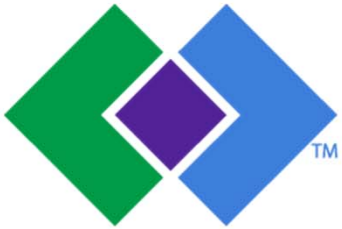

Regions Hospital®

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Community Health Needs Assessment
December 2015

Table of Contents	Page Number

Regions Hospital
Community Health Needs Assessment Overview

Regions Hospital collaborated with five other hospitals in the HealthPartners system and contracted with Community Hospital Consulting to determine the greatest health needs in the communities they serve. These hospitals serve similar communities and have overlapping study areas.

The system's study area is defined as Dakota, Hennepin, Ramsey, Scott and Washington Counties in Minnesota and Polk and St. Croix Counties in Wisconsin. Regions Hospital's specific study area is defined as:

- Ramsey County
- Dakota County
- Washington County

Data elements regarding all seven counties in the system's study area are included in this report for comparison and are also provided as an opportunity for the hospitals to work together to meet the needs identified in the overlapping counties.

Executive Summary

A review of the CHNA process and rationales for the identified health needs

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Executive Summary

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 & Clinic, 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, Ramsey, and Washington Counties, the defined study area for Regions Hospital. Data from the study areas of the other hospitals (Hennepin and Scott Counties 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. 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 hospital's 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.

HealthPartners and hospital leadership developed the following principle to guide this work: **Through collaboration, engagement and partnership with our communities we will address the following priorities with a specific focus on health equity in special populations.**

The final list of prioritized needs, in descending order, is listed below:

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

Priority #1: Mental and Behavioral Health

• Health data findings suggest that the Twin Cities have higher rates of psychiatric hospital admissions than Minnesota. Furthermore, data indicates that counties in the hospital's study area have varying ratios of mental health providers to residents.

- Dakota County – 807:1
- Ramsey County – 298:1
- Washington County – 544:1
- Minnesota – 529:1

• Ramsey County identified mental health, mental disorders, and behavioral health as a top priority in the *Ramsey County Community Health Improvement Plan 2014-2018*. Findings from this report also indicate that only two of the five hospitals in Ramsey County provide inpatient mental health services. Ramsey County also falls short of the recommended 250 beds for its 500,000 population by nearly 100 beds. Finally, Ramsey County Public Health estimates that approximately 21% of children in the county suffer from mental disorders with at least some functional impairment at home, school and with peers.

• According to the Minnesota Student Survey (2013), across all Minnesota counties in the study area and in the state, 9th grade females reported higher rates of being harassed or bullied once or twice for their weight or physical appearance as compared to males. Additionally, 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.

• Participants in the community conversations conducted by Regions Hospital identified access to mental health services as a need in the community. It was mentioned that the cultural stigma surrounding diagnoses and accessing services are significant barriers, particularly for diverse community members (such as the Vietnamese, Spanish speaking, and Somali populations) and the elderly. The lack of timely access to mental health services was also discussed, including long wait times and insurance policies that don't cover mental health conditions.

• 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*. The use of alcohol and other drugs was also identified as a top priority for Dakota County.

• In 2012, 128 people in Dakota County, 76 people in Washington County, and 261 people in Ramsey County were injured in alcohol-related motor vehicle crashes.

• According to the Minnesota Student Survey (2013), overall, a higher percentage of female 9th grade students (between 10% and 14%), compared to male 9th grade students (between 8% and 11%), report living with someone who drinks too much alcohol.

• Washington County identified behavioral health problems among children and adults due to substance abuse and mental illness as a health need in the *Washington County Community Health Improvement Plan 2014*.

Priority #2: Access and Affordability

• While Washington County's median household income is over $81,000, Ramsey County's median household income is much lower at $56,293. In addition, between 6% and 23% of children under age 18 in the hospital's study area are living in poverty (2013).
• Each county's unemployment rate has decreased since 2012, while Washington County's unemployment rate is still slightly higher than Minnesota's rate (2014).
• 9.5% of residents under age 65 in Minnesota do not have health insurance (2013). This compares to 11.8% in Ramsey County, 7.7% in Dakota County and 6.3% in Washington County.
• Ramsey County identified access to health services as a top health priority in the *Ramsey County Community Health Improvement Plan 2014-2018*. Findings from the report also indicate that 8.4% of metro area residents are uninsured, but that percentage increases to 18.2% for non-white residents.
• Dakota County identified access to healthcare as a top health priority in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment*.
• Participants in the community conversations conducted by Regions Hospital identified access to dental services as a concern in the community. It was mentioned that there is limited access to dental care, often times limited by insurance provider or cost. Participants noted that copays can be too expensive and cost barriers are prevalent in certain communities. Improving access to health care for populations with limited services and increasing the proportion of residents who have access to health coverage were also identified as two priorities for the community.
• Health care system barriers was discussed among community conversation participants. Participants noted that there is confusion regarding how to access appropriate levels of care within the continuum, many community members have higher expectations of the Emergency Room, and cultural sensitivity can be a concern. It was mentioned that many residents feel that access to the Emergency Room is less complicated than regularly seeing a doctor, which may be due to cost and affordability as well.

Priority #3: Chronic Disease and Illness Prevention

• Cancer and heart disease are the first and second leading causes of death in Dakota, Ramsey, and Washington Counties, as well as Minnesota and Wisconsin (2009-2013). Ramsey County has increasing unintentional injury, stroke, cirrhosis and chronic lower respiratory disease mortality rates, while Dakota County has increasing unintentional injury and pneumonia and influenza mortality rates. Ramsey County has the highest cancer mortality rate in the study area, and Dakota and Washington Counties have a higher incidence rate of female breast cancer than Minnesota (2007-2011). Washington County also has the highest rate of colorectal cancer in the study area (2007-2011).

Priority #3: Chronic Disease and Illness Prevention Continued

• Obesity and diabetes are also concerns in the study area counties and across the state. Ramsey County has a slightly higher diabetes mortality rate than Minnesota (2009 - 2013). More than 25% of residents in each of the counties in the hospital's study area, as well as Minnesota and Wisconsin, are obese (2012). Additionally, over one-third of adults in each county in the study area were overweight in 2011-2012, and Dakota and Ramsey Counties have higher percentages than the state.
• 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, eating habits and obesity, as well as a healthy start for children and adolescents, as overall health priorities in Dakota County.
• Ramsey County identified nutrition, weight and active living as a top health priority in the *Ramsey County Community Health Improvement Plan 2014-2018*.
• Washington County identified obesity and chronic diseases as two of its top three health priorities in the *Washington County Community Health Improvement Plan 2014*.
• According to the 2010 Metro Adult Health Survey, males in Dakota County had the highest rate of reported participation in physical activity, as compared to females in Dakota County who had the lowest rate in the study area counties.
• Overall, in each county and the state, male 11th grade students compared to female 11th grade students were physically active for 60 minutes or more on a greater number of days (Minnesota Student Survey, 2013, 4-7 days compared to 0-3 days).
• 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.
• Participants in the community conversations conducted by Regions Hospital identified access to healthy lifestyle resources and the need to focus on prevention and education as priorities in the community. For example, it was mentioned that there is limited access to healthy, affordable foods, which contributes to obesity and diabetes. There is also a lack of understanding about how to control diabetes. Furthermore, there is a need to promote healthy lifestyles and focus on prevention and education.
• Gonorrhea rates are increasing in Dakota and Ramsey Counties, as well as Minnesota. Chlamydia rates are also increasing in Ramsey County, and Ramsey County had the highest chlamydia and gonorrhea rates compared to other counties in the study area in 2014.
• Asthma Emergency Department visit rates are higher in Ramsey County than in Minnesota (2011-2013).
• According to the Minnesota Department of Health, between 30% and 59.9% of children ages 24-35 months in the Dakota, Ramsey, and Washington Counties have their recommended immunizations, compared to approximately 63% of children in the state (2013).
• The percentage of mothers who received adequate or better prenatal care in Dakota, Ramsey and Washington Counties has recently decreased.

Priority #3: Chronic Disease and Illness Prevention Continued

• The use of tobacco was also identified as a top priority for both Dakota County in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment* as well as the *Washington County Community Health Improvement Plan 2014*.
• In 2010, 14.5% of females and 17.7% of males in Minnesota were current smokers, compared to 18.7% of males and 27% of females in Dakota County.

Priority #4: Equitable Care

• There are approximately 412,529 residents in Dakota County, 532,655 residents in Ramsey County, and 249,283 residents in Washington County (2014). Each county in the study area had a higher overall population percent growth than Minnesota (2010-2014).
• 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). Washington County has the highest median age in the study area, which is also higher than Minnesota's median age. Dakota and Washington Counties median ages are increasing, while Ramsey County's median age is relatively stable.
• Ramsey County is also one of the most diverse counties in the study area. There are approximately 12% Black or African American residents and approximately 14% Asian residents in Ramsey County. Black or African American and Asian populations in Dakota, Ramsey, and Washington Counties also increased between 2010 and 2014.
• Data indicates 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%
• Overall, 18.6% of children in Ramsey County are food insecure (2013) and 8.3% of seniors in Minnesota are threatened by hunger (2013). Ramsey County also has the highest overall food insecurity rate in the study area.
• Dakota County identified affordable housing, income, poverty and employment as top health priorities in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment*.

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Priority #4: Equitable Care Continued

• Ramsey County identified social determinants of health in the Ramsey County Community Health Improvement Plan 2014-2018. This includes poverty, income, education, unemployment, home ownership and affordable housing, and transportation.

• Washington County emphasizes addressing issues related to health equity by targeting vulnerable populations across their three community health priorities in the Washington County Community Health Improvement Plan 2014.

• When asked what they would do if they were in charge of improving the overall health of the community, participants in the community conversations conducted by Regions Hospital indicated that cultural competency and community empowerment would be two of the top priorities.

• Participants in the community conversations conducted by Regions Hospital also identified barriers to care for diverse populations as a major concern in the community. For example, linguistically diverse populations are at an increased risk of facing access barriers and receiving inadequate care. Additional populations that are at an increased risk are low-income, immigrants, elderly, LGBTQ population, homeless youth, unemployed and people who did not complete school. Concerns include transportation, medication management, limited medical coverage, cost barriers and culturally appropriate care.

• Cultural sensitivity was specifically discussed regarding health care system barriers during the community conversations. It was mentioned that providers should practice cultural humility with their patients and the community in order to connect medical and community models.

Process and Methodology

A detailed description of the process used to conduct this CHNA, the collaboration between hospital staff and Community Hospital Consulting, and the methods of data collection and analysis

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Process and Methodology

Background and Objectives

This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released in December 29, 2014. The objectives of the CHNA are to:

- Meet federal government and regulatory requirements
- Research and report on the demographics and health status of the study area, including a review of state and local data
- Gather input, data and opinions from persons who represent the broad interest of the community
- Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by HealthPartners and its respective hospitals: Regions Hospital, Lakeview Hospital, Hudson Hospital & Clinic, Westfields Hospital & Clinic, Amery Hospital & Clinic, and Park Nicollet Methodist Hospital
- Prioritize the needs of the community served by HealthPartners and its respective hospitals
- Create individual implementation plans that address the prioritized needs for each hospital facility

Regions Hospital, Lakeview Hospital, and Park Nicollet Methodist Hospital engaged the resources of Community Hospital Consulting to conduct a comprehensive six-step Community Health Needs Assessment of their communities, including Dakota, Hennepin, Ramsey, Scott, and Washington Counties in Minnesota and St. Croix County in Wisconsin. The community health needs assessment utilized relevant health data and stakeholder input through community conversations to identify the main community health priorities that HealthPartners and its respective hospitals should seek to address.

Amery Hospital & Clinic, Hudson Hospital & Clinic, and Westfields Hospital & Clinic required assistance in the creation of their hospital specific implementation plans and incorporating their recently conducted county health needs assessments, which the hospitals conducted in collaboration with other organizations. Health data from these assessments, combined with a demographic analysis and a community conversation conducted by Amery Hospital & Clinic were used to formulate the final CHNA and identify priorities that HealthPartners and its respective hospitals should seek to address.

Process and Methodology Continued

Scope of CHNA Report

The CHNA components include:

- A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
- A biography of HealthPartners and its hospitals
- A description of each hospital's defined study area
- Definition and analysis of the communities served, including both a demographic and a health data analysis
- A review and summary of health needs identified in current research
- Findings from community conversations and recently conducted studies that collected community input from people who represent a broad interest in the communities, including:
    - Work for a state, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
    - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
- The prioritized community needs and separate implementation plans, which intend to address the community needs identified
- An evaluation of the hospital's previous impact
- A list of available health resources in the community
- A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Methodology

HealthPartners and its hospitals provided Community Hospital Consulting with essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and necessary findings from community conversations and recently conducted community health assessments. Community Hospital Consulting conducted the following research:

- A demographic analysis of the study area, utilizing demographic data from the American Community Survey and other sources
- A study of the most recent health data available
- Facilitated the prioritization process during the CHNA Team meeting on August 24, 2015. The CHNA Team included: Kelly Appeldorn (Community Health Coordinator, Community Relations), Marna Canterbury (Director of Community Health, Lakeview Health Foundation), Christa Getchell (President Park Nicollet Foundation, VP, Park Nicollet Health Services), Libby Lincoln (Program Officer, Park Nicollet Foundation), DeDee Varner (Community Relations Manager), Pakou Xiong (Community Relations Specialist), Patty Willeman (Coordinator- Quality, Wellness, Corporate Health Consultant), and Donna Zimmerman (Sr. Vice President, Government & Community Relations).

Process and Methodology Continued

The methodology for each component of this study is summarized below.

- Hospital Biographies: Background information about HealthPartners and its hospitals, including the mission and vision, was provided by the hospital or taken from its website.
- Study Area Definition: The study area for each hospital is based on inpatient discharge data and discussions with hospital staff.
- Demographics of the Study Area: Population demographics include population by race, ethnicity, age, unemployment and economic statistics. Demographic data sources include, but are not limited to, the American Community Survey, the Kids Count Data Center, the U.S. Census Bureau and the United States Bureau of Labor Statistics.
- Health Data Collection Process: A variety of sources, which are all listed in the references section of this report, were utilized in the health data collection process. Health data sources include, but are not limited to, the Minnesota Department of Health, Metro Adult Health Survey, the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, the Behavioral Risk Factor Surveillance System, the Minnesota Student Survey, and the WISH Query.
- Review of Current Research: HealthPartners provided Community Hospital Consulting with various studies that have been conducted for each county in the system's study area. Community Hospital Consulting summarized the findings of each study and created an overall matrix of community health needs across all seven counties.
- Community Input: HealthPartners and its hospitals participated extensively in community conversations, collaborative initiatives with local public health departments that included surveys and interviews with required groups. A summary of those efforts is included in this report.
- Prioritization Strategy: Four significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the community input. Three factors were used to rank those needs during the CHNA Team meeting on August 24, 2015.
- Evaluation of Hospital's Impact: IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA. Each hospital has tracked the progress made on previously listed activities and a summary of impact is provided in each facility-specific report.
- Available Community Resources: In addition to the services provided by HealthPartners and its hospitals, other charity care services and health resources available in the community were provided by each hospital. Community Hospital Consulting compiled the lists and included them in each hospital's report.

HealthPartners Background and Hospital Biographies

A brief description of HealthPartners and the hospitals within the HealthPartners system

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About HealthPartners

HealthPartners is an award-winning integrated health care system based in Bloomington, MN, with a team of 22,500 people dedicated to a mission to improve the health of members, patients and the community.

HealthPartners Organization at a Glance

- Founded in 1957 as a cooperative
- Integrated health care organization providing health care services and health plan financing and administration
- Largest consumer governed nonprofit health care organization in the nation
- Serves more than 1.5 million medical and dental health plan members nationwide
- Includes a multispecialty group practice of more than 1,700 physicians
- More than 22,500 people working to deliver the HealthPartners mission

HealthPartners Health Plan

- Nonprofit, consumer governed health plan
- 1.5 million medical and dental plan members
- Regional network of more than 148,000 doctors and other care providers in Minnesota, western Wisconsin, South Dakota and North Dakota
- HealthPartners and Cigna's combined national network offers nearly 950,000 doctors and other care providers, plus 6,000 hospitals in the United States
- Ranked among the top 30 plans in the nation according to NCQA's Private Health Insurance Plan Rankings 2013-14

Care Group

- Cares for more than one million patients
- Multispecialty group practice of more than 1,700 physicians
- More than 50 primary care clinics, 750 primary care physicians
- 22 urgent care locations
- Multi-payer
- Primary care and 55 medical and surgical specialties

Hospitals

- Methodist Hospital, St. Louis Park, MN
- Regions Hospital, Saint Paul, MN
- Lakeview Hospital, Stillwater, MN
- Hudson Hospital & Clinics, Hudson, WI
- Westfields Hospital & Clinic, New Richmond, WI
- Amery Hospital & Clinic, Amery, WI
- St. Francis Regional Medical Center, Shakopee, MN (one-third ownership)

HealthPartners®

Source: HealthPartners Quick Facts, www.healthpartners.com/public/about/quick-facts/

Mission, Vision, Values

- **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

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About Regions Hospital

- Established in 1872, joined HealthPartners in 1993
- Teaching and research hospital
- Level I trauma center for adults and children
- Specialty care in trauma, burn, emergency, heart, orthopedics, neurosciences, oncology and mental health
- 454 bed hospital in St. Paul, MN
- 967 physicians and resident physicians
- More than 25,000 annual admissions
- More than 2,500 babies born each year at the Birth Center
- Second largest provider of charity care in Minnesota

HealthPartners®

Source: HealthPartners Quick Facts, www.healthpartners.com/public/about/quick-facts/

About Lakeview Health

- Includes Stillwater Medical Group, Lakeview Hospital and the Lakeview Foundation
- Lakeview Health was formed in 2005, joined HealthPartners in 2011
- Lakeview Hospital is the fifth oldest hospital in Minnesota, dating back to 1880
- Lakeview Hospital is a 97-bed acute-care hospital, with 4,100 inpatient admissions in 2013
- Stillwater Medical Group operates three primary care clinics in Stillwater and Mahtomedi, MN and Somerset, WI and a Clinic at Walmart in Oak Park Heights, MN
- Stillwater Medical Group had 98 provider FTEs in 2013
- Stillwater Medical Group had more than 189,000 patient visits in 2013
- Lakeview Health provided a total system community benefit of more than $14 million in 2012

HealthPartners®

Source: HealthPartners Quick Facts, www.healthpartners.com/public/about/quick-facts/

About Hudson Hospital & Clinic

- Opened in 1953, joined HealthPartners in 2009
- In 2013, celebrated 60 years in the community
- 1,500 annual inpatient admissions
- More than 10,000 Emergency Center and 10,000 Specialty Clinics patients annually
- Internationally recognized, award-winning Healing Arts Program
- Nationally and locally recognized, award-winning sustainability efforts
- In 2012, contributed nearly $3 million in community benefits
- About 60 medical staff (many more credentialed and active)
- New medical office building opened in April 2014

HealthPartners®

Source: HealthPartners Quick Facts, www.healthpartners.com/public/about/quick-facts/

About Westfields Hospital & Clinic

- Opened in 1950, joined HealthPartners in 2005
- 25 bed critical access hospital in New Richmond, WI
- 1,100 annual inpatient admissions in 2012
- About 40 medical staff (many more credentialed and active)
- More than 15 medical specialists provide care close to home at the Westfields Specialty Clinic
- In 2013, Westfields expanded to offer primary care when the New Richmond Clinic joined HealthPartners organization
- Westfields Community Pharmacy opened in July 2013
- Westfields is also home to the Cancer Center of Western Wisconsin

HealthPartners®

Source: HealthPartners Quick Facts, www.healthpartners.com/public/about/quick-facts/

About Amery Hospital & Clinic

- Opened in 1956, joined HealthPartners in 2014
- 25 bed critical access hospital in Amery, WI
- 4 clinic locations, 2 fitness centers, dialysis center, wound healing center, 10-bed geriatric mental health center and assisted living facility
- About 1,150 annual inpatient admissions
- About 40 medical staff (many more credentialed and active)
- New onsite MRI, nuclear medicine scanner, CT scanner and mammography unit
- Environmentally friendly facility built in 2007 with rain gardens, green roof, and community walking trail along the Apple River

HealthPartners®

Source: HealthPartners Quick Facts, www.healthpartners.com/public/about/quick-facts/

About Park Nicollet Methodist Hospital

- Established in 1892 and joined HealthPartners in 2013
- Specialty care includes oncology, cardiology, maternity and neuro-rehabilitation medicine, critical care and bariatrics
- 426 bed hospital located in St. Louis Park, MN, connected to Frauenshuh Cancer Center and Heart and Vascular Center
- Average daily census of 254 patients
- 960 physicians and resident physicians
- More than 25,000 annual admissions, 3,100 births and 50,000 Emergency Center patients treated each year

HealthPartners®

Source: HealthPartners Quick Facts, www.healthpartners.com/public/about/quick-facts/

Study Area

Each hospital's defined study area, as well as a snapshot of the counties served by other hospitals in the HealthPartners system

HealthPartners Study Area

Dakota, Hennepin, Ramsey, Scott, Washington (MN), Polk and St. Croix Counties (WI)

*The "H" indicates hospital locations

County	State	Dakota County	Henn. County	Ramsey County	Scott County	Wash. County	Polk County	St. Croix County
Lakeview Hospital	MN			x		x		x
Park Nicollet Methodist Hospital	MN	x	x		x			
Regions Hospital	MN	x		x		x		
Amery Hospital & Clinic	WI						x	
Hudson Hospital & Clinic	WI							x
Westfields Hospital & Clinic	WI							x

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded; CY 2014

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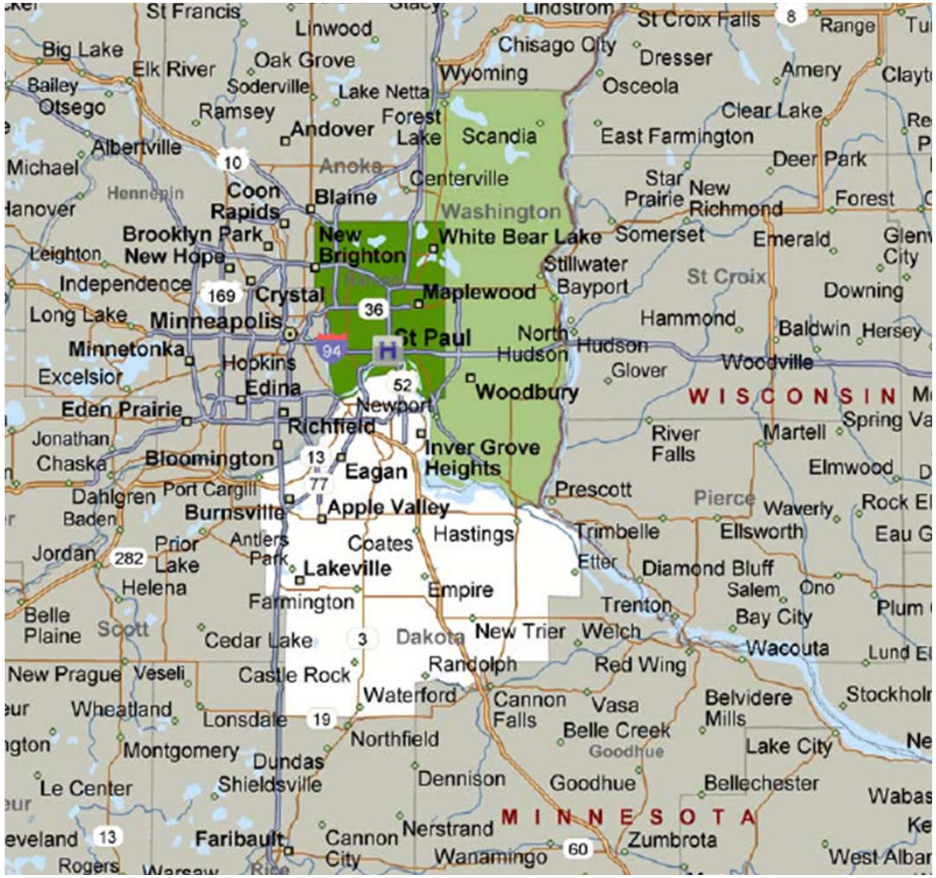
Regions Hospital Study Area

Ramsey County makes up 50.2% of inpatient discharges

Washington County makes up 11.9% of inpatient discharges

Dakota County makes up 11.9% of inpatient discharges

*The "H" indicates the hospital



Regions Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
Ramsey	MN	12,904	50.2%	50.2%
Washington	MN	3,056	11.9%	62.0%
Dakota	MN	3,051	11.9%	73.9%
Other		6,717	26.1%	100.0%
Total		**25,728**	**100.0%**	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded

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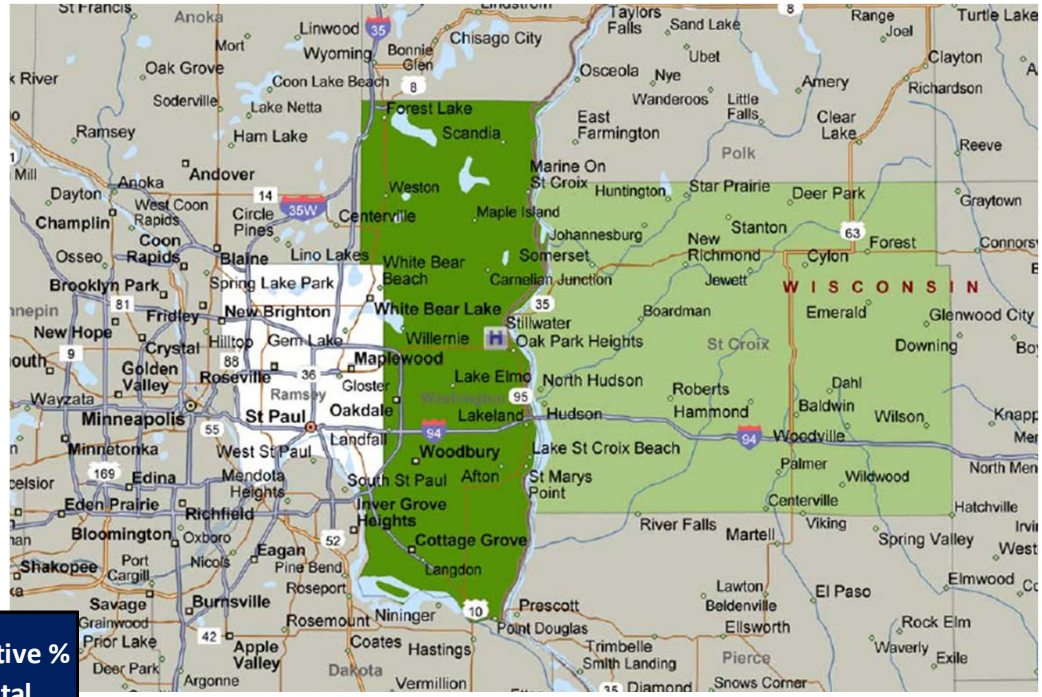
Lakeview Hospital Study Area

Washington County makes up 52.5% of inpatient discharges

St. Croix County makes up 16.6% of inpatient discharges

Ramsey County makes up 11.8% of inpatient discharges

*The "H" indicates the hospital



Lakeview Hospital Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
Washington	MN	1,988	52.5%	52.5%
St. Croix	WI	627	16.6%	69.1%
Ramsey	MN	446	11.8%	80.8%
Other		726	19.2%	100.0%
Total		**3,787**	**100.0%**	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded

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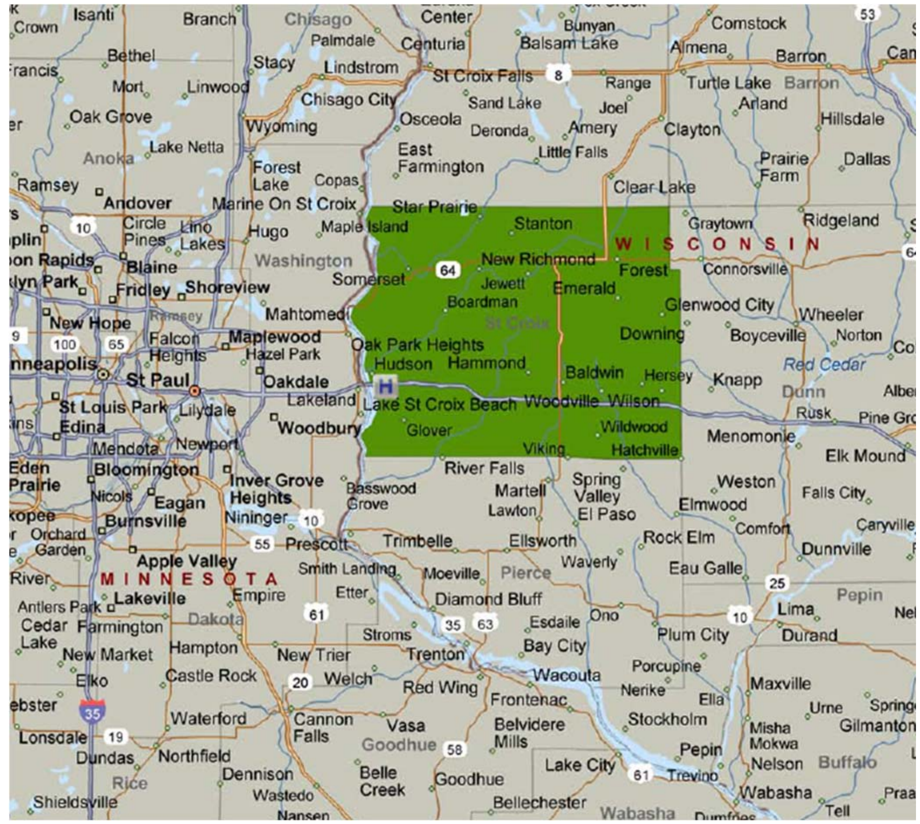
Hudson Hospital & Clinic Study Area



St. Croix County makes up 69.2% of inpatient discharges

*The “H” indicates the hospital

Hudson Hospital & Clinic Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
St. Croix	WI	1,176	69.2%	69.2%
Other		523	30.8%	100.0%
Total		**1,699**	**100.0%**	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded

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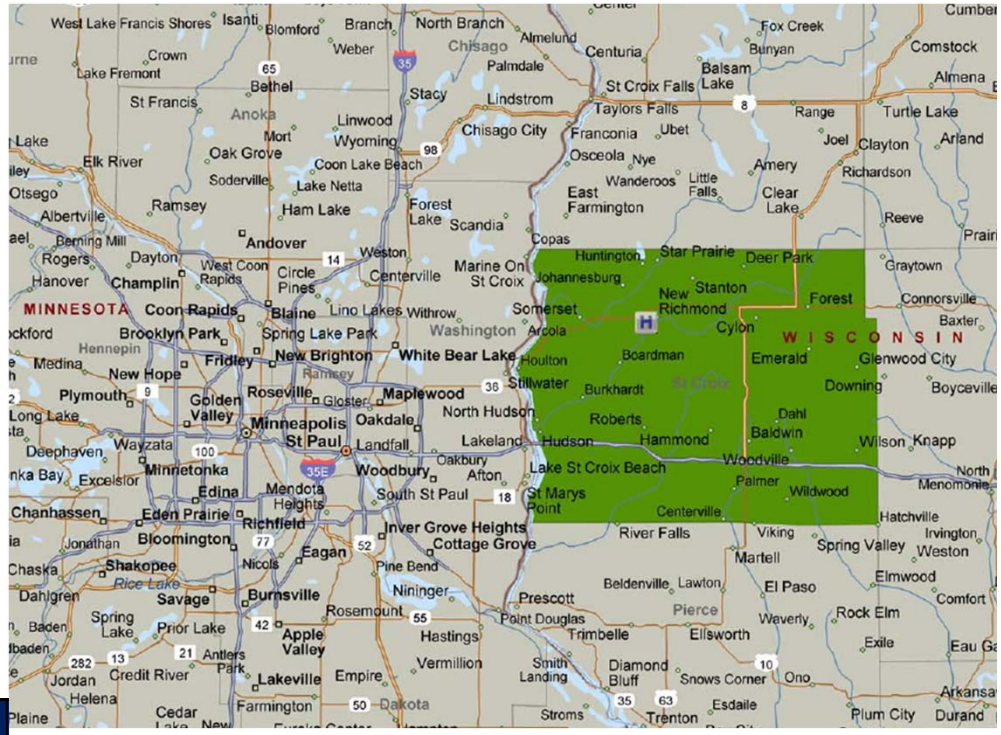
Westfields Hospital & Clinic Study Area

St. Croix County makes up 83.9% of inpatient discharges

*The “H” indicates the hospital



Westfields Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
St. Croix	WI	798	83.9%	83.9%
Other		153	16.1%	100.0%
Total		**951**	**100.0%**	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded

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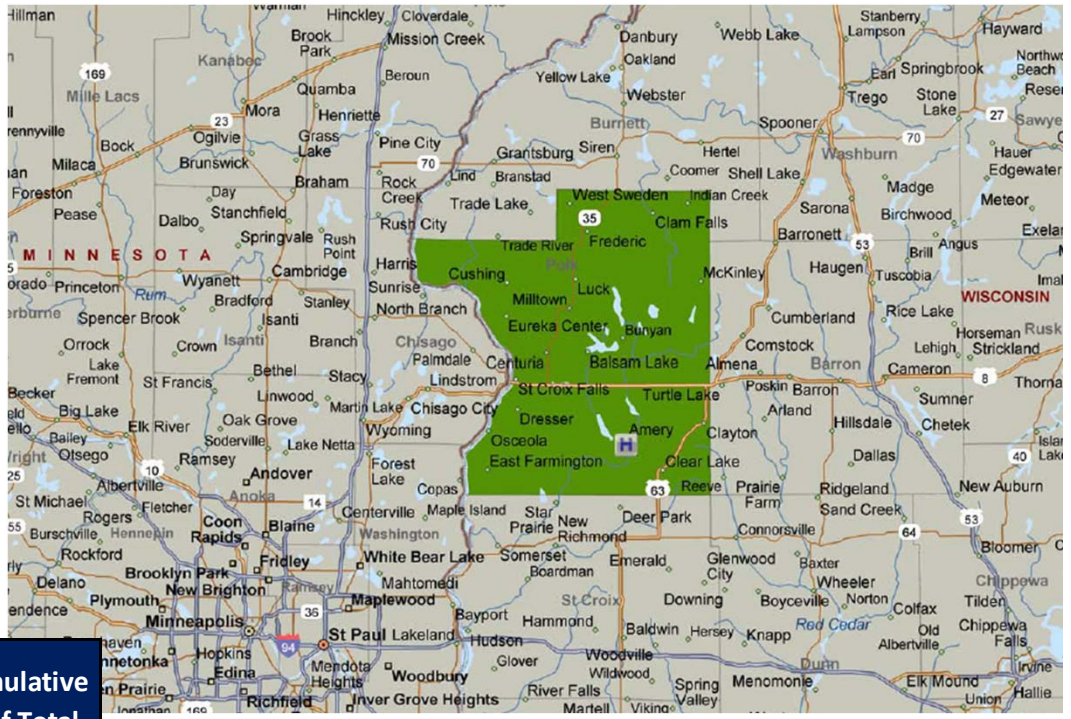
Amery Hospital & Clinic Study Area

Polk County makes up 69% of inpatient discharges

*The “H” indicates the hospital



Amery Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
Polk	WI	776	69.0%	69.0%
Other		349	31.0%	100.0%
Total		**1,125**	**100.0%**	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded

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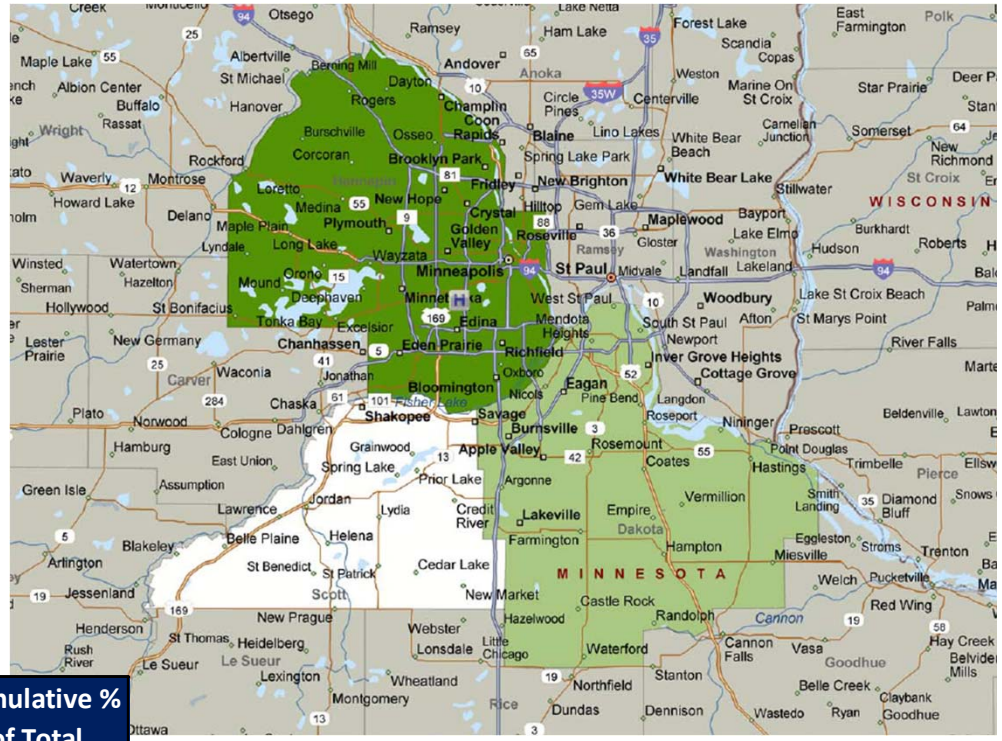
Park Nicollet Methodist Hospital Study Area

Hennepin County makes up 78.1% of inpatient discharges

Dakota County makes up 5.9% of inpatient discharges

Scott County makes up 3% of inpatient discharges

*The "H" indicates the hospital



Park Nicollet Methodist Hospital
Patient Origin by County CY 2014

County	State	CY 2014 Discharges	% of Total	Cumulative % of Total
Hennepin County	MN	17,199	78.1%	78.1%
Dakota County	MN	1,310	5.9%	84.0%
Scott County	MN	664	3.0%	87.1%
Other		2,851	12.9%	100.0%
Total		**22,024**	**100.0%**	

Source: Hospital inpatient discharge data by DRG; Normal Newborns MS-DRG 795 excluded

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Demographic Overview

A demographic analysis of the community served by the hospitals within the HealthPartners system

Demographics Summary
Overall Population

- **Overall Population**
  - According to annual estimates, there are approximately 5.46 million residents in Minnesota and approximately 5.76 million residents in Wisconsin.
  - Hennepin County is the most populated, while Polk County is the least populated.
- **Overall Population Change**
  - Scott County experienced the greatest overall percentage growth (7.0%) from 2010-2014, while Polk County experienced a percentage decrease (-1.6%).
- **Population by Race / Ethnicity**
  - There majority of residents in each county are White.
  - Ramsey and Hennepin Counties are the most racially diverse counties in the study area.
    - There are between approximately 12% - 13% Black or African American residents in both counties.
    - There are approximately 14% Asian residents in Ramsey County.
  - Overall, the White population experienced the least growth, or in some cases a decline, between 2010 and 2014.
- **Population by Age**
  - Ramsey County has the youngest median age, 34.6, while Polk County has the oldest median age, 44.7, out of the 7 counties served by HealthPartners' hospitals.
  - The 65 and older population experienced the most growth between 2010 and 2014.

