

2013 Community Health Needs Assessment and Implementation Plan



North Memorial
Health Care

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INTRODUCTION



BACKGROUND

North Memorial Medical Center (NMMC) in Robbinsdale, Minn., has provided care to people in the northwest Twin Cities metro communities since 1954. The Patient Care and Affordable Care Act of 2010 requires that all 501(c)(3) hospitals conduct a community health needs assessment (CHNA) process to meet the U.S. Department of Treasury and Internal Revenue Service (IRS) rules. The overarching view of the community assessment must be health needs from the perspective of the community, not the perspective of the health providers.

During 2012 and 2013, NMMC conducted its first CHNA and adopted an implementation strategy based on community health needs identified through the assessment. Others will be done every three years. The CHNA took into account input from those who represent the broad interests of the NMMC community including:

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

This report includes a description of the community served, the process and methods used to conduct the assessment and a prioritized description of all the community health needs identified through the CHNA.

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

North Memorial established a CHNA Steering Committee to help guide the process through defining goals and target populations in the data gathering stage and help set future priorities based on results. The steering committee also assists in obtaining organizational support and alignment to defined priorities. Committee members are:

Tiffany Zitzewitz, Executive Sponsor

Angelique Brown, Operations Lead

Gerard Balan, CNP, Mental Health Provider

Mark Bixby, MD, Primary Care Provider

Teresa Bloom, Primary Care Administration

Joe Boston, NMHC Foundation

Annie Grapevine, Primary Care Administration

Wendy Jerde, Marketing

Lisa Job, Quality Director

Shirley Kern, Cancer Center

Susan Kramer, Stroke Center (Outreach)

LeeAnn Mortensen, Injury Prevention

LeeAnn Olson, Cancer Center

Peggy Snustad, Home Health

Michelle Sudduth, Human Resources

Emilie Hedlund, Jason Rusinak & Susan Wieker, Project Support

PURPOSE AND SCOPE

CHNA Objectives

- Determine which health factors/issues are most important to community members
- Gather suggestions for improving health and addressing disparities
- Elicit ideas about how NMMC could contribute to health improvements
- Engage community members on evaluating current health improvement efforts and programs

Geographic Area and Target Populations

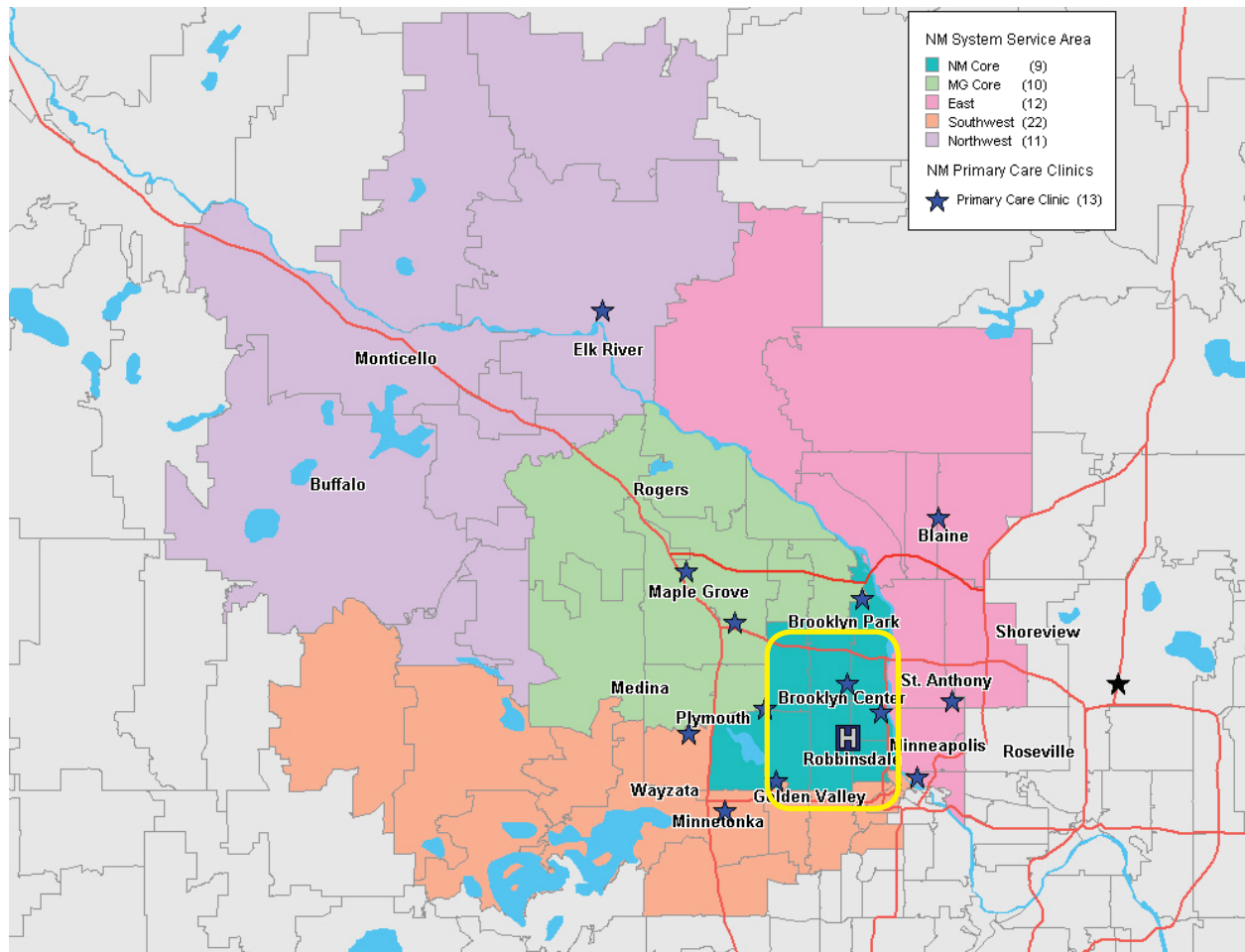
North Memorial services patients in the Northwest Twin Cities Metro Area. North Memorial's "core service area" is the primary focus for the CHNA.

This area includes:

Brooklyn Center, Crystal, Golden Valley, New Hope, North Minneapolis and Robbinsdale

Rationale:

- Covers geography immediately adjacent to NMMC
- Where 43% of 2012 NMMC inpatients and 64% of 2012 outpatient emergency department patients live
- Mirrors SHAPE data geographic regions identified as "Minneapolis – North" and "Northwest suburbs - inner ring"
- Background research showed this as an area with greatest health needs



RESEARCH METHODS

North Memorial collected primary and secondary data to conduct the assessment, determine top community health needs, and help inform the prioritization of action steps.

Secondary Research

North Memorial's CHNA project support team gathered and analyzed existing community information from a number of sources. Three that were invaluable to the process were:

- **SHAPE 2010** – **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. Beginning in 1998, they periodically survey and report on the health of children and adults in Hennepin County. The SHAPE 2010 report is the most recent, with plans being made to conduct the survey again in 2014.
- **Minnesota Hospital Association** – The 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.
- **Nielsen Demographic Data** – The Nielsen Company provides area population estimates, five-year projections and many key demographic variables for community profile analysis.

Primary Research

After reviewing the information about NMMC's service area from the above sources, the CHNA Steering Committee recommended additional qualitative and quantitative research to further understand and focus on top health needs of the community.

Focus Groups - Four focus groups with target populations: North Minneapolis, Northwest Suburbs – inner ring, North (Brooklyn Center, Crystal and New Hope) and South (Robbinsdale & Golden Valley), as well as NMMC employees living in these communities.

Key Stakeholder Interviews - Interviews with community leaders representing local government, law enforcement, education, religious organizations, community-based organizations

Online Survey - Online survey for community members and North Memorial employees, wider geographic reach.

North Memorial retained **Batica & Associates** to lead the focus groups and participate in the key stakeholder interviews.

RESEARCH FINDINGS

SECONDARY RESEARCH SOURCES

During the fourth quarter of 2012, the CHNA Project Support Team gathered existing information about the health of the communities served by NMMC. Three primary sources were used to inform and educate the CHNA Steering Committee: SHAPE 2010 Data Book, Minnesota Hospital Association, and Nielsen population data.

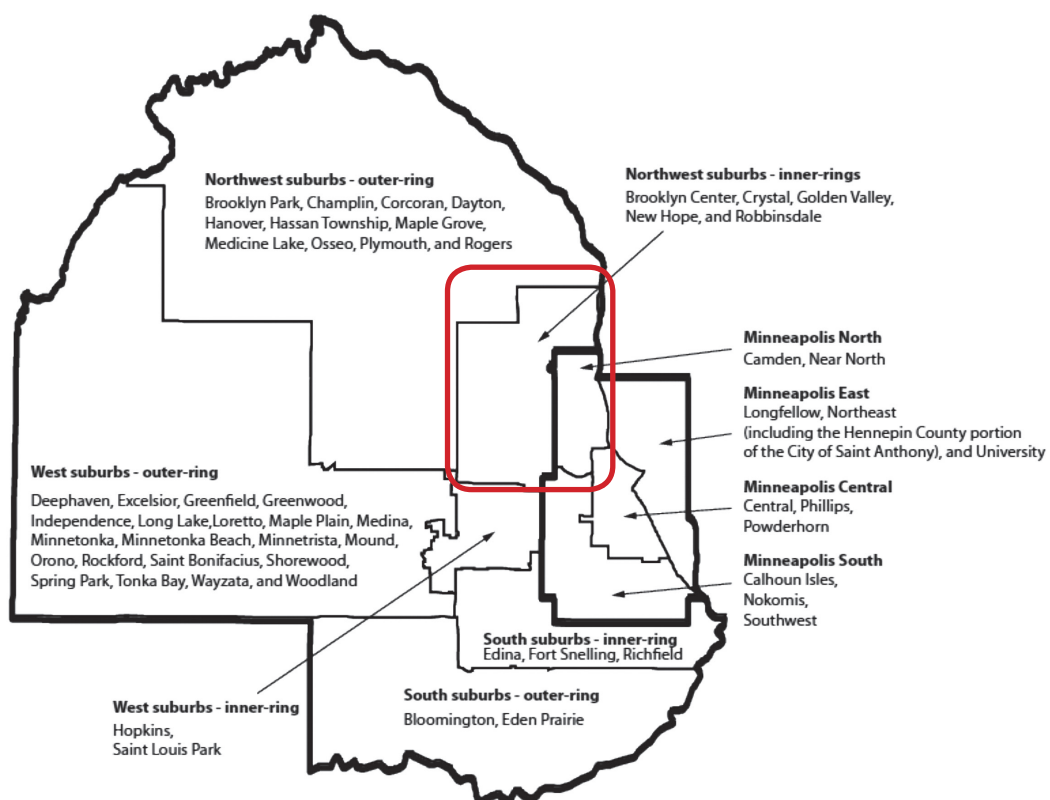
SHAPE DATA, 2010 ADULT SURVEY – SUMMARY OF FINDINGS

“SHAPE is an ongoing public health surveillance and assessment project of the Hennepin County Human Services and Public Health Department to periodically survey and report on the health of children and adults in Hennepin County.” The survey asks community members questions about 1) overall health, 2) healthy lifestyle and behaviors, 3) health care access and utilization, and 4) social-environmental factors.

Source: <http://www.co.hennepin.mn.us/SHAPE>

A review of the 2010 report led the project support team to recommend concentrating additional primary quantitative and qualitative research on two of the geographic reporting areas:

Minneapolis North
and Northwest
suburbs – inner
rings. These areas
are immediately
adjacent to NMMC
and are outlined
in red on the map
below. This area is
the North Memorial
core service area.



SHAPE 2010, Minneapolis North

- A large number of respondents reported poor health status & incidence of chronic disease (asthma, obesity, hypertension and heart disease).
- Respondents from this area also reported the highest smoking rate, lowest exercise rate, and lowest consumption of fruits and vegetables.
- Respondents in North Minneapolis were more likely to be uninsured or insured through public programs.
- Many responded that the financial impact of health care and prescriptions was very difficult to address. Over one-third of those on a medication failed to fill it within the last 12 months because they couldn't afford it.
- Greater than 10% of respondents identified the hospital emergency department as their primary source of care.
- Respondents from this neighborhood are less likely to receive routine screenings including mammogram, pap smear and colonoscopy.
- Poverty and violence concerns were highlighted, and this group is very likely to feel discriminated against when seeking health care.

SHAPE 2010, Northwest Suburbs – inner-rings

- The inner ring Northwest suburbs have a reported health status that is significantly worse than other suburban groups, reporting a higher number of days when both mental and physical health is poor.
- Respondents from this area report higher rates of chronic disease, especially heart disease – highest suburban rate of heart attack and coronary heart disease. The number of respondents reporting BMI as overweight or obese is highest in these suburbs.
- Respondents in this area are less likely to exercise, choose healthy food options and more likely to smoke (second only to North Minneapolis).
- Respondents in these cities have the highest suburban-reported uninsured rate – 8.5% – and a greater ratio of public to private payers.
- This group has a lower average income and is more likely to experience financial hardships.

MINNESOTA HOSPITAL ASSOCIATION DATA

North Memorial cared for over 40% of its core service area community members requiring inpatient care in 2012 and over 46% requiring outpatient emergency department care. Residents living in the Minneapolis North area had a significantly higher utilization of outpatient emergency care than other communities in the North Memorial Health System service area.

NIELSEN DEMOGRAPHIC DATA

Over 175,000 people live in the North Memorial core service area. This service area has lower household incomes, greater racial and ethnic diversity, and a higher percentage of uninsured than other areas in Hennepin County or the North Memorial Health System service area.

