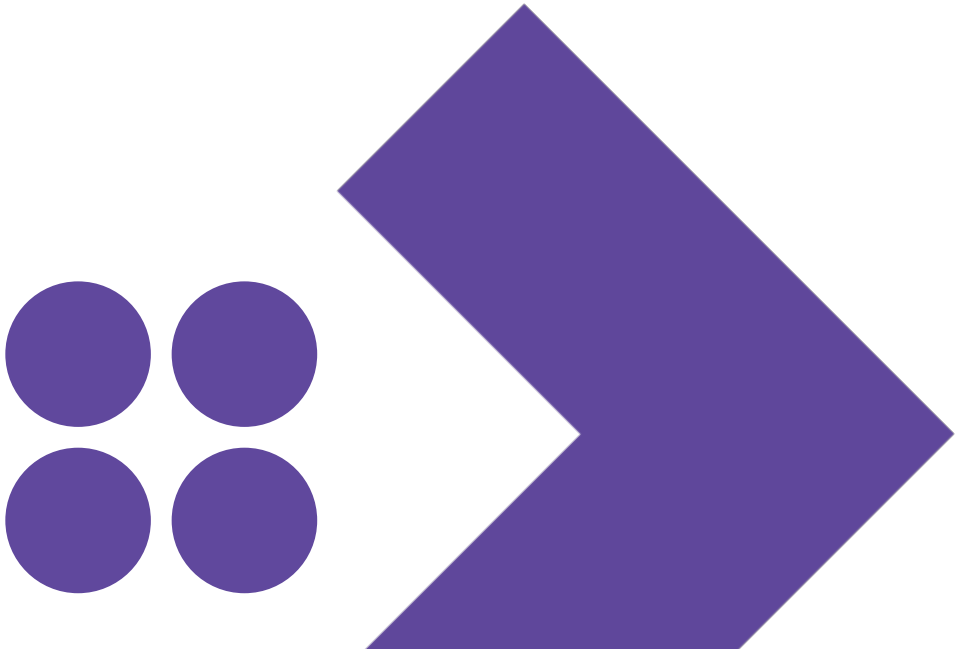
Hutchinson Health

Community Health Needs Assessment

October 2021



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Executive summary

Through 2021, HealthPartners and Hutchinson Health partnered with the community in which it is embedded to conduct a comprehensive Community Health Needs Assessment (CHNA). The CHNA process is designed to identify and prioritize the health needs of the community that the hospital serves as well as to identify resources to address those needs. This process is an essential component in achieving the HealthPartners mission: to improve health and well-being in partnership with our members, patients, and community.

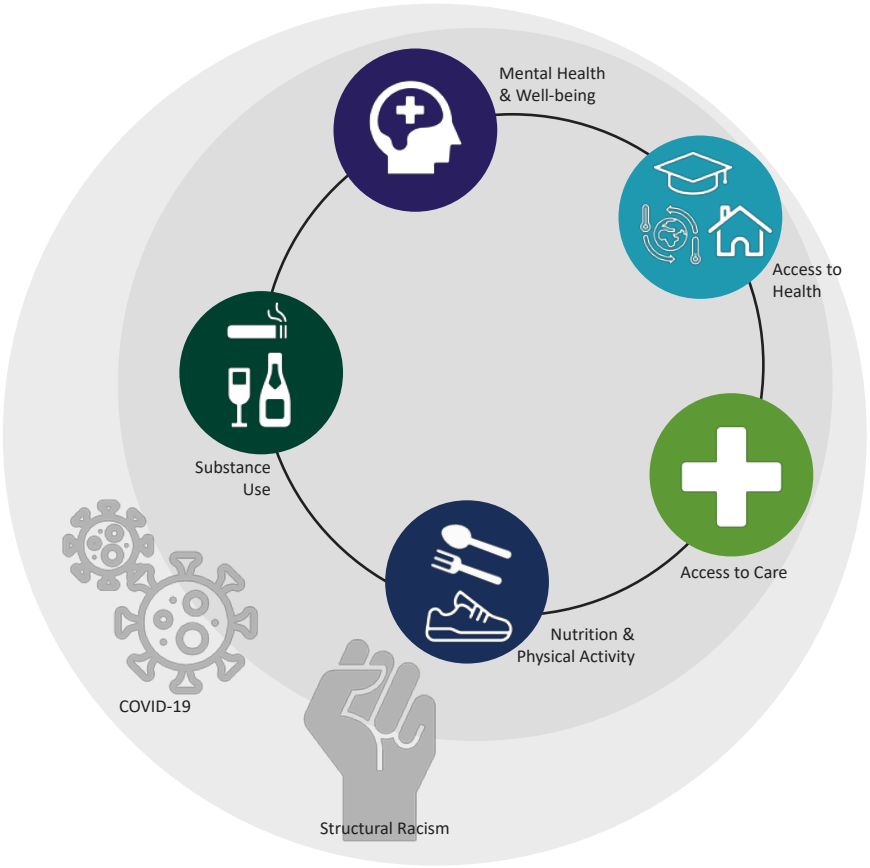
Hutchinson Health is a 66-bed hospital, including 12 mental health beds, a Level 3 Trauma Center, and operates primary and specialty clinics. Hutchinson Health has a five-decade tradition of providing excellent care in its community. For more information, visit hutchinsonhealthcare.com.

This CHNA report includes data describing the community that Hutchinson Health serves, defined as the entire population of McLeod county. While the hospital certainly serves individuals from outside of the county, the definition of a community as a single county simplifies and helps focus, helping to ensure that the results can be presented clearly to the community.

Methodology

HealthPartners and Hutchinson Health contracted with the Center for Evaluation and Survey Research (CESR), part of HealthPartners Institute, to complete the 2021 CHNA. The CHNA is comprised of multiple data sources, many existing for other primary purposes, while others were collected specifically for this purpose. Types of data we gathered include HealthPartners administrative data, HealthPartners patient and member-reported data collected primarily for evaluation of HealthPartners community initiatives or operational purposes, and publicly available data describing both demographic characteristics and health and well-being outcomes. This data is complemented with rich qualitative data collected through Community Conversations with Hospital stakeholders and community members as well as a survey of HealthPartners providers.

These data were organized into five priority areas, articulated in an earlier CHNA and described below. The interrelated nature of these areas is depicted through the graphic here, which guides the organization of the CHNA. The lens of the dual pandemics of COVID-19 and structural racism are brought to each needs area as they are inextricable linked. Through consensus a cross-hospital stakeholder group refined the definition of each community health need as included below. These areas were then ranked to define the top five needs across the communities that HealthPartners serves.



Community Health Needs Prioritized

Mental Health and Well-being is the interconnection between mental illness and the associated stigma, social connectedness, resiliency, and overall mental, social, and emotional well-being.

Access to Health refers to the social and environmental conditions and unmet social needs that directly and indirectly affect people's health and well-being such as housing, income, food security, transportation, employment, education, clean and sustainable environment, and more.

Access to Care means having equitable access to appropriate, convenient, affordable and culturally responsive, trauma informed health care. This includes factors such as proximity to care, diversity training for staff, diverse backgrounds of providers, cost of care, insurance coverage, medical transportation, and care coordination within the health care system.

Nutrition & Physical Activity means equitable access to nutrition, physical activity and healthy supportive environments for families and communities.

Substance Use covers substance abuse and addiction, which are the use of substances including alcohol, tobacco and e-cigarettes, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being and causes problems or distress that affect daily life

Next steps

Hutchinson Health, HealthPartners and the community will continue to work together to address the needs of the community it services. An implementation strategy, a companion to this CHNA, will guide this work and an evaluation of progress towards goal will be conducted.

This Community Health Needs Assessment meets all of the federal requirements of the Patient Protection and Affordable Care Act (ACA) and the Internal Revenue Service final regulations. It was approved by the Hutchinson Health Board on November 23, 2021. In accordance with federal requirements, this report is made widely available to the public on our website at Hutchinson Health | Community health needs (healthpartners.com).

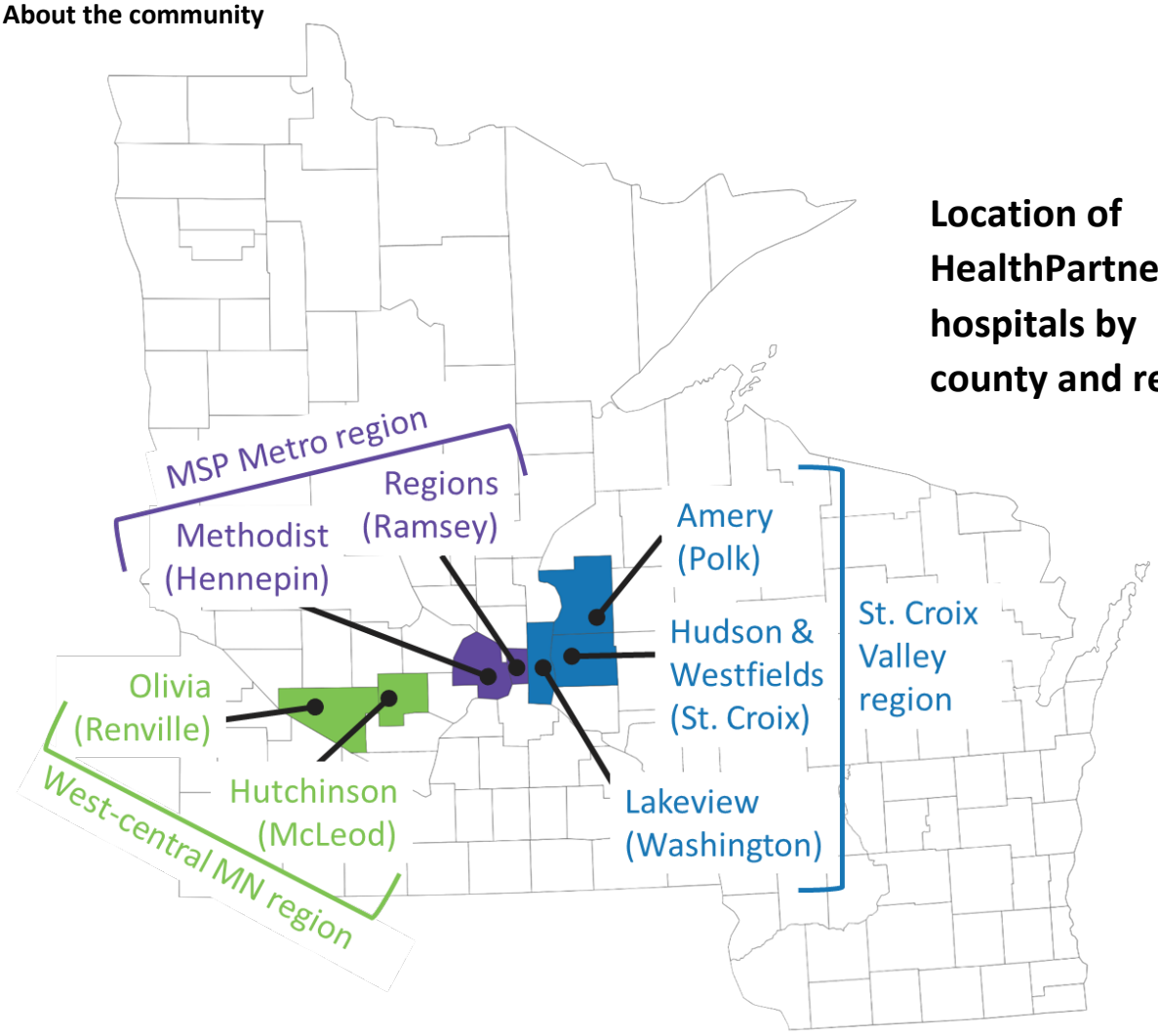
Community served

About HealthPartners & Hutchinson Health

At HealthPartners, our values are excellence, compassion, partnership, and integrity. Our Partners for Better Health (PBH) Goals are a set of goals to improve health, deliver a great patient experience, and make health care more affordable. Our hospital CHNAs and the PBH Goals are synergistic and work in parallel toward our vision of - Health as it could be, affordability as it must be, through relationships built on trust.