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Source: U.S. Census Bureau, Population Division; www.census.gov/popest/data/index.html; data accessed May 15, 2015 and August 29, 2015

Demographics Summary
Economic and Social Factors

- **Income Disparities**
  - There are significant income disparities between counties. Scott County has the highest median household income, $85,481, while Polk County has the lowest, $49,138.
  - Poverty, particularly childhood poverty, may be a concern in Ramsey County.
- **Food Insecurity**
  - Polk and Ramsey Counties have higher rates of child food insecurity than their respective states.
  - According to Second Harvest Heartland and Feeding America, 1 in 9 individuals in Minnesota and 1 in 8 individuals in Wisconsin are affected by hunger.
  - Ramsey County's overall food insecurity rate is higher than both Minnesota and Wisconsin rates.
  - The percentage of seniors who are threatened by hunger has generally increased for both Minnesota and Wisconsin.
  - Between 2009 – 2013, overall, the percentage of the population in both Hennepin and Ramsey counties that are food insecure has increased.
- **Educational Attainment**
  - Hennepin and Ramsey Counties have lower graduation rates than Minnesota.
  - There are disparities in graduation rates in Minnesota and high school completion rates in Wisconsin across racial/ethnic groups.

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, www.census.gov/did/www/saipe/data/statecounty/data/2013.html; data accessed August 29, 2015

Source: Feeding America, Map the Meal Gap: 2015, Child Food Insecurity by County; http://map.feedingamerica.org/county/2013/child; data accessed May 21, 2015

Source: Minnesota Department of Education, Data Reports and Analytics, w20.education.state.mn.us/MDEAnalytics/Data.jsp; data accessed June 1, 2015

Source: Wisconsin Department of Public Instruction, Wisconsin Information System for Education, Data Dashboard, wisedash.dpi.wi.gov/Dashboard/portalHome.jsp; data accessed June 9, 2015

Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecure children are those children living in households experiencing food insecurity.

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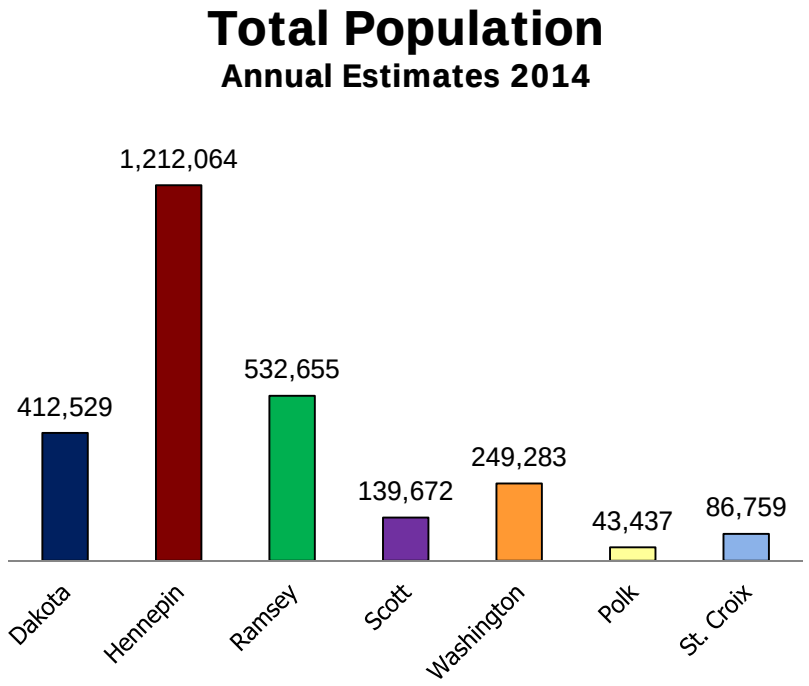
Overall Population (2014)

- According to annual estimates, there are approximately 5.46 million residents in Minnesota and approximately 5.76 million residents in Wisconsin.
- A total of 2,591,567 people live within the 3,644.06 square mile 7 county area defined for this assessment.
- The population density for these specific 7 counties is estimated at 711.18 persons per square mile, which is higher than the national average of 88.23 persons per square mile.
- Hennepin County has approximately 1.2 million residents, making it the most populated county of the 7 counties served by HealthPartners' hospitals.
- Polk County has approximately 43,400 residents, making it the least populated county of the 7 counties served by HealthPartners' hospitals.



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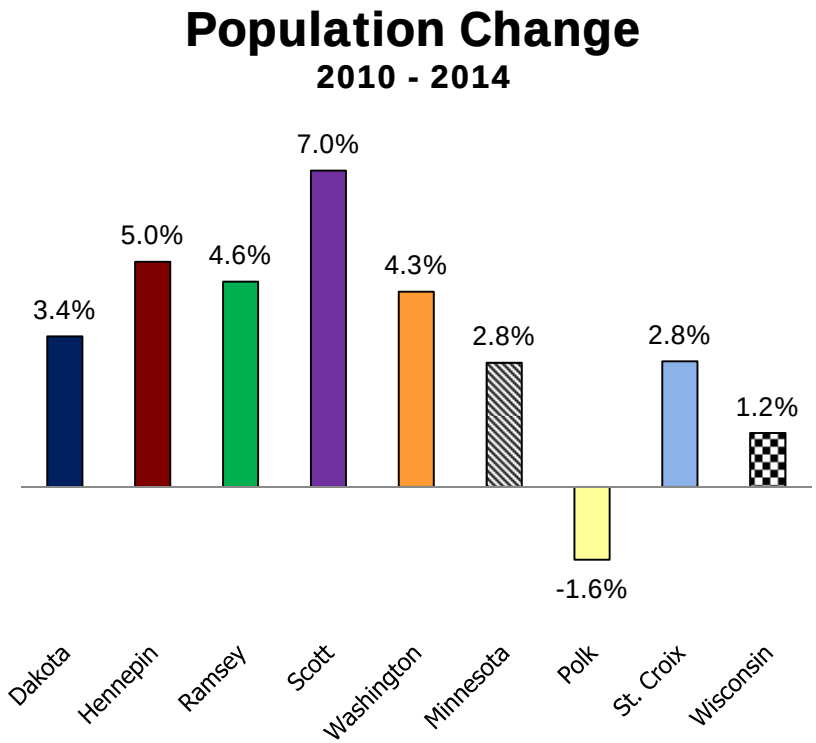
Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 15, 2015

Source: Community Commons, HealthPartners Health Indicators Report, http://assessment.communitycommons.org/CHNA/report; data accessed August 28, 2015

Overall Population Change (2010-2014)



Location	2010	2014	2010-2014 Change	2010-2014 % Change
Dakota	399,146	412,529	13,383	3.4%
Hennepin	1,154,184	1,212,064	57,880	5.0%
Ramsey	509,372	532,655	23,283	4.6%
Scott	130,480	139,672	9,192	7.0%
Washington	238,897	249,283	10,386	4.3%
Minnesota	**5,310,418**	**5,457,173**	**146,755**	**2.8%**
Polk	44,154	43,437	-717	-1.6%
St. Croix	84,398	86,759	2,361	2.8%
Wisconsin	**5,689,268**	**5,757,564**	**68,296**	**1.2%**

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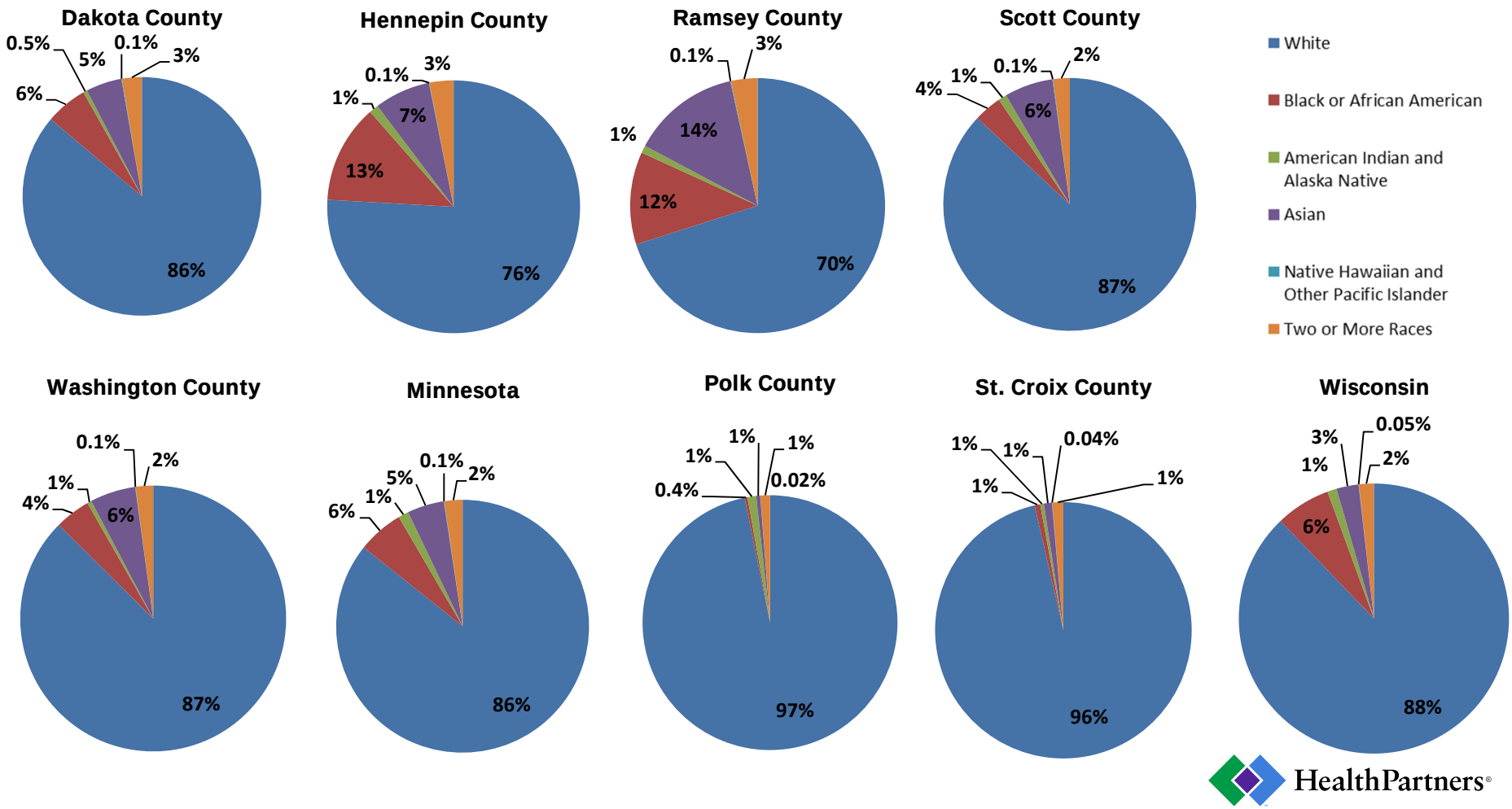
Source: U.S. Census Bureau, Population Division; factfinder.census.gov; data accessed May 15, 2015

Racial Composition (2014)



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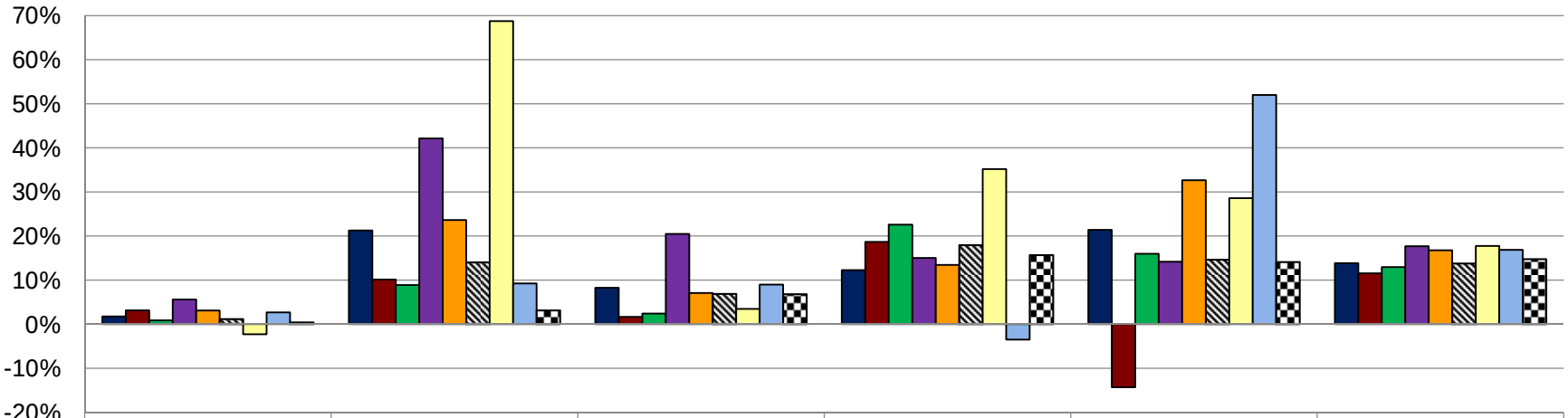
Source: U.S. Census Bureau, Population Division; www.census.gov/popest/data/index.html; data accessed August 29, 2015

Population Change by Race (2010-2014)



	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Two or More Races
Dakota	1.8%	21.3%	8.3%	12.3%	21.4%	13.8%
Hennepin	3.1%	10.1%	1.7%	18.7%	-14.3%	11.5%
Ramsey	0.9%	8.9%	2.4%	22.6%	16.0%	12.9%
Scott	5.6%	42.1%	20.5%	15.0%	14.2%	17.7%
Washington	3.1%	23.6%	7.1%	13.4%	32.7%	16.8%
Minnesota	1.2%	14.1%	6.9%	18.0%	14.6%	13.8%
Polk	-2.3%	68.8%	3.5%	35.2%	28.6%	17.8%
St. Croix	2.7%	9.3%	9.0%	-3.5%	52.0%	16.9%
Wisconsin	0.4%	3.1%	6.8%	15.7%	14.1%	14.8%

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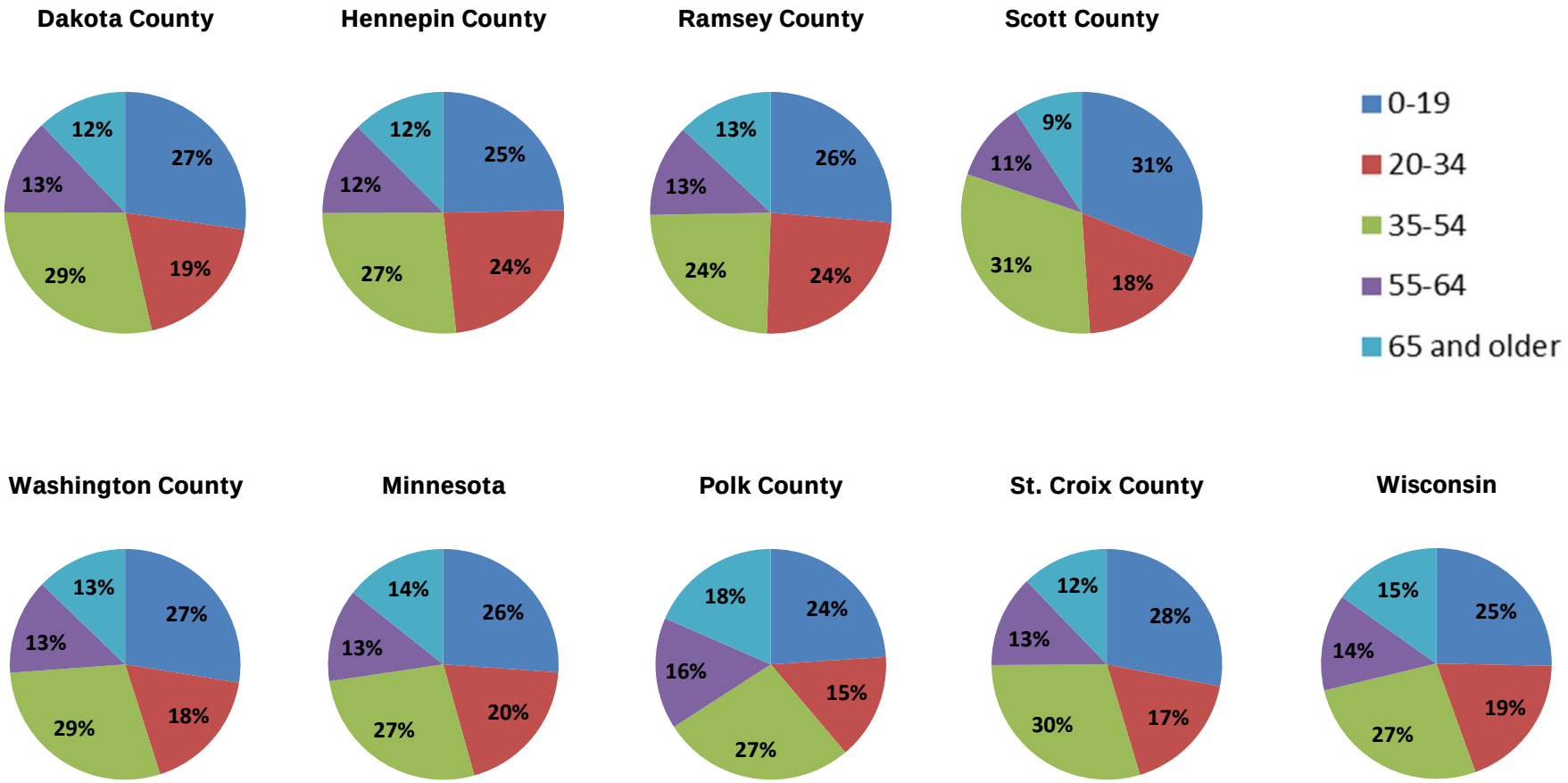
Source: U.S. Census Bureau, Population Division; www.census.gov/popest/data/index.html; data accessed August 29, 2015

Age Composition (2014)



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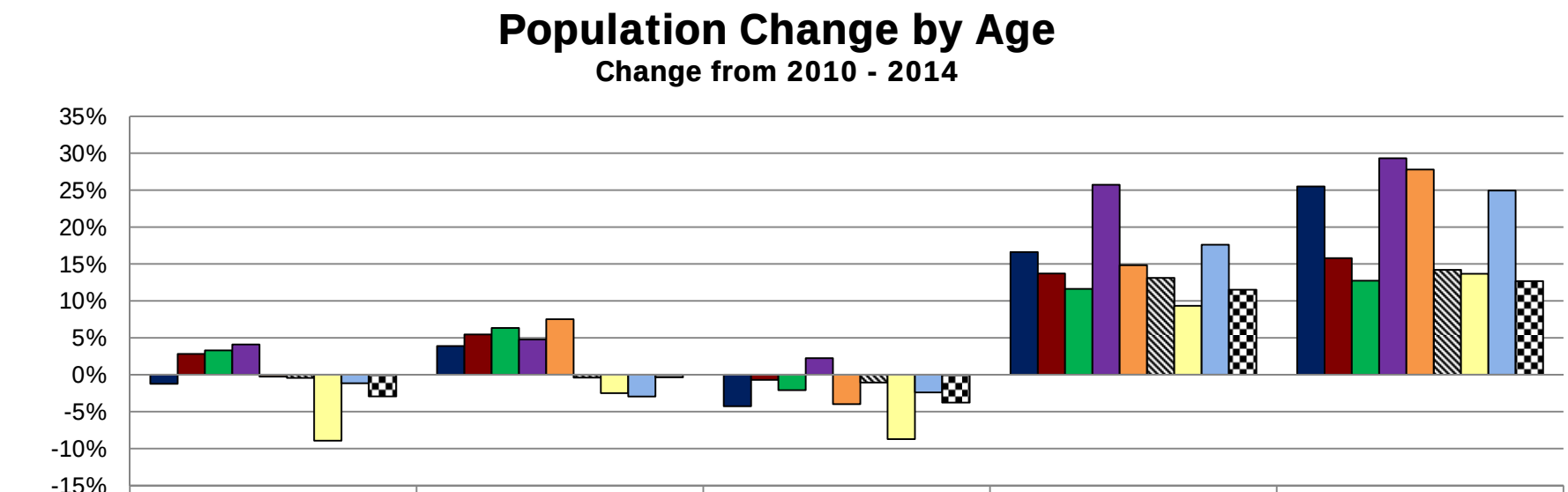
Source: U.S. Census Bureau, Population Division; www.census.gov/popest/data/index.html; data accessed August 29, 2015

Population Change by Age (2010-2014)



	Ages 0-19	Ages 20-34	Ages 35-54	Ages 55-64	Ages 65 and older
Dakota	-1.2%	3.9%	-4.3%	16.6%	25.5%
Hennepin	2.8%	5.4%	-0.7%	13.7%	15.8%
Ramsey	3.3%	6.3%	-2.1%	11.6%	12.7%
Scott	4.1%	4.8%	2.2%	25.7%	29.3%
Washington	-0.3%	7.5%	-4.0%	14.8%	27.8%
Minnesota	-0.4%	-0.4%	-1.1%	13.1%	14.2%
Polk	-8.9%	-2.5%	-8.7%	9.3%	13.7%
St. Croix	-1.2%	-3.0%	-2.4%	17.6%	24.9%
Wisconsin	-2.9%	-0.4%	-3.8%	11.5%	12.7%

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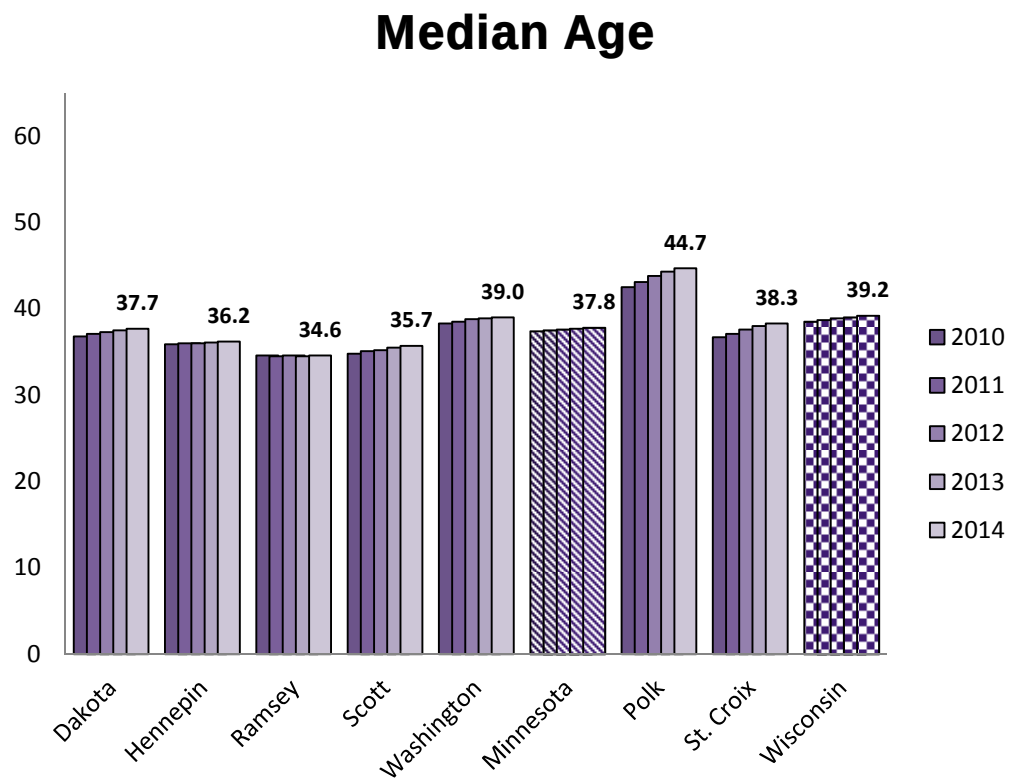
Source: U.S. Census Bureau, Population Estimates; www.census.gov/popest/data/index.html; data accessed August 29, 2015

Median Age

- According to annual estimates, the median age in Minnesota is 37.8, compared to 39.2 in Wisconsin.
- Ramsey County has the youngest median age, 34.6, while Polk County has the oldest median age, 44.7, out of the 7 counties served by HealthPartners' hospitals.
- Polk and St. Croix Counties' median ages are increasing, while Ramsey and Hennepin Counties' median ages are relatively stable.



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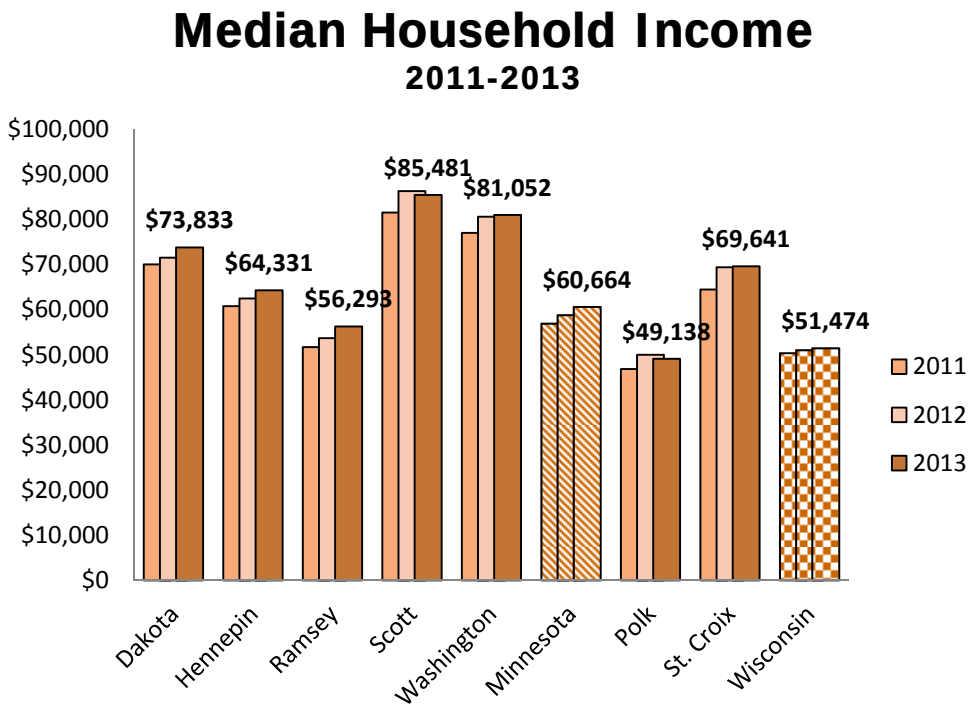
Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 15, 2015

Median Household Income

- According to the Small Area Income and Poverty Estimates (SHAPE) Program, the median household income in Minnesota is $60,664, compared to $51,474 in Wisconsin.
- There is considerable variability in median household income levels among the 7 counties served by HealthPartners' hospitals. Scott County has the highest median household income, $85,481, while Polk County has the lowest, $49,138.



