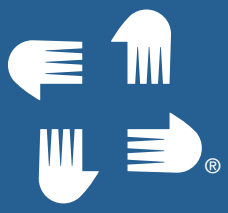
Hennepin County Medical Center Community Health Needs Assessment

2016



Hennepin Healthcare System, Inc.

Approved by Hennepin Healthcare System Board - 11/16/2016

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Overview | Hennepin County Medical Center

Hennepin County Medical Center (HCMC) is a mission-driven health system and academic medical center with a focus on improving health and wellness in the community through expert patient care, innovation, research and teaching. HCMC is a nationally renowned Level I Adult and Pediatric Trauma Center with the largest emergency department in Minnesota and is recognized nationally for leadership in medical education, emergency preparedness, research, and compassionate care in many medical specialties.

HCMC is a comprehensive clinic system which includes a 486-bed acute care hospital, primary care and specialty clinics located on our downtown campus, as well as neighborhood clinics in Minneapolis, Brooklyn Center, Brooklyn Park, Richfield, St. Anthony Village, and Golden Valley and an employee clinic in downtown Minneapolis that serves downtown businesses. HCMC specializes in trauma, emergency medicine, acute care, hyperbaric medicine, traumatic brain injury, burn, and more. MVNA is the community connections care division for HCMC providing over 20 community-based safety-net programs spanning care needs from prenatal and birth, to chronic disease management, to end-of-life and bereavement. Programs include home health, hospice, and family health home visiting. MVNA's role is prevention, hospital follow-up, transitional care, supportive services, public health, and community health initiatives.

As a public teaching hospital, HCMC provides students and medical professionals with access to innovative and comprehensive resources that are unique to the organization, drawing over 20,000 providers to our campus each year for clinical training. We also train providers across Minnesota and the region through our outreach efforts. Hennepin Healthcare System (HHS) is the largest Continuing Medical Education (CME) provider accredited by the Minnesota Medical Association. HCMC is the largest offsite teaching hospital for the University of Minnesota School of Medicine and operates 14 HCMC based residency and fellowship programs. Within the medical center, there are multiple educational areas to enhance student and provider education such as the Interdisciplinary Simulation and Education Center, the Center for Learning Integration, and the Advanced Practice Provider Professional Center.

HCMC prides itself in being an industry leader for innovative and technically-sophisticated services. This is essential not only because of the training provided to physicians, nurses, and other health professionals, but also because it is often the genesis of new therapies, surgeries, and technologies to treat and cure patients.

Because of HCMC's focus on innovation, *Upstream* Heath Innovations was launched in 2015. Using human-centered design, *Upstream* Health Innovations seeks to empower patients to lead healthy lives, partners with the community to build capacity and fosters the health innovations that create equity and improve outcomes. *Upstream* Health Innovations is focused on HHS's safety net mission of creating and delivering health for all patients—regardless of economic or social circumstances. Its mission is to move healthcare upstream and transform the current healthcare model into one that is truly people-centered.

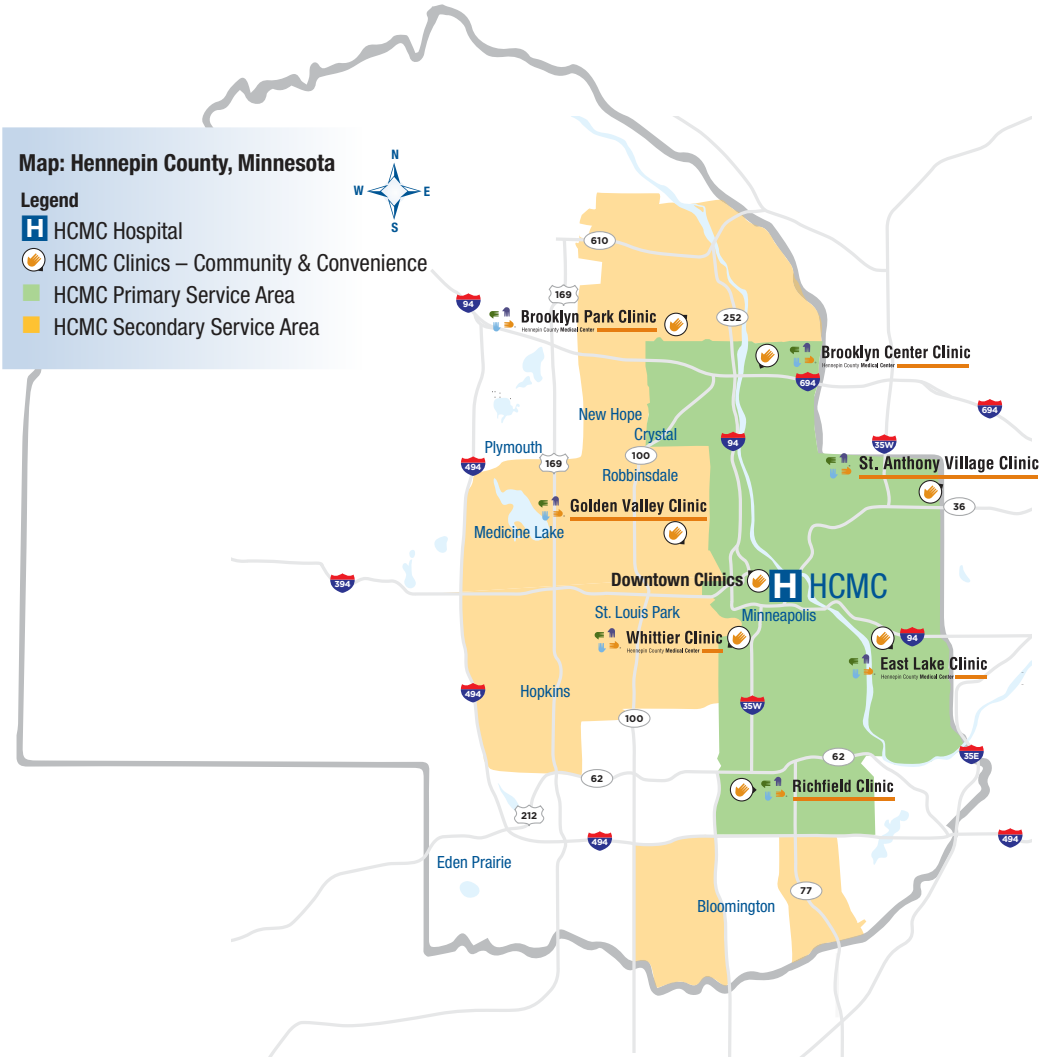
Another area of recognition for HCMC is its commitment to advancing the field of medicine through progressive research. Minneapolis Medical Research Foundation (MMRF), the third largest medical research non-profit in Minnesota, has a deliberate and distinguishing emphasis on the health care problems and needs prevalent in the HHS patient population and surrounding community. Research conducted at HCMC and through MMRF includes trauma, emergency medicine, and traumatic brain injury fields of study.

HCMC's mission is "We partner with our community, our patients, and their families to ensure access to outstanding care for everyone, while improving health and wellness through teaching, patient and community education, and research." HCMC strives to provide the best possible care to every patient; to search for new ways to improve the care that will be provided tomorrow; to educate health care providers for the future; and to ensure access to healthcare for all.

