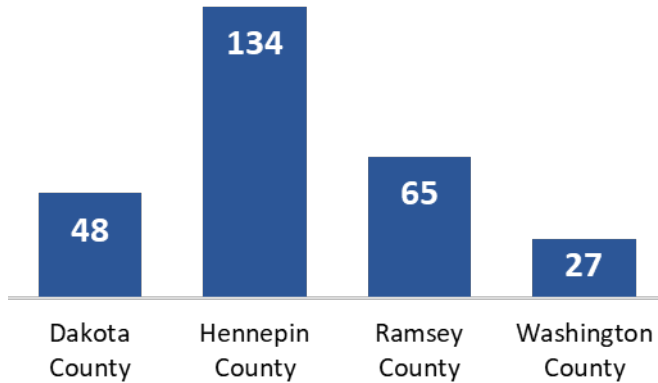
Source: Minnesota Student Survey, 2016

While more than half of young people in our community are experiencing good mental health, many report frequently feeling down, depressed or hopeless. Nearly 1 in 5 young people in our community experience poor mental health more than half the days in a month.

Participants in many community conversations focused on youth mental health concerns, including adverse child experiences (ACEs), trauma, depression, stress, anxiety and disciplinary issues within classrooms. Youth participants echoed these themes and all groups agreed that direct services within schools would address these needs.

## Suicide rates

Number of **deaths by suicide** in 2016.



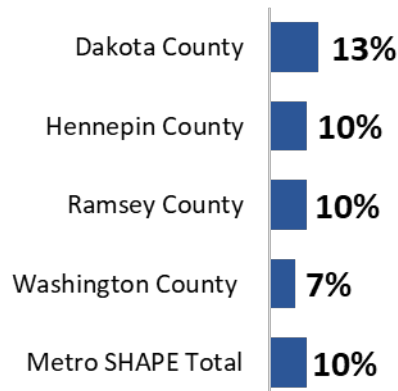
Source: Minnesota Office of Vital Statistics, 2016

Death by suicide is a significant concern for our community. In 2016, 274 adults in our community died by suicide. According to the Centers for Disease Control and Prevention, suicide rates have increased 40 percent in Minnesota over the past 18 years.

According to the Minnesota Student Survey, between 10 and 13 percent of 9th and 11th graders in our community had suicidal thoughts in the past year. Rates were fairly consistent across grades and counties.

## Contributors to poor mental health

Percentage of adults who **get together or talk** with friends and neighbors **less than monthly**.



Source: Metro SHAPE, 2014

According to HealthPartners IMPACT Survey, 86 percent of adults believe mental health has a large impact on a person's overall health and well-being.

Social isolation and loneliness put people at higher risk for mental illness. Many people in our community are at risk of social isolation which was expressed as a concern during community conversations. About 1 in 10 adults get together to talk with friends or neighbors less than once a month. About 1 in 5 adults in our community never participate in school, community or neighborhood activities.

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 conversations.

According to the IMPACT Survey, only 68 percent of adults in Hennepin and Ramsey Counties are comfortable talking with others about their mental illness. In Hennepin and Ramsey Counties, 94 percent of adults believe reducing stigma is important to their community.

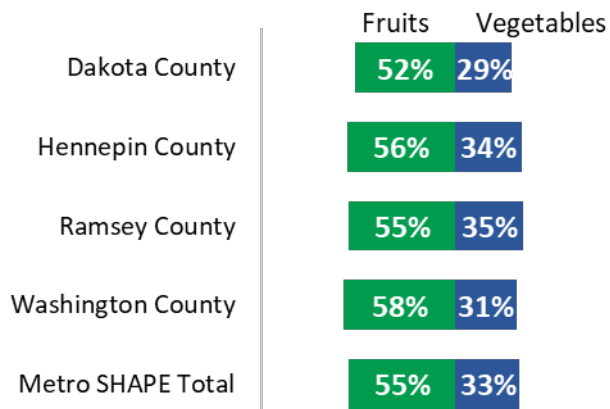
## Priority: Nutrition and physical activity

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 which 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

Percentage of adults consuming the **recommended servings** of fruit or vegetables daily.



