

Community Health Assessment: To identify public health priorities

A joint process of Bloomington Public Health, Minneapolis Department of Health,
and Hennepin County Public Health Department

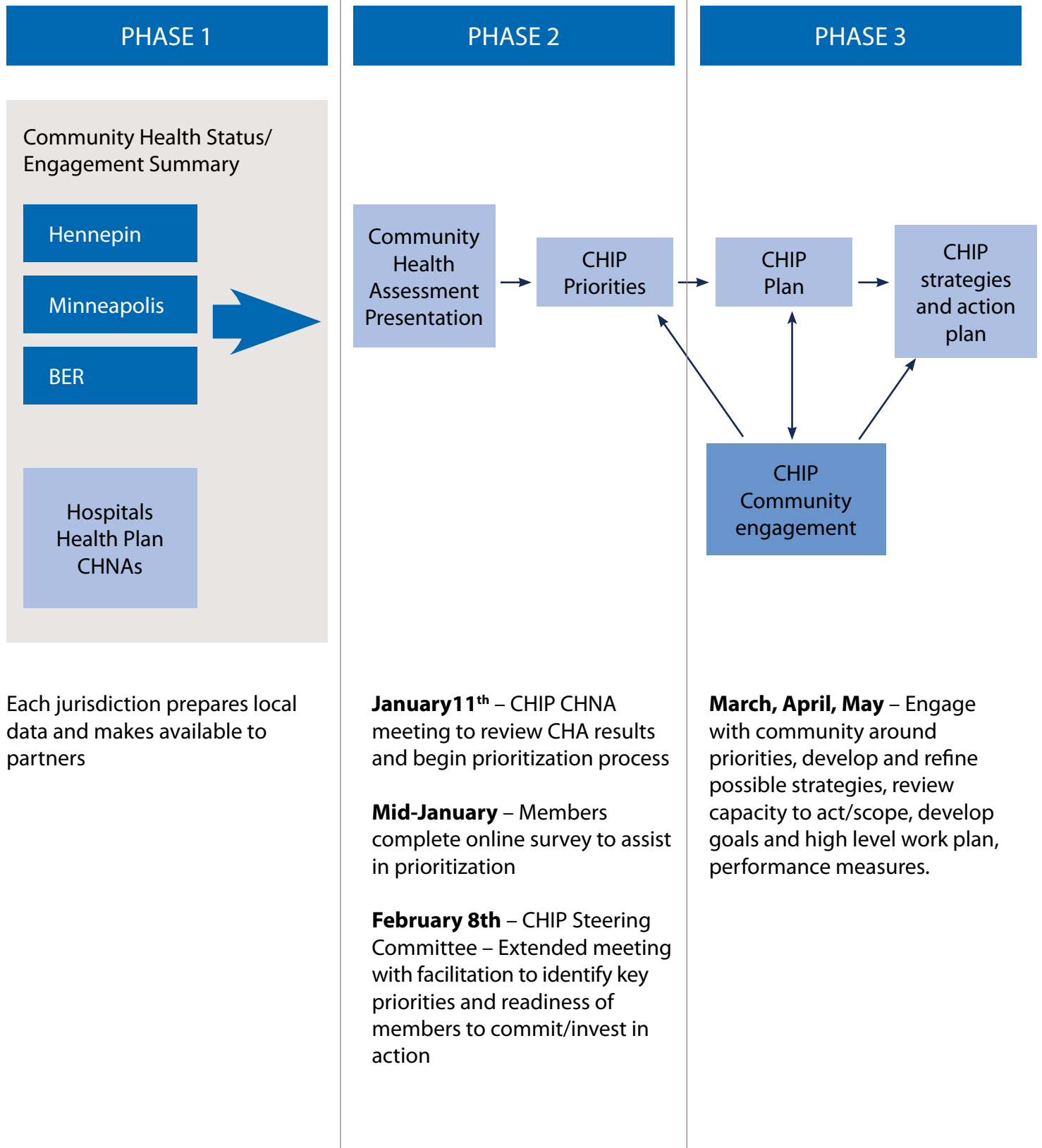


COMMUNITY HEALTH
Improving health across Hennepin County, together.
IMPROVEMENT PARTNERSHIP

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CHIP 2.0 Process



Hennepin County CHIP Action Team Performance Measures 2013-2015

NUTRITION, OBESITY & PHYSICAL ACTIVITY (NOPA) Action Team

Target Goals

Original Focus

- Supporting efforts to continue SHIP funding
- Strengthening healthy food practices within member organizations
- Sharing learnings, resources and tools with others
- Motivating health-related organizations and local government across the county to adopt healthy food practices

Updated Focus – *approved by Steering Committee, summer 2014*

- Healthy food policies and actions are embedded in multiple organizations
- Environmental, policies and system barriers that make it difficult to follow the 5210 advice are identified and addressed
- 5210 health improvement activities are implemented in parks and recreation environments
- Improve the collection of BMI and other 5210-related metrics

Updated Focus – *November 2014*

Reduce the consumption of sugar sweetened beverages (SSBs) in two environments:

- Hospitals
- Park and Recreation Centers

Population Accountability

Indicator	Source	Baseline	Current
Adults ¹ being obese	SHAPE	20.9% (2010)	21.9% (2014)
Adults ¹ having 5+ servings of fruits and vegetables yesterday	SHAPE	37.2% (2010)	35.7% (2014)
Adults ¹ engaging in no leisure time physical activity in the past 30 days	SHAPE	12.1% (2010)	14.2% (2014)
Child was physically active for at least 60 minutes for at least 5 days in past week (Age 6 to 17)	SHAPE Child	48.7% (2010)	43.1% (2015)
Child had 4 or more servings of fruit (Age 3 to 17)	SHAPE Child	14.4% (2010)	11.4% (2015)
Child had 4 or more servings of vegetables (Age 3 to 17)	SHAPE Child	5.0% (2010)	5.0% (2015)
Percentage of 9 th graders who are overweight or obese	MN Student Survey	20% (2010)	21% (2016)
Percentage of 9 th graders who were physically active for at least 60 minutes 5 or more days in the past week	MN Student Survey	N/A ²	71%

¹ Adults age 25 and over

² Question wording change

Performance Accountability 2013-2014 Indicators	Status/progress
State funding allocations for SHIP 2014-2015	Successfully organized to support reauthorization and an increase in SHIP funding (\$37 mil. For 2014-15)
From participating CHIP NOPA partner organizations	<p>Improved member organization work site food environments through study of best practices and changes to internal policies.</p> <p>Hospital food environment assessment completed using CTG funds (Winter 2014.)</p> <p>Other measures not systematically tracked.</p>
Number of participating employers engaged in food environment, practice, or policy change process	
Number of employers that made changes in food environment, practices or policies	
Number of employees + clients or others reached by practice changes	
Percent of organizations that are offering healthier food choices	
Organizational beverage purchases (vending/cafeteria) by product category (un/sugar sweetened)	

Activities & Accomplishments

- Participated in the development of the Hennepin County PICH Grant proposal, summer 2014.
- Presented to the West Metro Park Leadership Group in July 2014 (resulted in 15 park directors/managers committing to work on this goal.)
- Presented at the Parks and Trails Council of Minnesota annual conference in October 2015, "Building a Path to Healthy Food through Parks and Recreation."
- Developed a technical assistance brochure, "From Small Steps to Big Leaps: Promoting Healthy Food & Beverage Choices in Parks and Recreation Facilities" with Center for Public Health Law.
- Hosted *Healthy Healthcare Food and Beverage Leadership Summit* for Hennepin County hospitals to promote food and beverage policy changes, December 2015.
- Hosted *Hospitals Helping Community* networking dinner, December 2015

CHIP NOPA Partners

- African Challenges Corporation
- **Allina Health**
- **American Cancer Society**
- **Bloomington Public Health**
- Children's Hospitals and Clinics of MN
- **Fairview**
- **Greater Minneapolis Council of Churches: MN food share**
- Hennepin County Human Services – Disabled and Senior Services
- **Hennepin County Public Health**
- **Hennepin County Health Works**
- **Hennepin County Medical Center Brooklyn Park Clinic**
- **HealthPartners**
- Impetus – Let's Get Started
- **Medica**
- **Minneapolis Health Department**
- **North Memorial Maple Grove Hospitals**
- **Park Nicollet**
- Presbyterian Homes + Mpls Senior Citizens Advisory Committee
- **Public Health Law Center**
- Spectrum Charaka CSP
- **Stratis Health**
- **Three Rivers Park District**
- **University of MN Public Health**
- **YMCA**

SOCIAL CONNECTEDNESS Action Team

Target Goals

Original Focus (2013)

- Elevating awareness of the health benefits of social connectedness
- Integrating social connectedness screening and referral services across health & social services
- Sharing messages, tools and resources
- Long Term Goal: adoption of social connectedness screening and referrals as a standard practice of care

Updated Focus (approved by Steering Committee, summer 2014)

- Integrate Social Connectedness efforts into community organizations and systems.
- Provide useful tools and resources to promote awareness of the importance of Social Connectedness.
- Pursue adoption of Social Connectedness as a quality measure.

Population Accountability

Indicator	Source	Baseline	Current
Adults ¹ reporting being involved in school, community, or neighborhood activities at least monthly	SHAPE	27.9% (2010)	39.8% (2014)
Adults ¹ reporting getting together or talking with friends or neighbors at least daily	SHAPE	42.2% (2010)	39.8% (2014)
Adults ¹ reporting going to a church, temple, synagogue, mosque, or other place for worship or other activities at least weekly	SHAPE	33.6% (2010)	N/A ²
Percentage of 9 th graders who agree or strongly agree that their teachers are interested in them as a person	MN Student Survey	N/A ²	69% (2013)
Percentage of 9 th graders who feel parents care about them very much	MN Student Survey	80% (2010)	77% (2016)
Percentage of 9 th graders who feel friends care about them very much	MN Student Survey	44% (2010)	45% (2016)
Percentage of 9 th graders who feel teachers and other adults at school care about them very much	MN Student Survey	16% (2010)	20% (2016)
Percentage of 9 th graders who feel adults in the community care about them very much	MN Student Survey	17% (2010)	20% (2016)

¹ Adults age 25 and over

² Question wording change

Performance Accountability 2013-2014 Indicators	Status/Progress
Social Connectedness Screening tool created & piloted	Piloted at 10 agencies in 2013-2014
Number of organizations that implement screening tool within their organizations	Learned that there were referral issues; no agencies fully implemented.
Number of clients reached	N/A
Number of organizations that make referrals to community resources	N/A

Activities & Accomplishments

- Built a common understanding among members through the study of social connectedness and its links to health.
- Developed brochures for patients and providers.
- Established a Well-Being Measures Project to explore the creation of regional shared population-level measures.

CHIP Social Connectedness Partners

- **Allina Health**
- Bethlehem Lutheran Church
- Bloomington Division of Public Health
- Bridging
- **Children's Hospitals and Clinics of MN**
- **Domestic Abuse Project**
- Greater Minneapolis Council of Churches
- **Headway Emotional Health Services**
- HealthPartners
- Hennepin County Medical Center
- **Hennepin County Public Health**
- **Hennepin Health**
- HSI- New Generations/Canvas Health
- Impetus – Let's Get Started
- **Medica**
- **Minneapolis Health Department**
- **North Memorial Maple Grove Hospitals**
- **NW Hennepin Family services collaborative**
- **Park Nicollet**
- **Park Nicollet Foundation**
- **Rainbow Health Initiative**
- Resource Inc./Spectrum
- Spectrum Charaka CSP
- **University of MN Public Health**
- **Walk-In Counseling Center**

SCHOOL READINESS Action Team

Target Goals

Original Focus

- Increasing early childhood screening and referrals to early intervention services.
- Focusing on communities serving at risk children.
- Promoting two screenings by age 3 + screening for kindergarten readiness at age 3.
- Strengthening systems to better ensure that high risk children are screened early and linked to services.

Updated Focus *(approved by Steering Committee, summer 2014)*

- Increase the percentage of children (birth to 5) who are identified, referred, served, and ready for school.
- Increase the percentage of children that are screened per state requirements at age 3 in Hennepin County by school districts, clinics, and PICA Head Start and others.
- Increase the number of organizations in Hennepin promoting or providing early childhood screenings at age 3.
- Improve communication, collaboration, and coordination between CHIP and other agencies around school readiness issues.
- Improve the post-screening referrals, service access and follow-up for children with an identified concern.

Population Accountability

Indicator	Source	Baseline	Current
Number of children screened for kindergarten readiness at age 3	MN Dept of Education	3765 (2013))	4242 (2015)
Child recognizes all the letters of the alphabet (Age 3 to 5)	SHAPE Child	55.7% (2010)	45.9% (2015)
Knows sounds of all the letters of the alphabet (Age 3 to 5)	SHAPE Child	N/A ²	28.4% (2015)
Child knows basic shapes (Age 3 to 5)	SHAPE Child	N/A ²	89.8% (2015)
Child can count higher than 20 (Age 3 to 5)	SHAPE Child	77.5% (2010)	73.7% (2015)
Child transitions easily from one activity to the next (Age 3 to 5)	SHAPE Child	N/A ²	77.0% (2015)
Child met recommended guidelines for preventive care visits ³ (Age birth to 5)	SHAPE Child	75.9% (2010)	78.2% (2015)

¹ Adults age 25 and over

² Question wording change

³ Guidelines revised between assessment years

Performance Accountability 2013-2014 Indicators	Status/Progress
Number of agencies participating in the School Readiness Close the Loop pilot	46 partner organizations and 65 program sites are currently connected to the project.
The number/percent of children ages birth to 5 <u>who are screened at pilot clinics</u> to identify concerns related to physical, cognitive, or social and emotional development	N/A
The number/percent of children ages birth to 5 <u>who are referred</u> from pilot clinics to school districts for services - to address concerns related to delays in physical, cognitive, or social and emotional development	
Number of children seen at pilot clinics who are referred for early childhood / kindergarten screening between ages 3 and 4	
Number of pilot clinics incorporating screening for adverse childhood events into their practice	
The percent of children ages birth to 5 who are referred for services from pilot clinics <u>that receive treatment /service</u> for delays or concerns related to physical, cognitive, or social and emotional development	
The number and percent of <u>follow up feedback reports</u> sent from schools to pilot clinics	
Number or outputs of messaging campaign e.g. message tools or products developed, presentations created or provided, partnerships established.	<ul style="list-style-type: none"> • “Screen at 3” message cards were developed, translated into 7 languages, printed. More than 30,000 cards have been distributed since Spring 2013. • Workshops with school districts and other screening partnerships hosted with over 120 attend

Activities & Accomplishments

- The Action Team promoted a new standard of screening at age 3, an earlier age than previous standard practices.
- Created “Screen at 3” message cards, translated into 7 languages. More than 30,000 cards have been distributed since spring 2013.
- Hosted two “Screen at 3” workshops for school nurses, screening staff and other related professional in spring 2014.
- Developed the ABCD “Close the Loop” project to improve the partnership between schools and clinics began in Sept. 2013. Multiple Action Team members are actively involved and the project continues. It is managed by Minneapolis Public Schools – office of Early Childhood Services. The Action Team coordinated with Generation Next, who agreed to join in promoting the Close the Loop project and identified a funder to continue this quality improvement project in to 2015.

- Met with state policy leaders from MDE, DHS, and MDH around early childhood screening policies and practices in March 2015.
- Surveyed the school districts in Hennepin County about their early childhood screening practices and how they do outreach to families of young children.
- Assisted Aaron Sojourner of the University of Minnesota in the development of a project that uses texting to promote early childhood screening to the families of young children.

CHIP School Readiness Partners

- | | |
|---|--|
| • Bloomington Division of Public Health | • Medica |
| • Bloomington Public Schools | • Minneapolis Health Department |
| • Blue Cross Blue Shield | • Minnesota Visiting Nurses Association |
| • Children's Hospitals & Clinics of Minnesota | • Minneapolis Public Schools |
| • Domestic Abuse Project | • NW Hennepin Family Services Collaborative |
| • Generation Next | • NW Hennepin Human Services Council |
| • HealthPartners | • PICA/ Head start |
| • Hennepin County Medical Center | • School District 287 |
| • Hennepin County Public Health Early Childhood Services | • School Nurse Organization of Minnesota |
| • HSI-New Generations/Canvas Health | • St. David's Center |
| • Intermediate District 287 | • Think Small |
| • Jewish Family & Children's Service | • Wayzata School District 284 |
| | • Youth Coordinating Board |



Community health assessment: to identify public health priorities

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January 11, 2017

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Meeting objectives

- Understand the latest community health data and contextual factors
- Encourage dialogue to identify areas of alignment, energy, and interest among the group
- Set the tone for prioritization of concerns and for the creation of a dynamic work plan

Today's agenda

- Overview of CHIP process
- Context and data for understanding current public health concerns
- Small group discussion:
Using data and experience for dialogue
- Large group:
Setting the stage for prioritization



"Lose some weight, quit smoking, move around more and eat the carrot."

CHIP Process: Participating agencies

The CHIP initiative began as a collaboration between the five Community Health Boards serving Hennepin County:

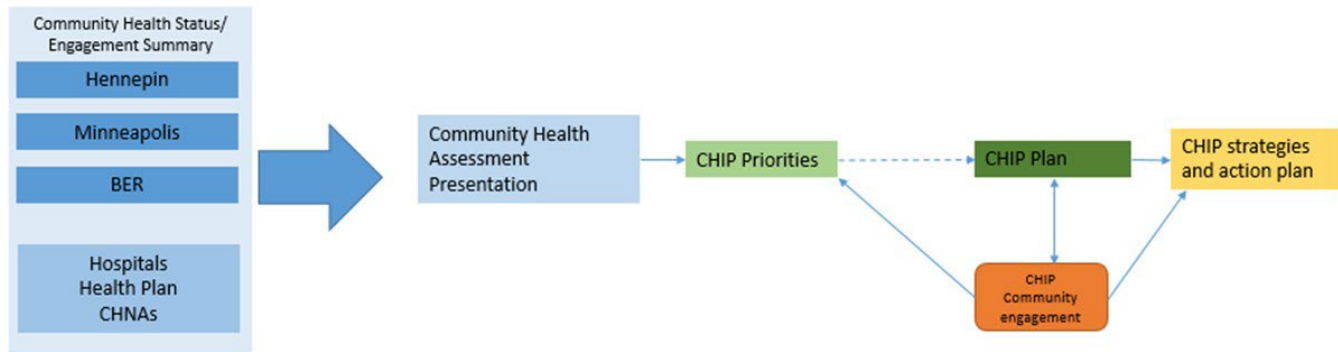
- Hennepin County Human Services and Public Health Department
- Minneapolis Health Department
- Bloomington Division of Public Health: on behalf of the Community Health Boards of Bloomington, Edina and Richfield.

Supported by CHIP Partner agencies (see binder for participants)

Community Health Assessment process

- CHIP community health assessment data team:
 - Cindy Jean-Baptiste, Bloomington Public Health Division
 - Nick Kelley, Bloomington Public Health Division
 - Amy Leite-Bennett, Hennepin Public Health
 - Cathy McMahon, , Hennepin Public Health
 - Dave Johnson, Hennepin Public Health
 - Emily Thompson, Hennepin Public Health
 - Jared Erdmann, Minneapolis Health Department
- Facilitators:
 - Elizabeth Tolzmann and Carolyn Lane, City of Bloomington

Community health assessment process



Public health context, the 10,000-foot level

Emerging/worsening health issues

- Chronic diseases and obesity
- Non-medical use of prescription pain relievers
- Unintentional injuries: falls, overdoses, violence, and gun-related
- Mental health and chronic stress
- Bacterial sexually-transmitted diseases (e.g., syphilis, gonorrhea, chlamydia)
- Non-medical approaches to asthma
- Aging population

Systems-level approaches

- Health and racial equity lenses, understanding impact of structural racism
- Trauma-informed care
- Health in all policies (e.g., affordable housing)

Data sources

- MN Vital Statistics
 - Birth and death records
- Minnesota Student Survey
- SHAPE 2014
- US Census/American Community Survey
- Others
 - WIC data
 - Minnesota Department of Education graduation rates
 - BRFSS
 - Minnesota Adult Tobacco Survey
 - Oral Health Program-State Dental Survey of third graders
 - Minnesota Hospital Association

Data limitations and considerations

- All of the data sources have unique respective limitations, outlined in detail in binder materials.
- Not all data is available by all subpopulation breakdowns.
- Data are presented to help to inform decisions and to develop priorities, not the only factor that influences decision-making.

Setting the stage:

What's new?

Public health context, the 10,000-foot level

Emerging/worsening health issues

- Chronic diseases and obesity
- Non-medical use of prescription pain relievers
- Unintentional injuries: falls, overdoses, violence, and gun-related
- Mental health and chronic stress
- Bacterial sexually-transmitted diseases (e.g., syphilis, gonorrhea, chlamydia)
- Non-medical approaches to asthma
- Aging population

Systems-level approaches

- Health and racial equity lenses, understanding impact of structural racism
- Trauma-informed care
- Health in all policies (e.g., affordable housing)

Public health context, the 10,000-foot level

Infrastructure

- Insurance coverage challenges
- Healthcare and medical professional shortages in low-income areas
- Public health accreditation and alignment of jurisdictional efforts
- Uncertain, future impacts of political changes and shifts
- Industry-driven research and science communication

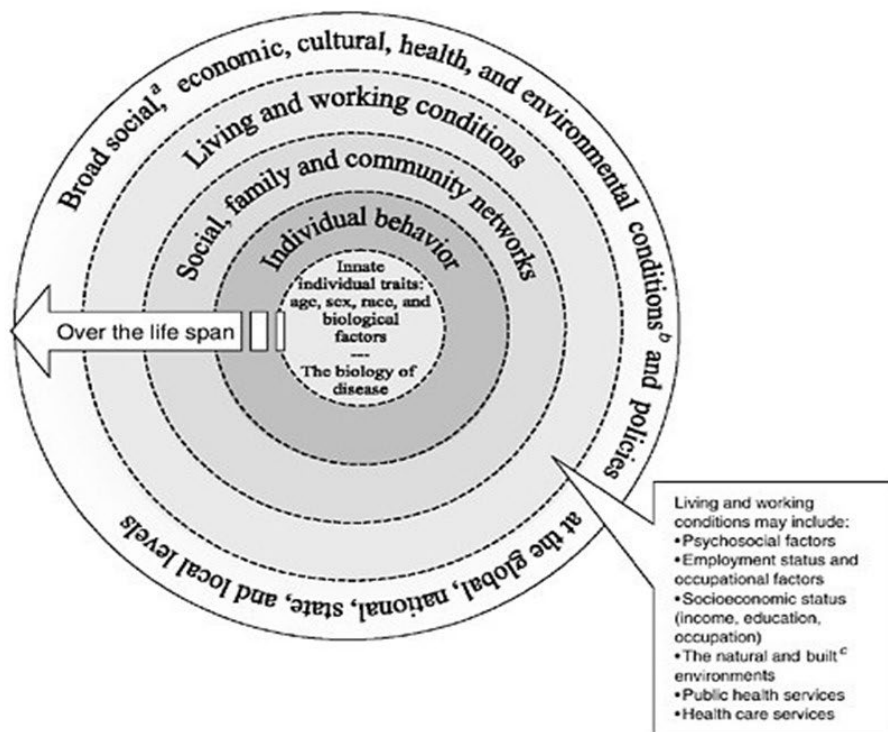
Data

- Data volume, variety, complexity
- Exploration of using electronic medical records to develop population health metrics given the challenges of population-level surveys

Context:

Social determinants of health

Trends and Distribution

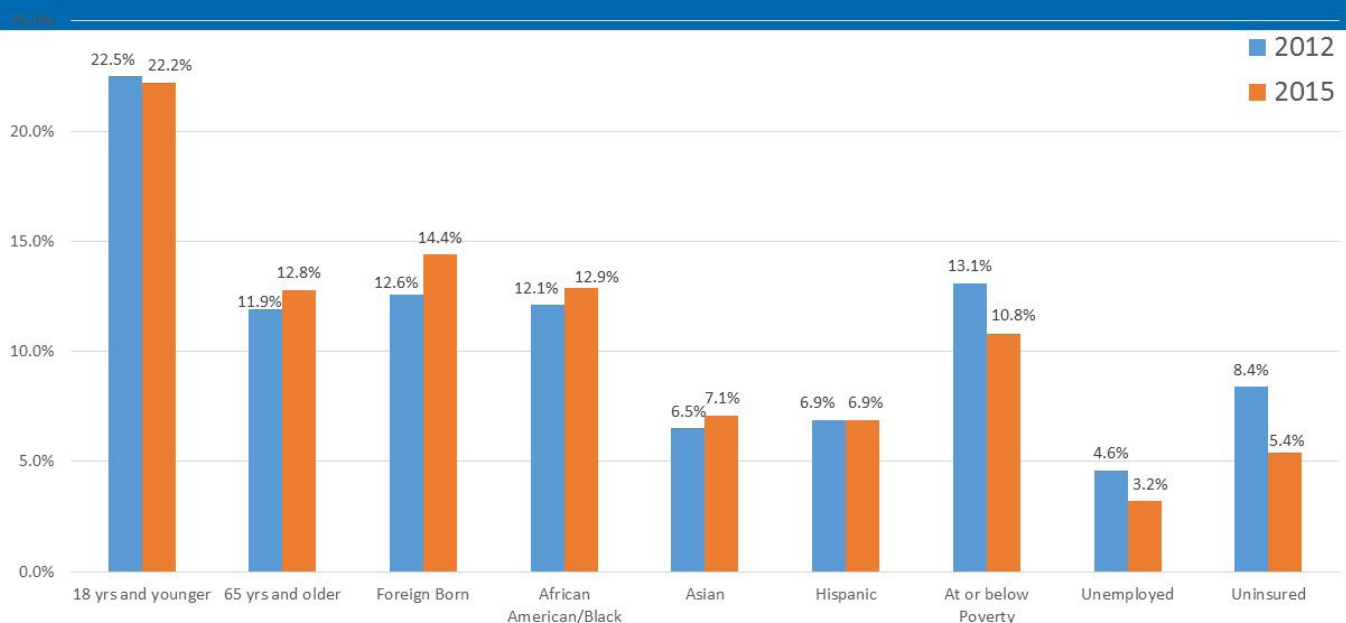


No single factor can fully explain the U.S. health disadvantage. It likely has multiple causes and involves some combination of inadequate health care, unhealthy behaviors, adverse economic and social conditions, and environmental factors, as well as public policies and social values that shape those conditions. ~IOM

Source: Adapted from Dahlgren & Whitehead 1991
 • Dotted lines denote interactions among various levels of determinants (Worthman, 1999)

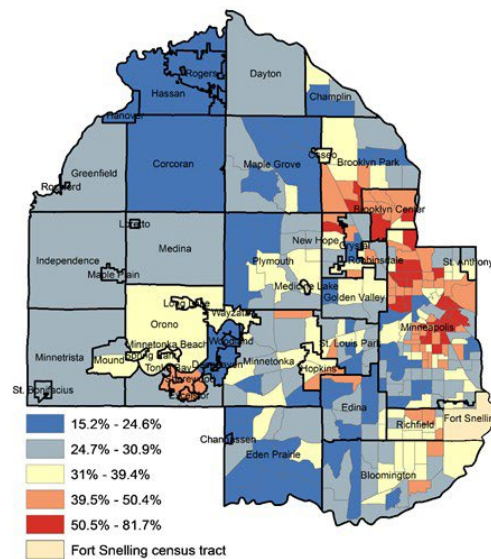
Demographic and social changes

Hennepin County, 2012 vs 2015



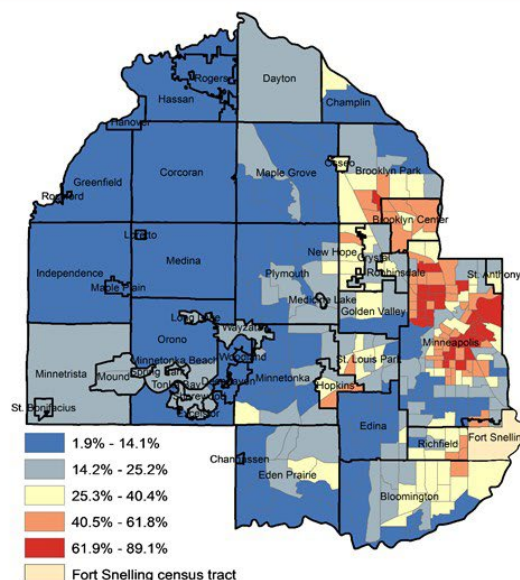
Source: 2012 and 2015 American Community Survey 1 yr estimates

Burden of housing costs: occupied (owner & renter) housing where costs equal 30% or more of income



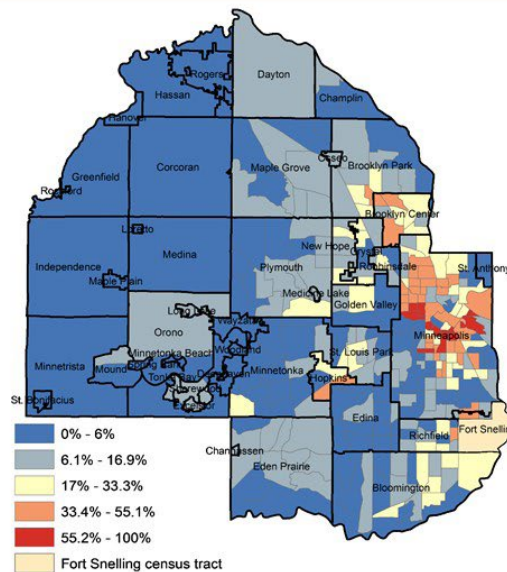
Source: 2010-2014 ACS 5 year estimates

Low-income: percentage of population living under 200% of the federal poverty level



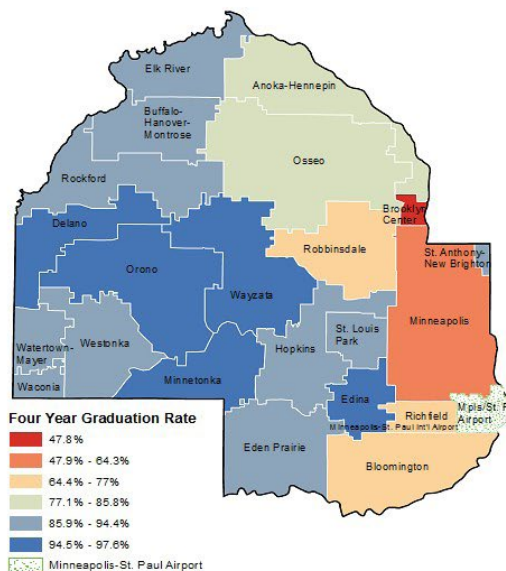
Source: 2010-2014 ACS 5 year estimates

Families in poverty: Percentage of families with children under 18 that are living at or below 100% of the federal poverty level



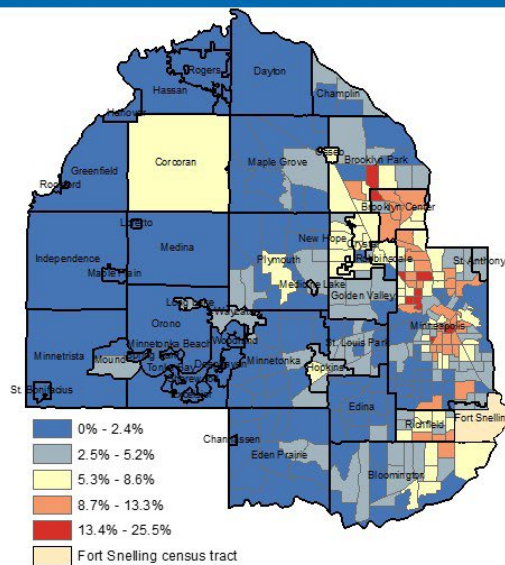
Source: 2010-2014 ACS 5 year estimates

Graduation rate: percentage of students graduating in four years in the 2014-2015 school year, by district



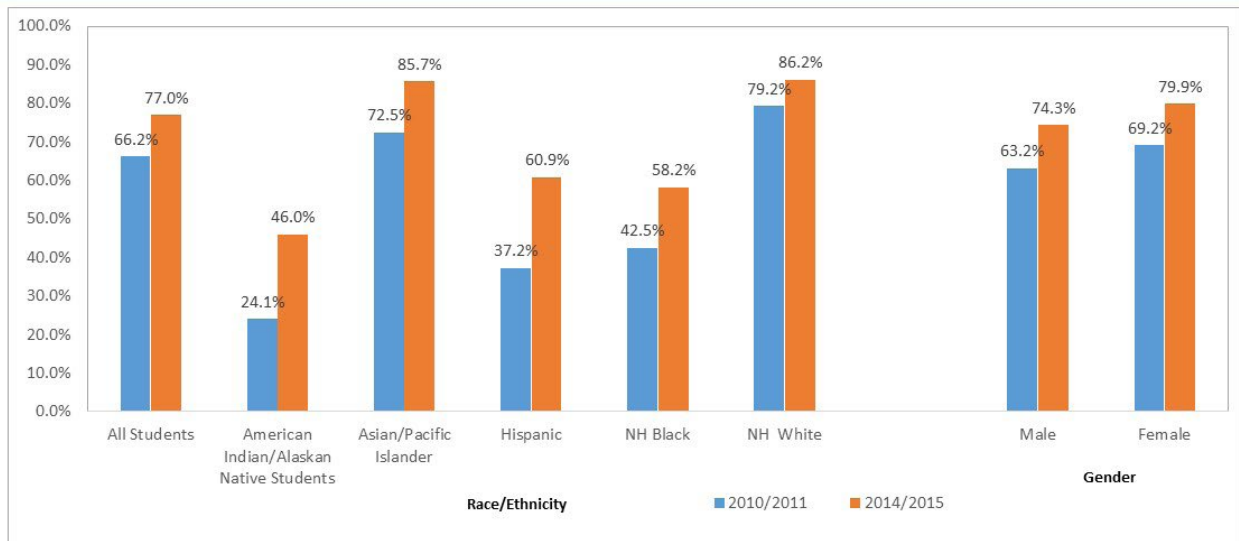
Source: 2014-2015 MDE Data center

Education: percentage of the population 25 years and older without a high school diploma



Source: 2010-2014 ACS 5 year estimates

Graduation rate: percentage of students graduating in four years by race/ethnicity and gender in Hennepin County, 2011 vs. 2015



Source: 2010/2011 and 2014-2015 MDE Data center

Context:

Hospital, FQHC and health plan CHNA summary

Hennepin County, 2015-2019

Community health priorities identified by
10 hospitals and health plans serving Hennepin County residents,
2015-2019

	Access to health services	MCH	Mental Health	Nutrition, PA, obesity	Social determ. of health	Chronic Disease	Substance Abuse	Other
Count (n=10)	4	1	10	4	3	3	3	4

Note: Detailed summary of hospital/health plans CHNA's can be found in binders

Community health topics identified by FQHC's serving Hennepin County residents, 2015-2019

- Access to health services
- Clinical preventive services
- Injury and violence
- MCH
- Mental health
- Nutrition, PA, obesity
- Oral health
- Sexually transmitted infections
- Social determinant of health
- Social connected-ness
- Substance abuse
- Tobacco-related diseases

Note: Specific details of community issues identified around these topics can be found in binders

Context: Inventory of public health community engagement

2012-2016

Community engagement: Bloomington, Edina, & Richfield

Bloomington Public Health has given presentations about the health of the community to a wide variety of organizations, including faith-based, city councils, and school districts.

Community engagement: Hennepin County Public Health

Hennepin County Public Health has done community engagement in different ways since 2012. Examples in the past three years include:

- Partnering with a US-born African American community-based organization to reduce tobacco use in Hennepin and Ramsey Counties
- An initiative to develop a strategic plan to reduce disproportionate HIV burden experienced in key communities.
- Community engagement provide education and support to communities affected by the Ebola outbreak in West Africa.