Hutchinson Health is a 66-bed hospital, including 12 mental health beds, a Level 3 Trauma Center, and operates primary and specialty clinics. Hutchinson Health has a five-decade tradition of providing excellent care in its community. For more information, visit hutchinsonhealthcare.com.

About the community



Location of HealthPartners hospitals by county and region

Hutchinson Hospital is located in the city of Hutchinson in McLeod County, Minnesota. For the purposes of this report, the "community served" by Hutchinson Hospital is people living in McLeod County and included medically underserved, low-income, and minority populations. Additionally, this definition took into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy. While the hospital certainly serves individuals from outside of the county, the definition of a community as a single county simplifies and helps focus, helping to ensure that the results can be presented clearly to the community.

According to 2019 American Community Survey data, McLeod County had 35,832 residents, 49.9% of whom were female.

- The median age in this county was 40.7 +/-0.5 in 2019, with 18.3% of the population 65 years or older.
- Nearly all (96.3%) identified as **white**, with 1.4% identifying as **Black or African American**, 1.0% **Asian**, 0.7% **American Indian or Alaska native**, 0.2% **Native Hawaiian or other Pacific Islander**, and 2.5% **some other race**.
- 6.2% identified as Hispanic/Latino.

There were 10,327 HealthPartners patients (age 18 and older who had an in-person or telemedicine visit with a HealthPartners provider in 2020) who lived in McLeod county in 2020.

- Of these, 90% were over 25 years old and slightly over half (55%) were female.
- Almost all (97%) were **white**, with 1% identifying as **Black or African American**, and less than 1% identifying as each of the following: **Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander**, or **some other race**
- 1% reported a Hispanic or Latino ethnicity.
- Over 98% spoke English, with the second most common language being Spanish at 1%.
- Slightly over half (53%) of the patients served by HealthPartners in McLeod county had commercial insurance, with 32% having Medicare and 11% having Medicaid.

Methods

The mission of HealthPartners is to improve health and well-being in partnership with our members, patients, and community. The Community Health Needs Assessment (CHNA) is an opportunity for us to identify the important health needs of the community and to identify resources and make a plan to address those needs. This section describes our process of gathering data and input to understand and prioritize the community needs.

Gathering data and input

To comprehensively understand and describe the needs of the communities HealthPartners serves, we systematically identified a list of publicly available data sources and a list of internally available HealthPartners data sources. With the CHNA workgroup that had expertise from public health, healthcare and epidemiology, we carefully reviewed the list to identify opportunities with a specific lens towards including members with unique insight into needs of our underserved communities where health and other disparities exist. To further round out understanding, we sought additional data sources together with our community partners. Where opportunities still remain for better understanding due to lack of currently available data, we have noted in the report. For example, we identified specific gaps in data available to understand the COVID-19 pandemic context and the influence of structural racism on the Needs Areas. Thus, we specifically designed our qualitative Community Conversations and our quantitative HealthPartners Provider Surveys to fill these gaps.

HealthPartners Provider Surveys

Select HealthPartners staff who provide direct care for our patients were invited by hospital leaders and the CHNA expert panel members to complete a brief web survey about the needs of the patients they serve. The survey was developed by an expert survey methodologist with input from the CHNA workgroup. Overall, 444 providers including **doctors, care coordinators, pharmacists, physical or occupational therapists, dietitians, nurses, and social workers** completed surveys across all HealthPartners hospitals. Descriptive statistics and a thematic analysis were completed and included in the Needs Area summaries below.

Community Conversations

Community Conversations were also completed with people who represent the interests of the community and who have direct knowledge of or experience with those directly impacted or facing barriers. Community Conversations were held approximately May through July of 2021 by members of each hospital (trained by an expert qualitative methodologist) serving on the HealthPartners CHNA workgroup. Most conversations were held virtually via telephone or an online meeting platform. Facilitators asked a series of semi-structured interview questions and were trained to elicit feedback and hold engaged discussions in a group format. A total of 41 Community Conversations were held or attended by HealthPartners workgroup members. Results were summarized and key themes and quotes were added to the Needs Area summaries throughout. Additional details about the Community Conversations can be found in the appendix.

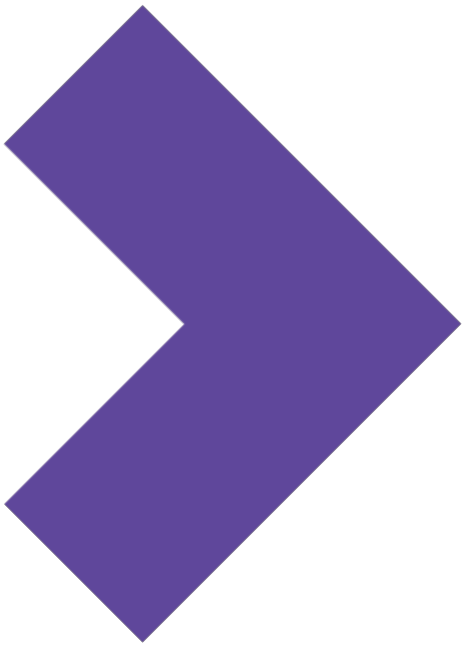
After all 30+ data sources were identified, we reviewed and prioritized sources based on availability at the county-level, relevance to underserved communities and comprehensiveness. Findings were then summarized across the priority data sources and put into context using relevant published literature and input from local public health departments, members of medically underserved, low-income, and minority populations in the community and individuals serving these populations. No written comments were received from the most recent CHNA, so none were included here. The compiled data were summarized and prioritized as described below.

Community Health Needs Identification and Prioritization
To prioritize Needs Areas for the CHNA report, we followed a modified Delphi approach using five previously-identified high-priority Needs Areas as a starting point:

- **Identifying Needs Areas.** In 2018, the HealthPartners CHNA workgroup reviewed available data and, through a modified Hanlon method, identified and prioritized health Needs Areas based on size, seriousness, equity, value, and change. The workgroup members worked in a thorough, facilitated large and small group process to reach consensus on top priorities using both the criteria described above and community input data. These Needs Areas were used as a starting point for the 2021 CHNA. These Needs Areas were:

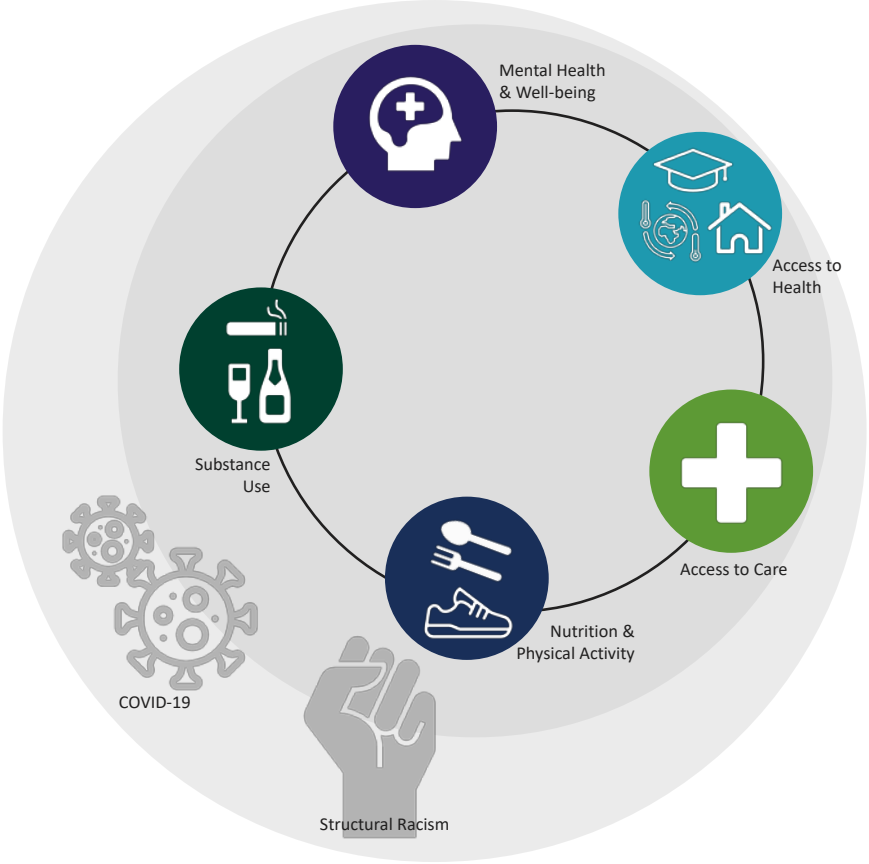
- **Choosing Subject Matter Experts.** First, we convened a group of HealthPartners staff who work in one of our 8 hospitals (1-4 experts per hospital) or the organization at-large; these subject matter experts had close connection to the community, worked directly in the community, or worked closely with those who provide direct care and are aware of health system priorities and opportunities.
- **Compiling, Reviewing Data & Identifying Gaps.** Using our 5 identified Needs Areas, we compiled data from data sources as described above into detailed data summaries.
- **Ranking Needs Areas.** To prioritize across the 5 Needs Areas, each expert panel member was asked to carefully review the written data summaries. Using a web survey, they then ranked the 5 Needs Areas in terms of priority for HealthPartners to according to its relevance, size and seriousness as it relates to those underserved, low-income, disadvantaged, or minority communities HealthPartners serves. Where there were discrepancies in priority between providers and community members, community feedback was prioritized.
- **Reaching Agreement.** Using each of the panel members' ranking, a Kendall's coefficient of concordance (W) was calculated. If agreement was not adequate, the results were reviewed at a subsequent meeting and discussed with the goal of reaching agreement in ranking. After the first ranking, W = 0.34, so experts were re-convened, and a discussion of the ranking was facilitated in order to reach better agreement. Experts were then asked to re-rank and the process was repeated. The final ranking was substantially higher, W = 0.56, suggesting adequate agreement. However, perfect agreement (W = 1.00) was not reached, suggesting there was still some variability in which Needs Areas were perceived as highest priority.
- **Narrowing & Prioritizing Subcategories.** Finally, for each of the 5 Needs Areas, the panel was also asked, via web survey, to choose the top three highest priority subcategories within each Needs Area. The subcategories were presented and prioritized in the report according to the number of experts who selected the subcategory as highest priority.