Source: Metro SHAPE, 2014

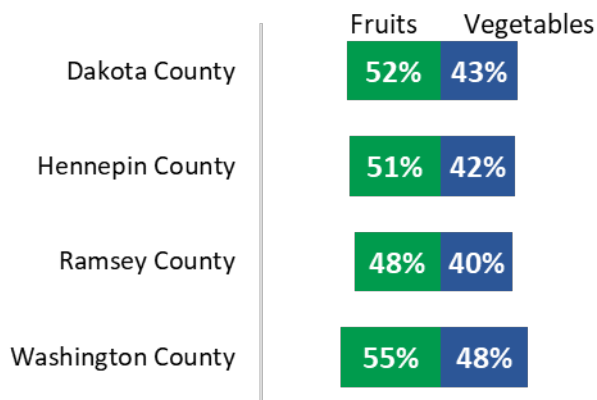
A diet rich in fruits, vegetables, whole grains and lean proteins is a key protective factor in preventing chronic disease. The current recommendation for adults is to eat 5 or more servings of fruit and vegetables per day.

Only 1 in 3 adults eat the recommended servings of vegetables each day. More than half of adults in our community get the recommended servings of fruit.

During a community conversation, healthy eating and physical activity were mentioned as two of the top reasons people stay healthy. Conversely, lack of healthy eating and physical activity were also the top reasons for keeping someone from being healthy.

### Youth fruit and vegetable consumption

Percentage of youth consuming **at least one serving** of fruit or vegetables daily.



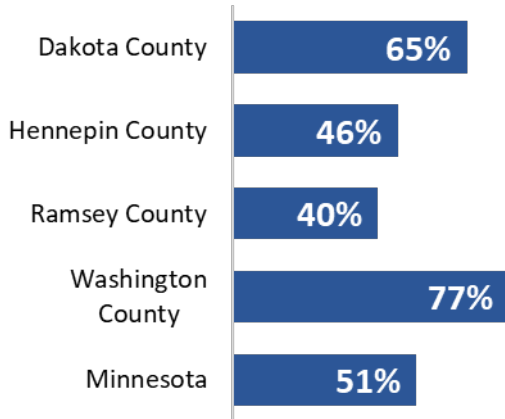
Source: Minnesota Student Survey, 2016

Less than half of 9th grade students in our community report eating at least one serving of vegetables per day. About half of youth eat one or more servings of fruit.

Despite being low, rates in our community are similar to or higher than the state average.

## Access to healthy food

Percentage of population living in neighborhoods that are considered **food deserts**.



Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015

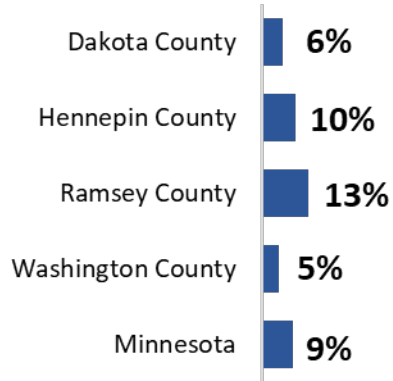
A neighborhood is considered a food desert if 500 people or 33 percent of the population lives more than one mile from a supermarket or large grocery store (10 miles for rural community).

According to the USDA, 51 percent of community members live in neighborhoods considered food deserts. Suburban residents are more likely to live in a food desert, with 77 percent of Washington County residents and 65 percent of Dakota County residents living in food deserts.

Participants in several community conversations across our community indicated lack of access to healthy food as a major contributor to an unhealthy community.

## Access to healthy food: SNAP benefits

Percentage of households receiving **SNAP benefits**.



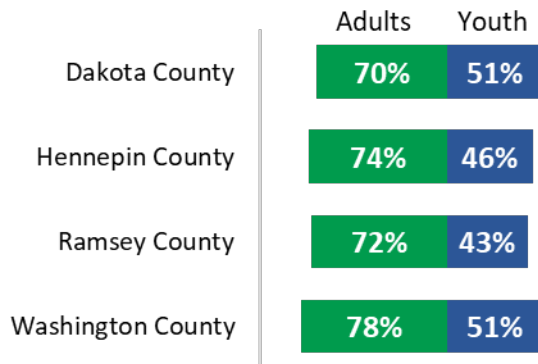
Source: US Census Bureau, American Community Survey, 2012-16

Even when healthy food is available locally, it may not be affordable. Many people in our community receive food support such as SNAP benefits.