COMMUNITY ASSET MAP

North Memorial collected information on community based organizations in the area in order to develop a community asset map. An asset map identifies a community's strengths and is designed to promote connections or relationships between individuals and organizations. North Memorial contacted the Urban Research and Outreach-Engagement Center (UROC) in North Minneapolis in order to gather information on community based resources in the area. The mission of UROC is to link the University of Minnesota in vital public partnership with urban communities to advance learning, improve quality of life, and discover breakthrough solutions to critical problems. UROC has collected an extensive list of community based organizations the North metro. The list includes over 100 community-based social service and support organizations, nearly 50 churches and numerous parks and recreation sites. In addition to this, North collected information on the health care facilities in the area including hospitals, clinics, and Federally Qualified Health Care Centers. North and Northeast Minneapolis are designated Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) by the by the Health Resources and Services Administration (HRSA) of the Department of Health & Human Services. HPSAs are designated as having shortages of primary medical care, dental or mental health. MUAs are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population.

NORTH MEMORIAL MEDICAL CENTER'S PRIMARY RESEARCH

The goal of North Memorial's primary research was to take into account input from people representing the broad interests of the community served by the facility. North Memorial needed to engage a variety of community members and key stakeholders in providing input to inform the assessment.

COMMUNITY FOCUS GROUPS – SUMMARY OF FINDINGS

One research methodology to gather information was community focus groups. Four focus groups with 54 participants from the North Memorial core service area were conducted between February and May 2013:

North Minneapolis – held at the Harrison Park Community Center, hosted by the neighborhood association and the Lao Assistance Center of Minnesota (February 26)

Brooklyn Center, Crystal & New Hope – held at the Brooklyn Center Northwest Hennepin Human Services Council Conference Room (March 13)

Robbinsdale and Golden Valley – held at Robbinsdale United Church of Christ (April 7)

North Memorial Medical Center Staff – held at the North Memorial Outpatient Center (these were staff members who live in the North Memorial core service area, having both a medical center and community perspective) (May 9)

Key Themes: Healthcare Concerns

The questions asked at all focus groups mirrored that of the online survey. Here are some of the findings of the groups:

1. Accessibility and affordability of care
 - Care is difficult to access for certain populations (e.g., the elderly) and there is a lack of options in some neighborhoods.
 - Transportation option is very limited for several people (e.g., seniors, people with disabilities, and new Americans such as refugees and immigrants).
 - Care is expensive and difficult to afford.
2. Disconnected systems and lack of communication
 - Information does not flow across settings.
 - Patients receive conflicting information on their health.
3. Curative rather than preventive model
 - Care that is provided is focused too heavily on tests and cures for pre-existing conditions rather than keeping patients and communities healthy.
4. Culturally appropriate care
 - Patient demographics have changed but staff hasn't caught up.
 - There is a perceived cultural competence gap in community outreach.

Key Themes: Medical Concerns

1. Mental health came up as a major issue, including depression, availability and accessibility of mental health screening.
2. Aging and care for the elderly. Several focus group participants voiced care concerns for themselves and their parents. Several expressed a sense of fear and apprehension for what the future holds.
3. Diabetic care that is culturally appropriate.

STAKEHOLDER INTERVIEWS – SUMMARY OF FINDINGS

North Memorial conducted interviews between May and June 2013 with 12 health leaders from the eight organizations targeted by the steering committee. During each one-on-one interview, we asked the same questions: What are the greatest health issues you encounter? Do you have any thoughts about potential partnerships to make a bigger and better impact in the community?

Stakeholder Organization Representatives who Participated in the Interviews:

1. Annex Teen Clinic: Brian Russ, Executive Director; E. Brooke Stelzer, Director of Sexuality Education, and Diane Brooke, Medical director.
2. City of New Hope: Mayor Kathleen Hemken.
3. Hennepin County Health and Human Services: Jennifer DeCubellis, LPC, assistant County Administrator, Health; and Rex A. Holzemer, MSW, Assistant County Administrator, Human Services.
4. Metropolitan Area Agency on Aging: Dawn Simonson, Executive Director; and Kate Houston, Planning Director.
5. Minneapolis Health Department: Gretchen Musicant, Commissioner.
6. Neighborhood Healthsource: Steven J. Knutson, Executive Director.
7. NorthPoint Health & Wellness: Dr. Paul Erickson, Medical Director.
8. Northwest Hennepin Human Services Council: Susan Blood, Executive Director.

Key Themes:

Representatives of the organizations we visited mentioned a variety of issues. At least two organizations mentioned the issues listed below:

1. Cultural competence – Participants from five organizations mentioned the issue of culturally-appropriate care, culturally-relevant staff, and culturally-specific community outreach, identified as key in building innovative partnerships, creating and building respectful and trusting relationships.
2. Mental health care – Participants from three organizations mentioned mental health care, including behavioral issues and social connectedness, as an issue with which they are concerned and working to address. There is a capacity issue with long waiting for services as well as a need for better screening tools.
3. Funding, affordability and cost of care – Hispanics have the highest number of uninsured, which could be due to immigration status. But even insured persons find copay or deductible prohibitive.

4. Transportation – two organizations mentioned the wide-spread of service area as a challenge for patients to commute. Transportation service is shrinking over the years to almost non-existent. There is a need for coordinated services.
5. Accessibility – At least two organizations mentioned access to affordable care and specialty services as an area of concern. Other implied issues included language, medical literacy, service integration disconnect, database management and service locations.

COMMUNITY/EMPLOYEE ONLINE SURVEY – SUMMARY OF FINDINGS

An online survey was created using Survey Monkey to get responses from a wide group of people in our community. The invitation to complete the survey was sent out to people who have opted in to our Health eMinutes newsletter and social media followers. A link was also prominently placed on the homepage of North Memorial's website. The survey was fielded in March and April of 2013. A total of 275 people completed the survey.

Key Themes:

- Respondents most often identified heart disease, obesity, arthritis, depression and cancer as common medical issues.
- The survey revealed that in many cases, individuals and families are dealing with multiple health issues. Fifty-three respondents (19%) indicated they are dealing with four or more of these health issues and an additional 105 (38%) indicated two or three.
- Several identified time and financial constraints as common difficulties people experience when working to maintain their and their family's health.
- The most common difficulties respondents experience when seeking healthcare from a professional include accessibility and affordability of care.
- The majority of respondents (83%) do turn to their doctor or clinic when they need help with a health issue.

LIMITATIONS

Focus groups and stakeholder interviews gather information from a small but representative sample of community members. While providing an indication of how people like themselves might think and behave, the findings are subjective in nature and not reliably projectable to a larger population.

NOTE

Timing of the research and uninsured rates: Implementation of the ACA and MNSure in 2014 should increase the number of community members with insurance and basic health care benefits.

PRIORITIES

PRIORITIZATION PROCESS

Responses from the survey, focus group, and stakeholder interviews were summarized and presented to the Steering Committee for review. After an initial review of key findings, the Steering Committee engaged in a priority setting exercise facilitated by a neutral third party, Batika and Associates. Areas of need and opportunities for improvement were identified and ranked according to the following criteria:

- North Memorial Medical Center's strengths and values
- Organizational strategy
- Seriousness of the health need in the community
- Timeframe of implementation
- Costs of project
- Community partnerships available



Key areas of need and opportunities for improvement were then grouped into eight themes:

- Community collaboration and engagement
- Expanded access to care
- Patient-centered care model
- Care coordination
- Community-based health education programs
- Affordability of care
- Partnerships with community-based organizations
- Staff diversity

A subgroup of the steering committee then continued to align and refine the eight themes and formed a list of five areas of priority:

- Access and affordability
- Community collaboration/connecting community resources
- Cultural competency in treatment interactions
- Social and emotional wellbeing
- Health information

The steering committee approved five areas of focus and priority and submitted them to the senior leadership team of NMMC for review and development of implementation plans.

HOSPITAL SERVICES/COMMUNITY BENEFITS ACTION PLAN

Access and affordability

NMMC will address the issues of access and affordability of care through a series of initiatives that focus on the following activities:

- Education of community members on how to engage and interact with health care resources. North Memorial Clinic will support NMMC in the education of patients and community members through targeted outreach events. North Memorial Clinics will continue to assist patients and members of the community in accessing health care resources and navigating the health care system through the health care home care model.
- Strategic partnerships with community-based resources that support access and enrollment in health insurance programs.
- Delivery of care to the community through a series of events including screenings, condition-specific and lifestyle health education, all of which are designed to connect community members with care providers.

Community collaboration/connecting community resources

NMMC will facilitate connections with community-based organizations, key stakeholders and community leaders representing diverse cultures and interests through the following actions:

- Quarterly meetings initiated by the president of NMMC between key stakeholders, community leaders, representatives from community-based services and the leadership team of NMMC.
- Access to community-based resources into individualized patient care plans. North Memorial Clinic will continue to integrate referrals to community-based resources into patient care plans.

- Strategic partnerships with community-based resources like **Portico HealthNet** that support access and enrollment in health insurance programs.
- Partnerships with Lutheran Social Services, **Senior Corps** program.

Cultural competency in treatment interactions

NMMC will perform the following actions to address the issue of cultural competency in all care interactions:

- NMMC will perform a Cultural Competence Organizational Assessment or CLAS Assessment as a check up on organizational systems, policies and practices that affect the care of culturally- and linguistically-diverse patients.
- Form a diversity committee made up of NMMC staff members designed to discuss culture and diversity issues and provide recommendations to the organization.
- Develop a culturally-competent nurse midwife program at NMMC.
- Improve data collection when gathering patient information related to race, ethnicity, culture and communication preferences.

Social and emotional well being

North Memorial will seek to support the improvement of the social and emotional wellbeing of community members through the following actions and initiatives:

- Continued support and expansion of the **SafeJourney** program. SafeJourney: A Life Line for Surviving Domestic Abuse was founded in 1994 in response to community need and an emerging awareness of the crucial role health care providers can play in assisting abuse victims. North Memorial Health Care developed SafeJourney as a comprehensive, institutional response to proactively identify and respond to patients suffering from family violence. The Mission of SafeJourney is to provide the support, information and advocacy to individuals and families who do not feel safe in a relationship and empower them to implement a safety plan. It is a volunteer-driven program of North Memorial which offers victims of domestic violence – both adults and children – necessary medical, legal, social and emotional support services both immediately and with follow-up for one year.
- Continued development of the hospital-based **Post-Incidence Crisis Response** program that organizes community response after violent events.
- Expand mental health services available to community members including the day-treatment program and primary care clinic based services.
- Support the expansion of the **Catholic Charities Transitional Recovery-Care** pilot program from a pilot program to an ongoing service offering. In partnership with North Memorial Health Care and Hennepin County, the transitional recovery-care pilot program provides a safe, dignified recovery space for homeless patients after discharge from the hospital. The program aims to prevent patients from returning to homelessness and to reduce emergency room visits and re-hospitalization. The program provides patients respite in a stable, private setting with services at hand for ongoing continuity of care.



Health information

NMMC will expand upon the best-in-class health education and information services available to the community including:

- Injury Prevention through programs like the **Safe Kids NW Metro Minneapolis Coalition** and the **Partnership for Change (PFC)**. PFC is a local coalition of youth, parents, schools, law enforcement, faith communities and other community groups that are working together to reduce drug use among youth and young adults in northwest Hennepin County. The focus is to change the community environment that leads to youth substance use by identifying and implementing strategies that will affect community attitudes, perceptions, norms and beliefs around alcohol and other drugs. In order to ensure the continued success of PFC North Memorial will continue to support the coalition's work to develop environmental strategies that result in long-term solutions that reduce drug and alcohol use and abuse in the community.

Safe Kids NW Metro Minneapolis Coalition (SKWW) was created in April of 1992 as an agreement between Safe Kids Worldwide (SKWW) and NMMC. The purpose of the coalition is to work to prevent unintentional injuries to children ages 18 and younger in northwestern Hennepin County. This partnership allowed North Memorial Medical Center to create a childhood injury prevention program that has been in place for over 20 years. SKWW provides research, education and awareness programs, and public policy information and promotion and includes the following community-based activities: bike helmet safety, sales and fittings, water safety, child passenger safety seats and car safety. North Memorial Medical Center and clinics will continue to support SKWW and will identify new ways to engage with staff, patients, families and the broader community.

- Stroke awareness and prevention education is a facilitated through North Memorial's renowned stroke program. The stroke program focuses on specific direct intervention for stroke prevention, early recognition, early treatment and recovery. Other areas of focus include improving the knowledge of stroke for health care providers and increasing access to stroke specialists for patients. Key areas of focus include prevention of risk factors for stroke, early recognition and treatment and recovery and wellness.
- Cancer screening and prevention which includes education and support groups for the following types of cancer: Breast, Lung, Prostate, Leukemia, Lymphoma and Myeloma. Additional activities include Caregivers Education and Support Group, Survivorship Celebration, Grief Support Group and North Memorial Men's Health Event and participation in community events including Susan G. Komen Race for the Cure, Whiz Bang Days, MN Cancer Alliance and the Breath of Hope Lung Foundation Run/Walk.
- Advanced care planning education for patients and the general community through facilitated sessions and general education.