Context



Community Context

The figure depicted here was developed to graphically communicate the priority Needs Areas and contextual factors. Each of the five priority areas are deeply interconnected and collectively impact the populations served by HealthPartners Hospitals to varying degrees. This is represented through the connected line in the image to the right. Lack of access to places to exercise, for example, impacts physical activity and other health activities.



All of these factors are in turn collectively and individually impacted by the COVID-19 pandemic which has emerged since the last Community Health Needs Assessment. They are also impacted by the endemic of structural racism. While this is by no means a new force, events in the wake of the murder of George Floyd in May 2020 in Minneapolis, in a county served by HealthPartners, brought needed attention to this ongoing issue exerting such a strong influence on communities across the United States, including the communities that HealthPartners serves. The overlay of the COVID-19 and Structural Racism graphics over all Needs Areas is designed to highlight the impact they have had and are having on each of these areas.

Forces of structural racism and the COVID-19 pandemic are important considerations as we consider each Needs Areas and are highlighted throughout. Here we define these terms and include background for their inclusion as lenses through which HealthPartners believes it is important to view the health needs of the communities we serve.

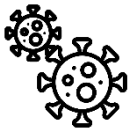
Structural Racism

Structural racism is defined as systems in which public policies, institutional practices, individual actions, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.[1] This is distinct from, but often intertwined with health equity. According to the Robert Wood Johnson Foundation, health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.[2,3]

Structural racism is a longstanding underlying current that among other things shapes the context of health Needs Areas across the US and beyond. Recent events, including the murder of George Floyd in May 2020, have further sparked both local and national conversations about how structural racism influences everyday life. Yet there is little available data at the local and regional levels to independently identify and describe the magnitude of the impact. In 2017, Minnesota was ranked 40th out of 50 states in the National Equity Atlas' Racial Equity Index- which compares a composite measure of racial equity gaps to the overall prosperity of an area. Although Minnesota had one of the highest overall prosperity scores in the country (3rd out of 50), Black, Latino and Native American communities in Minnesota experienced strikingly low levels of overall prosperity, economic vitality, readiness and connectedness.[3,4]

Findings from Minnesota's African American Leadership Forum Community Harvest Report (2021), highlight the interconnectedness of structural racism and each of the health Need Areas discussed in the CHNA report. Though the Black community viewed many health and well-being actions as being within an individual's control, these actions are made under the prohibitive context of structural racism, including traumatic and coercive environments. Community Conversations held as a part of these HealthPartners CHNA reports reiterated the influence of structural racism as it relates to Access to Care, Access to Health, Nutrition and Physical Activity, and Mental Health and Well-being. These conversations were especially important in metro-area counties including Hennepin and Ramsey Counties. And although structural racism was acknowledged in more rural or suburban areas, disparities in health due to economic factors were more frequent topics of discussion.

We have the responsibility and opportunity to build stronger communities where racism – and the inequity that results – has no place. As a result, HealthPartners has developed an Equity, Inclusion and Anti-Racism Cabinet to help accelerate this critical work, providing leadership, direction and oversight to advance health equity and eliminate racism. The cabinet is made up of a diverse group of health equity leaders from across our organization (HealthPartners internal employee communications).



COVID-19 Pandemic

COVID-19 was declared a pandemic in March 2020.[5] A state of emergency was declared in MN on March 13, 2020.[6] This resulted in school closures, a shift in workplace location to home for those with flexible job types, loss of employment and/or wages for others and working in an environment with an increased risk of exposure for many. As is discussed in the page below, the COVID-19 pandemic continues to intersect with the health and well-being of so many communities HealthPartners serves and intersects with structural racism. For the disease itself, health systems and health departments worked around the clock to track and adjust to the ever-changing information available.

In Minnesota, Hispanic/Latino and Native Hawaiian or Pacific Island residents were testing positive at rates over two times that of white residents. The case incidence was also higher for Black residents and those with multiple races compared to white residents. Rates of hospitalization were highest for American Indian (10%) and Black (8%) residents compared to white residents (5%). Death rates were highest for Hispanic/Latino and American Indian residents compared to white residents. (MDH COVID Dashboard) As of early May 2021, 60% of the Minnesota population has received at least one dose of a vaccine. Rates are highest among Asian or Pacific Islander (58%) and white (56%) residents compared to American Indian (37%), Black (37%) and Hispanic (39%) residents (MDH COVID Dashboard). According to the Minnesota Electronic Health Record Consortium, there were also differences in vaccine receipt by social vulnerability index, with the largest differences seen in Ramsey and Hennepin Counties (Minnesota EHR Consortium). Sexual orientation and gender identity data collection was not present in most COVID-19 testing and vaccine data, meaning that disparities in these areas were not captured.

HealthPartners is dedicated to COVID-19 vaccine equity and acknowledges that many people in communities of color are hesitant to trust the health care system. To increase vaccination rates in these communities, we have strategically set up vaccine centers in accessible locations, provided vaccine information in different languages, has had doctors reaching out to patients directly and via media to address concerns and encourage vaccinations, and is publicly speaking out as an organization to encourage vaccinations and combat misinformation. Additionally, HealthPartners Institute is involved in important research about vaccine safety for certain populations such as pregnant women,[7] concluding that "improving outreach to and engagement with health care providers and pregnant women, especially those who are younger and from racial and ethnic minority groups, could increase vaccine confidence and thus coverage of COVID-19 vaccination in this population."[8]

HealthPartners frontline staff have also been majorly and negatively affected by the pandemic, in employee listening sessions reporting tremendous amounts of burnout and trauma, as well as exhaustion and frustration. The well-being of these vital employees cannot be overlooked as a healthy, stable workforce is central to caring for our communities. Considering the ongoing impact of COVID-19, both over the last 2 years and its ongoing influence as it becomes endemic, is an important lens as we consider the health and well-being of HealthPartners communities.

Needs areas

Using the data collected as described in the previous section, the needs of the communities we serve were organized into 5 broad topic areas:

- Mental Health
- Access to Health
- Access to Care
- Nutrition and Physical Activity
- Substance Use.

Existing data was then supplemented by Community Conversations and a HealthPartners provider survey. Needs areas were prioritized by a convened panel of experts using a modified Delphi approach. The final list of Needs Areas in order of priority are Mental Health, Access to Health, Access to Care, Nutrition and Physical Activity, and Substance Use. Woven throughout each of these Needs Areas are two cross-cutting contextual factors: structural racism and the COVID-19 pandemic. In a similar way to these two contextual factors, future CHNA reports must also take into account climate change and environmental justice issues as overarching factors that impact all aspects of health and well-being in the communities we serve.

Legend | Throughout this report we use different icons to highlight different topics and different types of data. Here is what they all mean:


Mental Health & Well-being Needs Area (Priority 1)

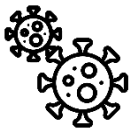

Access to Health Needs Area (Priority 2)


Access to Care Needs Area (Priority 3)


Nutrition & Physical Activity Needs Area (Priority 4)


Substance Use Needs Area (Priority 5)


Environmental Justice (Future Area of Focus, Integrated into Access to Health)


This icon calls out data related to our COVID-19 contextual factor.


This icon calls out data related to our Structural Racism contextual factor.


This icon calls out areas with differences by racial/ethnic groups.


This icon calls out provider survey results.


This icon calls out input collected from Community Conversations.

Mental Health and Well-being (Priority 1)

Mental Health and Well-being is the interconnection between mental illness and the associated stigma, social connectedness, resiliency, and overall mental, social, and emotional well-being.[9] Poor mental health may lead to poor quality of life, higher rates of chronic disease and a shorter lifespan. Communities of color and low-income and rural communities experience disparities in mental health and well-being.[10-12] Underlying contextual factors such as the COVID-19 pandemic and structural racism also severely impact mental health and well-being through stigmatizing actions and discrimination and which may cause less social connectedness and increased stress.[13-15] Through the process described above, Mental Health and Well-being was determined to be the highest priority Needs Area for the communities that HealthPartners serves. Subtopics within the broad Needs Area of mental health and well-being are described below.

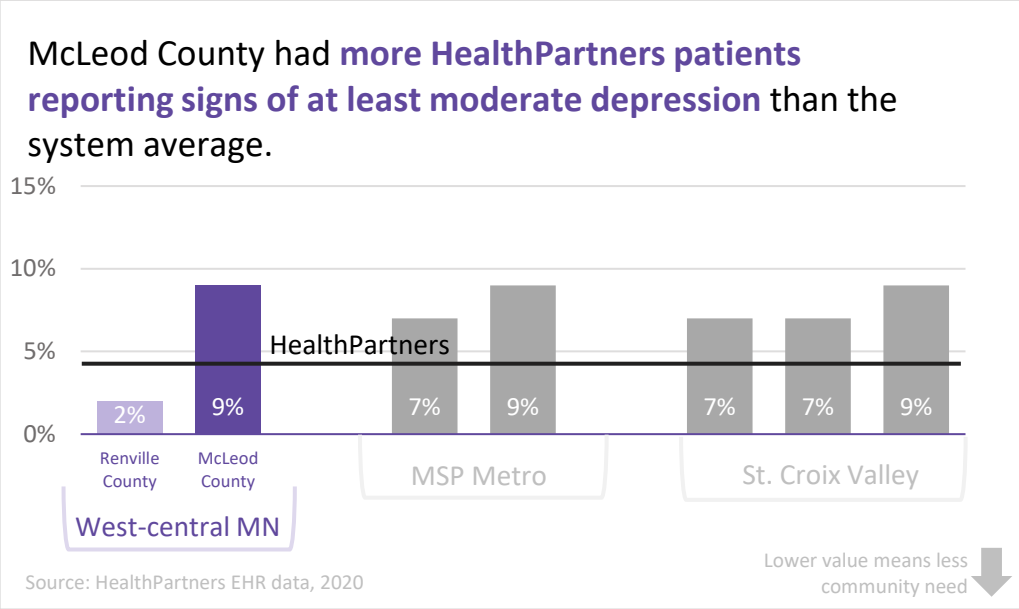
Depression, Anxiety, Other Mental Illnesses

About **1 in 5 Minnesota (20.3%) adults have a depression diagnosis. This rate has continued to rise over time** but is similar to the nationwide prevalence of adults with of depression (19.9%, BRFSS).