The percentage of households receiving SNAP benefits ranges from 5 percent in Washington County to 13 percent in Ramsey County.

## Physical activity

Percentage of adults and youth **meeting physical activity guidelines**.



Source: Metro SHAPE, 2014; Minnesota Student Survey, 2016

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

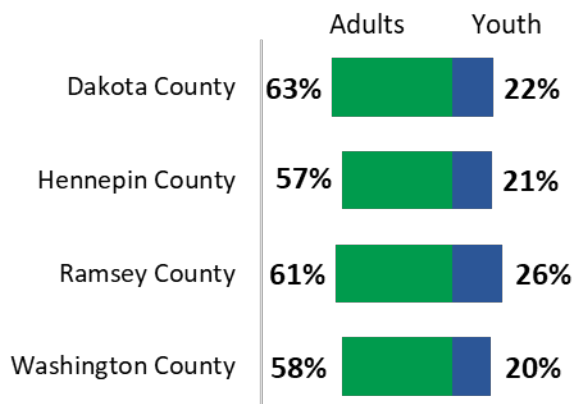
The current recommendation for adults is 150 minutes of moderate activity a week. Youth should be active 60 minutes or more at least 5 days a week.

Over 70 percent of adults in our community report they are meeting the physical activity recommendations. However, 30 percent of Dakota County and 28 percent of Ramsey County adults do not get enough physical activity.

Compared to adults, fewer youth get the recommended levels of physical activity. In fact, between 49 and 57 percent of youth do not get the recommended amount of physical activity across our community. According to self-reported data, rates of physical inactivity in our community are similar to overall rates in Minnesota.

## Unhealthy weight

Percentage of adults and youth who are **overweight or obese** based on self-reported BMI.



Source: Metro SHAPE, 2014; Minnesota Student Survey, 2016

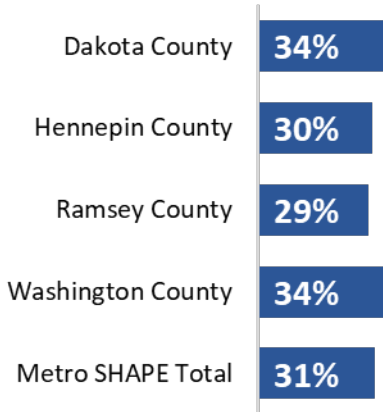
Being overweight or obese puts people at higher risk for heart disease, diabetes and other chronic conditions. Care managers and social workers involved in community conversations specifically mentioned obesity as a health concern.

According to self-reported height and weight, the percent of people who are overweight or obese ranges from 57 percent in Hennepin County to 63 percent in Dakota County. These rates are consistent with HealthPartners clinical data.

Far fewer youth are overweight or obese. Across our counties, between 1 in 5 Washington County youth and 1 in 4 in Ramsey County youth self-report having an unhealthy body mass index (BMI).

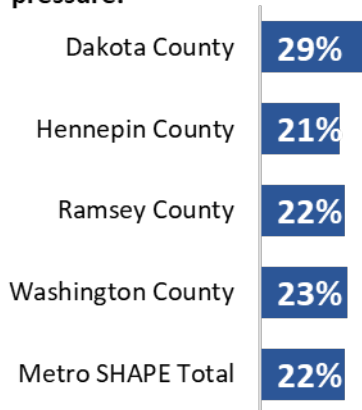
## Adults with a high blood pressure or cholesterol diagnosis

Percentage of adults 18-85 who have been told by a health professional that they have **high cholesterol**.



Source: Metro SHAPE, 2014

Percentage of adults 18-85 who have been told by a health professional that they have **high blood pressure**.



Source: Metro SHAPE, 2014

Chronic diseases associated with poor nutrition and lack of physical activity include diabetes, heart disease, stroke and some cancers. This includes the risk factors of high cholesterol and hypertension.

Across our community, approximately 1 in 3 adults have high cholesterol, which is similar to the rate in the Minneapolis-St. Paul metropolitan area. Hypertension rates are lowest in Hennepin County.

