



Maple Grove Hospital

Community Health Needs Assessment



A partnership of North Memorial Health and Fairview

Contents

INTRODUCTION	Page 3
• Background	
• Community Health Needs Assessment (CHNA) Community Engagement Advisory Team (CEAT)	
• Purpose and Scope	
• Research Methods	
– Secondary Research	
– Primary Research	
– Limitations	
RESEARCH FINDINGS	Page 9
• Secondary Research	
Claritas Demographic Data, Minnesota Hospital Association Data, Minnesota Department of Health (MDH) Data, Hennepin County Public Health SHAPE Data, Community Needs Index, Attributed Patient Data-Internal Health System Data, Minnesota Student Survey Data, Center for Community Health Core Health Data Indicators.	
• Primary Research	
Community member, CEAT, and health professional focus groups, key stakeholder interviews.	
• Community Asset Mapping	
PRIORITIES	Page 29
• Prioritization Process	
• Prioritization Criterion	
• Resources to Address Identified Needs	
• Reason Other Priorities were not addressed	
COMMITMENT TO COMMUNITY—OUR VISION AND VALUES	Page 31
• Commitment to access and Health Services	
RESULTS FROM 2016 COMMUNITY HEALTH PRIORITIES	Page 32
BOARD APPROVAL	Page 35
IMPLEMENTATION PLAN	Page 35

Introduction

BACKGROUND

Maple Grove Hospital in Maple Grove, Minnesota has provided care to people in the northwest Twin Cities metro communities since 2009. It is a partnership between North Memorial Health and M Health Fairview. The Patient Care and Affordable Care Act of 2010 requires that all 501(C) (3) hospitals conduct a Community Health Needs Assessment (CHNA) to meet the U.S. Department of Treasury and Internal Revenue Service (IRS) rules. The overarching view of the CHNA report must be health needs from the perspective of the community, not the perspective of the hospital and healthcare providers.

During 2019, Maple Grove Hospital conducted its third CHNA. This CHNA considered input from persons who represent the broad interests of the assessed community including:

- Persons with special knowledge of, or expertise in, public health.
- Representatives of medically underserved, low income and minority populations.
- Representatives of the senior population.
- Representatives of populations with chronic disease needs.

The overall CHNA process was guided by Maple Grove Hospital's Community Engagement Advisory Team (CEAT). The CEAT team met a total of six times during the 2019 CHNA process. These meetings were:

December 2018 Reviewed community assessment area and approved assessment process	March 2019 Participated in a focus group	April 2019 Reviewed demographic and quantitative data
June 2019 Reviewed qualitative data and voted on health priorities	September 2019 Discussed assets and partnerships that could help address identified health priorities	October 2019 Approved CHNA report before it goes to the Maple Grove Hospital board

This report includes a description of the community assessed, the process and methods used to conduct the assessment, data findings and a description of the community health needs identified through the CHNA.

COMMUNITY ENGAGEMENT ADVISORY TEAM (CEAT)

Maple Grove Hospital established a Community Engagement Advisory Team (CEAT) in 2012 to help guide the 2013 Community Health Needs Assessment (CHNA). The CEAT took on the responsibility of guiding the 2013 and 2016 CHNA process, defining the community to assess, identifying key stakeholders, recruiting focus group participants, analyzing data and prioritizing health needs. They then monitored the work being done to address the identified 2013 and 2016 health priorities. In 2018 the CEAT began planning for the 2019 CHNA process by defining the community to assess, identifying key stakeholders, recruiting focus group participants, and prioritizing health needs.

2019 CEAT members included:

- Andy Cochrane, CEO, Maple Grove Hospital
- Robert N. Munson, MSW, LISW, Community Member
- Melissa Dau, Suicide Prevention Coordinator, Minnesota Department of Health
- Heidi Nelson, City Administrator, City of Maple Grove
- Pamela Doorenbos, MD, Medical Director, Maple Grove Hospital
- Sheila Nesbitt, Injury Prevention Coordinator, North Memorial Health Hospital
- Eric Hansen, Program Manager, Osseo Area Schools Early Childhood and Family Education
- Kris Orluck, Senior Coordinator, Maple Grove Parks and Recreation, City of Maple Grove
- Samantha Hanson, CAO, North Memorial Health
- Susan Palchick, Ph.D., MPH, Public Health Director, Hennepin County Public Health
- Lauren Hazuka, Marketing Consultant, Maple Grove Hospital
- Jason Rusinak, Director Pay Contracting and Network Management, North Memorial Health
- Nicole Herlofsky, Manager of Adolescent Behavioral Outpatient Programs, M Health-Fairview
- Heather Sheridan, Administrator, University of Minnesota Health, Maple Grove Clinics
- Jonette Lucia, MMA, Coordinator Northwest Hennepin Family Service Collaborative
- Sheryl Vugteveen, RN, Director Acute Care, Maple Grove Hospital
- Trudy Marshall, VP Marketing, Communications and Outreach, North Memorial Health
- Eric Werner, Chief of Police, City of Maple Grove
- Marie Maslowski, RN, MPH, Community Health Outreach Manager, North Memorial Health
- Sue Wieker, Senior Planning Analyst, North Memorial Health

The project manager was Marie Maslowski, RN, MPH, Community Health Outreach Manager, North Memorial Health. The internal planning team was composed of Andy Cochrane, President, Maple Grove Hospital; Sue Wieker, Senior Planning Analyst, North Memorial Health;

PURPOSE AND SCOPE

Community Health Needs Assessment (CHNA) Objectives

We are conducting a CHNA to:

- Understand the health needs of the community we serve.
- Build partnerships with community associates.
- Improve the health of the community we serve.
- Meet the requirements of the Patient Protection and Affordable Care Act.

The CHNA is a process that includes:

- Collecting and analyzing data about the identified community in order to prioritize identified health needs.
- Identifying community health needs and strengths.
- Identifying partnerships to address identified health priorities.

- Developing and adopting an Implementation Plan to address identified

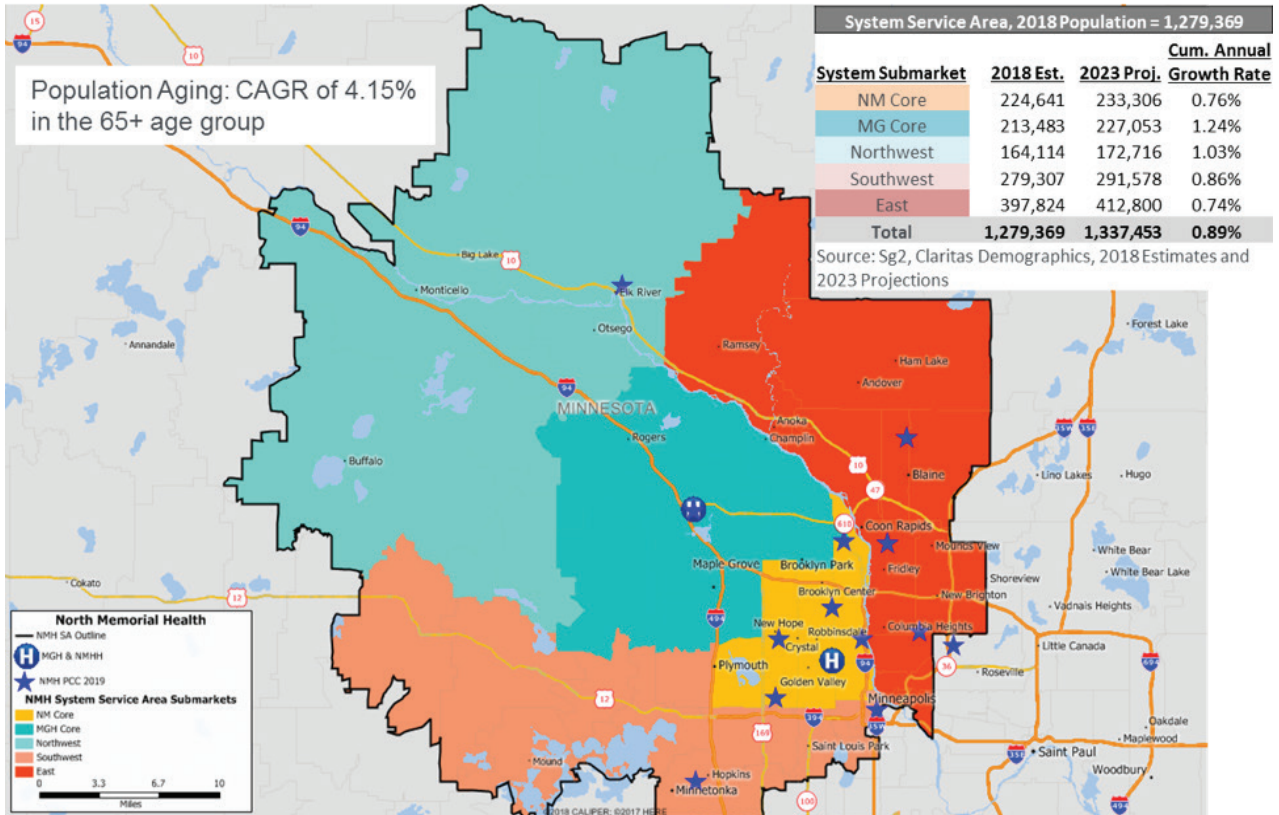
health priorities.

