Community health needs assessment: Executive summary

2013

Prepared for Children's Hospitals and Clinics of Minnesota by Verité Healthcare Consulting, LLC

Children's
Hospitals and Clinics of Minnesota

Introduction to the CHNA process

Children's Hospitals and Clinics of Minnesota[1] (Children's) undertook the following Community Health Needs Assessment (CHNA) to understand the health needs in local communities and to inform an effective implementation strategy to address the priority needs. This CHNA also responds to community benefit regulatory requirements.

Federal regulations require that tax-exempt hospitals provide and report community benefits to demonstrate that they merit exemption from taxation. As specified in the instructions to IRS Form 990, Schedule H, community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.

Community benefit activities or programs seek to achieve certain objectives, including:

- improving access to health services,
- enhancing public health,
- advancing increased general knowledge, and
- relief of a government burden to improve health.[2]

To be reported as a community benefit, community need for the activity or program must be established. Conducting a CHNA is one method for establishing the community need.

The 2010 Patient Protection and Affordable Care Act (PPACA) requires each tax-exempt hospital to "conduct a [CHNA] every three years and adopt an implementation strategy to meet the community health needs identified through such assessment."[3]

CHNAs seek to identify priority health status and access issues for particular geographic areas and populations by focusing on the following questions:

- ***Who*** in the community is most vulnerable in terms of health status or access to care?
- ***What*** are the unique health status and/or access needs for these populations?
- ***Where*** do these people live in the community?
- ***Why*** are these problems present?

Priority needs are identified regardless of a hospital's ability to address such needs; hospitals are not required to address all the needs identified in the CHNA. The question of ***how*** the organization can best use its limited resources to respond to priority needs will be addressed in a separate document.

This assessment considers multiple data sources regarding the health needs of the community served by Children's, including secondary data, assessments prepared by other organizations in recent years, and primary data derived from interviews with persons who represent the broad interests of the community, including those with expertise in public health.

1 Children's Hospitals and Clinics of Minnesota operates two hospital campuses, located in Minneapolis and St. Paul, which are licensed as a single hospital facility. Throughout the report, the campuses are referred to as one hospital.
2 Instructions for IRS Form 990, Schedule H, 2012.
3 Patient Protection and Affordable Care Act.

The following topics and data are assessed in this report:

- Demographics, e.g., numbers and locations of vulnerable children;
- Economic issues that affect children, e.g., poverty and unemployment rates, and impacts of state or local budget changes;
- Community issues, e.g., homelessness, housing, environmental concerns, crime, and availability of social services;
- Health status indicators, e.g. morbidity rates for various diseases and conditions, and mortality rates for leading causes of death;
- Health access indicators, e.g., uninsurance rates, discharges for ambulatory care sensitive conditions (ACSC), and use of emergency departments for non-emergent care;
- Health disparities indicators; and
- Availability of healthcare facilities and resources.

The assessment identifies a prioritized list of community health needs. Children's will prepare an Implementation Strategy that responds to the issues identified in this assessment.

Executive summary

Children's is one of the largest freestanding pediatric health care systems in the U.S., with hospitals in St. Paul and Minneapolis and four outpatient sites in the surrounding suburbs. Children's is a statewide and regional resource, providing a broad spectrum of pediatric services throughout the Upper Midwest.

For purposes of having a clearly defined geographic boundary and consistency with accepted approaches to CHNAs, this assessment focuses on the needs of the seven-county area surrounding the Minneapolis and St. Paul hospital campuses. Throughout the assessment, the community being assessed will be described as the "immediate community," composed of 42 ZIP codes in five school districts around the Children's hospital campuses . The "broader community" is comprised of the seven-county metro area.

The broader community benchmarks favorably on a number of health indicators compared to national and Minnesota averages. However, there are health status and access problems and this assessment seeks to identify the most pressing issues regarding the wellbeing of children.

Social and economic factors, including income, education, race and/or ethnicity, and local environment play a significant role in a child's health. Among children, racial and ethnic minorities, and those with complex needs are more likely to lack the social and economic resources necessary to maintain optimal health. Such inequalities can create barriers to access (to health services, employment, quality education, healthy food, housing, and other necessities and opportunities) and thus contribute to poor health. Analysis of primary and secondary data reveals problematic health disparities in both the immediate and broader community.