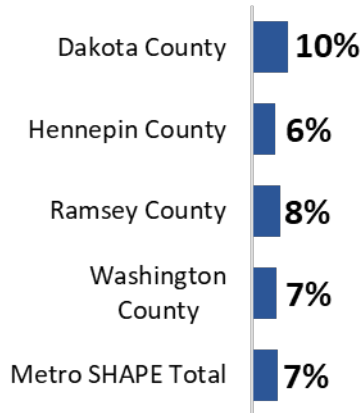
Significant disparities in rates of chronic disease exist by race. These health disparities can also be found in chronic disease performance measures. According to the 2018 Minnesota Community Measurement Report, people who identify as black or American Indian have rates below statewide measures for 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.



## Adults with a diabetes diagnosis

Percentage of adults 18-85 who have been told by a health professional that they have **diabetes**.

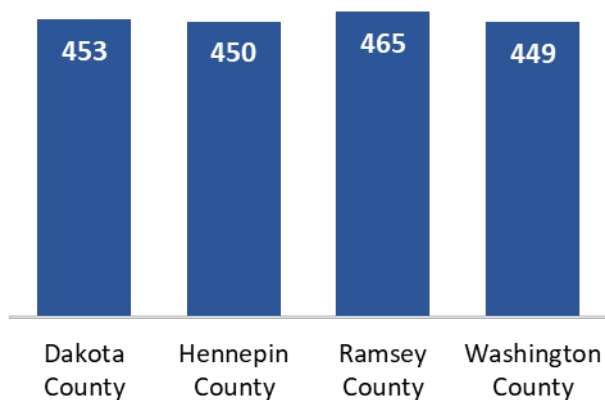


Source: Metro SHAPE, 2014

Having diabetes puts people at high risk for long-term problems affecting the eyes, kidneys, heart, brain, feet and nerves. Between 6 and 10 percent of adults in our community have been told by a health care provider that they have diabetes. These are close to the Minneapolis-St. Paul metropolitan area average.

## Cancer rates

**Cancer rates** per 100,000 people, all cancers combined.



Source: Minnesota Public Health Data Access, 2010-14

According to the Minnesota Department of Health, 1 in 4 Minnesotans die of cancer. The incidence of all cancers in our community is similar to the Minnesota rate overall, with Ramsey County experiencing the highest incidence of cancers.

Breast and prostate cancers have the highest incidence of any cancer type among women and men.

Breast cancer rates range from 133 per 100,000 people in Hennepin County to 141 per 100,000 people in Washington County.

Prostate cancer rates may range from 125 per 100,000 people in Hennepin County to 207 per 100,000 people in Washington County.

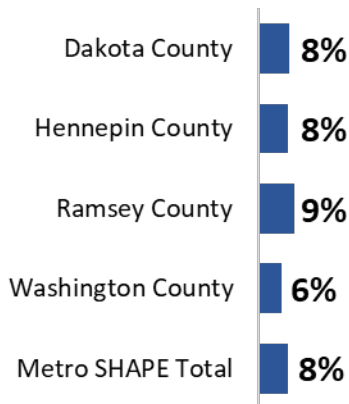
## Priority: Substance abuse

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.

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

### Tobacco use

Percentage of adults who currently smoke cigarettes every day or some days.



Source: Metro SHAPE, 2014

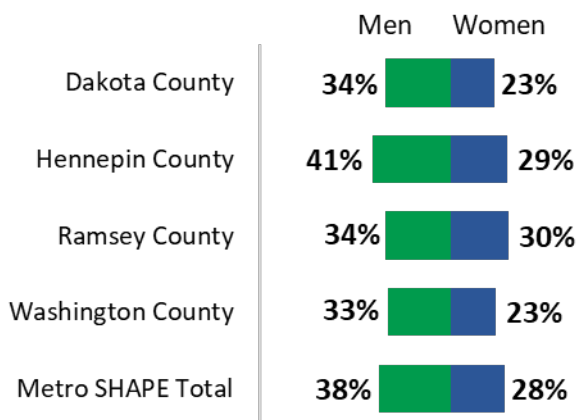
Tobacco use is associated with many chronic diseases and health conditions, including respiratory disease, heart disease and cancer.

Across the six-county metro area, about 8 percent of adults report they are current smokers. Smoking rates are lowest in Washington County where only 6 percent of adults are current smokers. Current smoking rates among HealthPartners patients in Ramsey County and Dakota County are slightly higher than self-reported data indicate.