GEOGRAPHIC AREA AND TARGET POPULATION

Maple Grove Hospital serves customers in the northwest Twin Cities Metro Area.

North Memorial Health, system service area

4.5% growth in population projected for 2018 to 2023.



Maple Grove Hospital’s primary focus for the Community Health Needs Assessment (CHNA) is defined by the following zip codes which includes portions of the following cities:

- 55311 (Maple Grove, MN (91.57%), Rogers, MN (6.03%), Corcoran, MN (0.08%))
- 55316 (Champlin, MN (100%))
- 55369 (Maple Grove, MN (74.94%), Dayton, MN (21.19%), Osseo, MN (2.91%), Rogers, MN (0.29%))
- 55445 (Brooklyn Park, MN (100%))
- 55443 (Brooklyn Park, MN (100%))
- 55444 (Brooklyn Park, MN (99.85%), Brooklyn Center, MN (0.15%))

- 55446 (Plymouth, MN (100%))

New zip code:

- 55442 (Plymouth, MN (99.92%), Maple Grove, MN (0.08%))

<http://www.city-data.com/zips/>

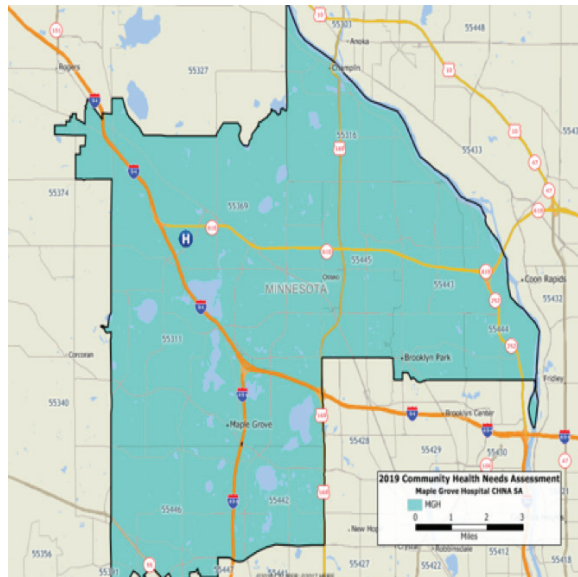
The rationale for choosing this area is:

- The area is immediately adjacent to Maple Grove Hospital
- The area closely mirrors SHAPE data geographic regions identified as “Northwest Suburbs – outer ring”

- It is identical to the 2016 CHNA with the addition of zip code 55442 which was recommended by the CEAT.
- It is where approximately 35% of Maple

Grove Hospital customers live and nearly 45% of outpatient emergency department customers live.

MAPLE GROVE HOSPITAL—COMMUNITY HEALTH NEEDS ASSESSMENT AREA



<u>ZIP Code</u>	<u>Community</u>
55311	MAPLE GROVE
55316	CHAMPLIN
55369	MAPLE GROVE/OSSEO
55442	PLYMOUTH
55443	BROOKLYN PARK
55444	BROOKLYN PARK
55445	BROOKLYN PARK
55446	PLYMOUTH

CEAT decided to add the 55442 Zip Code for the 2019 CHNA

RESEARCH METHODS

Maple Grove Hospital collected primary and secondary data to conduct the Community Health Needs Assessment (CHNA) in order to identify the top community health needs. From these identified needs, CEAT members prioritized the top health needs that will be addressed.

Secondary Research

Maple Grove Hospital's CHNA planning team gathered and analyzed existing community data from the following major sources:

Demographic Data

Claritas—available through Sg2, provides area population estimates, five-year projections (2018 and 2023) and many key demographic variables for community profile analysis.

Quantitative Data

Minnesota Hospital Association (MHA)—is a trade organization representing hospitals and health systems in the state of Minnesota. MHA collects hospital-specific comparative data and provides data resources to members. Information includes reasons for hospitalization, visits to the emergency room not resulting in hospitalization and market share for January – September 2018.

Minnesota Department of Health (MDH)—

provides mortality data by cause of death and age group. Hennepin County Public Health Assessment Team prepared the mortality information for the Maple Grove Hospital CHNA service area for 2015-2017.

SHAPE 2018 - 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, surveying and reporting on the health of children and adults in Hennepin County.

Community Need Index—The Community Need Index (CNI) has been developed by Truven Health Analytics and Dignity Health. They developed Community Need Index scores for zip codes around the country that are

an average of five different socio-economic indicators. These five socio-economic areas identify barriers to health among populations. These five socio-economic areas include: income barrier, cultural barrier, education barrier, insurance barrier and housing barrier.

Attributed Patient Data—combines data from all the Electronic Medical Records within the North Collaborative Care. This includes Epic, NextGen, Allscripts and eClinicalWorks. All data is based on fields pulled from these sources. This is representative of the entire patient population within the Attributed Patient Data as of March 2019. This provides another data point to the CEAT members. The areas reviewed include chronic condition prevalence and BMI distribution.

Minnesota Student Survey—is administered by the Minnesota Department of Education every three years. 2016 survey results for 9th graders from the Osseo and Wayzata school districts was looked at in relationship to each other and Minnesota Statewide survey result.

PRIMARY RESEARCH

In order to provide a more detailed understanding of the health needs of the community, the CEAT approved the following qualitative research.

Qualitative Data

Focus Group—Wilder Research was retained to conduct community focus groups, analyze the findings and write up the focus group results. They conducted four focus groups over the course of the CHNA:

- A Community Engagement Advisory Team (CEAT) member focus group
- A healthcare and social service professional focus group
- Two community members focus groups

A total of 58 people who live or work in the CHNA area participated in the focus groups.

Key Stakeholder Interviews—CEAT members were asked to conduct key stakeholder interviews with persons they felt were community leaders representing local government, law enforcement, education, religious organizations, community-based organizations or informed community members. A total of 11 key stakeholder interviews were conducted.

Community Asset Mapping—CEAT members were introduced to the concept of community asset mapping and the importance of utilizing available community resources as potential partners to address identified health needs. CEAT members represent some of the community assets that we can partner with. They represent schools, public health, other health systems, government and social service organizations.

The September 2019 CEAT meeting was focused on a discussion around community assets, partnerships and programs that Maple Grove Hospital could work with to help address the identified health priorities. These assets include Hennepin County Public Health, local government, local schools, social service provides, other health systems, and non-profits such as NAMI and Prairie Care which work in the area of mental health. More work will be done in this area when implementation planning is carried out.

LIMITATIONS

Efforts were made by both CEAT members and the internal planning team to gather comprehensive quantitative and qualitative data to develop a thorough picture of the community we serve. However, we acknowledge that quantitative data lags in time and ethnic and minority groups can be underrepresented. For qualitative data, it is acknowledged that individuals who participated in a focus group or key stakeholder interview bring their own perspectives and biases to this process. While

Research Findings

SECONDARY RESEARCH SOURCES—QUANTITATIVE DATA

The internal planning team met during the fourth quarter of 2018 to identify existing resources available to help identify the health needs of the community being assessed. This data was gathered and presented to the CEAT during 2019 to inform and educate them about the health needs of the community being assessed. Seven primary sources were used:

- Claritas Demographic Data
- Minnesota Hospital Association Data
- Minnesota Department of Health Data
- Hennepin County Public Health SHAPE Data 2019
- Community Needs Index
- Internal Health System Data—Attributed Patient Data
- Minnesota Student Survey Data

CENTER FOR COMMUNITY HEALTH—CORE HEALTH DATA INDICATORS

The Center for Community Health (CCH) is a collaborative with health plans, health systems and public health agencies in the seven-county metropolitan area of Minnesota. The mission of CCH is to advance community health, well-being, and equity through collective understanding of needs and innovation approaches to foster community strengths. One of the outcomes of this collaborative is the development of a core set of health data indicators which helps to guide our community health data collection. These core indicators include:

- Access to Health Service
- Asthma
- Cancer
- Cardiovascular Disease
- Clinical Preventive Services
- Demographics, People and Place
- Diabetes
- Environmental Quality
- Healthy Eating
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Mortality and Morbidity
- Obesity
- Oral Health
- Physical Activity
- Reproductive and Sexual Health
- Social & Economic Factors
- Substance Abuse
- Tobacco Use