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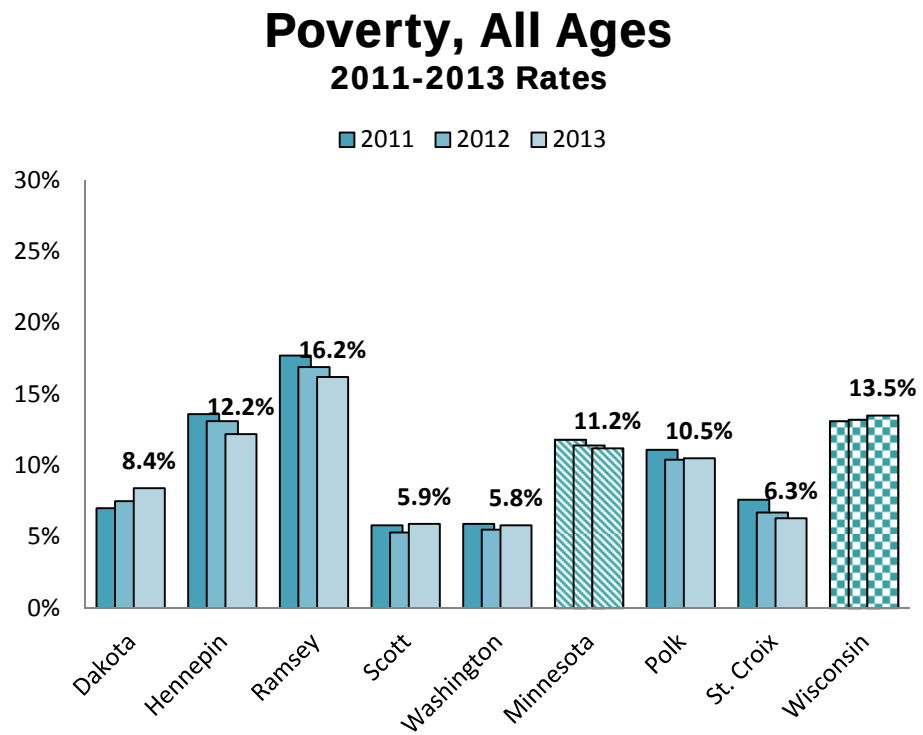
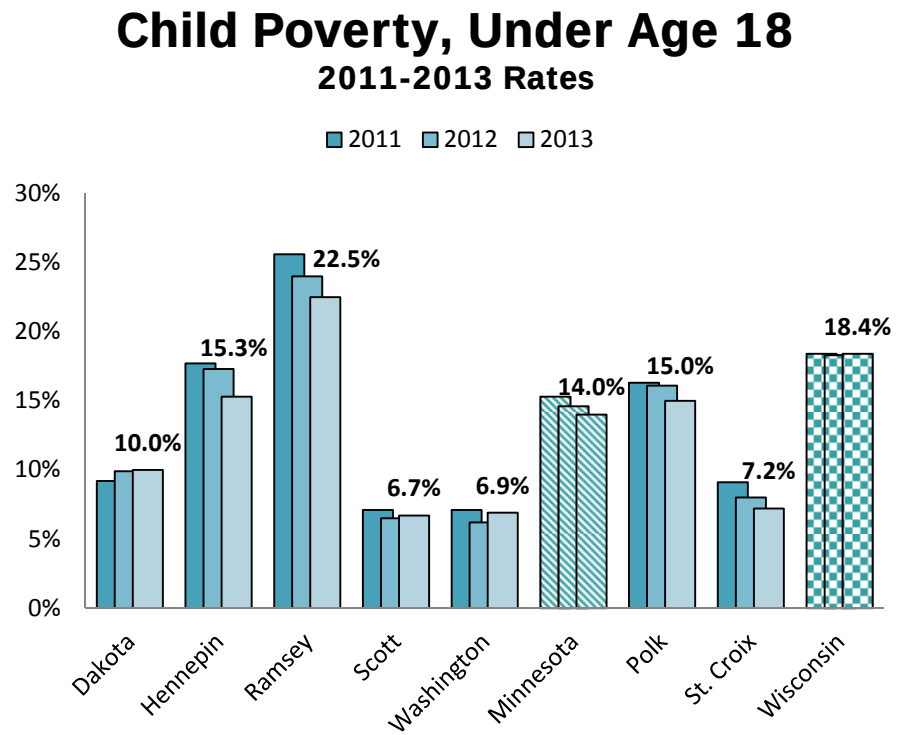
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, www.census.gov/did/www/saipe/data/statecounty/data/2013.html; data accessed August 29, 2015

Overall and Child Poverty





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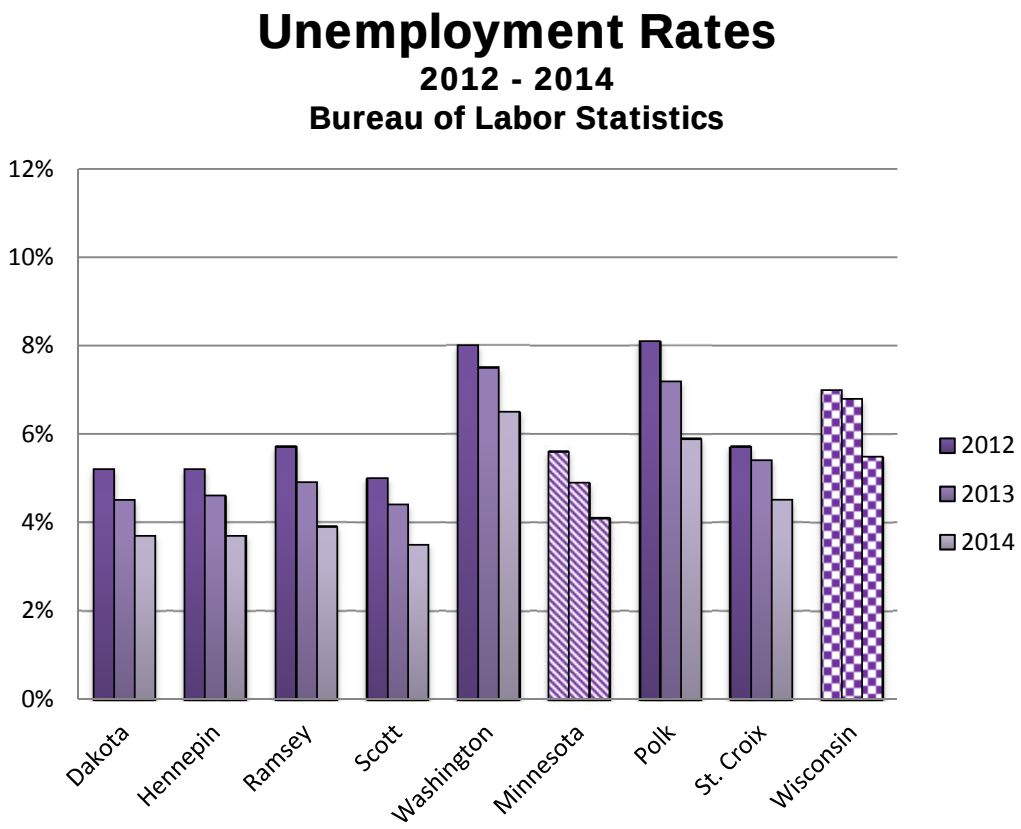
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE) Program, www.census.gov/did/www/saipe/data/statecounty/data/2013.html; data accessed August 29, 2015

Unemployment



- Overall, unemployment rates have decreased in each county, as well as across Minnesota and Wisconsin, since 2012.

Location	2012	2013	2014
Dakota County (MN)	5.2%	4.5%	3.7%
Hennepin County (MN)	5.2%	4.6%	3.7%
Ramsey County (MN)	5.7%	4.9%	3.9%
Scott County (MN)	5.0%	4.4%	3.5%
Washington County (MN)	8.0%	7.5%	6.5%
Minnesota	**5.6%**	**4.9%**	**4.1%**
Polk County (WI)	8.1%	7.2%	5.9%
St. Croix County (WI)	5.7%	5.4%	4.5%
Wisconsin	**7.0%**	**6.8%**	**5.5%**

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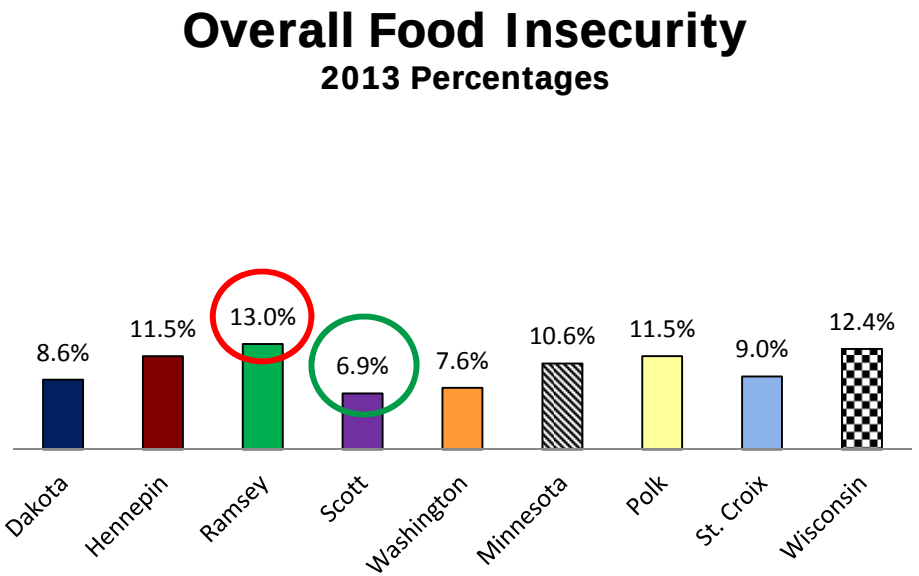
Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; www.bls.gov/lau/#tables; data accessed May 20, 2015

Food Insecurity

- According to Feeding America, 15.8% of U.S. residents are food insecure, compared to 10.6% in Minnesota and 12.4% in Wisconsin.
- In 2013, the average U.S. county food insecurity rate was 15.1%.
- According to Second Harvest Heartland and Feeding America, 1 in 9 individuals in Minnesota and 1 in 8 individuals in Wisconsin are affected by hunger.
- Scott County has the lowest rate of overall food insecurity, while Ramsey County has the highest.
- Of the 7 county area served by the HealthPartners Hospital System, 10.8% is food insecure. Hennepin, Ramsey, and Polk counties are above this rate.



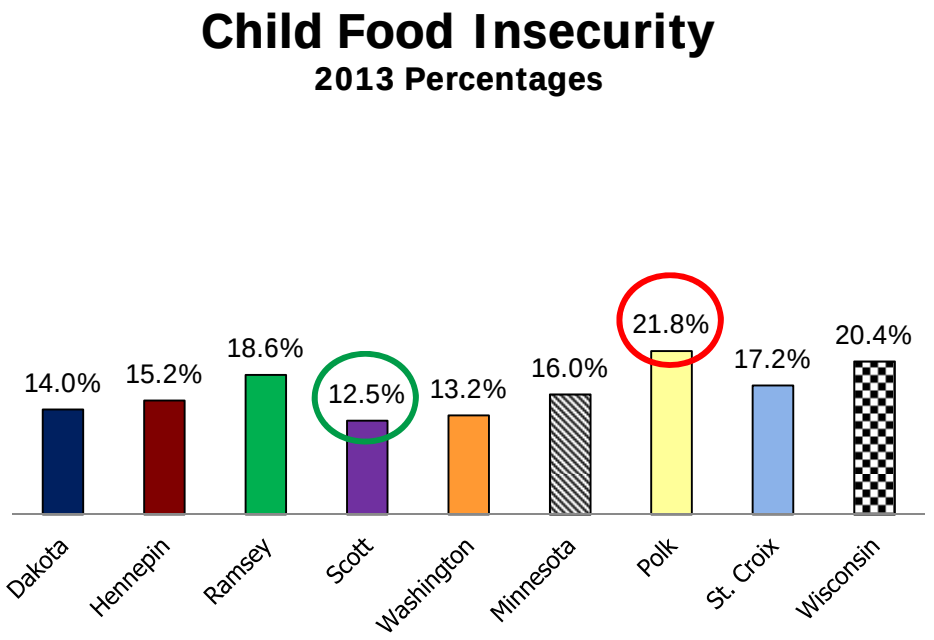
Source: Feeding America, Map the Meal Gap: 2013 Executive Summary, http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html; data accessed August 28, 2015

Source: Second Harvest Heartland, Hunger Facts, http://www.2harvest.org/our-impact/hunger-facts/#.VeCPGflVjWo; data accessed August 28, 2015.

Source: Community Commons, HealthPartners Health Indicator Report, http://assessment.communitycommons.org/CHNA/report?page=2&id=282; data accessed August 28, 2015.

Child Food Insecurity

- Nationally, 21.4% of children are food insecure.
- According to Map the Meal Gap: 2015, 16% of children across Minnesota are food insecure, compared to approximately 20% of children across Wisconsin.
- In 2013, the average U.S. county child food insecurity rate was 23.7%.
- Scott County has the lowest rate of child food insecurity, 12.5%, while Polk County has the highest rate of child food insecurity, 21.8%.



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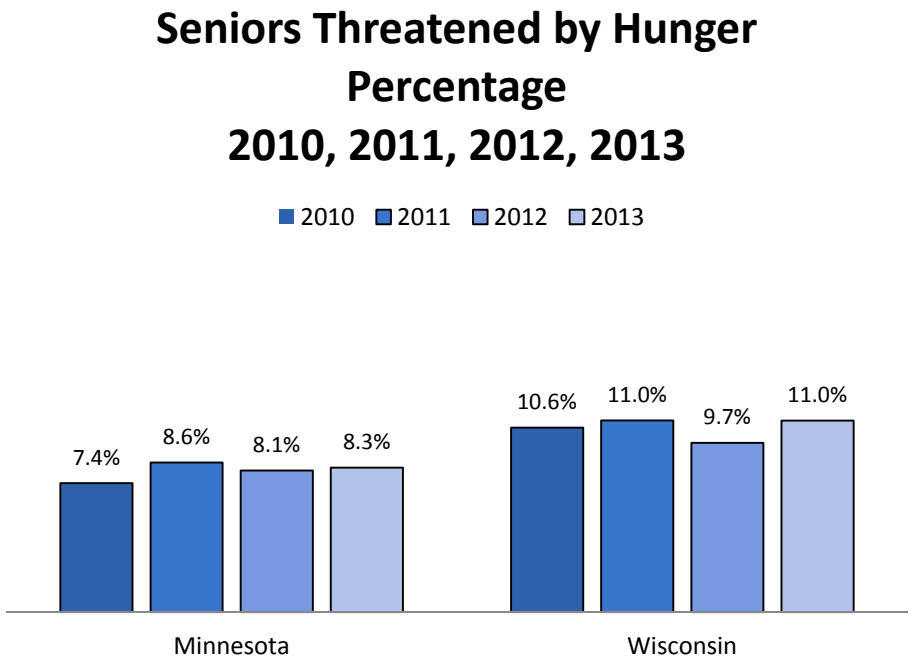
Source: Feeding America, Map the Meal Gap: 2013 Executive Summary, http://www.feedingamerica.org/hunger-in-america/our-research/map-the-meal-gap/data-by-county-in-each-state.html; data accessed August 28, 2015

Source: Feeding America, Map the Meal Gap: 2015, Child Food Insecurity by County; http://map.feedingamerica.org/county/2013/child; data accessed May 21, 2015

Senior Food Insecurity

- Nationally, the threat of hunger for seniors from 2001 to 2013 has increased by 45%, while the number of seniors rose 107%.
- According to the National Foundation to End Senior Hunger (NFESH) 2013 Annual Report, 15.5% of U.S. seniors face the threat of hunger, as compared to 8.3% of Minnesota seniors and 11.9% of Wisconsin seniors.
- Between 2012 and 2013, the rate of change for seniors facing the threat of hunger increased by 2.1% in Minnesota, and 13.2% in Wisconsin.
- Since 2010, the percentage of seniors threatened by hunger has increased in Minnesota, Wisconsin, and the United States.



Source National Foundation to End Senior Hunger, 2010, 2011, 2012, 2013 Annual Reports, http://www.nfesh.org/; data accessed August 31, 2015

Note: Seniors are defined as individuals aged 60 years or older.

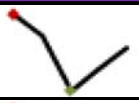
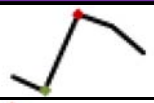
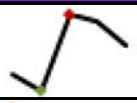
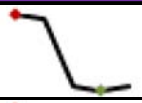
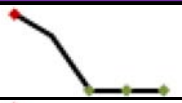
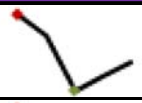
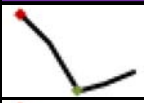
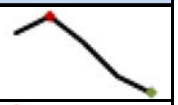
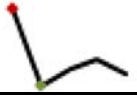
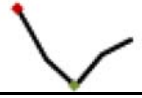
Note: Threat of hunger is the broadest category of food insecurity because it encompasses all three of the characterizations of food insecurity. NFESH and the researchers believe that threat of hunger is the most appropriate measurement to use with regard to the 60+ age cohort.

Hunger Trends

Overall Food Insecurity and Child Food Insecurity by County and State

Percentages of Populations

2009, 2010, 2011, 2012, 2013

Hunger Indicator	Dakota County (MN)	Hennepin County (MN)	Ramsey County (MN)	Scott County (MN)	Washington County (MN)	Minnesota	Polk County (WI)	St. Croix County (WI)	Wisconsin
% Food Insecure									
% Child Food Insecure									

Note: Directional trends to show general increases or decreases in food insecurity rates from 2009 – 2013. Red dot is highest rate, green dot is lowest rate.

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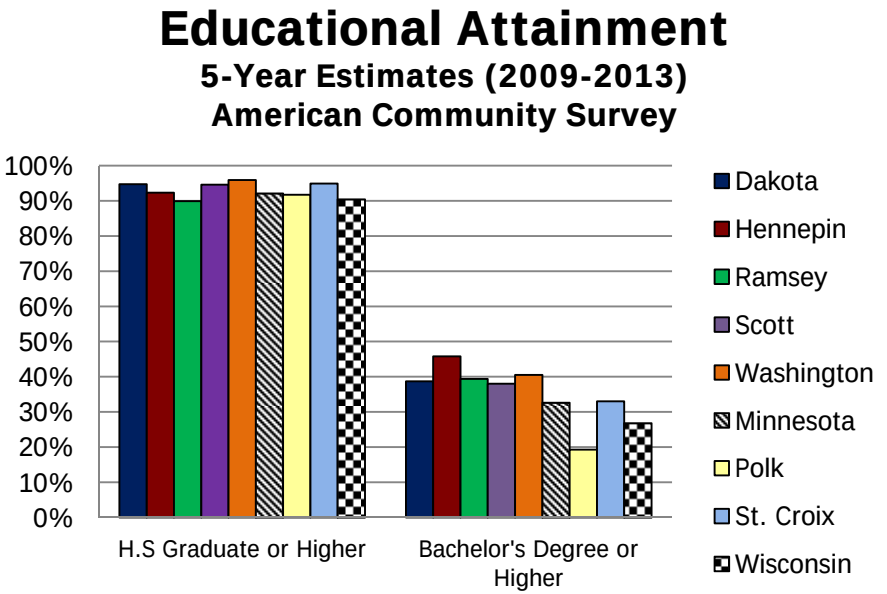
Source: Feeding America, Map the Meal Gap: 2015, Child Food Insecurity by County; http://map.feedingamerica.org/county/2013/child; data accessed August 28, 2015

Educational Attainment

Overall Population

- Slightly more than 26% of Wisconsin residents have a Bachelor's Degree or higher, compared to slightly more than 32% in Minnesota.
- The Minnesota Board of Higher Education indicates that:
  - Among Minnesotans age 25 and older with an associate's degree, disparities exist across racial groups with only Asian (51%) and White (45%) Minnesotans exceeding the state average (44%).
  - Minnesota adults age 25 and older with a bachelor's degree had the lowest level of unemployment (2%) in 2013.
  - Minnesota adults age 25 and older with a graduate or professional degree had the highest median annual wage ($65,317) in 2013.



Location	H.S Graduate or Higher	Bachelor's Degree or Higher
Dakota County (MN)	94.7%	38.7%
Hennepin County (MN)	92.3%	45.8%
Ramsey County (MN)	89.9%	39.4%
Scott County (MN)	94.6%	38.0%
Washington County (MN)	95.9%	40.5%
Minnesota	**92.1%**	**32.6%**
Polk County (WI)	91.7%	19.3%
St. Croix County (WI)	94.9%	33.0%
Wisconsin	**90.4%**	**26.8%**

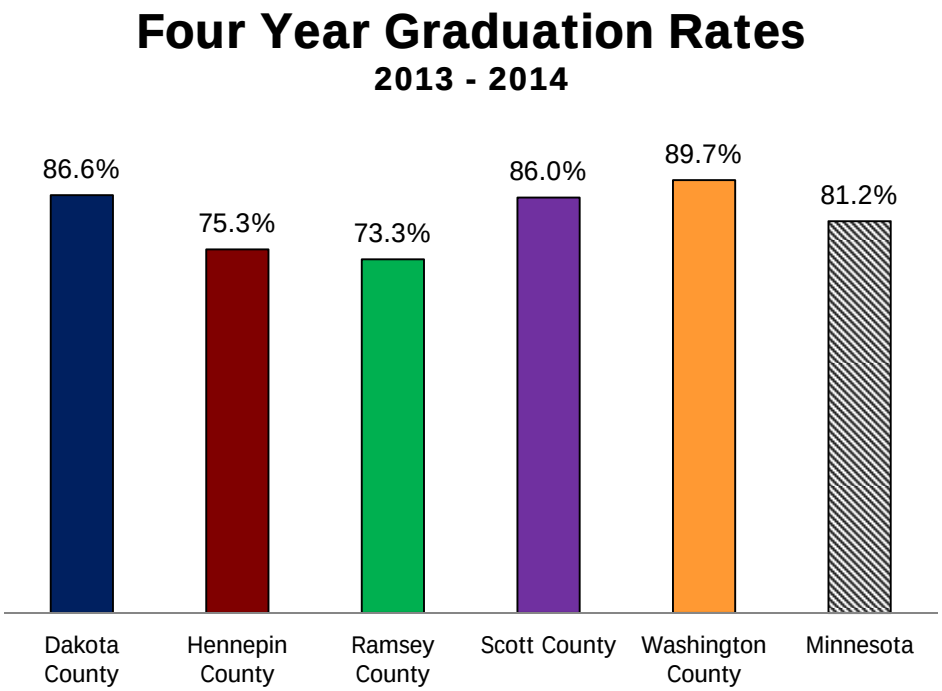
Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey; factfinder.census.gov; data accessed May 20, 2015

Source: Minnesota Office of Higher Education, Educational Attainment Data, http://www.ohe.state.mn.us/fc/1873/pg.cfm; data accessed September 1, 2015

Educational Attainment

Graduation Rates (Minnesota)

Location and Student Category	Number of Students	Percent of Students
Minnesota	**65,937**	**100.0%**
Continuing	7,249	11.0%
Dropout	3,266	5.0%
Graduate	53,524	81.2%
Unknown	1,898	2.9%
Dakota County	**5,716**	**100.0%**
Continuing	519	9.1%
Dropout	196	3.4%
Graduate	4,947	86.6%
Unknown	54	0.9%
Hennepin County	**13,338**	**100.0%**
Continuing	2,096	15.7%
Dropout	698	5.2%
Graduate	10,045	75.3%
Unknown	499	3.7%
Ramsey County	**6,746**	**100.0%**
Continuing	1,064	15.8%
Dropout	521	7.7%
Graduate	4,942	73.3%
Unknown	219	3.3%
Scott County	**1,791**	**100.0%**
Continuing	147	8.2%
Dropout	56	3.1%
Graduate	1,541	86.0%
Unknown	47	2.6%
Washington County	**3,462**	**100.0%**
Continuing	246	7.1%
Dropout	75	2.2%
Graduate	3,104	89.7%
Unknown	37	1.1%



Definition: The Four-Year Graduation Rate is a four-year, on-time graduation rate based on a cohort of first time ninth grade students plus transfers into the cohort within the four year period minus transfers out of the cohort within the four year period. This rate is similar to, but not the same as, the National Governors Association (NGA) Graduation Rate. The NGA Rate allows more time for Special Education students and recent immigrants to graduate.
Source: Minnesota Department of Education, Data Reports and Analytics, w20.education.state.mn.us/MDEAnalytics/Data.jsp; data accessed June 1, 2015

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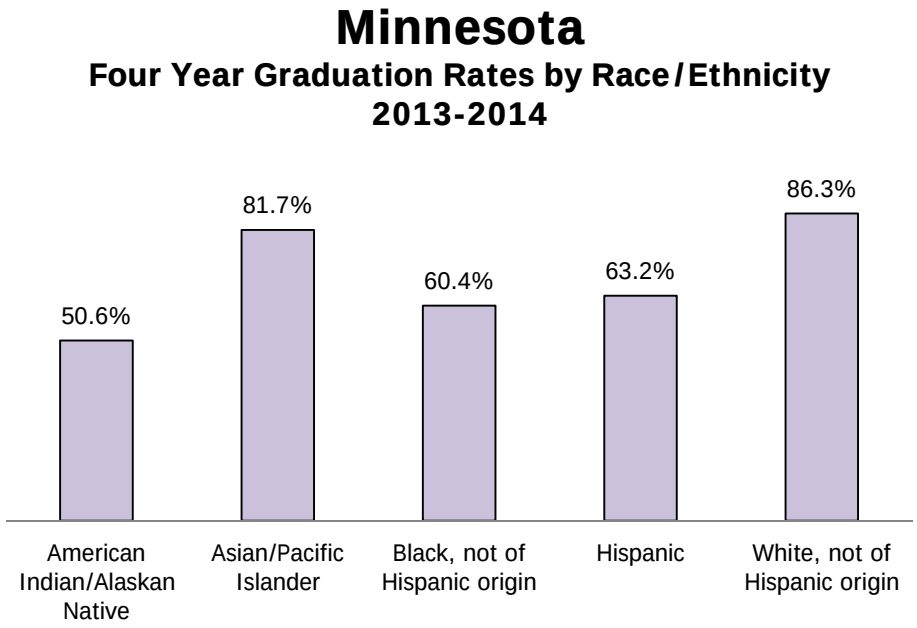
Educational Attainment
Graduation Rates (Minnesota)

- There are disparities in high school completion rates across race/ethnicity in Minnesota.
- For example, American Indian/Alaska Native, Black and Hispanic students have substantially lower graduation rates than their White counterparts.
  - American Indian/Alaska Native: 50.6%
  - Black: 60.4%
  - Hispanic: 63.2%
  - White: 86.3%



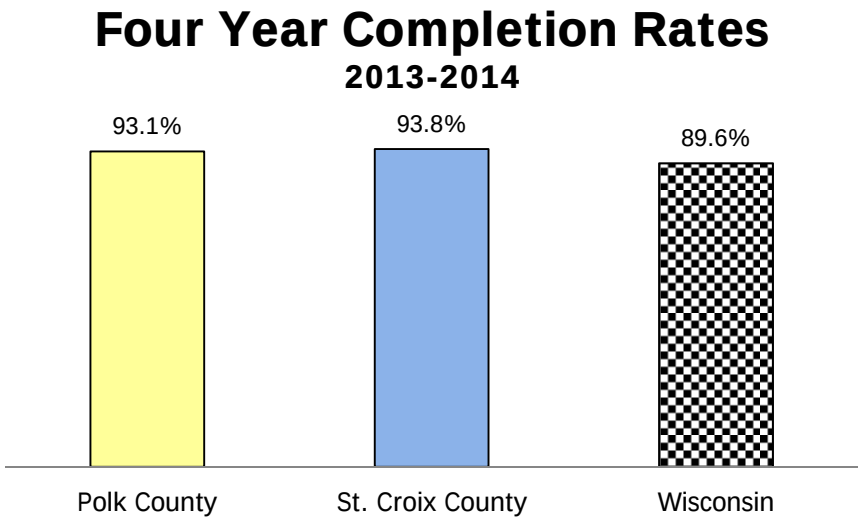
Definition: The Four-Year Graduation Rate is a four-year, on-time graduation rate based on a cohort of first time ninth grade students plus transfers into the cohort within the four year period minus transfers out of the cohort within the four year period. This rate is similar to, but not the same as, the National Governors Association (NGA) Graduation Rate. The NGA Rate allows more time for Special Education students and recent immigrants to graduate.

Source: Minnesota Department of Education, Data Reports and Analytics, w20.education.state.mn.us/MDEAnalytics/Data.jsp; data accessed June 1, 2015

Educational Attainment

Completion Rates (Wisconsin)

County, District or State	Cohort Count	Student Count	4-Year Graduation Rate
Polk County			**93.1%**
Amery	144	133	92.4%
Clayton	32	29	90.6%
Clear Lake	34	30	88.2%
Frederic	36	27	75.0%
Luck	29	27	93.1%
Osceola	144	142	98.6%
Saint Croix Falls	87	83	95.4%
Unity	74	69	93.2%
St. Croix County			**93.8%**
Baldwin-Woodville Area	123	113	91.9%
Glenwood City	35	33	94.3%
Hudson	432	410	94.9%
New Richmond	195	181	92.8%
St. Croix Central	103	98	95.1%
Somerset	117	108	92.3%
Wisconsin			**89.6%**



Notes: Rates reflect "completed - regular" high school completion status. The denominator is the total of completers plus non-completers in all credentials and categories in that adjusted cohort. The numerator is the "completed - regular" credential.

Source: Wisconsin Department of Public Instruction, Wisconsin Information System for Education, Data Dashboard, wisedash.dpi.wi.gov/Dashboard/portalHome.jsp; data accessed June 9, 2015

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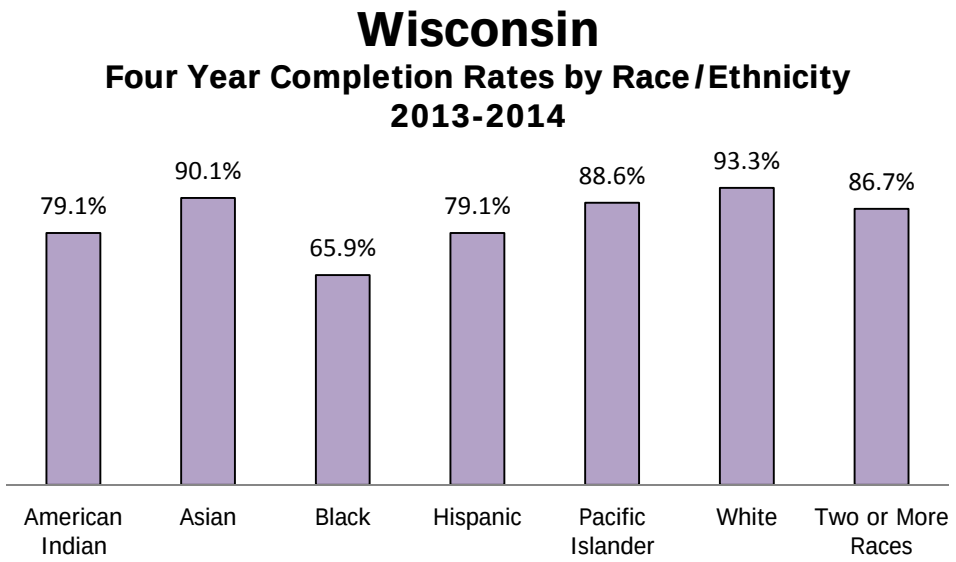
Educational Attainment
Completion Rates (Wisconsin)

- There are disparities in high school completion rates across race/ethnicity in Wisconsin.
- For example, American Indian, Black and Hispanic students have lower completion rates than their White counterparts.
  - American Indian: 79.1%
  - Black: 65.9%
  - Hispanic: 79.1%
  - White: 93.3%



Notes: Rates reflect "completed - regular" high school completion status. The denominator is the total of completers plus non-completers in all credentials and categories in that adjusted cohort. The numerator is the "completed - regular" credential.

Source: Wisconsin Department of Public Instruction, Wisconsin Information System for Education, Data Dashboard, wisedash.dpi.wi.gov/Dashboard/portalHome.jsp; data accessed June 9, 2015

Health Status Overview
Dakota, Hennepin, Scott, Ramsey, and Washington Counties (MN), and St. Croix (WI) County

An analysis of available health data pertaining to Dakota, Hennepin, Scott, Ramsey, and Washington Counties in Minnesota, as well as St. Croix County in Wisconsin.

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Introduction

Various counties are included in the health data section. While this hospital's individual study area does not include each of the counties served by the HealthPartners' hospitals, it is important to consider health needs in comparison to other localities.

For comparison, this section of the report includes a health data analysis for the following counties:

- Dakota County, MN
- Hennepin County, MN
- Scott County, MN
- Ramsey County, MN
- Washington County, MN
- St. Croix County, WI

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Data Sources and Levels

- The following information outlines specific health data:
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and access
- Data Sources include, but are not limited to:
  - Minnesota Department of Health, Minnesota Public Health Data Access
  - Minnesota Student Survey
  - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
  - Metro Adult Health Survey
  - Survey of the Health of All of the Population and the Environment (SHAPE)
  - Wisconsin Department of Health Services, WISH Query
  - Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics
  - Community Commons
- Data Levels: nationwide, state, metropolitan statistical area (MSA) and county level data

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Mortality Summary

- Cancer and heart disease are the first and second leading causes of death, respectively, in Dakota, Hennepin, Ramsey, Scott, St. Croix, and Washington Counties, as well as Minnesota and Wisconsin (2009 - 2013 combined rates).
  - Heart disease rates are increasing in Hennepin County, but decreasing in St. Croix County and Wisconsin.
  - Cancer rates are decreasing in Dakota, Hennepin, Ramsey, Scott, and Washington Counties, as well as Minnesota and Wisconsin.
- Hennepin County has higher rates of cirrhosis, nephritis, and unintentional injury than the state.
- Ramsey County has higher rates of cancer, cirrhosis, chronic lower respiratory disease, diabetes, nephritis, and stroke than Minnesota.
  - Overall, unintentional injury rates are increasing in Dakota, Hennepin, and Washington Counties, as well as Minnesota.
- St. Croix County has higher rates of accidents, cerebrovascular diseases, diabetes, and suicide than Wisconsin.
- Washington County has lower mortality rates than the state in each of the top ten leading causes of death.

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Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

Mortality

Leading Causes of Death

Leading Causes of Death
(Alphabetical Order)

Age Adjusted Death Rates per 100,000, 2009-2013

Cause of Death	Dakota County (MN)	Hennepin County (MN)	Ramsey County (MN)	Scott County (MN)	Washington County (MN)	Minnesota
Cancer	157.8	160.6	168.8	153.8	157.7	165.5
Chronic Lower Respiratory Disease	34	34.8	39.3	32.7	36.3	37.4
Cirrhosis	6.3	8.1	8.7	4.8	5.4	7.5
Diabetes	18.9	18.4	20.7	20.1	18.6	19.5
Heart Disease	108.1	107.7	120.6	116.7	110	130
Nephritis	12.6	14	15.5	12.3	11.2	13.3
Pneumonia and Influenza	8.1	9.6	11.4	9.3	7	11.7
Stroke	35.4	36	40.4	31.8	31.5	37.2
Suicide	11.4	10	9.8	9.5	10.4	11.7
Unintentional Injury	42	43.4	35.5	39.1	30.1	40.7
All Causes	**599.3**	**635.2**	**689.8**	**568.6**	**612.5**	**650.8**

Leading Causes of Death
(Alphabetical Order)

Age Adjusted Death Rates per 100,000, 2009-2013

Cause of Death	St. Croix County (WI)	Wisconsin
Accidents (unintentional injuries)	32.7	42.5
Alzheimer's disease	17.2	23.9
Cerebrovascular diseases	38.0	37.0
Chronic lower respiratory diseases	37.4	38.7
Diabetes mellitus	23.0	18.0
Diseases of heart	140.0	162.1
Intentional self-harm (suicide)	13.5	13.1
Malignant neoplasms	157.4	169.7
Nephritis, nephrotic syndrome and nephrosis	12.5	15.1
Other causes	128.4	115.7
All Causes	**676.3**	**712.9**

Green indicates that the county's rate is lower than the state's rate for that disease category.

Red indicates that the county's rate is higher than the state's rate for that disease category.

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Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Mortality

Leading Causes of Death

Leading Causes of Death
(Ranked Order)

Utilizing Age Adjusted Death Rates per 100,000, 2009-2013

Rank	Minnesota	Dakota County	Hennepin County	Ramsey County	Scott County	Wash. County	Wisconsin	St. Croix County
1	Cancer	Cancer	Cancer	Cancer	Cancer	Cancer	Malignant neoplasms	Malignant neoplasms
2	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Diseases of heart	Diseases of heart
3	Unintentional Injury	Unintentional Injury	Unintentional Injury	Stroke	Unintentional Injury	Chronic Lower Respiratory Disease	Accidents (unintentional injuries)	Cerebrovascular diseases
4	Chronic Lower Respiratory Disease	Stroke	Stroke	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Stroke	Chronic lower respiratory diseases	Chronic lower respiratory diseases
5	Stroke	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Unintentional Injury	Stroke	Unintentional Injury	Cerebrovascular diseases	Accidents (unintentional injuries)
6	Diabetes	Diabetes	Diabetes	Diabetes	Diabetes	Diabetes	Alzheimer's disease	Diabetes mellitus
7	Nephritis	Nephritis	Nephritis	Nephritis	Nephritis	Nephritis	Diabetes mellitus	Alzheimer's disease
8	Pneumonia and Influenza	Suicide	Suicide	Pneumonia and Influenza	Suicide	Suicide	Influenza and pneumonia	Intentional self-harm (suicide)
9	Suicide	Pneumonia and Influenza	Pneumonia and Influenza	Suicide	Pneumonia and Influenza	Pneumonia and Influenza	Intentional self-harm (suicide)	Nephritis, nephrotic syndrome and nephrosis
10	Cirrhosis	Cirrhosis	Cirrhosis	Cirrhosis	Cirrhosis	Cirrhosis	Other causes*	Other causes*

**not in ranked order because it includes all other causes of death*

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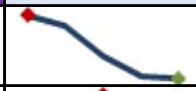
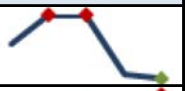
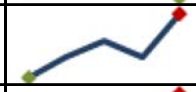
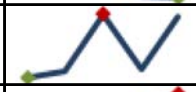
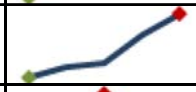
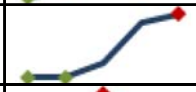
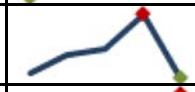
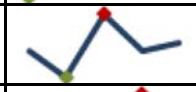
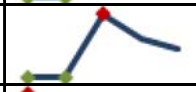
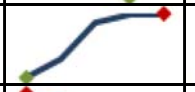
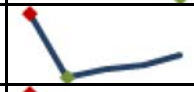
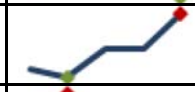
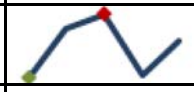
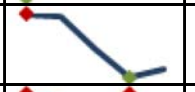
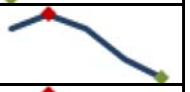
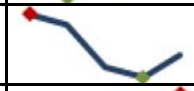
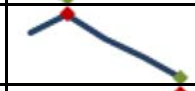
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015
Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Select Mortality Trends

Leading Causes of Death; Age Adjusted Death Rates per 100,000 (2009, 2010, 2011, 2012, 2013)

Cause of Death	Dakota County (MN)	Hennepin County (MN)	Ramsey County (MN)	Scott County (MN)	Washington County (MN)	Minnesota	St. Croix County (WI)	Wisconsin
Cancer								
Chronic Lower Respiratory Disease								
Cirrhosis				--	--			
Diabetes				--				
Heart Disease								
Nephritis				--	--			
Pneumonia & Influenza				--	--			
Stroke								
Suicide				--				
Unintentional Injury								

Note: Directional trends to show general increases or decreases in mortality rates from 2009 – 2013. Red dot is highest rate, green dot is lowest rate.