MINNEAPOLIS HEALTH DEPARTMENT: ENGAGEMENT ACTIVITIES SUMMARY, 2012-2016

Domain Name	# Events, Focus Groups or Interviews	Estimated # of participants and/or surveys completed (duplicate counts likely)	Specific Groups Reached (other than a general population)
Access to Health Services	6	3580	Ages 14-18
Emergency Preparedness	10	268	None
Environmental Quality	29	1406	Under 18, Ages 18-24, Ages 55+, Latino, Somali, Lao
Injury and Violence	54	358	Youth-serving providers, Youth Ages 10-21
Maternal Infant and Child Health	115	182	Service providers, African American, American Indian
Nutrition, Physical Activity, and Obesity	55	4363	African American/Black American Indian, Asian Pacific-Islander, Latino, Somali
Reproductive and Sexual Health	2	100	Ages 10-24, African American, American Indian
Tobacco	4	1292	Ages 10-24, Asian Pacific- Islander, Latino and Somali, African American

CHIP Priority Indicators: Status Update

Status of current CHIP priority areas

- NOPA
 - Little evidence of change in adult or child measures of obesity, nutrition, and physical activity
- Social connectedness
 - Measures of adult connectedness unchanged, slight increase in adult involvement, slight increase in adolescent connectedness (data incomplete)
- School readiness
 - Modest increase in kindergarten screening; measures of child school readiness unchanged

Source: CHIP Performance Measures Report (found in binders)

What's next

- Break into Small Groups
- Discuss community health status implications for CHIP by domains
- World Café format
- Convene large group to discuss next steps and prepare for February



Community Health Improvement Plan

Data presentation January 11, 2017

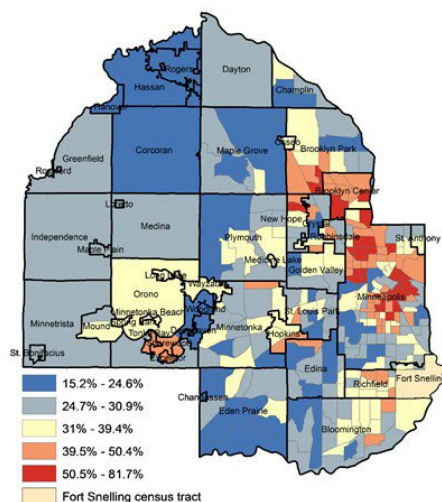
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Domains

1. Social Determinants and race/ethnicity breakdowns
2. Overall health and death
3. Injury and violence
4. Access to health services
5. Maternal, infant, child health
6. Reproductive and sexual health
7. Environmental quality
8. Substance abuse
9. Social connectedness
10. Mental health
11. Nutrition, physical activity, obesity
12. Oral health
13. Tobacco

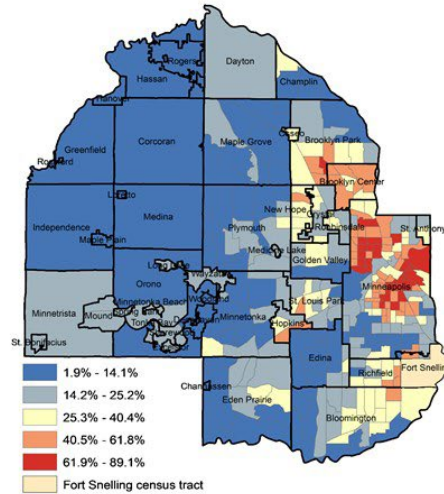
Social determinants and race/ethnicity in Hennepin County

Burden of housing costs: Occupied (owner & renter) housing where costs equal 30% or more of income



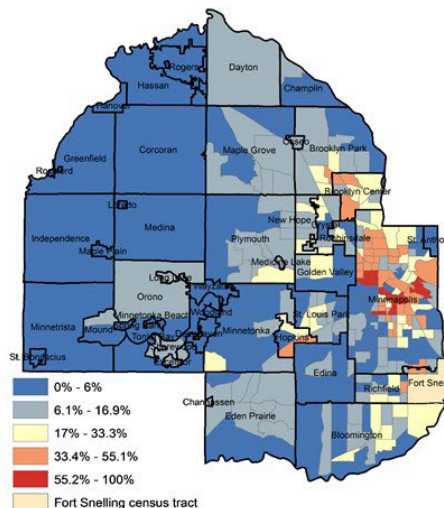
Source: 2010-2014 ACS 5 year estimates

Low-income: Percentage of population living under 200% of the federal poverty level



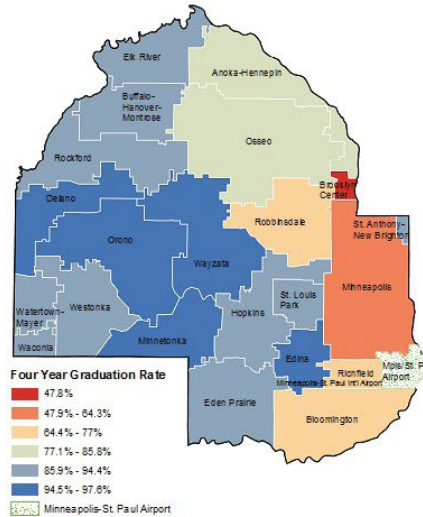
Source: 2010-2014 ACS 5 year estimates

Families in poverty: Percentage of families with children under 18 that are living at or below 100% of the federal poverty level



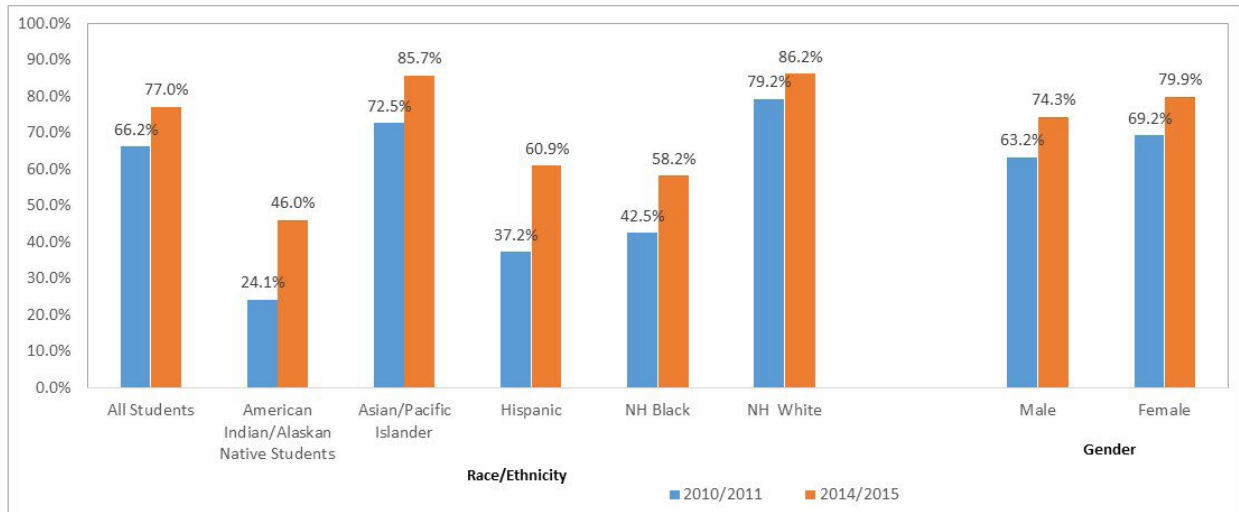
Source: 2010-2014 ACS 5 year estimates

Graduation rate: Percentage of students graduating in four years in the 2014-2015 school year, by district



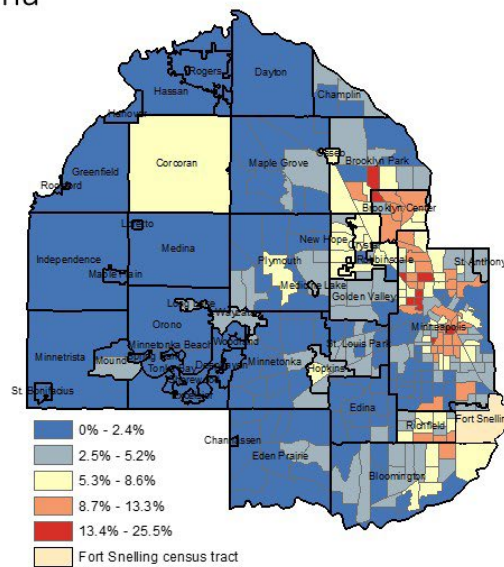
Source: 2014-2015 MDE Data center

Graduation rate: Percentage of students graduating in four years, by race/ethnicity and gender in Hennepin County, 2011 vs. 2015



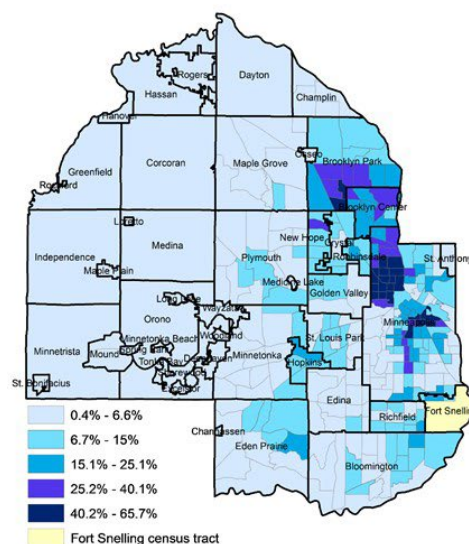
Source: 2014-2015 MDE Data center

Education: Percentage of population 25 years and older without a high school diploma



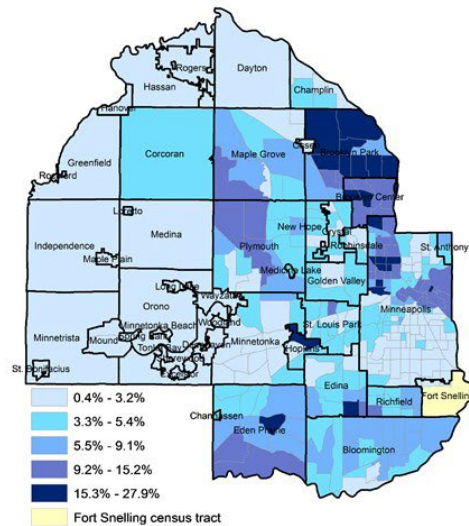
Source: 2010-2014 ACS 5 year estimates

Non-Hispanic Black: Percentage of population that is non-Hispanic Black according to the 2010 US Census, by tract



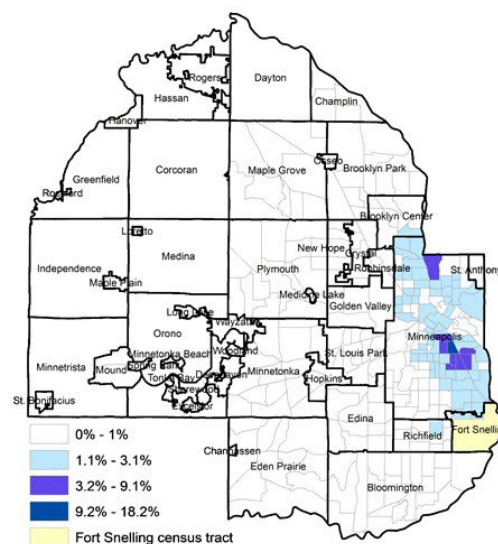
Source: 2010 US Census

Non-Hispanic Asian: Percentage of population that is non-Hispanic Asian according to the 2010 US Census, by tract



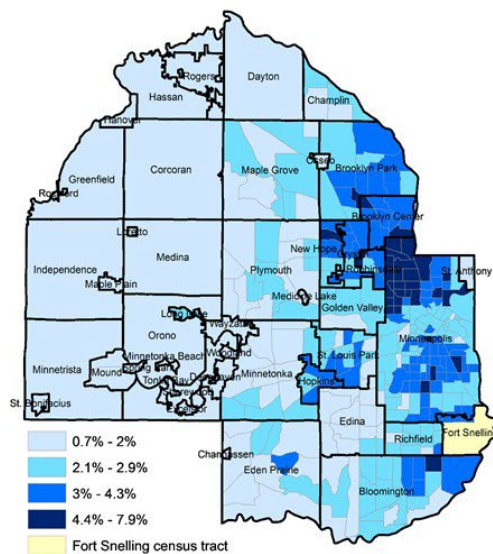
Source: 2010 US Census

Non-Hispanic American Indian: Percentage of population that is non-Hispanic American Indian according to the 2010 US Census, by tract



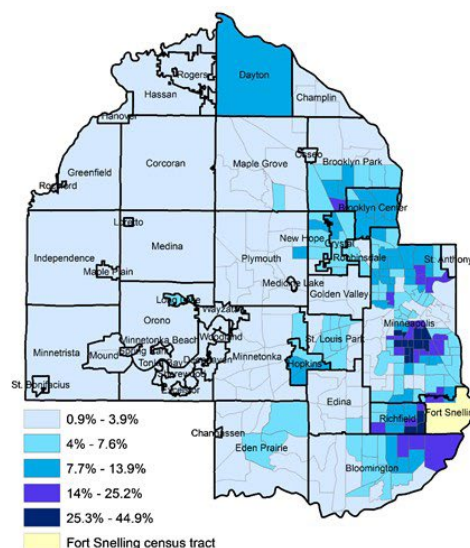
Source: 2010 US Census

Non-Hispanic two or more races: Percentage of population that is non-Hispanic two or more races according to the 2010 US Census, by tract



Source: 2010 US Census

Hispanic/Latino: Percentage of population that is Hispanic/Latino according to the 2010 US Census, by tract



Source: 2010 US Census

Overall health

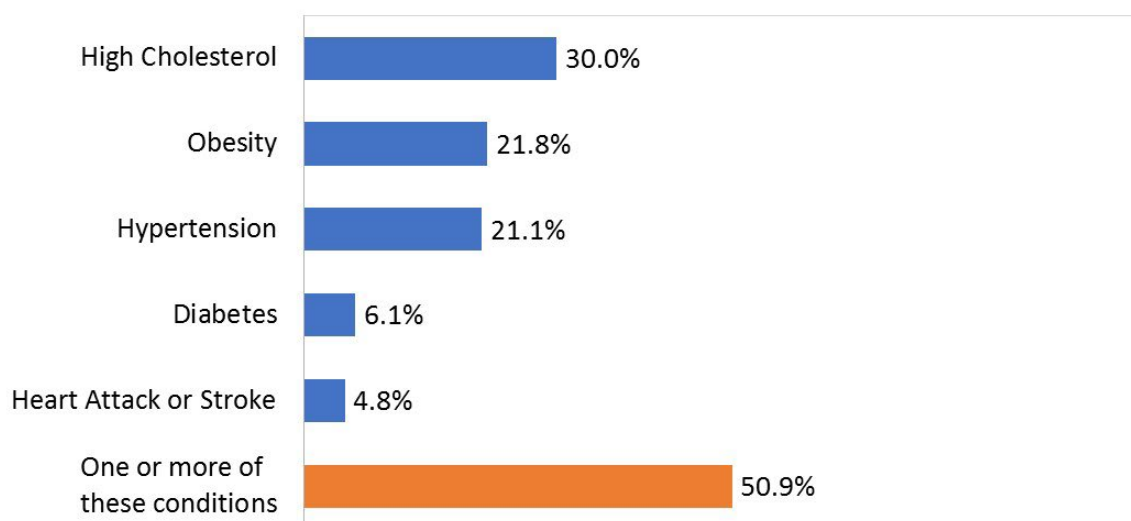
- Chronic health diseases and conditions
- Leading causes of death
- Premature death

Overall health summary

Indicator	10 year trend	Current status	Populations disproportionately impacted
Chronic health conditions and diseases	Not available	Approximately half of Hennepin County residents have one or more chronic conditions	Highest rates among black/African American and low income residents
Leading causes of death	Cancer, heart disease, stroke, unintentional injury;	Accidental injury tops stroke in Bloomington, Minneapolis and Richfield as 3rd leading cause of death	Leading causes of death similar across racial groups, though burden disproportionate, especially among American Indian and black/African American decedents
Premature death	Rates stable in Minneapolis 2000-14		Higher among American Indian and black decedents compared to other racial/ethnic subgroups; higher for males

Chronic disease and health conditions

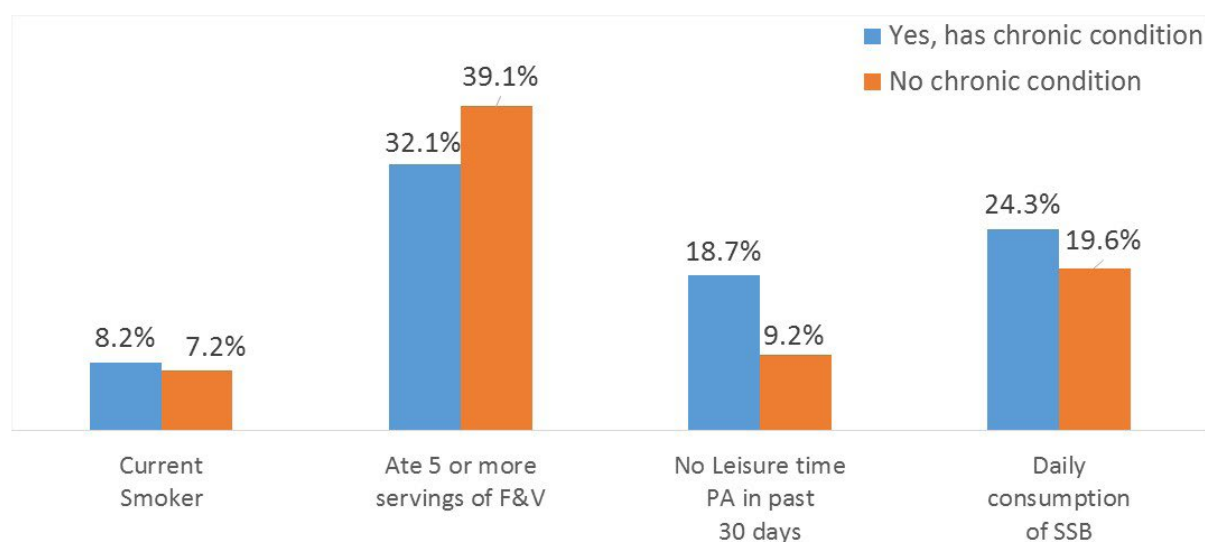
Adults 25 and older
Hennepin County, 2014



Source: 2014 Metro SHAPE Survey

Adults with one or more chronic health conditions, by lifestyle behavior

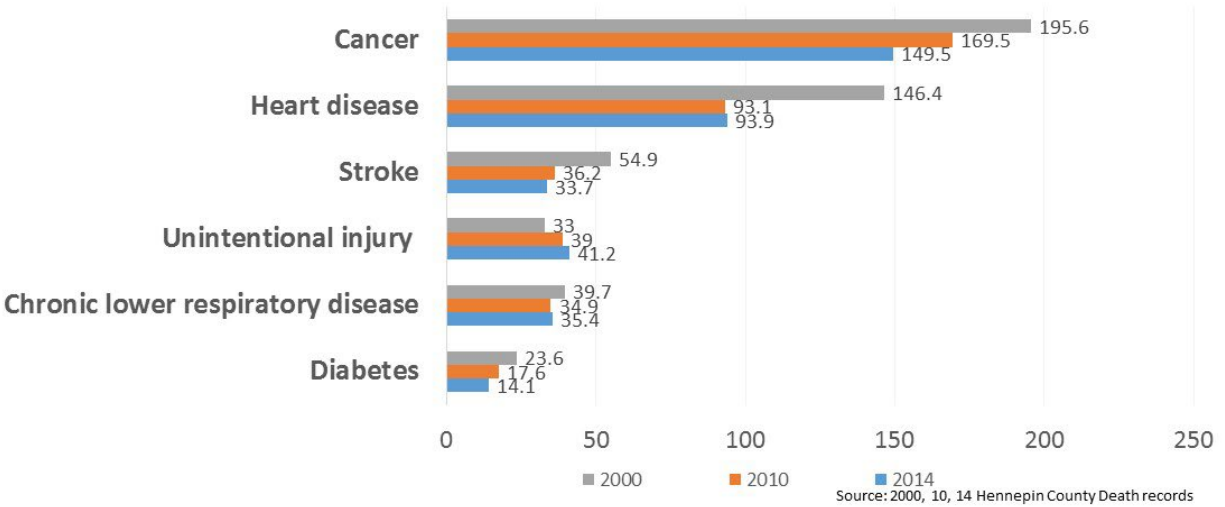
Adults 25 and older
Hennepin County, 2014



Source: 2014 Metro SHAPE Survey

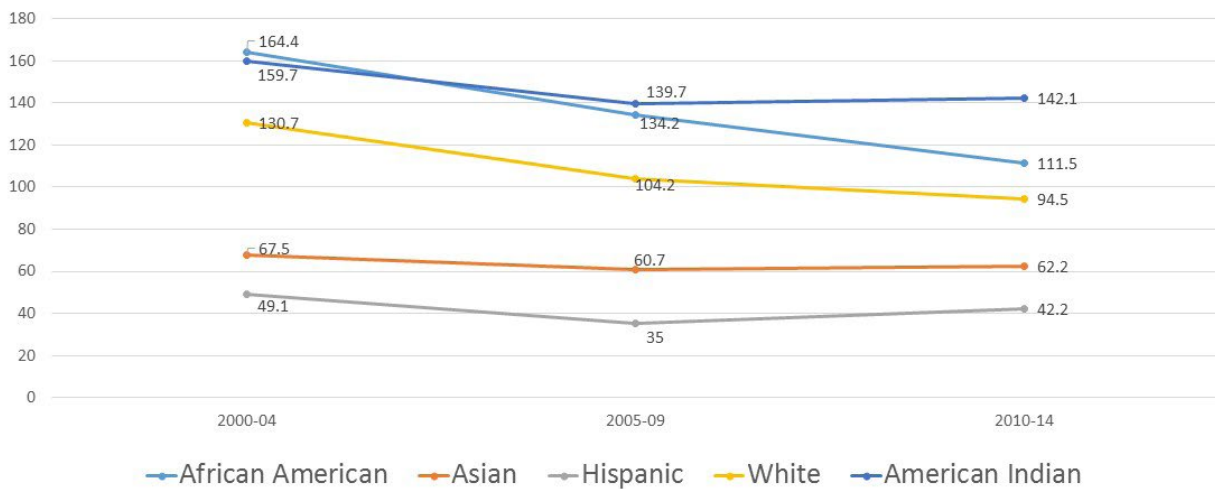
Leading causes of death - all ages

Hennepin County: 2000, 2010, 2014



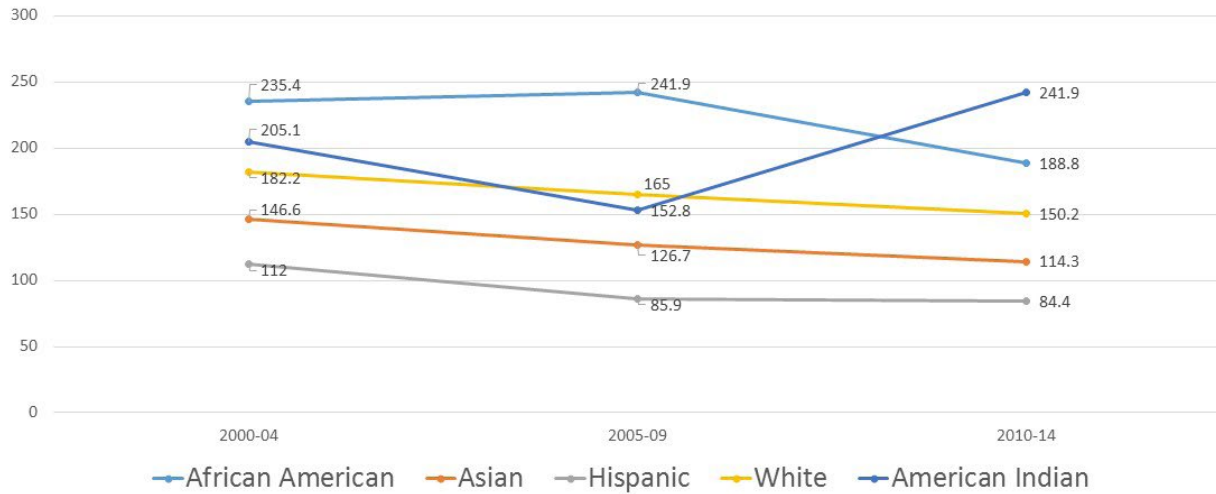
Cause of death: heart disease

Hennepin County, 2000-2014



Cause of death: cancer

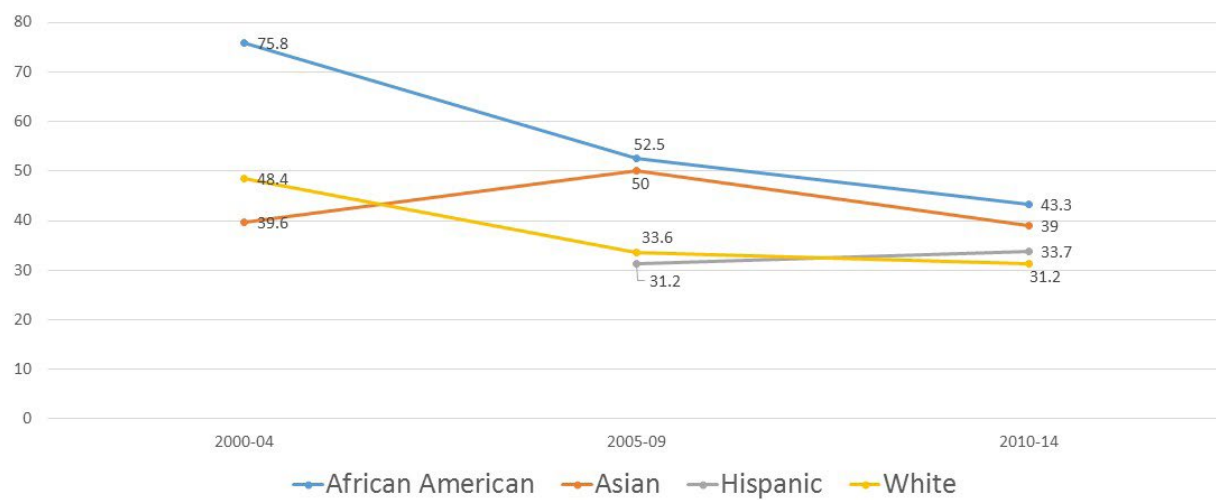
Hennepin County, 2000-2014



Source: 2000, 10, 14 Hennepin County Death records

Cause of death: stroke

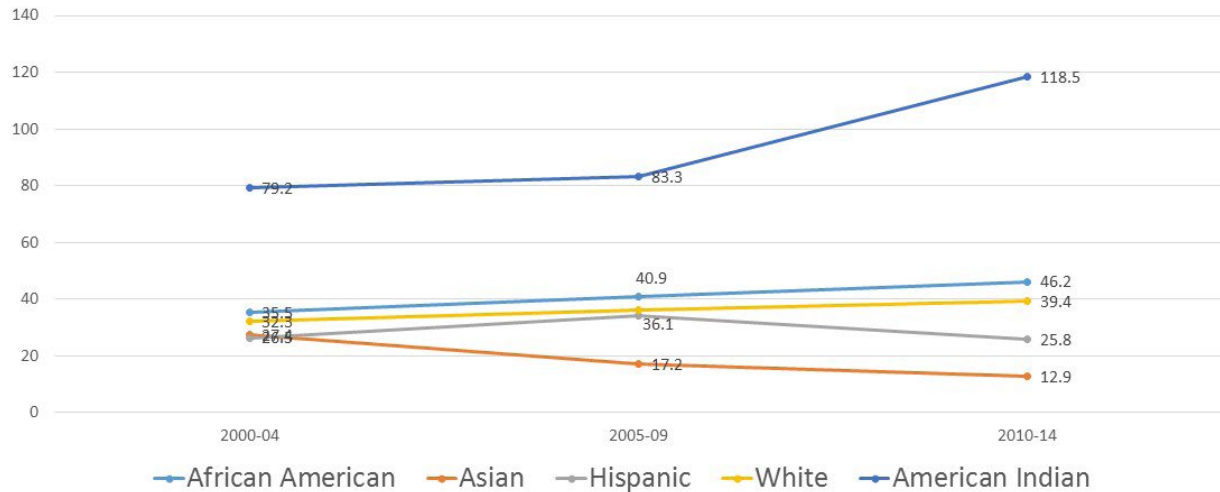
Hennepin County, 2000-2014



Source: 2000, 10, 14 Hennepin County Death records

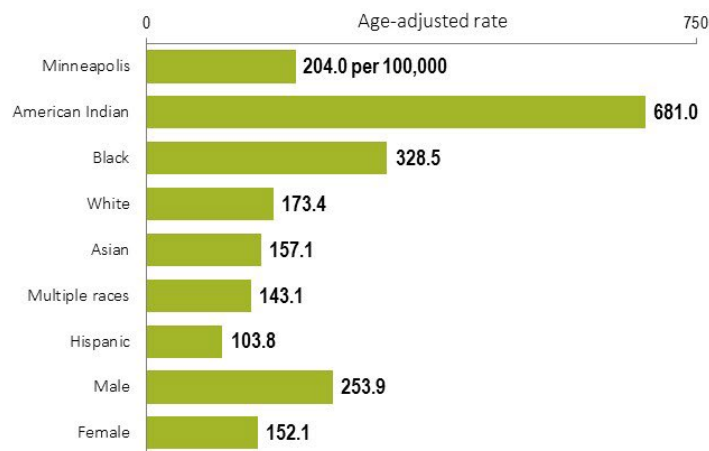
Cause of death: unintentional injuries

Hennepin County, 2000-2014



Source: 2000, 10, 14 Hennepin County Death records

Rate of **premature** deaths (under 65 years), by race/ethnicity and sex (2010-2014), Minneapolis

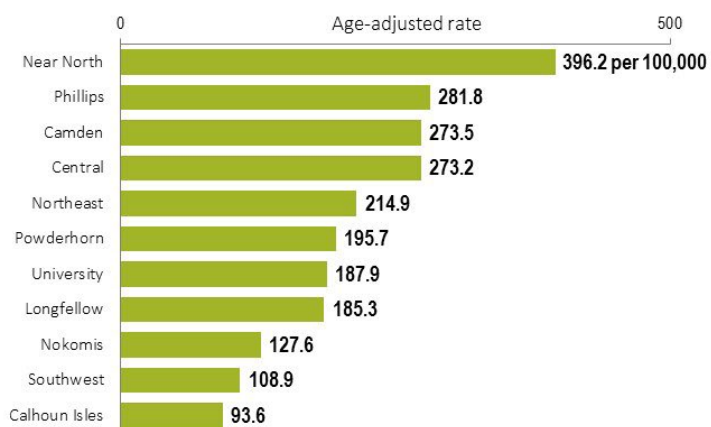


NOTE: Y-axis maximum change

Race/ethnicity: All race subgroups are of non-Hispanic ethnicity. Subgroups are mutually exclusive.
 Rate for Minneapolis overall is based on a single year of data (2014); rates for Minneapolis subgroups are based on a 5-year period of data (2010-2014). Rates are calculated using the city's 2010 Census population and subpopulations; all rates are age-adjusted to the 2000 US standard population.
 * 5-year rate is based on 20 or fewer deaths and may be unstable between periods.

SOURCE: Minnesota vital records

Rate of **premature** deaths (under 65 years), by community (5-year period), Minneapolis, 2010-2014



NOTE: Y-axis maximum change

Rates for Minneapolis communities are based on a 5-year period of data (2010-2014). Rates are calculated using the 2010-2014 American Community Survey 5-year estimates, adjusted to fit current neighborhood boundaries using the 2010 Census counts (available online from mncompass.org). All rates are age-adjusted to the 2000 US standard population.
* 5-year rate is based on 20 or fewer deaths and may be unstable between periods.

SOURCE: Minnesota vital records

Injury and violence

- Firearm deaths
- Unintentional injuries
- Youth violence

Injury and violence summary

Indicator	10 year trend	Current status	Populations disproportionately impacted
Unintentional injuries	Trend worsening since 2000, driven by falls and poisonings	4th leading cause of death in Hennepin County 2014; 3 rd in Minneapolis	Falls impact older adults; poisonings impact young and middle aged adults, American Indian and black communities
Violence-related firearm deaths	No change Hennepin County 2000 -14; Trend improved in Minneapolis between 2000-14	50 residents died by firearm-related suicide (total of 125 suicides); 28 firearm-related homicide in 2014	Higher among American Indian and black decedents; much higher among males

Unintentional injury deaths: poisoning

Rate per 100,000
Hennepin County, 2000-2015



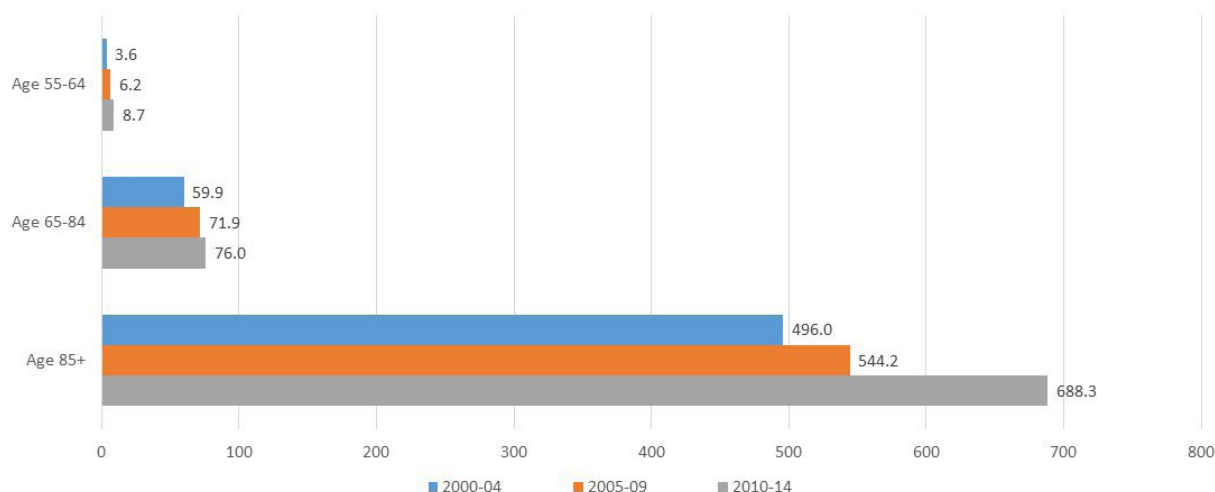
Poisonings include opioid overdoses

Source: Hennepin County Public Health Death Reporting 2015

Unintentional injury deaths: falls

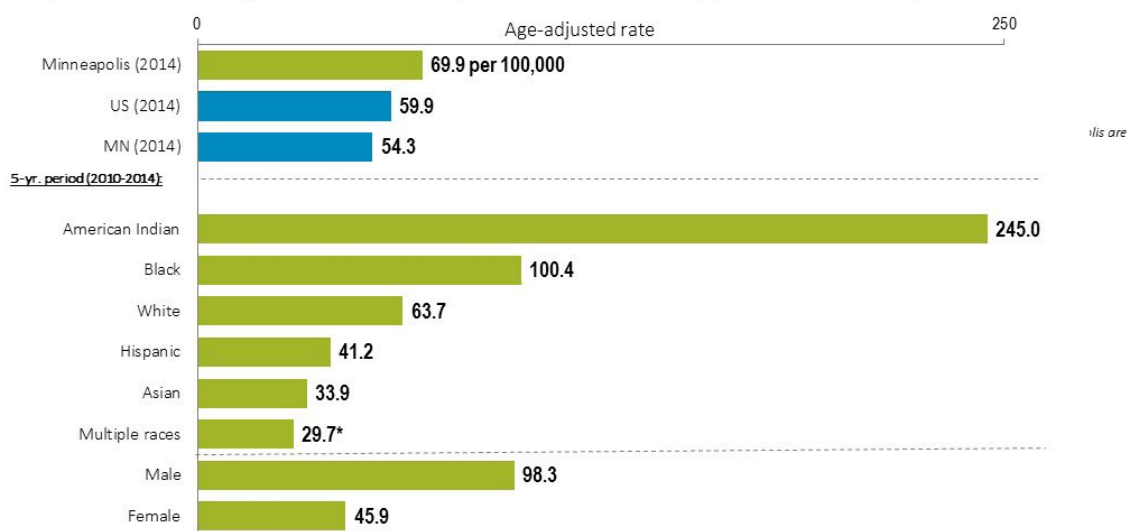
Rate per 100,000

Hennepin County, 2000-2015



Source: Hennepin County Public Health Death Reporting 2015

Rate of all injury deaths, by geography (2014), race/ethnicity and sex (2010-2014), Minneapolis



NOTE: Y-axis maximum change

SOURCE: Minneapolis (green) – Minnesota vital records | US & MN (blue) – CDC WISQARS

Number of **all injury** deaths, by manner of death and age (5-year period)

Minneapolis, 2010-2014

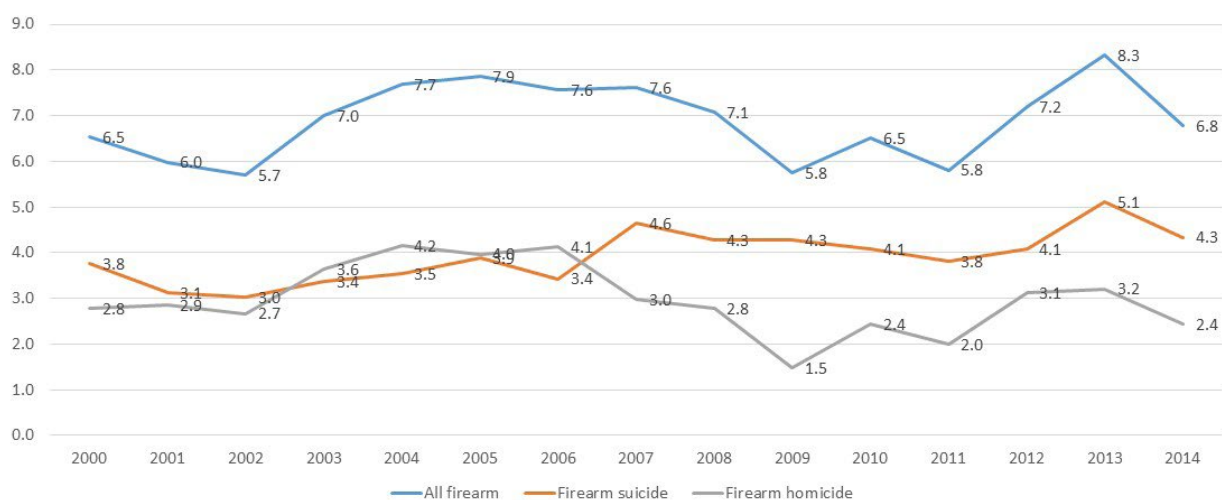
Accidents, assaults, and intentional self-harm are considered "rankable" causes of death by the World Health Organization. There are 50 rankable causes of death for the general population and 71 rankable causes for infants.