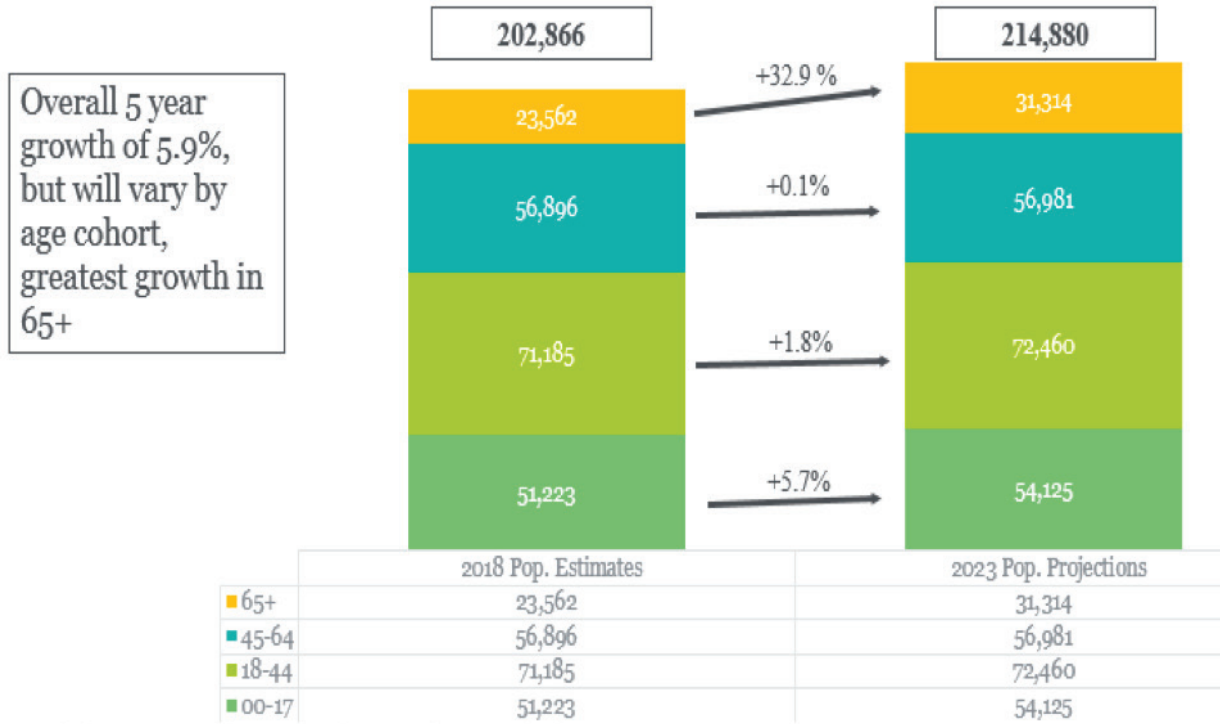
Demographic Data

POPULATION GROWTH

The Maple Grove Hospital Community Health Needs Assessment (CHNA) area is expecting 5.9% growth over the next five years. This growth will vary by age cohort and is expected to be greatest in the 65+ age cohort with a 32.9% increase in five years. All zip codes within the Maple Grove Hospital CHNA area show projected growth in the next 5 years.

Maple Grove Hospital, CHNA service area

Expecting 5.9% growth in five years.

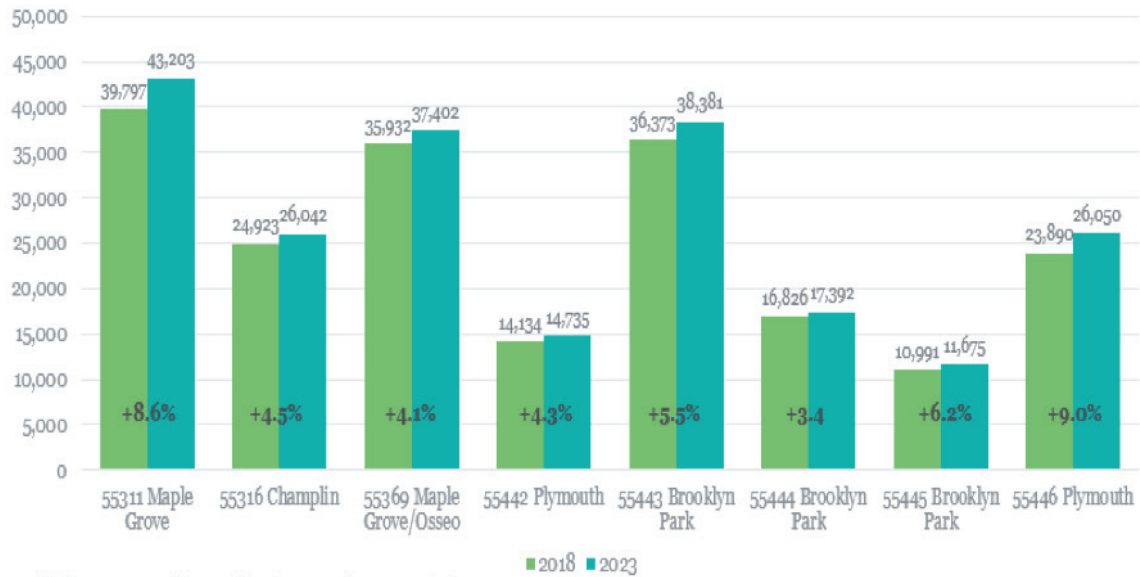


Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

Maple Grove Hospital service area demographics

5.9% total population growth 2018 to 2023
(2018 = 202,866 • 2023 = 214,880)

Total Population by ZIP Code



Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

GENDER

In the Maple Grove Hospital CHNA area, females lead males slightly in population percentages except for the 55316 and 55444 zip codes where the male percentage slightly leads the female percentage.

Maple Grove Hospital service area demographics

2018 gender percent of population by zip.



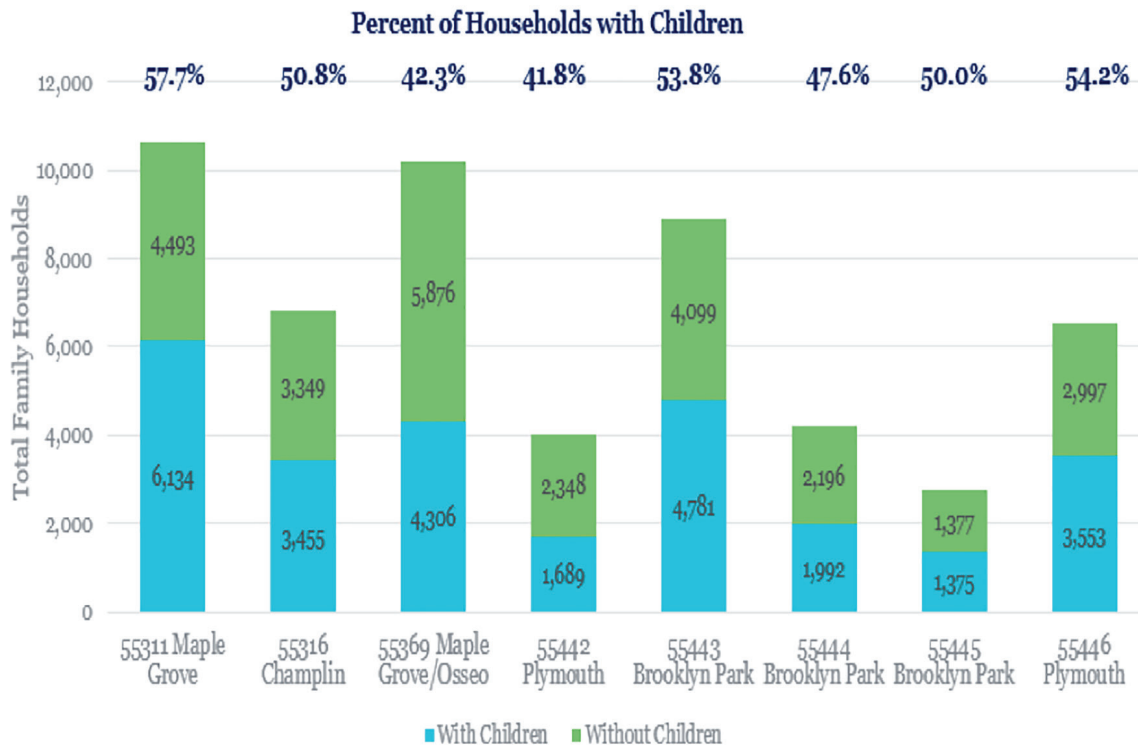
Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

HOUSEHOLDS WITH CHILDREN

In the Maple Grove Hospital CHNA area, the percent of households with children varies from 57.7% in zip code 55311 to 41.8% in zip code 55442.

Maple Grove Hospital service area demographics

2018 family households with and without children.



Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

AGE PERCENT BY ZIP CODES

Age percent of population by zip codes in the Maple Grove Hospital CHNA area from 2018 to 2023 do not show a wide variety of predicted change cross the years. In 2018, zip codes 55311, 55443 and 55445 show the highest percentage of age 1 - 4 and is predicted to continue this lead in 2023. In 2018 zip code 55369 and 55442 show the highest percent of persons over 65 and is predicted to continue this lead in 2023. All zip codes show an increase in persons over 65 from 2018 to 2023.

Maple Grove Hospital service area demographics

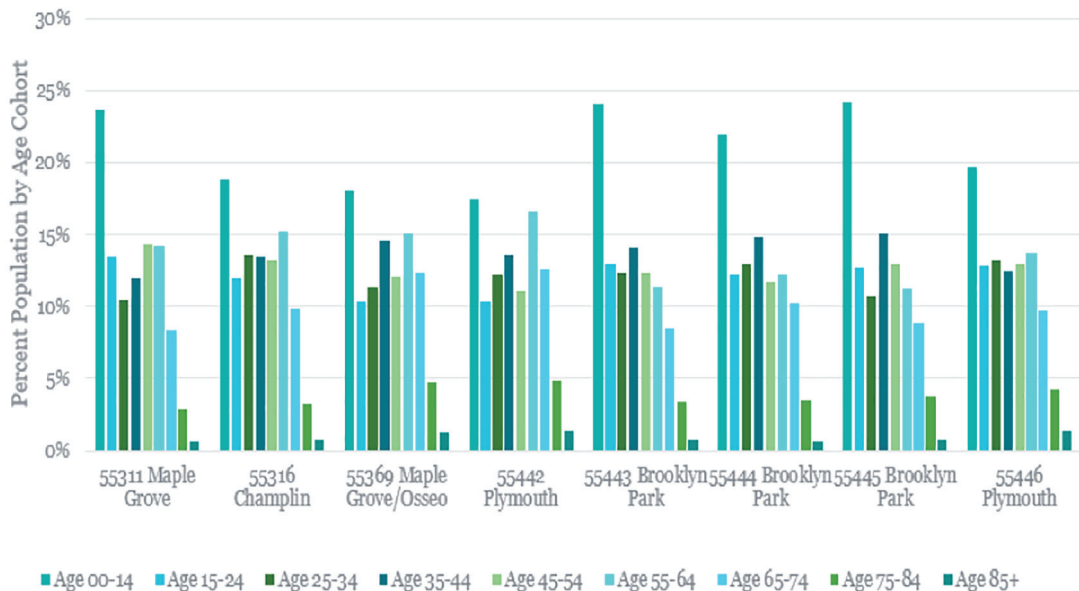
2018 age percent of population by zip.



Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

Maple Grove Hospital service area demographics

2023 age percent of population by zip.

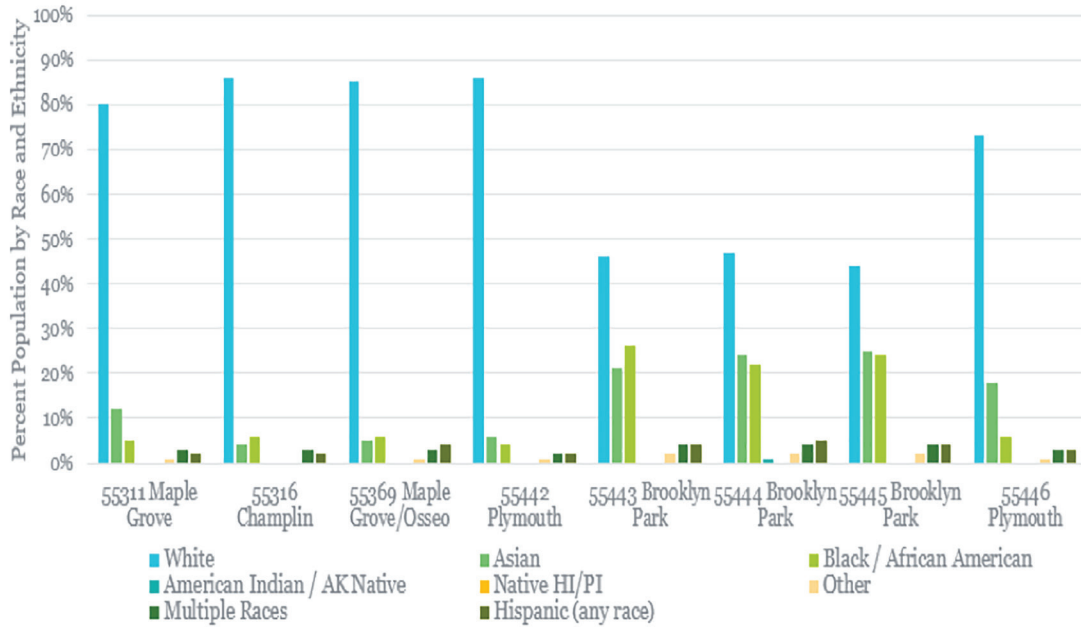


Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

RACE AND ETHNICITY BY ZIP CODES

Race and ethnicity by zip code in the Maple Grove Hospital CHNA area shows considerable differences in diversity. Local sources are needed to help us stay on top of what is happening in our community and respond accordingly. Recent census data are showing a drop in in-migration and immigration in Minnesota in the last two years.

Maple Grove Hospital service area demographics
2018 race and ethnicity by zip.



Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

HOUSEHOLD INCOME BY ZIP CODE

Household incomes by zip codes in the Maple Grove Hospital CHNA area in 2018 show a wide distribution with 5.0% of the population in 55311 making <\$15,000/year and 24.4% of the population making \$200,000 or more. Zip code 55443 has the highest percentage of households making <\$15,000 per year at 5.6% and has 7.3% of its population making \$200.000 or more.

Maple Grove Hospital service area demographics
2018 household income by zip.



Source: Sg2, Claritas Demographics, 2018 Estimates and 2023 Projections

HOSPITALIZATIONS

For all populations, without birth data, major joint replacement and septicemia were slightly high when compared to all of Minnesota. For children 18 and under, without birth data, psychoses, pulmonary edema & respiratory failure, nutritional disorders, digestive disorders and otitis media were high when compared to all of Minnesota. For persons 65 and over major joint replacement, septicemia, G.I. hemorrhage, renal failure and joint reattachment are high when compared to all of Minnesota.

Top 10 Reasons for Hospital Utilization

ALL POPULATION, WITH BIRTH DATA, 2018				
DIAGNOSIS RELATED GROUP	MGH AA	%	ALL MN	%
Vaginal delivery w/o complicating diagnosis	1,123	8.1%	29,133	6.7%
Normal newborn	1,044	7.5%	27,977	6.5%
Major joint replacement or reattach of lower extremity w/o MCC	614	4.4%	18,950	4.4%
Neonate with other significant problems	578	4.2%	13,359	3.1%
Psychoses	481	3.5%	17,177	4.0%
Septicemia or severe sepsis w/o MV 96+ hours with MCC	478	3.4%	14,066	3.3%
Cesarean section with CC/MCC	329	2.4%	7,173	1.7%
Cesarean section w/o CC/MCC	196	1.4%	5,998	1.4%
Vaginal delivery with complicating diagnosis	195	1.4%	4,560	1.1%
Heart failure and shock with MCC or Peripheral ECMO	194	1.4%	7,498	1.7%

Source: Minnesota Hospital Association, January thru September 2018

ALL POPULATION, WITHOUT BIRTH DATA, 2018				
DIAGNOSIS RELATED GROUP	MGH AA	%	ALL MN	%
Major joint replacement or reattach of lower extremity w/o MCC	614	6.2%	18,950	5.7%
Psychoses	481	4.8%	17,177	5.2%
Septicemia or severe sepsis w/o MV 96+ hours with MCC	478	4.8%	14,066	4.2%
Heart failure and shock with MCC or Peripheral ECMO	194	2.0%	7,498	2.3%
Septicemia or severe sepsis w/o MV 96+ hours with MCC	178	1.8%	5,755	1.7%
Esophagitis, gastroent & misc digest disorders w/o MCC	162	1.6%	5,472	1.6%
Alcohol/drug abuse or depend w/o rehab therapy w/o MCC	159	1.6%	6,235	1.9%
Pulmonary edema & respiratory failure	124	1.2%	4,861	1.5%
Simple pneumonia & pleurisy with MCC	120	1.2%	4,531	1.4%
Cellulitis w/o MCC	114	1.1%	4,189	1.3%

Source: Minnesota Hospital Association, January thru September 2018

AGES 0-17, WITHOUT BIRTH DATA, 2018

DIAGNOSIS RELATED GROUP	MGH AA	%	ALL MN	%
Psychoses	83	11.5%	2,133	10.2%
Pulmonary edema & respiratory failure	28	3.9%	727	3.5%
Seizures w/o MCC	24	3.3%	729	3.5%
Nutritional & misc metabolic disorders w/o MCC	23	3.2%	516	2.5%
Bronchitis & asthma w/o CC/MCC	22	3.1%	842	4.0%
Esophagitis, gastroent & misc digest disorders w/o MCC	17	2.4%	482	2.3%
Simple pneumonia & pleurisy with MCC	16	2.2%	443	2.1%
Bronchitis & asthma w CC/MCC	16	2.2%	789	3.8%
Otitis media & URI w/o MCC	15	2.1%	351	1.7%
Kidney & urinary tract infections w/o MCC	15	2.1%	292	1.4%

Source: Minnesota Hospital Association, January thru September 2018

AGES 65+, WITHOUT BIRTH DATA, 2018

DIAGNOSIS RELATED GROUP	MGH AA	%	ALL MN	%
Major joint replacement or reattach of lower extremity w/o MCC	399	9.1%	12,366	7.8%
Septicemia or severe sepsis w/o MV 96+ hours with MCC	290	6.6%	9,112	5.8%
Heart failure and shock with MCC or Peripheral ECMO	157	3.6%	6,138	3.9%
Septicemia or severe sepsis w/o MV 96+ hours w/o MCC	87	2.0%	2,793	1.8%
G.I. hemorrhage with CC	73	1.7%	2,251	1.4%
Simple pneumonia & pleurisy with MCC	68	1.5%	2,684	1.7%
Renal failure with CC	64	1.5%	1,841	1.2%
Pulmonary edema & respiratory failure	63	1.4%	2,660	1.7%
Esophagitis, gastroent & misc digest disorders w/o MCC	56	1.3%	2,170	1.4%
Major joint & limb reattachment proc of upper extremities	54	1.2%	1,749	1.1%

Source: Minnesota Hospital Association, January thru September 2018

CAUSES OF DEATH

For all populations the top three causes of death are cancer, heart disease and accidents. The diagnosis of cancer, cerebrovascular diseases, Alzheimer’s disease and suicide is higher than Hennepin County.

