

# **2016-2018 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY**

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**University of Minnesota Medical Center**

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# INTRODUCTION

Fairview's hospitals have worked collaboratively with one another and in consultation with the broader community to improve the health of local community members since 1995.

In creating our 2016-2018 Community Health Needs Assessment Implementation Strategies, we were guided by the results of the 2015 Community Health Needs Assessments and by the following objectives:

1. Align with Fairview's strategic priorities
2. Align with national, state and local public health priorities
3. Include tactics targeted towards those who live in poverty and otherwise vulnerable community members
4. Demonstrate improved health and well-being in the communities we serve

The implementation strategies outlined in this document provide the foundation for University of Minnesota Medical Center's community benefit work from 2016 to 2018.

## About University of Minnesota Medical Center

Located in Minneapolis, University of Minnesota Medical Center (which includes University of Minnesota Masonic Children's Hospital) is a 1,932 bed academic medical center offering a full spectrum of programs and services from delivery of thousands of babies each year to emergency care to organ transplant surgery. The medical center is a division of Fairview Health Services.

## Definition of Community

University of Minnesota Medical Center's community is home to over 850,000 people who live in Anoka, Hennepin or Ramsey counties. For the purposes of the Community Health Needs Assessment Implementation Strategy, community is defined as the population of the combined ZIP codes for University of Minnesota Medical Center's primary service area, which are home to approximately 70 percent of the patients seen by the medical center, as well as the counties that include a ZIP code in the primary service area. (See Appendix A for a full list of ZIP codes in this community.)

This definition of community was selected to:

1. Provide continuity of definition with previous community health needs assessments dating back to 2004
2. Align with internal strategy and planning definitions of community (e.g. the combined ZIP codes that comprise the primary service area)
3. Ensure alignment of priorities and existing relationships with county health departments that intersect with one or more ZIP codes that comprise the defined community

# I. ORGANIZATION MISSION

Fairview is driven to heal, discover and educate for longer, healthier lives. University of Minnesota Medical Center works to improve the health of people in the communities we serve—whether they are our patients or not.

## Our Commitment to Community Health Improvement

University of Minnesota Medical Center provides significant community benefits through a variety of activities carried out to improve community health. Examples of community health improvement activities are listed below.

- **MINI Clinics**  
University of Minnesota Medical Center holds clinics for the Minnesota Immunization Networking Initiative, called “MINI clinics,” which bring free flu shots to community locations, such as churches or community centers, for those who might not otherwise have access.
- **Youth Grief Services**  
University of Minnesota Medical Center provides free Youth Grief Services programming for youth who have faced significant loss, offering resources to assist in the healing process. Youth Grief Services offers—free of charge—support groups, education and camps to children and families experiencing profound loss.

In addition to these community health improvement commitments, University of Minnesota Medical Centers’ Community Health Department works on community health initiatives and programs. These initiatives and programs address specific health targets and goals in partnership with community organizations, public health departments and others based on community feedback and the results of health needs identified through the 2015 Community Health Needs Assessment.

## Our Commitment to Access and Those Living in Poverty

University of Minnesota Medical Center treats all patients with dignity and respect regardless of their circumstances. We want to ensure all community members have access to high quality medical care and help by providing programs to assist patients in accessing health care services that might otherwise be out of reach.<sup>1</sup>

- **Charity Care**  
University of Minnesota Medical Center provides the Fairview Charity Care program, which covers charges for most Fairview hospitals. Patients may qualify if their income is at or below 275 percent of the federal guidelines. Charity Care information is available in English, Spanish, Somali, Vietnamese and Russian.
- **Uninsured Hospital Patient Discount**  
University of Minnesota Medical Center provides an upfront discount to uninsured patients for hospital and hospital-based clinic services that are medically necessary.
- **Pharmacy Community Care**  
Fairview’s Pharmacy Assistance Fund provides one-time prescription assistance to patients experiencing financial hardship. Eligible patients typically have no prescription drug benefits and/or have exhausted their coverage and are not eligible for—and have no access to—alternative sources of coverage or funding (e.g., Medicaid, MinnesotaCare and Medicare).
- **Home Care and Hospice Community Care**  
Fairview’s Home Care and Hospice Community Care program covers most charges for home care and hospice services.
- **Sage Screening Program**  
University of Minnesota Medical Center and select surrounding Fairview clinics participate in the Minnesota Department of Health Sage Screening Program as providers. Through this means-tested program, community residents can receive diagnostic care for breast and cervical exams at no charge. After services are provided by Fairview, the Sage Program reimburses Fairview at the Medicaid maximum for the service and Fairview writes off the remainder of the charge.