Across HealthPartners, 4.5% of patients had a PHQ-9 score above 9 (which represents moderate to severe depression) during the 2020 reporting period. This was a slight decrease from the 2018 HealthPartners data (4.9%) and is lower than the US average.[16]

20%

of adults report ever having depression, a number that has been increasing but is consistent with the US average.



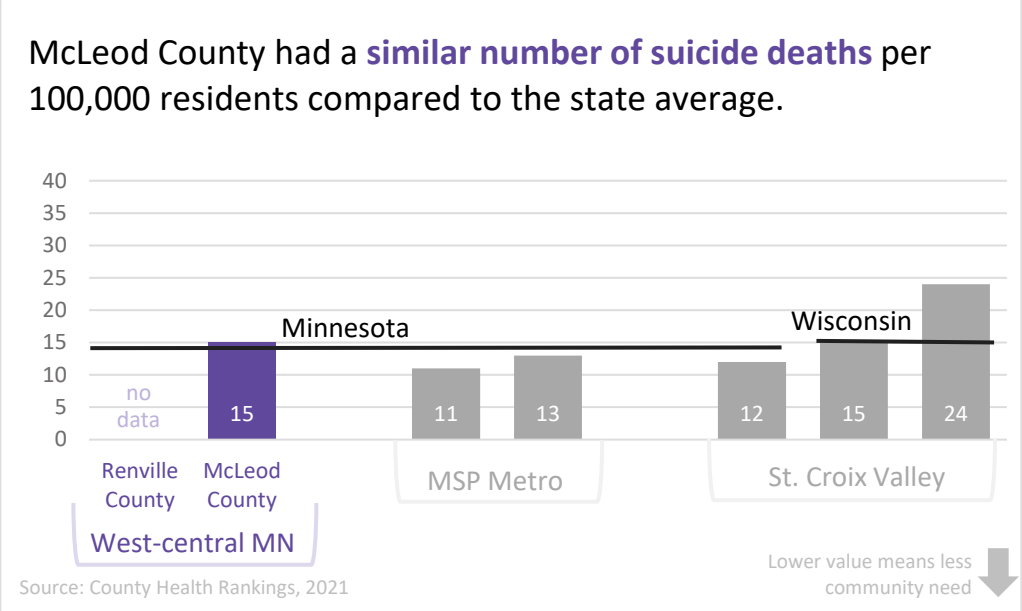
Across the Minnesota counties HealthPartners serves (MN Student Survey):

- Up to 70% of students were bothered by feeling worried. This was **more common among females and increased with age**.
- Between 5 and 37% of students reported long-term mental health problems, with females and older students reporting more.
- Self-harm among students in Minnesota counties ranged from 3 to 28% depending on grade and gender.
- When asked if they had ever been treated for a mental, emotional, or behavioral problem, 11th grade female students were most likely to endorse this compared to other grades and genders.

Renville and McLeod counties had the lowest rates of the Minnesota counties HealthPartners serves (for example 9% for 8th graders of both genders in McLeod County).

Suicide Deaths and Ideation

Deaths by suicide are rising nationally and more so in men than in women (MDH, CDC WONDER). According to County Health Rankings Data, Minnesota reported 14 suicides per 100,000 people and Wisconsin reported 15 suicides per 100,000. This is similar to the national suicide rate of 14.5 per 100,000 (CDC WONDER).



In Community Conversations mental health and well-being was identified as a top priority. While COVID-19 had clearly amplified mental health and care access issues across the counties that HealthPartners serves, it also exposed existing limitations and barriers to care within systems, and biases and stigma in community. Concern for adults and children experiencing depression and anxiety was top of mind. In McLeod County, community groups consistently recognized mental health needing greater attention and as not currently being adequately serviced. A shortage of mental health providers was noted.

In a recent report released by the Centers for Disease Control and Prevention (CDC), the number of **adults reporting anxiety or depression symptoms increased** from 36% to 42% during the COVID-19 pandemic. The percentage of adults who needed mental health treatment, but did not receive any, increased from 9.2 to 11.7% during the pandemic.[17,18]

two times

more adults in the United States reported suicidal ideation in June 2020 than they did in June 2018.

Food insecurity
Increases a person's risk of anxiety and depression by
over 250%

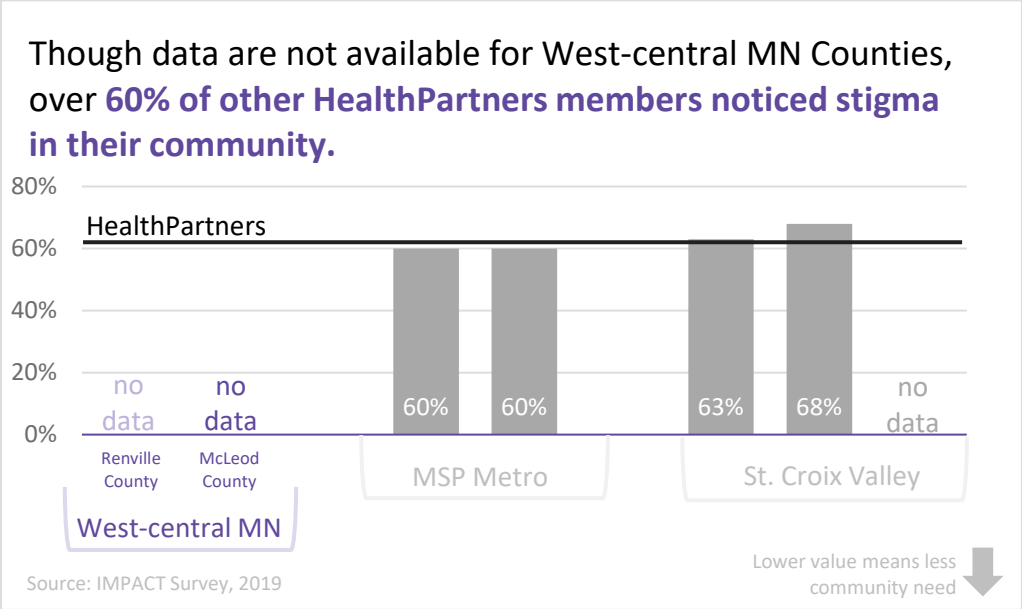
Food insecurity and job loss during the pandemic have also had a large impact on mental health, with food insecurity alone increasing a person's risk of anxiety and depression by over 250%.[18] In a recent study from the CDC on the impact of the pandemic on mental health, about 1 in 10 respondents seriously considered suicide in June of 2020; this is two times higher than what was reported in June of 2018 (CDC MMWR).

The **largest increase** in symptoms of **anxiety or depressive disorders** were seen in **populations of color**, those with less than a high-school education and young adults. (CDC MMWR).

Stigma towards people with mental illness

Stigma is a set of negative beliefs, often based on misinformation, that a society has about mental illness. Make It OK is a campaign by HealthPartners to reduce mental illness stigma in communities we serve. (MakeItOk.org).

As a part of the Make It OK evaluation, HealthPartners surveys members in selected communities about mental illness stigma. In 2019, about two-thirds of surveyed members reported noticing mental illness in their community (IMPACT survey).



About a quarter of IMPACT survey respondents reported they would be at least somewhat reluctant to seek care mental illness care, with little variability between counties. Across all counties, people of color were more reluctant to seek mental illness care than those who identified as white. Men were also more reluctant to seek mental illness care than women. Those who perceived stigma in their community, however, were no more reluctant to seek mental illness care than those who did not perceive community stigma (IMPACT survey).

In Community Conversations it was clear that there had been a shift in recognizing mental health as a serious and primary health issue facing their communities. The focus for communities is now on how to improve access to mental health care, including better integration to existing systems.

Emotional Health, Social Connections and Social Isolation

Mental Health and Well-being also includes emotional and social health.

On average:

- Minnesota adults report an average of 3.5 mentally unhealthy days in the last 30 days.
- Wisconsin adults report 4.0 mentally unhealthy days.
- The US average is 4.1 mentally unhealthy days (County Health Rankings).

County-specific emotional health data was not available by various characteristics. However, in Hennepin County people of color were more likely to experience psychological distress than white adults:(Metro SHAPE)

- 53% American Indian
- 37% Hispanic
- 31% Black
- 27% Asian or Asian American
- 19% white

In addition, according to the JustUs Voices of Health Survey, **LGBTQ+ people with lower incomes were more likely to experience severe mental distress** and 75% of LGBTQ+ respondents overall were experiencing moderate or severe distress during the time of the survey in 2018.

There is limited local, county-level data on social connections or social isolation. One measure – the number of membership organization per capita – shows Minnesota residents having slightly more opportunities for social connection than the national average (County Health Rankings). Both Renville and McLeod Counties had more social connection opportunities than the rest of Minnesota.

County-level data about social connections by race and ethnicity or other factors are also not available.

In Minnesota, **12-18% of students statewide have experienced cyberbullying in the last 30 days**, with 5th graders the most likely to be bullied and 11th graders the least. Most respondents who experience cyberbullying only experienced it once or twice in the last 30 days (MN Student Survey.

According to the Minnesota Student Survey, **up to 16%** of Minnesota students reported some **bullying related to race, ethnicity or national origin.**

Mental Health and Well-being was a common topic discussed in Community Conversations across HealthPartners. Attendees discussed the impact COVID-19 has had on the morale and emotional health of teachers, students, and seniors. Concerns about an increase in feelings of isolation were commonly raised. One group in McLeod county feels **students are currently struggling more socially, emotionally and financially**. Students have lived in a constantly changing environment throughout the pandemic, which they believe is upending student mental health. This group also talked about the exponential impact of the pandemic: "If you struggled prior to the pandemic, you struggled more during and after it."

> "I had [many] patients who died this last year, **not always of COVID, but of loneliness**– lots from the senior living community."