Top 10 Causes of Death

ALL POPULATION, WITH BIRTH DATA, 2015-2017				
CAUSE	MGH AA	%	HENN CTY	%
Cancer	770	26.3%	5,711	22.4%
Heart disease	475	16.2%	4,137	16.2%
Accidents	204	7.0%	1,805	7.1%
Cerebrovascular diseases	154	5.3%	1,283	5.0%
Alzheimer’s disease	143	4.9%	1,207	4.7%
Chronic lower respiratory diseases	135	4.6%	1,292	5.1%
Diabetes	76	2.6%	734	2.9%
Suicide	56	1.9%	398	1.6%
Parkinson’s disease	51	1.7%	426	1.7%
Chronic liver disease and cirrhosis	46	1.6%	413	1.6%
TOP 10 SUBTOTAL	2,110	72.2%	17,516	68.2%
TOTAL DEATHS	2,924	100.0%	25,516	100.0%

Source: Minnesota Department of Health, 2015-2017 (Hennepin County Public Health Assessment Team)

Deaths by Age and Gender—State of Minnesota

CDC Official Final Deaths 2017: released 12/8/2018

Suicide, as a cause of death, shows up in the top causes of death in all age groups except 0 - 14, and 65+.

ALL AGES		
RANK	CAUSE OF DEATH	DEATHS
1	Coronary Heart Disease	4,236
2	Alzheimers	2,467
3	Lung Disease	2,377
4	Lung Cancers	2,316
5	Stroke	2,239
6	Diabetes Mellitus	1,305
7	Falls	1,165
8	Hypertension	1,044
9	Colon-Rectum Cancers	792
10	Pancreas Cancer	776
11	Suicide	774

AGES 0-14		
RANK	CAUSE OF DEATH	DEATHS
1	Congenital Anomalies	93
2	Low Birth Weight	73
3	Birth Trauma	18
4	Other Injuries	10
Numbers too small to report		

AGES 15-24		
RANK	CAUSE OF DEATH	DEATHS
1	Suicide	144
2	Poisonings	76
3	Road Traffic Accidents	62
4	Homicide	27
5	Other Injuries	11
Numbers too small to report		

AGES 25-34		
RANK	CAUSE OF DEATH	DEATHS
1	Poisonings	178
2	Suicide	133
3	Road Traffic Accidents	69
4	Homicide	28
5	Other Injuries	23
6	Congenital Anomalies	15
7	Liver Disease	15
8	Coronary Heart Disease	13
9	Endocrine Disorders	13
10	Maternal Conditions	12

AGES 35-44		
RANK	CAUSE OF DEATH	DEATHS
1	Poisonings	129
2	Suicide	129
3	Coronary Heart Disease	57
4	Road Traffic Accidents	56
5	Liver Disease	46
6	Other Injuries	27
7	Diabetes Mellitus	27
8	Inflammatory/Heart	20
9	Alcohol	20
10	Homicide	19

AGES 45-54		
RANK	CAUSE OF DEATH	DEATHS
1	Coronary Heart Disease	243
2	Poisonings	187
3	Suicide	142
4	Lung Cancers	107
5	Liver Disease	103
6	Diabetes Mellitus	75
7	Colon-Rectum Cancers	73
8	Stroke	60
9	Breast Cancer	58
10	Road Traffic Accidents	55

AGES 65-74		
RANK	CAUSE OF DEATH	DEATHS
1	Lung Cancers	709
2	Coronary Heart Disease	684
3	Lung Disease	547
4	Diabetes Mellitus	335
5	Stroke	283
6	Pancreas Cancer	237
7	Colon-Rectum Cancers	158
8	Lymphomas	152
9	Hypertension	151
10	Breast Cancer	146

AGES 55-64		
RANK	CAUSE OF DEATH	DEATHS
1	Coronary Heart Disease	511
2	Lung Cancers	464
3	Liver Disease	243
4	Diabetes Mellitus	206
5	Liver Disease	204
6	Stroke	154
7	Pancreas Cancer	139
8	Colon-Rectum Cancers	136
9	Suicide	131
10	Breast Cancer	128

AGES 75+		
RANK	CAUSE OF DEATH	DEATHS
1	Coronary Heart Disease	2,728
2	Alzheimers	2,318
3	Stroke	1,727
4	Lung Disease	1,547
5	Lung Cancers	1,023
6	Falls	943
7	Hypertension	767
8	Diabetes Mellitus	662
9	Parkinson's Disease	587
10	Influenza & Pneumonia	520

www.worldlifeexpectancy.com/minnesota-cause-of-death-by-age-and-gender

2018 SHAPE DATA

Adult 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, surveying and reporting on the health of children and adults in Hennepin County.

Overall Health

- General health
- Chronic diseases and conditions
- Weight and obesity
- Limitations and disabilities

Access to Health Care

- Health insurance coverage
- Unmet or delayed care need
- Usual source and place of care
- Prescription medication use
- Dental care

Health Lifestyles and Behaviors

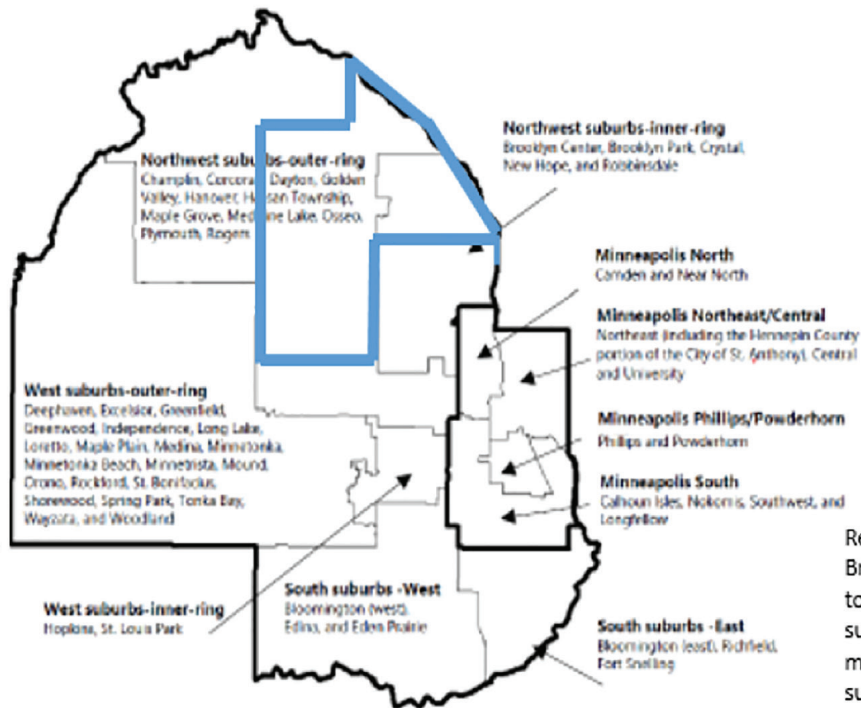
- Fruit and vegetable intake
- Eating breakfast
- Beverage intake
- Nutrition and beverage summary measure
- Physical activity and exercise
- Screen time
- Cigarette and other tobacco use
- Environmental tobacco exposure
- Alcohol use

How You Feel

- Depression and anxiety
- Non-specific psychological distress

Social-Environmental Factors

- Community involvement and social connectedness
- Neighborhood walkability
- Community cohesion and neighborhood safety
- Discrimination
- Food and housing security
- Number of times moved
- Sexual orientation and identity



Reporting area changes, Brooklyn Park was moved to the inner Northwest suburbs, and Golden Valley moved to Outer Northwest suburbs.

SHAPE 2018 - CCH INDICATORS

PERCENTAGE OF ADULTS REPORTED	HENNEPIN COUNTY	MPLS NORTH	NORTHWEST INNER	NORTHWEST OUTER
Reported overall health status good or better	89.0%	74.3%	86.6%	90.6%
Experienced frequent mental distress	12.3%	20.8%	13.7%	11.0%
Ever been diagnosed with high blood pressure	21.0%	26.7%	28.8%	22.4%
Ever been diagnosed with diabetes	7.4%	12.5%	11.6%	6.3%
Being obese (BMI ≥ 30.0)	24.4%	32.3%	32.7%	23.9%
Being overweight (but not obese) (BMI = 25.0 to 29.9)	32.5%	29.3%	30.3%	36.3%
Engage in no leisure time physical activity	14.6%	39.6%	22.8%	12.5%
Currently smoke	9.2%	22.3%	10.3%	5.4%
Binge drinking at least once during the past 30 days	29.4%	26.0%	26.1%	24.9%
Difficulty paying health insurance costs during past year	23.2%	38.9%	31.9%	24.1%
Visited a dentist or dental clinic within the past year	74.9%	54.4%	70.5%	82.2%
Delayed or did not get needed medical care, past year*	24.9%	37.5%	27.4%	19.1%
Delayed or did not get needed mental health care*	59.2%	62.2%	55.0%	60.1%
Skipped doses, took less, did not fill prescription*	9.5%	18.7%	11.7%	7.0%
Always understand my health information from provider	59.2%	47.5%	51.2%	63.0%
Always treated with respect by health care providers	77.4%	67.1%	71.2%	81.1%