APPENDICES



Appendix A: NMMC Community Health Service Area Profile

Appendix B: Community Focus Groups Report

Appendix C: Stakeholder Interviews Report

Appendix D: Online Community and North Memorial Employee Survey Report

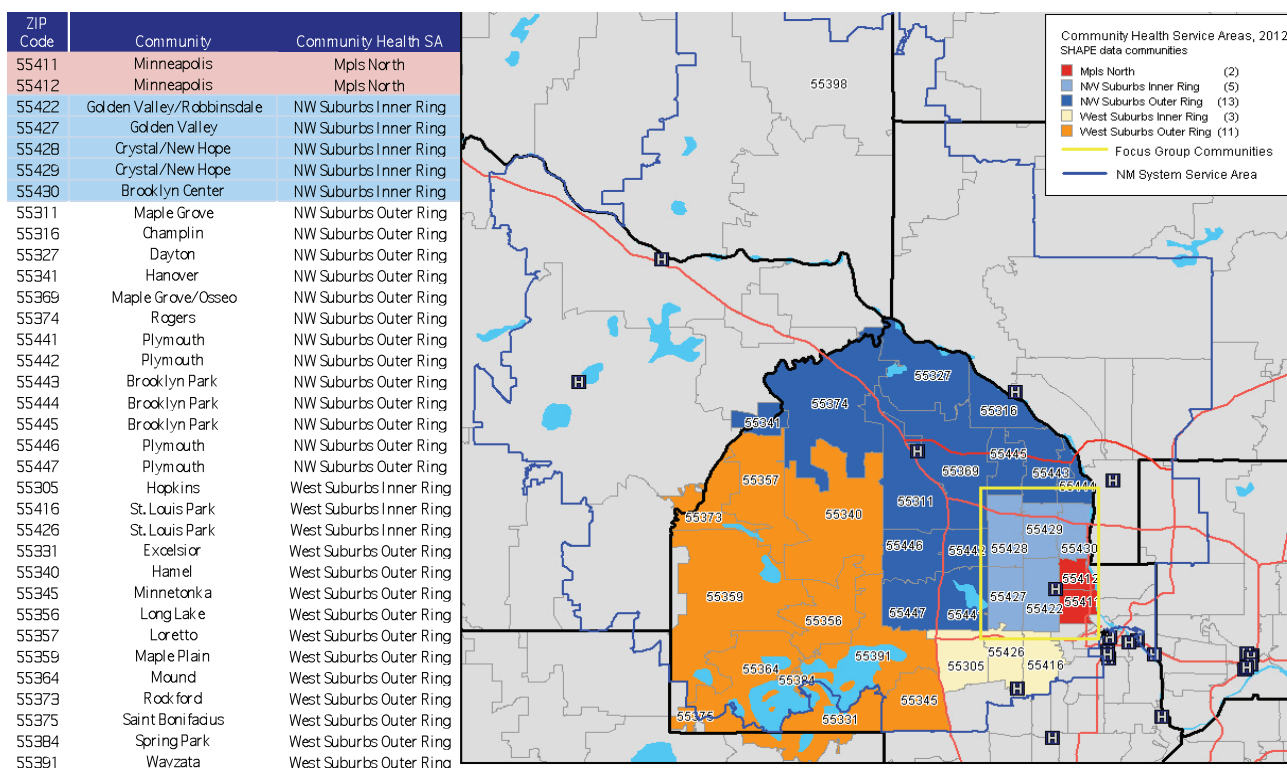
Appendix E: Prioritization Details

Appendix F: CHNA Timeline

Appendix G: Public Communications

Appendix A: NMMC's Community Health Service Area Profile

The Community Health Service Area represents where 71% of NMMC's inpatients lived in 2012, The ZIP Codes shaded in the following list and highlighted in yellow on the map indicate the communities identified for additional primary research by NMMC in completing the CHNA.

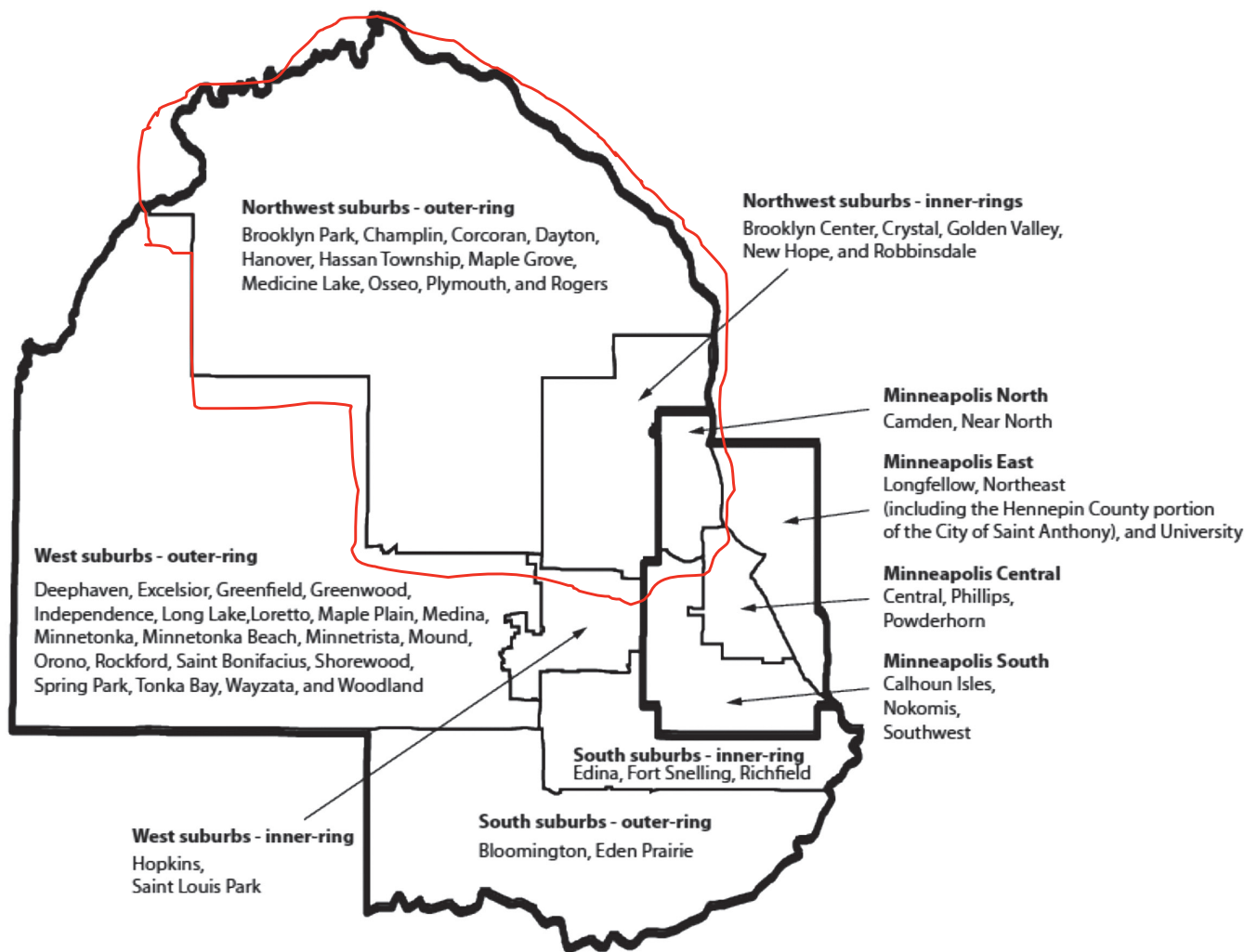


NM System Service Area outlined in blue on the map represents where 87% of North Memorial's inpatients lived in 2012.

North Memorial Patients – MHA data

		Community Health Service Area Patients				
Patient Type	North Memorial Patients & Market Share	Mpls North	NW Suburbs Inner Ring	NW Suburbs Outer Ring	West Suburbs Inner Ring	West Suburbs Outer Ring
2012 Inpatients						
	Patients	2,751	6,510	4,740	453	640
	% of North Memorial Patients	13%	30%	22%	2%	3%
	% Market Share	37.1%	42.0%	24.4%	6.5%	7.8%
2012 Outpatient Emergency						
	Patients	17,759	19,708	7,162	744	629
	% of North Memorial Patients	30%	34%	12%	1%	1%
	% Market Share	46.2%	46.7%	15.9%	5.4%	3.7%

Community Needs Assessment SHAPE Data Overview – 9/20/12



Camden, Near North

The Camden, Near North neighborhoods are undoubtedly the least healthy in the Minneapolis area. These neighborhoods score poorly in every section of the SHAPE data, and in many cases are significantly worse than any other Minneapolis neighborhood or surrounding suburb. Self-reported health status is very poor shows a large number of people who are likely chronically unwell, with reporting poor health greater than 50% of days. This group is more likely to experience asthma, obesity, hypertension, and heart disease. There is also evidence of the prevalence of mental health, although this points more to symptoms rather than true diagnoses among this population.

This population is one of the most likely to be uninsured. 52.5% have private insurance, The majority of respondents on public insurance had Medicaid or similar, followed by MinnesotaCare and Medicare. Many responded that the financial impact of health care and prescriptions was very difficult to address. Over 1/3 of those on a medication failed to fill it within the last 12 months because they couldn't afford it. Ten percent of respondents identify the hospital ED as their primary source of care.

Interestingly, accessing health care does not seem to be key identified issue. However, ensuring appropriate care, including screenings does seem to be an issue. Respondents from this neighborhood are less likely to receive routine screenings including mammogram, pap smear, colonoscopy. Poverty and violence concerns are highlighted, and this group is very likely to feel discriminated against when seeking health care.

Overall Health:

- More likely to self report both physical and mental health status as “poor”

In general, would you say your health is..?	Sample Size	Excellent	Very Good	Good	Fair	Poor
Hennepin County Total	6,933	19.5%	43.7%	27.4%	7.7%	1.7%
Minneapolis Total	3,213	19.4%	42.8%	27.3%	8.6%	2.0%
Camden, Near North	876	10.0%	31.5%	38.6%	16.6%	3.4%

- More likely to be chronically unwell as represented by total number of unhealthy days in the last 30 days

Total number of unhealthy days during the past 30 days	Sample Size	0 days	1 or 2 days	3-7 days	8-13 days	14 or more days
Hennepin County Total	6,805	37.8%	16.0%	21.3%	8.8%	16.1%
Minneapolis Total	3,156	34.1%	13.8%	24.1%	9.6%	18.3%
Camden, Near North	856	31.6%	8.8%	21.8%	10.5%	27.4%

- More likely to have a chronic disease

Have you ever been told by a doctor or other health professional that you had asthma?	Sample Size	Ever had asthma	Currently has asthma
Hennepin County Total	6,926	14.4%%	6.7%%
Minneapolis Total	3,203	15.7%	7.7%
Camden, Near North	869	18.9%	11.4%
Have you ever been told by a doctor or other health professional that you have Diabetes or sugar disease?	Sample Size	Diabetes or sugar disease	Boarder-line diabetes, pre-diabetes or high blood sugar
Hennepin County Total	6,915	5.3%	4.2%
Minneapolis Total	3,198	4.9%	4.0%
Camden, Near North	721	7.9%	5.9%

- More likely than the greater Minneapolis population to have been told by a doctor that they have heart attack, angina, stroke, high cholesterol
- Nearly twice as likely to have been told by a doctor that they have hypertension
- More likely to experience mental health issues including: nervousness, fidgety, hopeless etc.

Experienced serious psychological distress during the past 30 days	Sample Size	Yes
Hennepin County Total	6,924	2.8%
Minneapolis Total	3,195	4.9%
Camden, Near North	867	9.0%

Health Care Access and Utilization:

- More likely to have public insurance and more likely to be uninsured
- Have the highest rate of MinnesotaCare (10.4%) and Medicaid, MA, GAMC, PMAP or MCHA (19.0%)

Do you have any of the following types of health coverage?	Sample Size	Public	Private	Uninsured
Hennepin County Total	6,959	21.1%	72.0%	6.7%
Minneapolis Total	3,214	23.5%	67.7%	8.5%
Camden, Near North	867	36.8%	52.5%	10.3%

- More likely to have difficulty paying for health care coverage.
- More likely (19.8%) to respond that it is “very difficult to pay for prescription medications each month”
- Of those who currently take prescription medications, respondents in Camden, Near North are more likely to skipped doses or take smaller amounts, or did not fill a prescription because they could not afford it (34.1%)

During the past 12 months, how difficult has it been for you and your family to pay for health insurance premiums, co-pays, and deductibles?	Sample Size	Very difficult	Somewhat difficult	Not too difficult	Not at all difficult
Hennepin County Total	6,904	11.7%	17.5%	26.8%	44.1%
Minneapolis Total	3,180	13.4%	17.5%	26.2%	42.9%
Camden, Near North	876	23.4%	23.2%	21.0%	32.4%

- More likely to seek care at a hospital emergency room

When you are sick or need medical care, where do you usually go?	Sample Size	Doctor's office, clinic, public health or community clinic	Hospital emergency room	Urgent care center	Clinic located in a drug or grocery store	No usual place
Hennepin County Total	6,954	77.4%	2.6%	8.4%	3.1%	6.0%
Minneapolis Total	3,221	73.7%	4.7%	6.0%	3.2%	9.3%
Camden, Near North	872	69.7%	10.8%	5.4%	4.2%	7.0%

- More likely to feel discriminated against when seeking health care

During the past 12 months, when you were seeking health care, have you felt you were discriminated against?	Sample Size	Yes
Hennepin County Total	6,408	2.8%
Minneapolis Total	2,941	4.2%
Camden, Near North	784	8.0%

Access to doctor/dentist/mental health

- Less likely to have visited the dentist within the past year, and more likely to have not been to the dentist within 5 years or to have never visited the dentist.
- Similar average with greater Minneapolis when it comes to likelihood to see a doctor, have discussions with doctor regarding physical activity, diet, weight, smoking, stress and alcohol.
- Inline with Minneapolis average when it comes to seeing a psychiatrist or other mental health provider within the last 12 months (18.1%).