Community Definition and Demographics

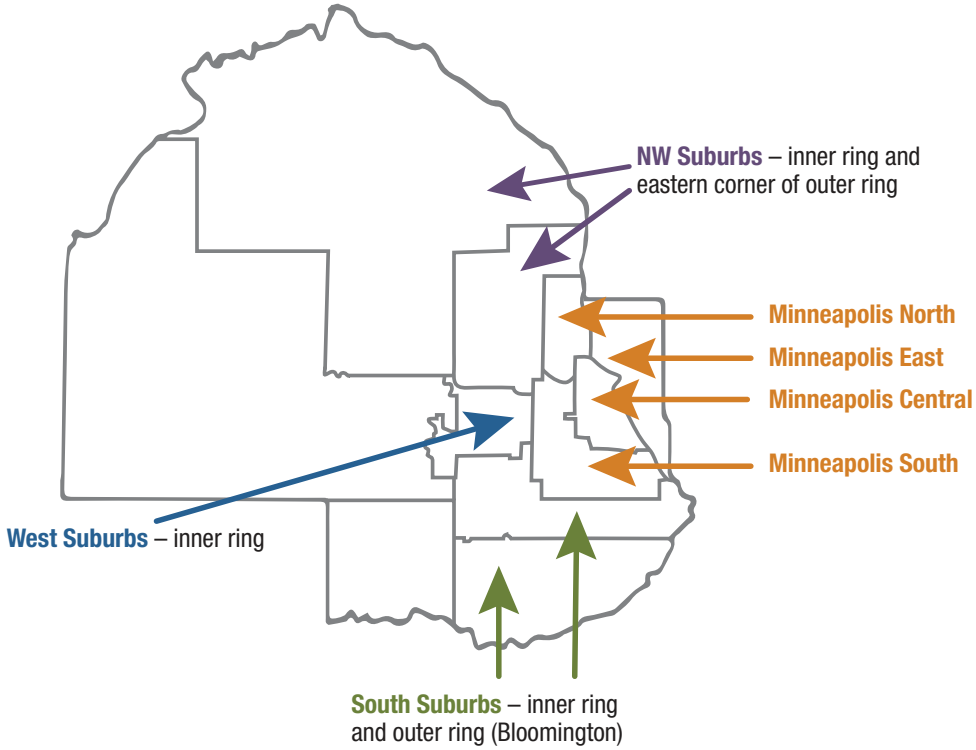
HCMC provides care for patients from all 87 counties in Minnesota, with the majority of patients residing within Hennepin County, and more specifically within the eastern half of the county. Based on the number of patients who receive care at HCMC or one of its satellite clinics, HCMC's primary and secondary service area includes 36 zip codes within the city of Minneapolis and the suburban communities of Brooklyn Center, Brooklyn Park, Crystal, Golden Valley, Richfield, and St. Anthony. For the purposes of the Community Health Needs Assessment, HCMC has broadly defined its community as the primary and secondary service areas of the institution, which equates generally to the eastern half of Hennepin County.

HCMC Primary Service Area and Secondary Service Area



To provide the most representative description of the HCMC community as possible, HCMC has drawn on a variety of data sources, including Hennepin County[1] and Minneapolis[2] sources that break data into "geographical" communities within the county and city. In addition, data from the key suburban cities[3] in the HCMC community are included where available. Data representing Hennepin County[4] as a whole was used for purposes of comparing the HCMC community to the larger county population.

Using the 2014 Adult Survey of the Health of All the Population and the Environment (SHAPE) Survey Neighborhood map, the HCMC community includes the following defined neighborhoods:



The 2014 Adult SHAPE Survey includes data from each of the defined neighborhoods in the above map. The 2015 Child SHAPE Survey report includes data only from Minneapolis (aggregate of the four Minneapolis neighborhoods) and the Suburbs (aggregate of all the suburban neighborhoods).

1. 2014 Adult SHAPE Survey and 2015 Child SHAPE Surveys: SHAPE (Survey of the Health of All the Population and the Environment) is an ongoing public health surveillance and assessment project of the Hennepin County Human Services and Public Health Department.
2. MN Compass Neighborhood Profiles project, led by Wilder Research, provides American Community Survey 5-year estimates (census data) for specific communities.
3. US Census (census.gov) "QuickFacts" feature that provides statistics on all states, counties, and towns and cities with population of 5000+.
4. The County Health Rankings & Roadmaps program is a collaborative effort between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Rankings use county-level measures from a variety of national data sources.

Census data (2010) and the 2010–2014 American Community Survey (ACS) five-year estimates can be analyzed at state, county, town and cities with 5,000+ population levels, as well as at neighborhood and community levels. Using census and ACS data, the HCMC community includes all neighborhoods in Minneapolis plus suburban data from Brooklyn Center, Brooklyn Park, Crystal, Golden Valley, Richfield, and St. Anthony. NOTE: ACS updated some of the data for the suburban cities; other data was not. Updated data will be noted as 2010-2014; and, non-updated data as 2010.

Minnesota Compass Neighborhood Profiles project, led by Wilder Research and funded by a collaborative of foundations, provides ACS data for 11 Minneapolis neighborhoods. These neighborhoods represent a further division of the SHAPE neighborhoods and provide additional granularity when analyzing data for differences and/or disparities.

A comparison of the SHAPE and Neighborhood Profiles data is as follows:

SHAPE Survey Minneapolis Neighborhoods	MN Compass Neighborhood Profiles: Minneapolis
Minneapolis North	Camden Near North
Minneapolis East	Northeast University Longfellow
Minneapolis Central	Central Phillips Powderhorn
Minneapolis South	Nokomis Southwest Calhoun Isles

Information in the following sections regarding the HCMC community is drawn from the most recent SHAPE Surveys (2014 Adult and 2015 Child), the 2010 Census and 2010–2014 American Community Survey (ACS) five-year estimates, MN Compass Neighborhood Profiles project (2010–2014), the 2016 County Health Rankings and Roadmaps program, and 2015 HCMC patient medical records data. Data sources are identified in each section.

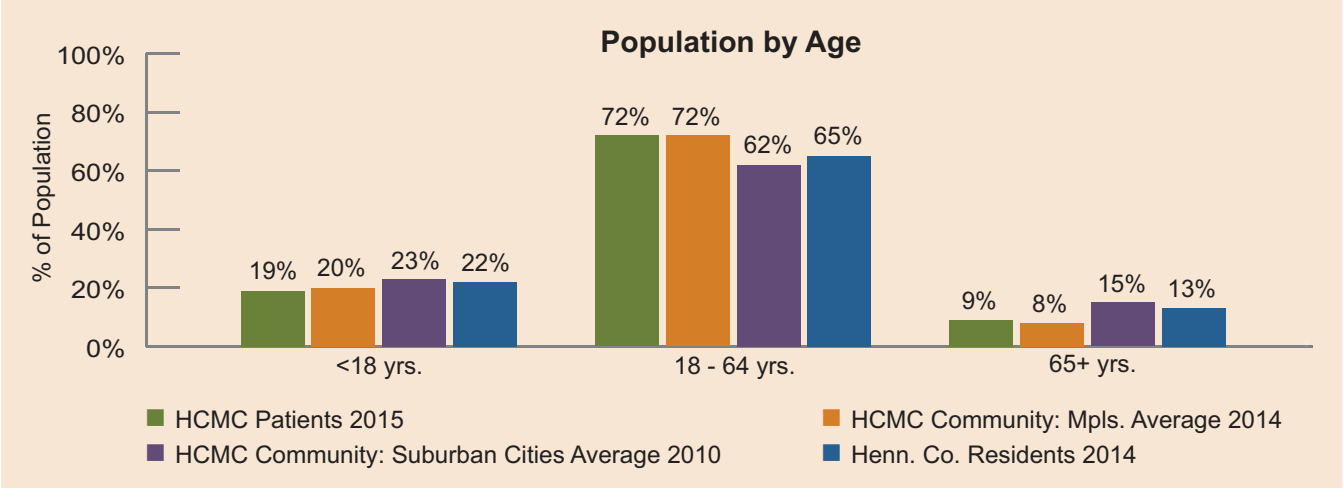
“HCMC Defined Community” Definitions:

- “HCMC Defined Community: Minneapolis Average” is defined as an average of data provided for all of the Minneapolis neighborhoods.
- “HCMC Defined Community: Range by Minneapolis Neighborhood” is defined as the lowest to highest values from the individual defined neighborhoods (SHAPE, Census, or ACS).
- “HCMC Defined Community: Suburban Cities Average” is defined as an average of data provided for Brooklyn Center, Brooklyn Park, Crystal, Golden Valley, Richfield, and St. Anthony.
- “HCMC Defined Community: Range by Suburban City” is defined as the lowest to highest values from each of the above suburban cities.