The African American Leadership Forum emphasized the importance of family and culture in the Black Community, but **in a pandemic environment and faced with community violence "the inability to collectively bond, grieve, and strengthen in the midst of COVID-19 has weakened some core families."** Black survey respondents said the biggest impediment to living a healthy lifestyle are factors under their direct control. However, those decisions are being made under "stress-ridden, traumatic, coercive, and/or predatory food, financial, medical, and employment environments, thus impairing the decision-making ability of the Black community to act in its own best/self-interest."

Mental Health and Well-being Needs Area Prioritization

CHNA workgroup members rated this Needs Area as the most important. Within this Needs Area, the topics chosen as most important were mental illness and lack of emotional health (selected by 88% of respondents) and lack of social connection or social isolation (selected by 63% of respondents).

The HealthPartners provider survey found that **providers from all but one hospital ranked mental health as the highest priority**. Further, between 50 and 89% of providers believe things have gotten a little or much worse in regard to mental health and wellbeing as a result of the pandemic.

This Needs Area was consistently ranked in the top three of health priorities presented at Community Conversations. In a majority of counties it was identified as the top priority because of its interdependence with the other priorities like eating nutritious foods and exercise, access to care and substance use. One steering committee discussed how their community's health has changed since past years. While responses to this question varied, the most selected item was division in the community. Many selected mental health, including an increase in stress, anxiety, and isolation, also tied to social justice and structural racism issues.

Access to Health (Priority 2)

Access to Health refers to the social and environmental conditions and unmet social needs that directly and indirectly affect people's health and well-being such as housing, income, food security, transportation, employment, education, clean and sustainable environment, and more. Communities of color and low income and rural communities disproportionately experience more social needs and social risk factors. Underlying contextual factors such as the COVID-19 pandemic and structural racism impact access to health issues.

Poor health is due in part to structures and systems that create systematic biases against people of color. In addition, social determinants and social needs are also connected to structural and systemic inequities that create poverty communities of color.[19] Subtopics within the broad Needs Area of access to health are described below.

Food insecurity

Food insecurity is the lack of consistent access to enough food for an active, healthy life. This includes access to healthy foods and grocery stores. People living in food insecure households face a number of barriers to eating healthy that make them vulnerable to diet-related chronic diseases, including obesity, diabetes, hypertension, and heart disease. Food insecurity is influenced by factors including income, employment, race/ethnicity, and disability. Food insecurity is thought to play a role in poor health outcomes and rising health care costs.[20]

Between 5 and 10% of people in counties HealthPartners serves reported not having adequate access to food. Slightly more Minnesotans (8%) reported lacking adequate access to food Wisconsinites (5%), with small differences between HealthPartners CHNA counties. Specifically, the percent of people in each county who do not have adequate access to food is:

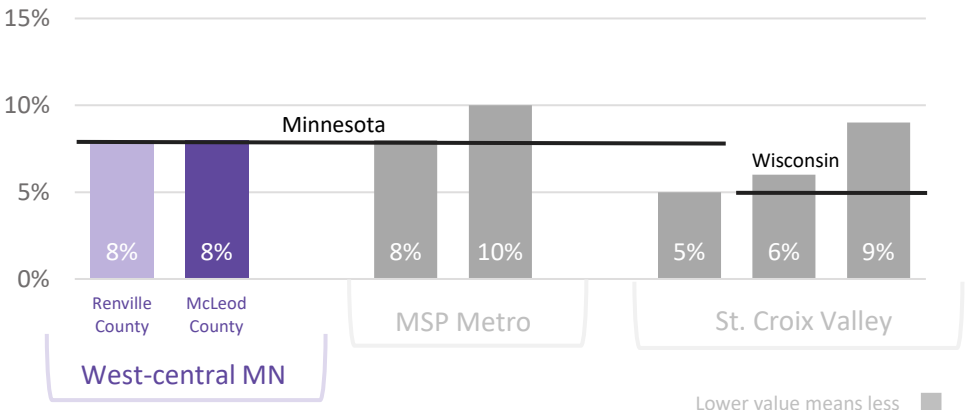
- 8% in Hennepin County
- 10% in Ramsey County
- 5% in Washington County
- 8% in Renville County
- 8% in McLeod County
- 9% in Polk County
- 6% in St. Croix County

> the **healthy foods** clients want are **not always available** at food shelves

Nationally, rates of food insecurity have been on the rise since the early 2000s and disparities exist based on age, gender, race, ethnicity and income.[21,22] Food insecurity affects at least 1 in 10 households in the US every year,[23] with evidence that food insecurity disproportionately impacts families of color, which makes worse an already long running difference in health and wellness for people of color.[24] It is such a clear problem that Healthy People 2030 lists "reducing household food insecurity and hunger" as one of its objectives for 2030.[25]

Surveys done in 220 Minnesota food shelves found that clients want better access to fresh, healthy foods. (SuperShelf). Fresh fruits and vegetables were the second most common foods clients wanted available at each visit, but only 51% said these were always available at each visit. This is critical given 60% of food shelf clients reported getting the majority of their fruits and vegetables from food shelves.[26]All counties HealthPartners serves were above the US average in terms of access to access to healthy food (County Health Rankings). Still a portion of low-income members of these communities still do not live close to a grocery store (County Health Rankings).

The percent of McLeod County **residents without adequate access to food** is the same as neighboring Renville County and the state average.



Source: County Health Rankings, 2021

Lower value means less community need

Food insecurity is also an important issue for children and families. Over a third of children and Minnesota were eligible for free- or reduced-price lunches in the 2018-2019 school year (County Health Rankings). This was the case in McLeod County (County Health Rankings).

In the Minnesota counties HealthPartners serves, up to 8% reported having to skip meals (MN Student Survey).

Through Community Conversations, some community members described a reliance on food shelves as a result of income insecurity. The lack availability of fresh, healthy and culturally appropriate food options at the food shelves was also described. Some mentioned that there were few places nearby to access healthy food.

> "There are **cars lined up around the block** to get food…"

According to a recent survey published in the Journal of Hunger and Environmental Nutrition, there was nearly a **32% increase in food insecurity since the start of the pandemic** and **over a third of households became newly food insecure**.[27] Though there has also been a noted national increase in response, some argue this is not enough to curb demand.[28] Locally, in at least one Community Conversation, members also expressed concern that the increase in services would not be maintained in the months to come.

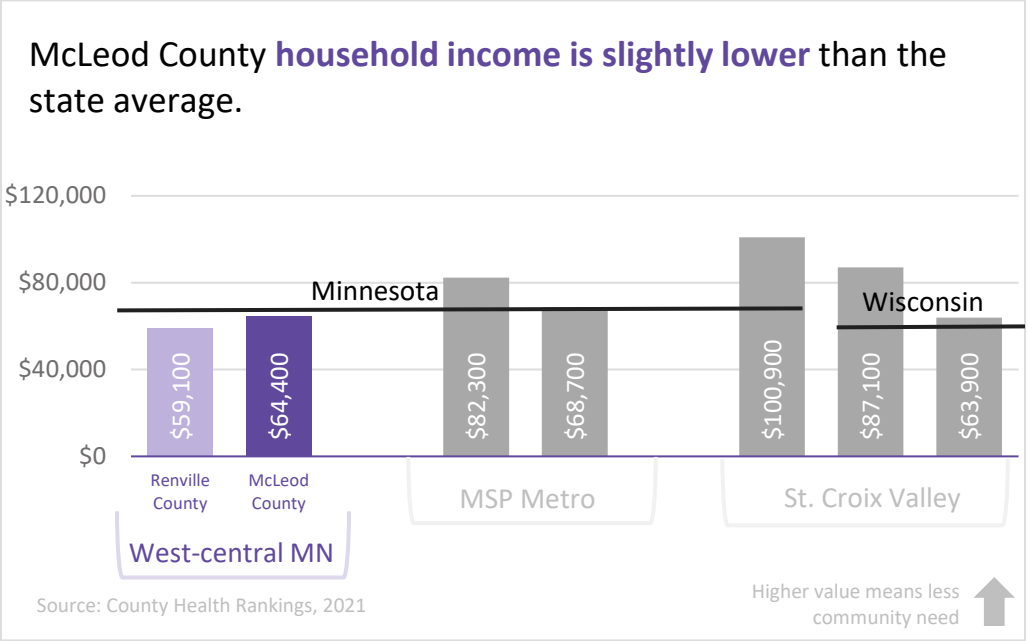
Structural racism and food insecurity are intertwined and have been discussed at the national level.[29] Locally, in one Community Conversation in Renville County some perceived that client culturally appropriate choice in dining delivery was limited because food is selected by the food shelf board which has few people of color. Similarly, a Community Conversation perceived the lack of diversity in County Commissioners offices as influential in decision making.

Financial insecurity

Financial insecurity is the inability of individuals or families to sustainably afford their essential needs. This can be observed in expenses exceeding income and in anyone at, or below, federal poverty levels.[30]

The median household income in Minnesota has been increasing since 2012 and in 2017 was higher than the national average (ACS). However 24% of people in Minnesota with less than a high school diploma experience poverty, whereas only 3% of people with a Bachelor's degree experience poverty (MDH Data Access Portal).

5-year estimates show **significant racial/ethnic disparities in poverty with 31% of American Indian Minnesotans in poverty**, followed by 29% of Black Minnesotans and only 7% of white Minnesotans in poverty (MDH Data Access Portal).



Though Minnesota childhood poverty rates are lower than the US average, substantial racial/ethnic inequities exist with 38% of American Indian children, 37% of Black children and 23% of Hispanic children in poverty compared to only 6% of white children (County Health Rankings).

Across the counties served by HealthPartners 5-17% of children were living in poverty in 2019 (County Health Rankings). In McLeod County, 8% of children were in poverty, which is less than the Minnesota average (11%).

In Community Conversations with groups across counties HealthPartners serves, financial insecurity was not identified explicitly as a concern. However, some of the consequences of financial insecurity were mentioned, for example, not being able to afford healthy foods, not having access to technology, homelessness and changes in employment and insurance status in the wake of COVID-19.

The recent African American Leadership Forum reported that the pandemic and underlying economic recession has **forced over 55% of Minnesota's Black Community to file for unemployment insurance** since February of 2020.