Screenings

- Only 83.8% of women within the target age group have had a mammogram screening in their lifetime (Hennepin County average is 93.5%)
- 53.1% of women in the target age group have had a mammogram within the previous year (Hennepin County average is 64.3%)
- Less likely to have had a pap smear within the past 3 years – HC average is 87.0% and 76.9%
- 28.0% of persons aged 50 and over have never had a colonoscopy (compared to 19.5% for the Hennepin County average)

Healthy Lifestyle and Behavior:

Significantly more likely to be overweight/obese

Weight status based on Body Mass Index calculation	Sample Size	Underweight	Normal	Overweight	Obese
Hennepin County Total	6,891	1.2%	45.7%	32.8%	20.4%
Minneapolis Total	3,186	0.6%	48.4%	31.7%	18.7%
Camden, Near North	857	2.1%	36.1%	33.1%	30.3%

- Less likely to have daily recommended servings of fruits and vegetables
- 18.7% eat two or more meals out per week, these meals are more likely to be “fast food”
- Less likely to participate in physical activity or exercise

During the past 30 days, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, etc.	Sample Size	Yes
Hennepin County Total	6,935	88.1%
Minneapolis Total	3,208	87.2%
Camden, Near North	862	74.6%

- Are far more likely to report that in their neighborhood most residents can walk to grocery stores or markets 40% strongly disagree (Minneapolis average is 17.0%)
- Also far more likely to report that in their neighborhood most residents can walk to restaurants, shops stores or malls 41.0% strongly disagree (Minneapolis average is 14.1%)
- 18.5% report that they smoke every (9.8% in Minneapolis and 7.2% of Hennepin County)
- Less likely to report alcoholic beverage consumption, 64.9% report Yes, during the past 30 days, have had at least one drink of any alcoholic beverage (lower than 73.7% of Minneapolis, 72.5% Hennepin County)



- But those who do report alcohol consumption drink more, 10.9% of current drinkers have 5 or more drinks on average (7.8% Minneapolis average, 6.2% Hennepin County average)

Social-Environment Factors:

- When asked to respond to “this is a good community to raise children” 25.9% somewhat disagree (15.9% for Minneapolis and 9.0% for Hennepin County) and 18.6% strongly disagree (7.0% for Minneapolis, 3.5% for Hennepin County) 2
- 8.8% strongly agree that people in this neighborhood are afraid to go out at night due to violence
- Perceived community trust and willingness to help one another is not highly reported
- More likely to go to church, temple, etc.
- More likely to feel unaccepted because of race, ethnicity and culture
- Self-reported poverty:

During the past 12 months, how often did you worry that your food would run out before you had money to buy more?	Sample Size	Often	Sometimes	Rarely	Never
Hennepin County Total	6,931	5.0%	9.2%	12.28%	73.6%
Minneapolis Total	3,213	7.1%	11.9%	13.0%	67.9%
Camden, Near North	870	19.0%	17.1%	17.7%	46.3%

- 23.5% report missing a rent payment because there wasn’t enough money (10.5% of Minneapolis and 8.7% of Hennepin County)

Northwest Suburbs- Inner Ring

The inner ring of the Northwest Suburbs could fairly be deemed the least healthy population within the suburban Hennepin County group. This group is more likely to self-report health status as poor. Has higher rates of chronic disease, especially heart disease and is less likely to exercise and choose healthy food options and more likely to smoke. The obesity rate in this area is by far the highest in the Minneapolis suburbs. In addition, these cities have the poorest payer mix, with a high uninsured population and a greater ratio of public payers to private. This group has a lower average income and is more likely to experience financial hardships. Violence and gang activity is a recognized concern. Interestingly, this area also has the largest gay/lesbian/bisexual population in the suburban region.

Overall Health Status:

- Report more days where physical health was not good within the last 40 days, 9.0% report 14 or more days (7.1% is suburban average).
- Report a greater number of unhealthy days within the last 30 days (includes both unhealthy physical and unhealthy mental health days) 16.8% report 14 or more days (suburban average is 14.9%) and 12.5% report 8-13 days (suburban average is 8.4%)
- Second highest asthma rate (current) in suburban areas 7.5% (suburban average is 6.2%)
- Highest stroke rate of all suburban areas “Have you ever been told by a doctor or other health professional that you had heart attack, angina, stroke (highest rate of heart attack and angina or coronary artery disease, third highest rate of stroke)
- Highest rate of arthritis for those 55 and older 46.4%, (Suburban average is 40.5%), second highest rate for those 65 and older 53.0% (suburban average is 49.4%)
- Those 65 and older are most likely (38.7%) to report being limited in activities because of physical, mental or emotional problems
- More to respond all of the time 2.1% (compared to 1.2% suburban average), and most of the time 4.7% (compared to 3.9% suburban average) that during the past 30 days they have felt “that everything was an effort”

Access and Utilization:

- 8.5% report that they are uninsured, the highest in the suburbs (suburban average is 5.7%)
- 65.1% have private insurance, the lowest in the suburbs (suburban average is 74.3%)
- Second highest percentage of those on Medicare (17.4%), highest of those on MinnesotaCare, 4.8%, second highest of those on Medicaid, PMAP (5.6%)
- Lowest rate of employer insurance
- Most likely to report “very difficult” when it comes to paying for health insurance premiums, co-pays and deductibles, also highest percentage that respond very difficult to paying for prescription medications each month (10.3%)

- Most likely of suburban population to seek care in emergency room 3.1% (1.4% suburban average), or grocery store clinic 4.0% (suburban average is 3.1%)
- Of those who needed care in the last 12 months, 23.3% delayed or did not get the care needed (highest in suburban group)
- 79.9% (second lowest average) saw a doctor in the last 12 months for their own health
- Among those 65+, only 75.2% had ever received a pneumonia shot (lowest in the suburban area, compared to 79% suburban average)

Healthy Lifestyle and Behaviors:

- Most likely in the suburban group to be obese (24.2%) and overweight (37.3%)
- Only about 30% of this group is in “normal BMI” range, but 47.2% consider themselves the right weight
- More likely to not receive adequate number of vegetable & fruit servings
- Most likely to eat out 2+ times per day
- Least likely to participate in any physical activity or exercise within the last 30 days (82.8% responded yes, 88.6% is suburban average)
- Most likely in the suburban group to be an “every day smoker” 10% (average is 5.7%)
- Lower reported drinking frequency, but greater number of drinks on average

Social and Environmental Factors:

- Safety is a concern for this population at a higher rate than any other suburban area, gangs are an identified issue
- More likely to report that neighbors “don’t know each other”
- Individuals in this neighborhood report being less involved with their communities as compared to the suburban group
- Most likely to report food scarcity issues due to financial factors as compared to other metro groups
- Most likely to have reported missing a mortgage payment due to financial factors
- Highest self-reported lesbian, gay, homosexual, bisexual, transgender population in the suburban areas (7.2%, compared to 3.6% of suburban average)

Demographic Profiles			Community Health Service Area Comparisons					
	NM System	Hennepin	NW Suburbs		NW Suburbs	West	West	
Demographics	Service Area	County	Mpls North	Inner Ring	Outer Ring	Suburbs	Suburbs	
2000 Total Population	1,078,385	1,118,162	56,743	127,970	205,925	71,765	95,510	
2012 Total Population	1,196,006	1,161,535	48,917	128,095	242,268	73,834	97,892	
2017 Total Population	1,243,042	1,181,076	47,411	127,971	256,012	74,867	99,621	
% Change - 2000-2011	10.9%	3.9%	-13.6%	0.1%	17.6%	2.9%	2.5%	
% Change - 2012-2017	3.9%	1.7%	-3.1%	-0.1%	5.7%	1.4%	1.8%	
Change	47,036	19,541	(1,506)	(124)	13,744	1,033	1,729	
2012 Male Population	595,810	575,113	23,638	62,466	120,003	35,509	48,820	
2012 Female Population	600,196	586,422	25,279	65,629	122,265	38,325	49,072	
2012 Females, Child Bearing Age (15-44)	256,479	249,041	11,395	26,368	51,450	15,657	18,167	
2012 % of Total, Child Bearing	21.4%	21.4%	23.3%	20.6%	21.2%	21.5%	18.6%	
2017 Females, Child Bearing Age (15-44)	249,928	237,750	10,584	24,797	50,562	15,038	17,861	
% Chg 2012-2017 Females, Child Bearing Age (15-44)	-2.6%	-4.5%	-7.1%	-6.0%	-1.7%	-5.2%	-1.7%	
<u>Age Group % of Total</u>								
0-14	20.3%	19.0%	28.6%	19.7%	22.3%	15.6%	20.0%	
15-17	4.1%	3.8%	5.3%	3.6%	4.7%	3.2%	4.9%	
18-24	8.7%	9.0%	10.0%	8.1%	9.1%	6.2%	8.6%	
25-34	16.4%	17.0%	16.6%	15.5%	15.3%	18.4%	14.1%	
35-54	29.7%	28.9%	24.6%	28.3%	29.6%	30.6%	27.6%	
55-64	10.6%	11.2%	8.0%	10.6%	11.3%	11.7%	13.3%	
65+	10.1%	11.0%	6.4%	13.9%	7.6%	14.3%	11.1%	
Median Age	35.5	36.2	28.5	37.2	33.8	39.3	37.8	
% Chg 2012-2017 Pop. 65+	19.7%	14.3%	13.0%	4.6%	33.4%	9.2%	17.6%	
2012 Households	472,846	481,351	16,679	51,025	89,837	35,748	38,333	
<u>2012 HH Income % of Total</u>								
<\$15K	7.4%	8.7%	19.0%	8.3%	2.6%	6.5%	4.0%	
\$15-25K	7.7%	8.4%	13.3%	9.9%	3.5%	8.0%	4.5%	
\$25-50K	23.6%	24.3%	32.7%	29.6%	16.2%	26.0%	16.3%	
\$50-75K	21.6%	19.9%	18.6%	23.2%	21.0%	20.6%	17.3%	
\$75-100K	15.7%	13.9%	8.6%	13.6%	19.4%	14.2%	15.6%	
Over \$100K	23.6%	24.6%	7.5%	15.2%	37.1%	24.6%	42.3%	
2012 Ave HH Income	\$78,662	\$81,311	\$47,106	\$63,644	\$100,798	\$84,220	\$120,666	
2012 Median HH Income	\$63,573	\$62,992	\$37,589	\$52,564	\$84,025	\$61,459	\$88,665	
Pop Age 25+	799,634	791,481	27,363	87,874	154,733	55,370	64,820	
<u>Adult Educ. Level % of Total</u>								
Less than High School	3.0%	3.6%	9.5%	4.5%	2.3%	1.6%	1.2%	
Some High School	4.5%	4.4%	13.3%	6.4%	2.5%	2.4%	2.5%	
High School Degree	23.9%	19.4%	26.6%	26.5%	18.9%	15.6%	18.5%	
Some College/ Assoc. Degree	31.7%	28.2%	28.1%	32.6%	31.6%	27.4%	29.4%	
Bachelor's Degree or Greater	37.0%	44.4%	22.2%	29.6%	44.7%	52.6%	48.5%	
<u>Race/Ethnicity %</u>								
White Non-Hispanic	76.2%	70.6%	27.1%	59.7%	75.6%	81.7%	93.1%	
Black Non-Hispanic	9.6%	12.1%	45.4%	20.0%	9.1%	7.0%	1.2%	
Hispanic	5.1%	7.2%	8.2%	8.3%	3.4%	4.0%	2.2%	
Asian & Pacific Is. Non-Hispanic	5.9%	6.5%	12.2%	7.7%	9.1%	4.2%	1.6%	
All Others	3.3%	3.7%	7.0%	4.2%	2.6%	3.1%	1.7%	
<u>Insurance Coverage Estimates</u>								
Uninsured		8.9%	18.6%	9.3%	3.0%	3.5%	1.9%	
2012 % of Hennepin Cty Population			4%	11%	21%	6%	6%	
Combined % of Hennepin Cty Population							51%	
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Community Focus Groups February - April 2013

Background

The Steering Committee decided on four focus groups covering its service area: 1) North Minneapolis; 2) NW Core North – Brooklyn Center, Crystal & New Hope; 3) NW Core South – Robbinsdale, Golden Valley; and 4) NMMC Staff. The goal was to take into account input from people representing the broad interests of the community served by the facility. North Memorial needed to engage a variety of community members and key stakeholders in providing input to inform the assessment. One research methodology to gather information was community focus groups.

Key Question Areas

- Greatest health concerns
- Perceived community strengths and weaknesses regarding ability to improve health
- Role of NMMC in improving community health

Key themes: Healthcare concerns

The questions asked at all focus groups mirrored that of the online survey.

1. Accessibility and affordability of care
 - Care is difficult to access for certain populations (elderly is one example) and there is a lack of options in some neighborhoods.
 - Transportation option is very limited for several people (new Americans: refugees and immigrants, seniors and people with disability)
 - Care is expensive and difficult to afford.
2. Disconnected systems & Lack of Communication
 - Information does not flow across settings.
 - Patients receive conflicting information on their health.
3. Curative rather than preventative model
 - Care that is provided is focused too heavily on tests and cures for conditions that already exist rather than keeping patients & communities healthy.
4. Culturally appropriate care
 - Patient demographics has changed but staff hasn't caught up
 - There is a perceived cultural competence gap in community outreach

Key themes: Medical concerns

1. Mental health came up as a major issue, depression, availability and accessibility of mental health screening
2. Aging and care for the elderly, several focus group participants mentioned care concerns for themselves and their parents. There was a sense of fear and apprehension for what the future holds.
3. Diabetic care that is culturally appropriate

Community Partnership

The process of selecting community partner was careful and deliberate. The idea was to partner with community organization that already has a long-term relationship and built-in trust with the community. It was also important to plant a seed for future programming as the need would arise.

Considerations:

The key message was to make the focus groups inviting and inclusive. We picked a location known to the community members but also accessible. Timing was key in making sure that we were able to capture different audience.

The first focus group was held in the early evening at Harrison Park, a community center hosted by the neighborhood association and a local non-profit service agency, Lao Assistance Center of Minnesota.

The second focus group was held at Brooklyn Center Northwest Hennepin Human Services Council conference room during lunch break. Some participants came as representative of their council member organizations. Others were not affiliated with any community organizations but active in their community affairs.

The third focus group was held at Robbinsdale United Church of Christ on a weekend after church service. This church is known for hosting community events beyond its membership. Several participants who came were not church members and came only for the focus group.

The fourth focus group was representatives and interested staffs of NMMC.

Reactions:

It is worthwhile to note that community focus groups participants were suspicious and skeptical to begin with. They have been researched, probed, dissected and found no or very little changes happened on themselves or in their communities. It is therefore understandable some came hesitant to participate. When asked why they came, almost all responded to invitation of someone they trust, curious and have opinions on the subject. All focus groups concluded with everyone's appreciation that NMMC wanted to hear from them and anticipating changes and results.