According to the Minnesota Student Survey, few 9th graders report smoking cigarettes in the last month. In our community, youth smoking rates were highest in Washington County, where 4 percent of 9th grade youth smoked in the last 30 days. Tobacco use, including e-cigarettes, was mentioned as a concern among community conversation participants in Washington County.

### Adult binge drinking

Percentage of adults who report binge drinking within the past 30 days.



Source: Metro SHAPE, 2014

Binge drinking is defined as having five or more drinks on one occasion.

Across the metro, 38 percent of men and 28 percent of women reported binge drinking in the last 30 days. Among men, binge drinking rates are highest in Hennepin County. For women, binge drinking rates are highest in Ramsey County.

Providers report a high prevalence of drug and alcohol abuse in our community. Additionally, Ramsey County CHA participants mentioned drinking keeps individuals from being healthy.

***“Drug and alcohol use is highly***

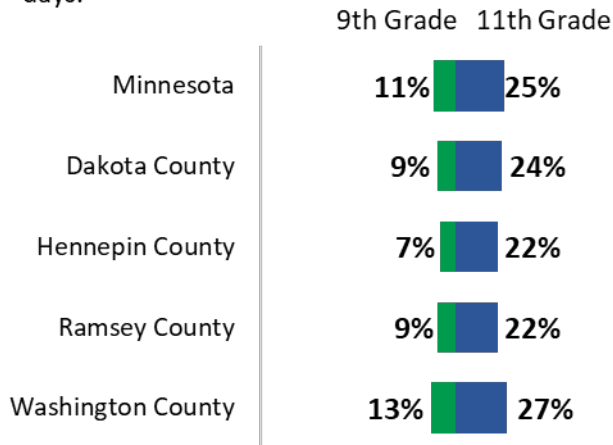
**prevalent.”**

- Provider survey participant

Interpreters, care managers and social workers from the community conversations ranked substance abuse as a top health concern. Care managers and social workers mentioned there is a need for residential treatment facilities for substance abuse.

### Youth alcohol use

Percentage of youth **using alcohol** in the past 30 days.



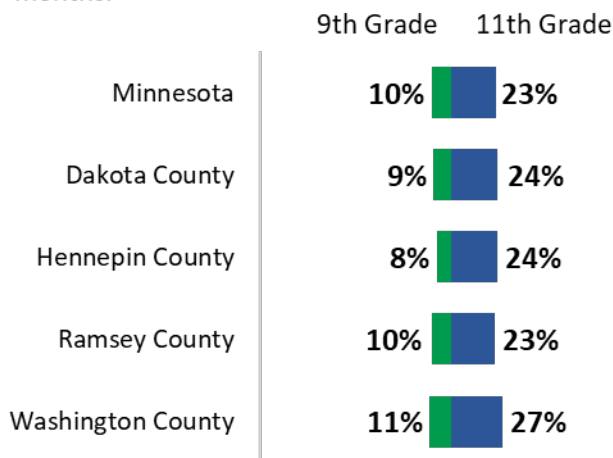
Source: Minnesota Student Survey, 2016

About 11 percent of 9th grade students and 25 percent of 11th grade students report using alcohol in the past month.

Youth alcohol use is highest in Washington County, where 13 percent of 9th grade students and 27 percent of 11th grade students drank alcohol in the past month. These rates are slightly higher than the state averages.

### Illicit drug use including prescription drug use

Percentage of youth **using marijuana** in the past 12 months.



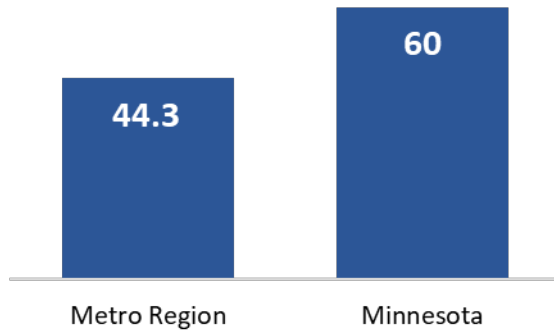
Source: Minnesota Student Survey, 2016

Marijuana use among adolescents more than doubles between 9<sup>th</sup> grade and 11<sup>th</sup> grade. About 1 in 4 older students in Hennepin, Dakota and Washington Counties reported using marijuana in the past 12 months.