Age subgroup	Accidents (unintentional injuries)	Intentional self-harm (suicide)			Total
	Assault (homicide)	Undetermined intent			
Less than 1	14	0	0	1	15
1-4	11	1	0	0	12
5-14	11	3	2	0	16
15-24	51	48	16	3	118
25-34	99	38	45	5	187
35-44	103	20	37	11	171
45-54	178	19	41	9	247
55-64	130	4	36	5	175
65-74	51	1	14	2	68
75-84	75	1	4	1	81
85 and over	174	2	3	0	179
Total	897	137	198	37	1269

SOURCE: Minnesota vital records

Violent firearm deaths

Rate per 100,000
Hennepin County, 2000-2015



Source: Hennepin County Public Health Death Reporting 2015

Number of **violence-related firearm** deaths, by manner of death and age (5-year period)

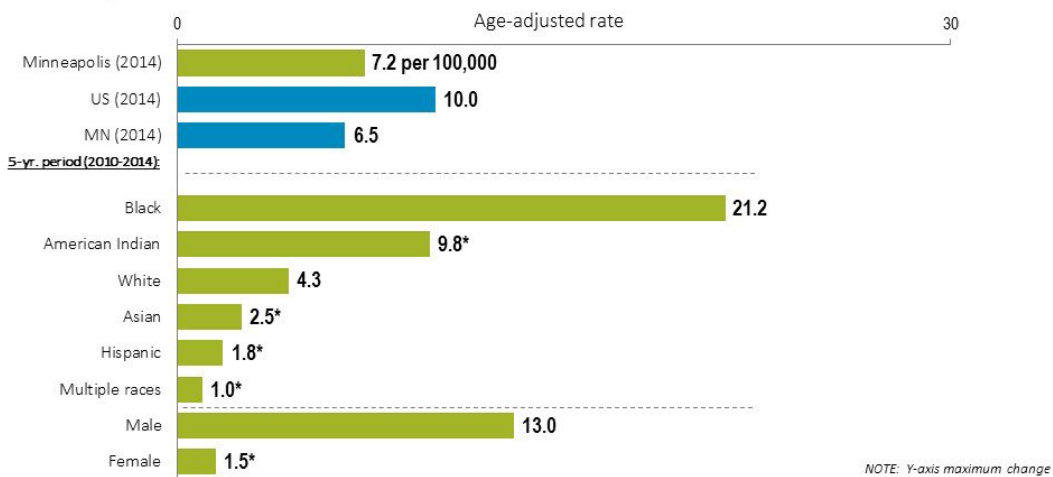
Minneapolis, 2010-2014

Age subgroup	Homicide	Suicide	Total
1-4	1	0	1
5-14	2	1	3
15-24	41	7	48
25-34	28	5	33
35-44	9	10	19
45-54	7	8	15
55-64	1	19	20
65-74	1	8	9
75-84	0	1	1
85 and over	1	1	2
Total	91	60	151

SOURCE: Minnesota vital records

Rate of **violence-related firearm** deaths, by geography (2014), race/ethnicity and sex (2010-2014)

Minneapolis

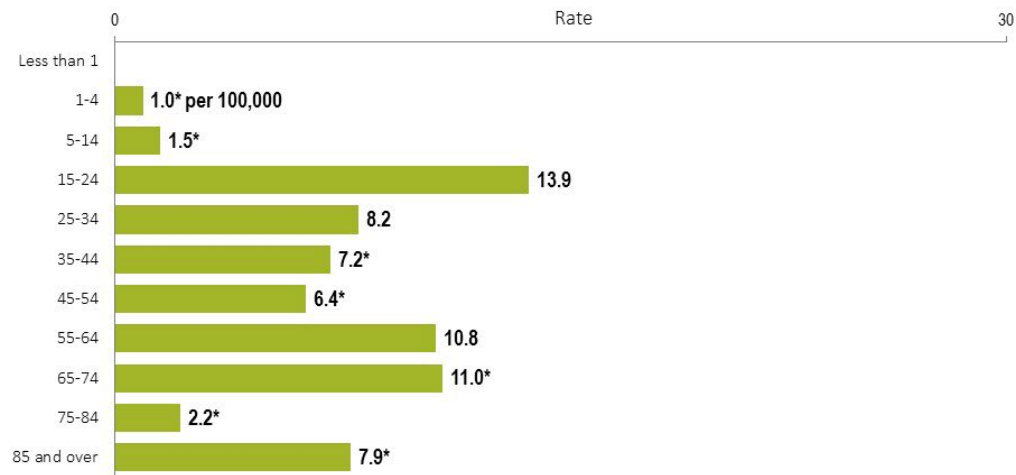


*Race/ethnicity: All race subgroups are of non-Hispanic ethnicity. Subgroups are mutually exclusive. Rates for Minneapolis overall, US, and MN are based on a single year of data (2014); rates for Minneapolis subgroups are based on a 5-year period of data (2010-2014). Rates for Minneapolis are calculated using the city's 2010 Census population and subpopulations; all rates are age-adjusted to the 2000 US standard population. * 5-year rate is based on 20 or fewer deaths and may be unstable between periods.*

SOURCE: Minneapolis (green) – Minnesota vital records | US & MN (blue) – CDC WISQARS

Rate of **violence-related firearm** deaths, by age subgroup (5-year period)

Minneapolis, 2010-2014



SOURCE: Minnesota vital records

Access to health services

- Adult/child usual place of care
- Difficulty to pay
- Delay of care - medical
- Delay of care - mental health
- Delay of care - prescriptions

Access to health services summary

Indicator	10 year trend	Current status	Populations disproportionately impacted
Usual place of care	Percent of adults 25 years and older with no usual place of care improved compared to 2010, but worsened compared to 2002 and 2006.	Approx 18% of Hennepin County adults age 25 and older	Disparities present for Hispanic/Latinos (compared to non-Hispanic whites), adults who did not graduate high school, adults reporting frequent mental distress, and younger adults
Difficulty to pay	Not available	-	Lower income adults more likely to delay medical care
Delay of care	Not available	20% of Hennepin County residents who needed care in past 12 months	Lower income adults more likely to have unmet mental health care needs and delay mental health care needs due to cost; lower income adults more likely to skip or decrease doses of prescriptions medications due to cost

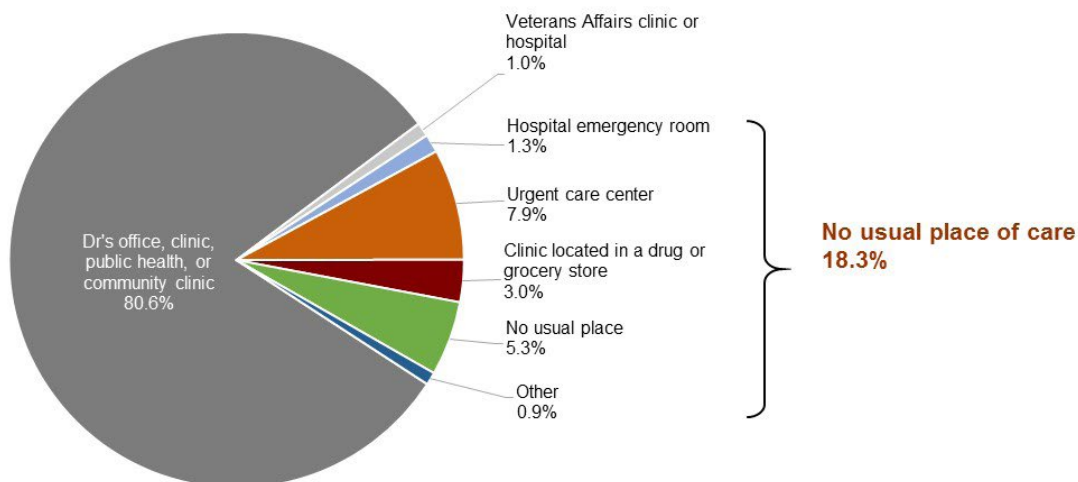
Access to health services summary

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Percentage with no usual place of care

Adults, 25 years and older
Hennepin County, 2014

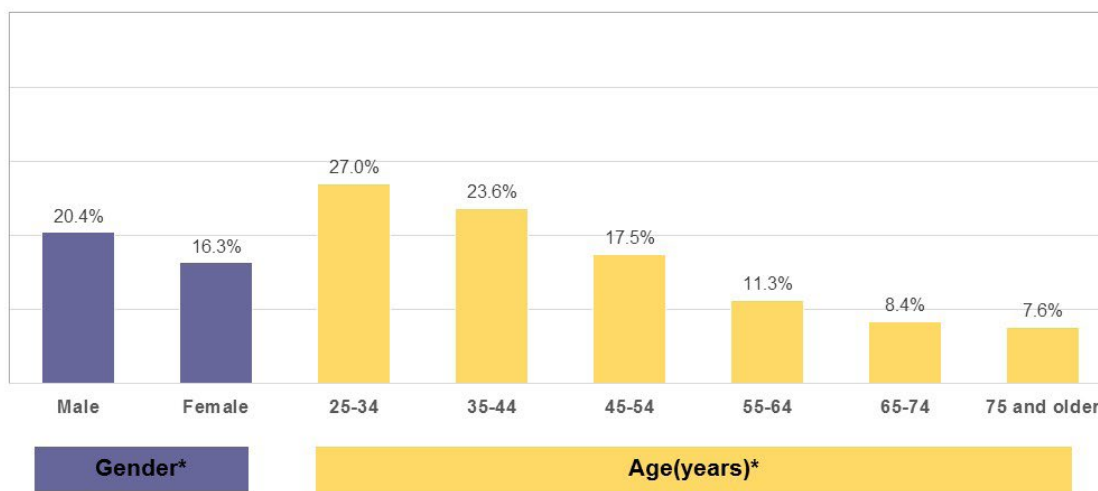
SHAPE survey question: When you are sick or need medical care, where do you usually go?



Source: Metro SHAPE 2014 Adult Survey

Percentage with no usual place of care, by age and gender

Adults, 25 years and older
Hennepin County, 2014

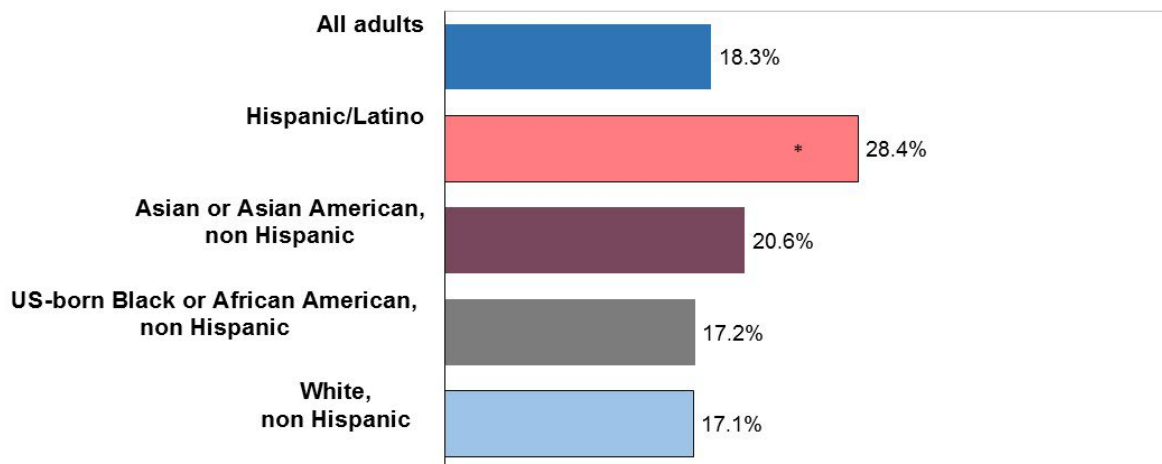


* Variation in rates across groups within the same demographic characteristic is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Percentage with no usual place of care, by race/ethnicity

Adults, 25 years and older
Hennepin County, 2014

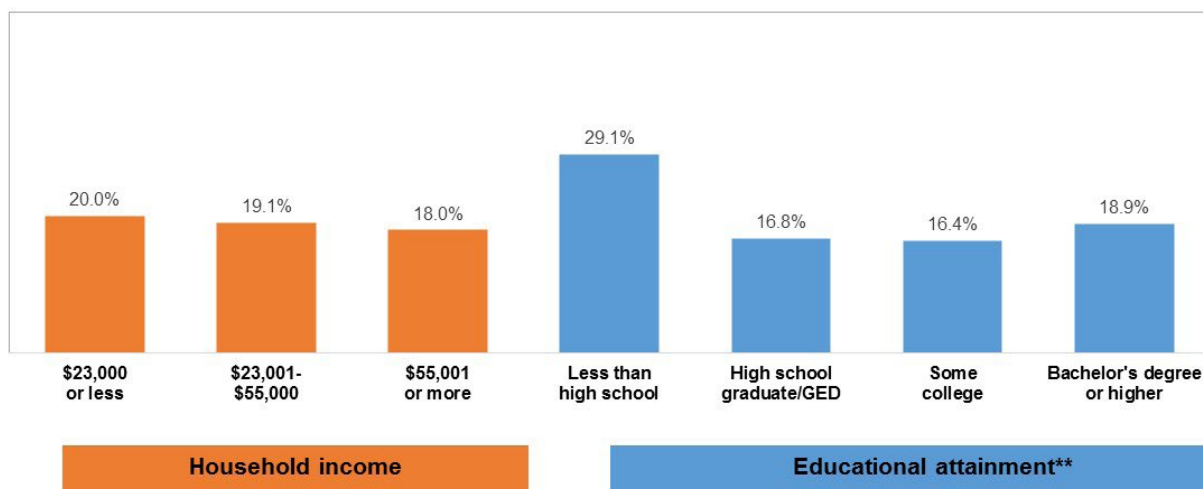


* Variation in rates across 4 racial and ethnic groups is not statistically significant, $p > 0.05$.
Difference in rates between Hispanic/Latino and White is statistically significant @ $0.05 \leq p < 0.10$.

Source: Metro SHAPE 2014 Adult Survey

Percentage with no usual place of care, by income and education level

Adults, 25 years and older
Hennepin County, 2014

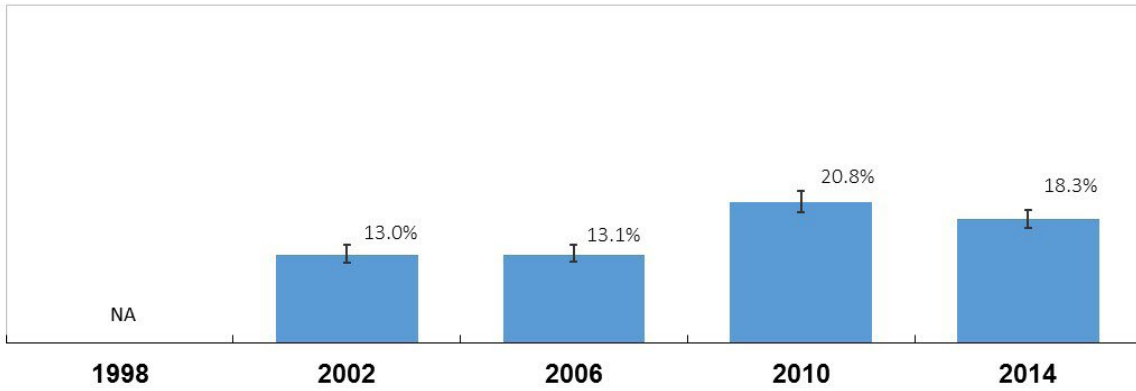


** Variation in rates across groups within the same demographic characteristic is statistically significant @ $0.05 \leq p < 0.10$.

Source: Metro SHAPE 2014 Adult Survey

Percentage with no usual place of care

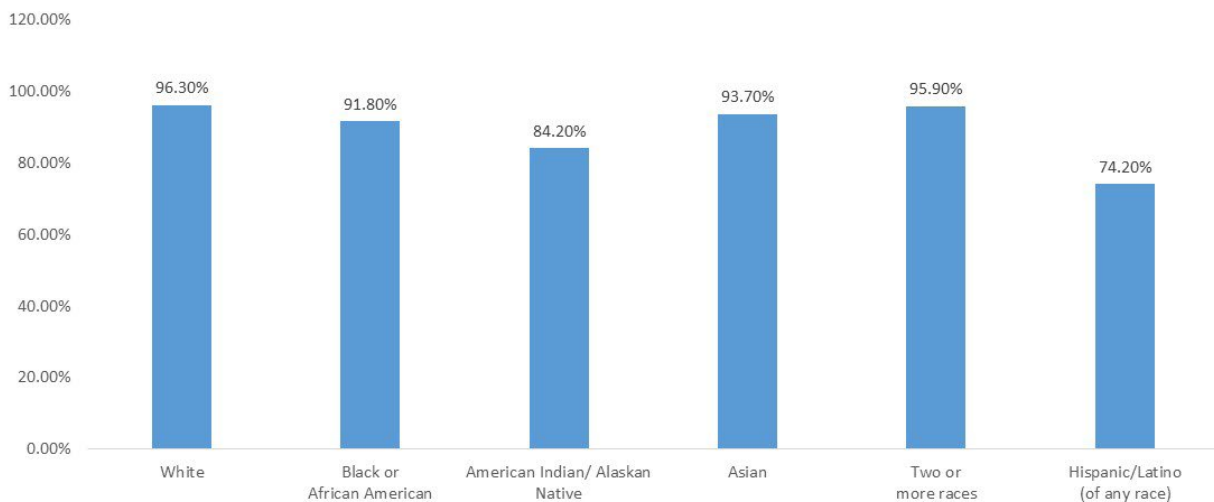
Adults, 25 years and older
Hennepin County, 2002-2014



Sources: SHAPE 2002, SHAPE 2006, SHAPE 2010 and Metro SHAPE 2014.
NA: Data is not available.
Note: Vertical line represents 95% confidence intervals.

Percentage with health insurance, by race/ethnicity

All Ages
Hennepin County, 2015

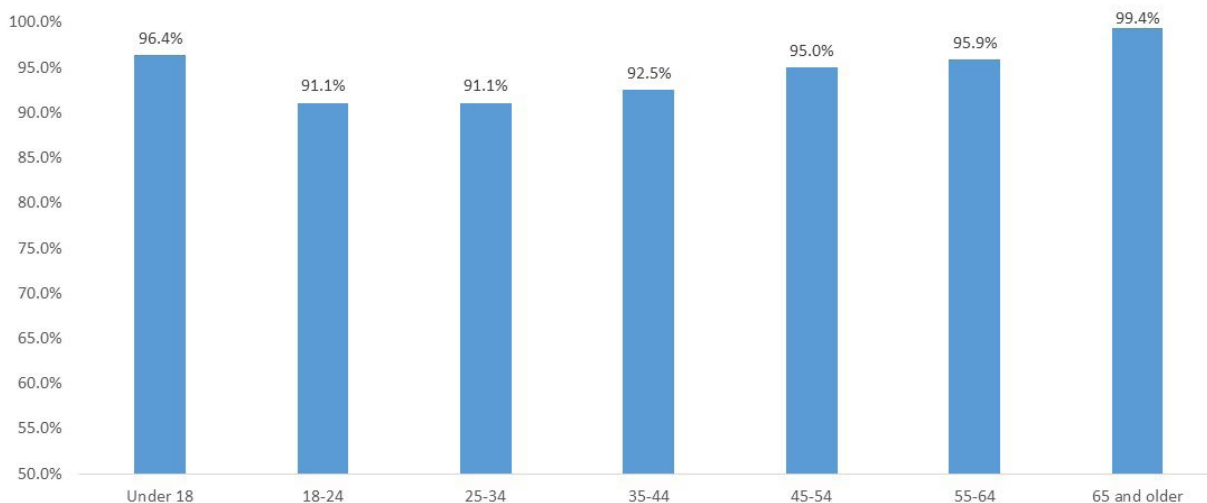


Note: % insured is for all ages, not just 18-64. Racial groups not exclusive of Hispanic/Latino ethnicity

Source: 2015 ACS 1 year estimates

Percentage with health insurance, by age group

Hennepin County, 2015



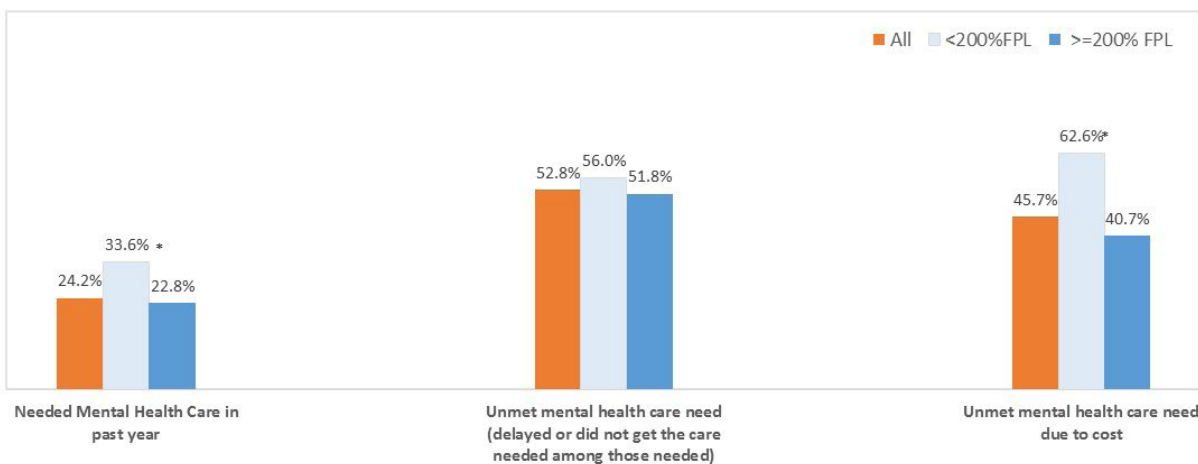
Note: % insured is for all ages, not just 18-64. Racial groups not exclusive of Hispanic/Latino ethnicity

Source: 2015 ACS 1 year estimates

Unmet mental health care needs and affordability

Adults, 25 years and older

Hennepin County, 2014



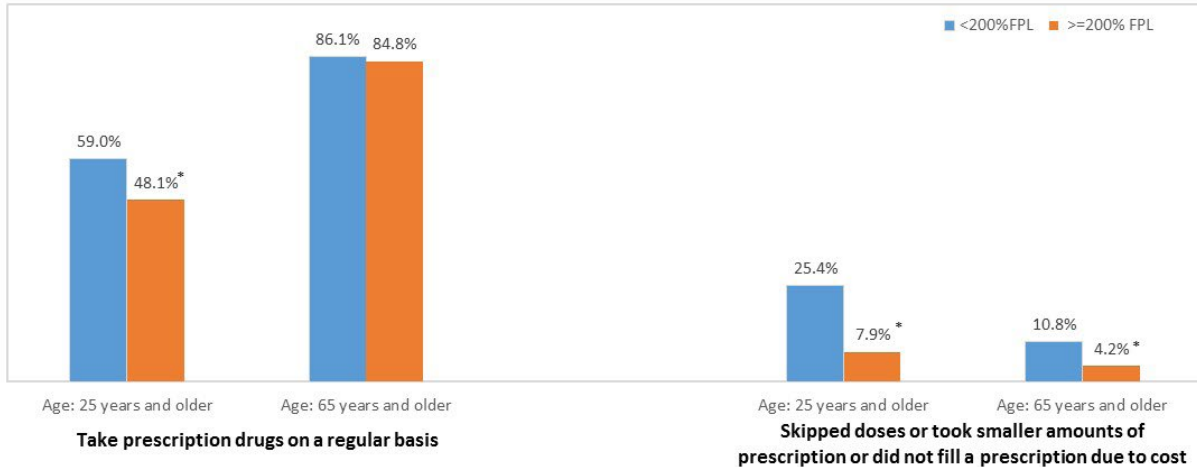
FPL: Household income is measured as a percentage of Federal Poverty Level (FPL).

* Difference in rates between two groups (<200%FPL and ≥200%FPL) is statistically significant @ p<0.05.

Source: Metro SHAPE 2014 Adult Survey

Prescription medication use and affordability

Adults, 25 years and older
Hennepin County, 2014



FPL: Household income is measured as a percentage of Federal Poverty Level (FPL).

* Difference in rates between two groups (<200%FPL and ≥200%FPL) is statistically significant @ p<0.05.

Source: Metro SHAPE 2014 Adult Survey

Maternal and child health

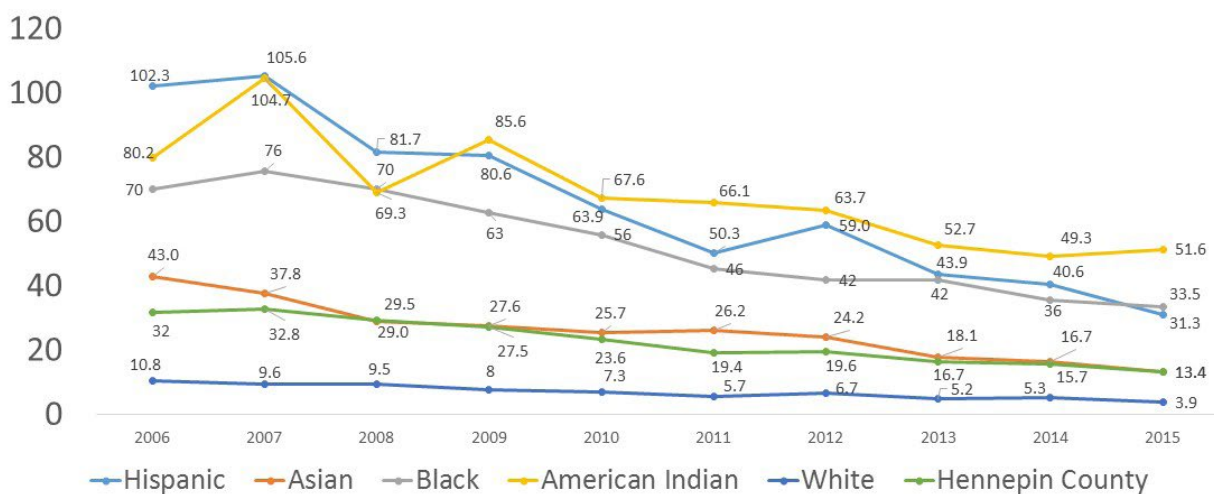
- Teen birth rate
- Low birth weight
- Early and adequate prenatal care
- Immunization rates (24-35 month olds)
- Infant mortality rate

Maternal and child health summary

Indicator	10 year trend	Current status	Populations disproportionately impacted
Teen birth rate	Decreasing since 2007	13.4 per 1,000 females 15-19	Black, American Indian, Hispanic girls; North and Central Minneapolis, Richfield, Brooklyn Center, Robbinsdale
Low birth weight	Remained relatively stable since 2005	5.5% of all singleton births in Hennepin County in 2014	Black, American Indian, Hispanic moms; younger moms; North and Central Minneapolis
Early and adequate prenatal care	Stable 2005-2010, decreasing since 2010	79% of Hennepin County mothers giving birth in 2014	Black, American Indian, Hispanic moms; younger moms
Immunization rates (24-35 month olds)	?	Between 41 – 69% per city	-
Infant mortality rate	Fluctuated annually, but relatively stable since 2005	4.9 deaths per 1,000 live births in 2014	Highest among US born black, followed by Hispanics

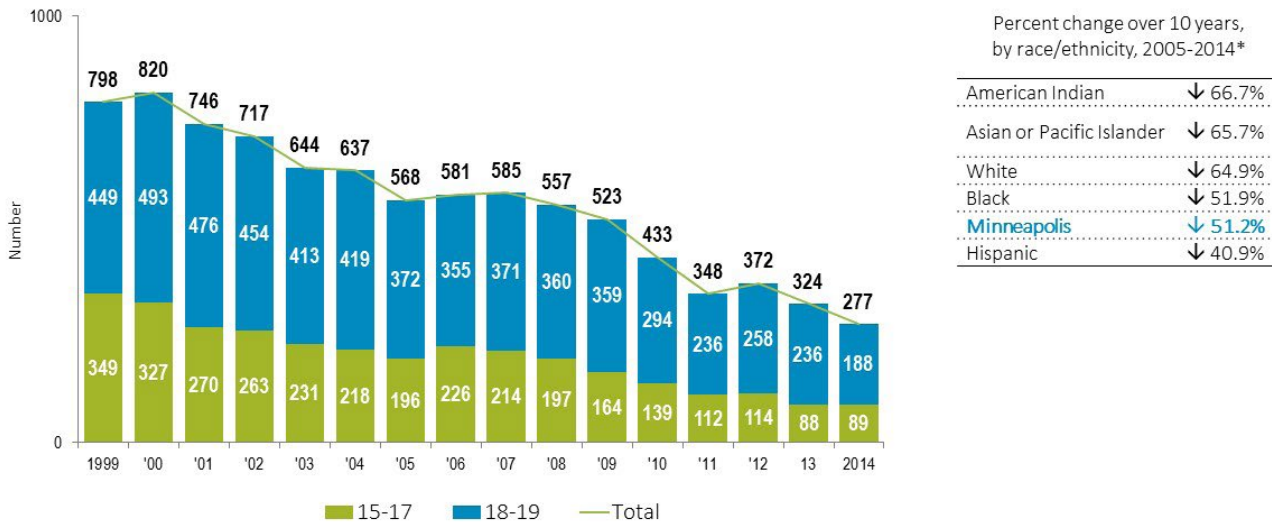
Teen birth rate per 1,000 females 15-19, by race/ethnicity

Hennepin County, 2006-2015



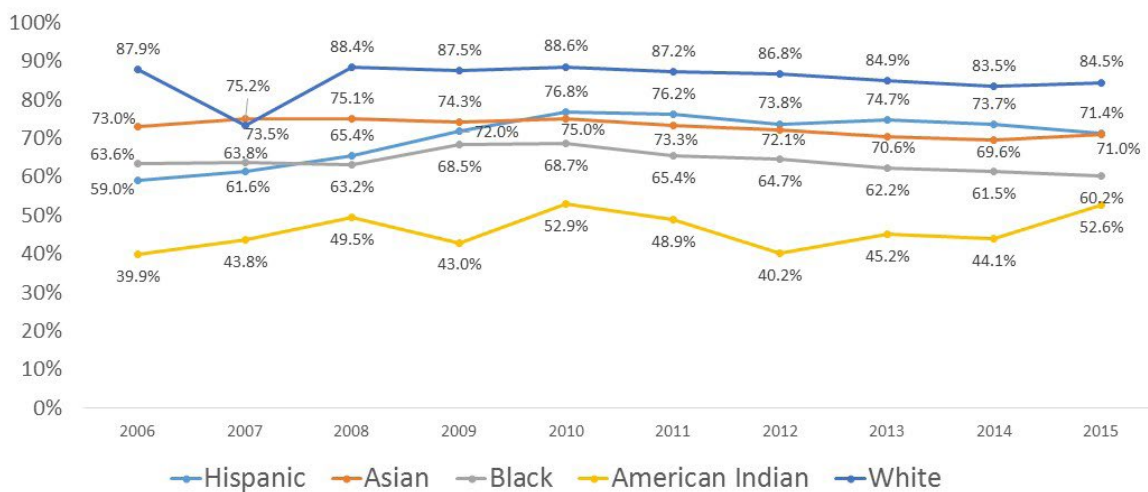
Number of births to teen mothers, 15-19 years

Minneapolis, 1999-2014



Early and adequate prenatal care, by race/ethnicity

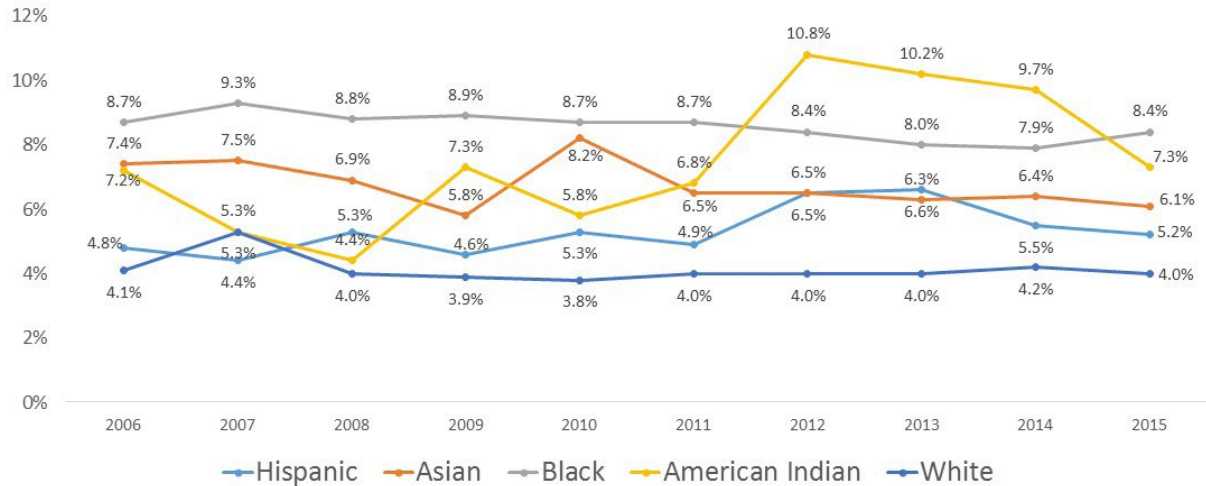
Hennepin County, 2006-2015



Source: Hennepin County Public Health Birth Reporting 2015

Singleton low birth weight births, by race/ethnicity

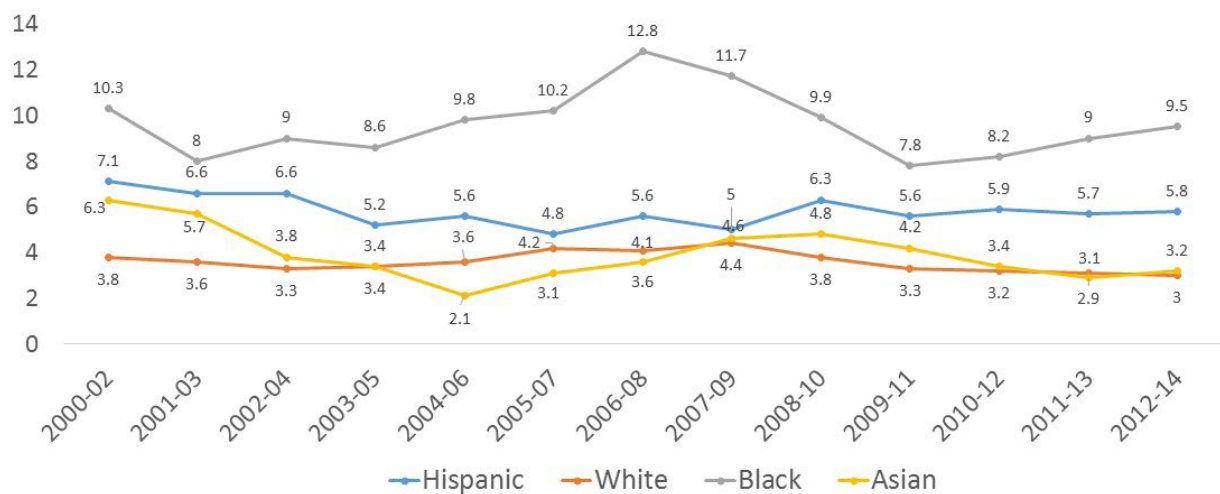
Hennepin County, 2006-2015



Source: Hennepin County Public Health Birth Reporting 2015

Infant mortality rate per 1,000 births, by race/ethnicity

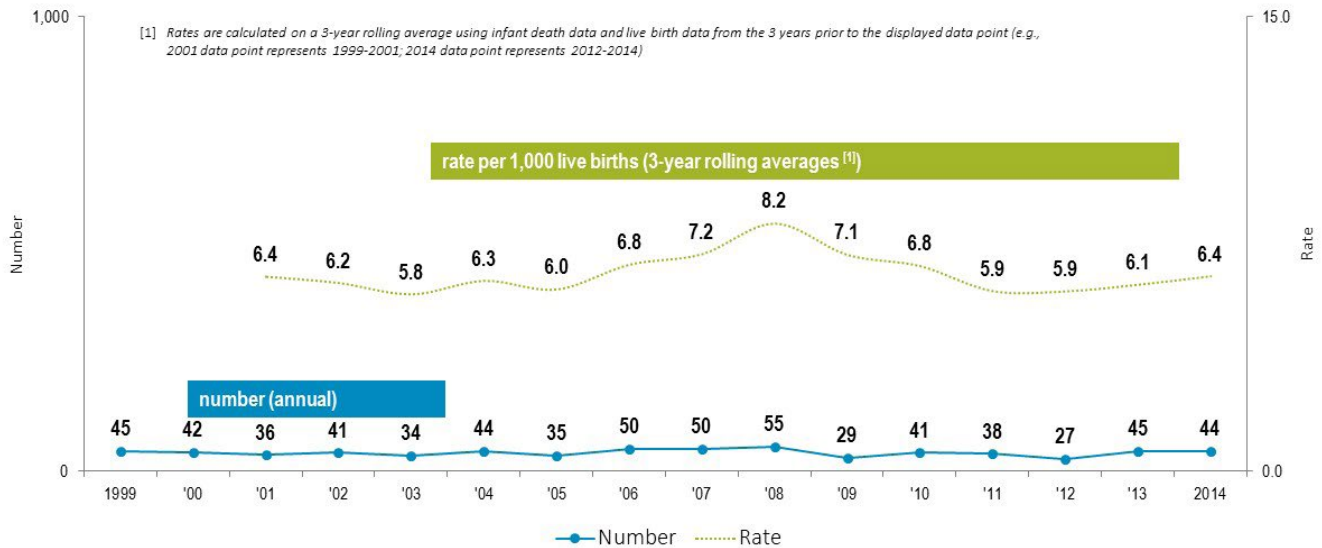
Hennepin County, 2000-2014



Source: Hennepin County Public Health Birth and death Reporting 2015

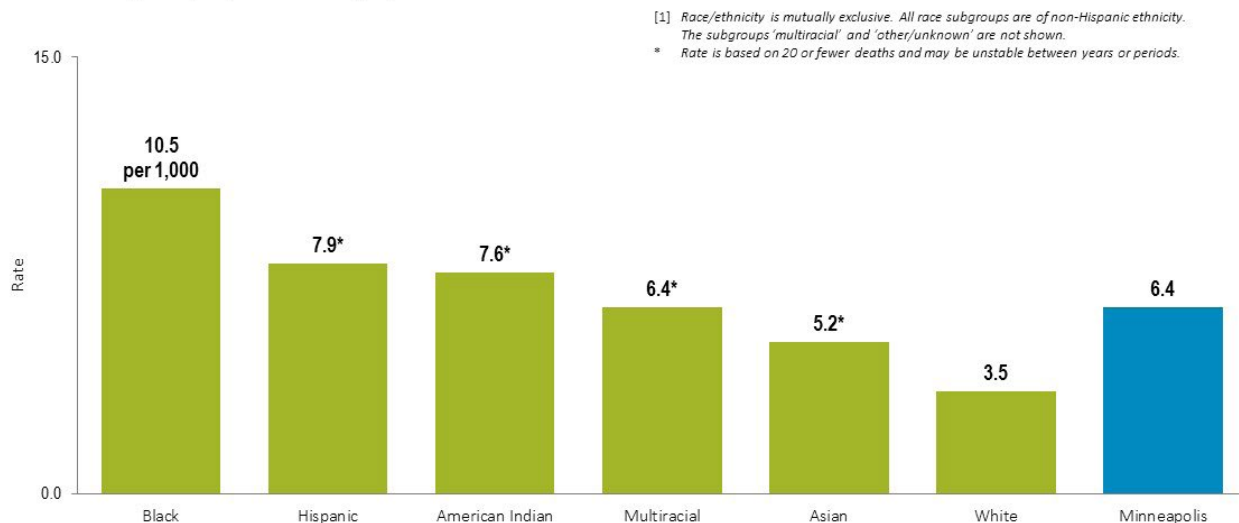
Number of infant deaths and infant mortality rate per 1,000 births

Minneapolis, 1999-2014



Infant mortality rate per 1,000 live births, by race/ethnicity

Minneapolis, 3-year averages, 2012-2014^[1]



Reproductive and sexual health

- HIV infection rate
- Chlamydia rate
- Gonorrhea rate
- Early syphilis rate

Reproductive and sexual health

Indicator	10 year trend over time	Current status	Populations disproportionately impacted
HIV infection rate	Stable over past 10 years after decreasing from 1990-2005	15 per 100,000 (2015) in Hennepin County	Disparities present for blacks, Hispanics, and men who have sex with men, young adults 20-24 and 25-29 year olds
Chlamydia rate	Increase rate since 2009	607 per 100,000 (2015) in Hennepin County	Disparities present for blacks, American Indians, Hispanics, and females, young adults 15-19 and 20-24 year olds
Gonorrhea rate	Increase rate since 2005	174 per 100,000 (2015) in Hennepin County	Disparities present for blacks & American Indians, young adults 20-24 and 25-29 year olds
Early Syphilis rate	Increase rate since 2005	13 per 100,000 (2015) in Hennepin County	Disparities present for blacks, American Indians, Hispanics, and men who have sex with men, 25-29 and 35-39 year olds

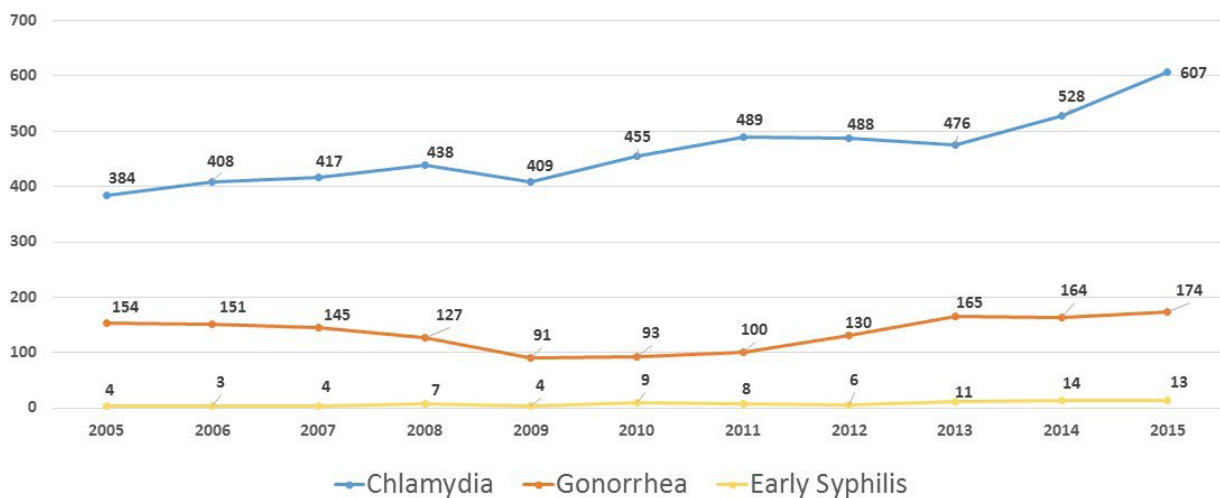
HIV infection

Hennepin County, 2015

- In 2015 the majority of new HIV infections were found in adults 20-24 years old. The rate of new infections was also high among adults, aged 25-29 years old.
- HIV infection is disproportionately found in minority populations, especially the Black/African American and Hispanic
- Men who have sex with men (MSM) are at the greatest risk for acquiring HIV infection. The MSM risk factor for acquiring HIV infection accounted for 49% of new HIV cases in 2015.