<sup>1</sup> For more information about financial assistance, please visit <http://www.fairview.org/About/OurCommunityCommitment/FinancialAssistance/index.htm>.

## Our Commitment to Requirements Under 501(r) Regulations<sup>2</sup>

Concurrent work occurred throughout 2015 to update existing policies and secure board approval for the Fairview Health Services system to bring the following policies into alignment with requirements of the Affordable Care Act:

- Financial Assistance Policies (FAPs)
- Emergency Medical Care Policies
- Limitation on Charges Policies
- Billing and Collection Policies

- **Financial Aid Policy Communication**  
Fairview's Corporate Community Health Department will utilize internal and external data to identify areas with concentrations of low-income and vulnerable uninsured and underinsured community residents within the University of Minnesota Medical Center's community. The University of Minnesota Medical Center's Community Health Department will work with organizations that serve low-income and vulnerable uninsured and underinsured populations to distribute information about Fairview's Financial Aid Policies.

The anticipated impacts are to (1) increase organizational knowledge of community demographics related to low-income and otherwise vulnerable populations and (2) increase our ability to identify appropriate venues for Fairview's financial aid policy distribution.

## II. COMMUNITY SERVED IN IMPLEMENTATION STRATEGY ....

The individuals who comprise University of Minnesota Medical Center's defined community (see page 1) include our patients, their families, program participants and employees who work for Fairview Health Services at large. Below are examples of how University of Minnesota Medical Center community health programs serve multiple populations within our community. (For more information about the programs in this section, please refer to Section V.)

- The **Mental Health First Aid USA and Youth Mental Health First Aid USA** programs target the entire University of Minnesota Medical Center defined community, including the staff of organizations that serve vulnerable populations (e.g., Salvation Army), Fairview staff, staff family members, patients and patient family members. In order to ensure access to low-income and/or otherwise vulnerable community members, the full-day training is taught at no charge.
- The **Rethink Your Drink, Every Sip Counts!** campaign targets the entire University of Minnesota Medical Center defined community including Fairview staff, staff family members, patients and patient family members. In order to ensure access to low-income and/or otherwise vulnerable community members, targeted outreach will occur in targeted communities with high community need index scores.
- The **Living Well: Chronic Disease Self-Management Program** targets people with at least one chronic health condition within the University of Minnesota Medical Center defined community, including University of Minnesota Medical Center staff, staff family members, patients of University of Minnesota Medical Center and its surrounding clinics and their family members. In order to ensure access to low-income or otherwise vulnerable community members, University of Minnesota Medical Center will include sessions in communities with high community need index scores.

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<sup>2</sup> For more information please see: [https://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501\(c\)\(3\)-Hospitals-Under-the-Affordable-Care-Act](https://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act)

### III. IMPLEMENTATION STRATEGY PROCESS .....

University of Minnesota Medical Center followed Catholic Health Association’s 2015 *Assessing and Addressing Community Health Needs Guide* in conducting the 2016-2018 Community Health Needs Assessment Implementation Strategy development process (“implementation strategy development process”) and in identifying programming.

University of Minnesota Medical Center regularly works closely with public health departments, community organizations/coalitions and internal stakeholders to ensure community health work aligns with hospital and public health priorities. During the implementation strategy development process, we also worked to ensure community health programs include tactics designed to (1) target access, (2) target low income or otherwise vulnerable populations and (3) demonstrably impact health and wellness.