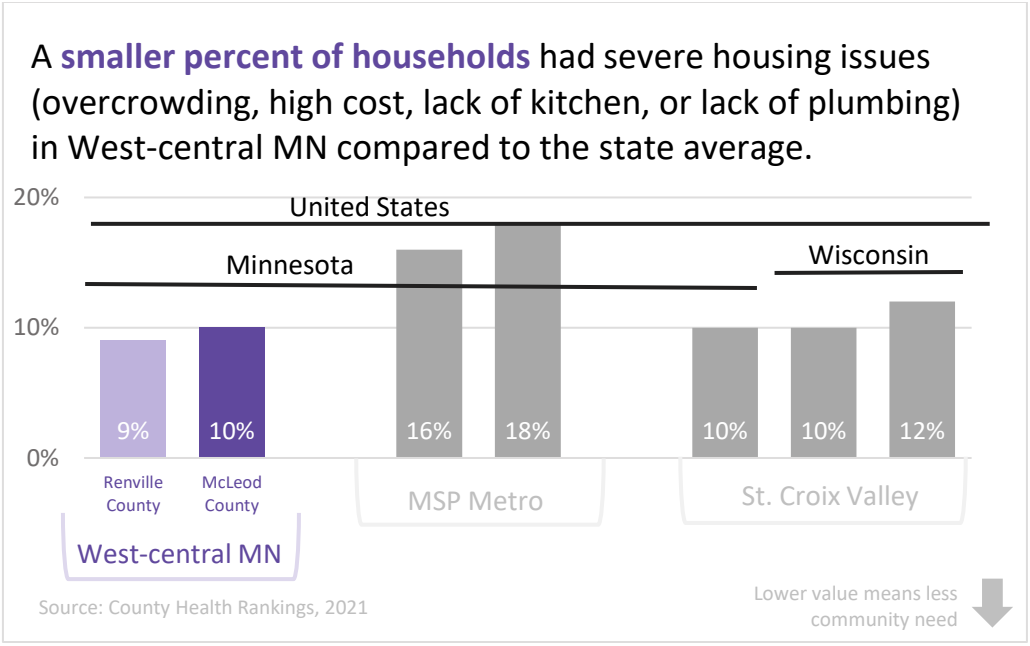
Though data were not available for all counties HealthPartners serves, the Hennepin Healthcare COVID-19 Basic Needs Impact Survey revealed that 26% of Hennepin County residents had difficulty paying a phone bill during the pandemic, a tangible example of financial insecurity. In addition, 43% reported difficulty accessing a computer, which could have downstream impacts on ability to work and attend school remotely. This survey also revealed details about unemployment during the pandemic: 21% of respondents reported full time work, 18% part time work, and 25% were unemployed at the time of the survey. Nearly 1/3 of respondents reported a change in employment status since March of 2020: 15% of respondents became unemployed, 11% moved into a part-time position, and 3% gained full time employment.

Financial insecurity can also lead to issues paying rent or a mortgage. Nearly 1/3 of respondents in Hennepin County were worried about being able to pay their rent/mortgage or other housing costs. Non-English speakers were the most likely to report worry about paying housing costs, with slightly over half of Spanish speakers and nearly 2/3 of Somali speakers reporting concerns. During the pandemic, housing situations also had an impact on ability to isolate if exposed to COVID-19. The Hennepin Healthcare COVID-19 Basic Needs Impact Survey revealed differences in housing situations by race and ethnicity: 60% of respondents lived in households of 3 or more people, and Somali (73%) and Spanish (90%) speaking patients were more likely to live in a large household than English speaking patients. Overall, nearly ¾ of respondents reported that they would be able to isolate at home if necessary.

Housing insecurity

Housing insecurity is when individuals and families lack the ability to access or maintain safe housing due to high housing costs relative to income, poor housing quality, unstable neighborhoods, or overcrowding.

In Minnesota, **Black households had the lowest homeownership rate (25%) among racial and ethnic groups** compared to white households (77%) (MN COMPASS). Additionally, 49% of Black households spend more than 30% of their income on housing, this is more than any other race or ethnicity and higher than white households at 23% (MN COMPASS). Across Minnesota in 2018, American Indian adults experienced the highest rate of homelessness 167 per 10,000), followed by Blacks adults (95 per 10,000), both much higher than white adults (6 per 10,000) (MN COMPASS). Similarly, **those who identify as LGBTQ are disproportionately represented in the homeless population of both children and adults**. From the Voices of Health Survey, 29% of LGBTQ+ respondents in Minnesota experienced homelessness at least once in their life.



In the Minnesota counties HealthPartners serves, **up to 11% of children (varied by grade and county) experienced homelessness** in the past 12 months (MN Student Survey

In Community Conversations for select counties HealthPartners serves, housing needs were discussed such as the need for more housing resources and assistance.

There is a complex interaction between housing security and COVID-19, with those who experience homelessness being at an increased risk of getting COVID-19, and having more difficulty being able to follow recommended public health protections from COVID-19 .[31] While local data was not available for every CHNA county, the Hennepin Healthcare COVID-19 Basic Needs Impact Survey revealed that 32% of respondents in Hennepin County were worried about being able to pay their rent/mortgage or other housing costs. Non-English speakers were the most likely to report worry about paying housing costs, with slightly over half of Spanish speakers and nearly 2/3 of Somali speakers reporting concerns.

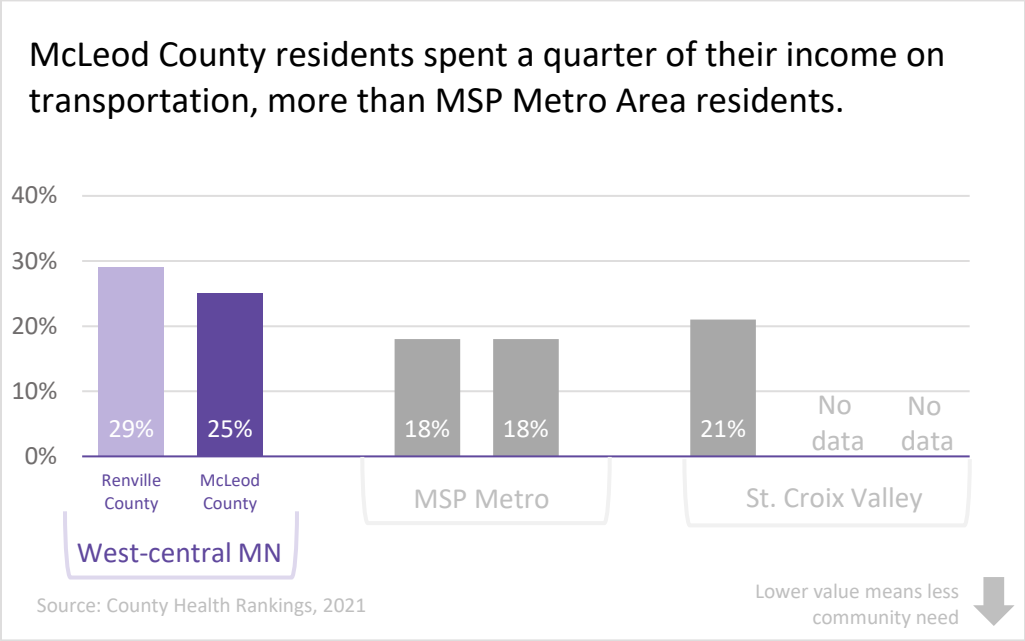
Segregation in housing due to structural racism leads to people of color being more likely to suffer from housing insecurity.[32] Little data is available on this topic locally.

Access to Transportation

Access to Transportation covers being able to navigate, access and travel around neighborhoods to use essential services safely and easily. This can include having consistent access to a vehicle, access to public transport and/or access to safe walking and biking paths.

Across the counties served by HealthPartners, up to 4% of people did not have access to a vehicle (County Health Rankings), the highest being in the Minnesota Metro area (~4%) which also had the highest rates of workers using public transport (American Community Survey). Data on race and ethnicity and transportation use across Minnesota was not available. Though most residents in these

Minnesota counties had access to a vehicle, up to 29% of income in these Minnesota communities was spent on transportation (MN COMPASS).

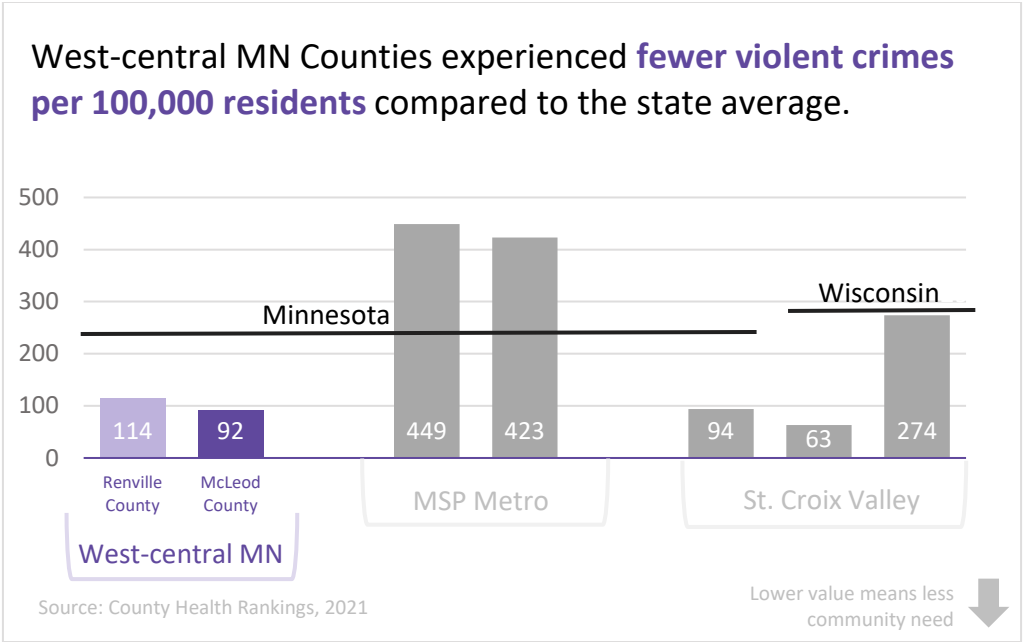


Access to transportation came up frequently in Community Conversations, especially the impact COVID-19 had on the reliability of transport services.

Safe and Healthy Environment

Ensuring the safety of places where people live, work and learn is important for physical and mental health and wellbeing are protected. This subtopic includes information about violent crimes, feeling safe at school, environmental justice and more.

Across the Minnesota counties served by HealthPartners, violent crimes were highest in the MSP Metro area as well as some parts of the St. Croix Valley area. Though data are not available for all counties, in Hennepin County, 56% of residents overall strongly agree their community is a good one to raise children. Unfortunately, wide disparities exist by gender, sexual orientation, race and ethnicity. For example, only 31% of transgender residents, US-born Black residents, and Southeast Asian residents strongly agreed with this statement (Metro SHAPE). Similarly, only 47% of Black or African American adults vs. 56% of white adults felt very safe in their neighborhoods (Metro SHAPE).



Collectively, the majority of students across the Minnesota counties HealthPartners serves reported feeling safe at school and in their neighborhoods, but little data on difference by race or ethnicity for student perceived exists (YRBS).