Sexually transmitted infection rate per 100,000 persons

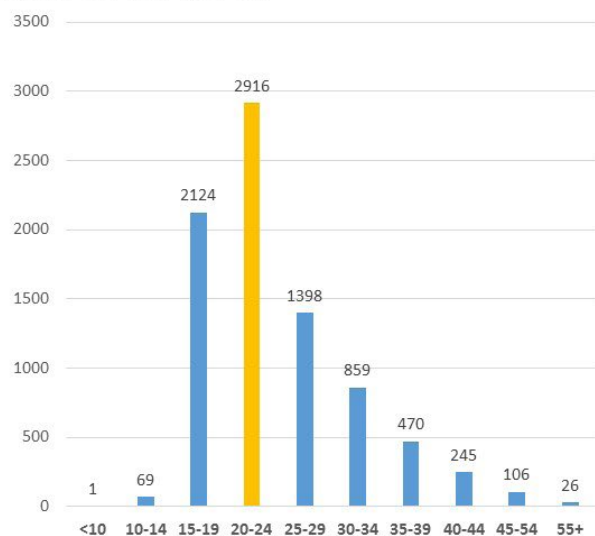
Hennepin County, 2005-2015



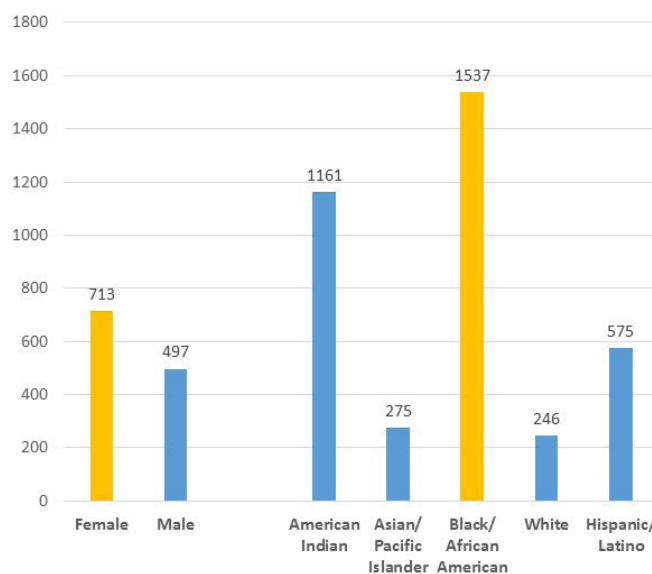
Chlamydia rate per 100,000 population

Hennepin County, 2015

Rate by age group

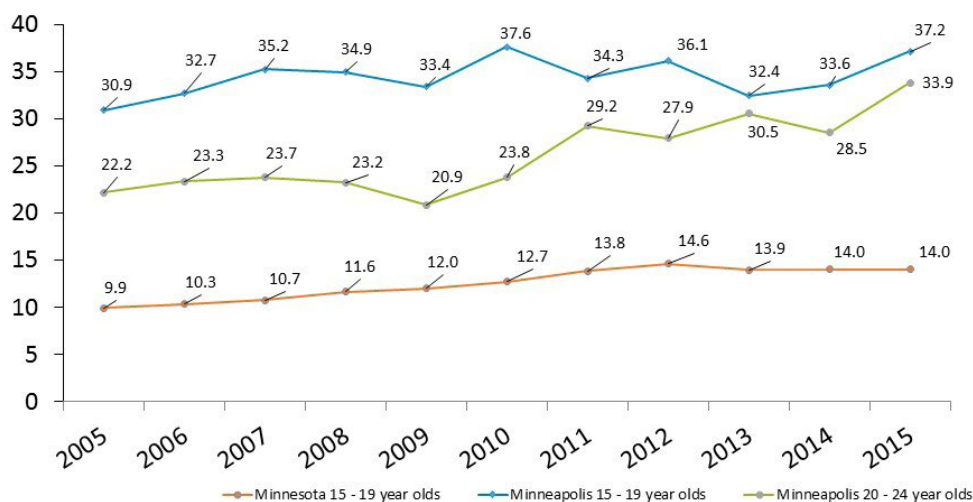


Rate by gender & race/ethnicity



Chlamydia rate per 1,000 youth

Minneapolis, by age, 2005-2015



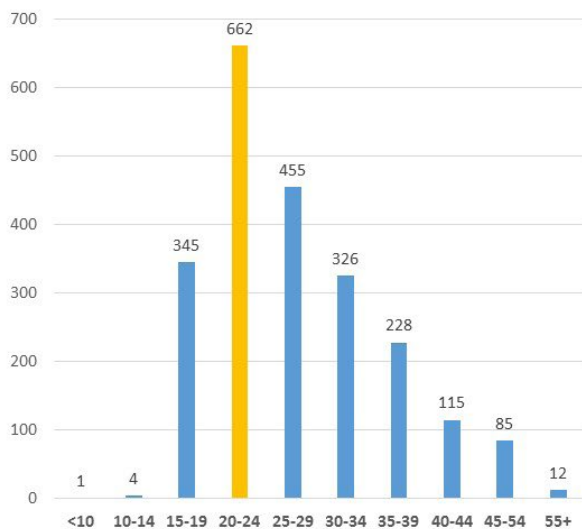
833 cases among 15 - 19 year olds (2015)

1376 cases among 20 - 24 year olds (2015)

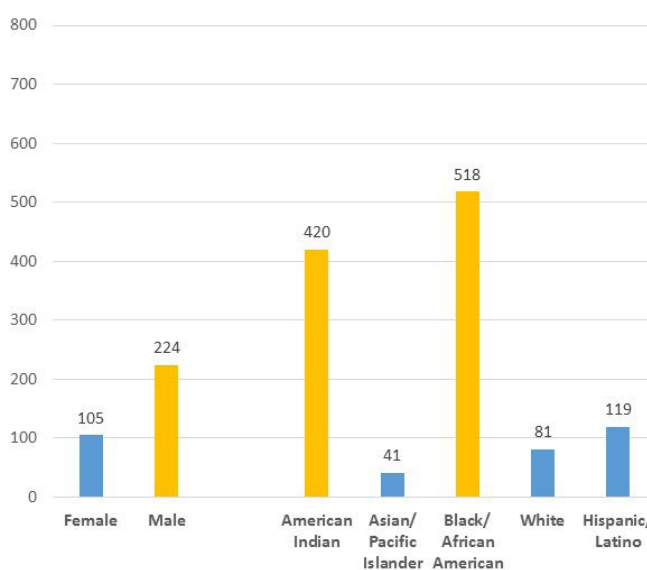
Gonorrhea rate per 100,000 population

Hennepin County, 2015

Rate by age group

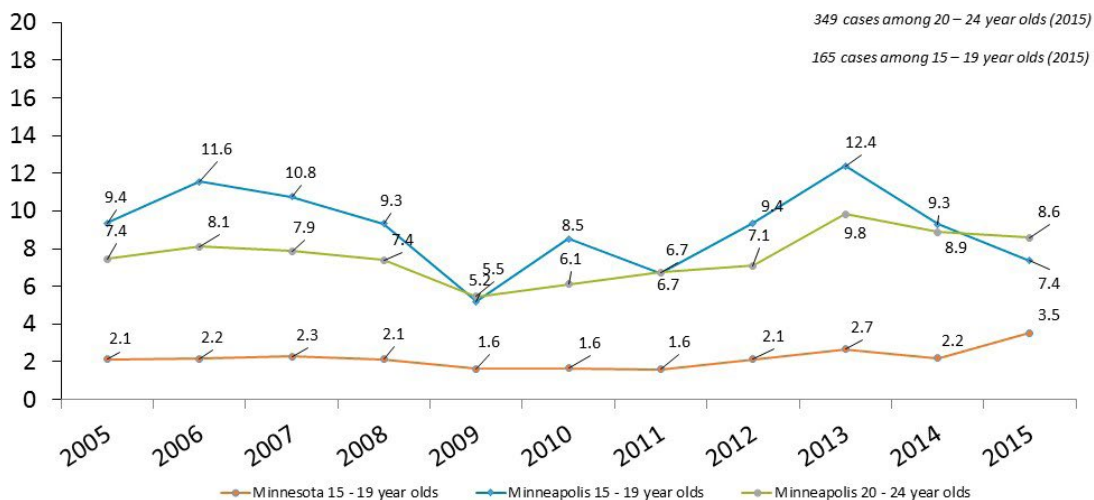


Rate by gender & race/ethnicity



Gonorrhea rate per 1,000 youth

Minneapolis, by age, 2005-2015

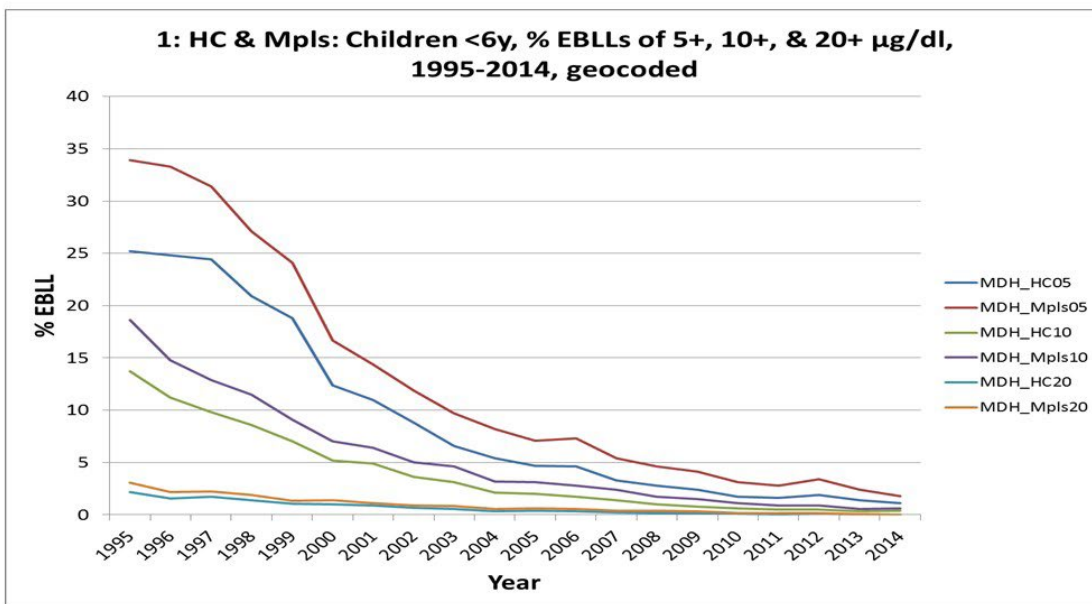


Environmental health

- Blood lead and inspections
- Asthma hospitalizations

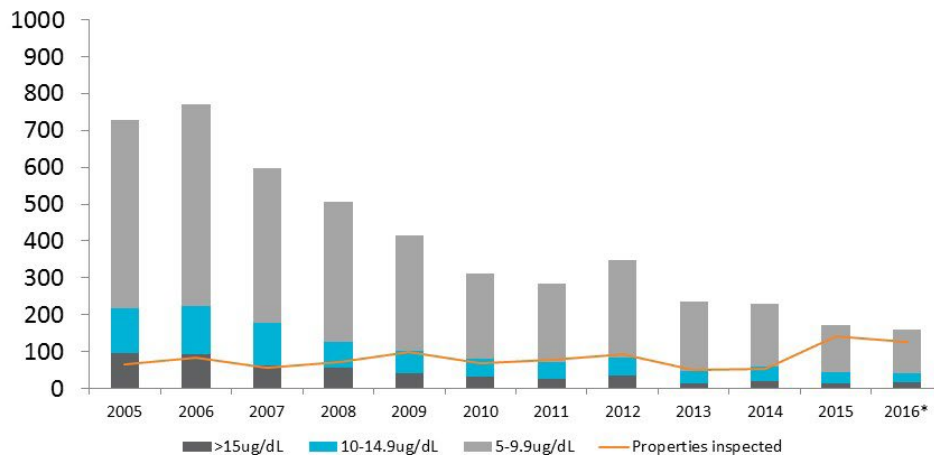
Elevated blood levels

Children less than 6 years old
Hennepin County and Minneapolis, 1995-2014



Count of elevated blood lead levels and inspections

Children under 6 years
Minneapolis, 2005 – 2016



*2016 data is through November 1, 2016.

These data only represent EBLs in children under age 6.

The number of properties inspected is the result of what the definition of an EBL was at the time. Each child with an EBL was counted once per year if they had multiple results, using the highest score.

Asthma hospitalizations, by geography

Minneapolis, 2009 - 2013

Region	Age-adjusted rate	Count
Minnesota	6.5 per 10,000	17,695
Hennepin County	8.7	3,066
55415 (unstable)	40.4	38
55411	37	487
55404	26.8	320
55454	26.6	55
55412	26.4	294



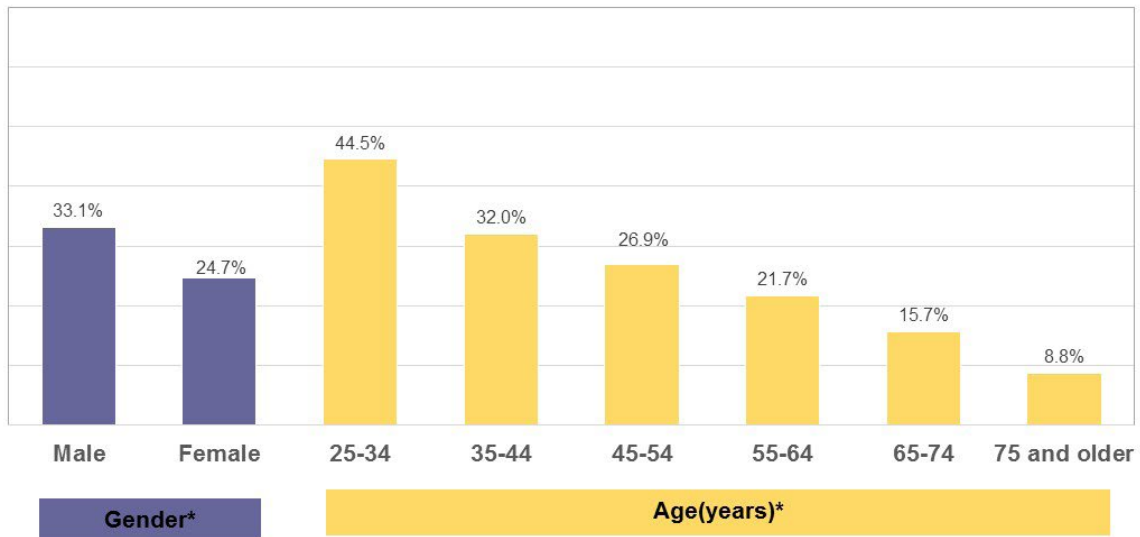
Substance use

- Adult problem drinking
- Adolescent binge drinking
- Adolescent 30 day alcohol use
- Adolescent 30 day drug use
- Opioid fatalities

Substance use

Indicator	Trend over time	Current status	Populations disproportionately impacted
Adult problem drinking	Increased since 1998 <small>*Note binge drinking definition change</small>	About 9% of adults (2014) in Hennepin County	Disparities present for younger adults
Adolescent 30 day alcohol use	Decrease among 9 th graders	7% of 9 th graders and 22% of 11 th graders (2016) in suburban Hennepin County	Slightly higher rates of alcohol use for Hispanics; little difference by other race/ethnic groups or by income
Adolescent 30 day drug use (any illicit drug, excludes alcohol and tobacco)	No change between 2013 and 2016	6% of 9 th graders and 6% of 11 th graders (2016) in suburban Hennepin County	Higher rates of use among black, American Indian, Hispanic and low income
Opioid fatalities	Dramatic increase beginning 2008-09	97 deaths in 2015 from heroin or opioids, 102 in 2014	Higher rates among younger and middle age adults

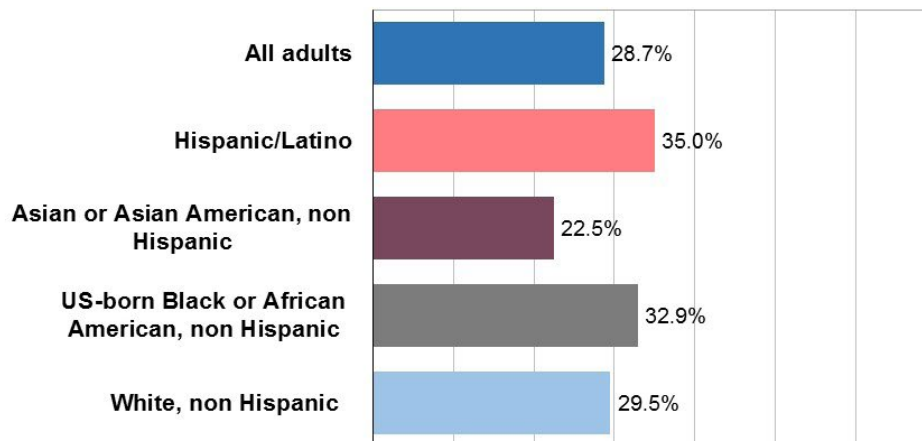
Percentage with problem drinking, by gender and age



* Variations in rates across groups within the same demographic characteristic is statistically significant @ $p < 0.05$.

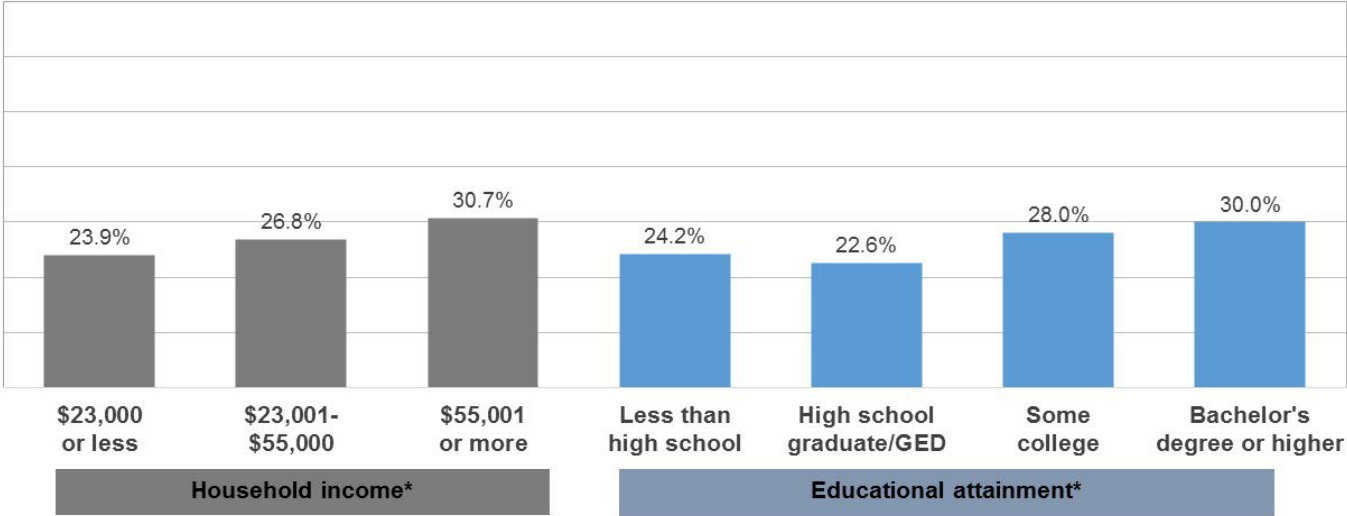
Metro SHAPE 2014 Adult Survey Selected Findings- Hennepin County Adults Aged 25 and Older: Healthy Lifestyles and Behaviors

Percentage with problem drinking, by selected race/ethnicity



Metro SHAPE 2014 Adult Survey Selected Findings- Hennepin County Adults Aged 25 and Older: Healthy Lifestyles and Behaviors

Percentage with problem drinking, by income and education



• Variation in rates across groups within the same demographic characteristic is statistically significant @ p<0.05

Metro SHAPE 2014 Adult Survey Selected Findings- Hennepin County Adults Aged 25 and Older: Healthy Lifestyles and Behaviors

Alcohol use, by income

Hennepin County, 2014

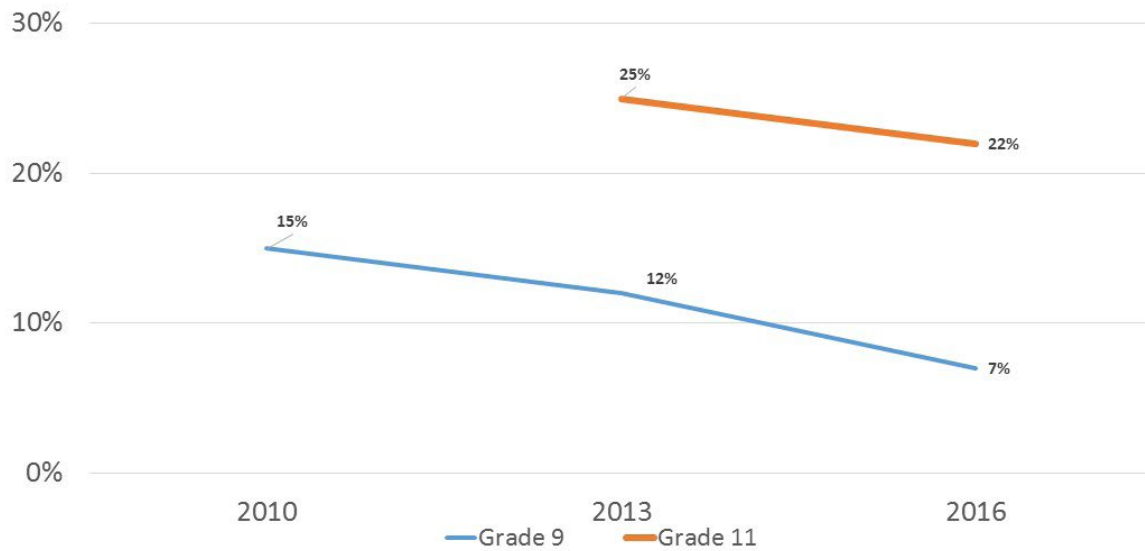
Measure	County Total	<200% FPL	≥200% FPL
Currently drinking Had at least one drink of alcoholic beverage in the past 30 days.	76.0%	53.5%	80.9%*
Binge drinking Defined as consuming alcoholic beverage ≥4 drinks per occasion for women or ≥5 drinks per occasion for men during the past 30 days.	26.6%	23.8%	27.7%**
Heavy drinking Defined as consuming alcoholic beverage >1 drink per day on average for women or >2 drinks per day on average for men during the past 30 days	9.3%	7.3%	9.9%*
Excessive drinking Engaged in either binge or heavy drinking in the past 30days.	28.7%	25.0%	30.1%*

FPL: Household income is measured as a percentage of Federal Poverty Level (FPL).
* Difference in rates between two the two groups is statistically significant @p<0.05.
** Difference in rates between two the two groups is statistically significant @ 0.05≤p<0.10.

SOURCE: Metro SHAPE Survey 2014

Percentage of ninth and eleventh graders who consumed alcohol in past 30 days

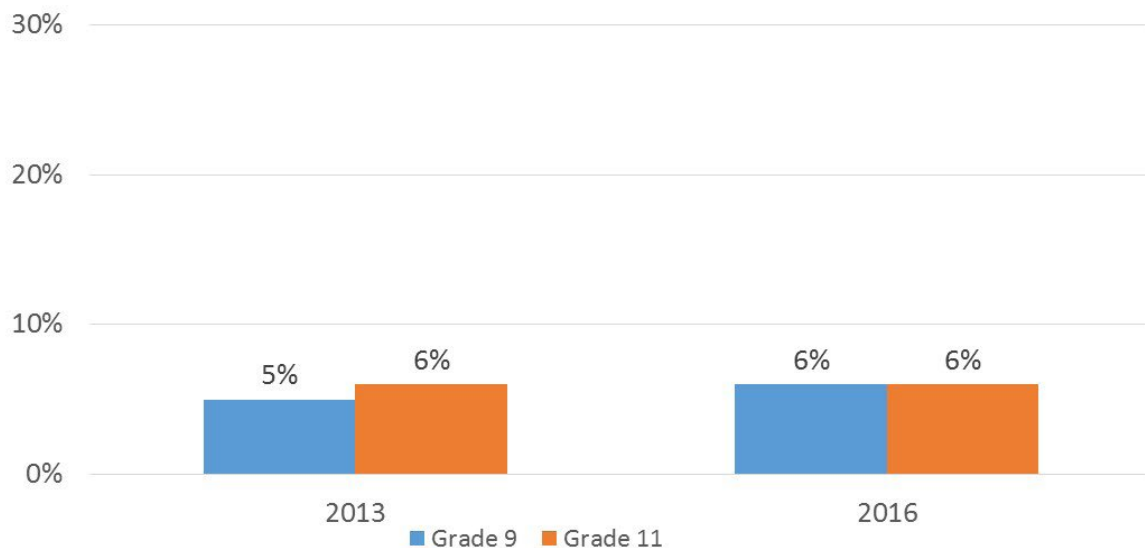
Suburban Hennepin, 2010-2016



SOURCE: Minnesota Student Survey 2010, 2013, 2016

Percentage of ninth and eleventh graders who used drugs (not alcohol or tobacco) in past 30 days

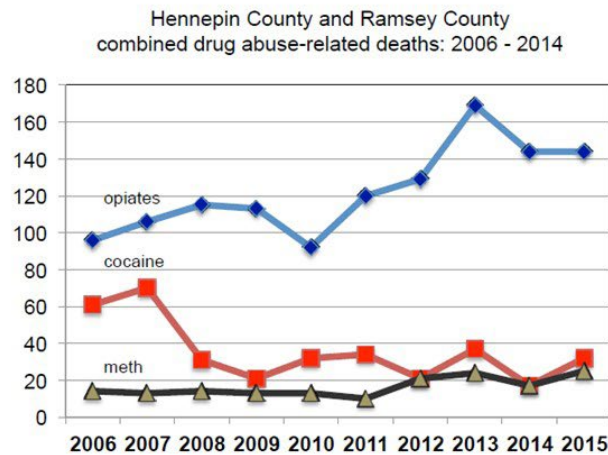
Suburban Hennepin, 2013-2016



SOURCE: Minnesota Student Survey 2013, 2016

Count of drug abuse-related deaths

Hennepin and Ramsey County, 2006-2014



- Carol Falkowski, *Drug Abuse Dialogues*, St. Paul, Minnesota
- Report available online at: <http://www.drugabusedialogues.com>

SOURCE: Hennepin County Medical Examiner, Ramsey County Medical Examiner, 2016

Count of drug abuse-related deaths

Hennepin and Ramsey County, 2006-2014

Drug abuse-related deaths by county: 2006 - 2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
HENNEPIN COUNTY										
Methamphetamine	8	6	9	6	9	7	14	16	11	17
Cocaine	48	59	21	10	25	28	18	28	12	26
Opiates	69	67	84	77	65	84	84	132	102	97
RAMSEY COUNTY										
Methamphetamine	6	7	5	7	4	3	7	8	6	8
Cocaine	13	11	10	11	7	6	3	9	5	6
Opiates	27	39	31	36	27	36	45	37	42	47

SOURCE: Hennepin County Medical Examiner, Ramsey County Medical Examiner, 2016.

- Carol Falkowski, *Drug Abuse Dialogues*, St. Paul, Minnesota
- Report available online at: <http://www.drugabusedialogues.com>

Social connectedness

- Adults reporting discrimination
- Adult neighborhood cohesion
- Adult neighborhood safety
- Adolescents connected to caring adults

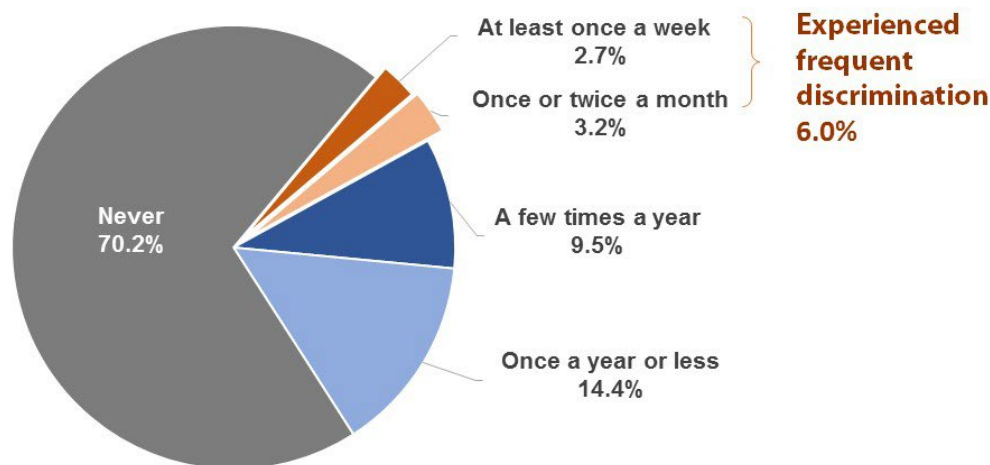
Social connectedness

Indicator	Trend over time	Current status	Populations disproportionately impacted
Adult experiencing frequent discrimination	Trend decreased from 2002, increased over 2006 and no significant difference from 2010	6.0% of adults (2014) in Hennepin County	Disparities present for U.S born blacks, Non-Hispanic Asian and Hispanics, low income, low education, and those with disabilities and who experience frequent mental distress
Adults reporting high level of Neighborhood Cohesion	Increased since 2006	90% of adults (2014) in Hennepin County	Disparities present for U.S born blacks, non-Hispanic Asians, LGBT, low income, and those with disabilities and who experience frequent mental distress
Adults reporting neighborhood as "Very Safe"	-	48.4% of adults (2014) in Hennepin County	Disparities present for young adults 25-34, U.S born blacks, Non-Hispanic Asian and Hispanics, low income, low education, LGBT, those with disabilities and who experience frequent mental distress
Adolescents connected to caring adults	Fluctuated since 2010 between 90-92% (when including connected to adults they may be related to)	92.7% of 9 th graders (2016) connected to caring adult including relatives-Suburban Hennepin County	Disparities for students receiving Free and Reduced price lunch, Hispanics, Asians, Blacks, and American Indian compared to White Students

Percentage experiencing frequent discrimination

Adults, 25 years and older
Hennepin County, 2014

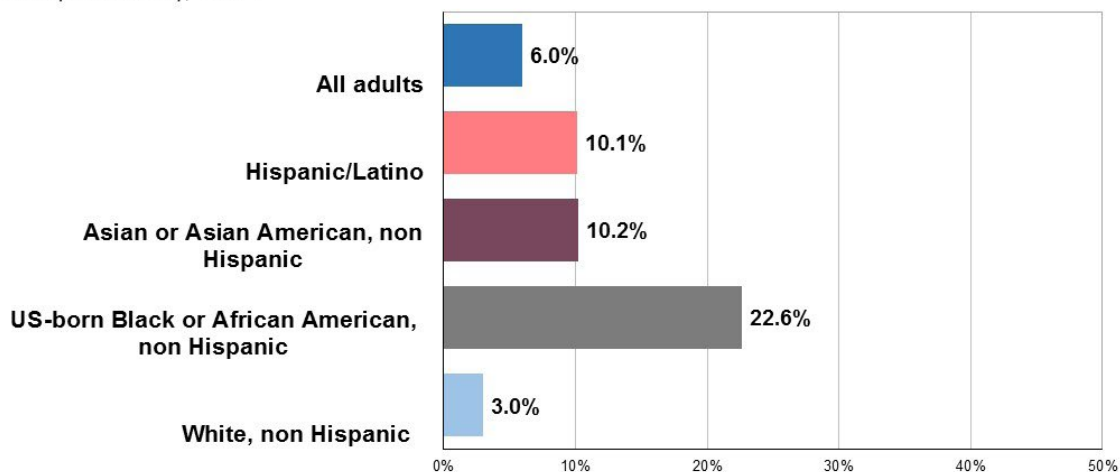
SHAPE survey question: How often are you in situations where you feel unacceptable because of your race, ethnicity or culture?



Source: Metro SHAPE 2014 Adult Survey

Percentage experiencing frequent discrimination, by race/ethnicity*

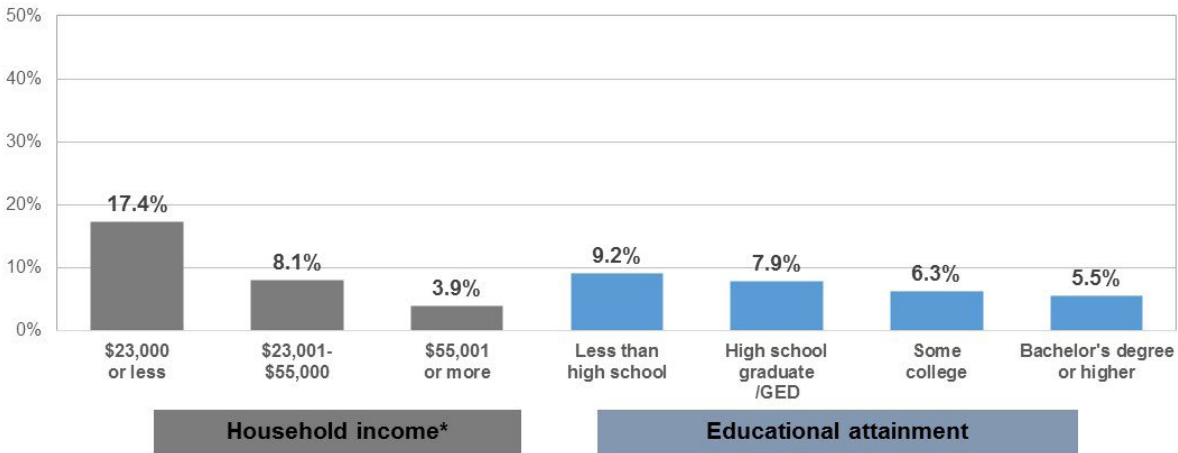
Adults, 25 years and older
Hennepin County, 2014



* Variation in rates across groups is statistically significant @ $p < 0.05$.

Percentage experiencing frequent discrimination, by income and education

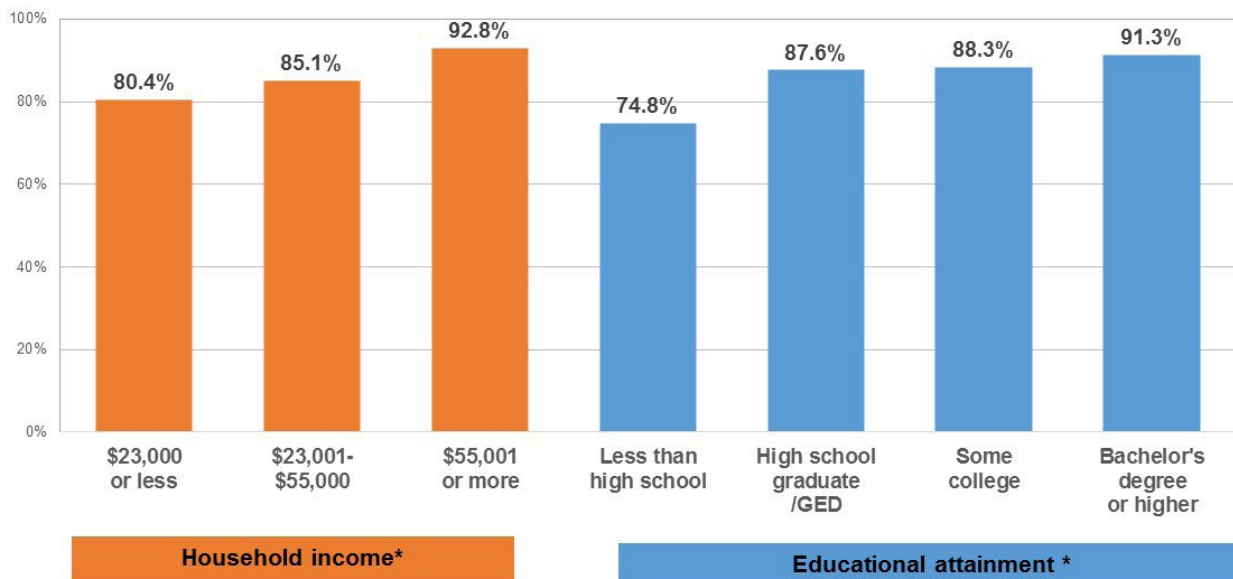
Adults, 25 years and older
Hennepin County, 2014



* Difference in rates across groups within the same demographic characteristic is statistically significant @ $p < 0.05$.