University of Minnesota Medical Center worked with its Community Health Steering Committee during the implementation strategy development process. (See Appendix B for list of steering committee members.) Initial steps in the implementation strategy development process included:

1. Hospital leads from all six Fairview hospitals and members of the University of Minnesota Medical Center Community Health Steering Committee Data and Prioritization Subcommittee reviewed:
  - Indicators tied to community demographics, social and economic factors, physical environment, clinical care, health behaviors and health outcomes at a state, county, community and ZIP code level. Data utilized in this review was retrieved from Community Commons and Community Need Index scores.
2. University of Minnesota Medical Center’s community health staff and community health steering committee members inventoried existing assets linked to the priority health needs. This review considered programming and other resources of University of Minnesota Medical Center, public health departments, community partners and other not-for-profits.
3. Fairview community health staff reviewed the most recent community health needs assessments from Anoka, Hennepin and Ramsey county public health departments, as well as their most recent community health improvement plans (when available), to

understand their priority community needs and where public health work would be focused.

## A Collaborative Approach

In addition to meetings conducted by University of Minnesota Medical Center’s Community Health Steering Committee, hospital leads from all six Fairview hospitals met to identify resources, review potential evidence-based programming around system-wide community health priority areas, and identify evidence-based “backbone” programs that would be supported by community health outreach at all Fairview hospitals.

Two system-wide community health priority areas were identified:

1. Mental health and well-being
2. Chronic disease prevention and management through healthy living

Fairview’s two system-wide community health priority areas were driven by, and inclusive of, the combined six hospitals’ priority areas. These system priorities were created to allow for an overarching focus for community benefits and community health work. Backbone programs tied to these priority areas will be offered at all hospitals with community-specific variation in participants, partners and when, where and how the program is offered. The implementation of these programs will vary based on each hospital’s community, existing relationships and resources.

In identifying system-wide backbone programming the following criteria were considered:

- Ability to tie to at least one of Fairview’s strategic priorities and at least one public health priority
- Ability to demonstrably impact community health and well-being
- Ability to resource the program
- Available partners (e.g., community interest, internal interest, public health alignment)
- Ability to address multiple levels of prevention—primary, secondary and tertiary
- Ability to be targeted to multiple kinds of participants (e.g., community members, patients, employees)
- Evidence-based program with established metrics

Through this process, three backbone programs were identified. (For more information about these programs, please refer to Section V.)

1. Mental Health First Aid USA and Youth Mental Health First Aid USA
2. Living Well: Chronic Disease Self-Management Program
3. Rethink Your Drink, Every Sip Counts!

Community health staff from all six hospitals met with public health representatives at both the county and state level to gauge interest and understand potential alignment around the three proposed backbone programs.

A broad-based group of Fairview leaders met to discuss three proposed backbone programs and share feedback (leaders who could not attend this meeting were included in one-on-one conversations). Leaders shared best practices based on previous experience with specific programs and identified areas for cross-department collaboration in community outreach. This internal group included representatives from:

- Accounting
- Advanced Analytics
- Behavioral Health
- Cancer Centers/Oncology
- Care Delivery
- Care Management
- Care Transitions
- Communications and Public Affairs
- Community Health
- Employee Wellness
- Fairview Foundation
- Government Relations
- Hospital presidents
- Patient and Family Support Services
- Patient Relations

- Quality and Innovation
- Strategy Department
- Tax Department
- Vascular Centers
- Volunteer Services

## A Local Approach

In addition to the three system-wide backbone programs in the two priority areas, hospitals were encouraged to identify hospital-specific programming linked to local communities' specific health priorities found in the hospital's 2015 Community Health Needs Assessments. To do this, the following criteria were established for hospital programming:

1. Hospitals have flexibility in programming as long as the hospital is in good-standing with system-wide programs around priority areas
2. Hospital programs are linked to one of the hospital's Community Health Needs Assessment identified priority health needs
  - Ability to tie to at least one of Fairview's strategic priorities and at least one public health priority
  - Ability to demonstrably impact community health and well-being
  - Ability to resource the program
  - Available partners (e.g., community interest, internal interest, public health alignment)
  - Ability to be targeted to multiple kinds of participants (e.g., community members, patients, employees)
3. Hospitals are encouraged to build off of existing programming and with existing partners

Using this method, University of Minnesota Medical Center decided to continue its work with the Mental Health First Aid program and continue its work with Health Commons: Cedar Riverside, Health Commons: The Living Room and Imam Training Project. (See Section V for more information on these programs.)