Staffs came because they cared about their workplace, the hospital and wanted to learn how to better serve the community. Because of patient contacts, staff were interested to find out what's happening with the focus groups. They came because they have a unique perspective as a healthcare provider and consumer, because they live in the area and they see how hard it is to get service for the elderly and they felt asked for their input. They felt their jobs are connected to community engagement and sees this as a good tie. They have seen too many changes and wanted to see it continue to grow and improve. They wanted to see where NMMC is headed and how they can add impact.

Focus Groups Information Gathering Process

To be efficient and maximize participants' time and responses, we started the meeting around a simple meal. As they sat down, we introduced the project and process. Each individual answered the open-ended questionnaire. Then they pick a partner to share their answers, clarify their thoughts and added more ideas as needed. Then we went into a large group discussion using the ORID model of conversation facilitation. All their responses were gathered, documented and tabulated.

Focus Group Participant Profile:

A total of 54 participated in four focus groups. The plan was to limit each focus group to 10-15 participants. Three focus groups were each 12-participants and one with 18.

1) **North Minneapolis;**

12 Participants were all women.

5 identified as African American, 1 as African, 3 as Laotian, 1 White, 1 left blank

Age ranged from the youngest participant 17 to 65 years old

2) NW Core North – **Brooklyn Center**, Crystal & New Hope;

12 participants, 3 men and 9 women

7 identified as Caucasian, 1 Hmong, 1 Liberian, 1 sierra Leon, 1 Native American, and 1 left blank

Age ranged from 29 to 82

Participants:

3 - Crystal

2 – New Hope

4 – Brooklyn Center

1 – Golden Valley

1 – North Minneapolis

1 – left blank

3) NW Core South – **Robbinsdale**, Golden Valley; and

18 participants, 8 men, 10 women

11 Caucasian, 3 Caucasian/American Indian, 1 African American, 3 left blank

Age ranged from 47-81

Participants:

14 – Robbinsdale

1 – Maple Grove

1 – New Hope

1 – So. Minneapolis

4) NMMC Staff

12 participants, 1 male, 11 women

Age ranged from 25-60

11 identified as White

1 left blank

Participants:

4 – New Hope

4 – Robbinsdale

1 – Crystal

1 – Golden Valley

1 – Brooklyn Center

1 – No. Minneapolis

Detailed Focus Group Findings

1. What health issues concern you and your family?

The participants revealed that in many cases, they and their families are dealing with multiple health issues. Health condition and issues identified by participants:

- **Accessibility** - limited appointment times available; lack of services directly at local community or school sites so children are not absent for a day but for an hour of doctor's visit; no free or low cost clinic for kids who just need shots or checkups; needing approval for procedures, worry about medical institution not taking Medicare
- **Cost of healthcare** - high cost of coverage, medication, treatment, prenatal and delivery even with insurance; cost preventing when to go to the hospital
- **Culturally sensitive staff** and culturally appropriate services
- **Transportation** difficult and expensive; no public service available in the area
- **Mental health** Memory loss, stress with family issues; depression, bipolar; non-availability of psychiatric care
- **Aging** with dignity, memory loss, appropriate nursing homes; living alone and decreased energy; worry about possible Alzheimer/dementia; need for long term continuity of care, living arrangement
- **Heart and blood conditions** - hypertension, high cholesterol, high blood pressure, obesity
- **Diabetes** increased rates and the effects it has on healthcare coverage and expense
- **Women's healthcare**, affordable contraception, assistance with menopause
- **Lung diseases**, asthma and cigarette smoking, Environmental, e.g. allergies,
- **Cancer** increase in skin cancer
- **Arthritis** rheumatoid
- **Addiction**

2. What do you see as your role in maintaining or improving your health?

- **Preventive care** by drinking plenty of water, getting plenty of sleep, and watching body changes and warning signs; Alternative methods and practices that are preventive and healing (chiropractor, dietetics, acupressure, social workers, interpreters), taking medications as prescribed, don't smoke, don't do drugs or alcohol
- **Participating in social activities** with community friends and having a good social network that is supportive; social connections and family involvement; support groups; play in several Ogimbe drum circles; work-life balance, spiritual, maintain emotional/ social support system, educate on current options, me-time – read, garden, friends,
- **Exercise and meditate**, Fitness classes, member of employee fitness center; at-home exercise equipment; going to the YWCA 3x a week; running, tai-chi, swim; bowling for fun; gardening, outdoor as often as possible, enjoy nature & walks alone or with friends; AAUW for healthy mind; Go to hot tub at Crown Plaza
- **Eating a healthy well-balanced meals** Keep weight in check, drink lots of water, cut on sugar drinks, limit fat foods; eating mostly organic, eat a big breakfast, big lunch & small supper
- **Regular visits to my doctor** - follow directions to address my medical needs. Take medicines as needed
- **Safe and clean surrounding** Making sure that the house is in a healthy community

3. What is needed in your community to help you maintain or improve your health?

- **Clinics & urgency centers in neighborhoods** – Easy access, more appointment times and easier scheduling, patient-centered, affordable or free healthcare for everyone and community-based where people live with connections to other resources, i.e. childcare for people with doctor appointments, food shelves, WIC
- **Cost - Single payer insurance** - Would like to see something happen to make costs go lower and more affordable; reimbursement/coverage for alternative therapies and health management strategies (message, acupuncture, chiropractor, nutritional counseling, etc.) Simplified, clarified help, less greed from insurance company and hospitals, eliminate for-profit insurance, Pharmacy/drugs coordination (\$, generics, bedside visits) Strengthen business partnerships with affiliated clinics.
- **Care for the elderly** - supporting parents to their appointments; helping elderly keep their independence living in their homes; more neighborhood awareness of elderly living alone who may need services
- **Transportation** - Perhaps a bus to/from appointments much like airport-hotel shuttle service.
- **More mental health support**
- **Culturally specific Community health workers and hospital health navigators** to do health outreach and education; like visiting health nurse; Culturally sensitive, pleasant providers, knowledgeable about drugs, diet; co-located specialists, i.e. diabetics care center, specialty eye doctors for children; provide language translators and cultural competency training

- **Compatible electronic records** so all hospitals and clinics have access
- **Community economic development and stability** – provide employment opportunities in the community; Communities that are landscaped and designed to promote and incorporate healthy lifestyles; access to fresh produce and groceries in areas that need it most; NMMC needs to reach out to schools, get involved in community including, implement health classes in District 281; Support community Health Fairs, Mobile clinics, free shots

4. What is the role of the hospital/healthcare system to help you or others maintain or improve your health?

- **Making care affordable** - Be at the forefront of best practices. System-wide, integrated all aspects specialty care within that healthcare, be creative, involve patient in the process. Facilitate care between different providers, monitor existing condition. affordable screening, improved coverage
- **Preventive care** instead of reactive/curative care. Provide appropriate tools and information to address medical issues to make good decisions, online or call in centers to answer questions
- **Culturally competent care** Professionals with time to treat the whole person Providers that listen, punctual, and spend time sharing preventive Support system that provide good choices not shame and blame. Better ways to report disrespectful, unethical practices
- **Accessible streamline tracking of health data between clinics;** computerized systems approach for healthcare physicians that are communicating with each other; Less paperwork and bureaucracy; portability of information; easy access to their own medical records.
- **Continuity of care**, computerized system of health records so I don't have to go through health records every time I go see a doctor or go to the hospital. Assistance in staying in home, health clinic care for seniors who are not in skilled nursing homes
- **Mental health** (psychiatrists); Mental health corridor; remove stigma to addiction; kiosks in clinics or ER rooms where individuals can complete comprehensive assessment to assist physicians' evaluation
- **Educate the community** – on different health issues, i.e., costs, how to advocate, navigate for themselves and call decision-makers, compile resources about what's out there and how to access; start early to educate kids about diet & exercise & its importance to make them better, to make good choices; being there when needed; Extend EMT (emergency medical technicians) training to everyone interested
- **Diabetes management** clinics and other resources
- More **dental clinics**

5. What barriers do you experience in seeking professional healthcare?

- **Accessibility and affordability** of care were the most common difficulties experience when seeking healthcare from a professional. Even with health insurance, 42 % of participants mentioned confusing coverage; high co-pays and referrals to specialty care was a challenge to get and often times outside their community. Participants claim that North Minneapolis is under-supported. Too many hoops to jump through with the bureaucracy. Application process is too long and redundant intake forms. Length of time before appointment times are available; even ER has very long wait
- **Stresses due financial constraints** were identified as common difficulties people experience when working to maintain their and their family's health.
- **Transportation** was a common issue for follow up care not in bus routes.
- **Rapid cost growth** - High cost of care even with insurance; hospital competition and revenue-driven-profit care; doctors and dentists choosing who they will treat according to ability to pay.
- **Cultural diversity gap** - Some nurses and doctors are not professional; doctors being late for appointments; LGBT health issues, i.e. access to my partner on hospital visitation. Focus on symptoms rather than understanding problem; apparent need to push tests regardless of expected negative results instead of spending time; narrow focused treatments instead of comprehensive care
- **Electronic records not compatible**, fractured, separated, non-integrated system that don't communicate or understand each other
- **Maintaining a healthy balanced diet and eating healthy foods** is challenging. Fresh fruits and vegetables are costly and not readily available and accessible.
- **Misinformation and conflicting messages** about what is healthy. One day something is good to do & next it isn't. There's not enough research. Lack of communication about how to handle things; where to go to verify information
- **Parent support** - When childhood healthcare issues are identified, parents need support, i.e. affordable testing for learning disabilities, physical exercise groups for children with ADD/ADHD
- **Complex paper work and forms**; difficult to understand medical language, forms/ reports, medical billing; delays in getting responses from government health agencies; Centralized health services; Hard to understand how all the players in the system work, i.e. insurance, primary care, specialty care, referrals, in/out of network; Not sure which doctor or dental group to go with insurance coverage



6. Where do you go for healthcare issues?

- **Emergency rooms** - The majority of participants (65%) end up in ER when they need help with a health issue. HCMC 50%; North Memorial 40%; University of MN, 5%
- **Community Clinics** – some specifically mentioned North Memorial clinic, Broadway, NorthPoint, CUCCH, Park Nicollet, Health Partners clinics, Roseville clinic, Camden Phys
- **Nurse Line**, i.e. Allina's
- **Internet**, Google search, Webmed or mayo.com
- **On-site clinic at my workplace** – staffed by lab, MD & healthcare coach; company also have help-lines available; Employee health center and seek their guidance/referral
- **Parish nurse**, friends
- **Alternative** - Acupuncturist, natural/holistic nutritionist

SUPPORTING DOCUMENTATION

Sample Focus Group Invitation

A community conversation on

“What is a Healthy Community?”

Part of the North Memorial Medical Center Community Health Needs Assessment which is an initiative to identify and prioritize the community's health issues, by collecting and analyzing data, including input from the community.

DATE: **Tuesday, February 26, 2013**

LOCATION: **Lao Assistance Center
503 N Irving Ave.
Minneapolis, MN 55404**

TIME: **5:30pm to 7:30pm**
*Light dinner and refreshments served

Please RSVP so that we can accommodate all participants.
RSVP: elsa.batica@gmail.com or call 612-871-4205
by February 22th, 2013

Our conversations will explore health issues in the community and the roadblocks that community members experience when seeking healthcare services and maintaining good health.

**We would like to thank Lao Assistance Center of Minnesota
for hosting this Conversation.**

Thank you, We look forward to hearing from you.

Focus Group Agenda



Community Health Needs Assessment

- I Welcome
Introduction
Lunch
- II Individual - Pairs
Group Discussion - Questionnaire
Brainstorming – thinking beyond
 - a. Vision (#3 & 6)– your hopes and dreams for healthcare
 - b. Contradiction (#1 & 4) – What’s in the way of your hopes and dreams?
- III Facilitated Group Discussion - Sharing
- IV Questions - Reflections
- V Next Steps

Thank you on behalf of North Memorial Medical Center, Community Health Outreach & Engagement and Northwest Hennepin Human Services Council

Facilitators:

Elsa Batica, Batica & Associates Facilitation Consultation Training

Building bridges to create strategic solutions.

ebatica@msn.com; 612-871-4205

Shanne Soulier, Big Spirit, Inc.

Your Midwest resource for marketing strategy, and branded advertising products.

s_soulier@hotmail.com; 708-955-0866

Focus Group Questionnaire



A community conversation on **“What is a Healthy Community?”**

1. What health issues concern you and/or your family?
2. What do you do personally to maintain or improve your health?
3. What is the role of healthcare system (hospitals/clinics) in maintaining or improving your health?
4. What barriers, if any, do you experience in seeking professional healthcare?
5. Where do you go when you need help with healthcare issue?
6. What is needed in your community to help you maintain or improve your health?

SUMMARY FINDINGS – STAKEHOLDERS INTERVIEWS

Methodology

The decision was made to interview at least ten stakeholders, health leaders in the community. We were able to meet with twelve health leaders from the eight organizations targeted, asking them: What are the greatest health issues they encounter from their perspective? Do they have any thoughts about potential partnerships to make a bigger and better impact in the community?

Key themes of concern include:

There were a variety of issues mentioned by representatives of the organizations we visited. Listed below were mentioned by at least two organizations.

1. **Cultural competence** – The issue of culturally appropriate care, culturally relevant staff, and culturally-specific community outreach was mentioned several times by five organizations. This was mentioned as key in building innovative partnership, creating and building respectful and trusting relationship.
2. **Mental health care** - which includes behavioral issues and social connectedness, was mentioned by three organizations as an issue they are concerned and working to address. There is a capacity issue with long waiting for services and there's a need for better screening tool.
3. **Funding, affordability and cost of care** – Hispanics has the highest number of uninsured, which could be due to immigration status. But even those insured find copay or deductible prohibitive.
4. **Transportation** – two organizations mentioned the wide-spread of service area as a challenge for patients to commute. Transportation service is shrinking over the years to almost non-existent. There is a need for coordinated services.
5. **Accessibility** – access to affordable care and specialty services was directly mentioned by at least two organizations. Other implied with language issue, medical literacy, service integration disconnect, data-base management and service locations.
6. **Aging or elder care** – several stakeholders mentioned how Minneapolis and suburbs has not caught up with the changing demographics. It hasn't developed stage housing and developed appropriate senior care-givers.