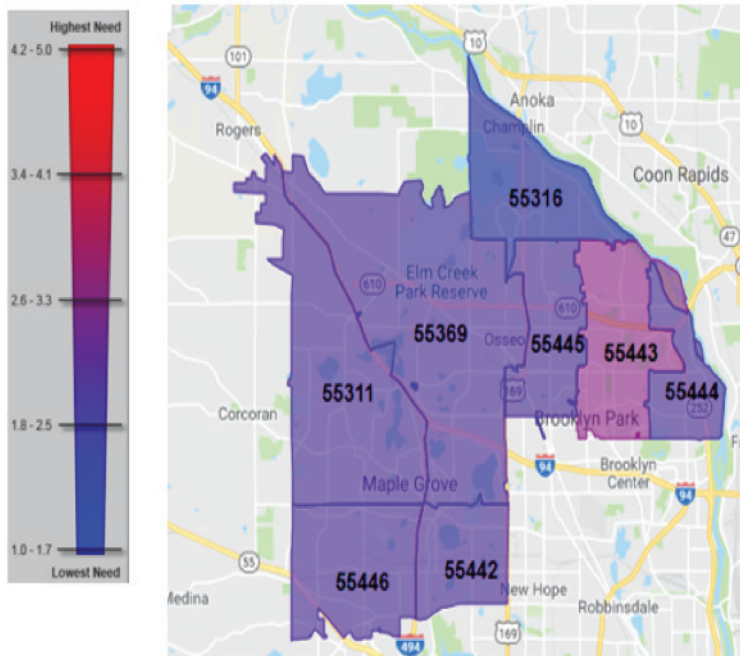
*Due to costs or lack of insurance

<http://www.hennepin.us/shape>

COMMUNITY HEALTH NEEDS INDEX

Dignity Health and Truven Health Analytics

The Community Need Index (CNI) map shown below illustrates that the Maple Grove Hospital Community Health Needs Assessment (CHNA) area is composed of zip codes that are identified as having low to middle social-economic needs. The CNI scores for zip codes in the assessment area range from 1.4 to 2.6. Improvement since 2016 has been seen in zip codes 55443 and 55445.



CNI for Maple Grove Hospital CHNA SA

Zip Code	2016	2018	
55311	2.0	2.0	Maple Grove
55316	1.4	1.4	Champlin
55369	1.8	1.8	Maple Grove/Osseo
55442		1.8	Plymouth
55443	2.8	2.6	Brooklyn Park
55444	2.2	2.2	Brooklyn Park
55445	2.6	2.2	Brooklyn Park
55446	2.0	2.0	Plymouth

Source: Truven health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and Community Need Index 2018

The five socio-economic indicators used to develop the CNI map are:

Income Barrier:

- Percentage of households below poverty line, with head of household age 65 or more.
- Percentage of families with children under 18 below poverty line.
- Percentage of single female-headed families with children under 18 below poverty line.

Cultural Barrier:

- Percentage of population that is minority (including Hispanic ethnicity).
- Percentage of population over age 5 that speaks English poorly or not at all.

Education Barrier:

- Percentage of the population over 25 without a high school diploma.

Insurance Barrier:

- Percentage of population in the labor force aged 16 or more, without employment.
- Percentage of population without health insurance.

Housing Barrier:

- Percentage of households renting their homes.

<http://cni.chw-interactive.org/>

Attributed Patient Data

Top 10 Chronic Conditions—Optum Data One Data

The top 10 chronic conditions identified in the attributed patient data are shown below. For all populations—hypertension, dyslipidemia, diabetes are the top three. For children 18 and under—asthma, diabetes, and hypertension are the top three. For persons over 65—hypertension, dyslipidemia and diabetes are the top three.

Chronic Condition Prevalence

TOTAL POPULATION		
CHRONIC CONDITION	COUNT	%
Hypertension	55,198	58.1%
Dyslipidemia	52,253	55.0%
DM	32,297	34.0%
Asthma	23,142	24.4%
COPD	11,584	12.2%
Coronary Artery Disease	10,817	11.4%
Afib	6,898	7.3%
CHF	4,972	5.2%
Rheumatoid Arthritis	2,069	2.2%

65+ POPULATION		
CHRONIC CONDITION	COUNT	%
Hypertension	25,260	76.3%
Dyslipidemia	24,611	74.4%
DM	13,470	40.7%
Coronary Artery Disease	7,228	21.8%
Asthma	5,542	16.7%
COPD	5,238	15.8%
Afib	5,141	15.5%
CHF	3,442	10.4%
Rheumatoid Arthritis	982	3.0%

<18 POPULATION		
CHRONIC CONDITION	COUNT	%
Asthma	3,019	86.8%
DM	296	8.5%
Hypertension	208	6.0%
Dyslipidemia	116	3.3%
Coronary Artery Disease	9	0.3%
Rheumatoid Arthritis	12	0.3%
COPD	3	0.1%
Afib	5	0.1%
CHF	1	0.0%

BMI Data—Optum One Data

For total populations the BMI distribution shows 37.6% of the identified population having a BMI in the obese class. For children 18 and under, 49% are identified as underweight while 8% are in the obese class. For persons over 65, 39% are in the obese class.

BMI Distribution

TOTAL POPULATION		
BMI CLASS	COUNT	%
Underweight: <18.5	5,760	7.3%
Normal: 18.5 - 24.9	20,377	25.8%
Overweight: 25.0 - 29.9	23,097	29.2%
Obese (Class I): 30.0 - 34.99	15,912	20.1%
Obese (Class II): 35.0 - 39.99	7,804	9.9%
Obese (Class III): 40+	6,034	7.6%

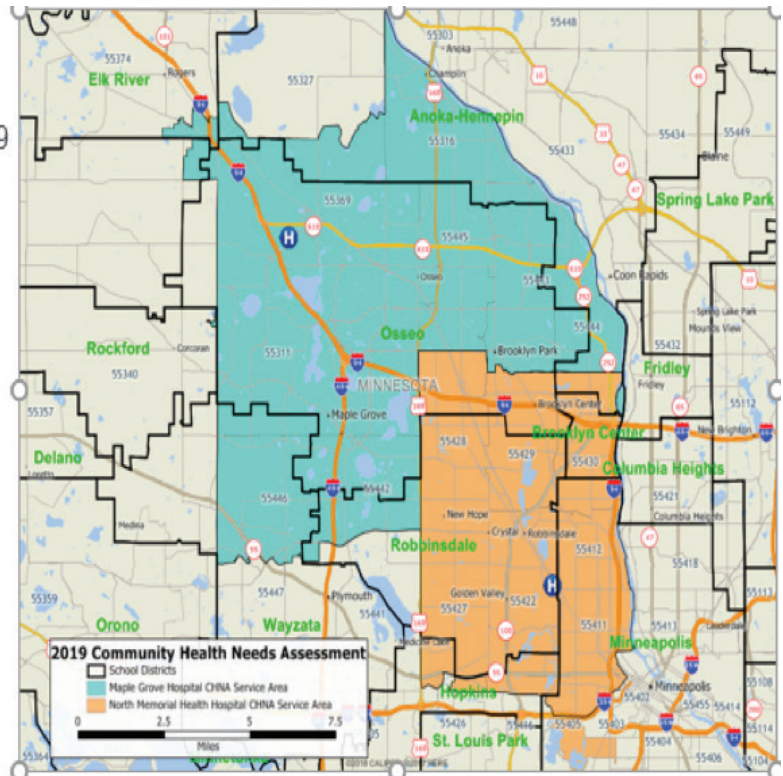
+65 POPULATION		
BMI CLASS	COUNT	%
Underweight: <18.5	335	2%
Normal: 18.5 - 24.9	5,046	25%
Overweight: 25.0 - 29.9	7,097	35%
Obese (Class I): 30.0 - 34.99	4,586	23%
Obese (Class II): 35.0 - 39.99	1,981	10%
Obese (Class III): 40+	1,164	6%

<18 POPULATION		
BMI CLASS	COUNT	%
Underweight: <18.5	4,920	49%
Normal: 18.5 - 24.9	3,330	33%
Overweight: 25.0 - 29.9	939	9%
Obese (Class I): 30.0 - 34.99	401	4%
Obese (Class II): 35.0 - 39.99	196	2%
Obese (Class III): 40+	227	2%

MINNESOTA STUDENT SURVEY DATA

A few indicators in the Center for Community Health (CCH) list are from the Minnesota Student Survey. This is the first time we have included this data in our Community Health Needs Assessment (CHNA), providing additional insights into the health needs of our community. The map shows our CHNA areas with the public-school district boundaries. We looked at two school districts.

Osseo Public School District 279, 2016 Grade 9
Wayzata Public School District 284, 2016 Grade 9



Only 62.1% of 9th grade students in the Osseo school district self-report being in “very good” or “excellent health” compared with 76.6% of Wayzata students and 67.4% of students statewide.

CCH INDICATOR: PERCENTAGE OF 9TH GRADE STUDENTS	STATEWIDE	OSSEO	WAYZATA
BMI is in the overweight/obese category	24.2	25.5	18.2
Consume at least 1 serving of a) fruit and b) vegetables daily	47.3/40.3	41.7/31.2	50.4/40.5
Physically active for 60 minutes or more on at least five of the last seven days	51.9	37.5	54.3
Smoked one or more cigarettes, past 30 days (e cigarette)	4.3 (9.3)	1.8 (10.9)	1.7 (5.0)
Self-report any physical disabilities, or long-term health problems (asthmas, cancer, diabetes, epilepsy)	16.0	15.6	17.2
Reported using alcohol within the past 30 days	11.2	8.3	6.5
Reported using marijuana during the past 12 months	9.8	9.2	5.3
Suicidal thought during past year	11.8	10.5	8.4
Report having a dental appointment in the past 12 months	82.7	77.8	90.4
Self-report being in “very good” or “excellent” health	67.4	62.1	76.6

PRIMARY RESEARCH SOURCES—QUALITATIVE DATA

Focus Groups

Wilder Research conducted four focus groups: one with CEAT members; one with health professionals and social service providers; and two with community members. In total, 58 people who live or work in the community being assessed by Maple Grove Hospital participated in the focus groups.