Demographic Characteristics of the HCMC Community

Age

Compared with Hennepin County as a whole, HCMC patients and the HCMC community within Minneapolis show lower percentages of individuals with ages below 18 years and 65 years and above. The suburban areas of the HCMC community are more in line with Hennepin County percentages.



Data Sources: HCMC Patients – 2015 HCMC medical records; HCMC Community Minneapolis Average 2014 (MN Compass Neighborhood Profiles – Minneapolis); HCMC Community Suburban Cities Average 2010 (Census 2010); and, Hennepin County Residents 2014 (The County Health Ranking and Roadmap program).

Race/Ethnicity

The racial and ethnic profile of the HCMC community varies greatly by geographic neighborhood. Average percentages can dilute the presence of neighborhoods with strong racial, ethnic, and cultural identities.

To capture the geographic variation the chart below looks at the percentage of white (not Hispanic) residents compared with percentages of populations of color. Ranges (low to high) are provided for Minneapolis neighborhoods as well as the specific suburban cities include in the HCMC community.

Race	Hennepin County 2014	Defined Community: Minneapolis Average 2014	Defined Community: Range by Minneapolis Neighborhood 2014	Defined Community: Suburban Cities Average 2010	Defined Community: Range by Suburban City 2010	HCMC Patient Population 2015
White (not Hispanic)	70%	61%	18% – 85%	70%	49% – 85%	35%
Populations of Color	30%	39%	15% – 82%	30%	15% – 51%	65%

Data Sources: HCMC Patents – HCMC 2015 medical records, HCMC Community: Minneapolis Average 2014 and Range by Minneapolis Neighborhood (MN Compass Neighborhood Profiles project 2010–2014), HCMC Community: Suburban Cities Average 2010 and Range by Suburban City (2010 Census).

Additional racial/ethnicity data shows that HCMC serves patients from the Black (U.S. and non-U.S. born) and Hispanic/Latino (U.S. and non-U.S. born) communities in much higher percentages than reflected in Hennepin County. Although the percentages are small, HCMC also serves American Indian patients at three times the percentage rate of American Indian residents within Hennepin County.

Race/Ethnicity	Hennepin County Residents 2014	HCMC Patients 2015
Black (U.S. and non-U.S. born)	12%	33%
American Indian	1%	3%
Asian (U.S. and non-U.S. born)	7%	4%
Hispanic (U.S. and non-U.S. born)	7%	20%
White (not Hispanic)	70%	35%
Other Race	Not provided	5%

Data Sources: Hennepin County Residents 2014 (The 2016 County Health Ranking and Roadmap program), HCMC Patents – 2015 HCMC medical records.

When comparing HCMC patient data with that of the HCMC community, it is helpful to consider the range of population percentages in addition to the overall averages.

Population	2014 Defined Community: Minneapolis Average	2014 Defined Community: Range by Minneapolis Neighborhood	2010 Defined Community: Suburban Cities Average	2010 Defined Community: Range by Suburban City	HCMC Patients
Black (U.S. and non-U.S. born)	18%	4% – 49%	14%	5% – 26%	33%
Hispanic/Latino (U.S. and non-U.S. born)	10%	3% – 26%	8%	3% – 18%	20%

Data Sources: HCMC Patents – 2015 HCMC medical records, HCMC Community - Minneapolis: MN Compass Neighborhood Profiles project 2010-2014, HCMC Community: Suburban Cities Average 2010 and Range by Suburban City - 2010 Census.

Place of Birth and Language

In 2015, approximately 27% of HCMC's 160,000 patients were born outside the United States compared to 13% of Hennepin County residents as a whole. Within the HCMC community, the percentage of non-U.S. born residents ranges from 6% to 33%, with an overall average of approximately 16%.

In 2015, 24% of HCMC patients listed a preferred language other than English compared to 17% of Hennepin County residents in 2014. Of the HCMC patients listing a language other than English, 67% listed Spanish, 12% listed Somali, and the remaining patients listed one of many different languages.

To ensure access to care and to address the cultural and language needs of patients, HCMC has one of the largest hospital interpreter services departments in the country. Over 120,000 interpreter/ patient service contacts are provided annually to limited English-proficient or deaf and hard of hearing patients at all HCMC Clinics, the emergency and urgent care departments, inpatient units, ancillary services areas and community home visiting programs. Staff interpreters provide services in 24 different languages with contract interpreters expanding that number to over 50.

Sexual Orientation and Gender Identity[5]

Since 2013, the Human Rights Campaign Foundation has recognized HCMC as a Leader in LGBTQ Healthcare. HCMC does not currently have statistics regarding numbers or percentages of patients who identify as LGBTQ, however, approximately 12% of Minneapolis and 3% of suburban respondents to the 2014 Adult SHAPE Survey self-identified as LGBT.

Economic Factors and Impact of Poverty

Median annual income in the HCMC community ranges from $25,000 to $95,000, with an average median income in Minneapolis of $52,000 and an average median for the key suburban cities in the HCMC community of $59,000. The HCMC community also includes neighborhoods with a large percentage of residents living in poverty, defined as living below 100% of the Federal Poverty Level (FPL). Minneapolis residents have higher rates of poverty (23% overall in 2014, with a range by neighborhood from 9% – 49%) than the suburban areas included in the community (12% overall in 2014, with a range by city from 7% to 20%). By comparison, the percentage of Hennepin County residents living below the FPL in 2014 was 13%.

The 2014 Adult SHAPE Survey analyses data comparing residents living below 200% of the FPL and those living at or above 200% of the FPL. The following chart shows some of the impacts poverty can have on residents' stability:

Experience Economic Distress

Indicator	County Total	<200% FPL	≥200% FPL
Food Insecurity	10.2%	41.5%	4.0%*
Housing Insecurity	5.7%	20.2%	2.8%*
Residential Instability	4.4%	7.4%	3.9%*
Difficulty in Paying Insurance Premium/Copay	20.9%	38.2%	17.5%*
Prescription Insecurity	11.2%	25.4%	7.9%*

Data Source: 2014 Adult SHAPE Survey.

5. Note about terminology: Both the Human Rights Campaign Foundation and the 2015 Rainbow Health Initiatives Voices of Health Study use the term LGBTQ. The 2014 Adult SHAPE Survey uses the term LGBT. When quoting data from the SHAPE Survey, the term LGBT is used. Otherwise, the term LGBTQ is used.

Perceptions of Health Status

The 2014 Adult SHAPE Survey asked respondents to assess their overall health. Although a majority of Hennepin County residents report they are in "excellent or very good" health, responses varied by geographic area of residence, race/ethnicity, income level, and disability status.