Stakeholder Organization representatives who participated in the interviews

1. **Annex Teen Clinic:** Brian Russ, Executive Director, E. Brooke Stelzer, Director of Sexuality Education, and Diane Brooke, Medical Director
2. **City of New Hope:** Kathleen Hemken, Mayor
3. **Hennepin County Health and Human Services:** Jennifer DeCubellis, LPC, Assistant County Administrator, Health, and Rex A. Holzemer, MSW, Assistant County Administrator, Human Services

4. **Metropolitan Area Agency on Aging:** Dawn Simonson, Executive Director, and Kate Houston, Planning Director
5. **Minneapolis Health Department:** Gretchen Musicant, Commissioner
6. **Neighborhood Healthsource:** Steven J. Knutson, Executive Director
7. **NorthPoint Health & Wellness:** Dr. Paul Erickson, Medical Director
8. **Northwest Hennepin Human Services Council:** Susan Blood, Executive Director

Interview Details

NORTHWEST HENNEPIN HUMAN SERVICES COUNCIL

Susan Blood, Executive Director, NHHSC

Meeting Date: June 6, 2013; 10-11 a.m.

According to their website, “the Northwest Hennepin Human Services Council was established in 1972 as a Joint Powers Agreement among cities in Northwest Hennepin County to do regional research, planning and coordination of human services that make a difference in the lives of area residents.”

What are the greatest health issues from your perspective and where do you see possible partnership?

- A. Mental health issues - long waiting, need for culturally competent care
- B. Refugees and immigrants with multiple issues
 - a. Malnourishment at camps causing weak bones, teeth issues
 - b. Requiring multiple services
 - c. Story, a refugee patient was seen by a provider who was the torturer in the home country patient escaped from
- C. Veterans – huge number in the area
 - a. Multiple re-deployment causes strain on family
 - b. Soldier’s mental/physical health
- D. Access to culturally relevant staff
 - a. Integrative complimentary medicine, Healing ceremonies
 - b. Culturally competent staff
 - c. Mistrust
- E. Medical literacy
 - a. Not knowing medical condition, how to describe symptoms
 - b. Need of medical interpreters
 - c. Need to conduct “Temple talks” helpful information to congregation
 - d. Community rumors that NMMC will no longer be a hospital but will be turned into seniors care specialty

- F. Medical delivery
 - a. Need screening for lung cancer, area has high radon & phosphate
 - b. Ten years ago, area residents went to NMMC, now only 25%, still famous for gun shots (trauma center); HCMC aggressive marketing and has a Saturday radio show (WCCO) where seniors are able to call in for questions
 - c. Older residents not happy (ornery) with NMMC, not able to see same doctor, "My doctor didn't know who I was!"
 - d. Communication – story, an elderly man was dropped off for an appointment only to find that his doctor was absent and no one else can see him. His ride won't be back for 2 hours. No one notified him nor arranged for a different transportation.
- G. Early child care (CHEP)
 - a. Screenings required, pre-K readiness
 - e. Need accessible immunization

In order to do innovative partnership, create awareness and build trusting, respectful relationship. Expand the community paramedics program.

ANNEX TEEN CLINIC

Brian Russ, Executive Director

E. Brooke Stelzer, Director of Sexuality Education

Diane Brooke, Medical Director

Meeting Date: June 6, 2013, 1-2 p.m.

Copied from their website, "The Annex Teen Clinic provides low cost, confidential, nonjudgmental sexuality-related health care for adolescents and young adults through age 25. We provide sexuality-related health care services in a friendly and comfortable setting. We also facilitate fact-based education for young people, parents, professionals and community members. The Annex Teen Clinic has been serving the community of Northwest Hennepin County and North Minneapolis since 1971."

What are the greatest health issues from your perspective and where do you see possible partnership?

- A. Disconnect - Silo of services, able to respond to needs when teens come in to clinic
- B. Lack of services – nature of work, challenge not to do everything, sexual violence, school, mental health
- C. Funding for teens – goes to parents
- D. Housing for teens - no place specific for teens
- E. Walk in counseling
- F. Community-based screenings for STI especially for males; 85% of females come; lab testing not paid. High rates of STI – gonorrhea, chlamydia off the charts; need for data sharing – work out confidentiality issue

- G. NMMC provided lab cost of \$16,000/year – huge level of support
- H. More connection with Broadway, specialty clinics, convenience – effective word of mouth
- I. Need to do more culturally specific community outreach (Hmong, GLBT), with other clinics – built-in trust

METROPOLITAN AREA AGENCY ON AGING

Dawn Simonson, Executive Director

Kate Houston, Planning Director

Meeting Date: June 6, 2013, 3:30-4:30 p.m.

“The Metropolitan Area Agency on Aging (MAAA) is the designated area agency on aging for the seven county metropolitan areas. Area agencies on aging were established under the Older Americans Act (OAA) in 1973 to respond to the needs of Americans aged 60 and over in every local community. There are over 650 area agencies on aging in the United States and 6 in Minnesota. Minnesota area agencies on aging are designated by the Board on Aging (Off Site) to provide three critical functions: OAA funding administration, community planning and service development, and information and assistance.” (Copied from their website)

What are the greatest health issues from your perspective and where do you see possible partnership?

- A. Disconnect – Service integration, how to work across big system like a Titanic
- B. Affordability - what am I allowed to do?
- C. Data-base management – gaps in services in geographic regions
- D. Baby boomers – requires increase demand for better care coordinators
- E. Changing rural-urban population
- F. Shrinking transportation services
- G. Increased housing foreclosure
- H. Missing from discharge plan, no recognition for environmental functionality, return to community with no follow up services available
- I. Formal diagnosis for dementia

CITY OF NEW HOPE

Kathleen Hemken, Mayor

Meeting Date: June 7, 2013, 10-11 a.m.

Mayor Hemken is in her second term. She was reelected unopposed. She was a community activist for twenty five years, worked in the planning commission and retired at age forty. She raised six children.

She loves NMMC, can't thank enough for the care of her husband who passed away last January.

What are the greatest health issues from your perspective and where do you see possible partnership?

- A. Fire/police department work on collaborative arrangement with three cities, trained as first responders; NMMC provided the response team training (CERT – Citizen Emergency Response Team), fire department paid to respond to calls; have cut cost drastically. Police/fire department keep data of calls and services delivered
- B. NMMC ER is real busy; over-crowded, lots of non-life threatening waiting could be taken cared somewhere.
- C. Educate refugee/immigrant community who “heard” that ER is free to go
- D. Bring back “Well-Baby clinics” – screening, immunization, prescription
- E. Need of “walk-in clinics” responsive to huge need for free care with pharmacy within that can give free sample medicines
- F. Community clinics similar to CVS “minute clinics” staffed by Nurse Practitioners who can prescribe or triage care. Cities would be thrilled to have little clinics and might even compensate for use of vacant buildings
- G. School district 281 is self-employed and started clinic in old school for teachers and their families for free, enormously successful. Teacher and family members are out of work for an hour, not 5 hours
- H. Bigger companies would be thrilled to have a clinic in their premises, i.e. Allianz; places where it’s a natural gathering for place, hitting the right demographic

MINNEAPOLIS HEALTH DEPARTMENT

Gretchen Musicant, Commissioner

Meeting date: June 7, 2013, 3-4 p.m.

What are the greatest health issues from your perspective and where do you see possible partnership?

- A. Social connectedness – mental health, positive mental wellbeing, need for better screening tool
- B. Early Childhood –infant death, premature death, preschool screenings, figuring out pre-school/kindergarten readiness in a healthcare setting
- C. Men’s Health and connecting it with maternal health, how to be a good father; develop an assessment tool for men and pregnant women, esp. on mental health and social condition
- D. Healthy living – catch all phrase for healthy eating, tobacco use, how to support healthy choices
- E. Disparities, addressing by creating HUBS, concentrated in high rise housing; encouraging more fresh foods in the corner stores, more bike racks
- F. Healthy literacy efforts – self-assessments, walking them through community health clinic to home care; signage and other stuff written in basic enough
- G. Patient-centered/family-centered – use of story-based dialogue, came as a family and get same instruction, “Tell us when your family was healthy, what was it like?”

- a. Contraception – what have they tried?
- b. Food – what is a good meal?
Examine examples from each other, how can we unleash in a big way?
- H. School-based clinics – sexual health
- I. Senior health – Minneapolis hasn't change in age, hasn't develop stage housing, experiencing linguistic challenges, hard to find needed help, like personal care attendant.
Skyway Senior's Center, located near Target, used by Seniors who are homeless, location hides obvious, unseen poverty, it's a good gathering place; UCARE come do screening and programming, i.e. Tai Chi, yoga, not necessarily health
- J. Dental contribute to ER use
- K. New staffing model required/needed that mirrors the community
- L. Culturally appropriate care, healthcare careers that would provide livable wages
- M. Health care initiative – working with community clinics and working on guidelines around obesity. There could be some billing opportunity

NEIGHBORHOOD HEALTHSOURCE, SHERIDAN CLINIC

Steven J. Knutson, Executive Director Meeting Date: June 19, 2013, 1-2 p.m.

What are the greatest health issues from your perspective and where do you see possible partnership?

- A. Breast cancer rates – lack of access especially for screening. American Cancer Society working to break down financial barriers but access to equipment is a challenge. Shakopee Mdewakanton Mobile unit is only available 4 times/year and reaching about 100 women. Need to schedule annually at a time convenient. Reliant on referral, compliance and follow through is a challenge
- B. Colorectal screening – nobody wants to do, need lab testing as intervention, lack of capacity.
- C. STD in North Minneapolis – seeing more patients yet data is exploding even with increased number of screening. Is it our reporting? Pulled together health leaders, think tanks, strategic plan overall to rededicate efforts
- D. ER diversion – how to deal with logistics from ER to community clinics? Follow up after discharge? Paper referral need to have formal written agreement to avoid HIPPA complications where patients sign consent
- E. Community paramedic model – lots of collaborative potential, make CHW more robust
- F. Care coordination – doing everything you can. Top to bottom review of positions. Adult care model – staff performing tasks beyond/below license
- G. Access to specialty services – assistance to facilitate specialty services to uninsured
- H. Senior market – new Heritage Senior clinic, shifting demographic especially the Northeast. Catholic Elder Care, not much traction, and with limited care-giver support to break the isolation

- I. Coverage – Somali are mostly insured with Medicare/Medicaid. Hispanics has the highest uninsured, could be due to immigration status. Even those insured find co-pay/deductible prohibitive
- J. Transportation – use churches that already have to break the barrier people have about crossing and utilizing available services, i.e. Heritage Park

HENNEPIN COUNTY HEALTH & HUMAN SERVICES

Rex A. Holzemer, MSW, Assistant County Administrator, Human Services

Jennifer DeCubellis, LPC, Assistant County Administrator, Health

Meeting Date: June 27, 2013, 1:30-2:30 p.m.

What are the greatest health issues from your perspective and where do you see possible partnership?

- A. Behavioral help – capacity, cost, services, medication management. Currently at 6-8 weeks out for psychiatrist or meds access. Limited psychiatrist availability. Currently using Nurse Practitioner, other allied health to fill the gaps
- B. Social Connectedness – need a sense of community, place they belong with resources, giving them something that tells them, “I belong.” “I’m welcome.” i.e. culturally appropriate Diabetes groups
- C. Chemical dependency – bringing it into healthcare, patients do come for primary care but need capacity
- D. Insurance exchange – benefit applications. Need assistors/navigators, holistic approach for total benefit, customer service for individuals. How to make those connections, past hierarchy?
- E. Disparities – community partnership on site to address housing or work with CHW, Health Coordinators, vocational health, medical literacy
- F. HUBS satellite or mobile clinics - Dependency reduction – providing the right resources, all in one clinics with exam rooms and WIC services
- G. ER – huge uptake for inpatients, need acute care venues, need hand off structure and mechanism, out of 6000, at least 2000 are not connected to primary clinics. Need to figure out same day appointments to avoid losing them and getting back to ER. Opening urgent care within ER. Opening urgent care in North Minneapolis to ease ER over utilization
- H. Specialty clinics partnership – capacity, cost, indigent care
- I. Primary care/urgent care – aggressively expanding primary care; downsizing inpatient care. How to deliver care efficiently and effectively, a shift from hospital



NORTHPOINT HEALTH & WELLNESS

Dr. Paul Erickson, Medical Director

Meeting Date:

What are the greatest health issues from your perspective and where do you see possible partnership?

- A. Care coordination- increasing coordination for individuals post-discharge from the hospital, linking ED patients to PCP to prevent overutilization of ED, continued care coordination with our OB patients.
- B. Culturally appropriate health care services- increasing the amount of diverse care providers that are representative of North Minneapolis, people feel more comfortable accessing services when they are able to interact in the native language or when staff resembles how they look.
- C. Health disparities continue to be a major challenge in the community, more coordinated community outreach, health information, screenings.

Community/Employee Online Survey, March/April 2013

Background

In 2013 North Memorial is required to complete a Community Health Needs Assessment and adopt an implementation strategy to meet the community needs identified through the assessment. This process must take into account input from people representing the broad interests of the community served by the facility. Therefore North Memorial needs to engage a variety of community members and key stakeholders in providing input to inform the assessment. One research methodology to gather information is an online survey.

Research Sponsor: Community Health Needs Assessment Steering Team & North Memorial Market Development Division

Research Objectives:

- 1) Determine what health factors/issues are most important to community members
- 2) Elicit ideas about how NMMC could contribute to health improvement

Research Methodology:

An online survey was created using Survey Monkey to get responses from a wide group of people in our community. The invitation to complete the survey was sent out to people who have opted in to our Health eMinutes newsletter and social media followers. A link was also prominently placed on the homepage of North Memorial's website. The survey was fielded in March and April of 2013.