Participants were asked a series of questions about their vision for a healthy community, the community's unmet needs, community resources, how Maple Grove Hospital can help achieve a vision of a healthy community, and their knowledge of the hospital's efforts following the last CHNA in 2016.

Focus group participants were asked "What makes a healthy community." Many ideas for a healthy community were expressed including—access to affordable and reliable mental and physical health services available to all community members. Other participants shared that a healthy community should include: parks, community centers, and recreation resources to help residents live a healthy lifestyle; multi-generational opportunities to engage with each other; quality education; prevention and education programs for all ages; shared knowledge of resources and how to use them; affordable and equitable housing; healthy foods; well-paying jobs; public transportation; and opportunities for cultural expression and awareness.

Additional responses included support structures such as pro-active and engaged public officials who represent the cultures in the community and who are nimble enough to respond to community needs, well-run government safety services, faith communities, and social service agencies.

One focus group participant said a healthy community provides a pyramid system of services including some that are good for all, some that are more targeted, and some that are specific for those who need the services most.

Key themes identified include:

- **Mental health and psychiatric services**
 - Maple Grove and the surrounding community needs more psychiatric and mental health services, especially for youth.
- **Available and accessible services and referrals**—Health and human service professionals and community members do not always know the full scope of available resources.
- **Comprehensive care**—Healthcare regulations and billing guidelines can make it difficult for healthcare practitioners to treat a patient holistically.
- **Prevention and education**—Residents benefit from ongoing education and prevention efforts.
- **Community diversity**—The community surrounding Maple Grove Hospital continues to become more diverse, and health care professionals need to be prepared to serve all patients appropriately and effectively.
- **Available and affordable housing**—Available housing does not meet the needs of the entire community.
- **Transportation**—Affordable and accessible transportation continues to be an unmet community need.

KEY STAKEHOLDER INTERVIEWS

To organize the feedback received from the 11 key stakeholder interviews that were conducted by CEAT members' two-word clouds were developed to capture the major ideas.

For the question related to “Vision for a Healthy Community” ideas such as “Resources” and “Access” stood out in the word cloud.

Vision for a Healthy Community



The individuals interviewed described a healthy community as a safe place for people of all ages and abilities, and with the resources that people need to support their health and well-being. The interviewees envisioned a community where people grow and thrive, with good schools and where everyone's basic needs are met. One person emphasized connections between individuals and seeing others as whole, complete, and with innate health.

For the question related to “Healthy Community Needs” major ideas included mental health, transportation, cost of health insurance, economic disadvantages and social determinants.

Healthy Community Needs



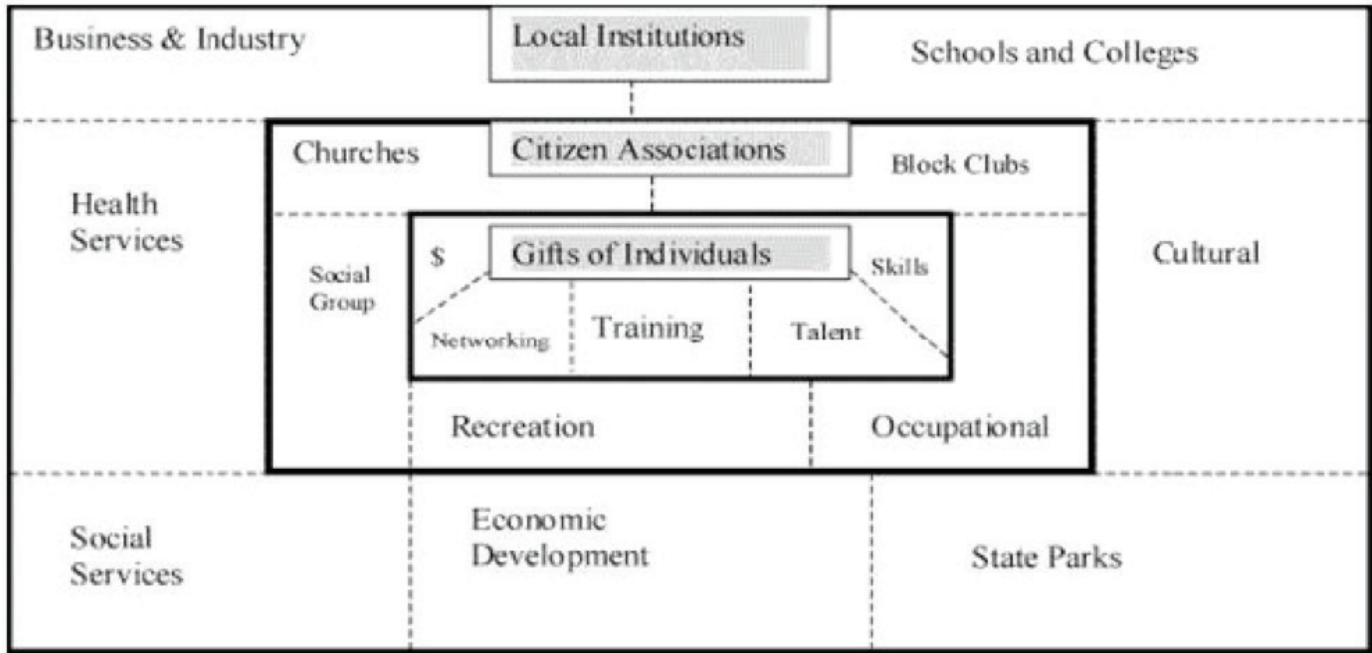
Additional considerations that were identified in the key stakeholder interviews include:

- **Culturally responsive services and approaches**—stakeholders brought attention to the importance of providing services that are culturally relevant and specific to the population. Multiple people noted the importance of the community having resources available to support health and well-being across the life span.
- **Funding**—discontinuation of programs when funding periods end is a challenge and leaves the community abandoned by organizations and systems.
- **Rising use of e-cigarettes**—the only issue raised as an emerging health concern was the perception of increased e-cigarette use among youth. There was concern that this is a big step backwards, particularly given all the effort that has led to reductions in tobacco use overall.

COMMUNITY ASSET MAPPING

CEAT members were introduced to the concept of community asset mapping and the importance of utilizing available community resources as potential partners to address the identified health needs. The following tool was used:

What is a Community Asset?



Source: University Outreach and Extension at University of Missouri System and Lincoln University
<http://extension.missouri.edu/about/fy00-03/assetmapping.htm>

The September 2019 CEAT meeting was focused on a discussion of community assets, partnerships and programs that Maple Grove Hospital could work with to help address the identified health priorities. These assets include Hennepin County Public Health, local government, local schools, social service providers, other health systems, and non-profits such as NAMI and Prairie Care which work in the area of Mental Health. More work will be done in this area when implementation planning is carried out.

Priorities

PRIORITIZATION PROCESS

Responses to the focus groups, key stakeholder interviews and the quantitative data were reviewed by the internal planning committee. The planning committee summarized the data and presented it to the CEAT for review and discussion. Initial top findings presented to the CEAT were:

- Mental health/substance abuse
- Healthy aging
- Helping the community access health care and community resources
- Comprehensive care
- Prevention/Education: knowledge across lifespan
- Culturally responsive services
- Housing: safe, accessible, affordable, available for homeless
- Transportation: especially for medical care

PRIORITIZATION CRITERION

The Community Engagement Advisory Team (CEAT) had an extensive discussion about the Community Health Needs Assessment findings and the prioritization criterion:

- 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 Maple Grove Hospital and community partners to have a positive impact on this health need within three to four years?

After this discussion they decided to take a verbal vote and continue with the 2016 identified health priorities of:

Mental health

Substance abuse

Healthy aging

RESOURCES TO ADDRESS IDENTIFIED NEEDS

Maple Grove Hospital will work with community partners to help address the identified community needs during our Implementation Planning. Our CEAT will help to guide this work and identify potential partners.

We currently work in partnership with numerous community partners to address community needs. These partners include schools, public health—state and local, law enforcement, substance abuse prevention initiatives, social service organizations, local government and other healthcare organizations. Partnership is the foundation upon which all our community outreach work is based and will continue to be based.

Resources available to address the identified health needs include existing community programs around mental health, substance abuse prevention, and senior health. These include Partnership for Change, Partners in Prevention, Mental Health classes for the community and the City of Maple Grove's Age-Friendly Maple Grove initiative. We will continue to work with the Center for Community Health (CCH) which is a collaboration between public health, healthcare organizations and health plans. The mission of CCH is to improve the health of the community by engaging across sectors and serving as a catalyst to align the Community Health Assessment (CHNA) process and the development of action plans in order to provide collaborative impact for priority health issues.

REASON OTHER PRIORITIES WERE NOT ADDRESSED

The health priorities not being addressed directly include:

- Helping the community access health care and community resources.
- Comprehensive care.
- Prevention/education: knowledge across lifespans.
- Culturally responsive services.
- Housing: safe, accessible, affordable, available for homeless.
- Transportation: especially for medical care.