Neighborhood cohesion, by income and education

Adults, 25 years and older
Hennepin County, 2014

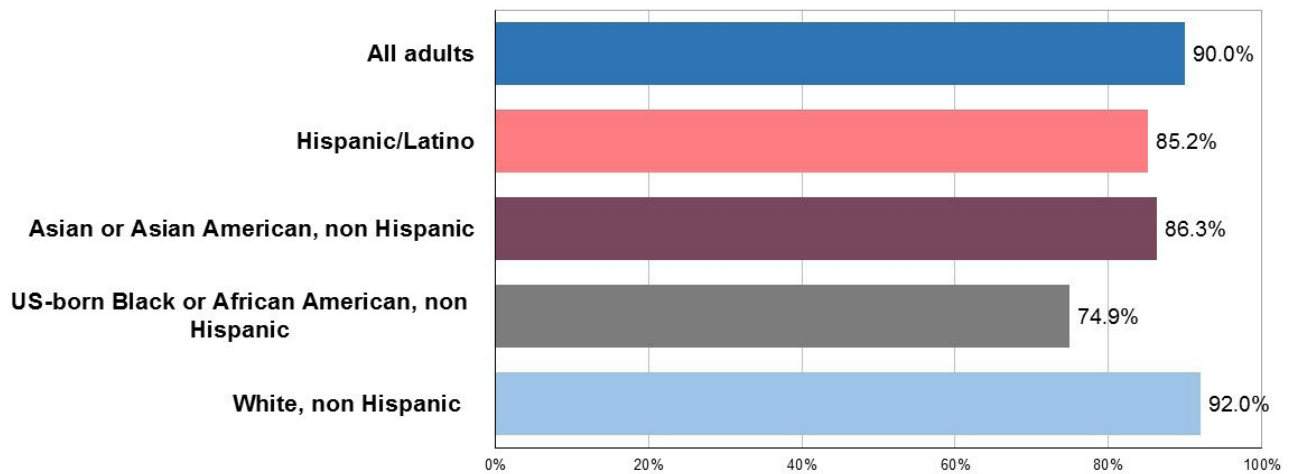


* Variation in rates across groups is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Neighborhood cohesion, by selected race/ethnicity*

Adults, 25 years and older
Hennepin County, 2014

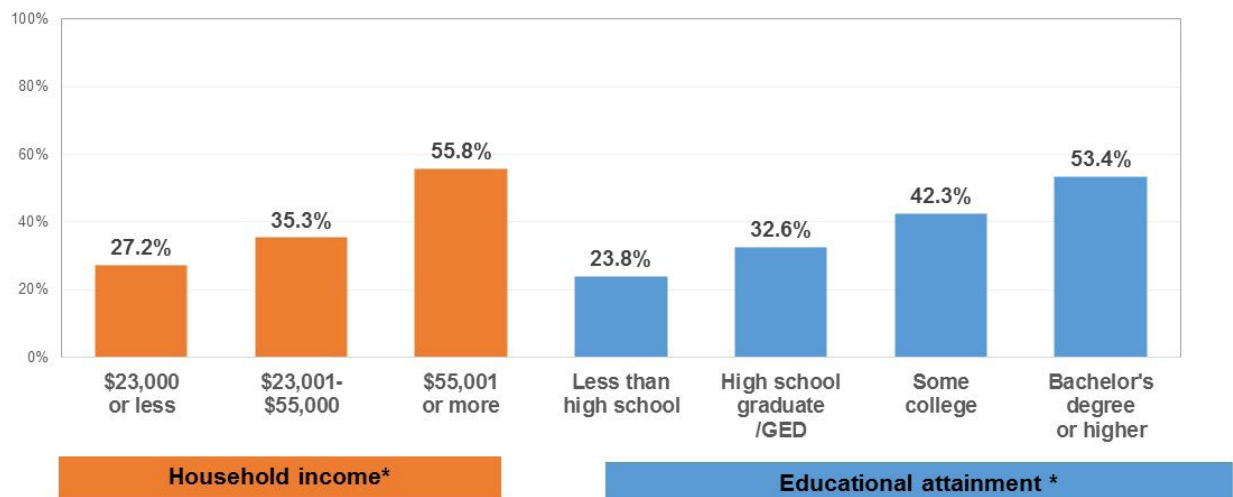


* Variation in rates across groups is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Perception of neighborhood safety, by income and education

Adults, 25 years and older
Hennepin County, 2014

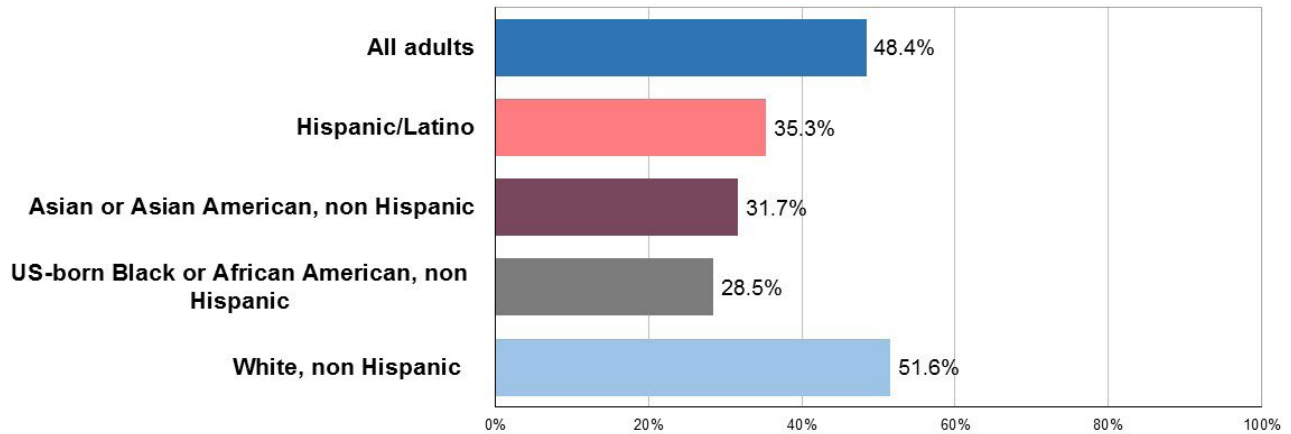


* Variation in rates across groups is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Perception of neighborhood safety, by selected race/ethnicity*

Adults, 25 years and older
Hennepin County, 2014

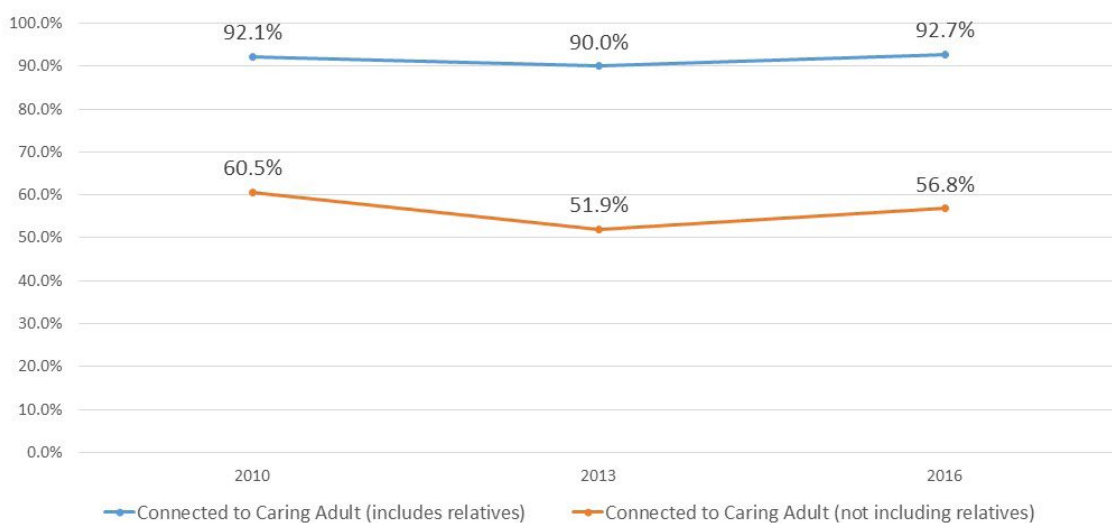


* Variation in rates across groups is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Adolescents connected to a caring adult

9th grade
Suburban Hennepin County, 2010-2016

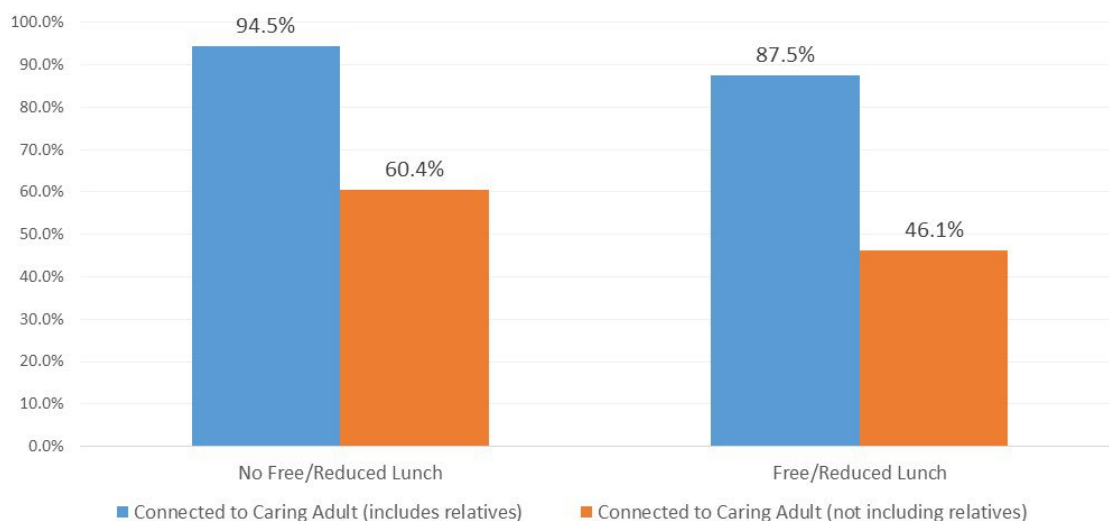


Source: 2010-2016 MN Student Survey

Adolescents connected to a caring adult, by income

9th grade

Suburban Hennepin County, 2010-2016

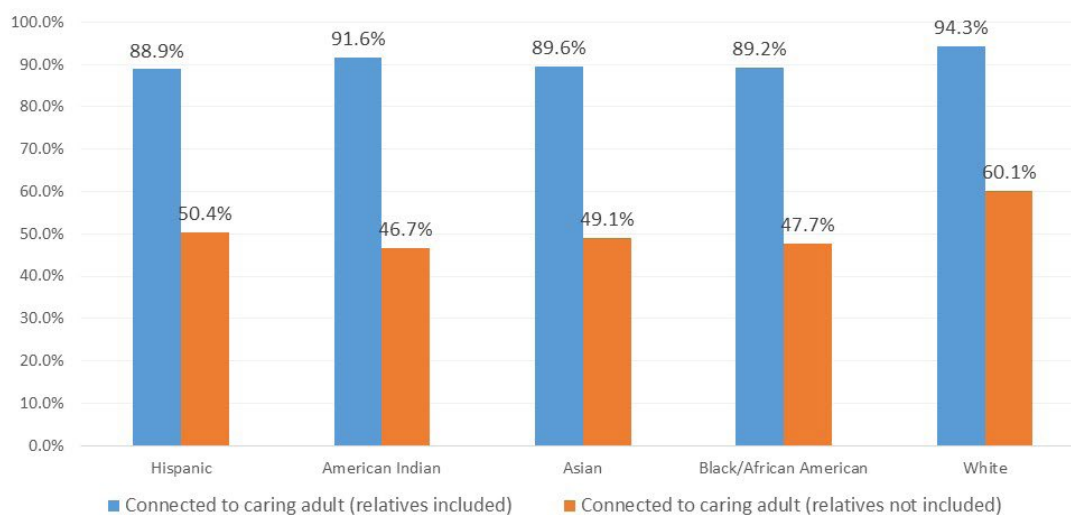


Source: 2010-2016 MN Student Survey

Adolescents connected to a caring adult, by selected race/ethnicity*

9th grade

Suburban Hennepin County, 2016



Hispanic ethnicity not exclusive of Race

Source: 2016 Minnesota Student Survey

Mental health

- Frequent mental distress among adults
- Chronic mental health among adolescents
- Adolescent suicidality in past 12 months
- Self-injurious behavior
- Self-injurious behavior (hospitalized)
- Deaths by suicide

Mental health

Indicator	10 year trend	Current status	Populations disproportionately impacted
Frequent mental distress among adults	Rates stable	8% adults	Disparities for US born black, low income, <HS education, LGBT, disabled populations
Chronic mental health among adolescents	Increase; note question change	17% of 9 th graders	Higher for girls, lower income
Adolescent suicidality in past 12 months	Rates stable	10% of 9 th graders	Much higher for girls; higher for lower income, American Indians
Self-injurious behavior	Rates stable; note question change	14% of 9 th graders	Much higher among girls; higher among low income
Self-injurious behavior (hospitalized)	Rates stable	1,500/yr	Highest rates for 10-19 year olds
Deaths by suicide	Small increase	~ 135-150 deaths/yr	Higher for males, highest among white middle aged males

Unmet mental health care needs

Adults, 25 and older, Hennepin County, 2014

Measure	All Adults	<200% FPL	≥200% FPL
Needed mental health care in the past year Q: During the past 12 months, was there a time you wanted to talk with or seek help from a health professional about stress, depression, a problem with emotions, excessive worrying, or troubling thoughts and delayed or did not get the care needed?	24.2%	33.6%	22.8%*
Unmet mental health care need (Delayed or did not get the care needed among those needed)	52.8%	56.0%	51.8%
Unmet mental health care need due to cost (Among those needed but delayed or did not get care)	45.7%	62.6%	40.7%*

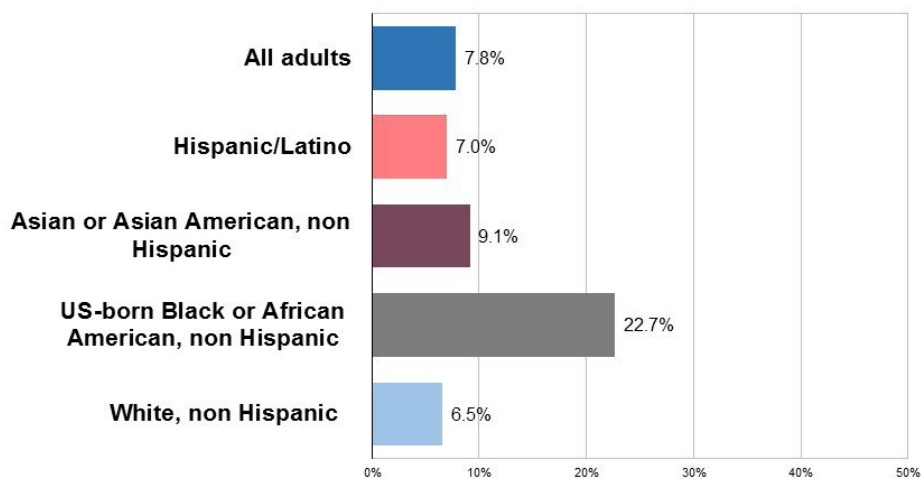
FPL: Household income is measured as a percentage of Federal Poverty Level (FPL).

* Difference in rates between two groups (<200%FPL and ≥200%FPL) is statistically significant @ p<0.05.

Source: Metro SHAPE 2014.

Percentage that experienced frequent mental distress in the past 30 days, by selected racial/ethnic groups*

Adults, 25 and older, Hennepin County, 2014

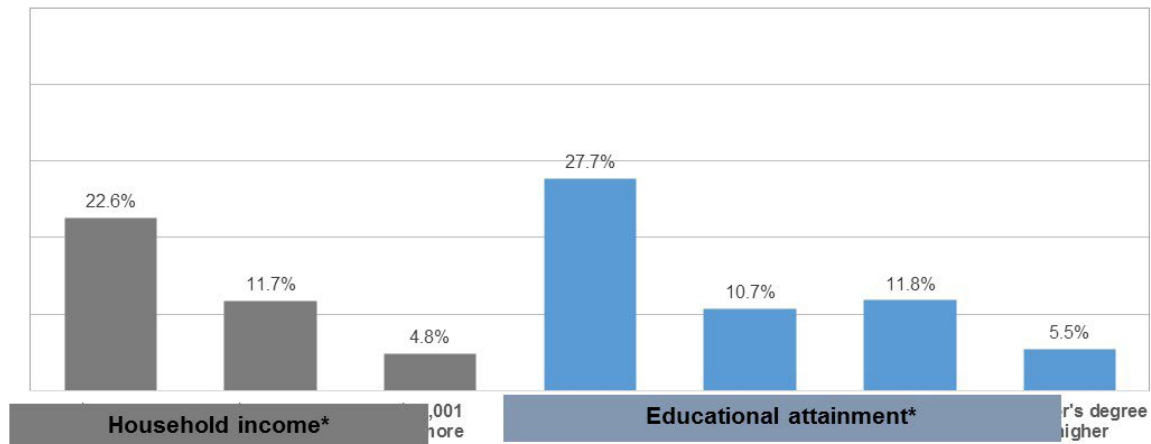


* Variations in rates across groups is statistically significant @ p<0.05.

Source: Metro SHAPE 2014.

Percentage that experienced frequent mental distress in the past 30 days, by income and education

Adults, 25 and older, Hennepin County, 2014

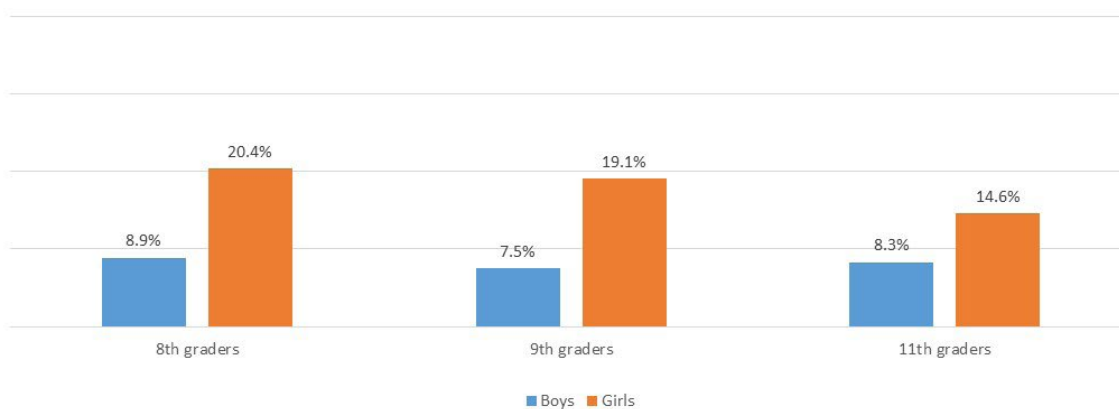


* Variation in rates across groups within the same demographic characteristic is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014.

At least one instance of self-injurious behavior in past 12 months

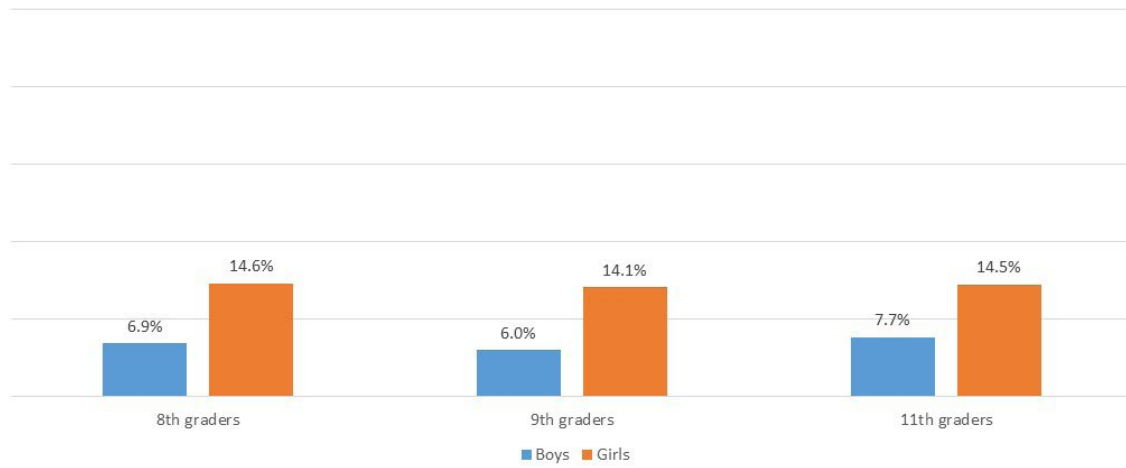
Adolescents, Suburban Hennepin County, 2016



SOURCE: 2016 MSS, 8th, 9th & 11th graders

Seriously considered suicide in the past year

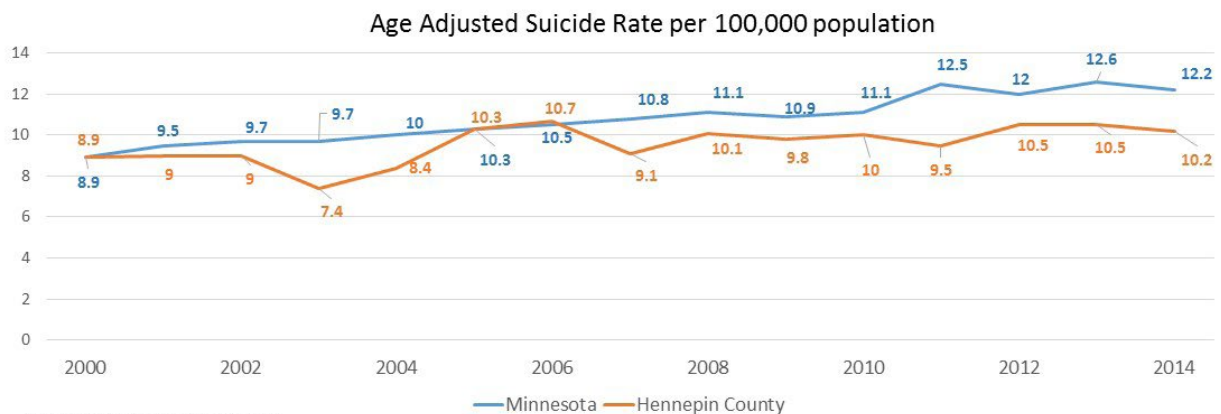
Adolescents, Suburban Hennepin County, 2016



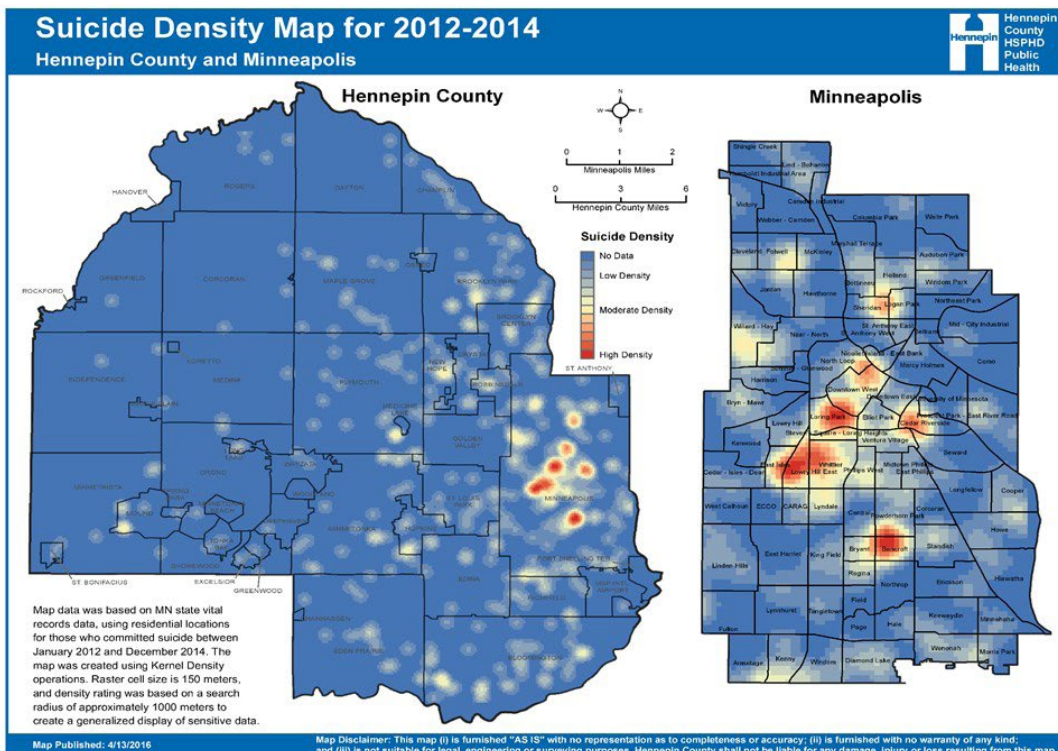
SOURCE: 2016 MSS, 8th 9th & 11th graders

Suicide and self-injurious behavior

- Suicide rate in Hennepin County is relatively stable though is higher when compared to 2000-2005
- Suicide rate in Hennepin County is lower than the overall state rate.
- Note about age differences
- The rate of self-injurious behavior begins to increase for pre-teens (10-14), peak for the 15-19 age group with 15-29 ages having the highest rates. Once past the age of 65 years, rates level off.



SOURCE: MDH Office of Vital Stats



Nutrition, obesity, and physical activity

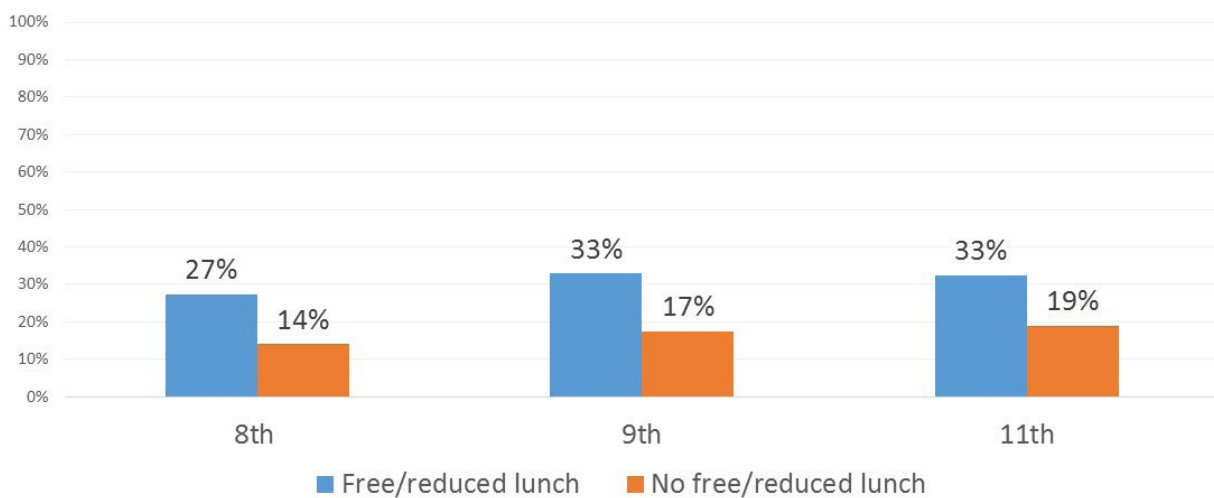
- Adult and child weight status
- Adult and child physical activity
- Adult and child fruit and vegetable consumption
- Adult and child sugar sweetened beverages

Nutrition, obesity and physical activity

Indicator	Trend over time	Current status	Populations disproportionately impacted
Adult obesity	Increased since 1998	21.9% of adults (2014) in Hennepin County	Disparities present for U.S born blacks, Hispanics, low income, and low education
Child obesity	Increased since 2010	8.3% of 9 th graders (2016) in Suburban Hennepin County	Disparities present for blacks, American Indians, Hispanics, Multi-racial, males and low income
Adult-no leisure time	No Trend available	14.2% of adults (2014) in Hennepin County	Disparities present for Hispanic/Latinos, NH-Asian, and U.S Born Blacks, adults that are low income and low education
Child-60 minutes of physical activity 7 days/week	Decreased since 2006	16.4% of 9 th graders (2016) in Suburban Hennepin	Disparities present for females and low income

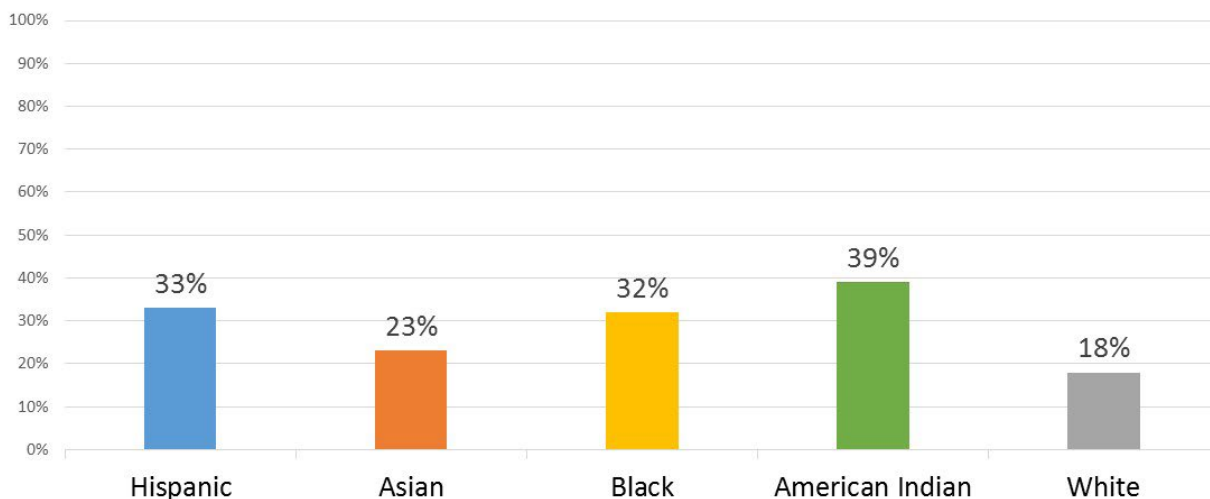
Percentage of ninth grade students classified as overweight/ obese, by grade and income

Suburban Hennepin County, 2016



Percentage of ninth grade students classified as overweight/obese, by race/ethnicity

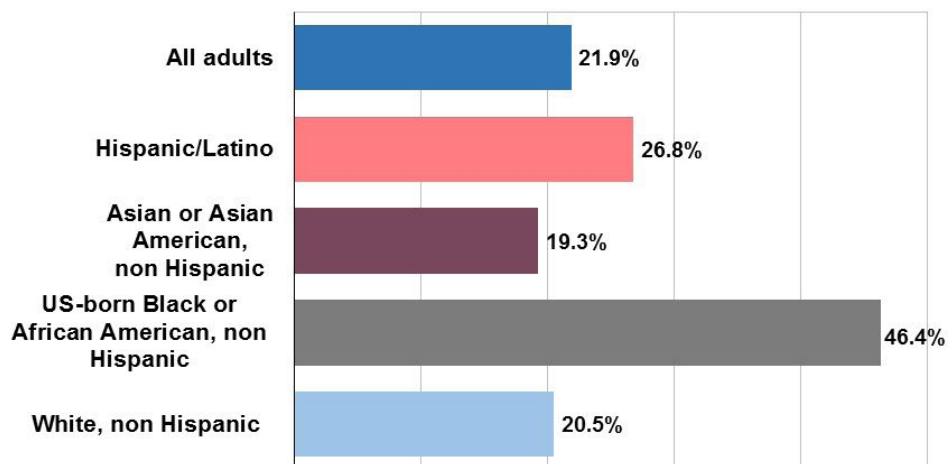
Suburban Hennepin County, 2016



Source: 2016 Minnesota Student Survey

Percentage of adults 25 and older who are obese, by race/ethnicity*

Adults, 25 years and older
Hennepin County, 2014

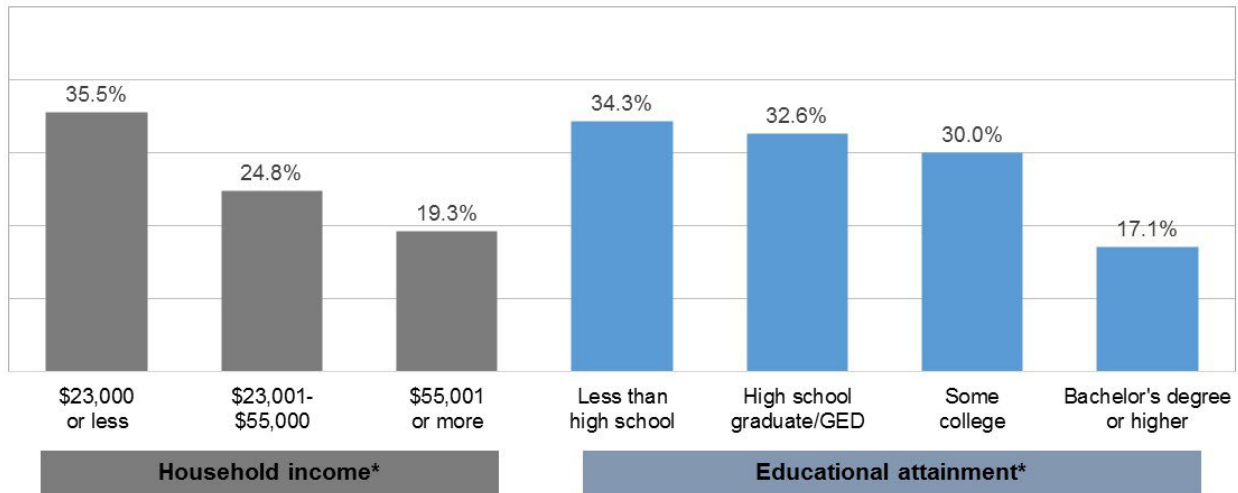


* Variations in rates across groups is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Percentage of adults 25 and older who are obese, by income and education

Adults, 25 years and older
Hennepin County, 2014

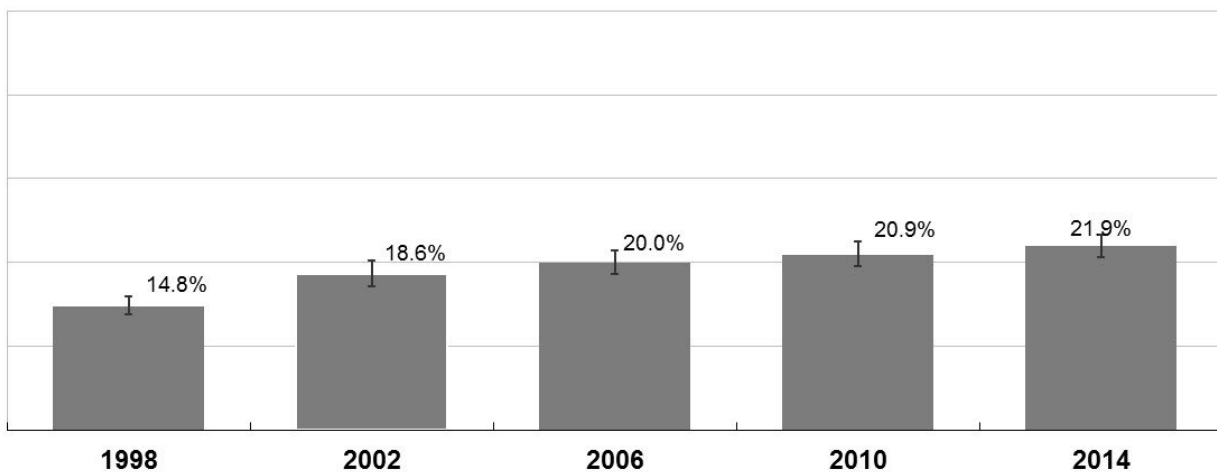


* Variations in rates across groups within the same demographic characteristic is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Percentage of adults 25 and older who are obese, trend over time

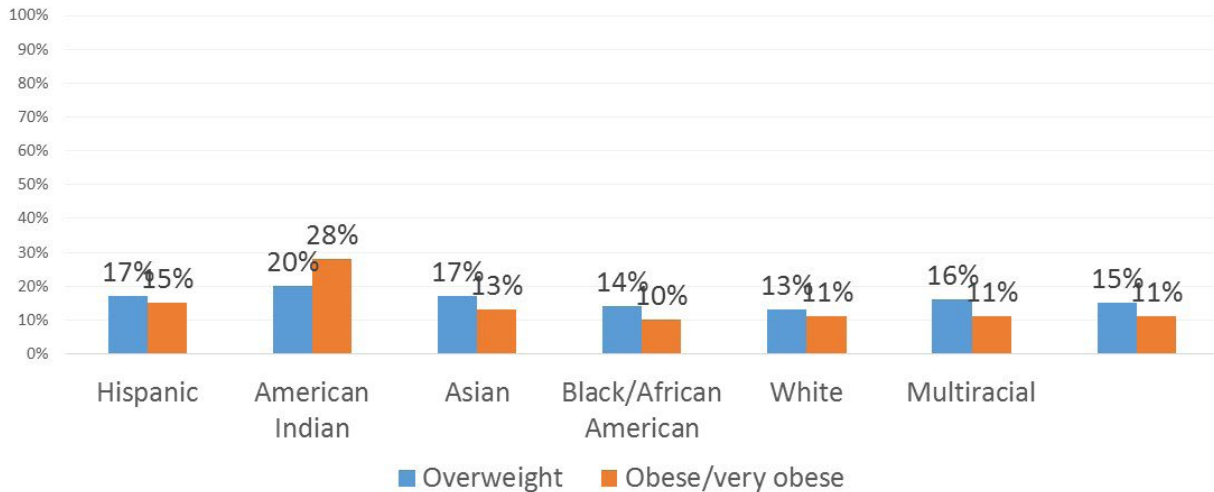
Adults, 25 years and older
Hennepin County, 2014



Sources: SHAPE 1998, SHAPE 2002, SHAPE 2006, SHAPE 2010 and Metro SHAPE 2014.
Note: Vertical line represents 95% confidence intervals.

Weight status of 2-5 years olds enrolled in WIC, by race/ethnicity

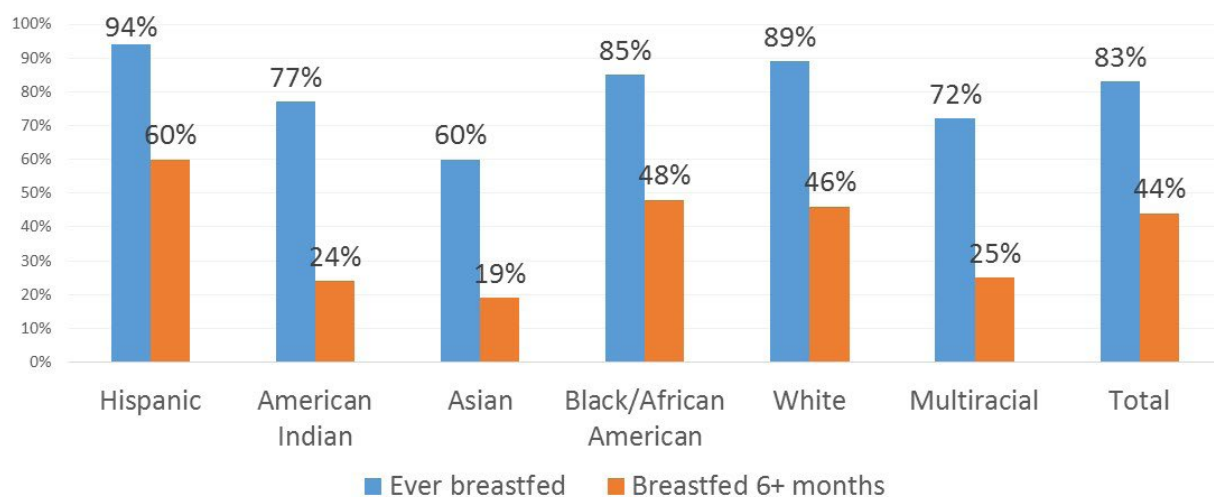
Hennepin County, 2015



Source: Minnesota WIC Information System. Overweight and Obesity Status in Children Ages 2 to 5 Years of Age Participating in Minnesota WIC During Calendar Year 2015 by County of Residence and Race/Ethnicity. Minnesota WIC Program: 2016.