Survey Respondent Profile:

A total of 275 people completed the survey. The majority of respondents were community members. There were also 64 respondents representing a health care organization, a business, a non-profit organization, a government agency or a school system.

The majority of respondents live in the North Memorial Service Area and 36% live in the communities closest to the hospital.

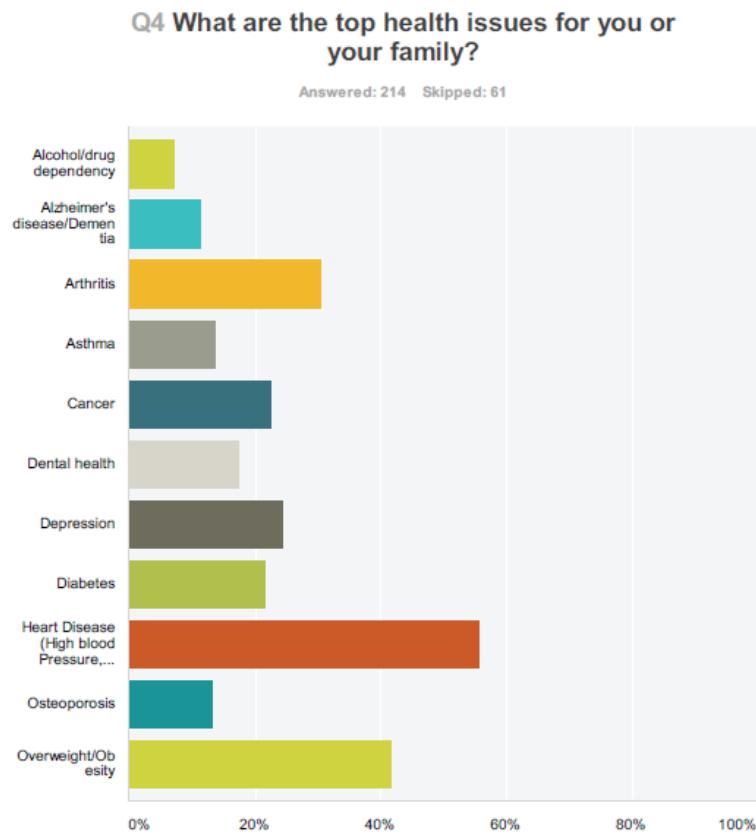
Key Findings

- Heart Disease, obesity, arthritis, depression and cancer were the health issues identified most often by respondents.
- The survey revealed that in many cases, individuals and families are dealing with multiple health issues. Fifty-three respondents (19%) indicated they are dealing with 4 or more of these health issues and an additional 105 (38%) indicated 2 or 3.
- Time and financial constraints were identified as common difficulties people experience when working to maintain their and their family's health.
- Accessibility and affordability of care were the most common difficulties experience when seeking healthcare from a professional.
- The majority of respondents (83%) do turn to their doctor or clinic when they need help with a health issue.

Findings

Top health issues

Heart Disease, obesity, arthritis, depression and cancer were the health issues identified most often by respondents.



Answer Choices	Responses
Alcohol/drug dependency	7.01% 15
Alzheimer's disease/Dementia	11.21% 24
Arthritis	30.37% 65
Asthma	13.55% 29
Cancer	22.43% 48
Dental health	17.29% 37
Depression	24.30% 52
Diabetes	21.50% 46
Heart Disease (High blood Pressure, High Cholesterol)	55.61% 119
Osteoporosis	13.08% 28
Overweight/Obesity	41.59% 89
Total Respondents: 214	

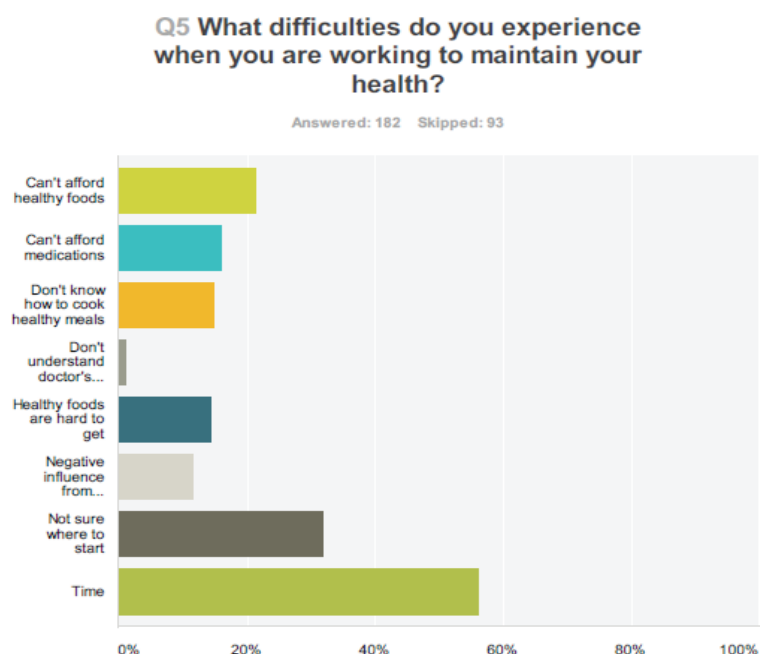
A write in section identified other health issues such as specific diseases (Addison's, Celiac, Crohns, etc.), and general health maintenance and dealing with aging.

The survey revealed that in many cases, individuals and families are dealing with multiple health issues. Fifty-three (19%) indicated they are dealing with 4 or more of these health issues and an additional 105 (38%) indicated 2 or 3.

Number of Health Issues Identified	% of Respondents	# of Respondents
None	13%	35
1	25%	70
2	23%	64
3	15%	41
4 - 9	19%	53

Barriers to Maintaining Health

Time and financial constraints were identified as common difficulties people experience when working to maintain their and their family's health.



Answer Choices	Responses
Can't afford healthy foods	21.43% 39
Can't afford medications	15.93% 29
Don't know how to cook healthy meals	14.84% 27
Don't understand doctor's instructions	1.10% 2
Healthy foods are hard to get	14.29% 26
Negative influence from family/friends	11.54% 21
Not sure where to start	31.87% 58
Time	56.04% 102
Total Respondents: 182	

The write-in section added insight to the second most indicated difficulty, “not sure where to start” and shows a need for help/education around health:

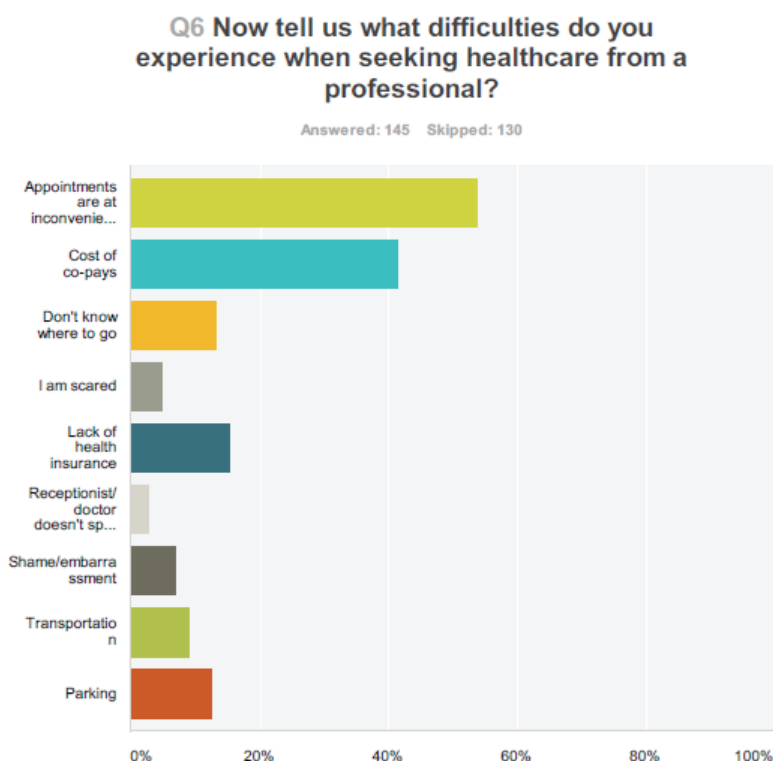
- Don’t know how to create a healthy diet plan.
- We need a ‘baby step’ approach instead of a ‘you should be doing this’ approach.
- Workout designed for his/my issues would be nice to know.

Also, a number of respondents wrote that they were the issue:

- My own attitude.
- Lack of willpower
- Don’t work at being in shape, lazy.

Barriers to Health Care Services

Accessibility and affordability of care were the most common difficulties experience when seeking healthcare from a professional.



Answer Choices	Responses
Appointments are at inconvenient times	53.79% 78
Cost of co-pays	41.38% 60
Don't know where to go	13.10% 19
I am scared	4.83% 7
Lack of health insurance	15.17% 22
Receptionist/doctor doesn't speak my language	2.76% 4
Shame/embarrassment	6.90% 10
Transportation	8.97% 13
Parking	12.41% 18
Total Respondents: 145	

Some respondents indicated they were frustrated by care they have received and aren't always sure who to trust:

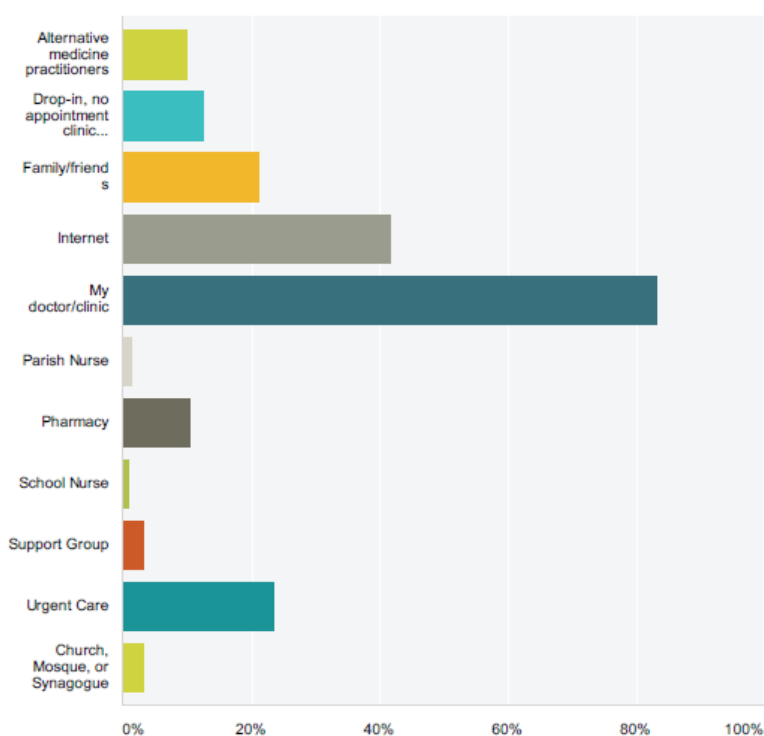
- Doctor doesn't spend enough time with me.
- Doctors only want to treat one issue at a time and they don't listen well.
- Doctors push medications without fully explaining the side-effects.
- I don't know who to trust. I have had some horrible experiences within this system....

Current Sources of Help for Health Issues

The majority of respondents (83%) do turn to their doctor or clinic when they need help with a health issue.

Q7 To whom do you turn or where do you go when you need help with a health issue?

Answered: 231 Skipped: 44



Answer Choices	Responses	
Alternative medicine practitioners	9.96%	23
Drop-in, no appointment clinic (Minute Clinic, Wal-Mart)	12.55%	29
Family/friends	21.21%	49
Internet	41.56%	96
My doctor/clinic	83.12%	192
Parish Nurse	1.30%	3
Pharmacy	10.39%	24
School Nurse	0.87%	2
Support Group	3.03%	7
Urgent Care	23.38%	54
Church, Mosque, or Synagogue	3.03%	7
Total Respondents: 231		

Other places people wrote in were clinics at work and nurse triage lines through their doctor or insurance.

Open-ended questions

1. What is needed in our community to help you maintain or improve your health?

Sixty-seven respondents commented that the community needs **expanded health care services that are accessible and affordable**. Examples include:

- Affordable healthcare
- Affordable insurance and access to affordable dental treatment
- Affordable MD, urgent care
- Caring Doctors who listen to your needs
- Clinic hours nights and weekends
- Clinic with convenient hours, Urgent care center
- More affordable preventative services and a service to look at the meds I take/diet and interactions.
- More practitioners for geriatric patients resulting in easier access to appointments.
- Walk in appointments
- Women's health clinic or resources center, and mental health outpatient clinic/therapist

Thirty-three respondents commented that the community needs **neighborhood amenities or services**, and increased awareness of what is available. Examples include:

- A reliable source of organic foods, easy access to exercise advice, Massage, acupuncture, and assisted therapies.
- A Whole Foods store or Trader Joes
- Affordable fresh foods
- Affordable gym
- Cheaper fitness club dues. Community gardens.
- Convenient locations to walk for exercise in cold weather.
- I think there are enough resources in my community, but I may not be aware of them all.
- Walking/biking trails

Eighteen respondents wrote that the community needs **additional educational opportunities**. Examples include:

- Easier access to nutritional support (like registered dieticians, support groups, free seminars, etc).
- Educational or support groups that are held at convenient times on weekend or evenings and in local coffee shops or restaurants, maybe places less medical.

Some comments included all of the above:

- Affordable health care and health insurance, more attention to family and community violence, food deserts, transportation, and other issues associated with poverty.

2. What is the role of the hospital to help you or others maintain or improve your health?

Most (70) respondents commented that the role of the hospital is to provide **direct patient care**.

Examples include:

- Available specialty care.
- Be there in case of emergency or preventative maintenance on the body.
- Direct the doctors to speak frankly and honestly with the patients. Ask the doctors to listen to the patients who know their body best.
- Hospitals are medicine of last resort – I want to visit only when there is no other option.
- If I access hospital care, expect an incredible, quality, effective, compassionate care for the cost. Health care is more expensive than buying a car...it better measure up.
- Take care of the critical issue and then teach me where to go and what to work on from there.
- To have cutting edge technology.

