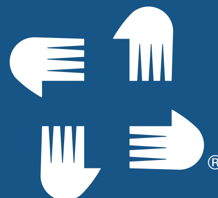
Hennepin County Medical Center Community Health Needs Assessment

Implementation Plan

2017-2019



Hennepin Healthcare System, Inc.

Approved by Mission Effectiveness Committee, an authorized body of Hennepin Healthcare System Board - 4/24/2017

HCMC 2017-2019 Community Health Needs
Implementation Plan

In 2016, Hennepin County Medical Center (HCMC) conducted the once per three year community health needs assessment. Through the assessment process, HCMC identified their community—the eastern half of Hennepin County including Minneapolis, Richfield, and Brooklyn Park. This is where the majority of HCMC patients and families live. The assessment process included data collection and review, engagement sessions with a broad range of community and HCMC stakeholders, and activities to aid in prioritizing needs. The outcome was the identification of the following priority community health needs:

- Mental health
- Social determinants of health
- Maternal child health

Further engagement with a broad range of community stakeholders and consultation with HCMC subject matter experts narrowed the priority needs to focused areas. These focus areas are reflected in the implementation plan.

As part of the implementation plan, HCMC will work both within HCMC programs or facilities and in the community. Some activities will look at HCMC processes and policies to ensure they are in alignment with the stated outcome goals. Actions in the community may involve working with other organizations, agencies, and existing collaborative groups with interest or expertise addressing similar goals.

The implementation plan spans 2017-2019. An important dimension of implementation is evaluation and measurement. As the work plan and measure models evolves, HCMC will post quarterly updates on our website: www.hcmc.org. Click “About Us” (top) and “Community Involvement” (side).

To get more information and/or to provide feedback, please contact Pat Schaffner at 612-873-8558 or Patricia.Schaffner@hcmed.org.

1. Priority – Mental health

Long term outcome goal: Improve key mental health outcomes

<table>
<tr><td colspan="3">Strategy one: Reduce barriers to accessing mental health services related to:
Location of care in relation to individual's home or place of work.
Cultural and language.
Limited knowledge of and/or lack of trust in mental health services.</td></tr>
<tr><td colspan="3">Across tactics: Identify and address barriers through community engagement and partnerships.</td></tr>
<tr><td>Tactic one: Bring care closer to those with mental health needs
Identify existing populations/communities experiencing location barriers and explore opportunities to bring care to those communities.</td><td>Tactic two: Address cultural and linguistic barriers
Better understand the cultural and linguistic barriers and explore and implement approaches to making care more accessible.</td><td>Tactic three: Address knowledge and trust gaps
Identify, explore, and implement approaches to bridge trust gaps.
Identify, explore and implement approaches to bridge knowledge gaps about:
the value of mental health services
Existing mental health services at HCMC and in the community.</td></tr>
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<table>
<tr><td colspan="3">Strategy two: Adopt trauma-informed principles</td></tr>
<tr><td>Tactic one: Community collaboration:
Participation in Hennepin County Community Health Improvement Partnership (CHIP) and the emerging focus on trauma-informed care.
Collaborate with community entities addressing individual, family, and community trauma.</td><td>Tactic two: Training:
Impact of childhood and lifetime traumas on mental and physical health.
Trauma informed principles.</td><td>Tactic three: Organizational policy review:
Identify and make policy revisions to mitigate impact of trauma and promote healing.</td></tr>
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Evaluation and Measurement:

Initial evaluation will focus on:

- Establishing baseline information.
- Setting specific process and outcome goals for success for strategies and tactics.
- Determining specific measures that will be used to assess progress toward success goals.

Long-term evaluation will track progress on both process and outcome goals.

2. Priority: Social determinants of health (SDOH)

Long term outcome goal: Improve health outcomes that are negatively impacted by social determinants of health.

Strategy one: Engage with patients and families to better understand their social needs and connect them with resources to meet those needs.	
Tactic one: Standardize processes: • Test different models of assessment to identify most effective, culturally responsive approaches that lead to more accurate patient disclosure of needs. • Standardize assessment, referral, and follow-up process related to SDOH.	**Tactic two: Expand and refine referral networks to address SDOH** • Leverage technology solutions. • Establish process of understanding needs and engaging relevant referral partners.

Strategy two: Work in partnership with other community organizations and agencies to positively impact SDOH.	

Tactic one: Advocate for public policy changes to improve specific SDOH dimensions such as housing and food insecurity:
• Strengthen community voice by joining health expertise with community expertise.
    o Increase awareness of impact of unmet housing needs on individuals' abilities to manage chronic mental and physical conditions.
    o Advocate for policy change at local or regional level.
	Tactic two: Add to body of knowledge related to unmet social needs and health status:
	• In collaboration with other community partners, collect data to better illustrate the scope and severity of various dimensions of SDOH.
	    o Example: Collect and share patient and provider narrative evidence (stories) of the impact of unmet social needs on patients' abilities to manage their health.

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Long-term evaluation will track progress on both process and outcome goals.

3. Priority Need – Maternal child health

Long term outcome goal: Improve birth outcomes in populations currently experiencing higher risk pregnancies.

Strategy: Increase participation of at-risk populations in early prenatal care and community programs designed to improve birth outcomes.
Tactic: Build community engagement and partnerships to grow HCMC's offering of culturally grounded prenatal care and evidenced-based support programs. • Identify and reduce barriers to participation in early prenatal care and evidenced-based community programs. • Explore opportunities to create cultural bridges between care opportunities and specific communities. • Enhance two way referrals between HCMC and community programs that support pregnant women.

Evaluation and Measurement:

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- Determining specific measures that will be used to assess progress toward success goals.

Long-term evaluation will track progress on both process and outcome goals