Breastfeeding practices of mothers enrolled in WIC, by race/ethnicity

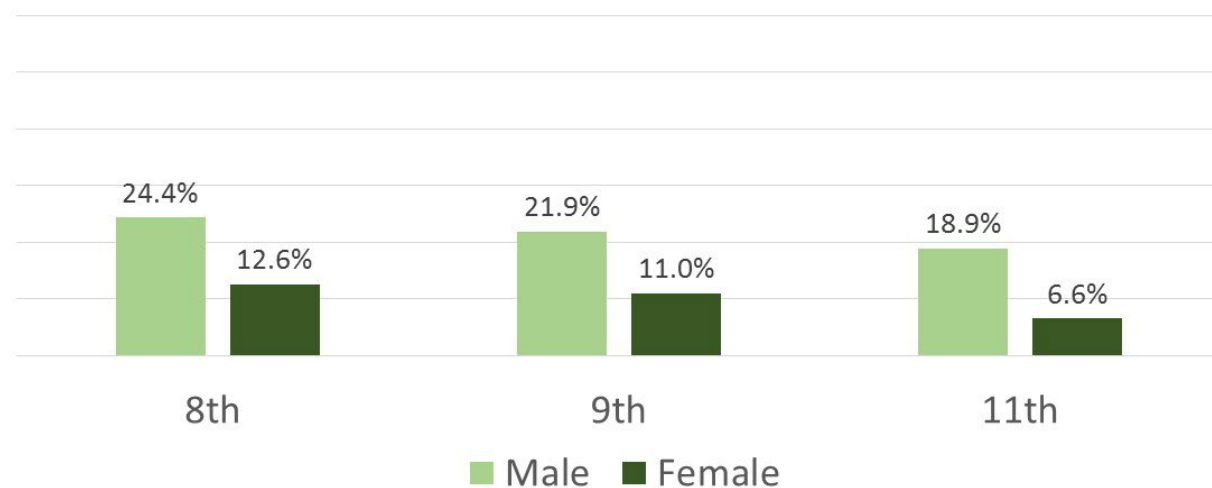
Hennepin County, 2015



Source: Minnesota WIC Information System. Breastfeeding Initiation and Duration at Two Weeks, Two Months and Three Months for Infants in the Minnesota WIC Program Born During Calendar Year 2015 by County and Race/Ethnicity Alone or in Combination (AOIC) with Other Races. Minnesota WIC Program: 2016.

Students physically active seven days per week, by grade and gender

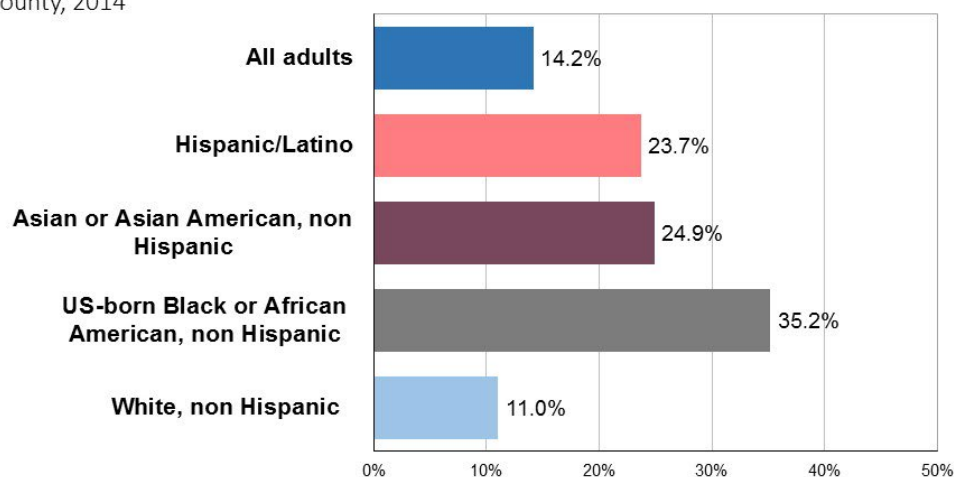
Suburban Hennepin County, 2016



Source: MSS 2016 Survey

Percentage of adults 25 and older reporting no leisure time activity, by race/ethnicity

Adults, 25 years and older
Hennepin County, 2014

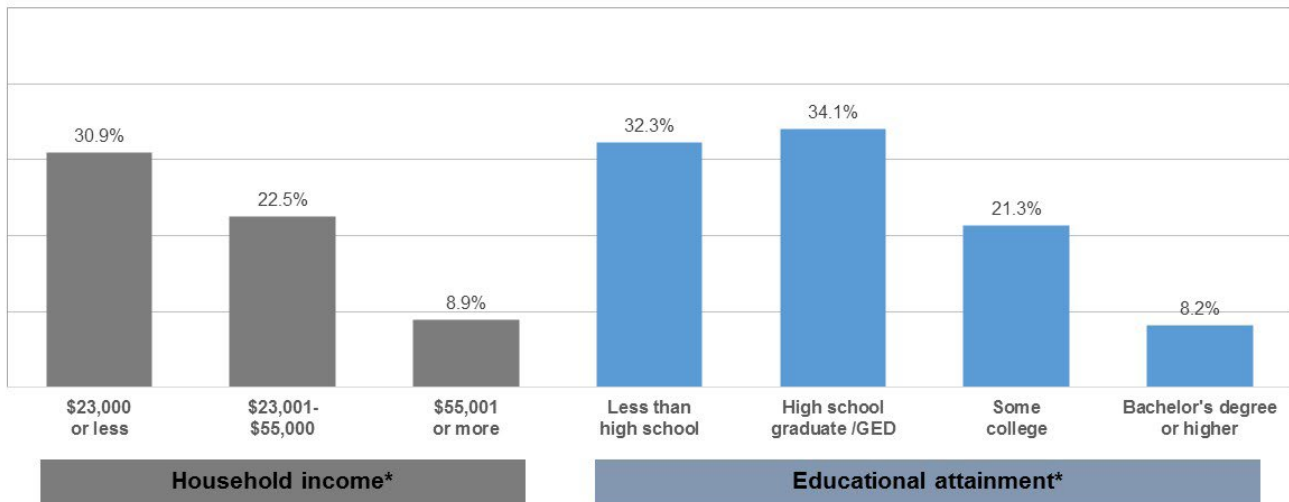


* Variations in rates across groups is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Percentage of adults 25 and older reporting no leisure time activity, by income and education

Adults, 25 years and older
Hennepin County, 2014

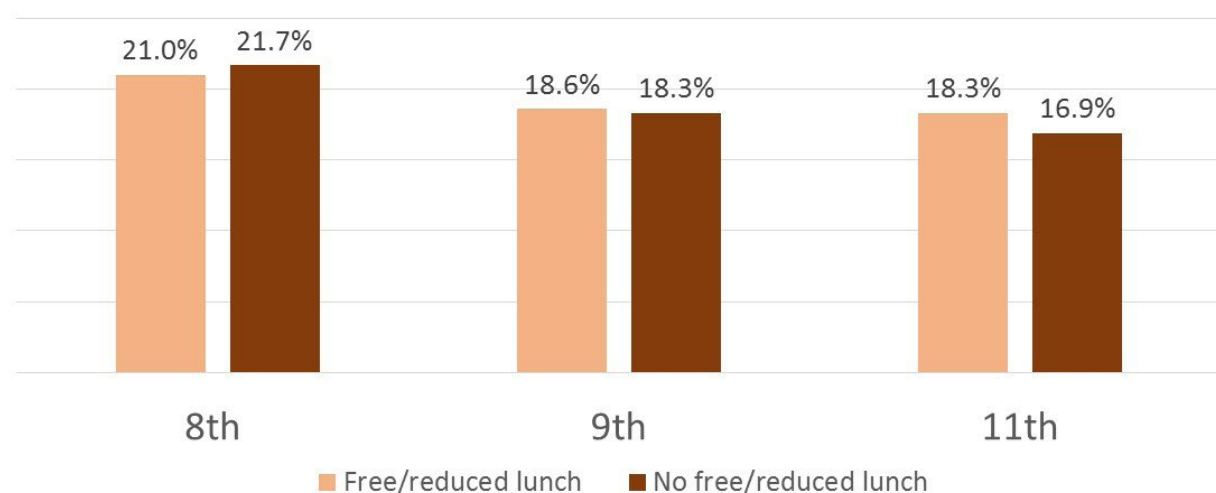


* Difference in rates across groups within the same demographic characteristic is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Students consuming five or more fruits and vegetables daily, by grade and income

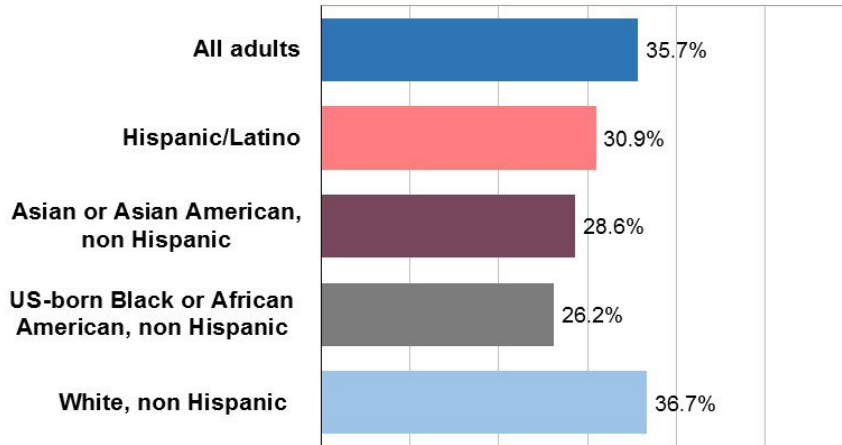
Suburban Hennepin County, 2016



Source: 2016 Minnesota Student Survey

Percentage of adults 25 and older reporting five fruits and vegetables/day, by selected race/ethnicity

Adults, 25 years and older
Hennepin County, 2014

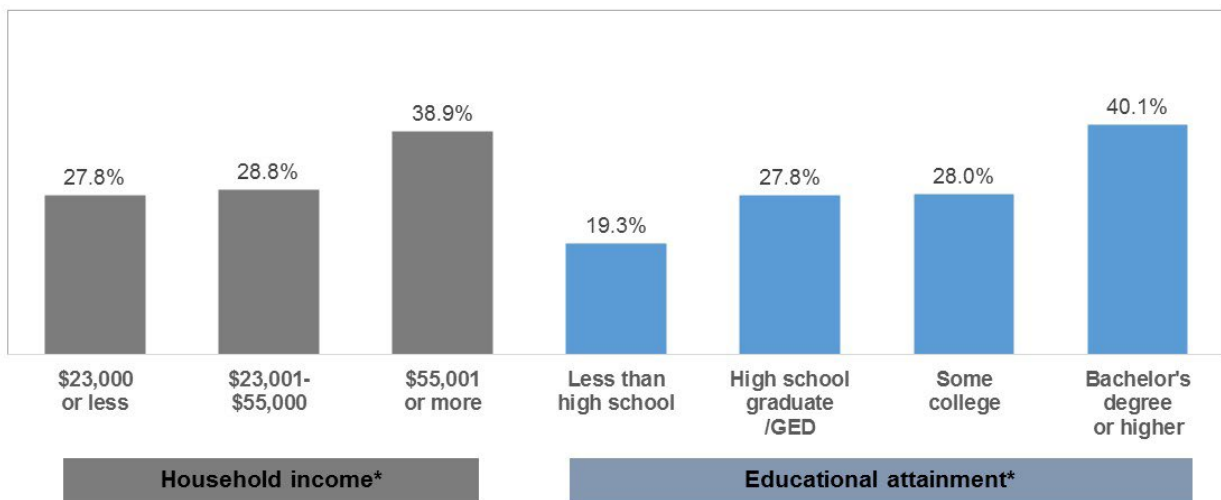


* Variations in rates across groups is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Percentage of adults 25 and older reporting five fruits and vegetables/day, by income and education

Adults, 25 years and older
Hennepin County, 2014



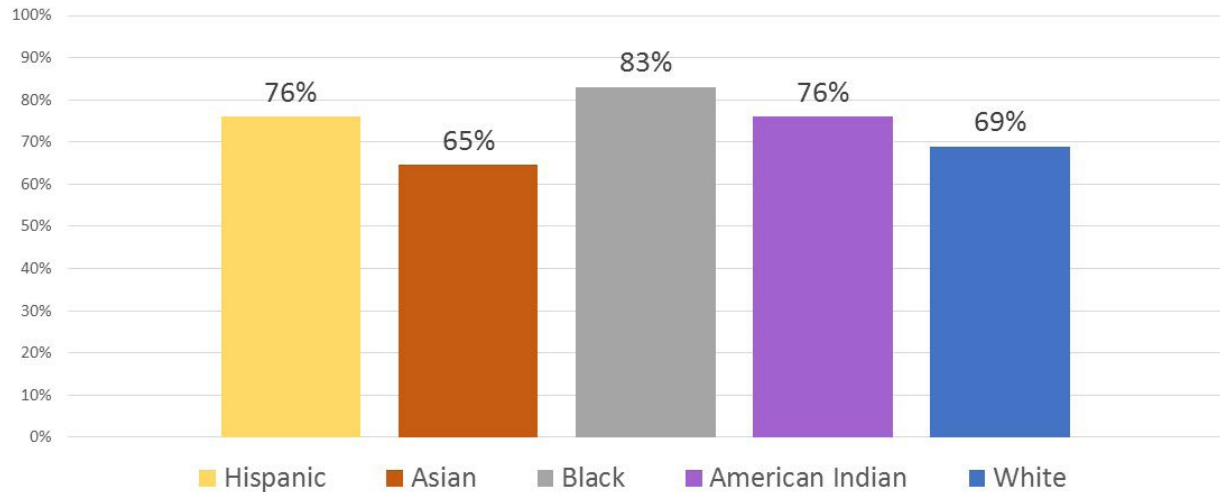
* Variation in rates across groups within the same demographic characteristic is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Students consuming one or more sugar sweetened beverages, by race/ethnicity

9th grade

Suburban Hennepin County, 2016



Source: 2016 Minnesota Student Survey

Oral health

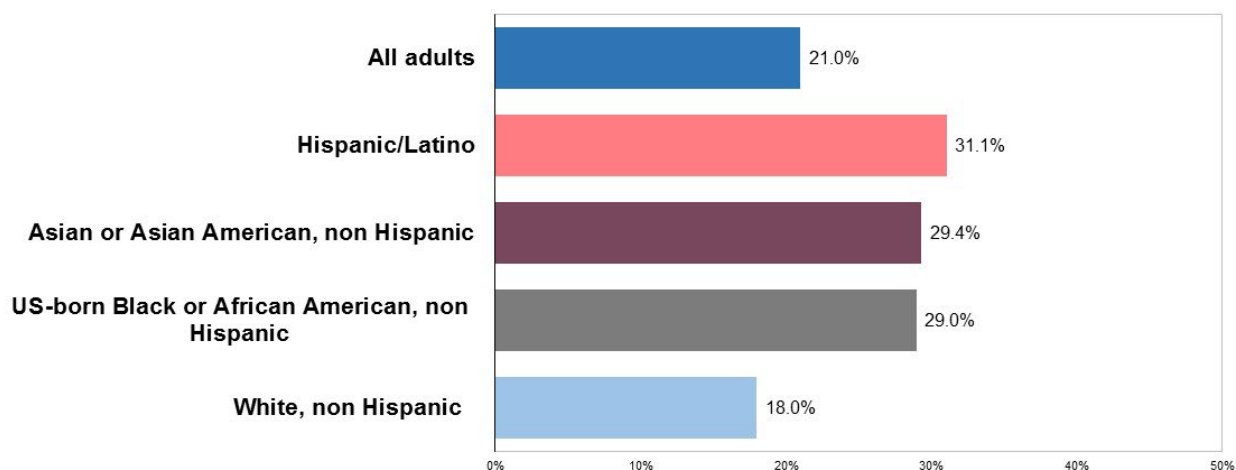
- Adult oral health/dental care
- Child oral health/dental care
- Child oral health/dental care coverage
- Dental health (sealants and carries)

Oral health

Indicator	Trend over time	Current status	Populations disproportionately impacted
No Dental Visit in past year	Trend worsened since 1998	21% of adults (2014) in Hennepin County	Disparities present for U.S born blacks, Hispanics, Asians, low income, low education,
Regular dental check up in past year (3-17 yrs)	Trend improved compared to 2006 (question not asked in 2010)	About 85% of children 3-17 years in Hennepin County (2015)	Low income (race/ethnicity breakdowns not available)
Dental care coverage (children 3-17 yrs)	Trend worsened since 2010	91.5% of children 3-17 years in Hennepin County (2015)	Low income (race/ethnicity breakdowns not available)

No dental visit in past year, by race/ethnicity*

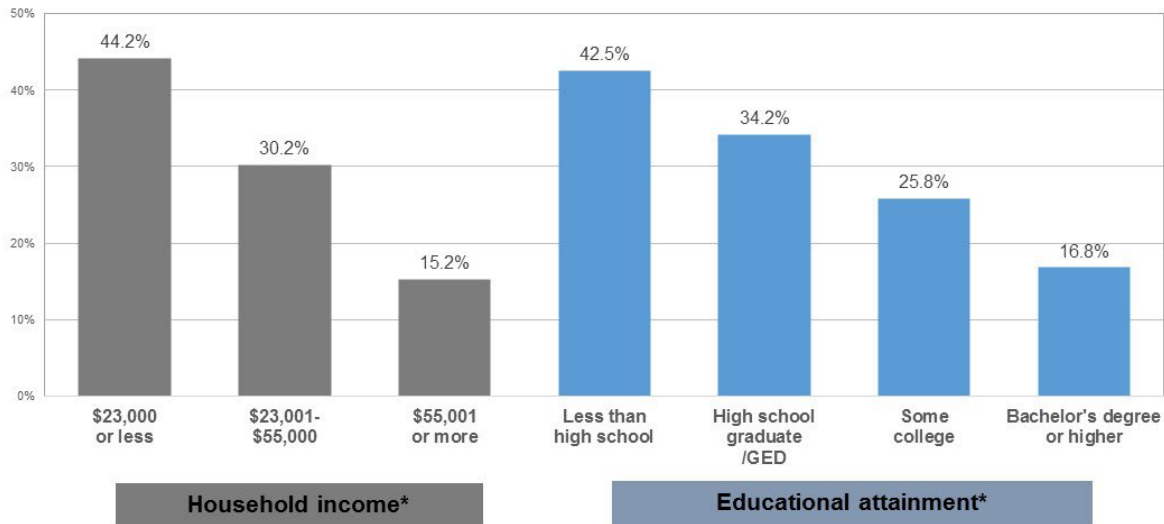
Adults 25 and older
Hennepin County, 2014



* Variations in rates across groups is statistically significant @ $p < 0.05$.

No dental visit in past year, by income and education*

Adults 25 and older
Hennepin County, 2014

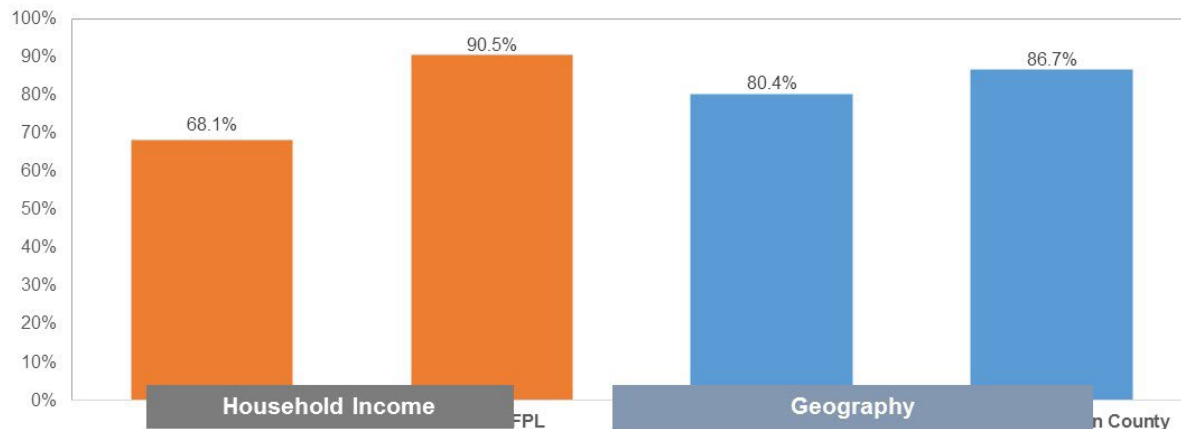


* Variation in rates across groups within the same demographic characteristic is statistically significant @ $p < 0.05$.

Source: Metro SHAPE 2014 Adult Survey

Regular dental check up in past year, by income and geography

Children 3-17 years
Hennepin County, 2015



Source: 2015 Child SHAPE Survey

Dental care coverage

Children 3-17 years
Hennepin County, 2015

Q: Does your child currently have any insurance that pays for all or part of his or her dental care?

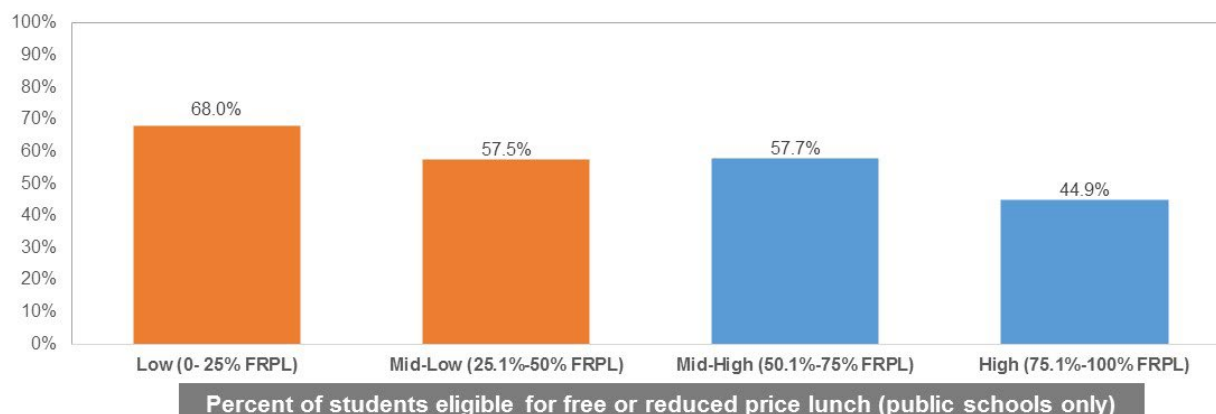
91.5% of children (age 3 and older) have dental care coverage

Among those with coverage, **9%** of all children and **26%** of low-income children had difficulty finding a dentist who would accept their insurance.

Source: 2015 Child SHAPE Survey

Presence of at least one dental sealant on a permanent molar, by free and reduced price lunch eligibility

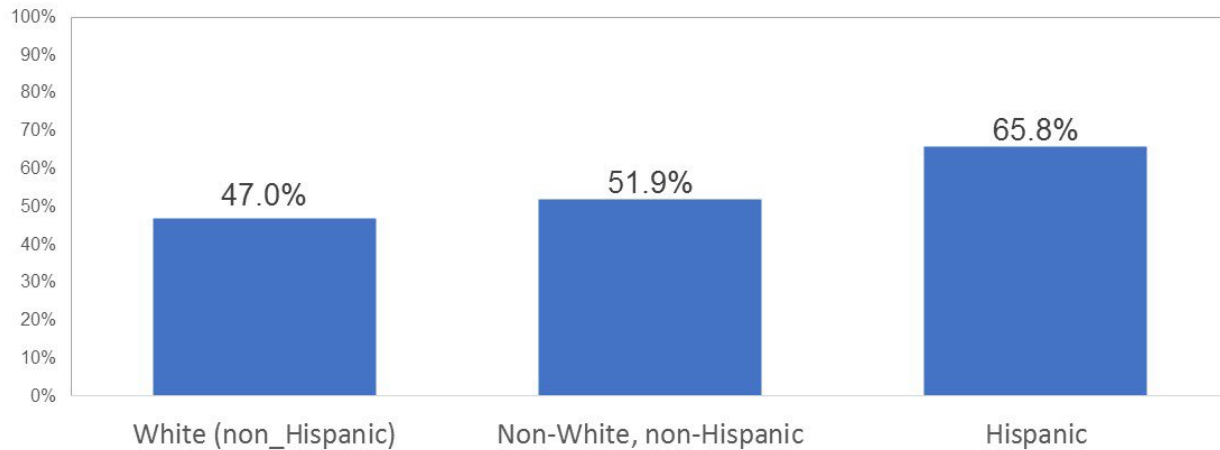
3rd graders in public schools
State of Minnesota, 2013-2014



Source: Minnesota Department of Health, Oral Health Program

Public school students with caries experience (untreated or treated tooth decay), by race and ethnicity

3rd graders in public schools
State of Minnesota, 2013-2014



Source: Minnesota Department of Health, Oral Health Program

Tobacco use

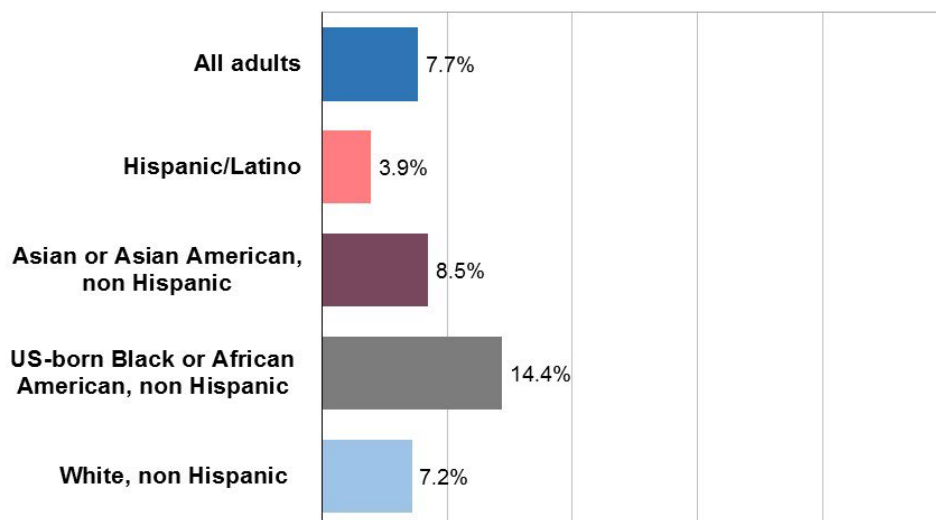
- Adult tobacco use
- Adults reporting environmental tobacco exposure
- Adolescent tobacco use
- Child environmental tobacco exposure

Tobacco

Indicator	Trend over time	Current status	Populations disproportionately impacted
Adult tobacco use	Decreased since 1998	About 8% of adults (2014) in Hennepin County	Disparities present for U.S born blacks, low income, LGBT, low education, and those with disabilities and who experience frequent mental distress
Adult environmental tobacco exposure	Trend not available	About 4.5% of adults (2014) in Hennepin County	Disparities present for blacks, Asians, low income, those living in multi-unit housing, smokers, and those with disabilities and who experience frequent mental distress
Adolescent tobacco use	Decreased since 2010	3% of 9 th graders and 9% of 11 th graders (2016) in suburban Hennepin County	E-cigarettes larger concern (17% of 11 th graders); higher tobacco use among American Indian, LGBT youth
Child environmental tobacco exposure	Trend not available	5.5% of children 3-17 years (2015)	Disparities present for children from low income families

Percent current smokers, by race/ethnicity*

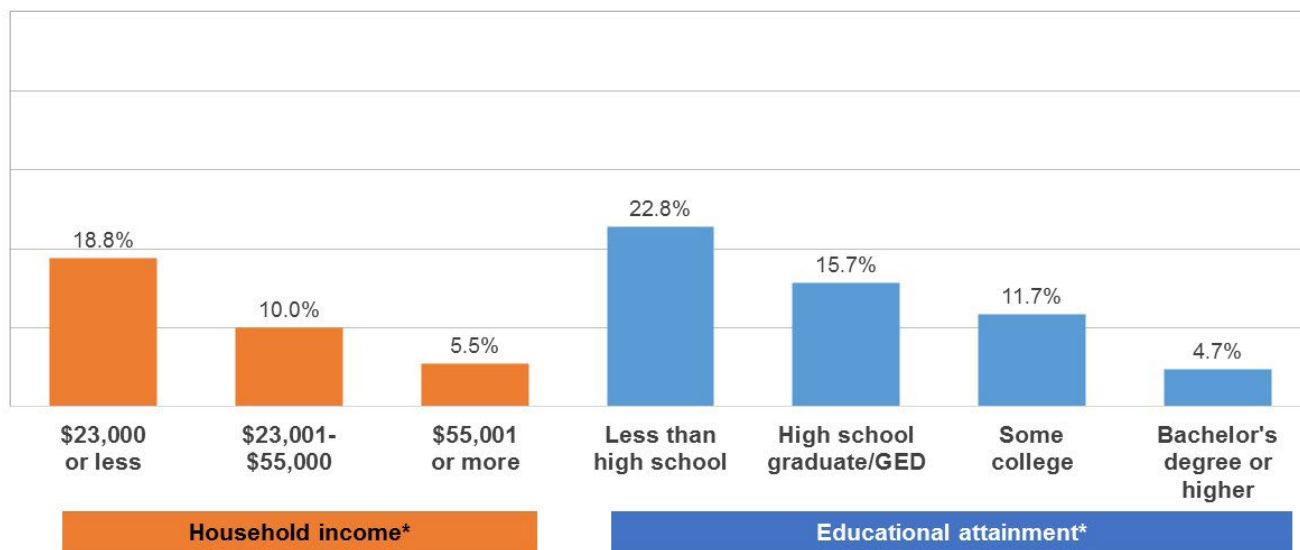
Adults 25 and older
Hennepin County, 2014



* Variations in rates across groups is statistically significant @ p<0.05.

Percent current smokers, by income and education*

Adults 25 and older
Hennepin County, 2014

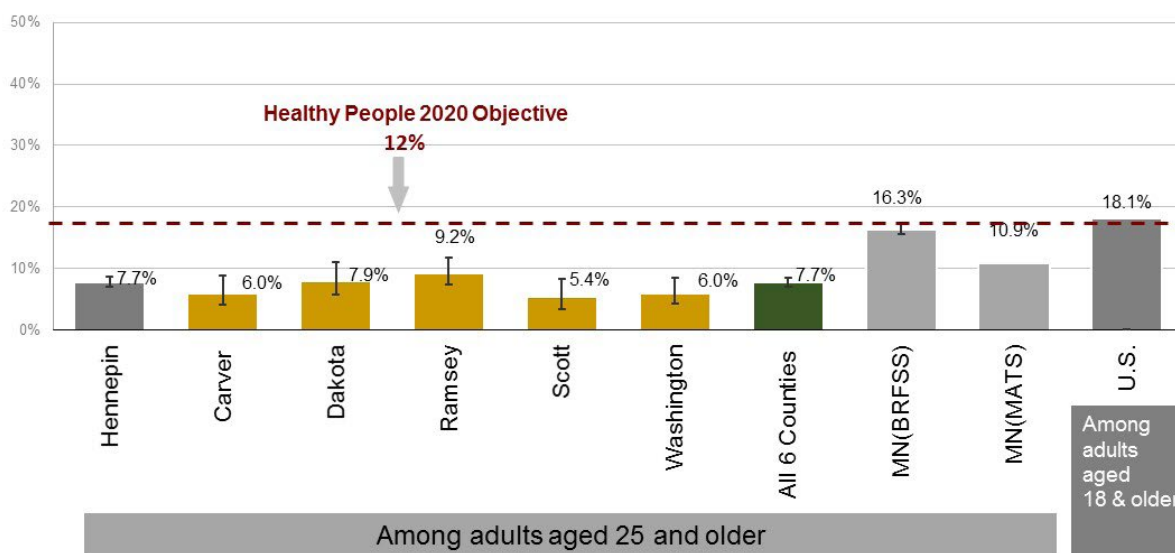


* Variations in rates across groups within the same demographic characteristic is statistically significant @ $p < 0.05$.

Source: 2014 Metro SHAPE Survey

Percentage current smokers - how do we compare?

Adults 25 and older
Hennepin County, 2014



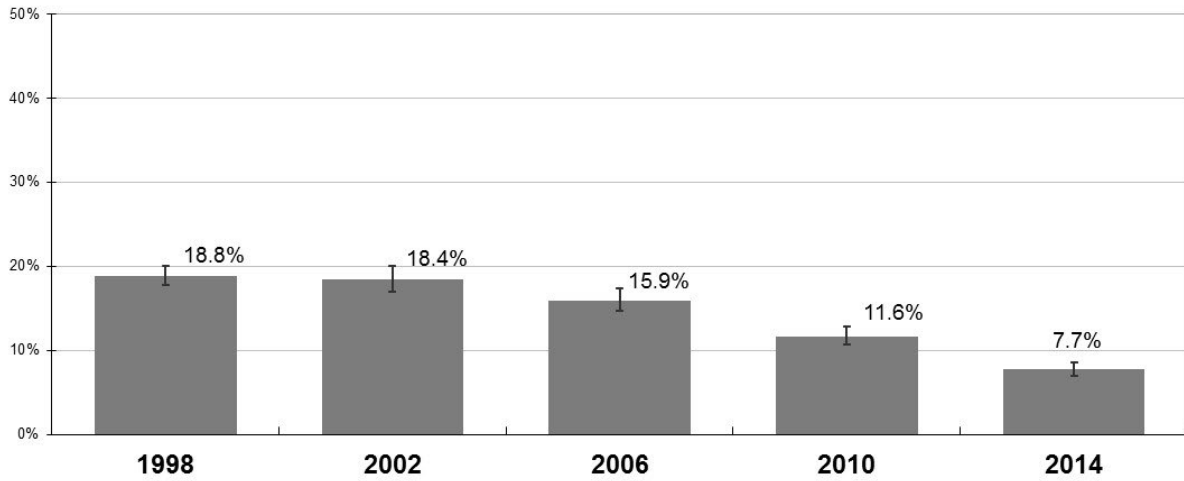
Sources: Metro SHAPE 2014 for counties, and BRFSS 2014 for Minnesota and U.S.
MATS 2014 data is unweighted.

Note: Vertical line represents 95% confidence intervals.

Source: 2014 Metro SHAPE Survey

Percentage current smokers - how do we compare?

Adults 25 and older
Hennepin County, 2014



Sources: SHAPE 1998, SHAPE 2002, SHAPE 2006 & SHAPE 2010.

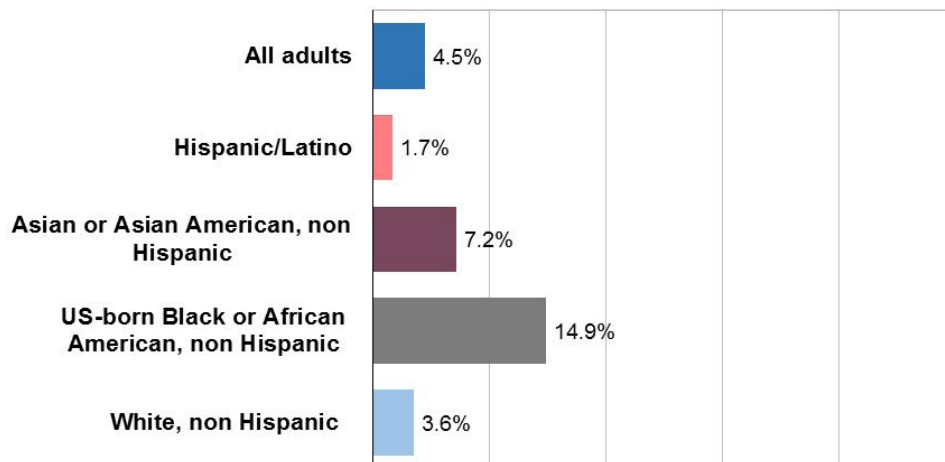
Note: Vertical line represents 95% confidence intervals.

Survey questions on cigarette use is different between SHAPE 1998 and the rest of SHAPEs

Source: 2014 Metro SHAPE Survey

Environmental tobacco smoke exposure, by race/ethnicity*

Adults 25 and older
Hennepin County, 2014



* Variations in rates across groups is statistically significant @ $p < 0.05$.

Source: 2014 Metro SHAPE Survey

Tobacco use and environmental tobacco smoke (ETS)

Hennepin County, 2014

Measure/indicator	County Total	<200% FPL	≥200% FPL
Currently smoking Smoked 100 cigarettes and currently smoke someday or everyday.			
○ All	7.7%	15.4%	6.2%*
○ Apartment	13.9%	21.6%	8.4%*
○ Single family home	6.8%	14.8%	5.7%*
ETS inside home Q: Does anyone, including yourself smoke regularly inside your home?			
○ All	4.5%	12.5%	3.0 %*
○ Apartment	7.2%	13.6%	2.6%*
○ Single family home	4.1%	13.5%	2.8%*
ETS in a car Q: In the past 7 days have you been in a car or other vehicle with someone who was smoking?	6.7%	15.5%	5.1%*

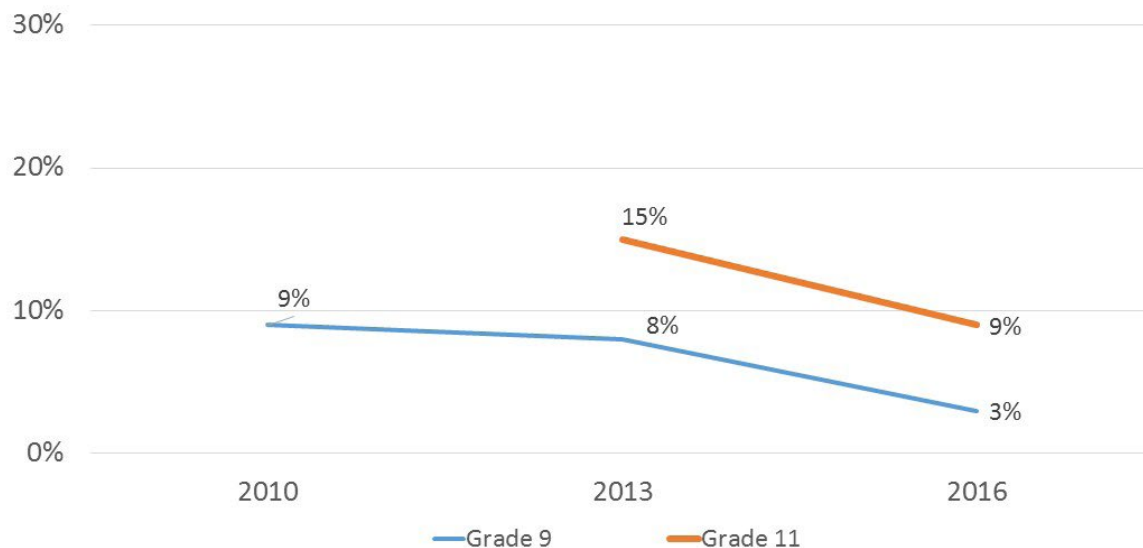
FPL: Household income is measured as a percentage of Federal Poverty Level (FPL).