Those who responded "Excellent or Very Good":

Overall Hennepin County	HCMC Community	Respondents from Specific Neighborhoods or Populations
64%	63%	• Minneapolis North neighborhood – 48% • NW Suburbs: inner ring neighborhood – 57% • U.S. Born Black Respondents – 42% • Asian individuals – 48% • Income levels <200% FPL – 42% • Respondents with disabilities – 29%

Data Source: 2014 Adult SHAPE Survey.

Health Disparities

The 2014 Adult and 2015 Child SHAPE Survey data reveals health disparities in many aspects of physical and mental health. Some of the factors indicated as influencing disparities include:

- Geographic location of residence
- Race/ethnicity
- Income level relative to the Federal Poverty Level (FPL)
- Disability status
- LGBTQ identity
- Experiencing frequent mental distress (stress, depression, and/or emotional problems for more than 14 days within previous 30 days).

Given the diversity and ranges reflected in the HCMC community, addressing disparities in physical and mental health is an important lens to include during the Health Needs Assessment process and Implementation plan.

Community Health Needs Assessment Process

Two committees guided the work of the Community Health Needs Assessment:

- Community Health Needs Assessment Steering Committee: comprised of HCMC leaders and staff.
- HHS Board Mission Effectiveness Committee: comprised of HCMC leaders and community representatives.
- The three process components of the 2016 HCMC Community Health Needs Assessment (CHNA) included:

1. **Review and analysis of existing quantitative data relevant to the HCMC community and patient population.**
    a) Quantitative Data sources included:
        i. 2010 U.S. Census data including the American Community Survey 5 year estimates where available.
        ii. The 2014 Adult and 2015 Child SHAPE Surveys. SHAPE is an ongoing public health surveillance and assessment project of Hennepin County Human Services and Public Health Departments to periodically survey and report on the health of children and adults in Hennepin County.
        iii. 2016 Minnesota County Health Rankings. The County Health Rankings & Roadmaps program is a collaborative effort between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
        iv. Broader Needs Assessment—Hennepin County Human Services social needs assessment tool used to identify needs and connect individuals to resources. Data reported from 2015.
        v. 2013 MN Student Survey: Administered to 5th, 8th, 9th, and 11th grade public school students across MN (Minneapolis did not participate).
        vi. 2015 Rainbow Health Initiatives Voices of Health Study: 1288 respondents in Minnesota — data collected by paper surveys at Pride events and online via Survey Monkey from February to October 2015.
        vi. HCMC medical records data (Epic).
        vii. Minnesota Department of Health, Minnesota Department of Human Services and Minnesota Bureau of Criminal Apprehension data.

2. **Collection of primary qualitative data from a broad range of community and HCMC stakeholders.**
    a) Determine community perception of top community health needs.
    b) Identify a preliminary list of community health needs for consideration.

3. **Facilitation of a Community Advisory Group Meeting to review data and engage in a structured prioritization process to identify the top priority community health needs.**

Review and Analysis of Secondary Quantitative Data

HCMC staff reviewed existing data that was relevant to the HCMC community, including but not limited to HCMC patient population. Data sets that took into account differences among geographic communities, races/ethnicities, income levels, disability status, and LGBTQ orientation and gender identity were of particular interest. The primary goals of data review included:

- Comparing of Hennepin County health data with Minnesota state health data to determine areas of particular strength and areas of challenge in the county as a whole.
- Comparing HCMC patient demographics with those of residents in the HCMC community and in Hennepin County as a whole to identify characteristics that are unique to HCMC patients and community residents compared with the residents of Hennepin County as whole.

- Analyzing data specific to Minneapolis neighborhoods and suburban areas in the HCMC community to identify disparities regarding perception of health status, diagnosis of common chronic conditions, and prevalence of emotional health, disabilities, and social factors that impact health.
- Analyzing HCMC patient data to identify demographic characteristics most prevalent in patients with certain health conditions such as diabetes, heart conditions, mental health conditions, and substance abuse. Data over a three-year period was compared to identify any emerging trends.
- Analyzing data from the LGBTQ community to identify specific health vulnerabilities and social factors impacting health within this community.

Information Gaps in Data

Several important gaps exist in the data sources used for this assessment:

- Time frames varied from data source to data source.
- Most data sources group racial and ethnic groups into larger categories (such as “black”, “Hispanic”, “Asian”) and do not distinguish between those individuals who were U.S. born or born in another country. As 27% of HCMC patients were born outside the U.S., this gap is notable.
- Due to small overall numbers in Hennepin County, American Indian residents were not included in the Adult and Child SHAPE reports. HCMC patient data indicates that American Indian patients experience significant disparities in a number of key health conditions.

Gathering Primary Qualitative Data

Individuals from more than 30 key community organizations were interviewed to gain community insight into the most pressing health needs in the HCMC community. We sought input from the following persons and types of organizations:

- County and City of Minneapolis health professionals.
- Organizations working directly with community members, serving specific populations and/or addressing specific social and health needs.
- Organizations with a broad focus and scope, crossing a multitude of populations, including Funders such as United Way and Hennepin Health Foundation.
- HCMC patients and families.
- Key HCMC leaders.

In an effort to include input from those representing the HCMC community demographic profile, HCMC contacted agencies and organizations that represented the racial, ethnic, language, and age distribution found in its patient and community populations.

The interviews engaged participants in a discussion about health in the community. Participants were specifically asked to identify their opinion of the top three health needs in the HCMC community. (Interview Questions – see Appendix A).

At the completion of the key informant interviews, responses were analyzed for key themes and lists of top health needs were compiled into a "Word Cloud", which indicated by font size the most frequently mentioned needs. The larger the font size, the more frequently the need was included in interviewees' top three list.

Initial List of Health Needs for Consideration

Data from quantitative sources along with top themes from the key informant interviews were further analyzed, resulting in the determination of seven health need categories to be considered during the prioritization process. The resulting, interconnected categories of health needs were identified as:

- **Mental Health**
- **Social Determinants of Health**
- **Maternal Child Health**
- **Chronic Conditions**
- **Health Behaviors**
- **Oral Health**
- **Culturally Specific Care**

MENTAL HEALTH

Sample Quantitative Data:

Depression — percent of survey respondents reporting a diagnosis of depression.

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
23%	26%	• U.S. Born Black Respondents – 39% • Income levels < 200% FPL – 31% • Respondents with disabilities – 43% • Respondents identifying as LGBT – 40%

Data Source: 2014 Adult SHAPE Survey.

Anxiety — percent of survey respondents reporting a diagnosis of anxiety.

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
21%	24%	• U.S. Born Black Respondents - 36% • Income levels < 200% FPL – 31% • Respondents with disabilities – 48% • Individuals identifying as LGBT – 33%

Data Source: 2014 Adult SHAPE Survey.

Frequent Mental Distress — percent of survey respondents reporting stress, mental and emotion problems impacting 14 of the previous 30 days.

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
8%	7%	• Minneapolis North neighborhood – 14% • Minneapolis Central neighborhood – 12% • U.S. Born Black Respondents – 23% • Respondents identifying as LGBT– 13% • Income levels <200% FPL – 18% • Respondents with disabilities – 20%

Data Source: 2014 Adult SHAPE Survey.

Long-term mental health, behavioral or emotional problems in children (birth - 17) — percent of parent survey respondents reporting their children had long-term problems.

Minneapolis Respondents	Suburban Area Respondents
13%	8%

Data Source: 2015 Child SHAPE Survey.