Thirty-nine respondents commented that the role of the hospital is to provide **health care education**. Examples include:

- A place/person to go to for information regarding exercises, nutrition, diet, weight loss, etc. that helps you avoid medications to treat health issues.
- Anchor the community. Provide general information, sponsor open house or sign-up classes for specific health issues.
- Don't only treat the condition...do something to prevent it.
- Expert, current advice about health issues. Include complementary care.
- Educate oh how to manage our medical conditions. More instructions and motivation. Help with some resources that can help pay for the cost.

In addition to the above, respondents commented that there is also a role for the hospital to be **collaborative, motivational and supportive**. Examples include:

- Educate, encourage and support.
- Provide emergency and advanced medical care. I also think that the hospital can be supportive and connect with other community health resources and collaborate for better preventative care and health education. I am taking this survey as a member of this community, but I am also a school nurse in the Robbinsdale School district. In the past we collaborated with NMMC's respiratory therapists to provide health education for asthmatics in the schools which included families. It was very successful and we received good feedback from families. However, because of cut backs, we had to discontinue our community efforts in this area. Asthma is a huge issue along with other health problems. I am guessing that collaborations like this could decrease emergency room visits at NMMC and improve and promote health in our community. I feel that with increased communication and collaboration between medical hospitals/clinics and the community, amazing things could be done.
- Work together in community to be healthy.



3. What do you see as your role in maintaining or improving your health?

Most (89) respondents commented that they bear the **primary responsibility** in maintaining or improving their health. Examples include:

- As I grow older, I have to take ownership and responsibility for my health and aging gracefully.
- Be active and cook well and model what I espouse
- Exercising and eating well and maintaining a positive attitude!
- It is my responsibility to find out what needs to be done and to do it.
- Put more emphasis on prevention rather than care.
- The major role, healthcare professionals really can only advise, the individual must take control.
- To be more committed to taking care of myself, assuring that I am buying foods that are healthier, taking breaks, exercising more, getting in for annual health care checks.

Thirty-nine respondents commented that their role is to **collaborate with health care providers** to maintain or improve their health. Examples include:

- Accepting responsibility and doing what the Doctors tell us to do. Try to describe to the Doctor's exactly what you are experiencing.
- Access to health education seminars, regular well visits with geriatric primary care, good compliance with treatments and medications recommended and expected by providers. Regular follow-up visits!
- Regular doctor visits and health screenings. Making health care a priority. To not be so intimidated by a large health care system such as North Memorial.

Other respondents commented that their role is to **be well informed and seek out health information** to maintain or improve their health. Examples include:

- Be well informed and seek right resources
- Doing my own research on different ailments and foods that are actually good for you.
- I must be vigilant in keeping abreast with any new information & recommendations regarding my personal healthcare.
- Seeking information, sources, following through.

SUPPORTING DOCUMENTATION

2013 Community Needs Assessment

Please answer ONLY question 1 or 2.

I am completing this survey as a community member

- ☐ Yes
☐ No

I am completing this survey on behalf of :

- ☐ Health Care Organization
☐ Non-profit Organization
☐ Government Agency
☐ School System
☐ Business

What is your 5-digit Zip code or the 5-digit Zip code of the organization?

What are the top health issues for you or your family?

- | | | |
|---|--|--|
| <input type="checkbox"/> Alcohol/drug dependency | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease (High blood Pressure, High Cholesterol) |
| <input type="checkbox"/> Alzheimer's disease/Dementia | <input type="checkbox"/> Dental health | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Depression | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | |

Other (please specify)

What difficulties do you experience when you are working to maintain your health?

- | | |
|---|---|
| <input type="checkbox"/> Can't afford healthy foods | <input type="checkbox"/> Healthy foods are hard to get |
| <input type="checkbox"/> Can't afford medications | <input type="checkbox"/> Negative influence from family/friends |
| <input type="checkbox"/> Don't know how to cook healthy meals | <input type="checkbox"/> Not sure where to start |
| <input type="checkbox"/> Don't understand doctor's instructions | <input type="checkbox"/> Time |

Other (please specify)

2013 Community Needs Assessment

Now tell us what difficulties do you experience when seeking healthcare from a professional?

- | | |
|---|--|
| <input type="checkbox"/> Appointments are at inconvenient times | <input type="checkbox"/> Receptionist/doctor doesn't speak my language |
| <input type="checkbox"/> Cost of co-pays | <input type="checkbox"/> Shame/embarrassment |
| <input type="checkbox"/> Don't know where to go | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> I am scared | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Lack of health insurance | |

Other (please specify)

To whom do you turn or where do you go when you need help with a health issue?

- | | | |
|---|---|---|
| <input type="checkbox"/> Alternative medicine practitioners | <input type="checkbox"/> My doctor/clinic | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Drop-in, no appointment clinic (Minute Clinic, Wal-Mart) | <input type="checkbox"/> Parish Nurse | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Family/friends | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Church, Mosque, or Synagogue |
| <input type="checkbox"/> Internet | <input type="checkbox"/> School Nurse | |

Other (please specify)






What is needed in our community to help you maintain or improve your health?

What is the role of the hospital to help you or others maintain or improve your health?

What do you see as your role in maintaining or improving your health?

Appendix D: Prioritization Details

Ranked in order of priority determined by Steering Committee

STRATEGIC DIRECTIONS	2014 – 2016 Ideas
 <p>Developing Community Collaboration Engagement</p>	<ul style="list-style-type: none"> • Create Community Outreach function • Collaborate w/ other community program resources • Est. relationship w/ Hennepin Co. • Community Paramedics provide health education in schools/community • Partner w/ programs that can motivate • NMMC to host a block party with health education • Display art from the community • Share websites/programs we support • Transportation to Healthcare
 <p>Designing Clinic without Walls</p>	<ul style="list-style-type: none"> • Expand sites of care • Expand clinic hours • Open school clinics • Offer free health screenings • Open urgent care in North Minneapolis • Manage health of underserved populations
 <p>Offering Patient- Centered Care Model</p>	<ul style="list-style-type: none"> • Patient-centered cultural education for all staff • Proactive enrollment in public programs • Provide help w/ insurance applications upstream (Community & Clinic) • Make health cost transparent • Fund primary care by reducing expensive care • Provide Healthcare Home model for all patients • Centralized communication resource offerings • Improve information transfer
 <p>Developing Preventive Programs</p>	<ul style="list-style-type: none"> • Understand the community w/ better internal data- know what's real • Conduct inventory of community health programs • Science-based proven strategies • Use effective substance use prevention • Violence-prevention (post incident response) • Offer mental health clinics • Community sessions on nutrition/obesity • Webinars for Preventions • Make health information accessible • Teach chemical use awareness • Social support for aging populations
 <p>Hire & Maintain Diverse Staff</p>	<ul style="list-style-type: none"> • NMMC initiatives known to all staff • Require community services by all staff • Encourage all staff to participate in doing community outreach • Employ diverse community health workers • Improve on-site interpreter services, not machines • Consider different interpreter services to enhance MARTI • Share partners across NMMC

COMMUNITY HEALTH NEEDS ASSESSMENTS
Steering Committee Prioritization Recommendation
July 9, 2012, 8:00 – 10:00

Rational Objective: <ol style="list-style-type: none"> 1. Share data – survey, Focus Group, Stakeholders 2. Conversation about what the community told us 		Experiential Objective: <ol style="list-style-type: none"> 1. Build on strengths 2. Focus on the community response 	
Time	Welcome	Review of Data	Prioritization - Closing the Gap
8:00	Light breakfast	Share	Strategic Direction
	<p>Quick go around with your name and What word/phrases caught your attention?</p> <ol style="list-style-type: none"> 1. Angelique B 2. Emilie H 3. Tiffany 4. LeeAnn O 5. Joe B 6. Jason R 7. Michelle 8. Sue W 9. LeeAnn M 	<p>What are you currently doing that impact the community, within your service area?</p> <p>Discussion: What are the gaps between what's done already and what could be?</p>	<ol style="list-style-type: none"> 1. Individual brainstorm: What's your vision for NMMC to address community needs? <p>Criteria: Doable Realistic Impact/difference</p> <ol style="list-style-type: none"> 2. Pair up – share your list, clarify, add/delete duplicates 3. Circle your best 3-5 ideas 4. Write one idea per card 5. Gestalt on the board 6. Reflect – name strategic ideas

Discussion: Reaction to report, data, process

1. Preventive, Access, Cost, Affordable, Culture, Sensitivity, Mental Health, Knowledge, Information, Continuity of Care, Follow-up care
2. Overwhelming, became passionate how to focus the work, lots of needs
3. Look more strategic, More focus on preventative care - shifting from tradition "go to the hospital when sick" to care on the front end, Behavioral change is not only through education,
4. Teaching people what preventative care means

What are you currently doing that impact the community, within your service area?

- Diamond program – rolling out program for depression/mental health, chronic condition
- Increasing primary care – stroke prevention, injury prevention,
- Community paramedics program
- Care coordination – transition of care
- Safe kids coordination – adolescent drug/alcohol, how to talk to parents without beating them on the heads

- Support groups, diabetes, cancer
- We provide great care and known for our trauma center

Brainstorm ideas to close the gap

1. Establish relationship with Hennepin County to assist community members be successful in their applications to qualify for programs & reimbursements
2. Urgent care in North Minneapolis (55411) (2x)
3. Highly visible & accessible preventative care programs
4. Comprehensive coordinated multispecialty care in nursing homes, assisted living
5. Greatly expanded home care
6. Community paramedics program
7. Partnerships with programs that motivate people to care for themselves/their families through nutrition & exercise
8. Locally grown organic food sources in North Minneapolis
9. Fully functional Medicare home model
10. Share partners we work with across community
11. Become more aware of initiatives North offers – esp new ones so we can all be knowledgeable & promote
12. Webinars that can be accessed on line
13. Share data so people know realities of their community
14. Share websites & programs we support
15. Cultural education for our staff patient-focus
16. Provide help w/ insurance applications upstream (community & clinics)
17. Education to community on how/when/why to access care
18. Violence prevention work w/ community post-incident
19. Community paramedics provide school-based education
20. Educate N. Minneapolis on health careers
21. Consider better services (MARTI) to replace/supplement
22. Encourage staff to participate in community outreach
23. Make staff picnic into block party with education on health
24. Midwives
25. Educate on healthy aging – provide transition support
26. Death, dying, ACP education
27. Help manage care for underserved populations
28. Manage overall health of community including prevention
29. Target obesity with nutrition education & exercise (health club discounts)
30. Continue to operate healthcare home
31. Centralized/coordinated look at community efforts (will happen in final report?)
32. Partner more closely/strategically with community resources
33. Partner w/ affiliated clinics to provide community sessions on nutrition
34. Employ/use community health workers

35. Change clinic hours
36. Free clinics in community
37. Proactive enrollment in public programs
38. Use real translators, not machines
39. Require community service of all employees (paid, 16 hours/year)
40. Embed mental health in all clinics
41. Child care
42. Improve cost transparency
43. Improve information transfer
44. Add school health care centers
45. Add other sites of care
46. Add transportation
47. Improve on-site interpreter services
48. Improve community health education
49. Expand care coordination
50. Add geriatric services
51. Add primary care and fund it by reducing hospital ED care
52. Add chemical dependency services, more sites, more programs

Barriers to implementations

1. Things happen in silos, lots of little pockets, not coordinated
2. Limited & stretched funding
3. Overworked committed dedicated people

Reflection:

1. Hopeful!
2. Great ideas shared by many
3. Not only concept, but specific things we can do
4. Figuring out how to respond to the overwhelming community needs
5. We face a changing times
6. Time they are a changing
7. Community directed and perspective

Appendix F: CHNA Timeline

	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13
Establishing the Assessment Infrastructure & Defining Purpose and Scope														
Convene Steering Committee to set priorities/target population														
Develop Data Collection Plan														
Collecting and Analyzing Data														
Survey														
Focus Groups														
Key Stakeholder Interviews														
Analyze and Evaluate Data														
Selecting Priorities														
Steering Committee reviews findings, sets priorities														
Documenting and Communicating Results														
Report developed														
Internal and External Communications Plan developed														
Planning for Action and Monitoring Progress														
Develop action plan														
Develop evaluation plan														

Appendix G: Public Communications

Press Release February



North Memorial Medical Center will soon be conducting a Community Health Needs Assessment in order to identify the specific health needs of the community it serves and ultimately develop strategies to address those needs.

The Community Health Needs Assessment will recognize and prioritize health needs through data collection and community input. North Memorial's assessment will take into account feedback from individuals and organizations representing the broad interests of the community served by the hospital. Specifically, North Memorial will engage a variety of community members and key stakeholders including government, public health, education, and law enforcement officials, as well as community-based organizations representing culturally-diverse groups.

To begin the process of obtaining community input, North Memorial will conduct four community-based focus groups consisting of residents or organizations in North Minneapolis, Brooklyn Center, Crystal, New Hope, Robbinsdale and Golden Valley. A focus group will also be conducted among North Memorial employees.

To gather additional feedback, North Memorial will also be conducting an online survey of community members as well as interviews with key stakeholders and community leaders.

Upon completion of the assessment, North Memorial will work to prioritize the identified needs and develop a comprehensive community engagement strategy to contribute to the improvement of health outcomes and healthcare access. A report of the assessment and identified strategies will be available for broad distribution (accessible on North Memorial's website) after the work is completed. For more information, on North Memorial's Community Health Needs Assessment please contact the following:

North Memorial Medical Center is an integral partner in the community that provides patients compassionate, quality care. The hospital is nationally-ranked for excellence and has been recognized as one of America's 50 Best Hospitals by HealthGrades. As a Level I Trauma Center, North Memorial offers highly-skilled teams and technology. That high standard of care extends throughout our services including cancer, heart and stroke care, orthopedics and women and children's services.

North Memorial Medical Center is located in Robbinsdale and has been serving the Twin Cities area and beyond for nearly 60 years.

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**North Memorial
Health Care**