* Difference in rates between two the two groups is statistically significant @ p<0.05.

Source: 2014 Metro SHAPE Survey

Percentage using tobacco in past 30 days, by grade

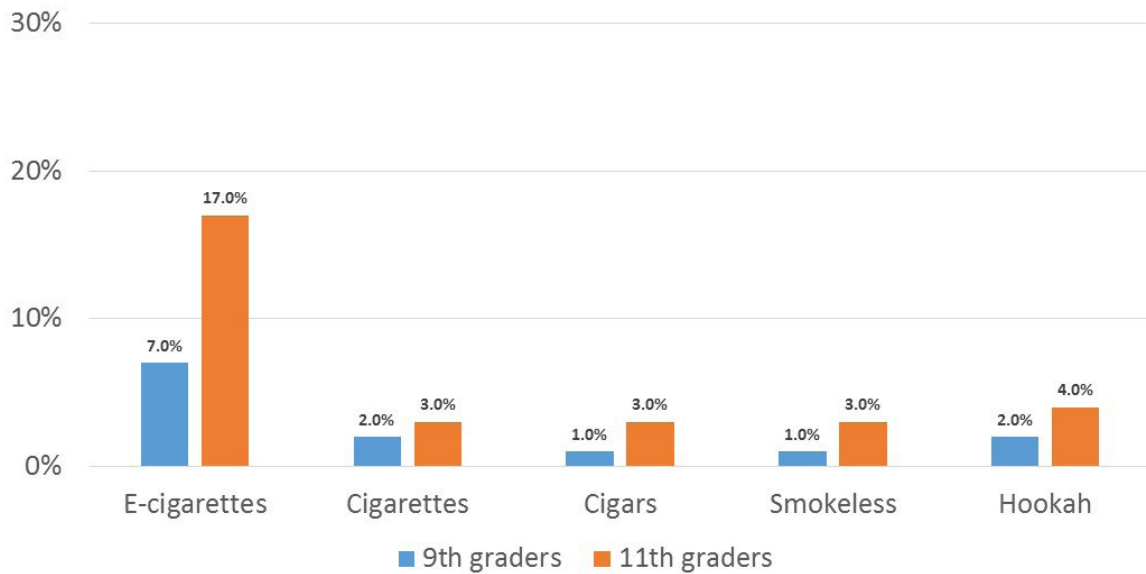
Suburban Hennepin County, 2010-2016



SOURCE: Minnesota Student Survey 2010, 2013, 2016

Percentage using various forms of tobacco in past 30 days, by grade

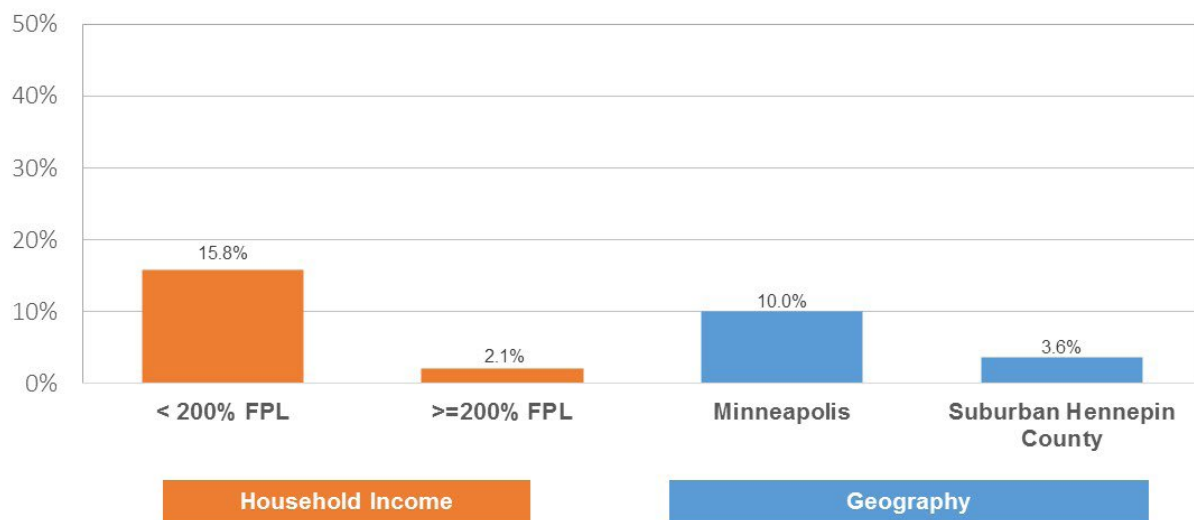
Suburban Hennepin County, 2010-2016



SOURCE: Minnesota Student Survey 2016

Secondhand smoke exposure, by income and geography

Children 0-17 years
Hennepin County, 2015



SOURCE: Child SHAPE Survey 2015

CHIP Data Sources and Limitations

All of the data sources that we used have their own limitations. Data can help to inform decisions and to develop priorities but we understand that it is not the only factor that influences decision-making. Below are limitations of each of the main data sources used for this presentation and process. Please contact a member of the data team with questions.

Minnesota Student Survey

- Variable response rate by district and grade
 - Trend data set only includes districts participating in every year of trend analysis.
- Minneapolis Public Schools not represented due to inconsistent participation over time
- Association versus causation
- Recall bias
- Exaggerated student responses - The majority of students exhibit patterns of responses to questions that are reasonable for a given question and consistent across similar questions. In addition, as results have demonstrated, percentages for many answers are consistent over time across the eight Minnesota Student Survey administrations studied for this report. Such similarities are likely to occur only if the survey responses reflect the actual perceptions of Minnesota's youth; it is extremely unlikely that these patterns could be replicated by chance over time. Furthermore, the survey findings are often consistent with findings in similar states and with national trend lines of increasing or decreasing behaviors.

SHAPE 2014

- Low response rate (22%), non-response bias impacts ability to generalize
 - Survey was weighted to best match the demographic characteristics of the county, but cannot correct for bias to the extent that non-respondents were less healthy than responders
 - SHAPE 2014 reports only adults age 25 and older due to low response
 - Non-English speaking residents not represented
 - Estimates of health status likely present a more favorable picture of health, and underestimate health disparities
 - Small sample sizes limit ability to report some crosstabs
 - Association versus causation
 - Recall bias
 - Minneapolis Health Department does not use MetroSHAPE data due to non-response bias.
- For a more complete report, please see:
www.minneapolismn.gov/www/groups/public/@health/documents/webcontent/wcmsp-190983.pdf

US Census/American Community Survey

Census

- Dated-data collected seven years ago
- Short-form only, basic demographics only

American Community Survey

- Estimates, not actual counts such as with census.
- Five year estimates used for census tract data. Five year estimates are more accurate than one year estimates, but less timely. Therefore five year estimates are not as strong of a measure for a timely/frequently fluctuating indicator such as unemployment or insurance status.
- Margin of error increases as geographic unit decreases in size (i.e., tract versus county). One year data frequently not available or reliable for tract level.
- Due to the large population size in Hennepin County, 1 year estimates have a small margin of error at the county level and are considered reliable, accurate estimates.

MN Vital Statistics

Birth records

- Medical record extraction for some elements inconsistent
- Race/ethnicity categories inadequate
- Race/ethnicity category changes make reporting trends challenging

Death records

- Race/ethnicity reported by other than decedent
- Cause of death could be influenced by death reporting practices of certifiers

Other data sources

- WIC data
- Minnesota Department of Education Graduation rates
- BRFSS
- Minnesota Adult Tobacco Survey
- Oral Health Program-State Dental Survey of 3rd graders

Minneapolis Health Department position on Metro SHAPE 2014

MetroSHAPE 2014 provides a misleading picture of the health of Minneapolis adult residents and minimizes racial/ethnic and socioeconomic health disparities.¹

The response rate was low (22%). In addition, key groups were systematically underrepresented because they did not respond to the survey. Because this nonresponse bias yielded invalid survey estimates, the Minneapolis Health Department does not use MetroSHAPE data.

Age, race, and gender. Underrepresented subpopulations included men, adults age 25-44,² and racial/ethnic minorities.

Of 50 subgroups defined by gender, age and race categories (such as black females age 35-44), 25 subgroups in Minneapolis were represented by 10 or fewer respondents. MetroSHAPE data were weighted on these characteristics but this procedure did not reduce nonresponse bias for two reasons:

- the survey sample did not include sufficient diversity in both individual characteristics and health indicators; and
- the numbers of respondents in subsamples were too small to represent their respective subpopulations as a whole.

Educational attainment is one of the strongest predictors of health status.

The survey sample was **heavily biased toward residents with college degrees**, one of the strongest predictors of better health status. This bias held for men and women, all age groups, and almost all racial/ethnic groups. This explains why weighting by demographics had little or no effect on health-related variables.

Hennepin Child SHAPE 2015

The response rate for parents was exceedingly low (6.5%). We can assume that the nonresponse bias evident in the adult survey was present or even amplified in this sample.

¹For a more complete report, please see:

www.minneapolismn.gov/www/groups/public/@health/documents/webcontent/wcmsp-190983.pdf

² The number of respondents aged 18-24 was so small that this age subgroup was excluded from the survey sample.

Summary of Hospital and Health Plans Community Health Needs Assessments in Hennepin County, December 2016

Since 2012, 501(c)(3) hospitals are required, as part of the Affordable Care Act, to conduct a community health needs assessment and adopt an implementation strategy to meet the identified community health needs once every three years. Progress on the implementation plan is then reported to the IRS annually. In Hennepin County, many hospitals recently completed their community health needs assessments. This document summarizes the priorities nine hospitals Hennepin County have chosen to work on for the next three years, as well as the data sources used to complete assessments. The Minnesota Council of Health Plans (MCHP) are required to submit a Collaboration Plan to the Minnesota Department of Health. The purpose of the plan is to demonstrate ways that health plans work with local public health to achieve one or more high priority public health goals. The Collaboration Plan covers five years, with the most recent plan covering the time frame 2015-2019. The Collaboration involves Minnesota's seven non-profit health plans, including: Blue Cross and Blue Shield/Blue Plus of Minnesota, HealthPartners, Medica, Metropolitan Health Plan, PreferredOne, Sanford Health Plan of Minnesota and UCare.

This summary covers the following nine hospitals and the Collaboration Plan for health plans

Hospital Name/ Health Plan	Current CHNA/ Implementation Plan Time frame
1 Abbott Northwestern	2017-2019
2 Phillips Eye Institute	2017-2019
3 Children's Hospitals and Clinics of Minnesota	2017-2019
4 Fairview-University of MN Medical Center (includes Masonic Children's Hospital)	2016-2018
5 Fairview Southdale	2016-2018
6 Hennepin County Medical Center	2017-2019
7 Maple Grove Hospital	2017-2019
8 Park Nicollet-Methodist Hospital	2016-2018
9 North Memorial Hospital	2017-2019
10 Health Plans Collaboration Plan	2015-2019

Note: Most assessments were completed in the year prior to the three year time span listed, which covers the Implementation Plan time frame.

Key Themes from across CHNAs:

- Hospitals used a variety of data sources, both qualitative and quantitative data to inform their community health assessments and prioritization process (see table 1 and table 2).
- Most hospitals convened a steering committee, Community Advisory Group, or Community Engagement Advisory Team, comprised of representatives from key organizations serving residents of their community or key organizations focused on health (Reference list). These committees/groups were the primary means by which hospitals identified top priority health needs for their communities.
- Mental Health was the most frequently chosen priority area among all hospitals and the MCHP Collaboration Plan, followed by Health Access/Access to Health Care and Physical Activity, Nutrition and Obesity-each chosen by 3 hospitals and the Health Plans as priority areas.
- An information gap cited by three hospitals is the need for additional subpopulation breakdowns in regards to data. Examples are foreign born, Oromo, Somali, Hmong, among others.

Health Plans Prioritization Process:-Taken directly from the MNHP 2015-2019 Collaboration Plan

Health plans identified five public health priority areas after review of a number of analyses and reports. First, the MCHP Community Health Committee reviewed their priority areas from their last collaboration plan. Those priority areas were aligned with local public health. Health plans also reviewed the analysis done by the Center for Community Health (CCH). The CCH analysis reviewed all the public health the priorities from the last Community Health Needs Assessments (CHNA) submitted by public health and hospitals. Additionally, health plans serve on the Healthy Minnesota Partnership which sets the framework for the State's goals through 2020. Based on these reviews, MCHP identified the five topics below for their priority areas for 2015-2019. While these five topics will be key priority areas for health plans' work with local public health, health plans will continue to work on other public health issues as well.

Data Methods and Groups Reached

Hospitals used both qualitative and quantitative data sources and conducted both primary data collection and secondary data analysis of other data sources to aid in their community health needs assessments. Additionally, some hospitals gathered community input following the selection of prioritized areas by a steering committee. This data was then incorporated in Implementations plans for how to best address top prioritized areas.

Table 1: Types of qualitative data collected included:

Data method	Examples of groups reached
Community Surveys	Health system/hospital employees & providers, Rainbow Health Initiatives Voices of Health Study, Mexican Consulate, faith communities, outreach via local non-profit organizations, Cedar-Riverside Outreach Survey-an in-person, survey of East African new immigrants
Discussion Boards	Children and caregivers were invited to write a response to the prompt, "Children who are healthy: _____" on large posters, called discussion boards. Boards were posted at clinics, hospitals, and community events. Word clouds were created based on responses
Listening Sessions	Listening session with nine Imams focused on mental health and wellness in the Somali immigrant community. Listening session with community members at the Health Commons at The Living Room, Brooklyn Park/Brooklyn Center Community Listening Project-series of 10 listening sessions with 177 community members from four minority groups: African Born, African Americans, Hmong, and Latino-focused on physical activities, healthy eating and tobacco
Community Dialogues*	Somali Education and Social Advocacy Center, Blaisdell YMCA, Peoples Center Health Services, Corcoran Neighborhood Organization, Centro Guadalupano, The Food Group, Three Rivers Park District, Pathways, Washburn Center for Children, CLUES, Southside Coalition, PRIDE, Campfire Minnesota, The Sheridan Story, Children's Hospitals and Clinics, Hennepin County Public Health, Minneapolis Health Department
Monthly Nurse Note Summaries	One hospital reviewed 2014 visits to the Health Commons at the Living Room in order to understand the services of value to participants, with focus on what forms of health education were of most value

Focus Groups	CHNA steering committee members, Health and Social Service Providers, Community members including: Seniors, families, Community Engagement Advisory Teams, Hospital and Clinic Staff
Key Informant or Stakeholder interviews	Interviews tended to be with individuals from organizations that work directly with community members or serve specific populations or work to address specific health or social needs, i.e. Centro, Partnership Academy, VEAP, Faith Communities Hennepin County and City of Minneapolis health professionals, hospital patients and families, key hospital leaders, the United Way, Hennepin Health Foundation, Emergency Physicians Professional Association

**One health system held a number of Community dialogues following the selection of priorities by a steering committee. This data was then used to get feedback on how the hospitals could best address top prioritized areas in the community.*

Table 2: Types of quantitative data reviewed and utilized included:

Data type	Examples of data sources or topics covered
Demographic Data	U.S. Census, American Community Survey, Community Commons,
Socio-economic Data	Community Need Index (Dignity Health and Truven Health Analytics using Nielson Demographics), American Community Survey, Community Commons, Feeding America-Child Food Insecurity by County, MN Department of Education, Small area income and poverty estimates, Bureau of Labor Statistics-Local Area Unemployment Statistics, Second Harvest Heartland, Hunger Facts, National Foundation to End Senior Hunger, Minnesota Office of Higher Education-Educational Attainment Data
Population Surveys, Health Topic Surveys,	2014 Metro SHAPE Survey, Minnesota Student Survey, Minnesota Health Access Survey, 2015 Child SHAPE Survey, Minnesota Student Survey, Behavior Risk Factor Surveillance System (BRFSS)
Hospitalization Records	Top 10 reasons for hospitalization/admissions, for ER visits not resulting in hospitalization, injury data, event level mortality data
Vital Statistics and Disease Data	Top causes of death, MDH County Health Tables, MDH- STD Surveillance Statistics,
EHR data	Optum One Data, Chronic Condition Prevalence, BMI Distribution
Other	2016 MN County Health Rankings, Broader Needs Assessment-Hennepin County Human Services (social needs assessment tools used to identify needs and connect individuals to resources (2015)), MDH-MN Public Health Data Access, Minnesota Department of Health, Advancing Health Equity in Minnesota 2014 Report to the Legislature, Minnesota Community Measurement, 2014 Health Equity of Care Report, Minnesota Department of Public Safety, Minnesota Impaired Driving Facts, Kids Count Data Center

Organizations listed by hospitals as members of Steering Committees/Community Advisory Committees

Each of the hospitals either fully involved as decision makers or relied on input a Steering Committee/Community Advisory Committee or a Leadership team for selection of their priority areas. Input from

members of these committees following the presentation of health data (qualitative and quantitative) was used to narrow the focus from a number of selected topics to the top 2-5 hospitals selected to prioritize in the next three years. The organizations hospitals convened in the lists below represent a variety of local expertise and perspectives on health, social, neighborhood, educational, economic, and racial/ethnic factors that can influence community health.

Abbott Northwestern Hospital and Phillips Eye Institute

Blaisdell YMCA	Our Saviour's Community Services
Children's Hospital and Clinics	Phillips Eye Institute
Local Public Health Departments in Hennepin County	Project for Pride in Living
Interfaith Outreach and Community Partners	Sole Care for Souls
Minneapolis Aging and Advisory Committee	Three Rivers Park District
New American Academy	Urban Ventures
	Volunteers Enlisted to Assist People (VEAP)

Children's Hospitals and Clinics of Minnesota

Hope Community, Inc.	Minnesota Philanthropy Partners
Wilder Foundation	Saint Paul Public Schools
YWCA	Saint Paul Promise Neighborhood
Think Small	Minnesota Indian Women's Resource Center
Minneapolis Public Schools	Neighborhood House
Pillsbury United Communities–Waite House	Minneapolis Health Department
Somali Health Solutions	Aquí Para Ti–HCMC
PICA Head Start	

Fairview Southdale Hospital

Positions at Fairview Southdale/Fairview Health Services (FHS:)	- Adult Mental Health-Nurse Manager
- Director of Community Health–FHS	- Patient and Guest Services
- Director of Integrated Vascular Services	City of Bloomington Public Health Division
- VP of Medical Affairs	Spanish Communication Specialist/Liaison,
- VP of Hospital Operations, South Region–FHS	Eden Prairie Schools
- Community Health and	Emergency Physician Professional Association
Volunteer Services Manager	Woodlake Lutheran Church
- Community Benefit Program Manager	Partnership Academy
- Community Health Worker	Volunteers Enlisted to Assist People (VEAP)

Hennepin County Medical Center

Accountable Communities of Health-BP	Health Care for the Homeless
Ahavah Birthworks	Hennepin Health Foundation
Aqui Para Ti	Metro Consortium of Community Developers
Augustana Care	Minneapolis Public Schools
Local Public Health Departments in Hennepin County	Minneapolis Urban League
Catalyst Initiative	MN Assoc. of Community Mental Health Programs, Inc.
Catholic Charities	MVNA and Hospice of the Twin Cities
Centro Tyrone Guzman	NAMI
CLUES	Northpoint Health and Wellness Center
Delta Dental Foundation	People Serving People
First Covenant Church	Rainbow Health Initiatives
Greater Twin Cities United Way	Second Harvest Heartland
HCMC Family Medicine	Stairstep Foundation
HCMC Upstream Health Innovations	Turning Point
HCMC Patient/Family Community Advisory Group Member	White Earth Nation
	YMCA and Heritage Park

Maple Grove Hospital

Variety of positions at Maple Grove Hospital:	ECFE, Arborview Early Childhood Center
- CEO of Maple Grove Hospital	Northwest Hennepin Family Service Collaborative
- Guest Services Coordinator	Injury Prevention Coordinator, North Memorial
- Clinical Nutrition Manager	Maple Grove Community Member
- Supervisor of Spiritual Care	City Administrator of Maple Grove
- Medical Director Pediatric Hospital Medicine and Newborn Medicine	Population Management Director at North Memorial
Maple Grove Parks and Recreation	Hindu Community Center and Hindu American Temple School
Behavioral Services Liaison from the U of M Medical Center	Maple Grove–Chief of Police
Osseo Area and Wayzata Public Schools	Senior Planning Analyst from North Memorial
Local Public Health Agencies–MHD and HPHD	Health Care

Park Nicollet-Methodist Hospital

Health Partners Leadership and its respective hospitals Prioritized community health needs based on data review

North Memorial Medical Center

Variety of positions at North Memorial Health Care:

- Stroke Program Manager
- Heart Disease Program Coordinator
- Manager in Trauma & Emergency General Surgery
- Director of Population Management
- Clinical Director of Psychological Services
- Metabolic and Bariatric Surgery Coordinator
- North Memorial Medical Center President
- Senior Planning Analyst

- VP Strategy & Business Development
Hennepin County Brooklyn Center
Police Department
Cookie Cart
Turning Point
Local Public Health Agencies –MHD and HPHD
Neighborhood Health Source
Mayor or Robbinsdale
CAPI
Northpoint Health and Wellness Center

University of MN Medical Center/Masonic Children's Hospital (UMMCH)

Variety of positions at North Memorial Health Care:

- Chief Nursing Executive
- Behavioral Services Liaison
- Board Chair
- Community Health Outreach Coordinator
- Director of Patient & Family Support Services-UMMCH
- Imam and Chaplain
- Community Benefit Program Manager
- Community Health Project Manager

St. Catherine Department of Nursing
Redeemer Lutheran Church
Public Health Epidemiologist – Independent Consultant
Hennepin County Public Health
People's Center Health Services

Community health priorities identified by hospitals and health plans serving Hennepin County residents

	Access to health services	MCH	Mental health	Nutrition, PA, obesity	Social determinants of health	Chronic disease	Substance abuse	Other
Abbott Northwestern Hospital	Health Care Access		Mental Health and Wellness	Physical Activity and Nutrition				
Phillips Eye Institute	Health Care Access		Mental Health	Physical Activity and Nutrition				
Children's Hospitals and Clinics			Mental Health and Well-being		Access to Resources Income/ Employment Education Structural Racism			Asthma
University of MN Medical Center (includes Masonic Children's Hospital)			Mental Health			Heart Disease		
Fairview Southdale			Mental Health	Obesity				
Hennepin County Medical Center		MCH	Mental Health		Social Determinants of Health			
Maple Grove Hospital			Mental Health				Substance Abuse	Healthy Aging/ Senior Services
Methodist	Access and Affordability of HealthCare		Mental and Behavioral Health			Chronic Disease and Illness Prevention		Equitable Care
North Memorial			Mental Health		Food – access, affordable, education on nutrition		Substance Abuse	
MN Council of Health Plans-5 Year Collaboration Plan	Access to Health Care		Mental Health	Physical Activity and Nutrition		Chronic Disease Prevention and Management	Chemical Health	Health disparities and Health Equity

Links to individual hospital community health needs assessments

- Abbott Northwestern
https://www.allinahealth.org/uploadedFiles/Content/About_Us/Community_involvement/Need_assessments/ANW-Community-Health-Needs-Plan.pdf
- Phillips Eye Institute
http://www.allinahealth.org/uploadedFiles/Content/About_Us/Community_involvement/Need_assessments/PEI-Community-Health-Needs-Plan.pdf
- Children's Hospitals and Clinics
www.childrensmn.org/support-childrens/community-health-engagement/community-health-needs-assessment
- University of Minnesota Medical Center (includes Masonic Children's Hospital)
http://www.fairview.org/fv/groups/internet/documents/web_content/s_127536.pdf
- Fairview Southdale
http://www.fairview.org/fv/groups/internet/documents/web_content/s_127535.pdf
- Hennepin County Medical Center
http://www.hcmc.org/cs/groups/public/documents/webcontent/hcmc_p_060347.pdf
- Maple Grove Hospital
https://www.maplegrovehospital.org/stuff/contentmgr/files/2/0e35cb0aa9ccfae589b8dfd771fc21c7/files/mgh_chna_report.pdf
- Park Nicollet Methodist Hospital
<http://www.parknicollet.com/~media/Files/pdf/Community%20and%20Volunteerism/2015-CHNA-and-Implementation-Plan-FINAL.ashx?la=en>
- North Memorial Medical Center
https://www.northmemorial.com/stuff/contentmgr/files/0/81c9c7cce495a41df7db4156d9f5ef60/files/nmmc_chna_report_2016.pdf
- MN Council of Health Plans-5 Year Collaboration Plan
<http://mnhealthplans.org/wp-content/uploads/2014/12/2015-to-2019-Collaboration-Plan-FINAL-12292014.pdf>

Summary document finalized December 2017 by Hennepin County Public Health Department for the Hennepin County Community Health Assessment

Community Health Priorities Identified by Federally-Qualified Health Centers Serving Hennepin County Residents FY16/17

	Access to health services	Clinical preventive services	Injury and violence	MCH	Mental health	Nutrition, PA, obesity	Oral health	Sexually transmitted infections	Social determinant of health	Social connected-ness	Substance abuse	Tobacco-related diseases
AXIS												
Cedar Riverside People's Center												
Community University Health Care Center (CUHCC)	Lack of insurance, difficulty navigating the substance abuse/ mental health services system, low health literacy, federally designated medically underserved area, and health professional shortage area for medical	Patients not getting preventive care or visiting the due to lack of insurance and that leading to more serious conditions, low immunization rates, asthma burden higher among people of color, and disparities in cancer screening and care	Domestic abuse and intimate partner violence	Late entry into prenatal and perinatal care	Major depression, psychosis and schizophrenia, and after effects of trauma and resettlement among immigrants and refugees, prenatal mental health, lack of flexible "mobile" services that can meet them in the community, and health professional shortage area for mental health	Adult and child obesity	High for the poor and uninsured and health professional shortage area for dental	Highest rates of HIV infection among African American, Hispanic and American Indian and highest rates of gonorrhea among African American, highest rates of chlamydia among African American Hispanic and Asian	Housing, food security, transportation, linguistic isolation	Lack of social support	Alcohol dependence, heroine, non-medical use of prescription pain relievers and other drug use	Tobacco use

Neighborhood Health-Source												
NorthPoint Health and Wellness Center	Lack of insurance and lack of enough primary care providers accepting Medicaid and uninsured patients	Low immunization rates and inadequate cancer screening	Not mentioned	Late entry into prenatal and perinatal care and mothers' risk behaviors during pregnancy	Depression, frequent mental distress, and children with ADHD	Support services and education for hypertension diabetes and obesity among Black, American Indian and Hispanic/ Latino subgroups	High for the poor and uninsured	Chlamydia and gonorrhea highest among African American residents	Homelessness, lack of transportation, low perceptions of neighborhood safety and linguistic isolation (subgroups Hmong and Latino)	Mentioned in relation to linguistic isolation and low perceptions of safety	Particularly among children with mental health issues	Tobacco use
Southside Community Health Services, Inc.	Low health literacy, language barriers (mainly Spanish), lack of enough primary care providers accepting Medicaid and uninsured patients	Low immunization rates, lack of culturally competent providers, and inadequate cancer screening (for African American and Latino)	Not mentioned	Prenatal and parenting education for adolescents, Asthma, low immunization rates	Lack of behavioral, emotional and mental health services (LGBT youth were highlighted). Lack of culturally competent providers.	Support services and education for hypertension, diet and exercise, diabetes and obesity among Black, American Indian and Hispanic/ Latino youth subgroups	Lack of providers. Concern mainly for the poor and uninsured.	Not mentioned	Poverty, housing costs burden and unemployment	Lack of awareness of services provided at the clinic	Not mentioned	High tobacco use

Indian Health Board & Native American Community Clinic	Lack of insurance and understanding of eligibility requirements, unavailability of providers/ long waits, lack of affordable specialty care services, conflicts with work and family responsibilities and limited access to eye care for the elderly	Lack of primary care provider, high use of emergency services and hospitals for care, going back and forth between the tribal health service and the Twin Cities, and inadequate cancer and chronic disease screening and follow-up diagnostic testing	Historical traumas that have led to drastic negative lifestyle changes, domestic and intimate partner violence and accidental injuries among elderly	Prenatal care, infant mortality and fetal alcohol syndrome	Lack of culturally responsive mental health services	Diabetes, lack of knowledge on nutrition, for lack of physical activity	High for the poor and uninsured	Not mentioned	Poverty and affordability, racism and discrimination, lack of tribal enrollment that limits access to resources, conflicting family or work responsibilities, and lack of transportation	Lack of information related to resources	Lack of culturally-responsive chemical dependency services alcoholism and use of prescription drugs for non-medical purposes	Tobacco use and lack of cessation services
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Highest priorities are listed under most of the above domains for all federally-qualified health centers. (See the table above.) In some cases priorities were not identified under a domain and it was not clear if the omission was an oversight or due to there not being priority health issues under that domain. Additional descriptive information about the health center and/or assessment report for the health center is highlighted below.

Community University Health Center

- CUHCC is one of a handful of safety-net providers in the service area. CUHCC targets its outreach and services to the approximately 21,015 individuals in the Philips community who are low-income, immigrants, refugees, non-English speaking, families who lack insurance and/or access to primary care, and individuals/families experiencing racial, cultural, language, or socio-economic barriers to care.
- It provides services in six languages.
- The assessment report states that the patient population benefits from a trauma-informed approach to care.

NorthPoint Health and Wellness Center

- NorthPoint Health and Wellness Center is a primary, preventive health center in North Minneapolis. It provides a wide range of behavioral health, dental, and medical services to residents in the primary service area (i.e. the 55411 zip code).
- Two organizations provide primary care services near or in the primary service area of NorthPoint. The two organizations are Neighborhood HealthSource (an FQHC) and Broadway Family Physicians (a hospital residency program). Both organizations along with NorthPoint face similar challenges in their abilities to serve patient populations, especially those covered by Medicaid and the uninsured.

SouthSide Community Health Services

- SouthSide provides primary medical, dental, vision and behavioral health services to underserved areas and underserved populations in South Minneapolis, Richfield and the surrounding areas. It sees 9,000 patients annually with over 42,000 patient encounters annually.
- Patients have expressed the desire for in-clinic pharmacy services to be available.
- Residents in the community have expressed that it is perceived as the “free clinic” for the poor and not as a clinic for everyone.

Indian Health Board and Native American Community Clinic

- The assessment report covers White Earth tribal members and other American Indian residents of the Twin Cities metropolitan area.
- American Indians have had and continue to have bad experiences (more common than not) and mistrust with the healthcare system.
- About one in five American Indians use some form of traditional medicine or healing.
- There is a perceived need among providers to increase the number of American Indian health care navigators or community health workers available to help American Indians navigate the system.
- There is broad sentiment that creating another small, under-resourced community clinic will not meet the need in the community. Instead the ultimate vision is to have a comprehensive health center that provides all facets of care. In the absence of a center increase partnerships among existing community resources and health systems to meet needs.
- Transportation concerns can be improved by increasing shuttle service for American Indian elders to safely and affordably arrive to medical appointments.

Community Engagement Work in Bloomington, Edina and Richfield

2013

- Each of the groups below have a diverse membership and represent community and or community organizations. Presentations were provided to each of these groups focused on the health of the community
 - The Church of the Assumption /La mission
 - Community Leadership Team
 - Bloomington City Council
 - Partnered w/ do.town on numerous community engagement events concerning health in 2013 in BER
 - Al Rahman Mosque/Muslim Community Center
 - BER School Districts
 - Community Food Partnership
- We supported the established the Normandale Community College Tobacco Work Group, a diverse group made up of students, individuals from at-risk populations or organizations serving those populations; faculty and administration

2014

- Presentations were provided to each of these groups focused on the health of the community
 - The Church of the Assumption /La mission
 - Potters House
 - Day Care Alliance
 - BLM Rotary
 - BER Advisory Boards of health
 - BER Schools
 - BER Property managers
 - Tri-City Partners
 - VEAP
 - Minnesota Life College
 - Loaves and Fishes
 - El Farook
 - CTG Community Partners Meeting

2015

- Presentations were provided to each of these groups focused on the health of the community
 - Maintained relationships with those mentioned in 2014 and added the following:
 - Minnesota Dental Association
 - Health Partners
 - Tobacco retailers in Bloomington
 - Comfort Inn Bloomington
 - Fare for All

2016

- Presentations were provided to each of these groups focused on the health of the community
 - Maintained relationships with those mentioned in 2014 and added the following:
 - Minnesota Dental Association
 - Health Partners
 - Tobacco retailers in Bloomington
 - Comfort Inn Bloomington
 - Fare for All

Community Engagement Hennepin County Public Health Department

Select examples of community engagement done at Hennepin County Public Health between 2012 and 2015. This list is not exhaustive but rather provides examples of select community engagement efforts across a range of program areas.

- **Menthol Cigarette Intervention Grant:** Reduce tobacco use (particularly menthol tobacco use) in the US-born African American community in Hennepin and Ramsey counties. The project is led by an African American community-based organization and funded by HCPH. It assesses, educates, and engages the US-born African American community in targeted cities in Hennepin and Ramsey counties. Through this, community-driven solutions are identified and implemented.
- **Safer Sex Initiative at YouthLink:** Reduce teen pregnancy rates. A staff is at YouthLink two days a week to offer the program to clients and to answer anyone's questions about sexual health. Clients meet with the staff one-on-one to discuss relationships, health, and any concerns or questions they may have.
- **African American Gay/Bi/MSM Workgroup, Latino Gay/Bi/MSM & Latina Transgender Workgroup, and African Leaders Workgroup:** To address the HIV disparities impacting these communities. The workgroups engage key leaders and HIV experts from the three communities. The workgroups plan and develop a strategic plan to reduce the disproportionate HIV burden experienced by the communities.
- **Hennepin County Mental Health/ Minneapolis Police Round Table:** Develop greater understanding of the roles of Minneapolis Police/emergency services and community mental health providers and how these roles intersect. The goal is to better serve mental health clients. There are monthly meetings to collaborate, problem solve, and learn from each other. This often involves presentation of case scenarios

and problem solving efforts. There is also a yearly roundtable training for professionals and consumers. **CIT/ Law Enforcement Trainings:** Service delivery improvement to families experiencing a mental health crisis in Hennepin County where police are involved. Child Crisis and COPE collaborate with the Minneapolis Police to ensure that new recruits and CIT officers are trained about how to access the crisis teams and provide quality services to individuals experiencing a mental health crisis.

- **Birth to 3 Advocacy in the community:** Increase the community's knowledge of birth to three development and offer resources that improve birth to three development. There are several community groups that work to improve the developmental trajectory of high-risk families with children birth to three who have experienced toxic stress.
- **Health at communities of faith:** Communities of faith work to increase low-income community members' access to healthy foods and physical activity opportunities. HCPH collaborates with communities of faith in Brooklyn Park and Brooklyn Center.
- **Wellness for Every Body:** Collaborated with organizations that serve individuals with intellectual or developmental disabilities (IDD) and those with severe and persistent mental illness (SMPI) to improve physical activity and nutrition. Engaged both clients and service providers with surveys and assessments to determine current level of support and select priorities for health improvement.
- **Ebola:** Worked with MN African Task Force Against Ebola, MDH, and others to host a series of community forums to educate the public about Ebola. This led to further efforts to provide psychosocial support services to community residents impacted by providing training and support to the Medical Reserve Corps Cultural Services Unit.



Community Engagement Summary

2012-2016

COMMUNITY HEALTH
Improving health across Hennepin County, together.
IMPROVEMENT PARTNERSHIP

MINNEAPOLIS HEALTH DEPARTMENT: ENGAGEMENT ACTIVITIES SUMMARY, 2012-2016

Domain Name	# Events, Focus Groups or Interviews	Estimated # of participants and/or surveys completed (duplicate counts likely)	Specific Groups Reached (other than a general population)
Access to Health Services	6	3580	Ages 14-18
Emergency Preparedness	10	268	None
Environmental Quality	29	1406	Under 18, Ages 18-24, Ages 55+, Latino, Somali, Lao
Injury and Violence	54	358	Youth-serving providers, Youth Ages 10-21
Maternal Infant and Child Health	115	182	Service providers, African American, American Indian
Nutrition, Physical Activity, and Obesity	55	4363	African American/Black American Indian, Asian Pacific-Islander, Latino, Somali
Reproductive and Sexual Health	2	100	Ages 10-24, African American, American Indian
Tobacco	4	1292	Ages 10-24, Asian Pacific- Islander, Latino and Somali, African American

Minneapolis: Lessons Learned from Engagement Activities (2012-2016) by Domain

Access to Health Services	<ul style="list-style-type: none"> Confidential and private services including reproductive health, sexually-transmitted infection (STI) testing and mental health are very important. Both parents and young people say that having clinic services located in their school improves accessibility and overall success in school. They like a specialized adolescent approach with staff who are friendly and knowledgeable about teen health needs and that takes away some of the cost and transportation barriers. "Everyone" is welcome to the clinic and this improves utilization of services.
Emergency Preparedness	<ul style="list-style-type: none"> Community based organization representatives expressed that they are unprepared and unable to meet organizational missions and provide care or obligations to the clients in the event of a disaster. They had an exaggerated sense of what the City/State/Federal government could provide them in the event of an emergency. Overconfidence and reliance on government was perceived to minimize the urgency to prepare themselves. Emergency response plans are antiquated and seem to be based on a time when the community was perceived to be more homogeneous. They do not make adequate accommodations for culture, age, mobility/disability differences, norms, and values or changing threats.

3

Minneapolis: Lessons Learned from Engagement Activities (continued)

Environmental Quality	<ul style="list-style-type: none"> One size does not fit all among business operators. Somali and Latino business owners prefer face-to-face meetings. Many mainstream operators prefer email. Operators view the City as one entity, and when they have concerns, they bring them up regardless of which City department is hosting a meeting. They expect answers and prefer a one-stop-shop for getting all of their questions answered. Somali and Latino food workers shared cultural beliefs and myths about safe and unsafe food, food storage, cleaning, hand washing, and beliefs on how disease is transmitted. In general operators wanted to know that their food is safe and they want to understand the food code but there are language and cultural barriers to overcome.
Injury and Violence	<ul style="list-style-type: none"> Revision of the Blueprint for Action Prevention Youth Violence Strategic Plan involved a Plan Development Workgroup. Five goals to guide youth violence prevention efforts were identified in the strategic plan. See the Blueprint for Action. Two focus groups were conducted with young men to design a hospital-based violence intervention program. The young men were asked about a proposed program model, types of resources that should be provided, key program values, and branding.