-- Rates based on 20 or fewer deaths are not calculated.

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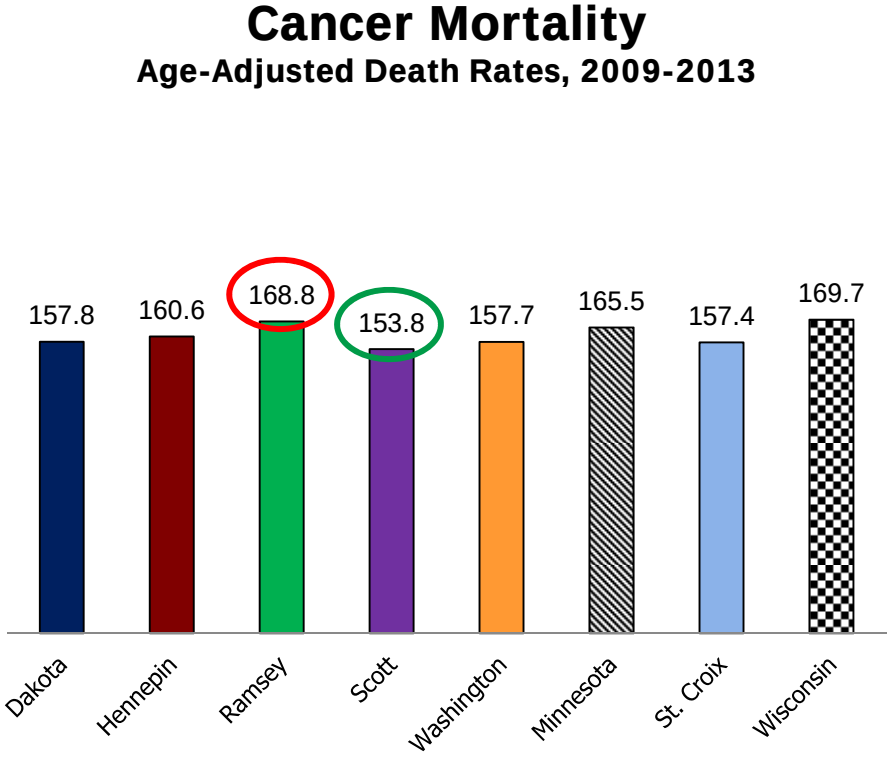
Source: Minnesota Department of Health, Center for Health Statistics, https://pqc.health.state.mn.us/mhsq/index.jsp/; data accessed August 19, 2015
Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed September 2, 2015

Cancer Mortality

- Overall, cancer rates have declined since 2009. However, cancer is the leading cause of death in Minnesota, Wisconsin and the 7 counties served by HealthPartners Hospitals.
- Ramsey County has a higher cancer mortality rate than Minnesota.
- Scott County has the lowest cancer mortality rate among the 5 Minnesota counties served by HealthPartners' hospitals.
- St. Croix County has a lower cancer mortality rate than Wisconsin.



Note: Wisconsin Department of Health Services uses the term "Malignant Neoplasms," while Minnesota Department of Health uses the term "Cancer."

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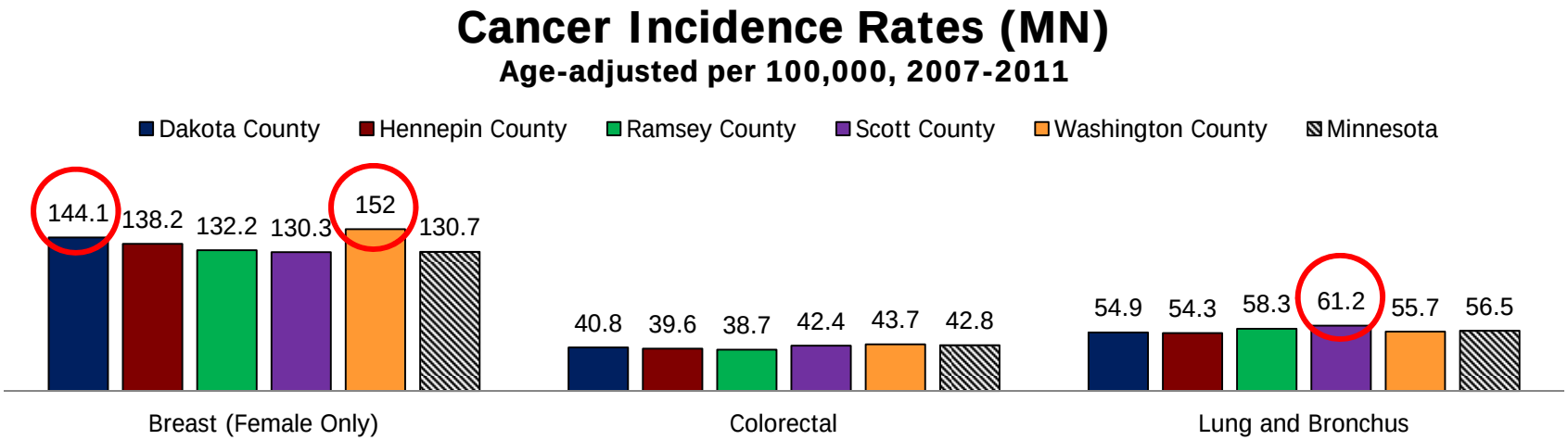
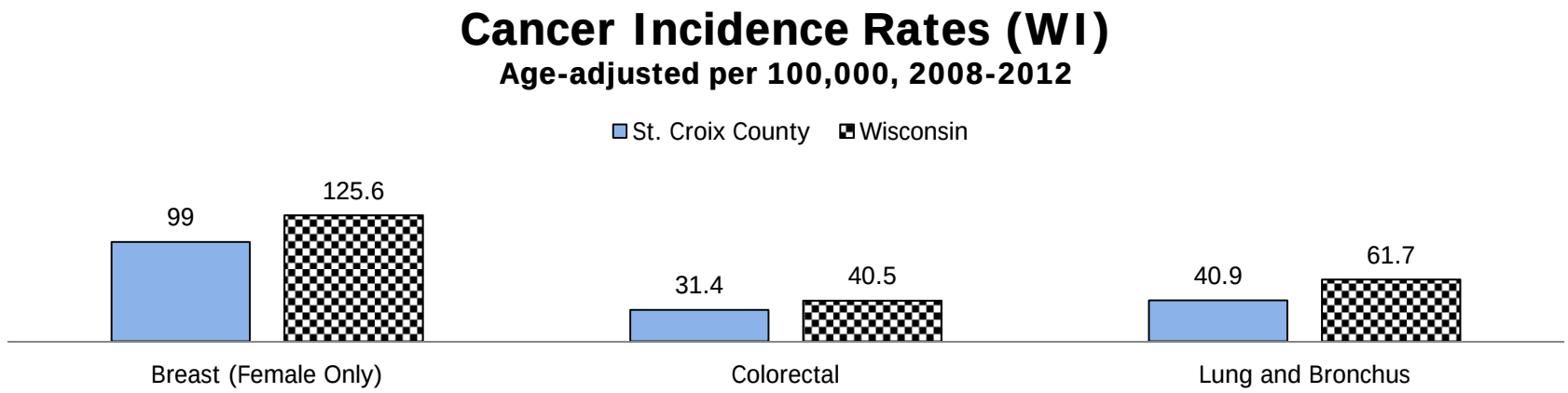
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Cancer Incidence





Source: Minnesota Public Health Data Access, Minnesota Environmental Public Health Tracking Program, Minnesota Department of Health, https://apps.health.state.mn.us/mndata/cancer; data accessed May 31, 2015

Notes: Rates for "All Ages" are age-adjusted to the standard 2000 U.S. population. Cancer incidence data is collected by the Minnesota Cancer Surveillance System (MCSS). MCSS is an ongoing program at the Minnesota Department of Health and Minnesota's central cancer registry.

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/. Cancer Module. accessed 9/1/2015.

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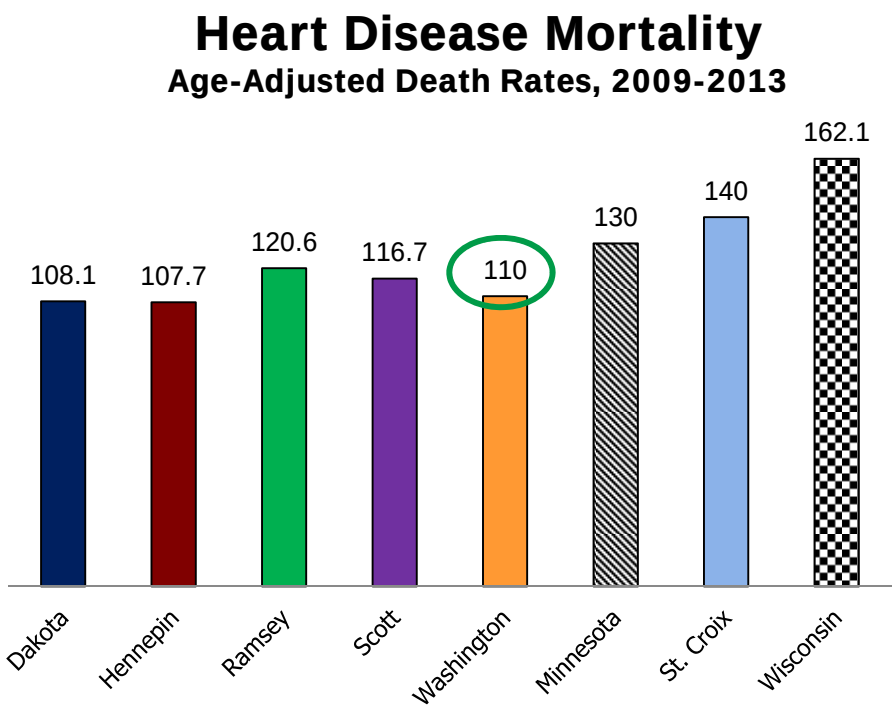
Heart Disease Mortality

- Heart disease is the second leading cause of death in Minnesota and its 5 counties served by HealthPartners' hospitals, as well as Wisconsin and St. Croix County.
- Overall, heart disease rates have increased in Hennepin, Ramsey and Scott Counties since 2009.
- St. Croix County has a much lower heart disease mortality rate than Wisconsin.



Note: Wisconsin Department of Health Services uses the term "Diseases of the Heart," while Minnesota Department of Health uses the term "Heart Disease."

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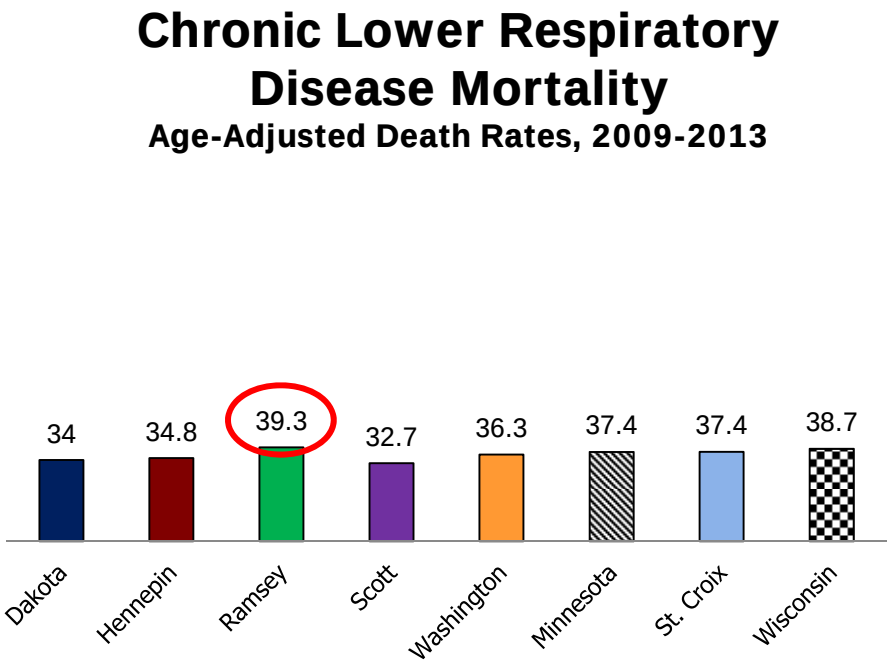
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Chronic Lower Respiratory Disease Mortality

- Chronic lower respiratory disease is the fourth leading cause of death in Minnesota and Wisconsin.
- Ramsey County has a higher chronic lower respiratory disease mortality rate than the state. Ramsey and Scott Counties' rates have also increased since 2009.
- Scott, Dakota and Hennepin Counties have the lowest chronic lower respiratory disease rates among the 5 Minnesota counties served by HealthPartners' hospitals.
- St. Croix County has a slightly lower chronic lower respiratory disease mortality rate than Wisconsin.



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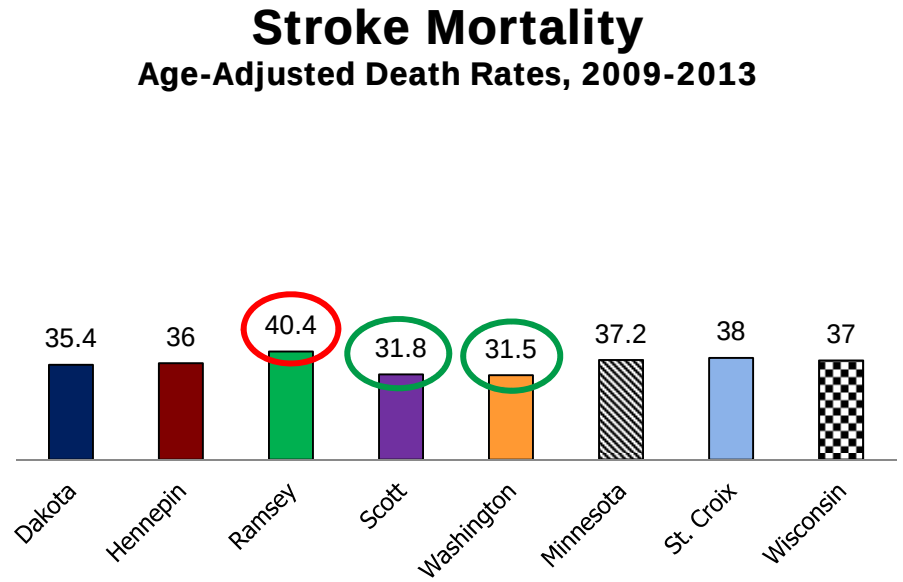
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Stroke Mortality

- Stroke is the fifth leading cause of death in Minnesota and Wisconsin, but the third leading cause of death in Ramsey County and St. Croix County. It is the fourth leading cause of death in Dakota, Hennepin and Washington Counties.
- Overall, stroke rates have fluctuated between 2009 and 2013, but Ramsey County does have a higher stroke mortality rate than the state.
- Scott and Washington Counties have the lowest stroke mortality rates among the 5 Minnesota counties served by HealthPartners' hospitals.
- St. Croix County has a slightly higher cerebrovascular disease mortality rate than Wisconsin.



Note: Wisconsin Department of Health Services uses the term "Cerebrovascular Disease," while Minnesota Department of Health uses the term "Stroke."

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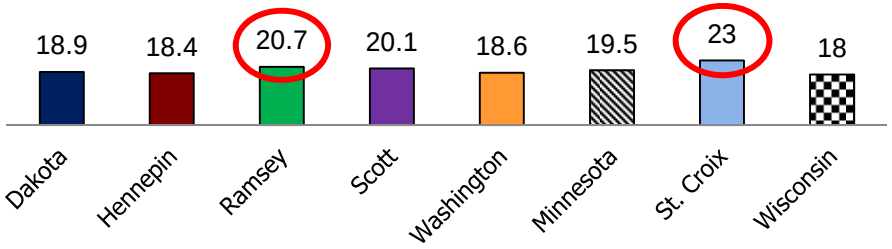
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015

Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Additional Causes of Death

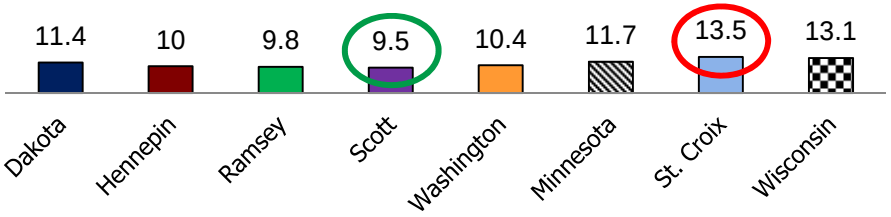
Diabetes Mortality
Age-Adjusted Death Rates, 2009-2013



Note: Wisconsin Department of Health Services uses the term "Diabetes Mellitus," while Minnesota Department of Health uses the term "Diabetes."

- In 2009 – 2013, St. Croix County had the highest diabetes mortality rates, while Hennepin County experienced the lowest rate.

Suicide
Age-Adjusted Death Rates, 2009-2013



Note: Wisconsin Department of Health Services uses the term "Intentional Self-Harm (Suicide)," while Minnesota Department of Health uses the term "Suicide."

- In 2009 – 2013, St. Croix County had the highest rate of suicide, while Scott County experienced the lowest rate.

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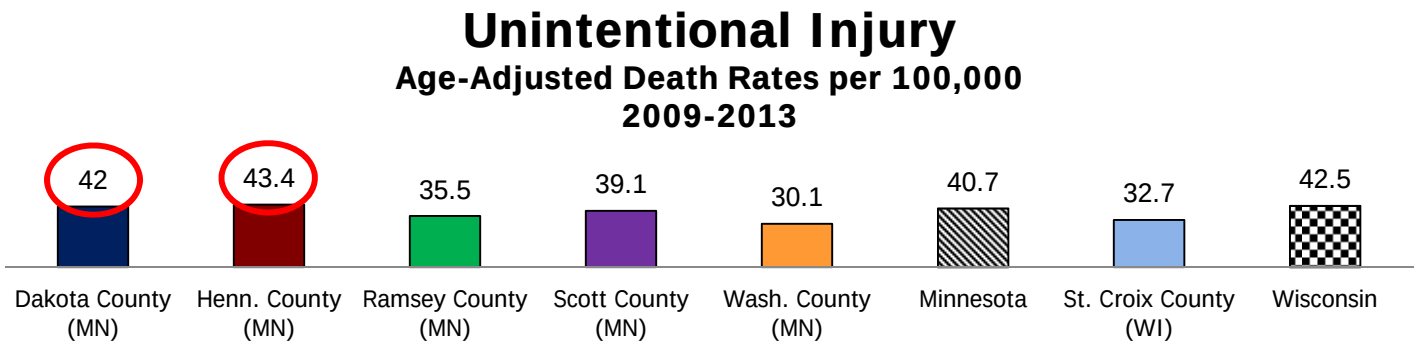
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015
Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Unintentional Injuries



Unintentional Injuries by Type
2009 - 2013

County	Motor Vehicle	Trans. (Not MV)	Accidental Poison.	Accidental Falls	Other
Dakota	136	1	**151**	**345**	99
Hennepin	267	13	**584**	**1,217**	427
Ramsey	140	8	**270**	**357**	167
Scott	**56**	-	34	**77**	26
Washington	**78**	3	71	**117**	63
Minnesota	**2,408**	71	2,179	**4,400**	2213
St. Croix	**40**	6	18	**32**	0
Wisconsin	**2,995**	0	2,965	**5,215**	1,826

- In the Minnesota counties, the majority of fatal accidental falls for both males (26.3%) and females (31.3%) occur in Hennepin County.
- 56.6% of fatal accidental falls across the 5 Minnesota counties occur within the older (>85 years) population.
- In St. Croix County (WI), fatal accidental falls make up 24% of unintentional injury mortality rates, with nearly 47% of those deaths occurring within the older (>85 years) population.

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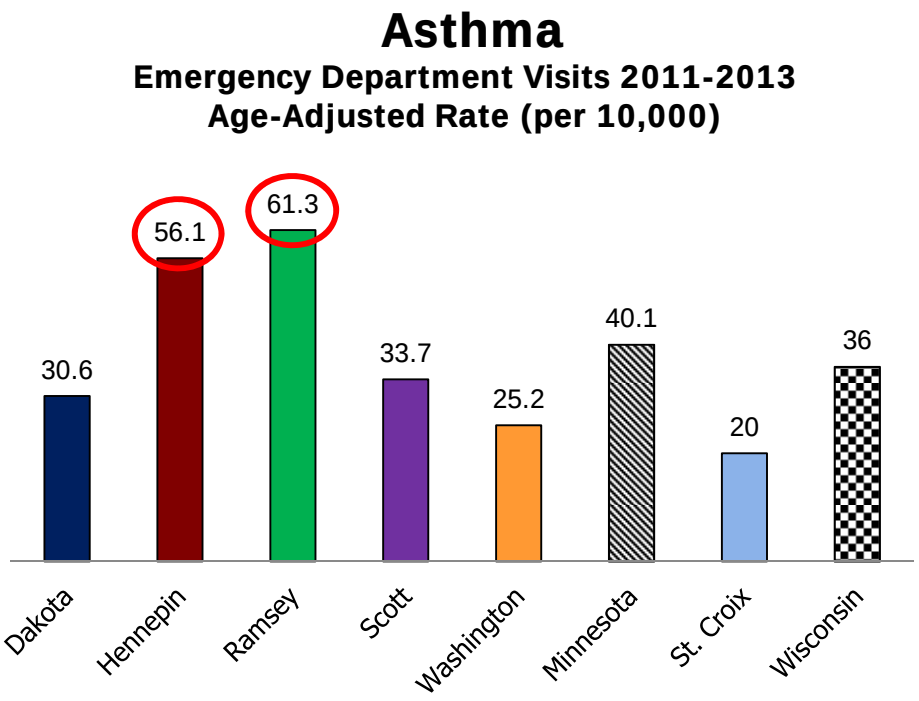
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed May 21, 2015
Source: Wisconsin Department of Health Services, WISH Query: Mortality Module, www.dhs.wisconsin.gov/wish/mortality/broad-form.htm; data accessed August 29, 2015

Chronic Conditions
Asthma

- Ramsey and Hennepin Counties have higher rates of asthma emergency department visits, compared to the state of Minnesota as well as Dakota, Scott, and Washington Counties.
- Washington County has the lowest rate of asthma emergency department visits among the 5 Minnesota counties served by HealthPartners' hospitals.
- In 2011 – 2013, asthma emergency department visit rates for Dakota, Hennepin, and Ramsey Counties increased, while Washington County and Scott County rates decreased.
- St. Croix County has a lower asthma emergency department visit rate than Wisconsin.



Source: Minnesota Public Health Data Access, Minnesota Environmental Public Health Tracking Program, Minnesota Department of Health, https://apps.health.state.mn.us/mndata/asthma; data accessed August 20, 2015

Notes: Emergency department data do not include data from federal and sovereign hospitals (e.g. Veteran's Administration; Indian Health Service) or data on Minnesota residents seen in facilities outside of Minnesota and North Dakota. Records with a missing county have been excluded from county counts, but are included in the state's count.

Source: 2011-2013 Wisconsin Emergency Department Visit Files, Office of Health Informatics, https://www.dhs.wisconsin.gov/asthma/asthmaedvisits.pdf; data accessed September 2, 2015

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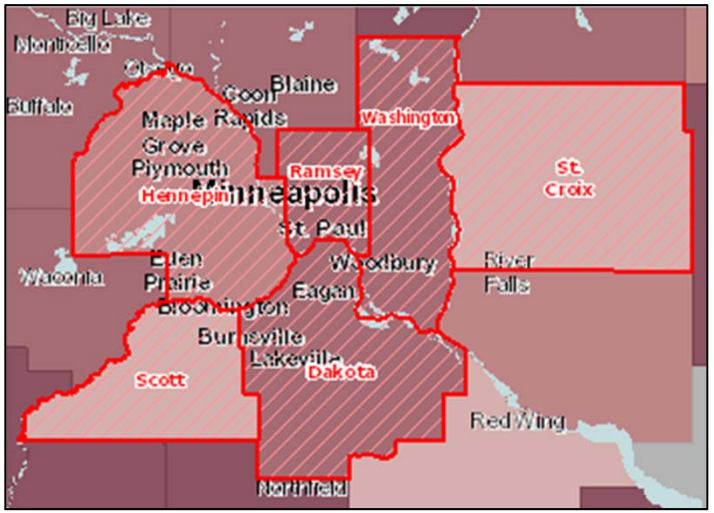
Chronic Conditions: Adult

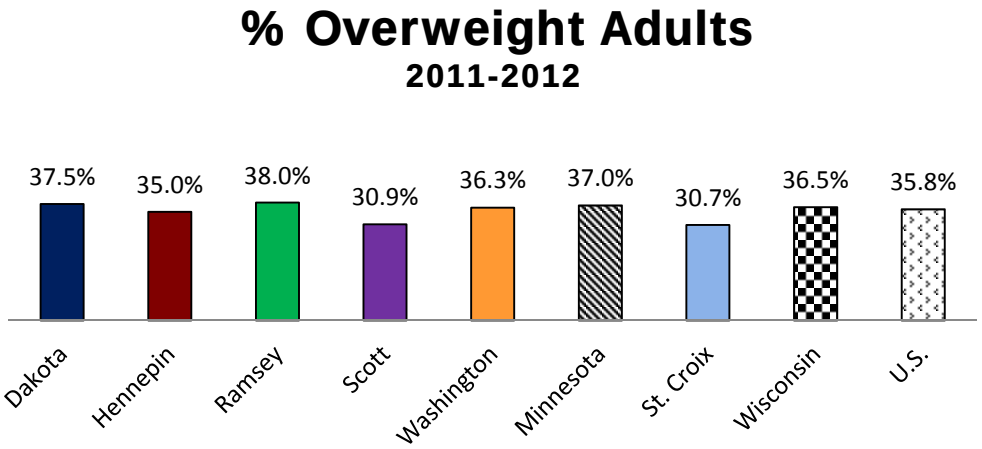
Adult Overweight

- In 2011 – 2012, both Minnesota and Wisconsin had higher percentages of overweight adults than the United States.
- Dakota, Ramsey, and Washington counties also had percentages higher than 2011-2012 national rates.
- Scott County (MN) and St. Croix (WI) have the lowest percentages of overweight adults out of the 7 counties served by HealthPartners.



Overweight (BMI 25.0-29.9), Adults Age 18+, Percent by County, BRFSS 2011-12

- Over 39.0%
- 36.1 - 39.0%
- 33.1 - 36.0%
- Under 33.1%
- No Data or Data Suppressed



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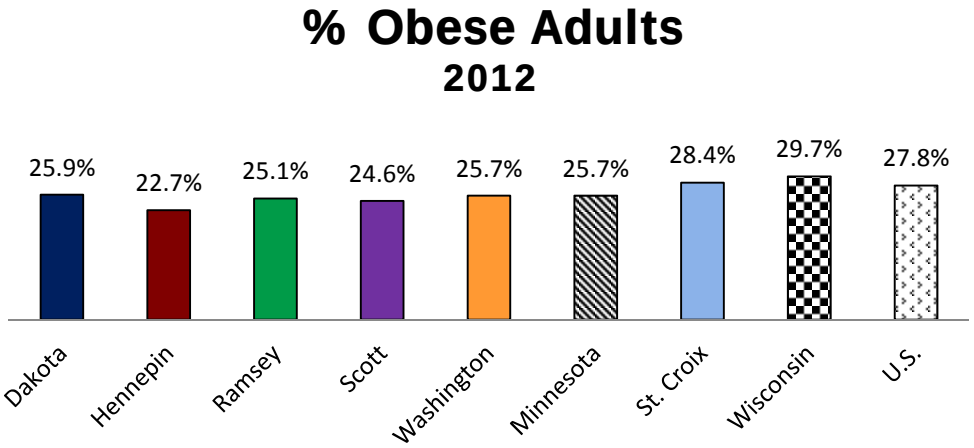
Source: Community Commons, HealthPartners Health Indicators Report, http://assessment.communitycommons.org/CHNA/report?page=6&id=604; data accessed August 31, 2015

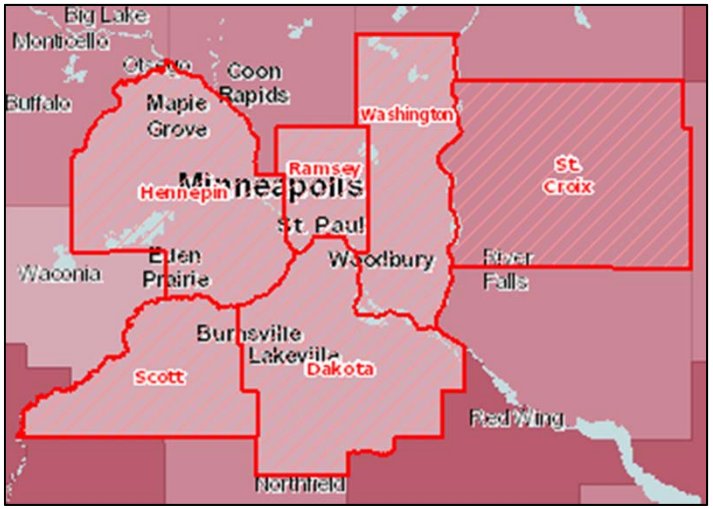
Source: Definition: Adults with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. Calculated by height and weight variables.

Chronic Conditions: Adult

Adult Obesity

- In 2012, Wisconsin had a higher percentage of obese adults than the United States, while Minnesota had a lower percentage.
- St. Croix County (WI) also had a higher percentage than 2012 national rates and all of the Minnesota counties served by the HealthPartners hospital system.
- Hennepin County (MN) had the lowest percentage of obese adults in 2012.





Obese (BMI >=30, Adults Age 20+, Percent by County, CDC NCCDPHP 2012

- Over 34.0%
- 30.1 - 34.0%
- 26.1 - 30.0%
- Under 26.1%

Source: Trust for America's Health and Robert Wood Johnson Foundation. http://stateofobesity.org/files/stateofobesity2014.pdf; data accessed August 31, 2015

Source: United Health Foundation, America's Health Rankings, http://www.americashealthrankings.org/ALL/Obesity; data accessed September 3, 2015

Source: Centers for Disease Control and Prevention, County Data Indicators, http://www.cdc.gov/diabetes/atlas/countydata/County_ListofIndicators.html; data accessed August 31, 2015

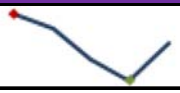
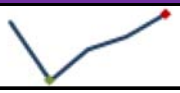
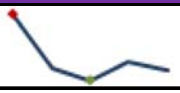
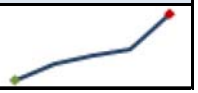
Source: Community Commons, BRFSS 2011-2012 Adult Obesity Data, http://assessment.communitycommons.org/CHNA/report?page=6&id=604; data accessed September 1, 2015

Source: Definition: Adults with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. Calculated by height and weight variables.

Chronic Conditions: Adult

Adult Obesity Trends

Adult Obesity Trends
Percent of Population
2008, 2009, 2010, 2011, 2012

Health Indicator	Dakota County (MN)	Hennepin County (MN)	Ramsey County (MN)	Scott County (MN)	Washington County (MN)	Minnesota	St. Croix County (WI)	Wisconsin
% Obese Adults								

Note: Directional trends to show general increases or decreases in obesity rates from 2008 – 2012. Red dot is highest rate, green dot is lowest rate

Source: Trust for America's Health and Robert Wood Johnson Foundation. http://stateofobesity.org/files/stateofobesity2014.pdf; data accessed August 31, 2015

Source: Centers for Disease Control and Prevention, County Data Indicators, http://www.cdc.gov/diabetes/atlas/countydata/County_ListofIndicators.html; data accessed August 31, 2015

Source: Community Commons, BRFSS 2011-2012 Adult Obesity Data, http://assessment.communitycommons.org/CHNA/report?page=6&id=604; data accessed September 1, 2015

Source: Definition: Adults with a BMI of 25 to 29.9 are considered overweight, while individuals with a BMI of 30 or more are considered obese. Calculated by height and weight variables.

Chronic Conditions: Youth

Youth Overweight / Obesity

Overweight

Minnesota

- In Minnesota, there is a higher percentage of overweight 9th grade males than overweight 9th grade females (Minnesota Student Survey, 2013).
- Hennepin, Ramsey, and Scott counties have the highest rates of overweight 9th grade males, while Dakota County has the lowest percentage (Minnesota Student Survey, 2013).
- Ramsey County has the highest rate of overweight 9th grade females, and is also higher than the state percentage (Minnesota Student Survey, 2013).
- Dakota and Hennepin Counties have the lowest percentage of overweight 9th grade females (Minnesota Student Survey, 2013).

Wisconsin

- In 2013, the percent of students in grades 9 – 12 who were overweight was 13.0% in Wisconsin, as compared to 16.6% of U.S. adolescents. This percentage has generally decreased in Wisconsin since 2009, with a slight increase in 2011 (Center for Disease Control and Prevention).

Obese

Minnesota

- In Minnesota and across all of its counties served by HealthPartners, there is a significantly higher percentage of obese 9th grade males than obese 9th grade females (Minnesota Student Survey, 2013).
- Ramsey County has the highest rate of obese 9th grade males, and is also higher than the state percentage (Minnesota Student Survey, 2013).
- Scott and Washington counties have the lowest rates of obese 9th grade females (Minnesota Student Survey, 2013).