Key Qualitative Mental Health Themes from Interviews	

• Mental, Emotional and Spiritual Wellbeing
• Social Connectedness
• Trauma
  • Adverse Childhood Events (ACEs)
  • Impact of Toxic Stress
  • Historical, Recurring, Compounding
  • Refugee experience
• Intersection of Addiction and Mental Health
• Isolation
	• Treatment – shortages and need for integrative, culturally specific models of care and more racially/ culturally diverse providers
	• Specific populations
	  • Infants, kids and youth
	  • Seniors
	  • LGBTQ population
	• Short-term depression versus long-term mental health conditions

SOCIAL DETERMINANTS OF HEALTH (SDH)

Sample Quantitative Data:

Categories of Individual Need

Categories/Domains of Need	Percent of Need Identified by ALL Broader Needs Assessments
Food	65%
Housing	43%
Transportation	31%
Utilities	33%
Employment	28%
Legal	13%

Data Source: 2015 Hennepin County Broader Needs Assessment data.

Food Insecurity — Percent of respondents who experienced food insecurity within previous 12 months

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
10%	12%	• Minneapolis North neighborhood – 30% • U.S. Born Black respondents – 42% • Income level <200% of FPL – 41% • Respondents experiencing frequent mental distress – 36%

Data Source: 2014 Adult SHAPE Survey.

Housing Insecurity Part 1 — Percent of respondents who missed rent or mortgage payment in previous 12 months:

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
6%	4%	• Minneapolis (average of all neighborhoods) - 9% • Minneapolis North neighborhood – 20% • U.S. Born Black respondents – 26% • Respondents experiencing frequent mental distress – 18%

Data Source: 2014 Adult SHAPE Survey.

Housing Insecurity Part 2 — Percent of respondents who moved 2+ times within previous 12 months:

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
4%	4%	• Minneapolis (average of all neighborhoods) – 8% • Minneapolis Central neighborhood – 10%

Data Source: 2014 Adult SHAPE Survey.

Key Qualitative SDH Themes from Interviews		

• Housing
  • Affordable, stable
  • Accessible, Safe
  • Supportive
  • Homelessness
• Food Insecurity
• Access to affordable health foods
• Economic Opportunity
	• Sustainable incomes
	• Impact – poverty/racism
	• Safe places to exercise and pay
	• Violence
	  • Gun
	  • Domestic
	  • Gender-based
		• Quality day care and education
		• Transportation
		• Access to health care
		  • Language
		  • Culturally relevant
		  • Available to ALL
		• Health Insurance
		  • Underinsured and Uninsured

MATERNAL CHILD HEALTH

Sample Quantitative Data:

Pregnancy and Birth Outcomes Measure	Hennepin County	Minnesota
Preterm birth rate	8.5%	8.2%
Low Birth Weight	5.5%	4.9%
Prenatal Care in First Trimester	79.5%	82.3%
Teen Pregnancy Rate (Ages 15 – 17 yrs.)	26.6%	22.4%

Data Source: Minnesota Department of Health data (2014).

Early Childhood (birth – 2 yrs.) Measures	Hennepin County	Minnesota
Breastfed baby for any length	94%	89%
Child (birth – 2 yrs.) — Met standard for number of preventive visits	64%	n/a
Received all recommended early childhood immunizations	52%	59%

Data Sources: 2015 Child SHAPE Survey, 2014 CDC Breastfeeding Report Card, Minnesota Department of Health data.

Child Health Measures	Hennepin County	Minneapolis	Suburban Areas	<200% FPL	>200% FPL
Overall Health (Excellent or Very Good)	91%	87%	92%	83%	94%
Nutrition: Three + servings of vegetables/ day	20%	21%	19%	19%	20%
60+ Minutes of exercise 7 days/wk.	20%	21%	19%	19%	19%
Told Child is Overweight	5%	7%	4%	8%	4%
Second-Hand Smoke Exposure	6%	10%	4%	16%	2%
Ever diagnosed with Asthma	9%	10%	9%	11%	8%

Data Source: 2015 Child SHAPE Survey.

Key Qualitative Maternal Child Health Themes from Interviews		

• Access to prenatal education
  • Culturally relevant
  • Teen parents
  • LGBTQ parents
  • Women in prison
• Early childhood development
  • Support for most vulnerable kids
• Access to Early Head Start
• Access to Quality Day Care
• Immunizations
	• Access to health screenings (recently arrived refugees)
	• Impact of homelessness on children – difficult to learn when frequently changing shelters
	• Prevention of Abuse and Adverse Childhood Events (ACEs)
	• Childhood obesity
		• Youth health
		  • Reproductive and sexual health
		  • Sexually transmitted disease
		  • Drug use
		• Breaking intergenerational poverty

CHRONIC CONDITIONS

Sample Quantitative Data:

Obesity — Respondents identified as obese based on BMI calculation (measure used by SHAPE):

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
22%	22%	• Minneapolis North neighborhood – 33% • U.S. Born Black Respondents – 46% • Income levels <200% of FPL – 32% • Respondents with disabilities – 36% • Respondents experiencing frequent mental distress – 35%

Data Source: 2014 Adult SHAPE Survey.

Diabetes — Respondents who reported they had been diagnosed with diabetes:

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
6%	6%	• Minneapolis North neighborhood – 11% • U.S. Born Black Respondents 14% • Income level <200% FPL – 14% • Individuals with disabilities – 13% • Individuals experiencing frequent mental distress – 12%

Data Source: 2014 Adult SHAPE Survey.

Hypertension — Respondents who reported they had been diagnosed with hypertension:

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
21%	21%	• Minneapolis North neighborhood – 36% • U.S. Born Black Respondents – 35% • Income levels <200% FPL – 35% • Respondents with disabilities – 40%

Data Source: 2014 Adult SHAPE Survey.

Key Qualitative Chronic Conditions Themes from Interviews	

• Obesity – the new smoking!
• Role of environment plus genetics
• Need culturally specific solutions that engage community members
	• Chronic Conditions fit into social determinants of health:
	  • Access to healthy food
	  • Access to safe places to exercise

HEALTH BEHAVIORS

Sample Quantitative Data:

Health Eating and Exercise

Goal	Income <200% FPL	Income ≥200% FPL
Eating 5+ fruits & vegetables per day	28%	37%
Exercising 150+ minutes per week	60%	77%

Data Source: 2014 Adult SHAPE Survey.

Currently Smoking

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
8%	9%	• Minneapolis (average of neighborhoods) – 12% • U.S. Born Black Respondents – 14% • Income levels <200% FPL – 15% • LGBT male respondents – 15% • LGBT female respondents – 12 % • Respondents who experience frequent mental distress – 17%

Data Source: 2014 Adult SHAPE Survey.

Heavy Drinking: (5+ drinks per day)

Overall Hennepin County	HCMC Community	Specific Neighborhoods or Populations
4%	5%	• LGBT male respondents – 11% • U.S. Born Black respondents – 10% • Respondents experiencing frequent mental distress – 8%

Data Source: 2014 Adult SHAPE Survey.

Youth Sexual Activity

Percent of 11th grade suburban Hennepin County public school students who reported having had sexual intercourse	Female students – 32% Male students – 30%
Percent of sexually active suburban Hennepin County 11th grade students who did NOT use protection during most recent time they had intercourse	32%

Data Source: 2013 Student Survey (does not include Minneapolis data).