Although these priorities were not selected as priority needs during the 2019 CHNA, Maple Grove Hospital will support work that addresses these needs as appropriate. The CEAT felt that to make an impact in the top three identified health priorities resources should be focused on the mental health, substance abuse and healthy aging priorities and not spread across a multitude of priorities. Culturally responsive services will be woven into the top three priorities. Prevention/education—knowledge across the lifespan will be addressed with health education classes offered to seniors and mental health classes offered to the whole community.

Helping the community access health care and community resources is being addressed by care coordinators and social service providers. Comprehensive care is being addressed as part of patient care but falls outside of a community-based Implementation Plan strategy. Culturally responsive services are also a part of patient care. Housing and transportation are beyond what Maple Grove Hospital's resources can address at this time.

Commitment to Community

Our Vision and Values

Maple Grove Hospital's mission is to **empower our customers to achieve their best health**. We view the people we serve as customers, not patients, empowering them to expect the best care, communicate their needs and allowing us to be creative and accountable for meeting their needs. It is this mission that guides our work helping community, in partnership with community organizations and partners, achieve their best health. Our shared values include:

Inventiveness

Accountability

Relationships

COMMITMENT TO ACCESS AND HEALTH SERVICES

We strive to insure all community members have access to quality medical care regardless of their circumstances. The following programs assist members of our community in accessing health care services.

- **CHARITY CARE**—Maple Grove Hospital provides a Financial Assistance program. Patients may qualify if their general income and assets meet the minimum guideline. The Financial Assistance application is available on the website in English, Hmong, Spanish, and Russian.
- **UNINSURED HOSPITAL PATIENT DISCOUNT**—Maple Grove Hospital provides an upfront discount to uninsured patients for hospital and hospital-based clinic services that are medically necessary. This discount is for customers who do not have any insurance and are not eligible for a Medicaid plan.
- **DISCHARGE PRESCRIPTION ASSISTANCE**—Maple Grove Hospital will provide, free of charge, select medications to customers who are unable to pay for their discharge medications and are not eligible for any local, state, federal, manufacturer and/or private prescription medication assistance programs.

Results From 2016 Health Priorities

MAPLE GROVE HOSPITAL'S 2016 PRIORITIES WERE:

Mental health	Substance abuse	Healthy aging/ Senior services
----------------------	------------------------	---

Below are highlights of some of the work done in these priority areas:

Mental Health (Addressed with North Memorial Health Hospital)

- Maple Grove Hospital has incorporated the Make It Okay message into annual employee training. Make It Okay is designed to reduce stigma surrounding mental health.
- Maple Grove Hospital, along with North Memorial Health Hospital has offered a total of four Adult focused Mental Health First Aid classes, 10 Youth Mental Health First Aid classes and seven safeTALK suicide awareness classes to the community since 2017. Since 2017 over 375 community members have attended these classes.
- The North Memorial Health Mental Health Clinic opened in December 2016 in response to an identified community need. The clinic focuses on general mental health problems with a specific focus on serious and persistent mental illness and post-traumatic stress disorder for patients 18 years of age and over. In 2018, we added additional programming to include a Partial Hospitalization Program focused on SPMI populations. We also added an Intensive Outpatient Program focused on PTSD, the first of its kind in the state and in the metro area. In early 2018, we hired two more psychologists. In late 2018, we began a hiring process to expand access by increasing the number of outpatient therapists by four and prescribers by four as well. All four therapists started in 2019. We also expanded access to behavioral health through the hiring of an additional behavioral health provider located in the primary care setting, a service line known as Integrative Behavioral Health.
- SafeJourney, our domestic violence advocacy program, continues to offer 24-hour advocacy by trained volunteers. Support groups for woman experiencing domestic violence are held along with financial support for clients who qualify.
- Maple Grove Hospital continues to work with the Center for Community Health in developing a coordinated community response to address mental health as a health priority across the metro area.

Substance Abuse (Addressed with North Memorial Health Hospital)

- Maple Grove Hospital, along with North Memorial Health Hospital, worked with Partnership for Change and Partners in Prevention to reduce drug and alcohol use among youth in our community. Partners in Prevention is located in the Wayzata school district. Partnership for Change is located in North Memorial Health Hospital's trauma department and leverages community partnerships to prevent and reduce substance misuse in the community through strategies such as:
 - POLD (Place of Last Drink)—five training presentations were held from 2017 - 2019.
 - Held a Provider Forum and Panel Discussion on Opioids, April 2018 with the Medicine Abuse Prevention Workgroup, North Memorial ED and Grand Rounds. Education was provided about the opioid epidemic. About 65 providers attended.
 - Community-based medication drop boxes—five were opened from 2017 - 2019.
 - Seven community events/presentations were held from 2017 - 2019 including a Marijuana Perception of Harm symposium in April 2018 in partnership with Hazelden and Partners in Prevention with approximately 100 attendees.
- Maple Grove Hospital financially supported Partners in Prevention's; Uncover the Truth education campaign in 2017, 2018 and 2019.
- The North Memorial Mental Health Clinic opened in December 2016 in response to an identified community need. The clinic focuses on general mental health problems with a specific focus on serious and persistent mental illness and post-traumatic stress disorder. We have not been able to formally expand our Addiction Services offering in 2018. In 2019, two of the newly hired outpatient psychologists came to North Memorial Health with a significant professional background in working with populations struggling with addiction. Developing co-occurring MH/SUD programming remains a possible plan for expansion, but we have been limited by not having addiction specialists amongst our outpatient prescribers.
- Maple Grove, along with North Memorial Health Hospital continues to work with ICSI (Institute for Clinical Improvement) in the areas of:
 - Acute prescribing by implementing acute opioid prescribing guidelines for surgical and non-surgical prescribing.
 - High risk populations by having efforts in progress that support patients in the emergency department to begin medication assisted therapy.
 - Proper disposal of unused opioids by putting medication disposal kiosks at North Memorial Health Pharmacy - Maple Grove at Maple Grove Medical Center and North Memorial Health Pharmacy - Robbinsdale on the first floor of North Memorial Health Hospital. In 2018 over 500 pounds of potentially dangerous unused or expired prescription and over-the-counter medications were collected from our community.
 - Chronic prescribing for chronic pain by developing chronic pain-controlled substance guidelines to safely and effectively support prescribing of opioids for chronic use patients.

Healthy Aging

- Maple Grove Hospital has partnered with the City of Maple Grove's Age-Friendly Maple Grove Initiative to address community-based infrastructural challenges that create barriers to healthy aging in Maple Grove. The Community Health Outreach manager is an active participant on the City of Maple Grove's Age-Friendly Maple Grove leadership team and co-chair of the Community Support and Health Services committee. Maple Grove Hospital has provided financial sponsorship to the City of Maple Grove's Age-Friendly Initiative in 2017, 2018 and 2019.
- Maple Grove Hospital offers a minimum of four evidence based Respecting Choices presentations in the Maple Grove Community assessment area. This is a partnership with the City of Maple Grove's Park and Recreation department. The Park and Recreation Department lists the classes in their community brochure and offers space for two of the annual classes. The other two classes are offered at Maple Grove Hospital.
- Maple Grove Hospital in partnership with North Memorial Health Hospital trained two staff to become Stepping ON falls prevention facilitators in 2017. These facilitators offered three community classes in the Maple Grove Hospital Community Assessment area from fourth quarter of 2017 to second quarter of 2018 with 33 persons completing these courses. In June 2018 the facilitators trained 12 persons to become Stepping ON facilitators—six were community members and six were staff from either Maple Grove Hospital or North Memorial Health Hospital. Fourth quarter of 2018 four Stepping ON falls prevention classes were offered to the community and 30 persons completed the class. One of these classes was in the Maple Grove Hospital Community Assessment area with nine persons completing the class. Two of these classes were in the Maple Grove Hospital Community Assessment area.
- North Memorial Community paramedics made home visits from 2017 - 2019 in the Maple Grove Hospital assessment area. Part of the work they do during these home visits is assess social isolation and food insecurity for seniors.

Board Approval

A presentation will be made to the Maple Grove Hospital Board of Directors on Nov. 7, 2019, and approval of the Community Health Needs Assessment (CHNA) findings and the top health priorities will be obtained. Starting in 2020 Maple Grove Hospital along with our community partners will begin to address the following health priorities:

Mental health

Substance abuse

Healthy aging

Mental health and substance abuse were identified in both the Maple Grove Hospital and North Memorial Health Hospital 2019 CHNAs. Since both institutions are part of North Memorial Health, CHNA areas are adjacent to each other, and populations cross the two CHNA areas; mental health and substance abuse initiatives will be addressed together as system wide health priorities.

Implementation Plan

Implementation planning teams composed of both internal employees and external community partners will be brought together the first quarter of 2020 to develop Implementation Plans for the three identified health priorities:

Mental health

Substance abuse

Healthy aging

Once the implementation strategies and plans are developed for each of the three health priorities, they will be posted on Maple Grove Hospital's website. The health needs identified above will be the focus of Maple Grove Hospital's community benefit work and will be detailed in the Implementation Plans.

For more information on the Maple Grove Hospital 2019 CHNA please contact:

**Marie Maslowski, RN, MPH Community Health Outreach Manager
North Memorial Health**



A partnership of North Memorial Health and Fairview

Maple Grove Hospital
9875 Hospital Dr.
Maple Grove, MN 55369
northmemorial.com/maplegrovehospital