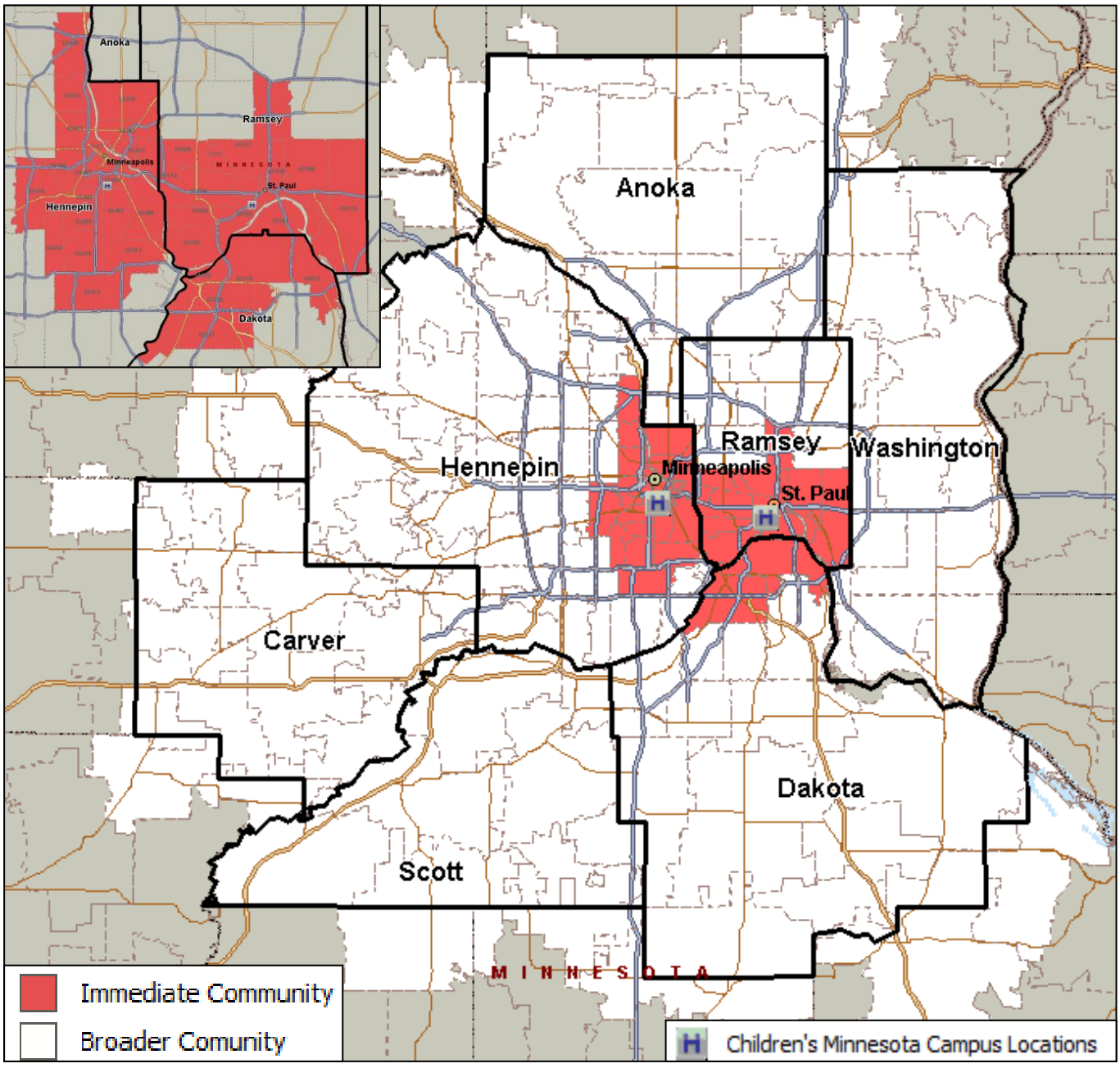
Geographically, the greatest socio-economic need and poorest health status is found in Minneapolis and St. Paul and certain low-income, less populous areas on the outer edge of the broader community.

The following is a brief portrait of community health in the seven county metro area.