## IV. PRIORITIZED LIST OF SIGNIFICANT HEALTH NEEDS IDENTIFIED IN COMMUNITY HEALTH NEEDS ASSESSMENT .....

University of Minnesota Medical center used the collaborative and local implementation strategy development processes and referred to the 2015 Community Health Needs Assessment<sup>3</sup> to identify its significant health needs for 2016-2018. The priority areas are:

- Mental health and well-being
- Chronic disease prevention and management with a focus on healthy living

## V. SIGNIFICANT HEALTH NEEDS TO BE ADDRESSED .....

University of Minnesota Medical Center will address the identified health needs through six programs, all of which have tactics specifically selected to address access and target vulnerable community residents.<sup>4</sup> A summary of the six programs is provided below.

Programs	Priority Needs			Tactics Targeting	
	Mental Health	Chronic Disease	Healthy Lifestyles	Vulnerable	Access
Mental Health First Aid	✓			✓	✓
Living Well		✓	✓	✓	✓
Rethink Your Drink		✓	✓	✓	✓
Imam Training	✓			✓	✓
Health Commons: The Living Room	✓	✓	✓	✓	✓
Health Commons: Cedar Riverside	✓	✓	✓	✓	✓

<sup>3</sup> For more information on the identification of the hospital priorities, please consult the 2015 Community Health Needs Assessment for University of Minnesota Medical Center, available at [http://www.fairview.org/fv/groups/internet/documents/web\\_content/s\\_127533.pdf](http://www.fairview.org/fv/groups/internet/documents/web_content/s_127533.pdf).

<sup>4</sup> As we consider tactics designed for vulnerable populations and to promote access in our programs, we define vulnerable as low-income, minority, seniors and people who live in ZIP codes with high Community Need Index (CNI) scores, and access as programming that is made widely available at low-to-no cost to participants and/or providing access to programming for vulnerable community members.



## **1. Mental Health First Aid USA and Youth Mental Health First Aid USA**

University of Minnesota Medical Center will collaborate with Fairview's five other hospitals to offer the evidence-based Mental Health First Aid USA and Youth Mental Health First Aid USA programs. Participants attend an eight-hour class in which they receive an overview of the risk factors of common mental health and substance abuse illnesses and participate in role-playing simulations to learn how to successfully offer help to those in crisis. Evaluation (e.g., participant pre- and post-test and a six-month evaluation) is built into the design of the program. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The anticipated impacts for the Mental Health First Aid programs are to (1) increase knowledge of the signs, symptoms and risk factors of mental illnesses, (2) increase knowledge of the impact of mental and substance use disorders in participants, (3) increase awareness of local resources and where to turn for help and (4) build capacity to assess a situation and help an individual in distress.

## **2. Living Well: Chronic Disease Self-Management Program**

University of Minnesota Medical Center will collaborate with Fairview's five other hospitals in the evidence-based Living Well: Chronic Disease Self-Management Program developed by Stanford Medicine. The format is a two-and-a-half-hour workshop held once a week, for six weeks, in community settings. Evaluation is built into the design of the program around the following topics: self-management behaviors, self-efficacy, health status, health care utilization and education. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The anticipated impacts for the Living Well: Chronic Disease Self-Management Program are to (1) increase participant knowledge of techniques to deal with problems such as frustration, fatigue, pain and isolation, (2) increase participant knowledge of appropriate exercise for maintaining and improving strength, flexibility and endurance, (3) increase participant knowledge of appropriate use of medications, (4) increase participant ability to communicate effectively with family, friends and health professionals, (5) increase participants' decision-making ability and (6) increase participants' ability to evaluate new treatments.