In terms of environmental conditions, air quality is slightly better in Minnesota compared to the national average. Most areas served by HealthParnters had air quality similar to the state average and below the national average, with the exception of the MSP Metro area, with Hennepin County specifcally having the highest average density of fine particulate matter in the air (County Health Rankings). Similarly, drinking water violations were fairly low across the areas HealthPartners serves. Three of the seven counties had **presence of health-related drinking water violations** in 2019, the others did not (County Health Rankings).

In Community Conversations in the more rural areas HealthPartners serves, concerns over the impact farming has on soil and water health were raised.

A recently published commentary highlights **the compounding and lasting effects of structural racism, climate change and the COVID-19 pandemic** in 2020.[33] Where data were available in the counties HealthPartners serves, Hispanic, Black, Asian and American Indian residents all reported higher levels of **feeling unaccepted because of race, culture, religion, or immigration status** (Metro SHAPE). Minnesota's African American Leadership Forum also reported that the **Black Community's children who attend Public Schools are learning less overall, and experiencing more trauma than their parents, and previous generations.**

Though data were not available for all counties HealthPartners serves, the Hennepin Healthcare COVID-19 Basic Needs Impact Survey offers some insight into community members' ability to have a healthy environment during the pandemic. Two-thirds of respondents reported that they had difficulty accessing supplies to maintain their health during the pandemic.

Access to Health Needs Area Prioritization

CHNA workgroup members ranked this Needs Area as the 2nd most important Needs Area. Additionally, they ranked Food Insecurity (69% endorsed) and Financial insecurity (50% endorsed) as the top two most important topics within Access to Health.

Access to Health varied as a top priority across Community Conversations, usually not ranking very high when asked to rank those presented to them. However, this was always supplemented with a strong understanding that access to health does have an impact on all the priorities and that solutions to top priorities could be found in addressing access to health.

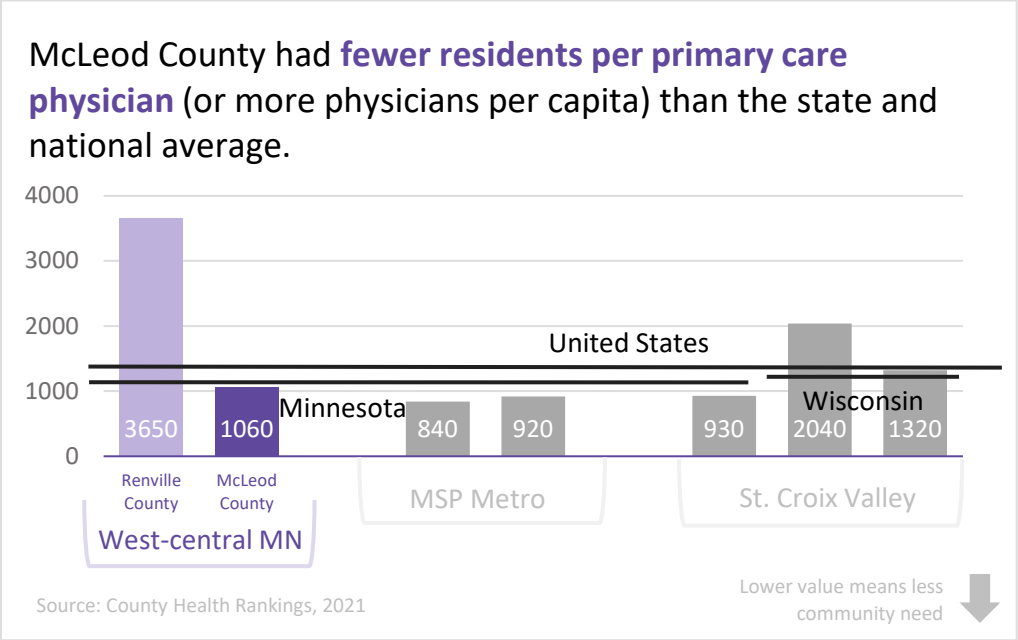
Access to Care (Priority 3)

Access to Care means having equitable access to appropriate, convenient, affordable and culturally responsive, trauma informed health care. This includes factors such as proximity to care, diversity training for staff, diverse backgrounds of providers, cost of care, insurance coverage, medical transportation, and care coordination within the health care system. Communities of color, low income and rural communities and members of the LGBTQ+ community experience disproportionate barriers to accessing care.[34-36] Underlying contextual factors such as the COVID-19 pandemic and structural racism impact access to care issues. Subtopics within the broad Needs Area of access to care are described below.

Availability and utilization of care (medical and dental care)

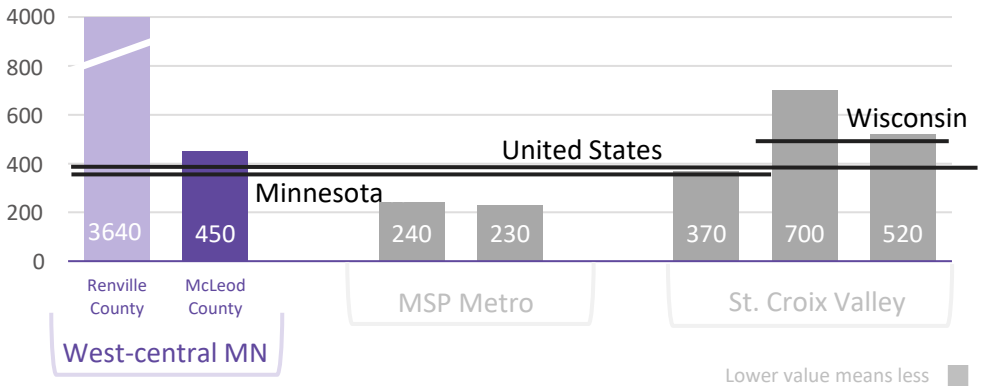
Availability of care includes availability of care providers, availability of bilingual staff, interpreters and culturally appropriate care, community resources, and care delays due to COVID-19.

Primary care availability varied widely across counties HealthPartners serves, with some counties having **fewer primary care providers per capita** compared to their states' and the national average.



This pattern of availability was seen in dental care and other types of primary care providers as well (County Health Rankings). Mental health provider availability also varied across communities HealthPartners serves. Generally, West-central Minnesota and the St. Croix Valley counties served by HealthPartners had fewer mental health providers per capita than the Minneapolis-St. Paul (MSP) Metro counties.

McLeod County had **more residents per mental health provider** (or fewer mental health providers per capita) than the state and national average, but better access than neighboring Renville County.



Source: County Health Rankings, 2021

Though data were not available for all counties, in Hennepin County, there were disparities in healthcare use with 73 to 79% of Hispanic, American Indian, Southeast Asian, and Black residents reporting having seen a health professional in the past 12 months, compared to 89% of white residents (Metro SHAPE). In Minnesota at large only 37% of LGBTQ+ respondents have seen a healthcare provider in the past year (Voices of Health Survey). Between 14-20% of American Indian, Black/African American, or Hispanic residents go the hospital emergency room when they are sick or need care compared to 2% of white residents (Metro SHAPE). Across all counties HealthPartners serves, up to 96% of children have seen a dental provider in the past year depending on county, grade, and gender (YRBS, MN Student Survey).

Data for county-specific use of primary healthcare by patient characteristics was not available.

Community Conversations across counties also shed light on availability of care issues, access to appropriate mental health resources, ability of providers to accept medical insurance, access to culturally appropriate care, pandemic-related delays in accessing care, and increasing demand for healthcare services alongside lagging community resources. Teen leaders across HP CHNA counties also raised the concern about availability of mental health resources. The impact of COVID-19 on accessing care was highlighted across many of the community discussions in the counties that HealthPartners serves. Concerns about delays, backlogs and communication of ever-changing information in appropriate languages were heard.

> "I have to **drive a long ways to get to a specialist**. Two-hours one way the last few weeks, every-other day."

In McLeod County, Community Conversations with a local diversity, equity and inclusion committee described a lack of access to cultural, language appropriate resources during the pandemic. Information changed quickly, without enough access to translators, which created challenging language barriers. This group also discussed how a local corporation saw an increase in substance use by employees during COVID-19, but a **decrease in the number of people using their substance abuse program**. Another Community Conversation in this county perceived access to substance use support as a challenge: lack of support and access to technology needed for virtual check-ins or support meetings along with bars and liquor stores being open created an environment where sobriety was difficult to maintain. A public health group in this county talked about what they see as shortage of mental health care providers on top of isolation and lack of access to normal routines and services negatively impacting people's mental and physical health.

> "**Limited English proficiency** patients who try to schedule appointments may get **transferred many times** before getting to an interpreter, then **may not get to the right place** or the call may drop"

During the pandemic in Minnesota, it has been reported that fewer residents eligible for care are accessing it. There have been dramatic declines in healthcare utilization from 2019 to 2020 for both adults and children (MN Community Measures). As described above, the interaction between the COVID-19 pandemic and access to care was discussed at many Community Conversations.

Local data were only available in Hennepin County where **41% of respondents reported experiencing care delays** since the start of COVID-19 related clinic restrictions (Hennepin Healthcare COVID-19 Basic Needs Impact Survey).

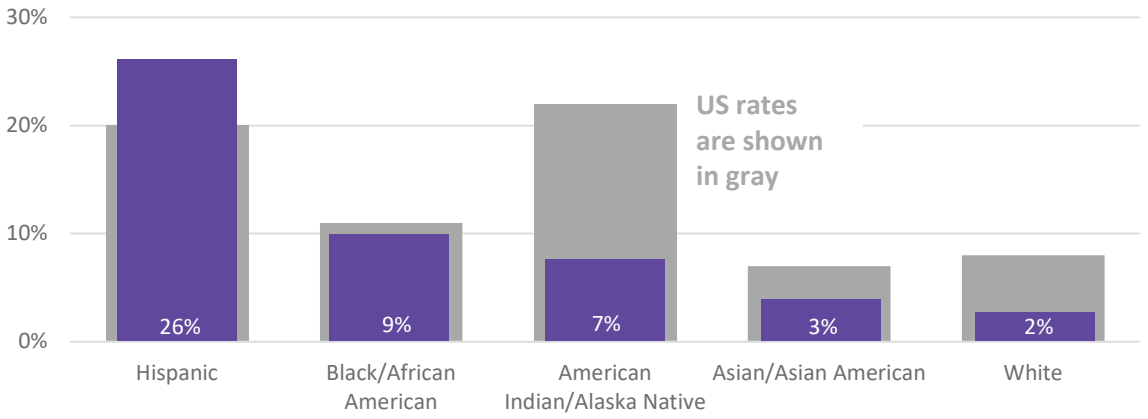
In Community Conversations with counties that HealthPartners serves, those counties in Minnesota were discussing the impact of structural racism on healthcare access and were often able to point to personal examples.