4

Minneapolis: Lessons Learned from Engagement Activities (continued)

Maternal, Infant and Child Health	<ul style="list-style-type: none"> The Healthy Start Community Action Network (CAN) has identified four priority areas: father involvement, housing stability, mental health and safe sleep. Unmarried fathers reported that many services and programs either don't serve them adequately or ignore them altogether. Unmarried fathers mentioned feeling stereotyped as "deadbeat dads" but at the same time expressed desires to "step up and take responsibility."
Nutrition, Physical Activity, and Obesity	<ul style="list-style-type: none"> Engagement of residents of 8 Minneapolis Public Housing Authority buildings led to facilitating various services for building residents including: a mobile food market, nutrition and cooking classes, access to community health workers, and local-pharmacy-led health education and medication management. Learned north Minneapolis residents' perceptions and concerns about a proposed 30-block Northside greenway and a 5-block, greenway demonstration project. Collected citywide data on the availability of smoke-free, rental housing to target education and smoke-free policies in specific areas of Minneapolis. Stakeholders of various ethnic and cultural groups were interviewed and shared ideas and priorities on prevention of diabetes and other chronic diseases. Engaged organizations in designing and implementing the Minneapolis Health Department's ReThink Your Drink: Every Sip Counts campaign that encourages people to choose healthier beverages.

5

Minneapolis: Lessons Learned from Engagement Activities (continued)

Reproductive and Sexual Health	<ul style="list-style-type: none"> Reductions in sexually transmitted infections (STIs) necessitate youth leadership, authentic engagement and relationship-building with youth, and consistent investment in these efforts. Comprehensive and practical sexual health information is needed to address STIs. Improved education could include relationships and communication, instead of just pregnancy prevention. Youth expressed concerns about school-based sex education because of: a disconnect between education in the school setting and "real life;" the need for community-based and peer education to ensure that information can be presented as a dialogue on practical issues; and lack of involvement and awareness on the part of parents and family.
Tobacco	<ul style="list-style-type: none"> Youth reported flavor and price as key factors in choosing tobacco products. Cultural communities experience unique issues on tobacco use, for example, hookah use is a concern in the East African community, while cigarettes may be a status symbol in the East Asian community. Smoke-free policies appear less popular in properties with subsidized units, indicating low-income renters have lower access to smoke-free housing.

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Minneapolis Health Department: Engagement Activities Summary, 2012-2016

Event #	Primary Domain Area	Secondary Domain Area (if applicable)	Event Date(s)	Event Type	Project Name/Event Title	Estimated # of attendees/ participants
1	Access to health services		Annually	Community Survey	School-based Clinics Parent Survey	1200
2	Access to health services		Annually (Spring)	Community Survey	School-based Clinics Senior survey all MPS high schools	966
3	Access to health services	Clinical preventive services	Annually	Community Survey	School-based Clinics Fast STI Testing Survey - All locations	480
4	Access to health services		Annually (Fall)	Community Survey	Client satisfaction Fall 16 survey all school-based clinics	506
5	Access to health services		Annually (Spring)	Community Survey	Client satisfaction Spring 16 Survey - All locations	392
6	Access to health services	Clinical preventive services	5/1/2016	Community Survey	Preconception Grant Participant Survey	36
7	Emergency Preparedness		4/30/13	Other	Social Media 101	16
8	Emergency Preparedness		5/21/2013	Other	Emergency Planning 101	47
9	Emergency Preparedness		6/10/2013	Other	Whole Community Resilience	19
10	Emergency Preparedness		9/19/2013	Other	Community-based Organization Meeting for Cultural Service Unit Program	11
11	Emergency Preparedness		3/19/2014	Other	Annual EP Training: Workplace Violence Awareness	56
12	Emergency Preparedness		3/22/2014	Other	NCR Community Connections Conference	2
13	Emergency Preparedness		2/24/2015	Other	Climate Change & Severe Weather in our own Backyard	42
14	Emergency Preparedness		2/24/2015	Other	MOU Annual Meeting	18
15	Emergency Preparedness		3/1/2016	Other	Annual EP Training: Behavioral Health and Psychological First Aid	52
16	Emergency Preparedness		3/1/2016	Other	Annual MOU Meeting	7
17	Environmental quality		7/1/2012	Focus Group	HIA-CRIB Presentation and Dialogue with Youth	6

18	Environmental quality	Nutrition, physical activity, obesity	8/14/2012	Community Forum/Town Hall Meeting	HIA-HAMAA Providers Monthly Meeting	8
19	Environmental quality		8/16/2012	Community Forum/Town Hall Meeting	HIA-Minneapolis Youth Congress	19
20	Environmental quality		8/23/2012	Community Survey	HIA New Millenium Open House Event 5PM-8PM	15
21	Environmental quality		9/8/2012	Community Survey	HIA Boom Island Park Celebration	18
22	Environmental quality		9/13/2012	Community Forum/Town Hall Meeting	HIA Senior Citizen Advisory Committee 1:00PM-2:30PM Room 333 City Hall	15
23	Environmental quality		9/17/2012	Community Survey	HIA Columbia Park Neighborhood Association	10
24	Environmental quality		9/24/2012	Community Survey	HIA Minneapolis Riverfront Partnership River Tour	30
25	Environmental quality		9/24/2012	Community Survey	HIA Sheridan Neighborhood Organization	10
26	Environmental quality		10/10/2012	Community Survey	HIA Neighborhoodfest (Third Ward Summit) @ Nicollet Island Pavilion	40
27	Environmental quality		10/11/2012	Community Survey	HIA NE Coop/NE Network	10
28	Environmental quality		10/16/2012	Community Forum/Town Hall Meeting	HIA ATF/RiverFirst Public Forum II, MPRB, 5PM-7PM	40
29	Environmental quality		10/17/2012	Community Survey	HIA University Northside Partnership Community Affairs Committee Presentation at the University Research and Outreach Center (UROC) 3PM-4PM	20
30	Environmental quality		11/11/2012	Community Forum/Town Hall Meeting	HIA Saint Cyril's Church: Presentation to Northeast Latino Community residents 11:30AM	175
31	Environmental quality		12/7/2012	Community Forum/Town Hall Meeting	HIA Lao Assistance Center (10AM to 2PM), Southeast Asian Community Event	25
32	Environmental quality		12/10/2012	Community Forum/Town Hall Meeting	HIA December Public Forum	50
33	Environmental quality		3/7/2013	Community Forum/Town Hall Meeting	HIA Final Lao Assistance Center Community Forum	25
34	Environmental quality		2/12/2014	Community Forum/Town Hall Meeting	Food Forum	18
35	Environmental quality		3/3/2014	Community Forum/Town Hall Meeting	Food Forum	15

36	Environmental quality		3/19/2014	Community Forum/Town Hall Meeting	Food Forum	8
37	Environmental quality		3/20/2014	Community Forum/Town Hall Meeting	Food Forum	24
38	Environmental quality		4/3/2014	Community Forum/Town Hall Meeting	HACCP listening session	21
39	Environmental quality		5/12/2014	Community Forum/Town Hall Meeting	Short-term events	52
40	Environmental quality		5/15/2014	Community Forum/Town Hall Meeting	Food Forum	10
41	Environmental quality		5/29/2014	Community Forum/Town Hall Meeting	Food Forum	12
42	Environmental quality		5/29/2014	Community Forum/Town Hall Meeting	Short-term events	86
43	Environmental quality		7/29/2014	Community Forum/Town Hall Meeting	Food Forum	15
44	Environmental quality		8/20/2014	Community Forum/Town Hall Meeting	Food Forum	71
45	Environmental quality		10/21/2014	Community Forum/Town Hall Meeting	Food Forum	25
46	Environmental quality		12/4/2014	Community Forum/Town Hall Meeting	2nd Somali Community Forum	8
47	Environmental quality		3/12/2015	Community Forum/Town Hall Meeting	Packaing Fair for Food Businesses	200
48	Environmental quality		4/21/2015	Community Forum/Town Hall Meeting	3rd Somali Community Forum	117
49	Environmental quality		11/12/2015	Other	Latinos: Our World and Our Culture	80
50	Environmental quality	Nutrition, physical activity, obesity	2/1/2014-4/30/2014	Focus Group	Food Safety and Cultural Norms: Somali Women Focus Groups	30
51	Environmental quality	Nutrition, physical activity, obesity	2/1/2014-4/30/2014	Focus Group	Food Safety and Cultural Norms: Somali Women Focus Groups	30

52	Environmental quality	Nutrition, physical activity, obesity	2/1/2014-4/30/2014	Focus Group	Food Safety and Cultural Norms: Latino Focus Groups	58
53	Environmental quality		4/1/2013-6/1/2013	Other	HIA CRIB 7 Design Charettes with Youth	10
54	Injury and violence		2/6/2013, 2/12/2013, 2/21/2013,	Other	YVP Plan Development Workgroup Meetings 1-4	65
55	Injury and violence		5/29/2013	Community Forum/Town Hall Meeting	Blueprint for Action Revision Community Dialogue, Waite House	50
56	Injury and violence		6/5/2013	Community Forum/Town Hall Meeting	Blueprint for Action Revision Community Dialogue, UROC	75
57	Injury and violence	Social connectedness	2/5/2015	Other	What do Youth Have to Say On Community Safety? Northside Youth Presents Community-Driven Research Findings	50
58	Injury and violence		3/1/2016	Other	Program Planning Report and Feedback from YVP Executive Committee	25
59	Injury and violence		4/16/2016	Focus Group	Hospital-based Intervention Program Planning Focus Group w/ Urban Youth Conservation	10
60	Injury and violence		4/19/2016	Focus Group	Hospital-based Intervention Program Planning Focus Group w/ YMCA Youth Intervention Services Participants	10
61	Injury and violence	Reproductive and sexual health	9/1/2014-12/1/2014	Interviews	State of Youth/Voices of Our Generation	43
62	Injury and violence			Community Forum/Town Hall Meeting	Blueprint for Action Revision Community Dialogue, Brian Coyle Center	30
63	Maternal, infant, child health		6/14/2016	Other	Healthy Start Community Action Network	35
64	Maternal, infant, child health		8/16/2016	Other	Healthy Start Community Action Network	30
65	Maternal, infant, child health		8/21/2015-1/15/2016	Interviews	Focus on Fathers: Father Involvement	117
66	Nutrition, physical activity, obesity		10/1/2012	Community Forum/Town Hall Meeting	Northside Greenway Open House	100
67	Nutrition, physical activity, obesity	Tobacco	1/17/2013	Other	Looking Back, Moving Ahead: The Minneapolis Movement for Healthy Living	52
68	Nutrition, physical activity, obesity		2/1/2013	Community Forum/Town Hall Meeting	Northside Greenway Neighborhood meetings (5)	120

69	Nutrition, physical activity, obesity	Tobacco	6/6/2013	Community Forum/Town Hall Meeting	SHIP 3 Planning Meeting	25
70	Nutrition, physical activity, obesity		3/5/2014	Focus Group	Community Garden Policies listening session	15
71	Nutrition, physical activity, obesity	Social connectedness	4/4/2014	Interviews	MPHA Highrise Community Gardening Stakeholder Interviewss	7
72	Nutrition, physical activity, obesity	Social connectedness	4/7/2014	Focus Group	MPHA Residents, Community Gardening North Listening Session	11
73	Nutrition, physical activity, obesity	Social connectedness	4/16/2014	Focus Group	MPHA Residents, Community Gardening South Listening Session	6
74	Nutrition, physical activity, obesity	Social connectedness	4/22/2014	Focus Group	MPHA Residents, Community Gardening South Listening Session	8
75	Nutrition, physical activity, obesity	Social connectedness	5/29/2014	Other	Highrise Community Gardening, Partners Meeting	5
76	Nutrition, physical activity, obesity		6/1/2014	Community Survey	Northside Greenway community engagement (included 27+ engagement events)	2040
77	Nutrition, physical activity, obesity	Social connectedness	6/19/2014	Other	Highrise Community Gardening, Partners Meeting	5
78	Nutrition, physical activity, obesity	Social connectedness	6/23/2014	Focus Group	Gardening on Rental Property, Tenants listening session	6
79	Nutrition, physical activity, obesity	Social connectedness	6/24/2014	Focus Group	Gardening on Rental Property, Landlords listening session	5
80	Nutrition, physical activity, obesity	Social connectedness	7/24/2014	Other	Highrise Community Gardening, Partners Meeting	5
81	Nutrition, physical activity, obesity		8/19/2014	Community Forum/Town Hall Meeting	Staple Foods Ordinance industry meeting	30
82	Nutrition, physical activity, obesity	Social connectedness	9/25/2014	Focus Group	Final, Gardening on Rental Property Listening Session	10
83	Nutrition, physical activity, obesity	Social connectedness	11/6/2014	Community Forum/Town Hall Meeting	Gardening Matters Fall Gathering	55
84	Nutrition, physical activity, obesity		2/1/2014	Interviews	Minneapolis Urban League, Bicycle Advisory Committee, Pillsbury United Communities, Clearway MN, Think First	17

85	Nutrition, physical activity, obesity		5/1/2015	Community Survey	Northside Greenway community engagement (included events + individual outreach via community connect)	581
86	Nutrition, physical activity, obesity	Social connectedness	6/27/2015	Community Forum/TownHall Meeting	Gardening Matters Leadership Training	39
87	Nutrition, physical activity, obesity		8/2/2015	Other	Northside Greenway pilot project community engagement (2 events + door knocking)	120
88	Nutrition, physical activity, obesity		9/10/2015	Other	Temporary Greenway Door knocking	75
89	Nutrition, physical activity, obesity	Social connectedness	10/27/2015	Other	Property Owner Workshop	10
90	Nutrition, physical activity, obesity	Tobacco	11/9/2015	Other	SHIP 3 Celebration Event	40
91	Nutrition, physical activity, obesity	Access to health services	11/10/2015	Focus Group	Active Living Expansion Project: Cedar High Apartments	17
92	Nutrition, physical activity, obesity	Access to health services	11/16/2015	Focus Group	Active Living Expansion Project: Parker Skyview	20
93	Nutrition, physical activity, obesity	Access to health services	12/7/2015	Focus Group	Active Living Expansion Project: Parker Skyview	16
94	Nutrition, physical activity, obesity	Access to health services	12/8/2015	Focus Group	Active Living Expansion Project: Cedar High Apartments	21
95	Nutrition, physical activity, obesity	Access to health services	12/14/2015	Focus Group	Active Living Expansion Project: Lynway Manor	11
96	Nutrition, physical activity, obesity	Access to health services	12/16/2015	Focus Group	Active Living Expansion Project: James R. Heltzer Manor	19
97	Nutrition, physical activity, obesity	Access to health services	12/22/2015	Focus Group	Active Living Expansion Project: Cedar High Apartments	18
98	Nutrition, physical activity, obesity	Access to health services	1/11/2016	Focus Group	Active Living Expansion Project: Lynway Manor	10
99	Nutrition, physical activity, obesity	Access to health services	1/13/2016	Focus Group	Active Living Expansion Project: James R. Heltzer Manor	24
100	Nutrition, physical activity, obesity	Access to health services	1/26/2016	Focus Group	Active Living Expansion Project: Parker Skyview	23

101	Nutrition, physical activity, obesity	Access to health services	2/23/2016	Focus Group	Active Living Expansion Project: Cedar High Apartments	17
102	Nutrition, physical activity, obesity	Access to health services	2/25/2016	Focus Group	Active Living Expansion Project: Lynway Manor	24
103	Nutrition, physical activity, obesity	Access to health services	2/29/2016	Focus Group	Active Living Expansion Project: Lynway Manor	8
104	Nutrition, physical activity, obesity	Access to health services	3/16/2016	Interviews	Active Living Expansion Project: Cedar High Apartments	2
105	Nutrition, physical activity, obesity	Access to health services	3/17/2016	Interviews	Active Living Expansion Project: Parker Skyview	2
106	Nutrition, physical activity, obesity	Access to health services	3/17/2016	Focus Group	Active Living Expansion Project: Lyndale Manor	21
107	Nutrition, physical activity, obesity	Access to health services	3/21/2016	Community Forum/Town Hall Meeting	Active Living Expansion Project: Parker Skyview	20
108	Nutrition, physical activity, obesity	Access to health services	3/23/2016	Focus Group	Active Living Expansion Project: James R. Heltzer Manor	18
109	Nutrition, physical activity, obesity	Access to health services	3/29/2016	Community Forum/Town Hall Meeting	Active Living Expansion Project: Cedar High Apartments	19
110	Nutrition, physical activity, obesity	Access to health services	3/30/2016	Interviews	Active Living Expansion Project: Lynway Manor	2
111	Nutrition, physical activity, obesity	Access to health services	4/6/2016	Interviews	Active Living Expansion Project: James R. Heltzer Manor	2
112	Nutrition, physical activity, obesity	Access to health services	4/11/2016	Community Forum/Town Hall Meeting	Active Living Expansion Project: Lynway Manor	11
113	Nutrition, physical activity, obesity	Oralhealth	4/15/2016	Other	ReThink Your Drink: Healthier Beverage Leadership Team Meeting	56
114	Nutrition, physical activity, obesity	Access to health services	4/18/2016	Interviews	Active Living Expansion Project: Lynway Manor	2
115	Nutrition, physical activity, obesity	Access to health services	4/20/2016	Community Forum/Town Hall Meeting	Active Living Expansion Project: James R. Heltzer Manor	14
116	Nutrition, physical activity, obesity		4/21/2016	Other	Stakeholder Group meeting	25
117	Nutrition, physical activity, obesity	Access to health services	4/26/2016	Community Forum/Town Hall Meeting	Active Living Expansion Project: Lyndale Manor	17

118	Nutrition, physical activity, obesity		8/1/2016	Other	Temporary Northside Greenway Community events	351
119	Nutrition, physical activity, obesity		8/25/2016	Community Forum/Town Hall Meeting	Temporary Northside Greenway Open House	25
120	Nutrition, physical activity, obesity	Tobacco		Other	16 Healthy Living Community Leadership Team meetings btwn 2012-2014	161
121	Reproductive and sexual health		5/1/2015-12/31/2015	Interviews	Minneapolis Health/Youthprise Sexual Health Research Project	50
122	Reproductive and sexual health		5/1/2015-12/31/2015	Focus Group	Minneapolis Health/Youthprise Sexual Health Research Project	50
123	Tobacco		8/1/2013	Interviews	Stakeholder interviews on tobacco: latino, african american, lao/southeast asian, somali, LGBT	5
124	Tobacco	Environmental quality	4/1/2014	Community Survey	UM area smoke-free housing survey	237
125	Tobacco		11/2013-5/2014	Community Forum/Town Hall Meeting	Minneapolis Youth Congress Tobacco Initiative (youth engaging youth includes surveys and forums)	200
126	Tobacco	Environmental quality	11/2015-1/2016	Community Survey	Smoke-Free Multi-unit Housing Rental Property survey	850

Minneapolis Health Department: Lessons Learned from Engagement Activities by Domain, 2012-2016

Domain Name and Estimated Participation #	Summary of Key Lessons Learned
Access to Health Services (~3580)	<ul style="list-style-type: none"> Confidential and private services including reproductive health, sexually-transmitted infection (STI) testing and mental health are very important. Both parents and young people say that having clinic services located in their school improves accessibility and overall success in school. They like a specialized adolescent approach with staff who are friendly and knowledgeable about teen health needs and that takes away some of the cost and transportation barriers. "Everyone" is welcome to the clinic and this improves utilization of services.
Emergency Preparedness (~268)	<ul style="list-style-type: none"> Community based organization representatives expressed that they are unprepared and unable to meet organizational missions and provide care or obligations to the clients in the event of a disaster. They had an exaggerated sense of what the City/State/Federal government could provide them in the event of an emergency. Overconfidence and reliance on government was perceived to minimize the urgency to prepare themselves. Emergency response plans are antiquated and seem to be based on a time when the community was perceived to be more homogeneous. They do not make adequate accommodations for culture, age, mobility/disability differences, norms, and values or changing threats.
Environmental Quality (~1406)	<ul style="list-style-type: none"> One size does not fit all among business operators. Somali and Latino business owners prefer face-to-face meetings. Many mainstream operators prefer email. Operators view the City as one entity, and when they have concerns, they bring them up regardless of which City department is hosting a meeting. They expect answers and prefer a one-stop-shop for getting all of their questions answered. Somali and Latino food workers shared cultural beliefs and myths about safe and unsafe food, food storage, cleaning, hand washing, and beliefs on how disease is transmitted. In general operators wanted to know that their food is safe and they want to understand the food code but there are language and cultural barriers to overcome.
Injury and Violence (~358)	<ul style="list-style-type: none"> Revision of the Blueprint for Action Prevention Youth Violence Strategic Plan involved a Plan Development Workgroup. Five goals to guide youth violence prevention efforts were identified in the strategic plan. See the Blueprint for Action. Two focus groups were conducted with young men to design a hospital-based violence intervention program. The young men were asked about a proposed program model, types of resources that should be provided, key program values, and branding.

Maternal, Infant and Child Health (~182)	<ul style="list-style-type: none"> • The Healthy Start Community Action Network (CAN) has identified four priority areas: father involvement, housing stability, mental health and safe sleep. • Unmarried fathers reported that many services and programs either don't serve them adequately or ignore them altogether. • Unmarried fathers mentioned feeling stereotyped as "deadbeat dads" but at the same time expressed desires to "step up and take responsibility."
Nutrition, physical activity, and obesity (~4363)	<ul style="list-style-type: none"> • Engagement of residents of 8 Minneapolis Public Housing Authority buildings led to facilitating various services for building residents including: a mobile food market, nutrition and cooking classes, access to community health workers, and local-pharmacy-led health education and medication management. • Learned north Minneapolis residents' perceptions and concerns about a proposed 30-block Northside greenway and a 5-block, greenway demonstration project. • Collected citywide data on the availability of smoke-free, rental housing to target education and smoke-free policies in specific areas of Minneapolis. • Stakeholders of various ethnic and cultural groups were interviewed and shared ideas and priorities on prevention of diabetes and other chronic diseases. • Engaged organizations in designing and implementing the Minneapolis Health Department's ReThink Your Drink: Every Sip Counts campaign that encourages people to choose healthier beverages
Reproductive and sexual health (~100)	<ul style="list-style-type: none"> • Reductions in sexually transmitted infections (STIs) necessitate youth leadership, authentic engagement and relationship-building with youth, and consistent investment in these efforts. • Comprehensive and practical sexual health information is needed to address STIs. Improved education could include relationships and communication, instead of just pregnancy prevention. • Youth expressed concerns about school-based sex education because of: a disconnect between education in the school setting and "real life;" the need for community-based and peer education to ensure that information can be presented as a dialogue on practical issues; and lack of involvement and awareness on the part of parents and family.
Tobacco (~1292)	<ul style="list-style-type: none"> • Youth reported flavor and price as key factors in choosing tobacco products. • Cultural communities experience unique issues on tobacco use, for example, hookah use is a concern in the East African community, while cigarettes may be a status symbol in the East Asian community. • Smoke-free policies appear less popular in properties with subsidized units, indicating low-income renters have lower access to smoke-free housing.

Community Engagement Research and Evaluation in Hennepin County

The following projects were identified by local research and evaluation firms as examples of health-related community engagement efforts in Hennepin County.

Wilder Research

- **Emergency Preparedness Project, Hennepin County Public Health:** Wilder will conduct key informant interviews and focus groups with six different cultural communities in Hennepin County to learn about emergency preparedness (before an emergency), behavioral health (during and after an emergency), and resiliency (recovery after an emergency) for infectious disease outbreaks and natural disasters. This will inform the work the Emergency Preparedness Unit does to meet the unique needs of these communities.
- **Wilder Foundation-General Speaking for Ourselves:** Summary of key findings and ideas for action, Martin Rogers, Nicole, December 2015, report: Minnesota is home to more than 400,000 immigrants and refugees. The majority live in the Twin Cities. *Speaking for Ourselves: A Study with Immigrant and Refugee Communities in the Twin Cities* looks at the experiences of Hmong, Karen, Latino, Liberian, and Somali immigrants and refugees living in Hennepin and Ramsey counties. With the guidance of our advisory group, Wilder Research interviewed 459 immigrants and adult children of immigrants about their lives – their families, education, jobs, health, and engagement in their communities to learn: What are the biggest needs of immigrant and refugee communities in the Twin Cities? What are the issues that are of greatest concern? What assets are available to address them? This report summarizes key findings about the immigrant experience in the Twin Cities.
- **Other Speaking for Ourselves summary reports** focus on civic participation and social engagement; education; employment; health, mental health, and health care access; personal money management; and transportation, housing, and safety in the Twin Cities. <http://www.wilder.org/studies/Speaking%20for%20Ourselves/1518>
- **Active Living for All:** An initiative funded by the Center for Prevention at Blue Cross and Blue Shield of Minnesota. Wilder Research worked with initiative grantees to evaluate their work in promoting active living in their communities. <http://www.wilder.org/studies/Active%20Living%20for%20All/1826>
- **Health Inequities in the Twin Cities:** Commissioned by the Blue Cross and Blue Shield of Minnesota Foundation, this study examines the economic and social factors that influence health outcomes in the Twin Cities region, and finds that neighborhood, income, education, and race all matter. Opportunities and challenges in reducing health inequities are also discussed. The original study looked at 2000 census data; it was updated in 2012 using 2010 census data or the most recent data available. The update also includes a supplement on three “upstream” factors that contribute to health inequities: access to healthy foods, opportunities for physical activity, and social connectedness. <http://www.wilder.org/redirects/HealthInequitiesintheTwinCities.html>

- **A look at how social connectedness influences health, the connectedness of Minnesota adults and youth, and how communities can increase social connectedness.**
<http://www.wilder.org/redirects/SocialconnectednessandHealth.html>
- **oneMinneapolis 2013 report, The Minneapolis Foundation:** Commissioned by The Minneapolis Foundation, this report presents key demographic data about Minneapolis, followed by a dashboard of community indicators in the areas of education, jobs, housing, justice and more.
<http://www.wilder.org/studies/oneMinneapolis/390>
- **2016 Community Needs Assessment, Community Action for Suburban Hennepin:** Wilder recently completed a survey with over 1,100 Minneapolis residents to assess satisfaction with city services, resident engagement, and related issues. This survey will be completed again in 2018.
- **The Northside Achievement Zone (NAZ)** is a collaboration of community organizations whose mission is to build a culture of achievement in North Minneapolis to assure all youth graduate from high school college-ready. The evaluation includes community surveys, year-end reports, and a prospective return on investment study. <http://www.wilder.org/redirects/NorthsideAchievementZone.html>
- **City of Minneapolis Resident Survey, City of Minneapolis:** Wilder will conduct surveys with Minneapolis residents in 2015 and 2017 to assess satisfaction with city services, resident engagement, and related issues.

Improve Group - work in partnership with the agencies, all of whom contributed significantly to the work.

- **Blue Cross Blue Shield HLC:** Project with youth to explore the connection between health and learning outcomes
- **MAD Tobacco Survey:** Project about youth tobacco access. County sheriff, city police, county public health, and city licensing were surveyed on instances when they enforced youth tobacco access violations.
- **MDH Tobacco Prevention:** Project regarding tobacco use and prevention in disparately impacted communities. Report available on MDH website.
- **Bicycle Alliance of Minnesota:** Project about how teachers and public health workers can teach bike and walking safety to students.
- **Child Care Aware - Parent Aware:** Project with daycare providers to provide feedback on early childhood quality standards.
- **DHS TAM:** Project regarding communication barriers experienced by people who are deaf or hard of hearing
- **MDH Diabetes Focus Groups:** Project about diabetes prevention among people of color
- **Department of Human Services-MNYTD:** Project about the quality of life among young adults who are in or exiting foster care
- **Olmstead Project:** Project about the quality of life of people with disabilities

PDA

- In 2013, PDA conducted about 40 interviews with smokers, about half of which were in the metro area and the other half from greater MN. The goal was to better understand smokers' thought processes regarding price minimizing behaviors and their actual cigarette purchases. The interviews occurred before and after a cigarette tax increase.
- Around 2013, PDA did some focus groups on second hand smoke, with both smokers and non-smokers.

Rainbow Research: Since 2013, Rainbow Research has conducted projects that intersect community-based research with participants residing in Hennepin County. Most of these projects focus directly on health; however, Rainbow Research included a couple that focused on disparity and the associated social determinants of health.

- **Hennepin County Community Listening Project (2014-2015).** In the fall of 2014, Rainbow Research worked closely with Hennepin County staff and a community advisory committee to design and conduct community listening sessions with a diverse group of people who live in Brooklyn Park and Brooklyn Center neighborhoods with high concentrations of low-income residents and youth of color. Rainbow engaged community residents and leaders in discussions that captured current strengths, community assets, and needs for healthy eating, physical activity, and tobacco use. Results of these community listening sessions will be used to help Hennepin County Human Service and Public Health Department staff tailor policy, systems, and environmental solutions to address the specific health challenges faced in these communities.
- **Intermedia Arts Creative City Making (2015-2016).** Using a Human Systems Dynamic framework, Rainbow Research conducted a developmental and outcome evaluation of Creative CityMaking Minneapolis, a unique initiative funded by the Kresge Foundation that imbeds artists into city departments. Artists created new forms of exchange between the city departments and the communities they serve, employing unique strategies to build community engagement, community empowerment, and address the pressing issues of disparities in access and opportunity. Rainbow Research used a mixed methods approach to provide ongoing improvement feedback for the one year initiative as well as articulate the impact on the city entity and the community to inform the field of artist-infused community development.
- **MN Alliance with Youth.** Rainbow Research designed and developed an evaluation plan for The Minnesota Youth Council, through the Minnesota Alliance with Youth, to conduct regional surveys and facilitate focus groups with youth from five out of eight congressional districts in Minnesota. The purpose of this evaluation was to learn more about the issues and needs of youth in communities in Minnesota. The Youth Council, in collaboration with youth-adult partnerships within communities and across the state, provide youth with a forum to exercise their voice by connecting and mobilizing youth voice and youth action, discussing policy issues, and advising the work of the Minnesota Alliance With Youth and its partners.
- **NCRT Pilot Program to Reduce Welfare Dependency in North Minneapolis (2013-2014).** The Northside Community Response Team (NCRT) is a collaboration of organizations serving individuals and families whose goal is to reduce long-term welfare dependency in North Minneapolis by 25 percent over the next five years. NCRT was initiated after a tornado devastated many homes and businesses in this already distressed community. Working in partnership with Hennepin County, the NCRT designed a sector-based employment strategy in which MFIP recipients can enroll in a vocational training program that will

lead to an established career path. Rainbow Research assessed each stage of the pilot implementation, producing reports to inform program implementation and plans to take this project to scale and assess program outcomes.

- **SHADAC's Minnesota State Innovation Model (SIM) Cross-Driver Evaluation of Community Engagement and Partnerships (2015-present).** Community engagement is an essential component of Minnesota's effort to transform health care and to test new ways of delivering and paying for healthcare through the Minnesota Accountable Health Model (MAHM) State Innovation Model (SIM). The creation of partnerships and community engagement is vital to efforts to expand Minnesotan's access to quality care, prevent disease, and to achieve health equity. Rainbow Research partnered with the SHADAC Evaluation Team to study in-depth MAHM's community engagement process and to explore three main questions: 1) how and to what extent is the SIM program effectively engaging stakeholders and creating/strengthening community collaboratives focused on creating accountable care organizations (ACOs) and supporting e-health projects; 2) assess and describe the effects of these investments; and 3) identify formative feedback that can be applied as the work moves forward. Utilizing a mixed-methods design consisting of secondary data analysis, surveys, key informant interviews, and case studies, Rainbow Research is documenting the community engagement process, assessing its outcomes, and identifying lessons learned to support the state's ongoing efforts to transform Minnesota's health care system into an integrated system that provides high quality, cost effective, patient-centered care.

- **State Innovation Model: Emerging Professions Learning Community (SIM EPLC), MDH (2015-2016).** Rainbow Research, in partnership with The Paramedic Foundation, Minnesota Community Health Worker Alliance, MVNA, and North Memorial, organized and facilitated a learning community that brought together the emerging professions of Community Health Workers (CHWs) and Community Paramedics (CPs), their supporting health care teams, and a broad network of stakeholders. The professionals engaged in six highly interactive events and in dialogue about critical issues facing their fields. The learning community explored challenges, best practices, and opportunities for moving forward together around issues like role delineation, payment models, multi-disciplinary Teams, and supervision and management. CHWs and CPs play a key role in linking formal mechanisms of health care delivery to clients/patients at the neighborhood level and in supporting patients to address their holistic health needs. Minnesota has led the nation in recognizing the role these emerging professions can play in population health improvement efforts, lowering health care costs, and reducing health disparities; however there are still opportunities for practitioners of these two fields to integrate into Minnesota's health care system and accountable care organizations (ACOs). Therefore, this learning community, which convened over 140 unique individuals from over 60 organizations, highlighted local models and leaders, built cross-sector relationships, and identified individual and collective action steps to move the two fields forward.

- **Wayside Whole Family Treatment Project: Residential Treatment for Pregnant and Post-Partum Women (2015-present).**

Rainbow Research is partnering with Wayside House to evaluate the Wayside Whole Family Treatment (WWFT) Project, a three-year program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The WWFT Project provides evidence-based residential family treatment services to women, their children, and their families to recover from addiction, reunify, and build stable lives. Rainbow Research employs a mixed-methods evaluation to collect and report on the National Outcome Measures (NOMs) required by SAMHSA, and to inform changes to program implementation. Rainbow follows up with women who have exited the program prior to completion (n=20 per year) and all clients approximately 6-months following their entry into the program (n=100 per year) to conduct the Government Performance and Results Act (GPRA) survey tool and to interview clients about their lives following treatment. In addition, Rainbow annually conducts focus groups and interviews with women in treatment, women in after-care, family members of women in treatment, and program staff to assess program implementation, areas for improvement, and program impact. Qualitative and quantitative data is shared and interpreted with insights from an advisory group comprised of Wayside staff, and findings are discussed in an annual

report to Wayside House. Data are shared quarterly with SAMHSA to aide in their NOM tracking and reporting tasks.

- **Evaluation of YWCA's Strong Fast Fit (2012-present).** The YWCA has created a youth development program to prevent obesity and diabetes in ethnic communities with higher rates of these health risks, particularly Native American, Hispanic/Latino, and Hmong young people and their families. Rainbow Research is conducting a mixed-method evaluation to help document SFF strengths and challenges, improve programming, revise their curriculum and decide where to expand programming based on greatest community needs and resources.

CHIP 2.0 Prioritization Factors – Reference guide

Magnitude

Does the indicator show a high number of residents being exposed to a particular condition?

- 1 – Few residents impacted
- 2 – Some residents impacted
- 3 – Many residents impacted

Trend & Outlook

What has been the trend for last 10 years? What is the outlook?

- 1 – Trend is moving in a positive direction
- 2 – Trend is relatively stable, unchanging
- 3 – Trend is worsening

Political Will

What is the political will among leadership within your agency/organization?

- 1 – Little political will, low support
- 2 – Moderate political will, some support
- 3 – High political will, widespread support for efforts to address change

Changeability

To what degree is it possible to affect issues within the domain?

- 1 – Change is unlikely/difficult
- 2 – Change is somewhat difficult
- 3 – Change is attainable

Opportunity for CHIP alignment

- 1 – I do not see many opportunities for aligned action by CHIP in this domain
- 2 – I see the possibility for some aligned action by CHIP in this domain
- 3 – I see many opportunities for aligned action by CHIP in this domain

Additional thoughts

- How could CHIP make an impact in this domain?
- Considering the disproportionate impact of many health conditions on lower income residents, populations of color, etc, how can CHIP can address these disparities?

CHIP Partner List

	Name	Organization
1.	Alison Pence	Allina Health
2.	Amanda Larson	Three Rivers Park District
3.	Amy Harris-Overby	Hennepin County Medical Center
4.	Anna Youngerman	Children's Hospitals and Clinics of Minnesota
5.	Ashlyn Christianson	Blue Cross Blue Shield
6.	Bonnie Paulsen	Bloomington Public Health
7.	Cindy Hillyer	Minneapolis Public Schools
8.	Dianne Blaydes	Hennepin County Public Health Promotion
9.	Eileen O'Connell	Bloomington Public Health
10.	Gary Oftedahl, M.D.	Collaboration Catalyst
11.	Gennae Falconer	Minnesota Food Share GMCC
12.	Gina Houmann	Park Nicollet
13.	Grace Holthaus	Medica
14.	Gretchen Musicant	Minneapolis Health Department
15.	Jamie Bonczyk	PICA Head Start
16.	Jane Auger	Hennepin County Early Childhood Services
17.	Jennifer Lundblad	Stratis Health
18.	Jill Hamilton	Hennepin County Health Works
19.	Joan Bulfer	Bloomington Public Health
20.	Joann Usher	Rainbow Health Initiative
21.	Jonathan May	Generation Next
22.	Jonette Lucia	NW Hennepin Collaborative
23.	Judy McDowell	Three Rivers Parks
24.	Julie Ralston-Aoki	Public Health Law Center
25.	Karen Adamson	Hennepin HSPHD
26.	Karen Cadigan	Bloomington Public Schools
27.	Kari Bailey	Medica
28.	Katie Rojas-Jahn	Children's Hospitals & Clinics of MN

29.	Ken Bence	Medica
30.	Khatidja Dawood	Hennepin County Public Health Promotion
31.	Kim McCoy	Stratis Health
32.	Laurie Davis	Generation Next/ Advance Consulting
33.	Libby Lincoln	Park Nicollet
34.	Linda Kahn	University of MN- School of Public Health
35.	Margaret Schuster	City of Minneapolis-Health Department
36.	Marie Maslowski	North Memorial/Maple Grove Hospital
37.	Mark Brooks	Hennepin Health
38.	Matt Flory	American Cancer Society
39.	Michael Koch	North Memorial Healthcare
40.	Molly Snuggerud	Bloomington Public Health
41.	Nancy Hickerson	Minnesota Visiting Nurses Association
42.	Nancy Taff	HealthPartners
43.	Pat Dale	Headway Emotional Health Services
44.	Patricia Anderson	Hennepin County Child & Teen Checkups
45.	Patty Bowler	Minneapolis Health Department
46.	Rebecca Newhouse	Medica
47.	Ricky Vang	Blue Cross
48.	Robin Hedrick	YMCA
49.	Ruth Olkon	Allina
50.	Sandy Lien	Medica
51.	Sheila Riggs	U of M Office of Community Engagement for Health
52.	Sonja Savre	Hennepin County Public Health Promotion
53.	Stephanie Graves	Minneapolis Health Department
54.	Steve Knutson	Neighborhood Health Care Network
55.	Thia Bryan	Health Partners
56.	Todd Otis	Think Small
57.	Trever Sterba	Fairview/University of MN Health

**Bolded names indicate Steering Committee members*