Wisconsin

- In 2013, the percent of students in grades 9 – 12 who were obese in Wisconsin was 11.6%, as compared to 13.7% of U.S. adolescents. This percentage has generally increased for both Wisconsin and the U.S. since 2009 (Center for Disease Control and Prevention).

HealthPartners®

Source: Minnesota Center for Health Statistics, Minnesota Student Survey 2013, www.health.state.mn.us/divs/chs/mss/; data accessed June 10, 2015
Source: Centers for Disease Control and Prevention, Data, Maps and Trends, http://www.cdc.gov/obesity/data/databases.html; data accessed September 8, 2015
Source Definition: Overweight is defined as body mass index (BMI)-for-age and sex ≥ 85th percentile but < 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m^2]).
Source Definition: Obese is defined as body mass index (BMI)-for-age and sex ≥ 95th percentile based on the 2000 CDC growth chart; BMI was calculated from self-reported weight and height (weight [kg]/ height [m^2]).

Health Behaviors

Exercise and Physical Activity

Adult

Minnesota

- The majority of residents in the Minnesota counties served by the HealthPartners participated in some physical activities or exercises other than their regular jobs.
- In 2013, 76.5% of Minnesota residents reported that they participated in physical activity within the past month, as compared to 74.7% of U.S. residents.
- Males in Dakota County had the highest rate of reported participation in physical activity (90.9%), as compared to females in Dakota County who had the lowest rate (85.7%).

Source: 2010 Metro Adult Health Survey & SHAPE Survey

Wisconsin

- In 2011, 19% of St. Croix County residents were physically inactive, as compared to 23% of Wisconsin residents (St. Croix Community Health Needs Assessment and Implementation Plan).
- In 2009 – 2011, the percent of adults in Wisconsin who usually biked or walked to work in the last week was 4.0%, compared to 3.4% of U.S. adults. In addition, in 2013, 76.2% of Wisconsin residents reported that they participated in physical activity within the past month, as compared to 74.7% of U.S. residents (Center for Disease Control).

Youth

Minnesota

- Overall, in each county and the state, male 11th grade students compared to female 11th grade students were physically active for 60 minutes or more on a greater number of days (4-7 days compared to 0-3 days) (Minnesota Student Survey, 2013).

Wisconsin

- In St. Croix, 25.6% of high school students have 3 or more hours of screen time on an average school day.
- Significantly more male high school students (31.2%) reported using computers for non-school related activities than females (18.1%) in St. Croix County
- In St. Croix, 60.4% of male students and 48.8% of female students participated in physical activities for a total of at least 60 minutes per day on five or more of the 7 days before the survey

Source: St. Croix Community Health Needs Assessment and Implementation Plan

- In 2013, the percent of students in grades 9 – 12 who achieved 1 hour or more of moderate-and/or vigorous-intensity physical activity daily in Wisconsin was 24.0%, as compared to 27.1% of U.S. adolescents (Center for Disease Control).

Note: See detailed sourcing information for health behaviors in the summary of data sources section

Health Behaviors

Nutrition

Adult

Minnesota

- The majority of individuals in the participating counties consume at least 3 - 4 servings of vegetables per day.
- Dakota County has the highest percent (40.8%) of individuals who consume adequate servings of fruits and vegetables per day (5+ servings), while Washington County has the lowest (37%).
- The majority of adults in Ramsey, Dakota, Scott, and Washington counties do not consume any soda or pop during the day.
- Ramsey County had the highest percent of residents who consume 1 – 2 glasses of soda or pop per day (23%), while Dakota had the lowest (17%).

Source: 2010 Metro Adult Health Survey & SHAPE Survey

Wisconsin

- In St. Croix, 79.6% of residents reported consuming insufficient fruit and vegetable intake in 2012, as compared to the Wisconsin average of 77.2%.

St. Croix Community Health Needs Assessment and Implementation Plan

- In 2005 – 2009, 78.8% of the St. Croix adult population reported inadequate fruit and vegetable consumption, compared to 76.9% of the Wisconsin and 75.7% of the U.S.
- In 2014, estimated expenditures for carbonated beverages as a percent of total household expenditures were 4.5% for Wisconsin households and 4.0% for overall U.S. households.

Source: Community Commons

Youth

Minnesota

- Overall, in each county and the state, a slightly higher percentage of male 9th grade students (between 7% and 10%), compared to female 9th grade students (between 5% and 7%), did not each any fruit during the 7 days prior.
- Overall, in each county and the state, a slightly higher percent of male 11th grade students, compared to female 11th grade students, drank at least one soda during the day prior.
- In Dakota County, 50% of 11th grade male students drank at least 1 soda during the prior day, compared to 35% of females.
- More than half of male 11th grade students in Minnesota, compared to less than 40% of female 11th grade students, drank at least one pop or soda during the day prior.

Source: 2013 Minnesota Student Survey

Wisconsin

- In 2013, the median intake of fruits and vegetables (times per day) for both Wisconsin and U.S. adolescents was 1.0 for fruits and 1.3 for vegetables.
- In 2013, the percent of students in grades 9 – 12 who drank regular soda/pop at least one time per day was 19.6% in Wisconsin, as compared to 27.0% in the U.S. This percentage has steadily declined in Wisconsin since 2007.

Source: Center for Disease Control

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Note: See detailed sourcing information for health behaviors in the summary of data sources section

Health Behaviors

Binge Drinking

Adult

Minnesota

- Scott County had the highest rate of **binge drinking** (32%) for males, which is higher than both the Minnesota rate and the U.S. average for males (2010 Metro Adult Health Survey SHAPE Survey).
- In 2012, the overall prevalence of **binge drinking** in Minnesota was 29% (Center for Disease Control).
- The national average for **binge drinking** in 2012 was 12.4% for females, and 24.5% for males (Institute for Health Metrics and Evaluation).

Wisconsin

- In 2011, 28% of St. Croix County residents responding to the survey participated in **binge drinking** in the last 30 days before the survey, as compared to 23% of Wisconsin (St. Croix County Community Health Needs Assessment and Improvement Plan).

Youth

Minnesota

- 14% of female 9th grade students in Scott County reported living in a **household with someone who drinks too much alcohol**, compared to 11% or less in other counties and the state.
- Overall, a higher percentage of female 9th grade students (between 10% and 14%), compared to male 9th grade students (between 8% and 11%), report **living with someone who drinks too much alcohol**.

Source: 2013 Minnesota Student Survey

Wisconsin

- In St. Croix, 29% of high school students reported **having consumed alcohol** during the last 30 days.
- 16.2% of St. Croix high school students **reported binge drinking** during the past 30 days before the survey.

Source: St. Croix County Community Health Needs Assessment and Improvement Plan

HealthPartners®

Note: See detailed sourcing information for health behaviors in the summary of data sources section

Health Behaviors

Smoking

Adult

Minnesota

- In 2010, 14.5% of females and 17.7% of males in Minnesota were **current smokers** (Minnesota Adult Tobacco Survey).
- In 2010, Dakota County had the highest rate of **female everyday smokers** (27.0%), compared to Scott County, which had the lowest (24.1%). In addition, in 2010, Washington County had the highest rate of **male everyday smokers** (21.4%), while Scott County had the lowest (12.4%) (2010 Metro Adult Health Survey).

Wisconsin

- 21% of St. Croix County and Wisconsin adult residents report that they **currently smoke** in 2010 (Institute for Health Metrics and Evaluation).
- The national average of **smoking prevalence** in 2012 was 22.2% for males, 17.9% for females, and 20% for both sexes (Center for Disease Control).
- More than 915,000 Wisconsinites still **smoke cigarettes** (St. Croix County Community Health Needs Assessment and Improvement Plan).

Youth

Minnesota

- 29% of Washington County 11th grade **males reported using any tobacco products** during the past 30 days, as compared to 9% of female 11th grade students in Hennepin County.
- 33% of Scott County 11th grade females believe that most students in their school **use tobacco** (cigarettes, chew) daily, as compared to 20% of 11th grade males in Hennepin County.

Source: 2013 Minnesota Student Survey

Wisconsin

- 29.9% of high school student participants in St. Croix reported having **tried cigarettes**, as compared to 12.9% of students who reported having **smoked cigarettes** during the past 30 days before the survey.
- 6,900 Wisconsin adolescents become **new smokers** each year.

Source: St. Croix County Community Health Needs Assessment and Improvement Plan

HealthPartners®

Note: See detailed sourcing information for health behaviors in the summary of data sources section

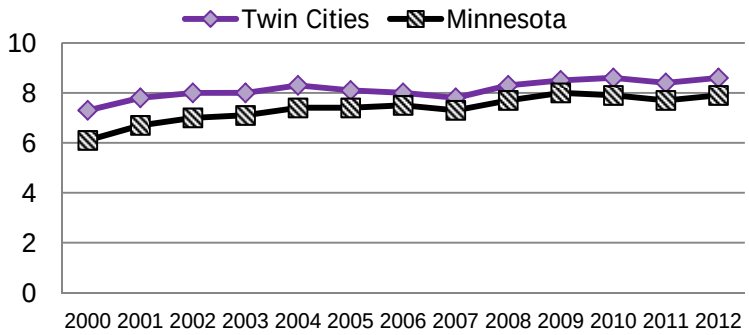
Mental Health

- Across all Minnesota counties and the state, 9th grade females reported higher rates of being **harassed or bullied** once or twice for their weight or physical appearance as compared to males.
- In Minnesota, 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.
- In St. Croix, 43.2% of high school students agreed that **harassment and bullying is** a problem at their school.
- Scott County has the most significant **ratio of residents to mental health providers** out of the Minnesota Counties.
- St. Croix County is nearly double the **ratio of residents to mental health providers** in comparison to Wisconsin.

Ratio of Population to Mental Health Providers, 2014

Dakota	Hennepin	Ramsey	Scott	Wash.	Minnesota	St. Croix	Wisconsin
807 : 1	332 : 1	298 : 1	1,345 : 1	544 : 1	529 : 1	1,011 : 1	632 : 1

Rate of Psychiatric Hospital Admissions
Per 1,000, 14+, 2000 - 2012



Rate of Psychiatric Hospital Admissions
2012 County Ranking (1=best), Per 1,000, 14+

County	Rank	Rate
Scott County	36	5.5
Washington County	50	6.3
Dakota County	61	7.4
Hennepin County	75	8.9
Ramsey County	85	11.2

Note: See detailed sourcing information for health behaviors in the summary of data sources section

Mental Health

Alcohol-Related Crashes

Motor Vehicle Crashes by County and State
2012

Type of Motor Vehicle Crash	Dakota County (MN)		Hennepin County (MN)		Ramsey County (MN)		Scott County (MN)		Washington County (MN)		Minnesota		St. Croix County (WI)		Wisconsin	
	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed	Persons Injured	Persons Killed
All Crashes	1,877	19	8,205	33	3,363	19	554	4	1,062	8	29,314	395	429	13	39,370	601
Alcohol-Related	**128**	**3**	**613**	**5**	**261**	**0**	**50**	**1**	**76**	**5**	**2,644**	**104**	**36**	**2**	**2,907**	**223**
% Alcohol-Related	6.8%	15.8%	7.5%	15.2%	7.8%	0.0%	**9.0%**	25.0%	7.2%	**62.5%**	9.0%	26.3%	**8.4%**	15.4%	7.4%	37.1%

- Hennepin County had the highest number of persons injured in alcohol-related motor vehicle crashes in 2012.
- Both Hennepin County and Washington County had the highest rates of persons killed in alcohol-related motor vehicle crashes in 2012 as compared to the 5 counties served by the HealthPartners hospital system in Minnesota.
- Scott County had the highest percentage of persons injured in alcohol-related motor vehicle crashes, while Washington County had the highest percentage of persons killed in alcohol-related motor vehicle crashes.
- The percentage of Persons Injured in St. Croix County during 2012 is higher than that of Wisconsin, as well as Washington, Ramsey, Hennepin, and Dakota counties in Minnesota.
- The number of persons both injured and killed in 2012 alcohol-related motor vehicle crashes in Wisconsin is significantly higher than those in Minnesota.

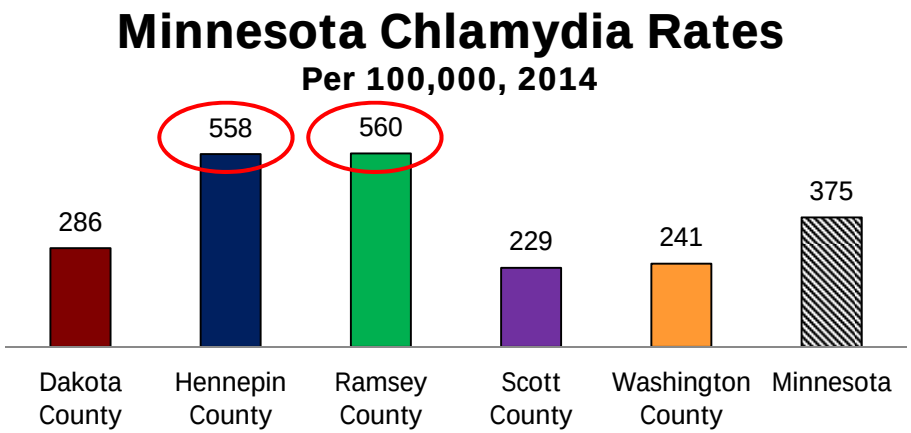
HealthPartners®

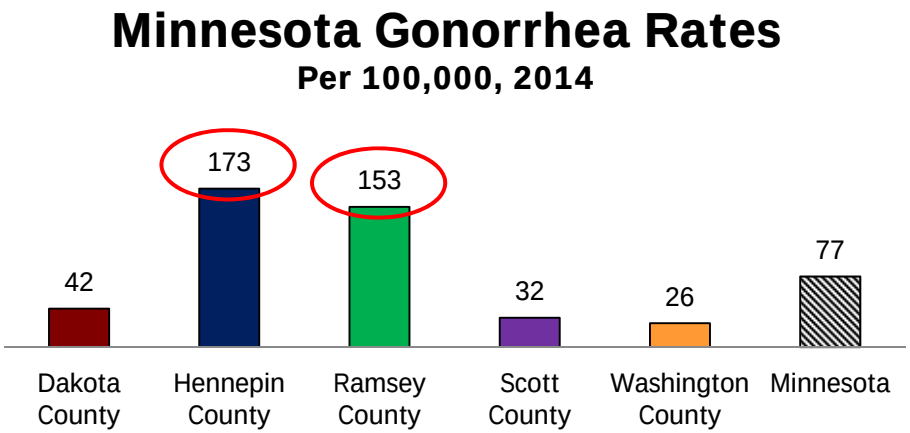
Source: Minnesota Department of Public Safety, Minnesota Impaired Driving Facts 2012, https://dps.mn.gov/divisions/ots/educational-materials/Documents/IMPAIRED-DRIVING-FACTS-2012.pdf; data accessed September 2, 2015

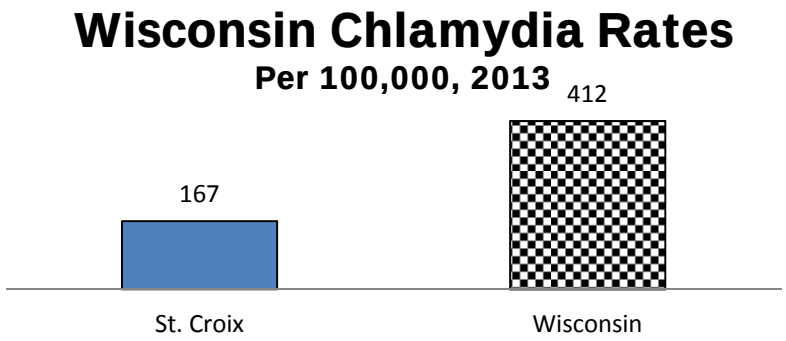
Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics, Health Analytics Section. Public Health Profiles, Wisconsin 2012 (P-45358-12). August 2014; data accessed September 1, 2015

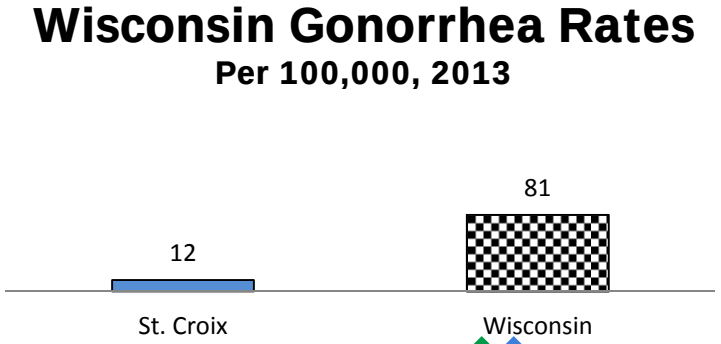
Communicable Diseases

- From 2008 – 2012, communicable disease rates increased in Dakota, Hennepin, and Ramsey Counties as well as the state of Minnesota, while rates of communicable diseases in Scott and Washington Counties decreased.









Source: Minnesota Department of Health, STD Surveillance Statistics, Minnesota, Annual Summary of Reportable STDs in Minnesota - 2014, www.health.state.mn.us/divs/idepc/dtopics/stds/stats/index.html; data accessed August 18, 2015

Source: Wisconsin Department of Health Services, Wisconsin County 2013 Profiles – Summary Data, https://www.dhs.wisconsin.gov/std/2013datamap.htm; data accessed September 1, 2015

Notes: Data exclude cases diagnosed in federal or private correctional facilities. U.S. Census 2010 data is used to calculate rates. County data missing for 988 chlamydia cases and 151 gonorrhea cases (due to missing residence).

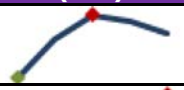
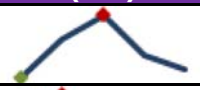
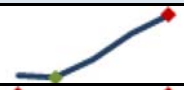
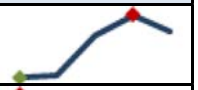
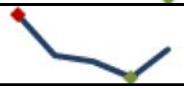
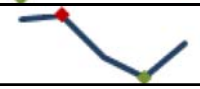
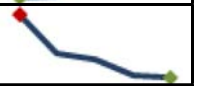
HealthPartners®

Communicable Diseases Trends

Communicable Diseases: Chlamydia and Gonorrhea

Rates per 100,000

(2008, 2009, 2010, 2011, 2012)

Cause of Death	Dakota County (MN)	Hennepin County (MN)	Ramsey County (MN)	Scott County (MN)	Washington County (MN)	Minnesota	St. Croix County (WI)	Wisconsin
Chlamydia								
Gonorrhea								

Note: Directional trends to show general increases or decreases in communicable disease rates from 2008 – 2012. Red dot is highest rate, green dot is lowest rate.

Source: Minnesota Department of Health, STD Surveillance Statistics, Minnesota, Annual Summary of Reportable STDs in Minnesota - 2014, www.health.state.mn.us/divs/idepc/dtopics/stds/stats/index.html; data accessed August 18, 2015

Source: Wisconsin Department of Health Services, Sexually Transmitted Diseases (STDs) – Wisconsin County 2012 Profiles, https://www.dhs.wisconsin.gov/std/2012datamap.htm; data accessed September 2, 2015

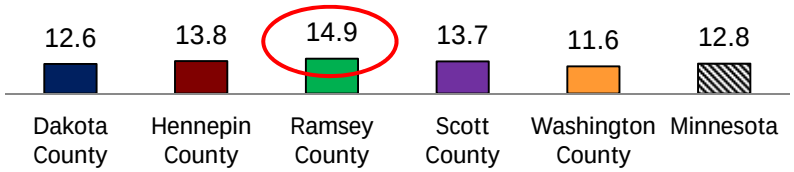
Notes: Data exclude cases diagnosed in federal or private correctional facilities. U.S. Census 2010 data is used to calculate rates. County data missing for 988 chlamydia cases and 151 gonorrhea cases (due to missing residence).

HealthPartners®

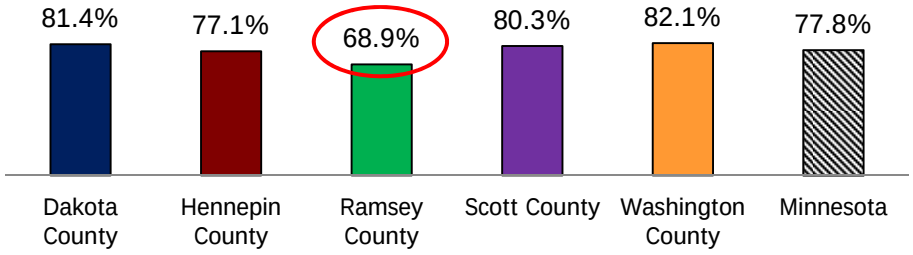
Natality (Minnesota)

Birth Rates / Preterm and Low Birth Weight Births

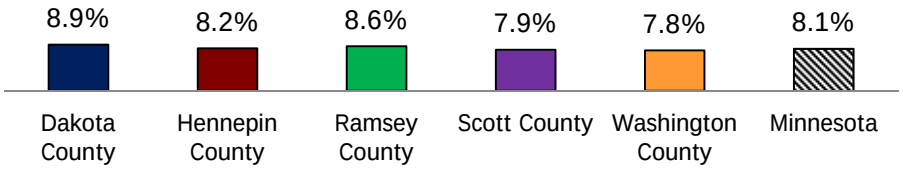
Birth Rates
Per 1,000 Population, 2013



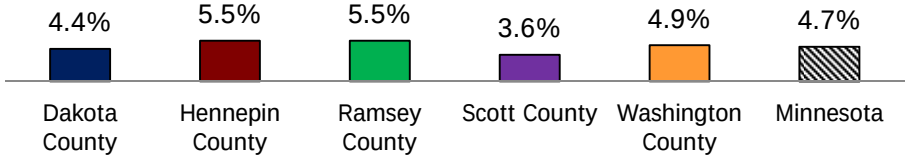
% Received Adequate or Better Prenatal Care
Care Began in 1st Trimester, with Adequate Number of Visits, 2013



% Preterm Births
2013



% Low Birth Weight Births
2013



Preterm Births: Live births of babies who are less than 37 weeks gestation at birth.

Low Birth Weight Births: Live births who are less than 2500 grams at birth.

Adequate or Better: Prenatal care started in the 1st trimester and the woman had an adequate number of visits.

Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed June 1, 2015

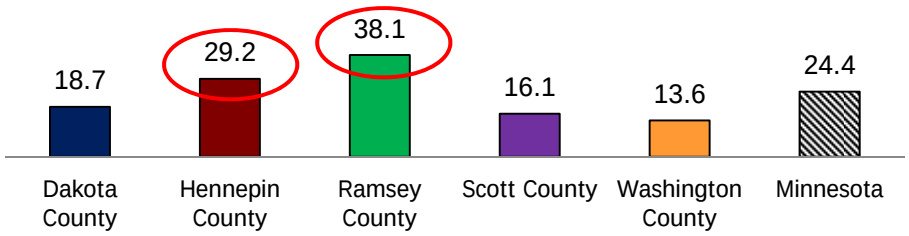
Source: Wisconsin Department of Health Services, WISH, https://www.dhs.wisconsin.gov/wish/lbw/form.htm; data accessed September 1, 2015

HealthPartners®

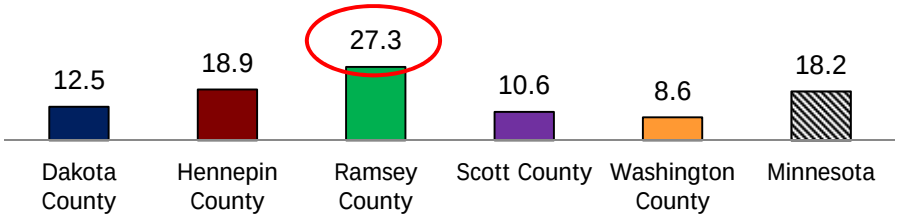
Natality (Minnesota)

Teen Births and Pregnancies

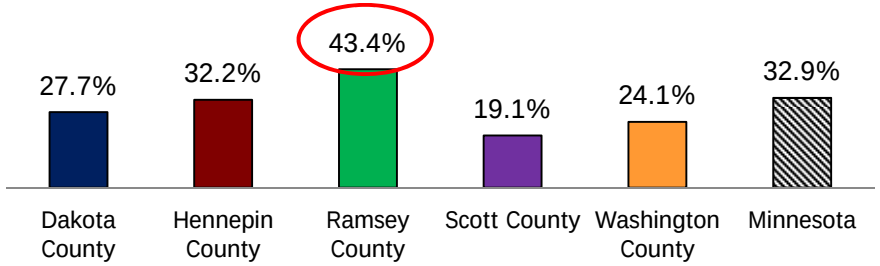
Teen Pregnancy Rates
Ages 15-19, 2011-2013, Per 1,000 Female Pop.



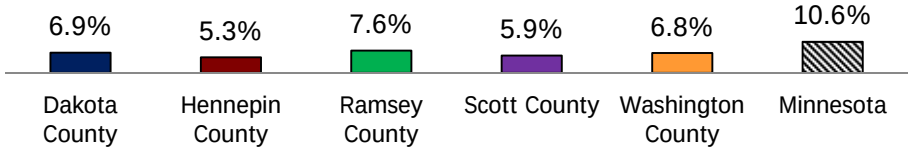
Teen Birth Rates
Ages 15-19, 2011-2013, Per 1,000 Female Pop.



% Births to Unmarried Mothers
2013



% Smoked During Pregnancy
2013



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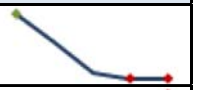
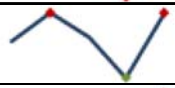
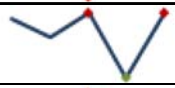
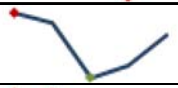
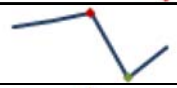
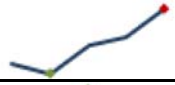
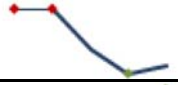
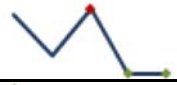
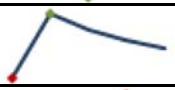
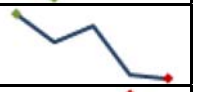
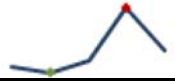
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed June 1, 2015

Source: Wisconsin Department of Health Services, Births to Teens in Wisconsin 2013, https://www.dhs.wisconsin.gov/stats/births/teenbirths2013.htm; data accessed September 1, 2015

Natality Trends (Minnesota)

Natality Data Indicators

Percentages and Rates (2008, 2009, 2010, 2011, 2012)

Natality Data Indicator	Dakota County (MN)	Hennepin County (MN)	Ramsey County (MN)	Scott County (MN)	Washington County (MN)	Minnesota
Birth Rates*						
% Low Birth Weight Births						
% Preterm Births						
% Received Adequate or Better Prenatal Care*						
% Smoked During Pregnancy						

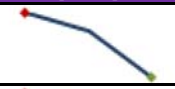
Note: Directional trends to show general increases or decreases from 2008 – 2012. Red dot is highest rate, green dot is lowest rate.

** % Received Adequate or Better Prenatal Care and Birth Rates - green dot is the highest rate and the red dot is the lowest rate.*

Natality Data Indicators

Rates per 1,000 Female Population Ages 15 - 19

2005-2007; 2008-2010; 2011-2013

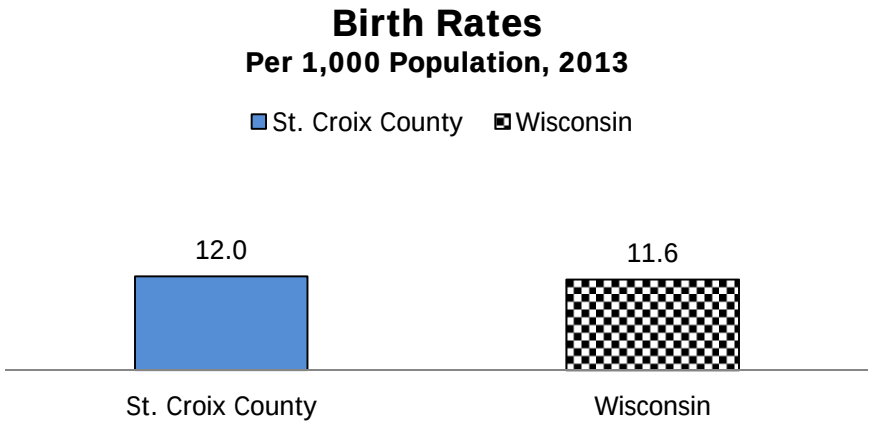
Natality Data Indicator	Dakota County (MN)	Hennepin County (MN)	Ramsey County (MN)	Scott County (MN)	Washington County (MN)	Minnesota
Teen Birth Rates						
Teen Pregnancy Rates						

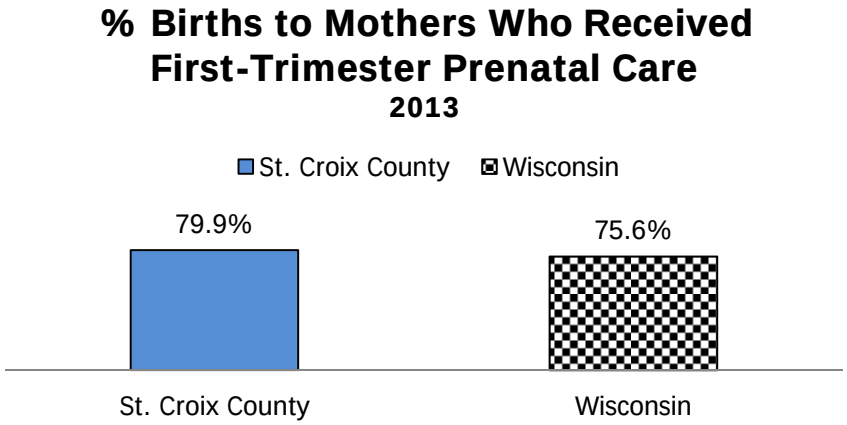
Note: Directional trends to show general increases or decreases from 2005 – 2007; 2008 – 2010; 2011 – 2013. Red dot is highest rate, green dot is lowest rate.

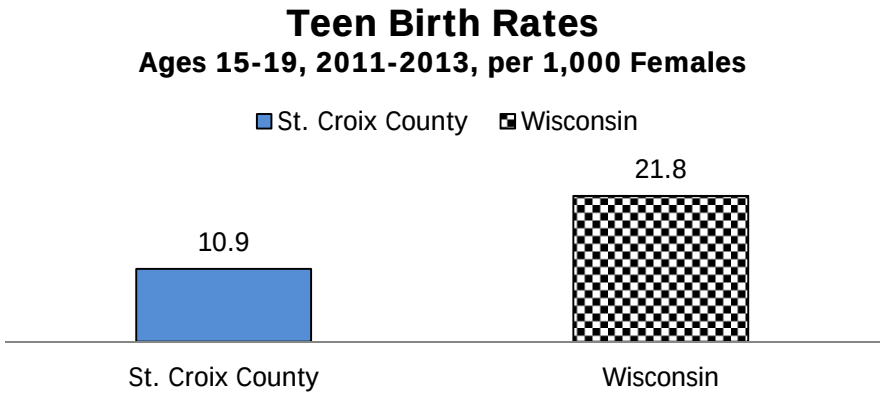
Source: Minnesota Department of Health, Center for Health Statistics, www.health.state.mn.us/divs/chs/countytables/; data accessed August 20, 2015

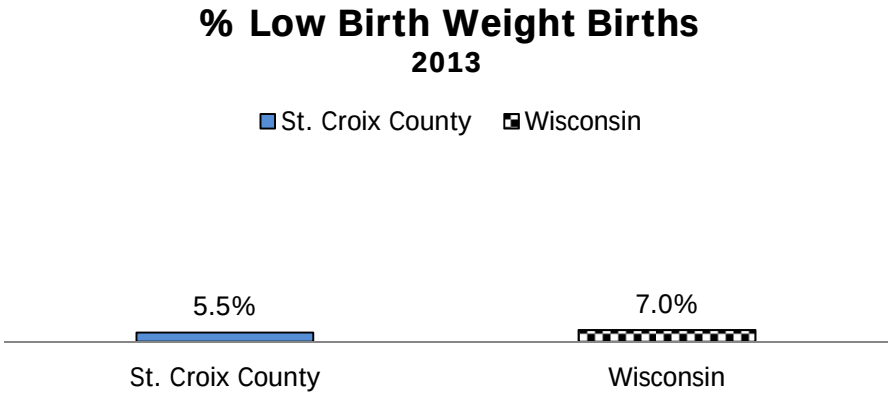
Natality (Wisconsin)

Birth Rates / Low Birth Weight / Teen Births / Prenatal Care









Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Prenatal Care Module, accessed 9/2/2015

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Low Birthweight Module, accessed 9/2/2015 (note: defined as less than 2,500 grams)

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Fertility Module, accessed 9/2/2015

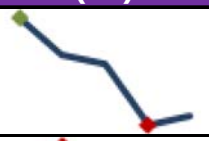
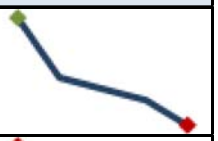
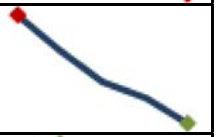
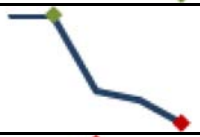
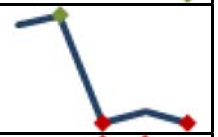
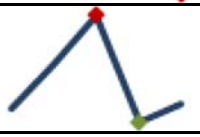
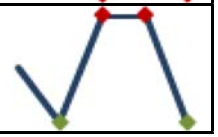
Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Teen Births - Teen Birth Rates Module, accessed 9/2/2015

Natality Trends (Wisconsin)

- Overall, birth rates for St. Croix County and Wisconsin declined between 2009 – 2013.
- Teen birth rates overall decreased in St. Croix County between 2009 – 2013, while Wisconsin teen birth rates significantly decreased.
- The percent of births to mothers who received first-trimester prenatal care has decreased in both St. Croix County and Wisconsin.
- While the percentage of low birthweight births in Wisconsin has slightly decreased, percentages in St. Croix County have increased.

Natality Data Indicators

Percentages and Rates (2009, 2010, 2011, 2012, 2013)

Natality Data Indicator	St. Croix County (WI)	Wisconsin
Birth Rates*		
Teen Birth Rate		
% Births to Mothers Who Received First-Trimester Prenatal Care*		
% Low Birthweight Births		

Note: Directional trends to show general increases or decreases from 2009 – 2013. Red dot is highest rate, green dot is lowest rate.