Key Qualitative Health Behaviors Themes from Interviews

- Health behaviors tied with social determinants of health
  - Access to healthy foods
  - Access to safe places to exercise and play
- Encourage Health plan coverage and incentives for healthy eating and exercise (gym memberships)
  - Youth – build self-esteem and prevent harmful behaviors
  - Pregnancy prevention
  - Violence prevention
- Drug prevention
- Public policy has the biggest impact

ORAL HEALTH

- According the Minnesota Department of Health data, in 2013 Hennepin County had a higher per capita number of practicing dentists (68.5) than the state of Minnesota (55.6). However, for many Hennepin County residents, particularly residents on state funded health plans, finding dentists that accepted their particular insurance created a significant barrier to getting care, especially in Minneapolis:

Sample Quantitative Data:

Dental Access — Dentists who accept child's dental insurance:

Measure	Hennepin County	Minneapolis	Suburban Areas	<200% FPL	>200% FPL
Percent of respondents who had difficulty finding dentist to accept child's insurance	9%	13%	8%	26%	4%

Data Source: 2015 Child SHAPE Survey.

Key Qualitative Oral Health Themes from Interviews

- Oral health a gateway to diseases
- Oral health one of top reasons kids miss school
- Should put dental clinic in all community clinics with extras in North Minneapolis
- Prioritize oral healthcare for children
- Educate community about importance of oral health
- Access issues – dentist who accept public insurance
- More mobile dental units to increase access
- Need more dental therapists

CULTURALLY AND LANGUAGE SPECIFIC CARE AND RESOURCES

Key Qualitative Culturally and Language Specific Care Themes from Interviews

Culturally Specific Care	Language Specific Care and Resources
• Need Community-Driven Solutions. • Care plan needs to reflect the cultural norms of the person/community. • Alternative approaches need to be included with Western approaches. • Building Trust - Patients need to be able to relate to the services provided as well as the providers (need to increase numbers of culturally and racially diverse providers). • Need to challenge structural racism and debunk racial stereotypes	• Language Barriers to Care • For example, Alzheimer's is a big issue in the Latino Community – but there is a lack of information and resources in Spanish. • Care takes longer with interpreters – if only have set time with a provider – not enough time to ask questions or make sure you understand treatment plan.

Prioritization of Community Health Needs

To prioritize the preliminary list of needs and identify the top priority community health needs which will shape HCMC's Implementation Plan for 2017 and beyond, HCMC convened a Community Advisory Group of about 45 community stakeholders plus a few key HCMC stakeholders to review the findings from both quantitative and qualitative data and to use a structured process to determine the top priority needs.

The structured event included the following elements:

- Brief overview of the defined HCMC community including key demographic characteristics of HCMC community residents, HCMC patients, and those residing in Hennepin County as a whole. The overview included information about data sources, key interview questions, interview participants, a summary of themes from the key informant interviews, and a description of the prioritization process.

- Following the general overview, each of the preliminary health needs was reviewed, discussed and scored using the following process:
  - **Data Review:** Brief presentation of relevant quantitative and qualitative data pertaining to the specific health need.
  - **Table Discussion:** Table members discussed the health need, offering individual perspectives and insights regarding the size and seriousness of the need. Key ideas were documented at each table.
  - **Individual Scoring:** Each participant scored the health need according to prevalence or size of the need, seriousness of the need, and potential for HCMC and community partners to positively impact the need. (Scoring Tool – see Appendix B)
  - **Compilation of Scores:** Individual scores for each need were compiled and averaged, with a final average score assigned to each health need. Participants were invited to write comments on the scoring sheets that would be considered in final decisions.

- Preliminary results were shared at the end of the meeting as follows:

Ranking	Health Need	Average Score (Maximum = 12)
1.	Mental Health	11.23
2.	Social Determinants of Health	10.5
3.	Maternal Child Health	9.95
4.	Culturally Specific Care	9.8
5.	Chronic Conditions	9.8
6.	Health Behaviors	9.3
7.	Oral Health	9.0

Priority Community Health Needs for 2016 – 2019

After the Community Advisory Group meeting, the results from the individual scoring process were considered along with written comments from the table discussions and individual notes added to the scoring sheets. Taking all of these inputs into account, the following three health needs were indicated as top priority. These three were given approval by HCMC leaders.

- **Mental Health**
- **Social Determinants of Health**
- **Maternal Child Health**

Concerning the remaining considered health needs:

- **Culturally Specific Care** — culturally specific solutions will be considered in the implementation planning for addressing the top priority needs.
- **Chronic Conditions, Health Behaviors, and Oral Health** — While all were considered important, each of these health needs scored lower than the top needs. In addition, there was broad agreement that addressing mental health, maternal child health, and especially social determinants of health was foundational and, if effective, could have positive impact on other health needs.

Implementation planning to address the above needs will involve working with internal and community stakeholders to identify specific strategies, activities, and programs that will have the highest potential for positive impact in each of the three identified need areas.

Input from the HCMC Community

Throughout the Community Health Needs Assessment process, HCMC placed a high priority on seeking and listening to a wide range of perspectives from community agencies, organizations, and members. Given the demographic diversity in HCMC patients and within the HCMC community, intentional efforts were made to reach out to community organizations that represent the diverse racial, ethnic, language, cultural, geographical members in the HCMC community. In addition, HCMC took steps to ensure we were gaining insight from those serving different groups, including pregnant women, infants and children, youth, young and middle aged adults, and older members of the community. For a complete list of all community and HCMC stakeholders involved with the Community Health Needs Assessment process, see Appendix C.

Input from Previous Community Health Needs Assessment

HCMC has made the 2013 Community Health Needs Assessment report readily available to the community. It has been posted on the HCMC website, with information included for contacting HCMC about the Needs Assessment. To date, HCMC has received no written comments regarding the report and/or process.

Potential Resources and Collaborative Partnerships

As HCMC moves from the needs assessment phase to implementation planning, it will be important to tap into existing relationships and partnerships with county and city agencies, community organizations, community groups, and community programs with shared focus on the identified priority health needs. As an organization, HCMC has been committed to developing and sustaining strong collaborative partnerships throughout the community.

A list of key HCMC stakeholders and community agencies, organizations and programs that hold potential for collaborative work to address the priority health needs are included in the community and HCMC Stakeholders list found in Appendix C.

Evaluation of Impact of 2013 – 2016 CHNA Implementation Plan

HCMC's 2013 – 2016 Priority Health Needs were identified as:

- **Maternal and Child Health**
- **Social and Emotional Well-being**
- **Nutrition, Obesity, and Physical activity**

Maternal and Child Health: Object 1: Increase opportunity for early childhood developmental screening	
Program/Initiative	Outcomes
Early childhood developmental screening: • Assuring Better Child Development (ABCD) Close the Loop / Hennepin County CHIP action team – pilot in 4 HCMC clinic sites • Primary care early childhood social- emotional screening and referral partnerships • 18-month-old autism and developmental screenings	• Originally begun as a pilot project with the Hennepin County Community Health Improvement Partnership (CHIP) and Minneapolis Public Schools, HCMC clinics have worked with area school districts and local public health departments to increase the number of children screened for kindergarten readiness and developmental concerns. • HCMC has had a Minneapolis Public Schools early childhood and family education (ECFE) staff member on site, providing screening assistance and providing outreach to families. • As a result of increased collaboration during the 2014 pilot project, hours of on-site ECFE support were increased, and the program was expanded to include Whittier Clinic in 2014 – 2015. • These partnerships have improved communication between clinics and the school districts and increased access to early intervention and school readiness resources. • Additional collaborative work in 2015 took place with Generation Next coalition partners. • Complementing these efforts are screenings and partnerships that MVNA brings to HCMC.
Maternal and Child Health Objective 2: Increase opportunities for screening and treatment for anxiety and depression for new mothers	
Program/Initiative	Outcomes
Universal routine screening of mothers for depression and anxiety during the year following her baby's birth	HCMC pediatric and family practice clinics include maternal depression screening as a standard part of newborn and infant well child check-ups from birth through 15 months. The screening is built into the electronic template for these visits.
Mother-Baby Program (new in 2013) — provides array of services and treatments to pregnant women and mothers of children 0 – 5 experiencing depression and/or anxiety.	Since 2013: • 1000 women called the Mother-Baby HopeLine and received mental health triage and resources • 300 women admitted to Mother-Baby Day Hospital program • 95% of program graduates experienced reduced depression • 95% of program graduates felt more confident in their parenting.