## **3. Rethink Your Drink, Every Sip Counts!**

University of Minnesota Medical Center will collaborate with Fairview's five other hospitals, Minneapolis Public Health and hospital vendors on the Rethink Your Drink, Every Sip Counts! campaign. This campaign is an initiative to educate community residents, University of Minnesota Medical Center patients, patients' families and employees on the health risks associated with drinking sugar-loaded beverages. In partnership with the Fairview Foundation, Fairview is committed to the resource needs and implementation of this program.

The anticipated impacts for the Rethink Your Drink, Every Sip Counts! campaign are to (1) increase awareness of the risks associated with drinking sugar-sweetened beverages amongst community residents, University of Minnesota Medical Center patients and employees and (2) bring existing vending contracts into alignment with Partnership for Healthier America's goal of less than 20 percent of vending beverages being sugar-sweetened.

## **4. Health Commons: Cedar Riverside**

University of Minnesota Medical Center will collaborate with Augsburg College Department of Nursing, East African Health Project and People's Center Health Services to operate Health Commons: Cedar Riverside, a health and wellness drop-in center located in the Cedar Riverside neighborhood of Minneapolis. Health Commons: Cedar Riverside is open five days a week for two to three hours and provides the following services: health consultations, nutrition and physical activity classes, massage and healing touch services, resources and referrals.

The anticipated impacts for the Health Commons: Cedar Riverside are to (1) increase participant knowledge of healthy eating and (2) improve participant behavior related to healthy eating.

## **5. Health Commons: The Living Room**

University of Minnesota Medical Center will collaborate with Redeemer Center for Life to operate Health Commons: The Living Room, a health and wellness drop-in center located in North Minneapolis. Health Commons: The Living Room is open two days a week for three to four hours and provides the following services: health consultations, nutrition and physical activity classes, massage and healing touch services, resources and referrals.

The anticipated impacts for the Health Commons: The Living Room are to (1) increase participant knowledge of healthy eating and (2) improve participant behavior related to healthy eating.

## 6. Imam Training Project

University of Minnesota Medical Center will collaborate with East African Health Project and Summit Guidance to offer the Imam Training Project. The goal of the project is to reduce the stigma of mental illness in the Somali community by engaging Imams (Islamic spiritual leaders) in dialogue around mental health. Imams will attend six three-hour trainings every year.

The anticipated impacts for the Imam Training Project are to (1) increase participant knowledge of mental health symptoms and treatment options, (2) increase participant skills and capacity to promote better access to care and (3) change participant behavior, perceptions and beliefs of mental illness.

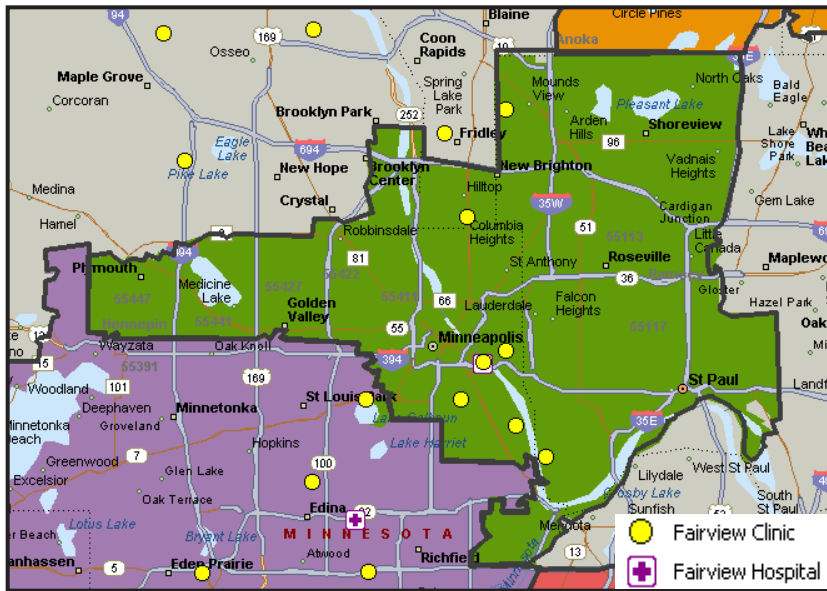
## VI. SIGNIFICANT HEALTH NEEDS NOT ADDRESSED .....