** % Births to Mothers Who Received First-Trimester Prenatal Care and Birth Rates - green dot is the highest rate and the red dot is the lowest rate.*

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Prenatal Care Module, accessed 9/2/2015

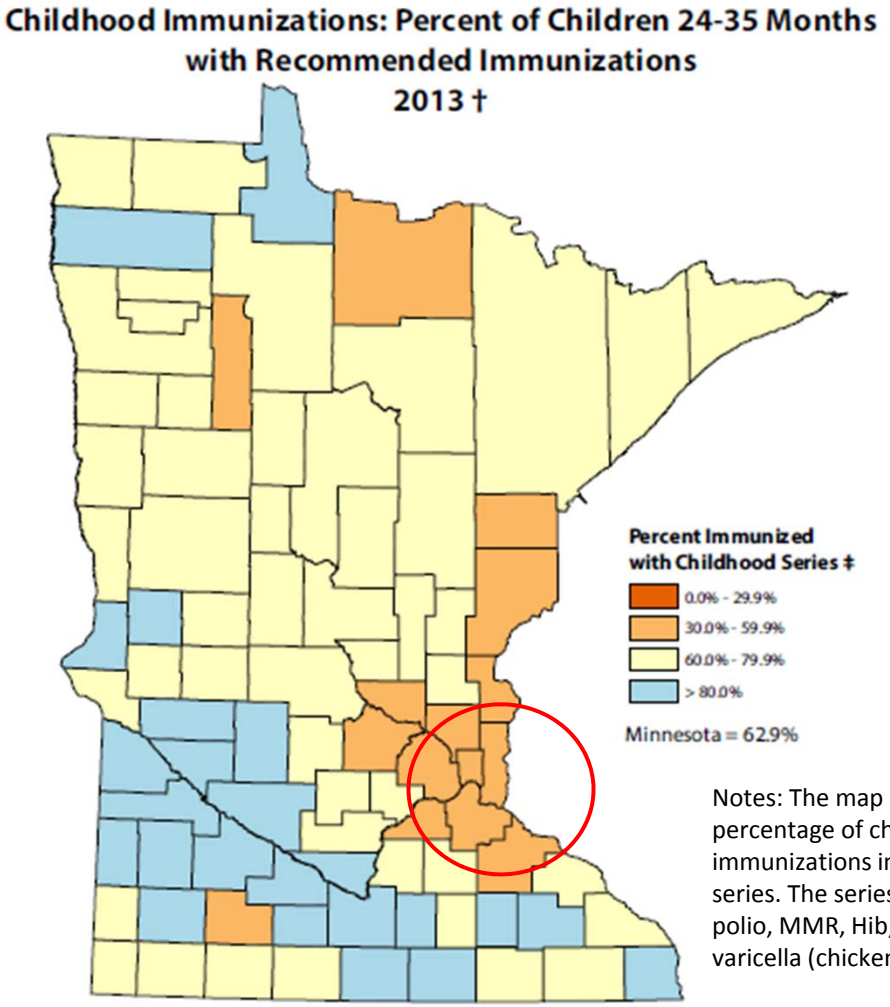
Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Low Birthweight Module, accessed 9/2/2015 (note: defined as less than 2,500 grams)

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Fertility Module, accessed 9/2/2015

Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, http://dhs.wisconsin.gov/wish/, Teen Births - Teen Birth Rates Module, accessed 9/2/2015

Prevention (Minnesota)

Childhood Immunizations



Notes: The map displays the percentage of children receiving immunizations in the childhood series. The series includes: DTaP, polio, MMR, Hib, hepatitis B, varicella (chickenpox), and PCV.

- Between 30% and 59.9% of children ages 24-35 months in the 5 Minnesota counties served by HealthPartners' hospitals have their recommended immunizations, compared to approximately 63% of children in the state.
- Overall, 2010 – 2012 rates of childhood immunizations steadily increased in all counties as well as the state of Minnesota, with slight decreases from 2012 – 2013.

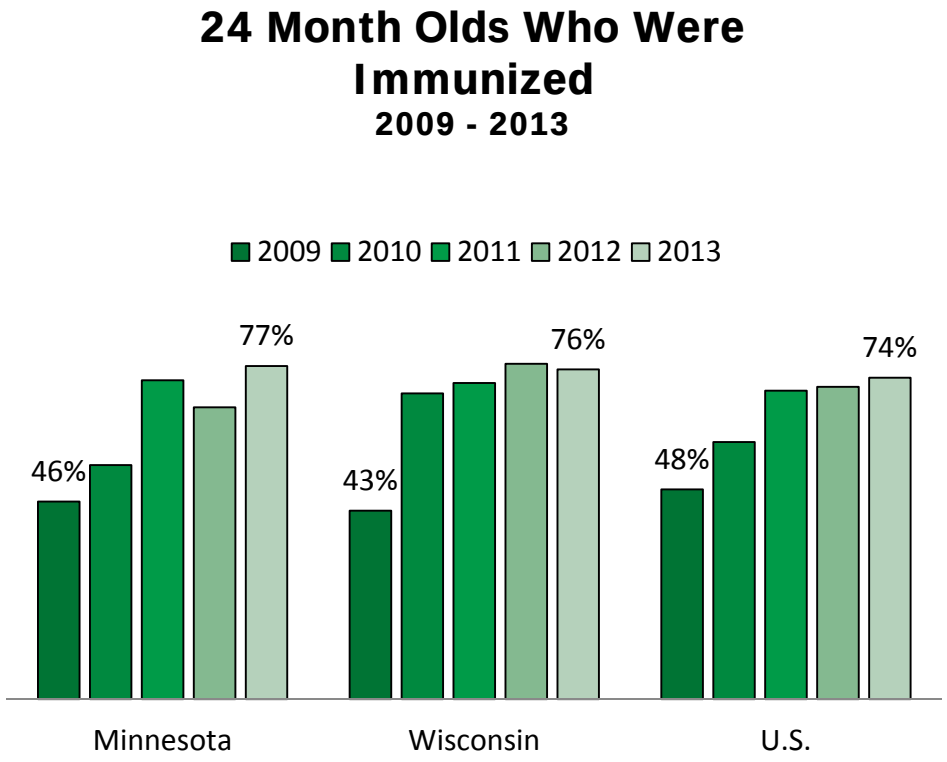
HealthPartners®

Source: Minnesota Department of Health, Minnesota Public Health Data Access, https://apps.health.state.mn.us/mndata/immunization; data accessed August 20, 2015

Prevention

Childhood Immunizations

- Between 2009 – 2013, the percent of 24 month old children who were immunized increased in Minnesota, Wisconsin, and the United States.
- In 2013, Minnesota had the highest percent of 24 month olds who were immunized, as compared to Wisconsin and the United States.



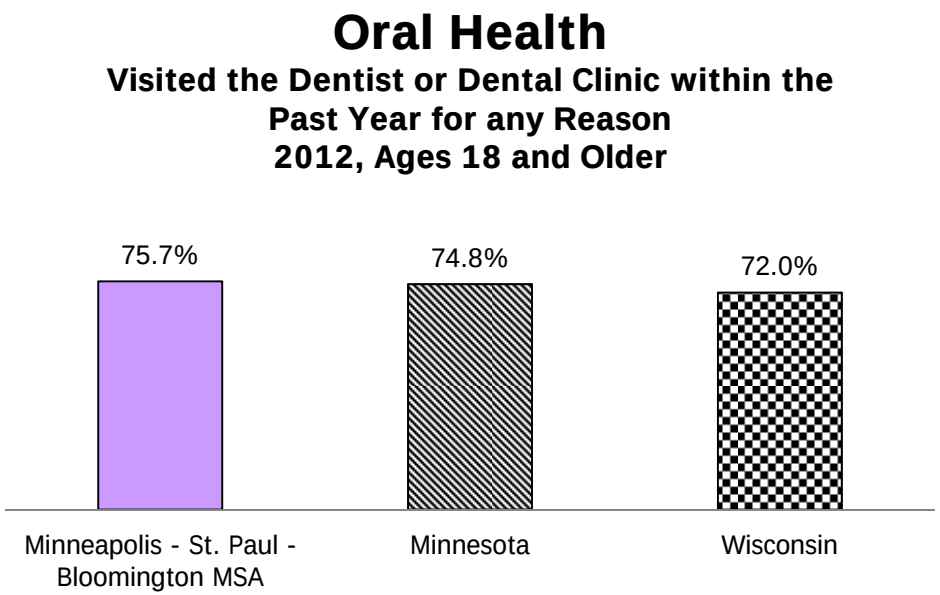
Source: Kids Count Data Center, 2 Year Olds Who Were Immunized 2009 – 2013, http://datacenter.kidscount.org/data/Tables/8001-2-year-olds-who-were-immunized?loc=1&loct=2#detailed/2/2-52/false/36,868,867,133,38/any/15387; data accessed September 3, 2015

Definitions: 4:3:1:3:3:1 immunization coverage. Depending on the brand of vaccine used, a child would either get 3 doses of Hib plus a booster, or 2 doses of Hib plus a booster; at the state-level, the CDC no longer reports Hib simply as 3 or more doses but instead specifies that the "full series" was received.

Between December 2007 and September 2009 there was a shortage of the Hib vaccination which lead to a temporary suspension of the booster shot for most children in the U.S. This explains the dip in full-coverage in 2009 and 2010, which rebounded by 2011.

Oral Health

- Approximately 75.7% of respondents in the Minneapolis – St. Paul – Bloomington MSA visited the dentist or dental clinic within the past year for any reason, compared to 74.8% in Minnesota and 72.0% in Wisconsin.
- In 2012, 67.2% of U.S. adults reported visiting the dentist or dental clinic within the past year for any reason.



Source: Centers for Disease Control and Prevention, SMART Behavioral Risk Factor Surveillance System Survey Data, apps.nccd.cdc.gov/BRFSS-SMART/; data accessed June 10, 2015
Note: The following counties are represented in the Minneapolis - St. Paul - Bloomington, MN - WI Metropolitan Statistical Area: Anoka County, MN; Carver County, MN; Chisago County, MN; Dakota County, MN; Hennepin County, MN; Isanti County, MN; Le Sueur County, MN; Mille Lacs County, MN; Pierce County, WI; Ramsey County, MN; Scott County, MN; Sherburne County, MN; Sibley County, MN; St. Croix County, WI; Washington County, MN; Wright County, MN

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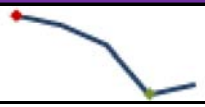
Health Insurance Access

Uninsured Trends

Percentages of State and National Populations
2009, 2010, 2011, 2012, 2013

Health Care Coverage Indicator	Minnesota	Wisconsin	United States
% of Uninsured Residents Under Age 65			

Note: Directional trends to show general increases or decreases 2009 - 2013. Red dot is highest rate, green dot is lowest rate.

- In 2013, Ramsey County had the highest rate of uninsured residents under age 65, while Washington County had the lowest rate.
- According to the University of Minnesota State Health Access Data Assistance Center (SHADAC), uninsured rates in both Minnesota and Wisconsin have steadily declined since 2010.

Residents Under Age 65 Without Health Insurance

2013

County	% Uninsured
Dakota County	7.7%
Hennepin County	10.2%
Ramsey County	11.8%
Scott County	7.7%
Washington County	6.3%
Minnesota	**9.5%**
St. Croix	7.0%
Wisconsin	**10.6%**
United States	**16.6%**

Source: U.S. Census Bureau, Small Area Health Insurance Estimates (SAHIE) Program, http://www.mncompass.org/health/health-care-coverage#7-7468-g; data accessed September 1, 2015

Source: University of Minnesota State Health Access Data Assistance Center, Maps and Charts, http://datacenter.shadac.org/map/236/coverage-type-total#1/77/458; data accessed September 1, 2015

Source: MNSure, Quick Facts, https://www.mnsure.org/learn-more/fact-sheets/quick-facts.jsp; data accessed August 28, 2015

County Health Rankings (2015)

Category	Dakota County	Henn. County	Ramsey County	Scott County	Wash. County
Health Outcomes	**19**	**46**	**63**	**8**	**7**
Length of Life	8	32	52	3	4
Quality of Life	47	65	78	44	27
Health Factors	**6**	**28**	**58**	**5**	**3**
Health Behaviors	6	9	20	4	5
Clinical Care	13	9	22	23	2
Social and Economic Factors	14	65	76	1	2
Physical Environment	63	55	58	82	64

Category	St. Croix County
Health Outcomes	**9**
Length of Life	11
Quality of Life	10
Health Factors	**6**
Health Behaviors	8
Clinical Care	31
Social and Economic Factors	2
Physical Environment	57

- The **County Health Rankings** rank **87** counties in Minnesota (1 being the best ranking, 87 being the worst ranking).
- The **County Health Rankings** rank **72** counties in Wisconsin (1 being the best ranking, 72 being the worst ranking).

Please note that various factors go into these rankings, and they are not an absolute judgment on the health status of the each community. The County Health Rankings should be used as only one piece of the overall assessment. Please visit the appendix for additional information about indicators involved in the rankings.

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Source: The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, www.countyhealthrankings.org; data accessed May 29, 2015 and August 29, 2015

Findings from Current Research

A review of recently conducted Community Health Needs Assessments, including community input collected from persons with expert knowledge of public health in the community served by the hospital

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Background Information

HealthPartners, as a system of hospitals, clinics, and care providers, has an extensive reach into the communities it serves in numerous localities. Representatives from each of the hospitals, as well as staff from the larger health system, serve on boards, coalitions and community collaborations to improve the health of residents in the communities served by each of the six HealthPartners' hospitals:

- Regions Hospital
- Lakeview Hospital
- Hudson Hospital & Clinic
- Westfields Hospital & Clinic
- Amery Hospital & Clinic
- Park Nicollet Methodist Hospital

This section of the report serves to document these collaborations for the respective hospitals, identifying participation in and results from HealthPartners' efforts to collect input from persons who represent the following groups:

- State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community
- Members of medically underserved, low-income and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

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Overview

County	Report Name	Public Health Input	Underserved Groups
Dakota County	Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment	• The Dakota County CHA was conducted and produced by the Dakota County Public Health Department, spearheaded by Bonnie Brueshoff (Public Health Director, Dakota County Public Health Department).	• Two members of the Steering Committee were from the Dakota County Human Services Advisory Committee • The Community Health Opinion Survey • Follow-up version of the Community Health Opinion Survey
Hennepin County	2012 - 2015 Community Health Improvement Plan for Hennepin County Residents	• The Hennepin County Human Services and Public Health Department, Minneapolis Department of Health and Family Support, and Bloomington Division of Public Health for the Community Health Boards of Bloomington, Edina and Richfield served as the convening partners for the project.	• CHIP Survey • Three CHIP Forums
Ramsey County	Ramsey County Community Health Improvement Plan 2014-2018	• The Ramsey County Community Health Improvement Plan (CHIP) was conducted and produced by St. Paul - Ramsey County Public Health.	• More than 80 residents and community leaders from the public, private and nonprofit sectors met from April - November 2013 • Community Health Concerns Survey
Scott County	Scott County Community Health Improvement Plan 2015-2019	• The Scott County Community Health Improvement Plan was conducted and produced by the Scott County Public Health Department.	• Public Forums • Discussions within the Scott County Health Care Systems Collaborative • Survey on Mental Health Issues

Overview Cont.

County	Report Name	Public Health Input	Underserved Groups
Washington County	2014 Washington County Community Health Improvement Plan	• The Washington County Community Health Improvement Plan was conducted and produced by Washington County Department of Public Health and Environment.	• Washington County Residential Survey • Washington County Community Health Opinion Survey • Key Informant Interviews • Adult Listening Sessions • Youth Listening Sessions
Polk County	Polk County 2020 Community Health Improvement Plan Version 2014-2016	• The Polk County 2020 Community Health Improvement Plan was conducted in collaboration with the Polk County Health Department.	• Community Surveys
St. Croix County	St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016	• St. Croix County Public Health is an integral part of the Healthier Together collaborative, serving as one of five partners on the coalition.	• Community Health Assessment aNd Group Evaluation (CHANGE) Assessment • Transform Wisconsin Public Opinion Poll • Community Health Needs Assessment (CHNA) Survey
St. Croix and Washington Counties	PowerUp Family Community Survey	NA	• The Family Community Survey is targeted towards families with children under the age of 18

Areas of Concern by County

Area of Concern	Dakota	Henn.	Ram.	Scott	Wash.	Polk	St. Croix
Access to Health Care	x	x	x				
Affordable Housing	x						
Alcohol / Tobacco / Other Drugs	x				x	x	
Chronic Diseases / Conditions (Obesity, Heart Disease, etc.)	x	x		x	x	x	x
Lack of Physical Activity / Nutrition	x	x	x	x	x		x
Maternal and Child Health	x	x		x			
Mental Health / Social & Emotional Wellbeing (Example: Increasing community connectedness)	x	x	x	x	x	x	
Oral Health							x
Public Health Funding	x						
Social Determinants of Health (Income, Poverty, Transportation, etc.)	x	x	x				
Violence Prevention			x				

Source: Healthy People / Healthy Communities: 2013 Dakota County Community Health Needs Assessment; www.co.dakota.mn.us/Government/publiccommittees/CHA/Pages/profiles.aspx; data accessed July 11, 2015

2012-2015 Community Health Improvement Plan for Hennepin County Residents; http://www.hennepin.us/~/media/hennepinus/your-government/projects-initiatives/documents/Appendix%202%20MAPP%20Process_20131217.pdf ; data accessed July 11, 2015

Scott County Community Health Improvement Plan 2015-2019; http://www.co.scott.mn.us/HelpingPeopleHealth/PublicHealth/Pages/Community-Health-Improvement-Plan-2015-2019.aspx; data accessed July 11, 2015

Ramsey County Community Health Improvement Plan 2014-2018; www.co.ramsey.mn.us/ph/docs/CHIP_report_final_2014_2018.pdf; data accessed July 11, 2015

Washington County Community Health Improvement Plan 2014, http://www.co.washington.mn.us/documentcenter/view/5513; data accessed July 11, 2015

Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; http://healthypolkcounty.com/healthy-polk-county-2020/; data accessed July 11, 2015

St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016; http://www.healthiertogetherstcroix.org/resources/; data accessed July 11, 2015

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Dakota County

Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment

Methodology Summary:

The Healthy Dakota Initiative utilized an adapted version of the Mobilizing for Action through Partnerships and Planning (MAPP) model. The Healthy Dakota Initiative Steering Committee completed the following three assessments: Community Themes and Strengths Assessment, Forces of Change Assessment, and Community Health Status Assessment. This process included an extensive review of available data indicators, as well as the systematic collection of community input.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	• The Dakota County CHA was conducted and produced by the Dakota County Public Health Department, spearheaded by Bonnie Brueshoff (Public Health Director, Dakota County Public Health Department).
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	• Two members of the Steering Committee were from the Dakota County Human Services Advisory Committee • The Community Health Opinion Survey • Follow-up version of the Community Health Opinion Survey

Hospital Involvement:

Connie Marsolek, representative from Park Nicollet Clinic - Burnsville, served as one of the 11 members of the Healthy Dakota Initiative Steering Committee.

Elizabeth Lincoln, Program Officer from the Park Nicollet Foundation, served on the Mental Health Action Team for the Healthy Dakota Initiative.

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Source: Healthy People / Healthy Communities: 2013 Dakota County Community Health Needs Assessment; www.co.dakota.mn.us/Government/publiccommittees/CHA/Pages/profiles.aspx; data accessed July 11, 2015

Dakota County

Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment

Community Input Findings:

- Safety
- Tobacco, alcohol, and other drug use
- Chronic disease and conditions
- Physical activity
- Mental health

Overall Health Needs Identified:

- Mental Illness
- Physical activity / eating habits / obesity
- Use of alcohol, tobacco, and other drugs
- Promoting mental health
- Public health funding
- Preventing / managing chronic conditions
- Income / poverty / employment
- Healthy start for children and adolescents
- Access to health care
- Affordable housing

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Source: Healthy People / Healthy Communities: 2013 Dakota County Community Health Needs Assessment; www.co.dakota.mn.us/Government/publiccommittees/CHA/Pages/profiles.aspx; data accessed July 11, 2015

Hennepin County

2012-2015 County Community Health Improvement Plan for Hennepin County Residents

Methodology Summary:

The Community Health Improvement Plan for Hennepin County was a collaboration of five local community health boards and multiple community partners. Together, this diverse partnership conducted a survey, an analysis of available health data, and three community health forums to identify top priorities and develop strategies to address important health goals.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	• The Hennepin County Human Services and Public Health, Minneapolis Department of Health and Family Support, and Bloomington Division of Public Health for the Community Health Boards of Bloomington, Edina and Richfield served as the convening partners for the project.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	• CHIP Survey • Three CHIP Forums

Hospital Involvement:

Deanna Varner and Donna Zimmerman, both representatives from HealthPartners, were members of the CHIP Leadership Group for the Hennepin County Community Health Needs Assessment.

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Source: 2012-2015 Community Health Improvement Plan for Hennepin County Residents; http://www.hennepin.us/~/media/hennepinus/your-government/projects-initiatives/documents/Appendix%202%20MAPP%20Process_20131217.pdf ; data accessed July 11, 2015

Hennepin County

2012-2015 Community Health Improvement Plan for Hennepin County Residents

CHIP Survey Findings:

Characteristics of a Healthy Community:

- Access to affordable quality health care
- Access to affordable opportunities to be physically active
- Safe places / reduced crime
- Access to affordable healthy foods
- Social and community connectedness
- Engaged, committed, motivated, and informed residents

Changes to Make:

- Improve local access to affordable health care
- Improve local opportunities for affordable physical activities
- Improve local access to affordable health foods

CHIP Forum Findings:

Characteristics of a Healthy Communities:

- Safety
- Environments that foster health
- Community connectedness & engagement
- Economic vitality
- Equitably accessible high quality infrastructure
- Basic needs are met
- Quality educational opportunities
- Good physical and mental health
- Multi-sector leaders promote the common good
- Active participation in creating health

Strategic Health Issues and Goals:

- **Maternal and Child Health**: Increase childhood readiness for school.
- **Nutrition, Obesity and Physical Activity**: Increase regular physical activity and proper nutrition through improvements to the physical environment.
- **Social and Emotional Wellbeing**: Increase community and social connectedness.
- **Health Care Access**: Develop health care access strategies that will help achieve the targeted goals above.
- **Social Conditions that Impact Health**: Develop health care access strategies that will help achieve the targeted goals above.

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Source: 2012-2015 Community Health Improvement Plan for Hennepin County Residents; http://www.hennepin.us/~/media/hennepinus/your-government/projects-initiatives/documents/Appendix%202%20MAPP%20Process_20131217.pdf ; data accessed July 11, 2015

Ramsey County

Ramsey County Community Health Improvement Plan 2014-2018

Methodology Summary:

The Ramsey County Community Health Improvement Plan was produced by the Saint Paul - Ramsey County Public Health Department in collaboration with several community partners, represented on the CHIP Committee (CHIPC). The CHIPC dedicated time to regularly scheduled meetings, reviewed available health data, examined external "forces of change", conducted the Community Health Concerns Survey, and identified priority health issues and themes.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	• The Ramsey County Community Health Improvement Plan (CHIP) was conducted and produced by Saint Paul - Ramsey County Public Health.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	• More than 80 residents and community leaders from the public, private and nonprofit sectors met from April - November 2013 • Community Health Concerns Survey

Hospital Involvement:

HealthPartners was a Committee Member Organization for the Ramsey County Community Health Improvement Plan (CHIP), devoting regular meeting time to CHIP work and serving as a key participant in the planning process.

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Source: Ramsey County Community Health Improvement Plan 2014-2018; www.co.ramsey.mn.us/ph/docs/CHIP_report_final_2014_2018.pdf; data accessed July 11, 2015

Ramsey County

Ramsey County Community Health Improvement Plan 2014-2018

Strategic Health Issues and Goals:

(Rated as 1 or 2 – indicated high need – by at least 1 group)

- Safety
- Distracted Driving
- Lack of Health Insurance
- Poverty
- Lack of Medical Services that are low/no cost
- Tobacco use by youth
- Alcohol use by underage youth
- Driving under the influence of drugs
- Unemployment
- Youth gang activity
- High blood pressure
- Alcohol abuse among adults
- Language/communication barriers in accessing health care services

Overall Health Needs Identified:

- Social Determinants of Health
- Nutrition, Weight and Active Living
- Access to Health Services
- Mental Health / Mental Disorders / Behavioral Health
- Violence Prevention

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Source: Ramsey County Community Health Improvement Plan 2014-2018; www.co.ramsey.mn.us/ph/docs/CHIP_report_final_2014_2018.pdf; data accessed July 11, 2015

Scott County

Scott County Community Health Improvement Plan 2015-2019

Methodology Summary:

The Scott County Public Health Department facilitated in, conducted, and participated in the Scott County Community Health Improvement Plan 2015-2019. The process included an analysis of publicly available data and the systematic collection of community input from key community stakeholders and representatives of underserved populations. The Community Health Steering Committee went through a multi-step process to identify priorities. Six priority health issues were identified, and three final health priorities were selected.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	• The Scott County Community Health Improvement Plan was conducted and produced by the Scott County Public Health Department.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	• Public Forums • Discussions within the Scott County Health Care Systems Collaborative • Survey on Mental Health Issues

Hospital Involvement:

Libby Lincoln, a representative from the Park Nicollet Foundation, served on the Scott County Health Matters: Statewide Health Improvement Program Community Leadership Team and the Scott County Health Care System Collaborative Team.

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Source: Scott County Community Health Improvement Plan 2015-2019; http://www.co.scott.mn.us/HelpingPeopleHealth/PublicHealth/Pages/Community-Health-Improvement-Plan-2015-2019.aspx; data accessed July 11, 2015

Scott County

Scott County Community Health Improvement Plan 2015-2019

Initial Health Priorities:

- Strengthen Early Identification of Infants and Toddlers: Health Development
- Mental Health
- Chronic Disease Prevention: Through Healthy Eating and Physical Activity
- Sexually Transmitted Infections
- Teen Alcohol Use
- Exposure to Second Hand Smoke

Three Final Health Priorities:

- **Chronic Disease Prevention:** Healthy Eating & Physical Activity
- **Identifying at Risk Infants and Toddlers**: Healthy Development
- **Mental Health**: Healthy Communities

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Source: Scott County Community Health Improvement Plan 2015-2019; http://www.co.scott.mn.us/HelpingPeopleHealth/PublicHealth/Pages/Community-Health-Improvement-Plan-2015-2019.aspx; data accessed July 11, 2015

Washington County

Washington County Community Health Improvement Plan 2014

Methodology Summary:

The 2014 Washington County Community Health Improvement Plan utilized elements of the Mobilizing for Action through Partnerships and Planning (MAPP) model. This process included a review of available health data, as well as the systematic collection of community input.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	• The Washington County Community Health Improvement Plan was conducted and produced by Washington County Department of Public Health and Environment.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	• Washington County Residential Survey • Washington County Community Health Opinion Survey • Key Informant Interviews • Adult Listening Sessions • Youth Listening Sessions

Hospital Involvement:

Lakeview Health Foundation participated in and provided input for the Washington County Community Health Improvement Plan.

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Source: Washington County Community Health Improvement Plan 2014, http://www.co.washington.mn.us/documentcenter/view/5513; data accessed July 11, 2015

Washington County

Washington County Community Health Improvement Plan 2014

Initial Categories of Health Issues:
(Used for Prioritization)

- Obesity, Nutrition and Physical Activity
- Chronic Disease and Conditions
- Mental Health
- Substance Abuse
- Tobacco Use
- Injury and Violence
- Environmental Health
- Access to Health Services
- Maternal and Child Health
- Infectious Diseases

Overall Health Needs Identified:

- **Obesity** in children and adults due to poor nutrition and physical activity.
- Premature death and disability from **chronic diseases** due to tobacco use.
- **Behavioral health problems** among children and adults due to substance abuse and mental illness.

HealthPartners®

Source: Washington County Community Health Improvement Plan 2014, http://www.co.washington.mn.us/documentcenter/view/5513; data accessed July 11, 2015

St. Croix & Washington County

PowerUp/Family Community Survey

Description of PowerUp and Family Community Survey

- PowerUp is an evidence-based, comprehensive approach to create community change through improving youth health in the St. Croix Valley over 10 years in partnership with schools, businesses, health care, civic groups, families, kids, and the entire community.
- The Family Community Survey is an online survey distributed at 2 year intervals over the course of the initiative that is targeted towards families with children under the age of 18 to gather data concerning awareness, attitudes and behaviors related to PowerUp.
- Two comparison groups are included in the study:
  - 2013: Stillwater, Mahtomedi, Somerset Areas
    - 1,825 surveys mailed, 273 responses (15% response rate)
  - 2014: Hudson, New Richmond Areas
    - 1,925 surveys mailed, 222 responses (13% response rate)

What do parents need to help PowerUp their families? Top 5:

- Coupons/Price Discounts
- Physical Activity during the school day
- Access to free/low cost places to be physically active
- Physical Education in Schools
- Better foods and beverages served at community events

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Source: Family Community Survey, PowerUp Initiative, January 2014

Polk County

Polk County 2020 Community Health Improvement Plan Version 2014-2016

Methodology Summary:

The Polk County Community Health Improvement Plan 2014-2016 was conducted in collaboration with:

- Polk County Health Department
- Amery Hospital & Clinic
- Osceola Medical Center
- St. Croix Regional Medical Center

The assessment was initiated in mid-2012 and included a review of comprehensive health data, an analysis of body mass index information from local clinic records and health and lifestyle data from community surveys.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	• The Polk County 2020 Community Health Improvement Plan was conducted in collaboration with the Polk County Health Department.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	• Community Surveys

Hospital Involvement:

Amery Hospital & Clinic was one of four collaborating organizations that conducted and produced the Polk County Community Health Improvement Plan.

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Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; http://healthypolkcounty.com/healthy-polk-county-2020/; data accessed July 11, 2015

Polk County

Polk County 2020 Community Health Improvement Plan Version 2014-2016

The County Health Rankings compare the health status of the county to other counties across the state. Of the 72 ranked counties in Wisconsin, Polk County ranks:

Category	Polk County
Health Outcomes	**33**
Health Factors	**36**
Health Behaviors	19
Clinical Care	64
Social and Economic Factors	33
Physical Environment	53

HealthPartners®

Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; http://healthypolkcounty.com/healthy-polk-county-2020/; data accessed July 11, 2015

Polk County (Finding #1 - Mental Health)

Polk County 2020 Community Health Improvement Plan Version 2014-2016

Health Data:

- Self-harm is the second leading cause of hospitalization in Polk County
- The suicide rate in Polk County is nearly twice the state's rate (23 vs. 13 per 100,000)
- Approximately 15% of Polk County youth reported that they seriously considered committing suicide in the past year.
- Between 2007 and 2009, 17 children were hospitalized in Polk County for self-harm.

Community Input:

- On the Community Health Survey, 16% of respondents said they have been diagnosed with depression or a mental health disorder
- The 4% of respondents on the Community Health Survey who reported they have considered suicide, 22% reported that they are doing "nothing" to address these concerns.

HealthPartners®

Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; http://healthypolkcounty.com/healthy-polk-county-2020/; data accessed July 11, 2015

Polk County (Finding #2 – Obesity)

Polk County 2020 Community Health Improvement Plan Version 2014-2016

Health Data:

- Polk County and Wisconsin (28%) exceed the national goal of 25%.
- The increase in annual health care costs for every obese adults exceeds $1,400.
- Obese youth are more likely to become obese adults, putting them at risk of having lifelong health consequences.

Community Input:

- On the Community Health Survey, just over one-third of respondents described their weight as “healthy”, nearly half reported they were “slightly overweight”, and 14% said they were “very overweight”.
- In the first six months of 2012, approximately 65% of patients were screened for height and weight in medical centers in Polk County. More than 40% of screened patients were obese and nearly 30% were overweight.

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Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; http://healthypolkcounty.com/healthy-polk-county-2020/; data accessed July 11, 2015

Polk County (Finding #3 – Unhealthy Alcohol Use)

Polk County 2020 Community Health Improvement Plan Version 2014-2016

Health Data:

- An estimated 38 million people per year in the United States drink too much.
- The prevalence of excessive drinking in Polk County (23%) and Wisconsin (24%) far exceeds the national goal of 8%.
- Approximately 24% of boys and 16% of girls in Polk County report having had their first drink of alcohol before age 13.
- Motor vehicle crashes are the leading cause of death in Polk County, with a rate more than twice the state's rate. Alcohol is involved in three times as many fatal car crashes than in the state overall.

Community Input:

- On the Community Health Survey, approximately 30% of respondents reported binge drinking in the past month.

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Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; http://healthypolkcounty.com/healthy-polk-county-2020/; data accessed July 11, 2015

Polk County Priority Comparison

2009 vs. 2014-2016 Priorities

2009 CHNA Health Priorities

- Physical Activity
- Adequate, Appropriate and Safe Nutrition
- Tobacco Use and Exposure
- Mental Health
- Unhealthy Alcohol and Drug Use

2014-2016 CHIP Health Priorities

- Mental Health
- Obesity
- Unhealthy Alcohol Use

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Source: Community Health Needs Assessment Report -2009 Polk County Wisconsin

Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; http://healthypolkcounty.com/healthy-polk-county-2020/; data accessed July 11, 2015

Polk County Healthy Wisconsin

Healthy Wisconsin Health Plan 2020 Overview

- ***Healthiest Wisconsin 2020: Everyone Living Better, Longer*** represents the third decade of statewide community health improvement planning designed to benefit the health of everyone in Wisconsin and the communities in which they live, play, work, and learn. The vision reflects the plan's twin goals:
  - Improve health across the life span
  - Eliminate health disparities and achieve health equity

Infrastructure Focus Areas

- Access to quality health services
- Collaborative partnerships for community health improvement
- Diverse, sufficient, competent workforce that promotes and protects health
- Emergency preparedness, response and recovery
- Equitable, adequate, stable public health funding
- Health literacy and health education
- Public health capacity and quality
- Public health research and evaluation
- Systems to manage and share health information and knowledge

Health Focus Areas

- Adequate, appropriate, and safe food and nutrition
- Chronic disease prevention and management
- Communicable disease prevention and control
- Environmental and occupational health
- Healthy growth and development
- Mental health
- Oral health
- Physical activity
- Reproductive and sexual health
- Tobacco use and exposure
- Unhealthy alcohol and drug use
- Violence and injury prevention

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Source: Community Health Needs Assessment Report -2009 Polk County Wisconsin

Source: Healthy Polk County 2020 Community Health Improvement Plan Version 2014-2016; http://healthypolkcounty.com/healthy-polk-county-2020/; data accessed July 11, 2015

St. Croix County

St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016

Methodology Summary:

Healthier Together – St. Croix County is a community collaboration working together to improve the health of residents in St. Croix County. The coalition is a partnership between:

- Baldwin Area Medical Center
- Hudson Hospital & Clinic
- River Falls Area Hospital
- Westfields Hospital & Clinic
- St. Croix County Public Health

The coalition engaged in a joint community health planning process that culminated in a Community Health Needs Assessment and Implementation Plan.

The first phase – "Data Collection" and "Community Input" – was conducted between July and December of 2013. This section summarizes those findings.

Community Input – Required Groups:

1. State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community	• St. Croix County Public Health is an integral part of the Healthier Together collaborative, serving as one of five partners on the coalition.
2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations	• Community Health Assessment aNd Group Evaluation (CHANGE) Assessment • Transform Wisconsin Public Opinion Poll • Community Health Needs Assessment (CHNA) Survey

Hospital Involvement:

Hudson Hospital & Clinic and Westfields Hospital & Clinic are an integral part of the Healthier Together collaborative, serving as two of five partners on the coalition.