Maternal and Child Health Objective 3: Reduce health disparities	
Program/Initiative	Outcomes

APT is a comprehensive, primary care clinic-based, healthy youth development program that provides medical care, coaching, health education, and referrals for Latino youth age 10 to 24 and their families. The program uses a confidential, family-centered approach, protecting youth privacy while encouraging family members to work together to support the healthy development of the child.	• APT has been a certified Health Care Home since 2010.
	• In 2016, APT became a certified Behavioral Health Home (one of two sites in the state of Minnesota).
	• APT currently has 300+ active patients with 70 to 80 new patients added each year.
	• Patient contacts from July 1, 2015 – June 30, 2016:
	  • 441 immunization contacts.
	  • 518 teen pregnancy management contacts.
	  • 193 screenings for HIV/Aids and Sexually Transmitted Infections.
	  • 309+ contacts for unintended injury and violence.
	  • 55 parents and 46 youth participated in the APT parenting program.
	  • 17 youth participated in mental health support groups.

Between Us (formerly called Henne-Teen): Initiative to modify electronic medical records (Epic) to enable staff to offer teens confidential appointments and to implement teen-focused work flows	As of June 2015: • Modifications to Epic were fully implemented across all HCMC primary care sites to enable confidential appointments for teens who request them. • Teen-focused workflows were fully implemented across all HCMC primary care sites.

Children's Summer Meal Program at HCMC: This federally funded program provides nutritious meals to children during summer vacation when free or reduced price school meals are not available.	• Meals Served
	  • 2014: 2020 meals
	  • 2015: 1979 meals
	  • 2016: 1772 meals
	• In 2014 and 2015 – included breakfast and lunch
	• 2016 – included lunch

Social and Emotional Well-being Objective 1: Provide access to full spectrum of mental health services	
Program/Initiative	Outcomes

Integrate psychologists in the Health Care Home model	• The original goal was to integrate psychologists into two of HCMC's primary care clinics.
	• As of October 2016, psychologists are integrated into all 12 of the HCMC clinics.
	• Psychiatric consultation services are available at six of the 12 clinics.
	• Psychology/Psychiatric services are also embedded in other areas within HCMC, including the Addiction clinic, Traumatic Brain Injury clinics, Sleep clinic, Pain clinic, and Obstetrics clinic.
	• Volume of psychologists visits in the primary care clinics:
	  • 2014 – 6,088
	  • 2015 – 7,756
	  • 2016 – ~ 900+ visits per month
	  • 27% growth between 2014 and 2015

Social and Emotional Well-being Objective 2: Transform mental health service model to address co-morbidities	
Program/Initiative	Outcomes
Medicine/Psychiatry Inpatient program	• HCMC has implemented fulltime hospitalist coverage on our inpatient psychiatric units to address the increasing number of medical co-morbidities. • HCMC also has a preventive cardiologist that sees patients in our Day Treatment Program.
Hennepin Health: • Intensive Treatment Plan case management • HCMC Acute Psychiatric Services/Emergency Department	• Hennepin Health members continue to receive Intensive Case Management services provided under contract by RESOURCE. These services are provided to individuals often experiencing severe and persistent mental illness and chemical dependency and using acute care services frequently. Over the assessment period, Hennepin Health has applied learnings from serving this challenging population to make services more effective. • HCMC operates an Acute Psychiatric Services/Emergency Department at the hospital.
Integration of work with Hennepin County Human Services and Public Health Department: • Sobering center planning • Planning to improve patient access to interim and low-income supported housing	• HCMC and Hennepin County's Human Services and Public Health Department have worked collaboratively on mental health issues. This has involved joint work to better serve complex individual patients, and larger scale system improvement work. For example, in mid-2016 HCMC and Hennepin County Human Services staff recently presented a briefing to the Hennepin County Board laying out a shared strategy for adult mental health.

Social and Emotional Well-being Objective 3: Increase community and social connectedness	
Program/Initiative	Outcomes
Hennepin Health vocational services and work skills training	• Hennepin Health members continue to receive vocational services and work skills training provided under contract by RISE. The RISE vocational service staff are closely embedded with HCMC care coordination teams so that individuals who wish to enter or re-enter the workforce have the supports they need to make work a part of their health and life. • Between 2013 and August 2015, 43 individuals enrolled in the RISE program. 39 remained active in the program. • Of the 39 active enrollees, 28 were placed in jobs.
Hennepin County CHIP action team	As the CHIP work developed, HCMC's involvement changed and focus shifted to other initiatives.

Involvement with National Alliance on Mental Illness of Minnesota (NAMI)	• HCMC has a close relationship with NAMI.
	  • HCMC recently collaborated with NAMI to start a dual disorder support group at HCMC.
	  • HCMC participates and supports the NAMI Walk each year which has grown significantly over the past ten years.
	  • HCMC has partnered with NAMI to create a family mental health resource center at HCMC (opening in 2016) which will be staffed by both HCMC and NAMI volunteers.
	  • NAMI support groups will be held in the resource center.

Nutrition, Obesity, & Physical Activity Objective: Increase opportunities for regular physical activity and proper nutrition	
Program/Initiative	Outcomes

Baby-Friendly Hospital designation	• HCMC achieved Baby-Friendly Hospital status in February 2015.
	• As of April 2016:
	  • 92% new mothers initiate breastfeeding.
	  • 50% exclusively breastfeeding.

Community Transformation Grant projects: The goal was to implement a system to assist staff in coaching patients to develop healthy lifestyle goals.	• HCMC and Hennepin County provide Health Coach training to HCMC clinic nurses, medical assistants, and community health workers so they can assist patients with developing healthy lifestyle goals.
	• Between October 2013 and September 2014:
	  • 618 patients across participating HCMC clinics set healthy lifestyle goals.
	  • D5 scores[6] at the Medicine Clinic at HCMC increased from 17% to 30%.
	• Initially, Electronic medical records system (Epic) only enabled tracking D5 scores. The system was recently updated to enable staff to enter and track progress on patient healthy lifestyle goals.
	• Grant money is no longer available, but the training and tracking is ongoing.
	  • Program was initially piloted in one HCMC clinic, but is currently being expanded to all HCMC outpatient clinics.

6. D5 Scores (Five measures: Control blood pressure, lower bad cholesterol, maintain blood sugar, be tobacco free, and take aspirin as recommended.

Hennepin County CHIP action team	As the CHIP work developed, HCMC's involvement changed and focus shifted to other initiatives.