Children's community by the numbers

- 42 ZIP codes in the immediate community in five school districts: Minneapolis, St. Paul, South St. Paul, Richfield, and West St. Paul—Mendota Heights—Eagan
- Broader community encompasses seven counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington
- Estimated pediatric population (2011): 192,325
- 6.9% of total hospital discharges within this area were for pediatric ambulatory care sensitive conditions
- Projected population change (2011-2016):
  - Growth of 3.2% overall; 4.0% decrease in 15-17 population
- Significant poverty in Hennepin and Ramsey counties
- Growing diversity:
  - Rapidly growing Asian, Black, and Hispanic or Latino populations
  - 19% non-White in 2011; 21% non-White by 2016

The community served by Children's



Demographics

The pediatric population is growing, especially in Minneapolis and St. Paul and the surrounding suburbs. The population also is increasingly diverse, with particularly high growth expected in the Hispanic or Latino population. Minneapolis-St. Paul, surrounding suburbs, and the northern portions of Dakota and Scott counties are currently home to relatively high proportions of racial and ethnic minority populations.

Those same locations report comparatively high percentages of linguistic isolation and low educational achievement. These factors can contribute to poverty, health care access barriers and poor health throughout a child's life.

Economics

Overall, the broader community has enjoyed lower unemployment rates than the U.S. and Minnesota averages. However, Hennepin and Ramsey counties report comparatively high rates of poverty. In all seven counties, child poverty rates are higher than those of the total population. Low-income households, students eligible for free and reduced-price lunch, and discharges for Medicaid (proxy measures of poverty) are most prevalent in areas proximate to the hospital.

Hennepin and Ramsey counties also report rates higher than the state average of homeless children and families, uninsured children, and violent and property crime.

Anoka County also exhibits comparatively high rates of crime, and, while not above the state average, the county ranks just behind Hennepin and Ramsey counties for rates of poverty, unemployment, homelessness, and uninsured youth.

The cost of living in the broader community is comparatively high and often accompanied by long wait times for housing assistance. The cost of child care is also more of a burden for low-income families. Increasingly, people are being forced to choose between meeting basic needs, such as food and housing, or obtaining health care.

State budget reductions in Minnesota over the past decade have affected health and human service providers. These reductions affect children and youth services, mental health programs and services, and health and social services departments.

Social factors

Language and cultural barriers between patients and providers, differing cultural expectations of behavior, concerns about immigration status, social stigma, and the complexity of navigating the health system prevent residents from seeking timely and appropriate health services for themselves and their children.

Education about health and health care is also a pressing need. Many parents throughout the community need support in the form of health education, basic life skills training, techniques for providing guidance and discipline to adolescents, and assistance translating health care knowledge into behavioral changes.

There is hesitancy among the adolescent population to seek sexual and reproductive services due to fear of social repercussions from family and/or peer groups. Continued attention needs to be paid to access to these services by appropriate providers.

For families and caregivers of children with complex needs, conducting the activities of daily life can feel overwhelming and some families express a feeling of isolation. Greater awareness and empathy is needed from the wider community as well as assistance with daily caregiving, social and emotional needs, and the logistics of traveling to the hospital for medical services.

Behavioral factors

Among older students, alcohol and drug abuse is prevalent. Poor diet, lack of exercise, and incomplete immunizations were concerns for youth of all ages.

Low-income families and children in the community typically have poorer diets, limited physical activity and higher rates of smoking and substance abuse than higher-income families–resulting in higher rates of chronic diseases like diabetes, obesity, and cardiovascular issues.

Anoka, Hennepin, and Ramsey counties demonstrate higher rates of teen pregnancy than Minnesota overall. Additionally, women in Hennepin and Scott counties are not accessing prenatal care at optimal rates which may lead to poor health outcomes for infants.

Mortality and morbidity

Unintentional injury and perinatal conditions are the leading causes of death for youth (ages 0-24) in the state. In the seven-county area, unintentional injury and suicide are the most prevalent types of pediatric injury mortality. Disparities exist between rates of non-White and White infant mortality and low birth weight infants.

Poor mental health and chronic diseases are also issues for youth and adults across the community but are particularly problematic for low-income and homeless residents. Asthma and allergies are issues for the pediatric population and for the providers and schools that serve them. In general, more children in the broader community served by Children's report having asthma than the statewide average.