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Source: St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016; http://www.healthiertogetherstcroix.org/resources/; data accessed July 11, 2015

St. Croix County

St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016

Health Data Findings:

Youth Risk Behavior Surveillance System (YRBSS):

- 43.2% of students said harassment / bullying is a problem at their school
- 12.6% of students have considered attempting suicide in the last 6 months
- 29.9% of students have tried cigarette smoking and 29% reported drinking alcohol during the last 30 days
- 21.3% have tried marijuana
- 36.1% reported ever having sexual intercourse
- 25.6% of students reported watching television 3 or more hours per day on an average school day

Additional Data Indicates:

- Poverty and food insecurity are concerns in St. Croix County
- Homelessness, domestic violence and lack of public transportation are issues facing families in St. Croix County
- Excessive alcohol consumption is one of Wisconsin's largest public health issues
- Leading causes of death are cancer and heart disease (2012)

Community Input Findings:

Community Health Assessment aNd Group Evaluation (CHANGE) Assessment:

- Community-at-large sector: increased access to active living, access to healthy food options, and promotion of healthy eating, as well as breastfeeding awareness.
- Healthcare sector: improvements needed in a referral system to community-based resources for physical activity.
- School sector: need for environmental and policy changes for improved physical activity and nutrition opportunities in the school systems.

Transform Wisconsin Public Opinion Poll:

- At random, 300 St. Croix adults completed the survey.
- Results indicated that 82% of respondents believe that childhood obesity is a serious problem in Wisconsin (31% reported it as a “very serious” problem).
- Respondents almost unanimously agreed that promoting active schools and opening recreational facilities for public use are common-sense steps to promoting increased physical activity.

Community Health Needs Assessment (CHNA) Survey:

- A total of 434 individuals responded to the survey.

Top Health Priorities:

- Obesity and Lack of Physical Activity
- Access to Primary and Preventative Health Services
- Adequate and Appropriate Nutrition
- Alcohol and Other Substance Use and Addictions
- Tobacco Use and Exposure

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Source: St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016; http://www.healthiertogetherstcroix.org/resources/; data accessed July 11, 2015

St. Croix County Priority Comparison

2009 vs. 2014-2016 Priorities

2009-2014 CHIP Health Priorities

- Access to Primary and Preventative Health Services
- Adequate and Appropriate Nutrition
- Overweight, Obesity, and Lack of Physical Activity
- Alcohol and Other Substance Use and Addiction
- Tobacco Use and Exposure

2014-2016 CHNA and Improvement Plan Health Priorities

- Healthy Foods
- Oral Health
- Physical Activity

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Source: St. Croix County Community Health Improvement Plan 2009-2014

Source: St. Croix County Community Health Needs Assessment and Improvement Plan 2014-2016; http://www.healthiertogetherstcroix.org/resources/; data accessed July 11, 2015

Summary of Community Conversations Conducted by Regions Hospital

A review of findings from the community conversations conducted by Regions Hospital

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Background
Regions Hospital Community Conversations

- Regions Hospital conducted 2 community conversations during the summer of 2015 to gather input from under-represented groups in the community, including linguistically diverse populations.

Community Conversation #1
Interpreters from various Organizations, 10 Attendees
Conducted: June 16, 2015

Organization & Language Represented
Park Nicollet: Somali, Spanish
Language Banc: Oromo/Amharic, Somali
Itasca Interpretation Services: Karen
Kim Tong: Vietnamese, Spanish
Regions: Oromo/Amharic, Vietnamese

Community Conversation #2
Community Organizations, 11 Attendees
Conducted: July 14, 2015

Organization Represented
African American Breast Cancer Alliance
Impetus - Let's Get Started LLC
Neighborhood House
Open Cities Health Center
Union Gospel Mission
Vital Aging Network

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Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Summary of Findings

Regions Hospital Community Conversations

- Access to Mental Health Services
- Access to Dental Services
- Healthcare System Barriers
- Focus on Prevention and Education
- Access to Healthy Lifestyle Resources
  - Contributing to obesity and diabetes
- Barriers to Care for Diverse Populations
- Community Connectedness

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Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Survey Summary

Regions Hospital Community Conversations

- A brief survey was conducted to rank the top health care initiatives. The top five issues were:
  1. Improving access to health care for populations with limited services
  2. Promoting positive health habits
  3. Promoting change in negative habits
  4. Improving access to preventive care
  5. Increasing the proportion of residents who have access to medical insurance coverage

Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Access to Mental Health Services

Regions Hospital Community Conversations

- Cultural Stigma Towards Mental Health
  - Many Vietnamese community members remain in denial about their mental health.
    - Mental health diagnoses/medication are sometimes viewed as 'offensive.'
  - Spanish and Somali populations have difficulty navigating the system due to lack of education or lack of access to a computer.
  - Somali participants believe parental awareness of the system is crucial. If a parent doesn't understand the system, they can't be an advocate for their child.
  - Isolated older adults may develop depression and anxiety, but many deny it or do not want to discuss it.
  - Strengthen mental health through peer and community support. These are as important as the traditional medical model of service delivery.
- Culturally Sensitive Education About Available Services
  - Many populations are afraid to ask questions.
- Lack of Timely Healthcare Access
  - Appointments are weeks out, which is too long to wait for someone in crisis.
  - Many insurance policies don't cover mental health services.

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Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Access to Dental Services

Regions Hospital Community Conversations

- Limited Dental Care Affordability
  - Misunderstandings and cost barriers are prevalent in certain communities.
  - Somali participants described copays as too expensive.
  - Spanish interpreters described dental check-ups as accessible.
    - It is more difficult to access specialty dental care (geographic gap between specialists and clinics), and it is worse for pediatric specialty care.
- Limited Dental Care Access
  - Access to affordable dental care is severely limited for Medicare patients.
  - Oromo representatives reported a fear regarding dental care. Many are afraid the dentist may take out their teeth or damage their teeth with deep cleaning.
  - Many insurance companies don't provide dental insurance, or providers don't accept the insurance people do have.

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Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Healthcare System Barriers

Regions Hospital Community Conversations

- Lack of Access to Appropriate Level of Care
  - There is confusion regarding appropriate access of different levels of care (Primary Care vs. Urgent Care vs. Emergency Room).
  - The primary care system does not seem to be accommodating. Patients will choose the Emergency Room because it is open and no appointment is needed.
  - Many feel that access to the Emergency Room is less complicated.
- Higher Expectation of Emergency Rooms
  - Many representatives (Oromo, Vietnamese, Spanish, Hmong) believe that there is more equipment and more thorough testing in the Emergency Room.
  - Somali representatives believe that there aren't enough doctors in the urgent care setting. They will end up sending you to the Emergency Room, so going to the hospital is better.

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Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Healthcare System Barriers Cont.

Regions Hospital Community Conversations

- Cultural Sensitivity and Humility
  - There can be stereotypes from healthcare providers about age/people of color/etc.
  - Providers need to learn to communicate more effectively with patients, and provide immigrants with access to culturally competent care in their own language.
  - Providers should practice cultural humility with patients and the community in order to connect the medical and community models.
  - Encourage providers to approach patients and communities with cultural humility.
- Lack of a Holistic Approach
  - Especially with diabetes and food choice that are culturally appropriate.
- "Advocating for Yourself" is Difficult
  - Some patients feel there is a power differential between doctors and patients.

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Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Prevention and Education

Regions Hospital Community Conversations

- Need for Increased Focus on Prevention and Education
  - There seems to be a lack of belief, or focus, on preventive care.
  - For example, people tend to only go to the dentist or doctor when something hurts, but do not usually go as a preventative measure.
- Community Education on Healthcare Access is Necessary
  - Many people do not know which healthcare resources are available to them, and navigating the healthcare system can be overwhelming.
  - There can be a lack of follow-up with patients who need it.
- Encouragement to Seek Care
  - Fear of a diagnosis and/or stigma surrounding a diagnosis can prevent people from seeking treatment.
  - There is a need to stress importance of early diagnosis.

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Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Access to Healthy Lifestyle Resources

Regions Hospital Community Conversations

- Limited Access to Healthy, Affordable Foods
  - Obesity and diabetes are of particular concern.
- Lack of Adequate Education/Understanding Regarding Nutrition
  - There is a lack of understanding about how to control diabetes.
  - Regarding childhood diabetes, full family involvement is crucial, particularly in the Spanish-speaking community.
- Culturally-tailored Nutrition Education
  - Food education needs to be in primary language if possible, with photos of portion sizes.
- Community Support
  - Role models and community support are critical: "If others you know attend programs, you will too."
  - The community must own it and feel responsible for it to flourish.

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Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Access to Healthy Lifestyle Resources Cont.
Regions Hospital Community Conversations

- Healthy Lifestyle Promotion
  - Need for advertising where people go for information (i.e., church, bus stops, etc.)
  - Vietnamese representatives suggested family-based programs as a motivation for people to attend healthy lifestyle programs.
  - Hmong representatives believe that people will not go to healthy lifestyle programs unless they are introduced at special events.
- Monetary and Programming Support (noted specifically by community organizations)
  - Grant funding is an asset to the community, but cycles may need to be extended past 12 months
  - There was mention about the medical community investing in the community and grand providers meeting with the community to set goals

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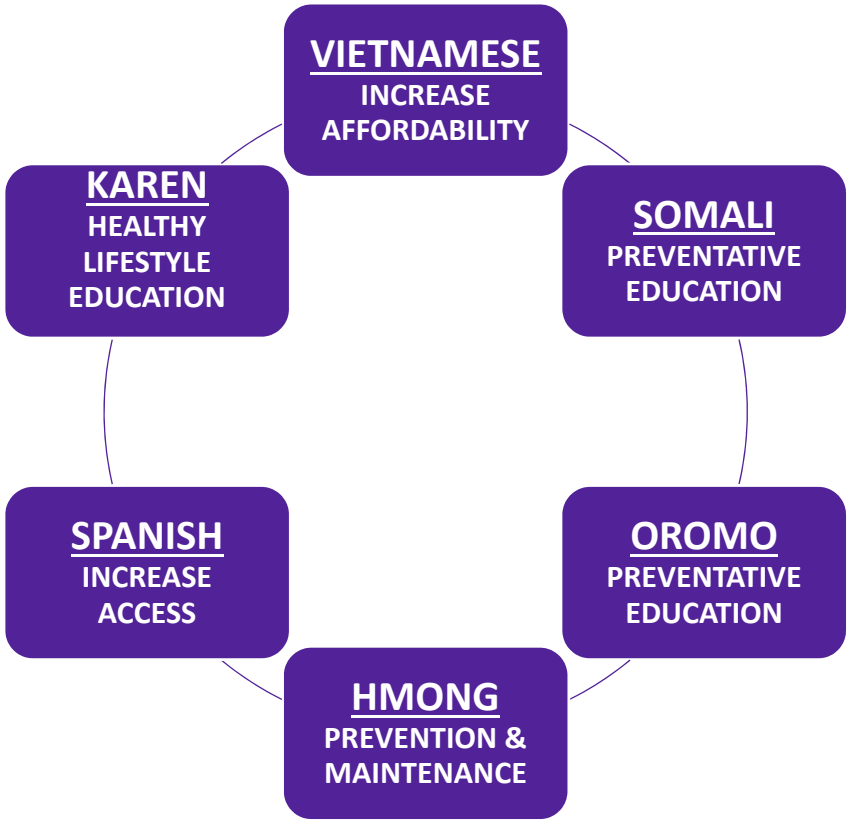
Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Barriers to Care for Diverse Populations

Regions Hospital Community Conversations

- Linguistically diverse populations are at an increased risk of facing access barriers and receiving inadequate care.
- Additional populations that are at an increased risk are:
  - Low-income
  - Immigrants
  - Elderly who are fragile and isolated
  - LGBTQ population
  - Homeless youth
  - Unemployed
  - People who did not complete school
- Concerns include:
  - Transportation
  - Medication management
  - Limited medical coverage
  - Cost barriers
  - Culturally appropriate care

If you were in charge of improving the health of the communities that you serve, what is the one thing you would do?



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Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Community Connectedness
Regions Hospital Community Conversations

- Integration of Medical and Community Models
  - Build partnerships across the medical and local communities by capitalizing upon existing assets and engaging residents.
- Community Members as Resources
  - Residents have time, desire, connections, and creative ideas, but not always enough resources to see those ideas through.
  - Train community members to provide information to others, so medical providers do not necessarily need to be present (EX: Latino community churches).
  - Somali representatives suggested a need for community health workers who follow up with patients and explain the benefits of a prescribed medication.
- Linguistically Diverse Community Assets
  - There are many Hmong (Hmong American Partnership – joined with Karen groups), Oromo, Vietnamese (Vietnamese Family Services), and Somali programs within the community.
  - Wellness programs for people aged 50+.

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Source: Community Conversations conducted by Regions Hospital; June 16, 2015 & July 14, 2015

Summary of Community Conversations Conducted by Lakeview Hospital

A review of findings from the community conversations conducted by Lakeview Hospital

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Background
Lakeview Hospital Community Conversations

- Lakeview Hospital conducted 2 community conversations during the summer of 2015 to gather input from various groups in the community, including representatives of under-served populations.

Community Conversation #1
Members of Community Health Action Team
Conducted: May 15, 2015

Name	Role
Cheryl Hale	Nursing, Stillwater Area Public Schools
Shelly Rock	Parish Nursing, Lakeview
Susan Whalen	Private Practice Psychologist
Allie Schmidt	Pregnancy Counselor, Evolve Adoption
Diane Cragoe	School Programs Coordinator, Family Means
Jean Streetar	Washington County Public Health
Cathy Dyball	Community Thread
Jen Kowalsky	Community Member

Community Conversation #1
Members of Health and Wellness Advisory Committee
Conducted: July 15, 2015

Name	Role
Sue Hedlund	Retired Public Health Deputy Director
Lowell Johnson	Director of Public Health, Washington County
Rick Robbins	Community Member & Marketing Professional
Denise Pontrelli	Superintendent of Schools, Stillwater
Ron Phillippo	Community Member & Retired Boy Scout Executive

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Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015

Summary of Findings

Lakeview Hospital Community Conversations

- Access to Mental Health Services
- Chemical and Substance Abuse Issues
- Access to Adequate Nutrition and Physical Activity
- Need to “connect people to services and to each other”

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Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015

Survey Summary

Lakeview Hospital Community Conversations

- A brief survey was conducted to rank the top health care initiatives. The top health care needs were:
  - Promoting change in negative habits
  - Promoting positive health habits
  - Improving access to health care for populations with limited services
  - Increasing the proportion of residents who have access to health coverage
  - Promoting chronic disease management

Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015

Access to Mental Health Services

Lakeview Hospital Community Conversations

- Top Priority
  - Five out of eight community conversation members reported mental health as the top need in the community.
- Mental Health Stigma & Gaps in Access
  - There is a need to decrease stigma and close the gap in access to services.
  - There is a continued need to work on stigma, and create resources that people are confident in.
  - Connecting providers with needs can be difficult. There is an overall need to connect "need" with the "help."
- Preventive Education
  - Education is necessary to help people identify early signs of mental illness and next steps for treatment.
- Lack of Resources
  - The community does not have facilities to take people with mental health issues. The ambulance will not take them, so the sheriff has to bring them to Regions Hospital.

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Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015

Chemical and Substance Abuse Issues

Lakeview Hospital Community Conversations

- Substance Abuse
  - Abuse of prescription medications, opiates in particular, is a concern in the community.
  - The community lacks continuing alcohol and tobacco education, including e-cigs and non-smoking forms.
  - There is an increase in drug use among high school students and young adults in the Stillwater area.
  - There is a problem with marijuana's increasing acceptance and the perception that it is low risk, including a "weed justification" of "it's okay because it's okay in other states."
- Parental Education
  - There is a need to educate adults and guardians about new forms of common substances. For example, weed wax and other non-traditional forms of marijuana are common.
  - There are now "how-to" drug use apps.

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Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015

Nutrition and Physical Activity
Lakeview Hospital Community Conversations

Assets

- *PowerUp* is an important and visible resource in the area.

Needs

- Health Literacy
  - Lack of health and wellness literacy is a problem in the community.
- Lack of Healthy Food for Specific Populations
  - There is food inequity in the area, and access to nutritious foods for the elderly is severely limited.
- Lack of Resources
  - The community lacks a recreation department and facilities that are available are being under utilized.
    - *PowerUp* open gyms help with this issue.
  - Additional partnerships between Washington County/Stillwater Schools/Lakeview Hospital might be beneficial on this front.
  - "It might be a coordination problem, not a facilities problem."
- School Wellness
  - New policies are being proposed to the school board.
  - Budget cuts are impacting schools' abilities to staff nurses.

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Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015

Create Connections

Lakeview Hospital Community Conversations

- Establishing Community Connections
  - "Connecting people to services and to each other" was a recurring theme in both community conversations conducted by Lakeview Hospital.
  - This need is applicable across conditions and communities, including mental health.
  - Lakeview Hospital can be influential by continuing to connect patients to available services.
  - Lakeview can continue to collaborate with partners to share resources and increase awareness of resources.
- Building a Healthier Community
  - Increasing access to necessary resources and connecting community members who share similar experiences will increase the health and quality of life of the whole community.

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Source: Community Conversations conducted by Lakeview Hospital; May 15, 2015 & July 15, 2015

Summary of Community Conversation Conducted by Amery Hospital & Clinic

A review of findings from the community conversations conducted by Amery Hospital & Clinic

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Background
Amery Hospital & Clinic Community Conversation

- Amery Hospital & Clinic conducted 1 community conversation during the summer of 2015 to gather input from various community members, including those with insight from under-served populations.

Community Conversation #1
Diverse Community Members
Conducted: August 20, 2015

Community Conversation Attendee Organization / Role
Amery EMS
Amery Community Member
AHC Employee
Amery Fire Chief
City of Amery
Amery Community Festival Committee Lead

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Source: Community Conversation conducted by Amery Hospital; August 20, 2015

Summary of Findings

Amery Hospital & Clinic Community Conversation

- Access to Mental Health Services
- Alcohol and Other Chemical Abuse Issues
- Nutrition and Physical Activity
- Healthcare System Barriers / Misuse
- Community Strengths and Leadership

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Source: Community Conversation conducted by Amery Hospital; August 20, 2015

Access to Mental Health Services

Amery Hospital & Clinic Community Conversation

- Lack of Access to Mental Health Services
  - Participants noted lack of access to mental health services as one of the biggest health needs in the community.
  - There is “no place to bring [these patients] within Polk County.”
- Limited Services
  - Inpatient services are provided at Amery, but they are limited to ages 45+.
  - Outpatient services are provided at Amery Behavioral Health, but it can be difficult to get appointments.
  - There are not any services available for patients in crisis.
- Many do not want to seek treatment because there is a stigma associated with having a mental health condition.

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Source: Community Conversation conducted by Amery Hospital; August 20, 2015

Alcohol and Chemical Abuse

Amery Hospital & Clinic Community Conversation

- Substance Use and Mental Health
  - Drug and alcohol usage was also noted as one of the biggest health concerns in the community.
  - It was noted that drug and alcohol use can be connected to mental health issues.
- Limited Services
  - The closest facility for drug and alcohol treatment is located in Duluth.
- Children are at Risk
  - It was mentioned that there is a feeling among youth that drugs are okay if they are "natural."
  - The internet can provide inaccurate and misleading information.
  - There is a significant familial influence regarding growing up with drugs / alcohol in the home.

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Source: Community Conversation conducted by Amery Hospital; August 20, 2015

Nutrition and Physical Activity

Amery Hospital & Clinic Community Conversation

- Access to Healthy Lifestyle Resources
  - There are adequate programs that promote healthy lifestyles, but physical activity was still noted as a significant concern.
  - One person mentioned that a swimming pool might increase access to physical activity resources.
- Sugar Intake
  - Community members may need additional information on the risks associated with high sugar consumption.
- Vulnerable Populations
  - Low income community members are most at risk for unhealthy lifestyles.

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Source: Community Conversation conducted by Amery Hospital; August 20, 2015

Healthcare System Barriers / Misuse

Amery Hospital & Clinic Community Conversation

- **Barriers**
  - Transportation
    - Lack of understanding or knowledge of services may be an issue. For example, the Amery Hospital & Clinic Van service could be advertised as alternative to ambulance after ER visit.
  - Medication management may be a concern for the elderly.
    - Home visits were suggested to assist with this issue.
- **Misuse**
  - Healthcare System
    - It was mentioned that community members may "know the system too well." For example, a patient may wait until the Urgent Care is closed so they don't have a copay.
  - Fire Department
    - It was noted that over half of calls are routine calls rather than emergency.
- **Community education** may be helpful.

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Source: Community Conversation conducted by Amery Hospital; August 20, 2015

Community Strengths and Leadership

Amery Hospital & Clinic Community Conversation

- **Strengths**
  - Personal touch
  - Safe
  - Community collaboration
  - Support for community projects and fund raisers
  - Healthy lifestyle resources
    - Gyms, expert help, nutrition, diabetes and pregnancy counseling
- **Leadership**
  - The community needs someone to spearhead issues and support will follow.
  - It is important to take on leadership roles and let the community know that there are several people / organizations willing to help or connect you with those that can help.

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Source: Community Conversation conducted by Amery Hospital; August 20, 2015

HealthPartners' Previous Community Health Priorities

A listing of the health needs identified in the most recently conducted Community Health Needs Assessment for HealthPartners (*Dakota, Ramsey, Washington, and St. Croix Counties*)

2012 HealthPartners' CHNA Needs

Dakota, Ramsey, Washington, and St. Croix Counties

1. Increase Access to Mental Health Services
2. Promote Positive Behaviors to Reduce Obesity
3. Increase Access to Primary and Preventive Care
4. Improve Service Integration
5. Promote Change in Unhealthy Lifestyles

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Source: 2013 CHNA for Regions, Lakeview, Hudson and Westfields

Overall Summary of Common Themes

A list of common health needs that were identified by evaluating demographic data, health data, and a summary of community input.

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Common Themes

- **Mental and Behavioral Health**
  - Mental health services and access
  - Drug and alcohol abuse and dependency
- **Chronic Disease and Illness Prevention**
  - Obesity
  - Heart disease
  - Diabetes
  - Cancer
  - Communicable diseases
- **Equitable Care**
  - Social determinants of health
  - Disparities among underserved populations
- **Access and Affordability**
  - Ease of healthcare use
  - Barriers to access
  - Connections to services and resources
  - Partnerships

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Input Regarding the Hospital's Previous CHNA

A review of the community input provided on the hospital's previous CHNA and Implementation Plan

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Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- Collaborative efforts were made by each of the hospitals to coordinate with their local counties in creating CHNAs/CHIPs/CHAs. Findings from these existing documents supplemented the 2015 CHNA and Implementation Strategies for the six HealthPartners' hospitals participating in this report.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.

Evaluation of Hospital's Impact

An evaluation of the hospital's impact regarding initiatives detailed in the hospital's previous Implementation Plan

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Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- The hospital has tracked the progress made on previously listed activities and a summary of impact made by the facility is included in this section.

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Regions Hospital

Community Health Needs Assessment

Implementation Activities

2013

Community Health Needs Assessment
Year One Implementation Progress Report
2013 Report

The Community Health Needs Assessment (CHNA), a statutory requirement from the federal government Affordable Care Act, was instituted to justify a hospital's 501(c)(3) tax-exempt status. Every three years, a Community Health Needs Assessment is to be completed and needs to include a written three-year Implementation Plan. The Plan is to be reviewed and updated annually.

We at HealthPartners believe the Community Health Needs Assessment (CHNA) is a written extension of our mission to improve health and well-being in partnership with our members, patients and community. We welcome the opportunity to share this executive summary.

Our HealthPartners hospitals first CHNAs, in 2012, identified the greatest needs in the communities we serve. Comprehensive assessments were conducted by the following HealthPartners hospitals: Regions Hospital in St. Paul, MN; Lakeview Hospital in Stillwater, MN; Methodist Hospital in St. Louis Park, MN; Hudson Hospital in Hudson, WI; Westfields Hospitals in New Richmond, WI and Amery Regional Medical Center in Amery, WI. Both the CHNAs and Implementation Plans at each of the hospitals were approved by their respective hospital boards, Q4 2012.

The first year of each hospital's Implementation Plan was 2013. This executive summary is a report back of the 2013 implementation activities.

The priorities that were identified by the Community Health Needs Assessment for Regions Hospital.

- Increase Access to Mental Health Services
- Promote Positive Behaviors to Reduce Obesity (Nutrition/Physical Activity)
- Increase Access to Primary and Preventive Care
- Improve Service Integration
- Promote Change in Unhealthy Lifestyles (Tobacco/Alcohol/Substance Abuse)

Executive Summary: An update of the Implementation Plan for 2013.

Priority #1 Increase Access to Mental Health Services	**Objective 1:** Regions Hospital seeks to improve access to mental health care by leading the effort to offer a centralized place for comprehensive, quality, and personal mental health services.
Implementation Activity: Regions Hospital will build a new mental health care facility, including an eight- story tower with 100 private inpatient rooms.	Year #1 2013 Progress Update In December of 2012, Regions Hospital opened a new inpatient mental health facility, the only completely private room facility in the twin cities. With the new building and care model, Regions experienced growth in volumes and improved patient satisfaction. Total Capital: $33,415,558 Operating: $19,631,745
By first quarter 2013, Regions Hospital will begin operating a partial hospitalization program, DayBridge.	In May of 2013, Regions Hospital opened DayBridge, a partial hospitalization program. DayBridge is a mental health program for adults who need intensive therapy but can continue to live in their community with the support of family and friends. Individuals participate in inpatient-like treatment during the day and return to their home at night and on weekends. 115 patients served. Total Capital: $ 1,166,000 Operating: $365,984
Priority #1 Increase Access to Mental Health Services	**Objective 2:** Through funding by the Regions Hospital Foundation and in partnership with other community organizations, Regions Hospital will implement a community-based mental health anti – stigma campaign, which is comprised of several new and on-going initiatives aimed at reducing the stigma associated with mental health illnesses.
Implementation Activity: Regions Hospital will continue to lead and provide support to the East Metro Mental Health Roundtable and support the administrative costs of the task force.	This team launched the MakeITOK campaign and continued to oversee the Mental Health Drug Assistance Program. This Rountable revised metrics for tracking mental health services, with the assistance of the Wilder Foundation, and reported on the need for more Intensive Residential services. The East Metro Mental Health Roundtable will re-convene to discuss options. Operating: $ 925
At Regions Hospital, volunteers provide friends and family members with information and resources on mental illnesses, medications, and how to be an effective support system. By 2013, Regions Hospital will provide a new dedicated resource room to NAMI.	National Association on Mental Illness (NAMI) provides trained volunteers to source the lobby and resource room. Over 113 hours of volunteer time was provided to assist families with their education and support needs.
Regions Hospital will participate in the annual NAMIWalk in September to raise the public's awareness of mental illnesses and end the stigma surrounding them.	There were 88 participants on the Regions Hospital team and the team raised approximately $6000 to contribute to NAMI in the effort to increase awareness of mental illness and to eliminate stigma. Operating: $800
Regions Hospital will proceed in the planning process for developing various marketing techniques associated with the anti – stigma campaign.	In 2013, Regions and HealthPartners spent $1,004,257 on the Make It OK campaign using contributions to Regions Hospital Foundation. MakeItOK.org launched in December 2012 and the campaign hard launched in May 2013 with an advertising "flight" that included television, Make It OK has generated a lot of enthusiasm in the community. One indication of the enthusiasm is the number of people who visit MakeItOK.org. Through 2013 the site had 30,696 unique visitors and 4,035 people took the site's pledge to become stigma-free. The Make It OK campaign has also received very positive reviews in local press. The following quote is from a StarTribune editorial date June 12, 2013: "Minnesota, so often ahead of the health care curve, is again a public health pacesetter thanks to the Make It OK campaign, which boldly but pragmatically moves beyond previous efforts to reduce the stigma of mental illness." Operating, through Foundation Fundraising: $1,004,257
Priority #1 Increase Access to Mental Health Services	**Objective 3:** Regions Hospital Foundation (RHF) and HealthPartners will continue to support initiatives that improve access to mental health services.
RHF raises funds for and acts as a fiscal agent and performs administrative functions for the Mental Health Drug Assistance Program (MHDAP) at Regions Hospital, which improves access to prescription drugs for persons with mental illness.	In 2013, MHDAP provided $234,620 worth of stop-gap assistance to 406 mental health patients who temporarily could not afford medications. The program helped individuals obtain 1,275 prescriptions. Operating, through Foundation Fundraising: $ 234,620
Regions Hospital will continue to offer services in the Emergency Center Mental Health crisis unit. By year end 2013, Regions Hospital will implement enhancements to the care model utilized in the crisis unit including reducing aggressive patient behavior and de-escalation training for staff, unit physical	7,482 were served in the Mental Health Crisis unit in 2013. Patients stayed for an average of 12 hours, and 57% were admitted. Regions Hospital added a Psychiatry consult service and a dedicated PA 16 hours a day to enhance the experience and accelerate the recovery process. All staff are getting trained in de-escalation techniques. Capital: $47,000

improvements for patient and staff safety and a revised clinical staffing model to enhance and accelerate treatment.	Operating: $3,225,000
(Mental Health Crisis Alliance)MHCA prevents avoidable emergency hospitalization and facilitating timely discharges by providing adult mental health crisis stabilization services in homes, community settings, or in short-term, supervised, licensed residential programs. Regions Hospital will continue to be an active sponsor of the MHCA.	We are founders and help lead (as well as financially support) The Mental Health Crisis Alliance (formerly known as EMACS) which received the following 3 prestigious awards this past year: • 2013 DHS Commissioner's Circle of Excellence Award • 2013 NAMI Provider of the Year Award • 2013 University of Minnesota Humphrey School Local Government Innovation Award This program is proven to reduce costs and hospitalizations for patients needing crisis stabilization.
Regions Hospital will support the Crisis Center by educating patients in the emergency department about the services, and providing psychiatric coverage to the crisis center.	As noted above, 7,482 patients were served in Regions Hospital Emergency Center Crisis unit in 2013. Patients were regularly educated and provided materials about the Ramsey County Crisis Center. Operating: $ 7,000

Priority #2 Promote Positive Behaviors to Reduce Obesity (Nutrition/Physical Activity)	**Objective 4:** Regions Hospital will collaborate with various organizations to promote health awareness and education, which encourages positive health behaviors to reduce obesity.
Implementation Activity: Regions Hospital will continue to collaborate with SHIP throughout 2012 and 2013.	Year #1 2013 Progress Update Many of Regions Hospital's priority goals overlap with many of the SHIP goals. Regions Hospital, as part of the integrated system of HealthPartners and through its sister hospital in Stillwater, collaborates and advocates in cooperation with these SHIP efforts through our yumPower and PowerUp initiatives.
Regions Hospital will promote yumPower and healthy eating on campus and through social media.	The accomplishments for 2013 focused around a strong communications campaign. Internal employee communications, Facebook and Twitter were all used to send consistent messaging about yumPower and better-for-you options. Articles included everything from weight loss tips, juvenile diabetes and the yumPower app to choosing the right foods when dining out and debating the merits of cleanses. There

	were several events including teaming with Andrew Zimmern to offer free yumPower samples on his food truck, handing out free veggies at clinics and offering yumPower options and recipes at Regions year end celebration.
Regions Hospital will participate in the Best Fed Beginnings initiative. The purpose of the Best Fed Beginnings (BFB) initiative is to promote breastfeeding nationwide by creating an environment in which a mother's choice concerning breastfeeding	1) Exclusive breastfeeding rate improvement from summer 2012 at 39% to winter 2014 at 64%. Goal is 70% 2) Baby Skin to Skin (vaginal birth) improved from summer 2012 at 30% to winter 2014 at 60%. Goal is 80% Baby Skin to Skin (cesarean birth) improved from summer 2012 at 0% to winter 2014 at 50%. Goal is 70% 3) Rooming In 23 of 24 hours/day improved from summer 2012 at 10% to winter 2014 at 50%. Goal is 70% 4) Created/developed/implemented prenatal education documents for all 17 prenatal clinics, translated into Hmong, Somali, Spanish, Amharic Operating: $65,036
Regions will continue its support including employee and corporate fundraising and active involvement in the American Heart Association's focus to improve the heart health of our population and reduce obesity	Regions Hospital participated and sponsored the following events • Teaching Gardens funds gardens in local schools • Heart Walk • Power to End Stroke • Go Red for Women Operating: $ 27,500