Five or less percent of youth in our community reported using cough medicine, cold medicine or diet pills to get high. Slightly more youth, especially 11<sup>th</sup> grade students, reported using prescription drugs that were prescribed for someone else in the last month.

## Babies born addicted to opioids

Rate of babies born **addicted to opioids** per 10,000 live births.



Source: Minnesota Department of Health, 2016

There is increasing concern about opioid use in our community and across the state. The rate of babies born addicted to opioids in the metro area is 44 per every 10,000 births, which is lower than the overall Minnesota rate of 60 per 10,000 births.

# Evaluation of Impact, 2017-2018 CHNA Implementation Strategy

This section was added on November 13, 2019.

The Community Health Needs Assessment conducted in 2015 identified the following priorities in our community:

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

Regions Hospital developed a Community Health Implementation Plan with supporting objectives and action steps to address these priority needs and to serve as the implementation roadmap for fiscal years 2016, 2017 and 2018. Through collaboration, engagement and partnership with our communities, we addressed these priorities with a specific focus on health equity in special populations. The following narrative is a summary of impact over the past three years:

**Mental and Behavioral Health:** Regions Hospital continues to operate a 100 bed, inpatient mental health unit along with support groups for families. Regions Hospital operates an alcohol and drug assistance program and opened an additional 16 bed intensive residential treatment facility to assist patients with a successful transition to the community. Regions Hospital also participates in the Mental Health Crisis Alliance and contributes funds to the Mental Health Drug Assistance Program to provide access to prescription medications for patients without insurance or the means to pay their out of pocket expenses.

**Access and Affordability of Health Care:** A key focus for Regions Hospital is the flow of patients through the hospital to ensure the progression of care and reduce waits and delays. To support this, Regions Hospital

maintains a preferred transitional care network, to better facilitate transitions in care. In 2018, Regions Hospital focused on improving the discharge process; which yielded improvements in discharge times and additional capacity to serve other patients. To ensure access to care, Regions Hospital has a robust financial counseling program to help patients' access insurance, secure other funding or qualify patients for charity care. This includes a contribution from Regions Hospital and referrals to Portico Health Services, collaboration with St. Paul Fire to provide community paramedic services and with Catholic Charities to provide respite care.

**Chronic Disease and Illness Prevention:** Regions Hospital continues to improve our patient and guest menus and food and beverage offerings to support making healthy eating choices the easy choice. Regions Hospital supports employee wellness through a variety of programs and services that includes well-being programs, immunizations, a resiliency center, an exercise facility, and a variety of wellness programs. Regions Hospital targets improving obesity in the community through the Best Fed Beginnings Program.

**Equitable Care:** Regions Hospital has a robust health equity program that uses a health equity dashboard to identify opportunities and measure improvement. In 2018, improvement efforts yielded a reduction in the length of stay disparity for Limited English Proficiency patients receiving care for acute psychiatric services. Through the Equitable Care Champions, Regions Hospital educated staff on equity, cultural humility, and language access.

## Next steps

Regions Hospital 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 Regions Hospital and other HealthPartners hospitals jointly prioritized systems-level needs, the 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 each hospital must approve the implementation strategy by May 2019.

## Contact Information

For more information or questions about this report, please contact Regions Hospital via email at [RegionsCommunityHealth@HealthPartners.com](mailto:RegionsCommunityHealth@HealthPartners.com) or mail comments to:

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

# Sources

This study used health and demographic data packaged and analyzed by Community Commons. Data from Community Commons was retrieved in June 2018 from [www.communitycommons.org](http://www.communitycommons.org).

Data retrieved from Community Commons includes the following:

US Census Bureau, American Community Survey, 2012-16.

US Department of Agriculture, Economic Research Service, 2015.

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Additional health and demographic data was retrieved from the following sources:

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Food Access Research Atlas. 2015. <https://www.ers.usda.gov/data-products/food-access-research-atlas/download-the-data.aspx>

HealthPartners. Electronic Health Records. 2017.

HealthPartners. Family Community Survey. 2018.

HealthPartners IMPACT Survey. 2018.