Although the following health needs were not selected as priority community health areas, University of Minnesota Medical Center will continue to support other organizations in addressing these health needs whenever possible. Health needs not addressed include: stroke, social determinants of health and housing for vulnerable populations.

Other significant health needs—*anxiety and depression*—are included under the broader priority of “mental health and well-being.” Arthritis, asthma, cancer, diabetes and heart disease are included under the broader priority of “chronic disease prevention and management through healthy living.”

# Appendix A

## University of Minnesota Medical Center Community Served



Zip Code	City	2014 CNI Scores	County	Zip Code	City	2014 CNI Scores	County
55430	Brooklyn Center	4.0	Hennepin	55408	Mpls-LynLake	4.2	Hennepin
55421	Columbia Heights	3.4	Anoka	55411	Mpls-Near North	5.0	Hennepin
55108	Falcon Heights	2.8	Ramsey	55407	Mpls-Phillips	4.4	Hennepin
55111	Fort Snelling	4.6	Hennepin	55454	Mpls-Riverside	5.0	Hennepin
55427	Golden Valley	2.8	Hennepin	55414	Mpls-SE	3.6	Hennepin
55116	Highland	2.6	Ramsey	55455	Mpls-University	4.0	Hennepin
55114	Hwy 280-Como	3.0	Ramsey	55401	Mpls-Warehouse	3.2	Hennepin
55117	Little Canada	4.2	Ramsey	55112	New Brighton	2.6	Ramsey
55105	Mac-Groveland	2.4	Ramsey	55441	Plymouth	2.6	Hennepin
55104	Midway	3.8	Ramsey	55447	Plymouth	2.0	Hennepin
55450	Minneapolis	4.2	Hennepin	55422	Robbinsdale	2.8	Hennepin
55418	Mpls-Broadway NE	3.4	Hennepin	55113	Roseville	2.6	Ramsey
55412	Mpls-Camden	4.2	Hennepin	55126	Shoreview	1.6	Ramsey
55405	Mpls-Cedar/Hwy 55	3.8	Hennepin	55102	St. Paul-West 7th Fort Rd	3.6	Ramsey
55413	Mpls-Central NE	4.0	Hennepin	55103	St. Paul-North End	5.0	Ramsey
55402	Mpls-Downtown	4.0	Hennepin	55130	St. Paul-Payne-Phalen	5.0	Ramsey
55415	Mpls-Downtown	4.2	Hennepin	55101	St. Paul-Downtown	3.0	Ramsey
55406	Mpls-East Lake	3.2	Hennepin	55106	St. Paul-East	4.4	Ramsey
55404	Mpls-Franklin	5.0	Hennepin	55127	Vadnais Heights	1.4	Ramsey
55403	Mpls-Loring	3.8	Hennepin				

Source: Dignity Health

## ***Appendix B: University of Minnesota Medical Center Community Health Steering Committee***

- Suzanne Burke-Lehman, RN, Department of Nursing, Saint Catherine University
- Debra Cathcart, Chief Nursing Executive, University of Minnesota Medical Center
- Dustin Chapman, Behavioral Services Liaison, University of Minnesota Medical Center
- Kelly Chatman, Senior Pastor, Redeemer Lutheran Church
- Diane Cross, Board Chair, University of Minnesota Medical Center
- Caroline Dunn O'Brien, PhD, Public Health Epidemiologist, Independent Consultant
- Ann Ellison, Director of Community Health and Church Relations, Fairview Health Services
- Zahra Hassan, Community Health Outreach Coordinator, University of Minnesota Medical Center
- Lauren Johnson, Director of Patient and Family Support Services, University of Minnesota Masonic Children's Hospital
- Sharif Mohamed, Imam and Chaplain, University of Minnesota Medical Center
- Jennifer Morman, Community Benefit Program Manager, Fairview Health Services
- Liliana Tobon-Gomez, Principal Health Promotion Specialist, Hennepin County Human Services and Public Health Department
- Dr. Steve Vincent, Physician, People's Center Health Services
- Pa Chia Vue, Community Health Project Manager, University of Minnesota Medical Center