Priority #2: Promote Positive Behaviors to Reduce Obesity (Nutrition/Physical Activity)	**Objective 5:** Regions Hospital will promote the health and wellness of its own employees by creating a "be well" culture.
Implementation Activity: Regions Hospital will establish an onsite activity center to provide employees an outlet for exercise before or after work or during their breaks.	Year #1 2013 Progress Update Regions has a fitness center which consists of a cardio room(with four machines), group activity, and personal training/coach room. There are 1,436 (29%) of employees who have signed participation forms giving themselves badge access 24/7 to the fitness center which resulted in 14,921 employee visits during 2013. During peak use hours all 4 machines are busy. In the group fitness room a variety of classes are offered such as yoga, core conditioning, mindful relaxation, step aerobics and Zumba. The space comfortably holds 8-10 people depending upon the type of class with an average attendance of 5-6 people per class which results in about 2274 employee visits for a group fitness class. In the fitness center personal

	training is also available to employees. Last year 33 employees purchased personal training packages. Operating: $ 79,321
Regions Hospital will begin providing wellness coaching services for its employees on an individual or group basis	Regions provides health and wellness coaching to employees through a variety of services offered by a certified wellness coach. Our most successful coaching program was "Know Your Numbers". In this program, employees complete 3 visits in the order of their choosing. In one visit they meet with the Employee Health and Wellness Clinic NP to discuss cardiovascular health risk factors including blood pressure, height, weight, BMI and blood work (cholesterol profile and glucose). In another they meet with a certified personal trainer and wellness coach to review overall fitness and well-being after measuring waist circumference and body composition. In another visit they meet with a wellness coach to discuss results on a completed self-assessment tool measuring resilience, stress management and life satisfaction. There were 106 employees who completed at least one visit and 56 employees who completed all three visits. Employees who completed evaluations indicated that this program was extremely beneficial in changing lifestyle and improving health and well-being. In addition, another 17 employees participated in individual or in a small group session with the health and wellness coach. Operating: Included in the Employee Health and Wellness Clinic
Regions Hospital will establish an onsite employee health clinic for employees to receive some preventative and early treatment for minor ailments to improve overall health.	Regions opened an Employee Health and Wellness clinic to employees which is staffed by a certified family nurse practitioner. The clinic provides minor acute illness and injury care, including workplace injury, preventive health screenings and wellness care. In 2013, over 2,100 employees received care for concerns related to musculoskeletal pain/injury, skin, allergic, upper respiratory conditions, blood pressure, mental health and urinary issues. Employees receive any required blood/radiology testing, prescriptions and referrals to other providers as needed. Twenty-nine employees received tobacco cessation counseling including a free 6-week supply of nicotine replacement products (average value of $100 per supply). Patient (employee) satisfaction with the clinic is measured using the same method as all HealthPartners clinics. This measurement includes the question "Would you recommend your Regions Health and Wellness Clinic to colleagues?" The clinic consistently scores above 90 and mostly at 100 (the maximum score). The clinic has provided accessible and high quality care to employees while showing an ROI for saved productive time (less PTO) and cost to the health insurance plan. Operating: $ 137,963
Priority #2: Promote Positive Behaviors to Reduce Obesity (Nutrition/Physical Activity)	Objective 6: Regions Hospital will implement initiatives to increase health care access to specific groups, particularly the culturally diverse and un-insured and under-insured.
Regions Hospital will maintain a staff of at least 75 permanent and on-call interpreters who provide interpretation	In 2013 Regions Hospital employed 93 staff interpreters providing services in 13 languages: Cambodian, Karen, Burmese, Nepali, Oromo, Amharic, Spanish, Somali, Hmong, Lao, Thai, Vietnamese, and American Sign Language. Staff interpreters interpreted for over 13,863 in-person patient encounters at Regions Hospital
services at Regions and four HealthPartners clinics	and an additional 31,241 encounters throughout the HealthPartners care system. Regions Hospital also holds contracts with nine interpreter agencies to provide in-person or remote (telephonic and video conferencing) services in over 150 additional languages 24/7. Regions staff accessed telephonic and video interpreters for over 50 different languages during 2013. Operating: $1,629,500
Regions Hospital will continue efforts to connect patients with primary care. Regions Hospital operates a financial counseling program, which works to secure a payment source for un-insured and under-insured patients. Twenty-two counselors help patients enroll in government programs or find other sources of coverage. Regions Hospital also provides case management services in the Emergency Department specifically tasked with helping patients find a primary care provider and scheduling appropriate follow up appointments.	Twenty-two counselors and 2.5 of Ramsey and Dakota county employees help patients enroll in government programs or find other sources of coverage. Specifically, the counselors are able to assist patients with screening for and completing applications with MN health care programs, Regions Hospital financial assistance/charity care applications, and setting up payment plans. The Regions Hospital Emergency Department and inpatient units provide financial counseling 24 hours a day, 7 days a week, while other departments provides counseling during the business week. In 2013, financial counselors enrolled nearly 1,930 individuals in government health care programs: 1,848 applications taken and 1,334 were successfully opened (72% success rate); for inpatients, 860 applications taken and 596 were successfully opened (70% success rate). Regions Hospital provides 4 case managers in the ED to connect patients to community resources. Staff helped schedule 1,141 follow up appointments, made 89 connections to community resources and 19 connections to homelessness resources and programs. Operating: $1,593,869
Regions Hospital is committed to reducing the financial stress for un-insured and under-insured patients. Regions Hospital will continue that commitment by funding various organizations that address that need.	Portico is a community based nonprofit model for delivering care management and primary, preventive and specialty health care services to uninsured families and individuals who cannot afford health insurance and do not qualify for publicly sponsored health care programs. Regions provides funds to Portico who uses that contribution to provide ambulatory care coverage and case management for the otherwise uninsured. Through Regions contribution Portico covered 204 individuals. Operating: $ 97,193
Regions Hospital will continue its commitment to serve all, regardless of income or insurance status. Regions Hospital is the largest provider of charity care in the east metro.	Regions Hospital continues to be the largest provider of charity care services in the East metro. As a Level 1 Adult and Pediatric Trauma Hospital with 100 inpatient psychiatric beds, Regions continues to achieve its mission to serve all patients, regardless of their ability to pay. In 2013, 43,237 patients received charity care services at Regions Hospital at a cost of $21.4 million. This included inpatient and outpatient services across all service lines. Operating: $ 21,400,000
Regions Hospital will continue to engage	• The Equitable Care Committee held five Caring Across Cultures film showings with guided discussions

in programs and initiatives specifically designed to reduce disparities and encourage the appropriate use of health care resources.	following each film. These films addressed health care needs and barriers to care for the Hmong, Latino, African-American, and Somali communities. The fifth film provided insight in improving health communication with patients from around the world. 45 people participated. • An interdisciplinary team focused on reducing disparities in care for women and their families during childbirth held five community focus groups with 119 individuals to solicit feedback on expectations regarding the childbirth experience. The groups were comprised of Hmong, Latina, African-American (2 groups), and teen-age mothers. Suggestions from these groups are being incorporated into Regions Birth Center quality improvement initiatives. • Regions nursing leadership held three "Let's Talk" sessions to begin conversations regarding race and other disparities. • A team of Regions leaders continues to monitor disparities based on race and language for selected diagnoses and patient satisfaction scores. Findings are generally shared with key leaders who are responsible for addressing any issues. One example of such an action was to conduct physician and staff shadowing to improve interactions and communication with patients. • The Equitable Care Fellows program continues at Regions Hospital as part of a larger HealthPartners initiative. Equitable Care Fellows are volunteers who have committed to learning about health care equity issues and bringing learnings into to their primary work areas. Regions has eighty Equitable Care Fellows in a variety of roles, including physicians, nurses, and social workers. In 2013 Fellows participated in an annual meeting early in the year and activities at the Hmong Village Mall in St. Paul and the Somali Museum in Minneapolis. • A Human Library event was held at Regions. This event was designed to allow a safe environment for people to talk and learn from others with a diverse lifestyle or culture. Over 30 staff members participated. • Regions Fellows contributed articles to HealthPartners Culture Roots publications. These short online articles highlight diversity issues in healthcare. • The Regions Patient & Family Advisory Council continued its efforts to diversify by adding a Hmong representative to the Council. Metrics relating to the progress in reducing disparities include: • Patient satisfaction is monitored by race and language for specific key questions. • Core measures are monitored by race and language.
Regions Hospital will support the St. Paul Fire Department's implementation of a new Basic Life Support (BLS) transport service with crew uniforms, EMS training, medical direction, clinical time in the Emergency Department and payment for charity care transports.	Regions Hospital has deployed a strategy to ensure that quality and timely transport (stretcher and wheelchair) is available for discharging patients. The Patient Placement department, working in collaboration with Care Management, is the in-house centralized coordination point to schedule medical and NEMT transportation needs. • Quality BLS stretcher transports provided to Regions Patients by St. Paul Fire BLS service in 2013: 1580 • Quality wheelchair discharges (administered by CART EMT's) from Regions Hospital: 95 per month / average • Quality BLS transports provided to Metro area nursing care facilities and hospitals: 285 per month/ average Capital: $150,000 Operating: $ 258,650
Priority #3 Increase Access to Primary and Preventive Care	**Objective 7**: Regions Hospital will provide access to an expansive library of health and wellness materials to help patients develop a deeper understanding of medical conditions and appropriate wellness activities and resources available in the community.
Regions Hospital will continue to operate the Health Resource Center.	2013 has been a transitional year for the health resource center (HRC). During 2012 an analysis of data related to use of the services and programming and key informant interviews reveals that the HRC as currently designed is not meeting its intended purpose. Therefore, the Health Resource Center was closed in 2013. Patients and families still receive many educational resources through Regions Hospital and HealthPartners. The cancer care center, mental health and heart center all have patient resource libraries. In addition, families do access the medical resource library which does maintain a small collection of books but mainly provides access to reliable on-line resources. Patient care staff readily accesses the TIGR system which currently has over 100 education modules. This puts education at the bedside for patients and their families. Patient care staff also utilizes the on-line materials through HealthPartners Healthwise which allows staff to print out resources for patients and families. Finally patients can receive a complimentary care (massage, music therapy, etc) while a patient at Regions.
Regions Hospital will continue to build on its health education materials housed within the Electronic Medical Record	Regions Hospital went live with Healthwise Patient Instructions in June, 2013. Based on a patient's problem list and/or diagnosis code(s), relevant patient instructions are presented in Epic, our electronic medical record, during the patient encounter. Patient Instructions can be added to the After Visit Summary/Discharge Instructions as part of the patient's medical record (or printed separately). Patients can also view the instructions on MyChart. In addition, a code at the bottom of a patient instruction directs the patient to more information on the topic in the Healthwise Health Information Library on healthpartners.com. Ambulatory and ED went live with Healthwise Patient Instructions prior to 2013 so consistent, patient-friendly content is now provided to patients across the continuum of care. Operating: $45,000
Regions Hospital will continue to enhance the health education materials and links available at www.regionshospital.com	At www.RegionsHospital.com patients can find a variety of health education materials and links to trusted sites for additional support and resources. Patients can peruse the website or are directed there through social media. In 2013, Regions Hospital website had 495,213 visits.

Priority #3 Increase Access to Primary and Preventive Care	**Objective 8:** Regions Hospital is a teaching hospital and will continue to collaborate with HealthPartners Institute for Education and Research in its mission to improve health by maximizing the abilities of people and systems to provide outstanding care.
Implementation Activity: Regions Hospital is a training ground for approximately 470 residents and many clinical students who receive extensive training. Regions Hospital will continue to partner with various institutions to provide high quality learning opportunities for future clinicians.	Year #1 2013 Progress Update Through our own accredited programs and through partnership with the University of Minnesota, Regions Hospital trained caregivers of the future. Twenty-two residents graduated from Regions-based programs in 2013. Approximately 500 residents (133 FTEs) in total received clinical experience at Regions. Clinical experience was also provided to: • 600 medical students • 100 physician assistant students • 500 undergraduate nursing students • 75 nurse practitioner students Operating: $ 12,963,533
Regions Hospital has recently added new residency positions, including a pharmacy residency position and an advanced practice psychiatric residency position. Regions Hospital and the HealthPartners Institute for Education and Research will continue to explore new opportunities to expand or enhance education on the Regions Hospital campus.	Psychiatric Residency: In 2008, Regions Hospital began an advanced practice psychiatry post graduate training program. Our mental health department offers a one year post graduate psychiatric training program for PA's and NP's interested in obtaining further experience in psychiatry. This is one of three programs in the United States that offers post graduate training for Physician Assistants and the first post-graduate program for Nurse Practitioners in the field of Psychiatry. Pharmacy Residency: The purpose of the PGY-1 Pharmacy Residency Program at Regions Hospital is to provide the learning environment, instruction, mentoring, and evaluation necessary to prepare pharmacists to work in an acute care setting, pursue further post-graduate pharmacy training, and precept pharmacy students upon completion of the residency. The program is one-year in duration and accredited by the American Society of Health-System Pharmacists (ASHP). Operating: $ 180,719
Regions Hospital will continue to house the HealthPartners Institute of Education and Research clinical simulation center.	The Simulation & Learning Center remains the only SSH accredited simulation center in MN and surrounding states (WI, IA, ND, SD). The Sim Center provided: PERT Team training, Mental Healthy Safety Course, conducted mock codes, Lucas Device Training, Emergency Medicine Resident competency testing, Emergency Medicine Procedures Training, Nursing Orientation, and various videos. In 2013, there were 3,500 Regions participant encounters. As a result of mock code training, the time to compressions decreased from an average of 41 seconds to 26 seconds. Time to first shock was 142 seconds, reduced from 162 seconds in 2012. Capital: $12,600 (LUCAS II for education)

	Operating: $ 1,565,847
Regions Hospital will continue to maintain an on-site and on-line medical library resources for Regions Hospital and HealthPartners employees, along with medical and nursing students	Regions Hospital Medical Library maintains both on-site and online access to subscription, knowledge-based resources for all Regions Hospital and HealthPartners employees. Print journals and books are available at the medical library located in the east section of the campus. Online resources which include journals, books and databases, can be accessed through the library's intranet site available on any networked computer, remotely through Citrix, and OpenAthens, a proxy server. The library's collection includes resources for physicians and nurses and most allied health professionals. It includes over 3,000 online journal titles and 19 databases. Over 400 literature searches are performed by librarians each year in support of patient care, education and research. Operating: $ 965,372
Regions Hospital will continue to advocate for adequate funding at the state and federal level for medical education.	• Advocated for the restoration of state medical education funding that was reduced in the 2011 budget session with administration officials and legislators. • Educated state officials on the impact of proposed changes to medical education funding formula will have on Regions Hospital. • Worked with members of the state medical education advisory committee to advocate for restoration of medical education funding. State medical education funding was restored in the 2013 session to pre-cut 2011 levels. The formula change included in the budget is awaiting approval from CMS so the final impact to Regions Hospital is yet unknown.

Priority #4 Improve Service Integration	**Objective #9** Regions Hospital will continue to improve service integration and the patient continuum of care via innovative partnerships and effective communication with other service providers.
Implementation Activity: Regions Hospital will continue to operate the Hospital to Home pilot program, which aims to get patients the right care at the right time.	Year #1 2013 Progress Update Regions and its partners expanded the program to 18 additional participant positions with grant funding from the Federal Housing and Urban Development agency. Regions partnered with additional community organizations to recruit program participants and ensure that those participants met criteria for previous ER use and chronic health conditions. The majority of participants (78%) were able to secure stable housing in the first four months of enrollment. Legal or medical issues prevented the remaining participants from obtaining housing. The Hospital to Home initiative continued to work with these participants towards the goal of stable housing. At any given time the program can serve up to 25 individuals
Regions Hospital will evaluate potential opportunities to extend the electronic medical record to key community	**In 2013, Regions:** • Developed electronic medical record emergency department care plans: An emergency department-based care plan is created for identified patients with high rates of unnecessary emergency

partners, or evaluate improved ways to appropriately share discharge information with the patient's caregivers, to ensure smooth handovers and transitions of care.	department (ED) visits and admissions. All care plans are viewable to all hospital care providers, including emergency department providers, hospitalists, and primary care physicians within the system. • Provided care manager outreach to patients: A care manager is available to provide face-to-face or telephonic education and follow up for patients using the emergency department for non-emergent reasons. • Funded a community paramedic development program: The community paramedic, under the orders of a physician, will make one or more home visits to identified patients to support clinical stabilization, patient education, and prevent unnecessary hospital readmissions and emergency department visits. • Developed an electronic medical record ED visit data feed to primary care providers: Within 24 hours of an emergency department visit, the visit information is sent electronically to the applicable primary care provider. IT development work was required in order to design and implement this electronic feed to primary care clinics. Capital: $205,000 Operating Budget: $34,000,000
Regions Hospital will also continue to work closely with community clinic partners in the service area on continuity of care and linkages to Regions Hospital, as part of the east metro safety net. HealthPartners Medical Group physicians continue to provide on call services for these clinics when their patients are hospitalized at Regions Hospital.	Regions Hospital is conducting a telemedicine services pilot to assist small hospitals and rural communities to increase access to clinical expertise in select subspecialty areas. Based on community clinic feedback, Regions identified the need to provide more streamlined and timely access to a patient's record once a patient received care at Regions and subsequently returned to their home clinics (based on patient's permission). Regions Hospital has committed and is in the process of implementing a new portal that will provide easier access to the patient's electronic health record. This portal will provide secure access without the need of an additional security token via the internet. Patients who identify a physician or clinic in the community will be published to their list of patients for ease of selection. This portal will be up and available in February 2014 for the pilot clinics. Additional clinics will be rolled out once the pilot clinics are deemed successful. Capital: $526,600 Operating Budget: $87,436
Regions Hospital will actively lead or participate in the company-wide care management transformation efforts. This work intends to improve health outcomes and the experience for patients with chronic or complex	We convene an interdisciplinary committee which meets monthly to address ED visits and hospital admissions. Care plans are implemented on patients considered high risk including those with narcotic abusing/seeking behavior and those with high rates of potentially medically unnecessary ED visits. Our data shows the impact on compliance and limiting ED visits and hospital admissions. In 2013 we had 34 patients with a care plan in place. ED visits decreased by 17.95% with this group and admissions decreased by 54.79%. The decrease year over year in ED visits and hospital admissions has been excellent.

conditions by integrating services and smoothing handovers and transitions.	Also imbedded in the ED are care managers who provide education and support to patients, connect them to primary care and to community resources. In addition, geographic studies were completed and we are partnering with community paramedics in neighborhoods where we see a high utilization of the emergency department. Our results around re-admission reduction have also been positive. For 2013 our non-elective 30 day readmit rate was 9.9%, down from 11.86% Many efforts are in place to manage risk of readmission. An algorithm was built to assign a score to patients representing their risk for risk for readmission. This score, along with other criteria, is used by care management staff and physicians to put in place activities to manage the risk. Hospital care management works closely with the healthplan disease and case management staff to ensure high risk patients are being followed outside the hospital. Hospital care management also works closely with Geriatrics, Hospice and Home Care to establish smooth transitions and exchange of information. Regular meetings take place with TCU's, LTAC's, SNF's and other facilities to establish and maintain processes that support efficient and effective transitions to and from the acute care setting.

Priority #5 Promote Change in Unhealthy Lifestyles (Tobacco/Alcohol/Substance Abuse)	**Objective #10** Regions Hospital will provide patients with the opportunity to address and treat alcohol and substance abuse issues by offering structured treatment programs to both adults and adolescents.
Implementation Activity: Regions Alcohol and Drug Abuse Program (ADAP), established in 1972, matches clients with appropriate community resources to build the foundation for viable, sustainable recovery. The staffs of licensed drug and alcohol counselors are supported by a team of mental health care professionals. Through long-established community relationships with social service, county agencies, and financial and housing organizations, Regions ADAP program will continue to connect clients with appropriate community resources to support their long-term recovery.	Year #1 2013 Progress Update Regions Hospital Alcohol and Drug Abuse program (ADAP) navigated several changes in management and staffing structure in 2013. In September of 2013, the final leadership structure was in place and since that time, efforts have focused on increasing the availability of residential and outpatient programs, by increasing staff numbers and expertise, improving the amount and quality of programming, and by actively building relationships with our referral sources and community partners. As a result of changes, volumes of patients served in residential, outpatient and assessment clinics have been increasing, as have the patients' level of satisfaction. Operating: $2,314,000

For appropriate emergency department and trauma patients, Regions Hospital will conduct a Screening, Brief Intervention and Referral to Treatment (SBIRT).	In 2013, Regions Hospital emergency department screened 2,633 patients using the SBIRT tool.

Prioritization

A description of the process used to prioritize the identified health needs, as well as a final list of needs that the hospitals within HealthPartners will seek to address

The Prioritization Process

- On August 24, 2015 leadership from HealthPartners and its respective hospitals met with Community Hospital Consulting to review findings and prioritize the community's health needs.
- Leadership ranked the health needs based on three factors:
  - Size and Prevalence of Issue
  - Effectiveness of Interventions
  - Hospital's Capacity

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The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue
a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. HealthPartners Capacity
a. Are people at HealthPartners likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)

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Final Priorities

- HealthPartners leadership ranked the four significant health needs based on the three factors discussed, resulting in the following prioritized list:

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

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Resources in the Community

An extensive list of resources that are available in the community to address the identified health needs

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Resources in the Community

- In addition to the services provided by HealthPartners and its hospitals, other charity care services and health resources available in the community are included in this report.
- Please visit the separate Appendix document for a full listing of community resources.

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Information Gaps

A description of any information gaps in the demographic or health data collected for this study

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the community conversations and review of current research.
- This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics. For example, 2009-2013 averages were used for mortality rates to give the most recent and accurate data.
- A variety of data sources were used to collect and analyze health behavior data. Due to these differences, direct comparisons between counties and across states should be made with caution. For example:
  - The most recent local overweight and obesity data by county is provided within the 2010 Metro Adult Health Survey for Dakota, Ramsey, Scott, and Washington Counties and within the 2010 SHAPE Survey for Hennepin County. The recently conducted Metro Shape 2014 Survey results will provide overweight and obesity data for all counties mentioned above in October 2015.
  - Senior Food Insecurity is a growing topic and is currently available at the state and national levels through the National Foundation to End Senior Hunger (NFESH) Annual Reports.
  - The 2010 SHAPE Survey for Hennepin County does not contain information on sugar-sweetened beverage consumption, and therefore could not be used to compare to the counties within the 2010 Metro Adult Health Survey.
- Timeframes for select data elements for the United States do not align with the timeframes for the study area but are reflective of the most recent year due to the fact that many data elements for the study area required a multi-year average due to low response volume. These occasions are noted in the "source" section of each data element.

About Community Hospital Consulting

A description of Community Hospital Consulting, which is the organization that collaborated with the hospital to conduct this assessment

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About Community Hospital Consulting

- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance.
- For more information about CHC, please visit the website at www.communityhospitalcorp.com.

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Implementation Plan

Region Hospital's 2015 Implementation Plan

Regions Hospital
2015 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 & Clinic, Amery Hospital & Clinic, and Park Nicollet Methodist Hospital) by Community Hospital Consulting. This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Dakota, Hennepin, Ramsey, Scott, and Washington Counties in Minnesota and Polk and St. Croix Counties in Wisconsin. Region Hospital's specific study area is defined as Dakota, Ramsey and Washington Counties, but health data for the remaining counties are used for comparison in this CHNA.

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. 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 hospital's 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.

HealthPartners and hospital leadership developed the following principle to guide this work: **Through collaboration, engagement and partnership with our communities we will address the following priorities with a specific focus on health equity in special populations.**

The final list of prioritized needs, in descending order, is listed below:

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

Regions Hospital
2015 Implementation Plan

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 indicates that counties in the hospital's study area have varying ratios of mental health providers to residents.

- Dakota County – 807:1
- Ramsey County – 298:1
- Washington County – 544:1
- Minnesota – 529:1

• Ramsey County identified mental health, mental disorders, and behavioral health as a top priority in the *Ramsey County Community Health Improvement Plan 2014-2018* . Findings from this report also indicate that only two of the five hospitals in Ramsey County provide inpatient mental health services. Ramsey County also falls short of the recommended 250 beds for its 500,000 population by nearly 100 beds. Finally, Ramsey County Public Health estimates that approximately 21% of children in the county suffer from mental disorders with at least some functional impairment at home, school and with peers.

• According to the Minnesota Student Survey (2013), across all Minnesota counties in the study area and in the state, 9th grade females reported higher rates of being harassed or bullied once or twice for their weight or physical appearance as compared to males. Additionally, 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.

• Participants in the community conversations conducted by Regions Hospital identified access to mental health services as a need in the community. It was mentioned that the cultural stigma surrounding diagnoses and accessing services are significant barriers, particularly for diverse community members (such as the Vietnamese, Spanish speaking, and Somali populations) and the elderly. The lack of timely access to mental health services was also discussed, including long wait times and insurance policies that don't cover mental health conditions.

• 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* . The use of alcohol and other drugs was also identified as a top priority for Dakota County.

• In 2012, 128 people in Dakota County, 76 people in Washington County, and 261 people in Ramsey County were injured in alcohol-related motor vehicle crashes.

• According to the Minnesota Student Survey (2013), overall, a higher percentage of female 9th grade students (between 10% and 14%), compared to male 9th grade students (between 8% and 11%), report living with someone who drinks too much alcohol.

• Washington County identified behavioral health problems among children and adults due to substance abuse and mental illness as a health need in the *Washington County Community Health Improvement Plan 2014* .

Priority #1: Mental and Behavioral Health

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Improve access	• Participate in the Mental Health Crisis Alliance to increase and provide better access to crisis services for patients	Michael Trangle Jayne Quinlan Babette Apland	x	x	x		
	• Explore expansion of Crisis Stabilization and IRTS beds to serve the needs of Regions patients	Babette Apland Jayne Quinlan	x	x		To be completed in 2017	
	• Provide psychiatric drug assistance as a stop gap measure for those patients without medication coverage. Assist with obtaining long term coverage.	Jayne Quinlan	x	x	x		
	• ED/MH model of care and Pod G renovations	Wendy Waddell	x	x		To be completed in 2017	
	• HeroCare	Wendy Waddell & Gretchen Prohofsky	x	x	x		
Reduce stigma & improve education	• Nami Walk	Wendy Waddell & Nancy Miller	x	x	x		
	• MakeItOK	Wendy Waddell & Gayle Godfrey	x	x	x		

Priority #1: Mental and Behavioral Health

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Reduce stigma & improve education	• ADAP programming updates	Michaelene Spence & Wendy Waddell	x	x	x		
	• Support groups for families of inpatients	Wendy Waddell	x	x	x		

Regions Hospital
2015 Implementation Plan

Priority #2: **Access and Affordability**

Rationale:

• While Washington County's median household income is over $81,000, Ramsey County's median household income is much lower at $56,293. In addition, between 6% and 23% of children under age 18 in the hospital's study area are living in poverty (2013).

• Each county's unemployment rate has decreased since 2012, while Washington County's unemployment rate is still slightly higher than Minnesota's rate (2014).

• 9.5% of residents under age 65 in Minnesota do not have health insurance (2013). This compares to 11.8% in Ramsey County, 7.7% in Dakota County and 6.3% in Washington County.

• Ramsey County identified access to health services as a top health priority in the *Ramsey County Community Health Improvement Plan 2014-2018* . Findings from the report also indicate that 8.4% of metro area residents are uninsured, but that percentage increases to 18.2% for non-white residents.

• Dakota County identified access to healthcare as a top health priority in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment* .

• Participants in the community conversations conducted by Regions Hospital identified access to dental services as a concern in the community. It was mentioned that there is limited access to dental care, often times limited by insurance provider or cost. Participants noted that copays can be too expensive and cost barriers are prevalent in certain communities. Improving access to health care for populations with limited services and increasing the proportion of residents who have access to health coverage were also identified as two priorities for the community.

• Health care system barriers was discussed among community conversation participants. Participants noted that there is confusion regarding how to access appropriate levels of care within the continuum, many community members have higher expectations of the Emergency Room, and cultural sensitivity can be a concern. It was mentioned that many residents feel that access to the Emergency Room is less complicated than regularly seeing a doctor, which may be due to cost and affordability as well.

Priority #2: **Access and Affordability**

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Make healthcare easier to use; reduce barriers to access; improve connections to services and resources	• Utilize our preferred network of TCUs to increase access to high quality care	Senior leaders, care management	x	x	x	The majority of patients referred to a Transitional Care Unit currently go to one of Regions Hospital's preferred TCUs	
	• Improve timeliness of patient placement and flow through the hospital	Access and Flow leadership, Nursing leadership	x	x	x		
	• Care model process improvement	Sean Schuller, Senior leaders	x	x	x		
	• Be the East metro provider of charity care, removing barriers to care for patients without insurance and continue to provide financial counseling services throughout the hospital to help people enroll in insurance and the Regions Hospital Charity Care Program	Regions Senior Leadership, Finance department	x	x	x		

Priority #2: Access and Affordability

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Make healthcare easier to use; reduce barriers to access; improve connections to services and resources	• Continue community collaborations with partners such as Portico and St. Paul Fire to provide access and services outside the hospital	Regions Senior Leadership, Finance department					

Regions Hospital
2015 Implementation Plan

Priority #3: **Chronic Disease and Illness Prevention**

Rationale:

• Cancer and heart disease are the first and second leading causes of death in Dakota, Ramsey, and Washington Counties, as well as Minnesota and Wisconsin (2009-2013). Ramsey County has increasing unintentional injury, stroke, cirrhosis and chronic lower respiratory disease mortality rates, while Dakota County has increasing unintentional injury and pneumonia and influenza mortality rates. Ramsey County has the highest cancer mortality rate in the study area, and Dakota and Washington Counties have a higher incidence rate of female breast cancer than Minnesota (2007-2011). Washington County also has the highest rate of colorectal cancer in the study area (2007-2011).

• Obesity and diabetes are also concerns in the study area counties and across the state. Ramsey County has a slightly higher diabetes mortality rate than Minnesota (2009 - 2013). More than 25% of residents in each of the counties in the hospital's study area, as well as Minnesota and Wisconsin, are obese (2012). Additionally, over one-third of adults in each county in the study area were overweight in 2011-2012, and Dakota and Ramsey Counties have higher percentages than the state.

• 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, eating habits and obesity, as well as a healthy start for children and adolescents, as overall health priorities in Dakota County.

• Ramsey County identified nutrition, weight and active living as a top health priority in the *Ramsey County Community Health Improvement Plan 2014-2018* .

• Washington County identified obesity and chronic diseases as two of its top three health priorities in the *Washington County Community Health Improvement Plan 2014* .

• According to the 2010 Metro Adult Health Survey, males in Dakota County had the highest rate of reported participation in physical activity, as compared to females in Dakota County who had the lowest rate in the study area counties.

• Overall, in each county and the state, male 11th grade students compared to female 11th grade students were physically active for 60 minutes or more on a greater number of days (Minnesota Student Survey, 2013, 4-7 days compared to 0-3 days).

• 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.

• Participants in the community conversations conducted by Regions Hospital identified access to healthy lifestyle resources and the need to focus on prevention and education as priorities in the community. For example, it was mentioned that there is limited access to healthy, affordable foods, which contributes to obesity and diabetes. There is also a lack of understanding about how to control diabetes. Furthermore, there is a need to promote healthy lifestyles and focus on prevention and education.

• Gonorrhea rates are increasing in Dakota and Ramsey Counties, as well as Minnesota. Chlamydia rates are also increasing in Ramsey County, and Ramsey County had the highest chlamydia and gonorrhea rates compared to other counties in the study area in 2014.

• Asthma Emergency Department visit rates are higher in Ramsey County than in Minnesota (2011-2013).

• Between 30% and 59.9% of children ages 24-35 months in the study area have their recommended immunizations, compared to approximately 63% of children in the state (2013).
• The percentage of mothers who received adequate or better prenatal care in Dakota, Ramsey and Washington Counties has recently decreased.
• The use of tobacco was also identified as a top priority for both Dakota County in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment* as well as the *Washington County Community Health Improvement Plan 2014* .
• In 2010, 14.5% of females and 17.7% of males in Minnesota were current smokers, compared to 18.7% of males and 27% of females in Dakota County.

Priority #3: Chronic Disease and Illness Prevention

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Reduce obesity	• Make the healthy eating choice the easy choice (i.e. water in the vending is the lowest price option, healthier beverages are 80% of the choices, healthier menu items in the cafeteria)	Partnership with Nutrition Services, Materials Management, Leaders , Employee Health and Wellness	x	x	x		
	• Employee wellness: "Know Your Numbers", employee challenges, "eat well be well"	Employee Health and Wellness Nutrition Services-Dieticians	x	x	x		

Priority #3: Chronic Disease and Illness Prevention

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Reduce obesity	• Best fed beginnings program	Birth Center, Senior Leaders	x	x	x	Regions has increased its breastfeeding rate by 30 percent	
Improve healthy behaviors	• Continue to promote healthy behaviors among employees (frequent fitness, health assessment, wellbeing program, employee resilience center, well at work, health coaching, BeWell moments, lunch and learns)	Employee Health and Wellness	x	x	x		
Prevent chronic and communicable diseases	• Continue to encourage prevention techniques for chronic and communicable diseases among employees (flu vaccines, communicable disease call in, immunizations)	Employee Health and Wellness	x	x	x		
	• Intensive case management support for community to best prevent chronic and communicable diseases	Care Management, Senior Leaders	x	x	x		

Regions Hospital
2015 Implementation Plan

Priority #4: **Equitable Care**

Rationale:

• There are approximately 412,529 residents in Dakota County, 532,655 residents in Ramsey County, and 249,283 residents in Washington County (2014). Each county in the study area had a higher overall population percent growth than Minnesota (2010-2014).

• 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). Washington County has the highest median age in the study area, which is also higher than Minnesota's median age. Dakota and Washington Counties median ages are increasing, while Ramsey County's median age is relatively stable.

• Ramsey County is also one of the most diverse counties in the study area. There are approximately 12% Black or African American residents and approximately 14% Asian residents in Ramsey County. Black or African American and Asian populations in Dakota, Ramsey, and Washington Counties also increased between 2010 and 2014.

• Data indicates 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%

• Overall, 18.6% of children in Ramsey County are food insecure (2013) and 8.3% of seniors in Minnesota are threatened by hunger (2013). Ramsey County also has the highest overall food insecurity rate in the study area.

• Dakota County identified affordable housing, income, poverty and employment as top health priorities in the *Healthy People / Healthy Communities: 2013 Dakota County Community Health Assessment* .

• Ramsey County identified social determinants of health in the *Ramsey County Community Health Improvement Plan 2014-2018* . This includes poverty, income, education, unemployment, home ownership and affordable housing, and transportation.

• Washington County emphasizes addressing issues related to health equity by targeting vulnerable populations across their three community health priorities in the *Washington County Community Health Improvement Plan 2014* .

• When asked what they would do if they were in charge of improving the overall health of the community, participants in the community conversations conducted by Regions Hospital indicated that cultural competency and community empowerment would be two of the top priorities.

• Participants in the community conversations conducted by Regions Hospital also identified barriers to care for diverse populations as a major concern in the community. For example, linguistically diverse populations are at an increased risk of facing access barriers and receiving inadequate care. Additional populations that are at an increased risk are low-income, immigrants, elderly, LGBTQ population, homeless youth, unemployed and people who did not complete school. Concerns include transportation, medication management, limited medical coverage, cost barriers and culturally appropriate care.

• Cultural sensitivity was specifically discussed regarding health care system barriers during the community conversations. It was mentioned that providers should practice cultural humility with their patients and the community in order to connect medical and community models.

Priority #4: Equitable Care

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Reduce clinical disparities	• Further develop a robust health equity dashboard to continually measure key outcomes by race, language, and payor	Miguel Ruiz, MD & Sidney Van Dyke	x	x	x		
	• Reduce identified disparity in Adjusted Length of Stay for limited English proficient patients in Mental Health inpatient units	Miguel Ruiz, MD & Sidney Van Dyke	x	x	x		
	• Reduce identified disparity in Med/surg readmission rates by race	Miguel Ruiz, MD & Sidney Van Dyke	x	x	x		
	• Equitable Care Champions program: disseminate best-practices throughout the hospital	Miguel Ruiz, MD & Sidney Van Dyke	x	x	x		
Promote health literacy across specific populations	• Pharmacy counseling at discharge among vulnerable patient populations: discuss medications with a pharmacist to increase understanding	Demeka Campbell, Craig Harvey, Kristin Woody, Beth Heinly-Munk	x	x	x		

Priority #4: Equitable Care

Objective	Action Steps	Responsible Leader(s)	Estimated Year			Progress	Key Results (As Appropriate)
			CY 2016	CY 2017	CY 2018		
Promote health literacy across specific populations	• Explore best practices for the use of CHWs: have been known to improve health literacy among health care consumers	Demeka Campbell, Craig Harvey, Kristin Woody, Beth Heinly-Munk	x	x	x		
Increase Cultural Competency	• Improve the culture of humility/inclusion of our employees through education and engagement in equitable care activities	Primary Care, Diversity & Inclusion	x	x			
	• Foster relationships with our diverse communities in our service area to improve patient experience	Primary Care, Diversity & Inclusion	x	x			

Questions or Comments?

Please address written comments on the CHNA and Implementation Plan and requests for a copy of the CHNA and Implementation Plan to:

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Please find the most up to date contact information on Region Hospital's website under "Community Benefit."

www.regionshospital.com

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