Hennepin County Community Health Assessment. 2017. <https://www.hennepin.us/-/media/hennepinus/your-government/projects-initiatives/documents/chip-book.pdf?la=en&hash=126C4C3EBA3E43155AC602707D2D1EB132C099C5>

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US Census Bureau, American Community Survey. 2012-16. Retrieved from:

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml?>

Washington County Community Health Assessment. 2014.

<https://www.co.washington.mn.us/DocumentCenter/View/5452/2013-Community-Health-Assessment?bidId>

Wilder Homelessness Study. 2015. <http://mnhomeless.org/minnesota-homeless-study/homelessness-in-minnesota.php#1-3457-g>

# Appendix

## Community Committee Participation

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 <i>shared priority</i> 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
CACI - May's Mental Health Month (MMHM) Committee	A subcommittee of the CACI subgroup of CACI, tasked to carry the planning and inventory of May's Mental Health Month Activities across the 7metro county sectors.	Monthly	Pakou Xiong



<b>Committee Name or Community Meeting Name</b>	<b>Purpose</b>	<b>Frequency of Meeting</b>	<b>HealthPartners Attendee</b>
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 health care 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

<b>Committee Name or Community Meeting Name</b>	<b>Purpose</b>	<b>Frequency of Meeting</b>	<b>HealthPartners Attendee</b>
Mental Health and Wellness Action 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	<p>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.</p> <p>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.</p>	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

<b>Committee Name or Community Meeting Name</b>	<b>Purpose</b>	<b>Frequency of Meeting</b>	<b>HealthPartners Attendee</b>
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. Thomas 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
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
East Metro CHNA/CHA Pilot Workgroup	Dakota County Public Health, Washington County Public Health, St. Paul Ramsey County Public Health along with HealthEast, Regions Hospital, Lakeview Hospital are meeting to align respective community needs assessments which are all due in 2018.	Monthly	DeDee Varner Sidney Van Dyke Heather Walters Libby Lincoln Amy Homstad Marna Canterbury Andrea Weiler

<b>Committee Name or Community Meeting Name</b>	<b>Purpose</b>	<b>Frequency of Meeting</b>	<b>HealthPartners Attendee</b>
Community Health Action Team (CHAT)	CHAT meets monthly to discuss and address unmet community health needs in the area through action, networking and educational opportunities. Attendees are from Stillwater Area School District and Washington County partners.	Monthly	Andrea Weiler
East Metro Mental Health Roundtable	The East Metro Mental Health Roundtable and the associated Mental Health Alliance and Measurement Committees are focused on examining and improving the mental health system for adults in the East Metro. This study looks at a variety of metrics for the adult mental health system in the east metro to identify patterns, needs, and opportunities for improvement.		Megan Remark Wendy Waddell
Central Corridor Anchor Partnership	The Central Corridor Anchor Partnership is a group of colleges, universities, hospitals, and health care organizations located near the Green Line in Minneapolis – St. Paul. We have invested greatly in our physical infrastructure to serve our patients, students, and employees, and are anchored to the health, vitality, and growth of the neighborhoods around us.	Quarterly	Megan Remark Ruth Bremer
Catholic Charities Higher Ground Steering Committee	The Catholic Charities Higher Ground Steering Committee meets to support the work of Higher Ground, a shelter for adults with 171 shelter spaces and 80 Pay-For-Stay beds.	Every other month	Chris Boese John Clark Mona Olson Wendy Waddell Rachelle Brambach Katie Paulson

<b>Committee Name or Community Meeting Name</b>	<b>Purpose</b>	<b>Frequency of Meeting</b>	<b>HealthPartners Attendee</b>
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 re-admissions.	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

<b>Committee Name or Community Meeting Name</b>	<b>Purpose</b>	<b>Frequency of Meeting</b>	<b>HealthPartners Attendee</b>
Scott County Health System Collaborative	The Health System Collaborative brings together representatives of area health systems, schools and community organizations to identify and address the health needs of the community.		Libby Lincoln
SHIP Community Leadership Team	The SHIP Community Leadership Team oversees the work being done in Scott County under the state SHIP grant.		Libby Lincoln
Brooklyn Center Health Resource Center Advisory Committee	The BCHRC Advisory Committee is a broad school, provider and community member group that develops and implements policies and procedures for the Health Resource Center.	Monthly	Libby Lincoln
Richfield Health Resource Center Advisory Committee	The RHRC Advisory Committee is a broad school, provider and community member group that develops and implements policies and procedures for the Health Resource Center.	Monthly	Libby Lincoln
Northwest Hennepin Healthy Community Partnership	The Partnership is a collaboration of health care, school, county and community organizations that come together to address the needs of the Northwest Hennepin community.	Monthly	Libby Lincoln
Central Clinic Advisory Committee	The Central Clinic Advisory Committee is a broad school, provider and community member group that develops and implements policies and procedures for the clinic.	Quarterly	Libby Lincoln
Dakota County School Mental Health Practice Group	The Mental Health Practice Group is a collaboration of providers of mental health services in the Dakota County schools. They meet to share best practices and coordinate services.	Monthly	Libby Lincoln