Hennepin and Ramsey counties demonstrate high rates of communicable diseases, especially sexually transmitted diseases and tuberculosis. Dakota County demonstrates high rates of pertussis.

Local environment

Children in Hennepin and Ramsey counties are at greater risk of living in a poor physical environment by experiencing unsafe neighborhoods, inadequate infrastructure to support activities (e.g. parks, walking areas), and food deserts with a lack of access to healthy foods. Additionally, children Hennepin and Ramsey counties experience comparatively high rates of abuse and neglect.

Care access and delivery

Health system complexity, lack of care integration across providers, regulatory and administrative burdens, and payment reductions result in frustration for both patients and providers. Cost, lack of insurance, and a lack of providers accepting Medicaid create signficiant barriers to accessing primary, mental, and dental care for children.

The community has a variety of resources striving to meet the needs of patients that experience access barriers. Children's is a safety net provider, with Medicaid accounting for an average of 42 percent of patients seen. Thirty-nine Federally Qualified Health Centers (FQHCs) in Hennepin

and Ramsey counties and one in Washington County serve medically underserved areas and populations.

Twin Cities area residents face barriers to accessing care as demonstrated by the presence of federally-designated Medically Underserved Areas or Populations (MUA/MUPs) and Health Professional Shortage Areas (HPSAs) in Hennepin and Ramsey counties. Anoka, Washington, and Scott counties also contain HPSA facilities and populations.

Even with these resources, insufficient Medicaid acceptance is a particular issue for mental and dental care. These same issues and additional factors related to the level of understanding about the health care system contribute to overuse of the emergency room for non-emergent conditions.

Of total discharges at Children's, seven percent are for ambulatory care sensitive conditions (ACSC), which are those conditions that are potentially preventable if patients were accessing primary care resources at optimal rates. The most common conditions are: asthma, urinary tract infection, perforated appendix, and diabetes short-term complications.

Community-wide priority needs

Poor health status can result from a complex interaction of challenging social, economic, environmental and behavioral factors combined with a lack of access to care. Addressing these "root" causes is an important step to improve a community's quality of life and reduce mortality and morbidity.

This document explores these factors in order to develop a list of priority health needs. All primary and secondary data presented in the Appendix of this report were analyzed and findings were ranked to determine the priority issues. The table that follows describes results of the ranking process. The needs are listed in alphabetical order.

Access to care
Cultural and linguistic barriers affect access to care A lack of culturally competent health services, stigma associated with a diagnosis, work demands, language barriers, and fear of judgment for accepting services prevent residents from seeking timely and appropriate care.
Vulnerable populations lack sufficient access to care Low-income and minority populations have difficulty accessing health care services, insurance and specialists due to cost. Safety net providers are struggling with growing demand for services, inadequate provider payment rates and insufficient capacity. Many providers, especially for mental and dental health, do not accept Medicaid patients.
Maternal and child health
Prevalent infant health risk factors and disparities exist, particularly in Hennepin and Ramsey counties Mothers in Ramsey county are not accessing prenatal care at optimal rates. Hennepin and Ramsey counties reported comparatively high rates of teen pregnancy. Non-White populations in Hennepin and Ramsey counties exhibited high infant mortality rates compared to the White population.
Mental health
Poor mental health and lack of access to pediatric mental and behavioral health services is present Additional, comprehensive mental health services are needed to address the needs of children and families, particularly low-income, uninsured/underinsured residents and Medicaid beneficiaries. Depression among youth and adults and PTSD among refugee groups are prevalent in the community.
Morbidity and mortality
Diet, exercise, environment, and insufficient knowledge contribute to obesity Poor diet, lack of exercise, insufficient access to nutritious food and safe recreational spaces, and lack of knowledge about healthy food choices and preparation contribute to issues with obesity.
Youth suffer from asthma at high rates Improved management of asthma is needed for youth in the community.
Social and economic factors
Families/caregivers of children with complex needs lack sufficient support These families require assistance for daily caregiving and meeting the social and emotional needs of the entire family. Fostering greater awareness and empathy from the wider community around special needs would alleviate feelings of isolation. These families also need logistical and economic support for recurrent travel to the hospital for medical services.

childrensMN.org/community