Diabetes Prevention Program (formerly called We Can Prevent Diabetes):
Since 2015, program provided by HCMC Community Health Workers, trained as Lifestyle Coaches. Classes offered at community clinics by HCMC staff and community partners.
	• September 2013 – December 2015
	  • 100 participants (primarily African Americans ages 35 – 54 yrs.
	  • Weight outcomes
	  • 49% participants experienced decrease in BMI
	  • 22% reached within 5% of weight loss goal
	  • Clinical outcomes
	  • 32% of participants – A1C decreased
	  • 45% FPG decreased
	  • 29% LDL decreased
	  • 30% HDL increased
	  • 29% triglycerides decreased

Taking Steps Together (TST): Nutrition and Healthy Lifestyle Program.	• Number of Families/Individuals participating:
	  • 2014: 26 families/68 individuals
	  • 2015: 14 families/42 individuals
	  • Alumni Program: 18 families/65 individuals
	• This program was discontinued in 2016, due to relatively small number of participants and modest level of outcomes.
	• In 2016, HCMC offered the Cooking Matters program – consisting of family SNAP education hands-on cooking classes to both English speaking and Spanish speaking families. During the summer
	of 2016:
	  • 13 families (42 adults and children) participated in one of three 6 – week long classes. One class was taught in English; two in Spanish.

The Food Shelf (previously the Therapeutic Food Pharmacy): In-hospital food shelf.	• Number of households served:
	  • 2014 – 35,410
	  • 2015 – 39, 486
	• Number of people served:
	  • 2014 – 101,236
	  • 2015 – 98,248
	• Number of meal equivalents:
	  • 2015 – 217,000
	• Number of participating HCMC hospital and clinic locations:
	  • 30+ HCMC clinics and programs housed at the hospital
	  • 8 HCMC community clinics

Appendix A:

Key Informant Interview Questions:

Date:

Name:

Organization

1. What is your vision for a “healthy community”? How would you describe what a healthy community looks like?
2. HCMC Service area = approximately the eastern third of Hennepin County – Brooklyn Center/Brooklyn Park to the north, Richfield and Bloomington to the south, St. Louis Park to the west – and from there east. Thinking about your description of a “healthy community”, how healthy is our community compared to your vision. In what ways is it healthy? In what ways is it not healthy?
3. From your personal and professional experiences, what would you say are the top 2 or 3 health issues or health needs in our community?
4. How common/wide-spread and how serious are these health issues/needs? What kind of impact on individuals and the community as a whole would there be if we do not address these needs?
5. In your opinion, what can or should be done to address these needs?
6. In what ways is your organization working to address these specific health issues/needs? What other groups or organizations are you aware of that are currently trying to address these needs?
7. In what ways can you envision or imagine your organization and or the community in general partnering (or working together) with HCMC to address these specific health issues/needs?
8. What other thoughts would you like to add?

Appendix B:

Community Health Needs Assessment Scoring Sheet

Health Need:				
	SIZE	**Seriousness**	**Potential to Impact**	
Rating Scale	**How widespread is the health need?**	**How serious or important do you think this health need is for individuals and/ or the community?**	**What is the potential for HCMC and Community Partners to have a positive impact on this health need within 3 – 4 years?**	
4	Impacts most of the HCMC service area	Very serious	Very Likely: HCMC and community partners can have a significant impact within 3 – 4 years.	
3	Impacts some neighborhoods or communities more than others	Moderately serious	Somewhat Likely:HCMC and community partners can have some impact within 3 – 4 years	
2	Impacts only one or two neighborhoods or communities	Somewhat serious	HCMC and community partners can have a positive impact, but it will take time to build partnerships, acquire resources, and see progress.	
1	Not sure how widespread the health needs is in the community.	Not serious	Not sure or don't think HCMC and community partners can have a positive impact anytime soon	
Health Need	**Size Score**	**Seriousness Score**	**Potential to Impact Score**	**Total**

COMMENTS: Please add your thoughts about the above needs as well as any thoughts you have about how to address these needs (use the back):

Appendix C:

Key HCMC and Community Stakeholders: Involvement in Community Health Needs Assessment and Potential Resource and/or Partnerships for Implementation Plan

Agency, Organization	Involvement in Community Health Needs Assessment		Potential Resource and/or Partnership Implementation Plan		
	Key Informant Interviews	Community Advisory Meeting	Mental Health	Social Determinants	Maternal Child Health
Accountable Communities of Health – Brooklyn Park		X		X	
Aeon (affordable housing)	X			X	
African American Family Services			X		
Ahavah Birthworks (doula agency in North Minneapolis)	X	X	X	X	X
Aqui Para Ti (HCMC program serving Latino youth and their parents)	X	X	X		X
Augustana Care (senior housing)		X		X	
Bloomington Public Health		X	X		
Boy and Girls Club of Minneapolis				X	X
Catalyst Initiative (George Family Foundation)		X	X		
Catholic Charities		X		X	X
Centro Tyrone Guzman (serves Latino population)	X	X	X	X	X
Children's Hospitals and Clinics – American Indian Advocate	X				

(Appendix C cont.)

Agency, Organization	Involvement in Community Health Needs Assessment		Potential Resource and/or Partnership Implementation Plan		
	Key Informant Interviews	Community Advisory Meeting	Mental Health	Social Determinants	Maternal Child Health
City of Minneapolis Health Department		X	X	X	X
CLUES (Comunidades Latinas Unidas En Serviceo)		X	X	X	X
Delta Dental Foundation	X	X			
ECHO TV	X		X	X	X
First Covenant Church		X		X	
Greater Twin Cities United Way	X	X	X	X	X
HCMC Family Medicine		X		X	X
HCMC *Upstream* Health Innovations		X	X	X	
HCMC Patient/Family Community Advisory Group Member	X	X			
Health Care for the Homeless		X		X	
Hennepin County Commissioners' Office	X				
Hennepin Health (insurance)	X		X	X	X
Hennepin Health Foundation		X			
Hennepin County Human Services and Public Health	X	X	X		X
HOPE, Inc. (community revitalization & engagement)	X			X	
International Institute (refugees and new immigrants)	X		X		

(Appendix C cont.)

Agency, Organization	Involvement in Community Health Needs Assessment		Potential Resource and/or Partnership Implementation Plan		
	Key Informant Interviews	Community Advisory Meeting	Mental Health	Social Determinants	Maternal Child Health
Isaiah Project (faith based coalition for just communities)	X			X	
Lutheran Social Services	X		X	X	
Metro Consortium of Community Developers		X		X	
Mid-Minnesota Legal Aid	X			X	
Minneapolis Federal Reserve Bank	X		X	X	X
Minneapolis Public Schools		X			X
Minneapolis Urban League		X	X	X	X
Minnesota Association of Community Mental Health Programs, Inc.		X		X	
MVNA and Hospice of the Twin Cities (HCMC Affiliate)	X	X	X	X	X
NAMI (National Alliance on Mental Illness)		X		X	
Native American Community Clinic	X		X	X	
Northpoint Health and Wellness Center		X	X	X	X
Northside Achievement Zone					X
People's Center			X	X	X
People Serving People	X	X	X	X	X
Project for Pride in Living	X			X	

(Appendix C cont.)

Agency, Organization	Involvement in Community Health Needs Assessment		Potential Resource and/or Partnership Implementation Plan		
	Key Informant Interviews	Community Advisory Meeting	Mental Health	Social Determinants	Maternal Child Health
Rainbow Health Initiatives		X	X	X	
Second Harvest Heartland	X	X		X	
St. Olaf Catholic Church	X		X	X	
Stairstep Foundation		X		X	
Stratis Health Cultural Care Connection	X				
Turning Point		X	X		
Urban Research and Outreach-Engagement Center (UROC)	X		X	X	
White Earth Nation		X	X	X	X
YMCA at Heritage Park	X	X	X	X	
YWCA Midtown	X		X	X	X