<b>Committee Name or Community Meeting Name</b>	<b>Purpose</b>	<b>Frequency of Meeting</b>	<b>HealthPartners Attendee</b>
Diamondhead Clinic Advisory Committee	The Diamondhead Advisory Committee is a broad school, provider and community member group that develops and implements policies and procedures for the clinic. It meets 3 - 4 times/year.	Quarterly	Libby Lincoln
Health and Wellbeing Advisory Committee (HWA)	The Health and Wellbeing Advisory Committee serves as the eyes and ears for Lakeview Hospital and provides resources and services to meet the health and wellbeing needs of the community.	Quarterly	Marna Canterbury Andrea Weiler
Healthier Together Pierce & St. Croix Counties	Healthier Together is a community coalition comprised of local health systems, public health agencies, local businesses, media, education, government and community members. Healthier Together provides strategic and collaborative framework for health improvement activities throughout the two-county region of Pierce & St. Croix Counties, Wisconsin.	Monthly	Jacob Hunt
Hudson School District Wellness Committee	The Hudson School District Wellness Committee is a group that meets three times throughout the school year to develop planning on student wellness. Areas that are addressed include mental health and well-being and physical activity/nutrition.	Triannually	Jacob Hunt
Physical Activity Action Team-Healthier Together	The goal of the physical activity action team is to decrease the percentage of the population in Pierce and St. Croix Counties that is overweight or obese. In order to achieve this goal, the action team is trying to increase physical activity and decrease food insecurity/improve nutrition through changes to policy, systems, environment and community support.	Monthly	Jacob Hunt

<b>Committee Name or Community Meeting Name</b>	<b>Purpose</b>	<b>Frequency of Meeting</b>	<b>HealthPartners Attendee</b>
Alcohol Action Team-Healthier Together	The goal of the alcohol action team is to decrease alcohol abuse in Pierce and St. Croix Counties. In order to achieve this goal, the action team is trying to decrease adult and youth alcohol use through changes to policy, systems, environment and community support.	Every other month	Jacob Hunt
Thrive Barron County	Thrive Barron County is a coalition of the Barron County Health Department, community partners, and health care partners that work together to conduct periodic community health assessments, evaluate the findings and develop strategies to address top health priorities in Barron County, Wisconsin.	Monthly	Katy Ellefson
Polk United	Polk United is a coalition of the Polk County Health Department, medical centers, and community partners that work together to evaluate community health needs, develop, and implement activities in Polk County, Wisconsin.	Monthly	Katy Ellefson
Polk County Nutrition & Physical Activity Workgroup	This subcommittee of Polk United works specifically on the priority area of nutrition and physical activity by developing and implementing plans and activities to address obesity and chronic disease. It is comprised of key stakeholders in Polk County.	Monthly	Katy Ellefson
Mental Health Taskforce of Polk County	The Mental Health Task Force of Polk County is a non-profit organization committed to addressing community mental health needs cooperatively. The task force is comprised of mental health care providers, government and law enforcement representatives, human service agencies, school personnel, and community members.	Monthly	Heather Erickson Kesha Marson



<b>Committee Name or Community Meeting Name</b>	<b>Purpose</b>	<b>Frequency of Meeting</b>	<b>HealthPartners Attendee</b>
Polk County Substance Abuse Workgroup	This subcommittee of Polk United works specifically on the priority area of substance abuse by developing and implementing plans and activities to substance abuse issues. It is comprised of key stakeholders in Polk County.	Monthly	Brian Francis





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640 Jackson Street

St. Paul, MN 55101

651-254-3456

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