Health insurance coverage and cost of care

Both insurance coverage and cost of care can affect someone's ability to access health care services. Research suggests that having insurance coverage is associated with reduced mortality.[37] In fact, the Minnesota Public Health Association has listed "ensuring access to affordable health care" as one of its top legislative priorities in 2021, further emphasizing the importance of this issue.[38]

Across all counties HealthPartners serves, there were **similar rates of uninsured adults and children compared to Minnesota as a whole, with rates** ranging from 2% to 8% for those under 65 (County Health Rankings). Although all counties HealthPartners serves had uninsured rates lower than the national average (10%), county-level data was not available to look at disparities. In Hennepin County, data shows a large disparity for insurance coverage for Hispanic adults, even more than national levels.

Over one quarter of Hispanic adults in Hennepin County are **uninsured** - more than any other other race or ethnicity and more than the national average.



Source: Metro SHAPE Survey, 2018; National data from Kaiser Family Foundation analysis of 2010-2019 American Community Survey

Lower value means less community need

Across counties HealthPartners serves, the **percent of children under age 19 without health insurance aligned with state rates** (3% uninsured in Minnesota and 4% uninsured in Wisconsin). Again, these county-level data are not available by race, ethnicity or other factors.

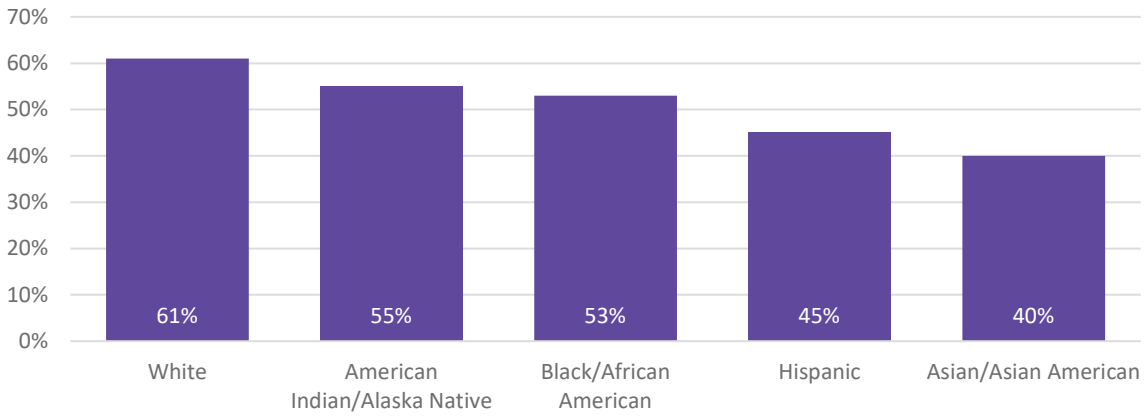
Care Experience

Care experience in this section refers to how patients perceive their interactions with the health system. This subtopic includes the ability to get understandable health information from a health care provider, as well as being treated with respect by a health care provider. Race, ethnicity, socio-economic status, gender and sexual orientation can all impact care experiences.[39]

22% of transgender men reported **treatment refusal** by a provider

Unfortunately, county-level data about care experience overall or for different groups is not available. However, one survey in Hennepin County revealed **racial and socioeconomic status differences in patients reporting being treated with respect by their providers**. People of color report not being treated with respect by their health care provider at rates 2-5 times higher than white adults (Metro SHAPE).

Hispanic, Asian/Asian American, and Black/African American adults in Hennepin County are **less likely** to always **get easy to understand health information** from their health care provider.



Source: Hennepin Healthcare COVID-19 Impact and Basic Needs survey

Higher value means less community need

Those below the federal poverty level also report receiving less respect from their health care providers than those above the poverty level (Metro SHAPE). According to the Voices of Health Survey, transgender men and women in Minnesota experienced rates of treatment refusal by providers three times as high as treatment refusal of LGBTQ+ respondents overall. **Nearly one quarter of LGBTQ respondents have had to teach their healthcare providers about LGBTQ+ people to get more appropriate care**. Additionally, between ¼ and ½ of transgender men and women and non-binary/genderqueer/gender non-conforming respondents have been asked unnecessary or invasive questions by providers (Voices of Health Survey).

Community Conversations in counties HealthPartners serves raised important topics related to care experience, including a perceived lack of cultural awareness which can result in a poor care experience. A diversity and inclusion group in McLeod county discussed how women of color had feelings of not being heard in regard to health care and that they were not listened to by providers.

The pandemic has also impacted care experience. Many care groups nationally and locally transitioned to telehealth during COVID-19. While some providers suggested telehealth as a resource to help address access to care issues, and the literature suggests general patient satisfaction with telehealth,[40] this didn't come up as a common theme in local Community Conversations. Members in one conversation mentioned their belief that telehealth is not easily accessible to elders in the community.

Though local data was not available to speak to the impact of structural racism on care experience, the impact has been reported elsewhere, both in connection to COVID-19 care and care more broadly, such as implicit bias and microaggressions by providers toward people of color during clinic visits.[41,42]

Access to Care Needs Area Prioritization

Access to Care was ranked as the 3rd most important Needs Area (mean ranking 3.4±1.46) by members of the CHNA workgroup. CHNA workgroup members selected Availability of mental health and substance use care, providers, appointments and bilingual staff or interpreters and Cost of health care, insurance, or prescriptions as the top two priorities within Access to Care.

Overall, **one-fourth or fewer providers thought that Access to care is a very large issue** for their communities. This Needs Area didn't fall into the top three priorities for any hospitals, according to the provider survey data. Transportation and culturally appropriate services/resources came up frequently as necessary community resources and equity issues related to access to care.

Access to Care came through as a high priority in many Community Conversations, often second only to mental health. Many talked about the impact COVID-19 has had on accessing care, and concerns about access to culturally-appropriate care were commonly raised as well.

Nutrition and Physical Activity (Priority 4)

Nutrition and Physical Activity means equitable access to nutrition, physical activity and healthy supportive environments for families and communities. Eating patterns and physical activity are major contributors to obesity and chronic diseases such as diabetes, heart disease and stroke, which can disproportionally impact communities of color and low income and rural communities. Underlying contextual factors such as the COVID-19 pandemic and structural racism may impact nutrition and physical activity. Subtopics within the broad Needs Area of nutrition and physical activity are described below.

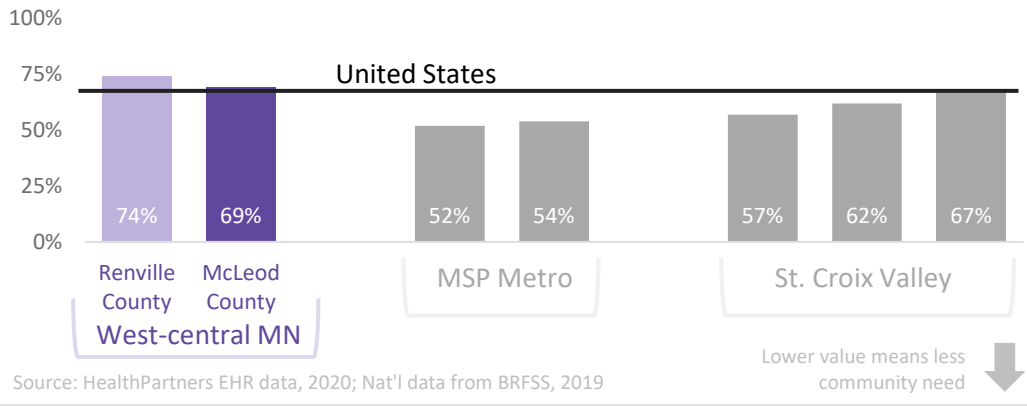
Obesity

Obesity is a complex medical condition sometimes measured as a weight to height ratio (or Body Mass Index, BMI) of >30 kg/m^2. Similarly, overweight is considered a BMI between 25 and 30kg/m^2. Adults and children with obesity often experience poorer physical and emotional health and well-being and stigma.[43-45] Stigma is a set of negative beliefs held by society, often based on misinformation.

According to County Health Rankings, almost a third of Minnesota (29%) and Wisconsin (32%) adults have obesity. These **rates continue to rise over time** just like national trends.[46] As with other health conditions, racial and ethnic inequalities in the rates of obesity also persist and have only increased across the country, with more Mexican American men experiencing obesity over time compared to other men and non-Hispanic Black women experiencing the highest rates of obesity or severe obesity over time.[46] In Minnesota, BRFSS data from MDH shows that American Indians experience the highest rates of overweight or obesity (81%), followed by Hispanic Minnesotans (72%). In 2020, **64% of HealthPartners patients had a BMI considered overweight**, up from 62% in 2018.

Mexican American Men, Black Women and **American Indians** experience **higher rates of obesity**

The West-central MN area had **more patients** with a **BMI considered overweight** than other counties HealthPartners serves and slightly more than the national average.



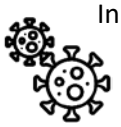
Source: HealthPartners EHR data, 2020; Nat'l data from BRFSS, 2019

In 2016, 19% of children nationwide experienced obesity. Obesity rates increase with age, but there is some evidence that increase has slowed over the past few years, perhaps because of earlier onset. As with adults, **Black and Hispanic children experience higher rates of obesity than others**, seen as early as 5 years of age according to NHANES data.[47,48]

In 2018, up to 14% of 3- to 23-month-olds in Minnesota and Wisconsin had overweight or obesity. In 2018, about 30% of 3- to 5-year-olds in Minnesota and Wisconsin had overweight or obesity, and 29% of Wisconsin adolescents experienced overweight or obesity in 2019 (YRBS, WIC).

Racial and ethnic disparities exist as early as **3-23 months old**

- **Hispanic adolescents experienced substantially higher rates of obesity in Wisconsin** (19%) than did non-Hispanic white adolescents (13%).
- Racial disparities also exist as early as 3-23 months, with 19-23% of American Indian children having high weight-for length across Wisconsin and Minnesota (YRBS, WIC).
- In 2017-18, about a third of HealthPartners patients ages 6 to 11 experienced overweight or obesity (HealthPartners Institute, internal data).



In a recent systematic review, **one-half of surveyed respondents globally reported gaining weight during the COVID-19 pandemic**. Across the board, pandemic-related weight gain did not differ by education, place of living, or employment status.[49] Another report in the US from the American Psychological Association showed that 6 in 10 adults reported undesired weight change at the beginning of the pandemic.[50]

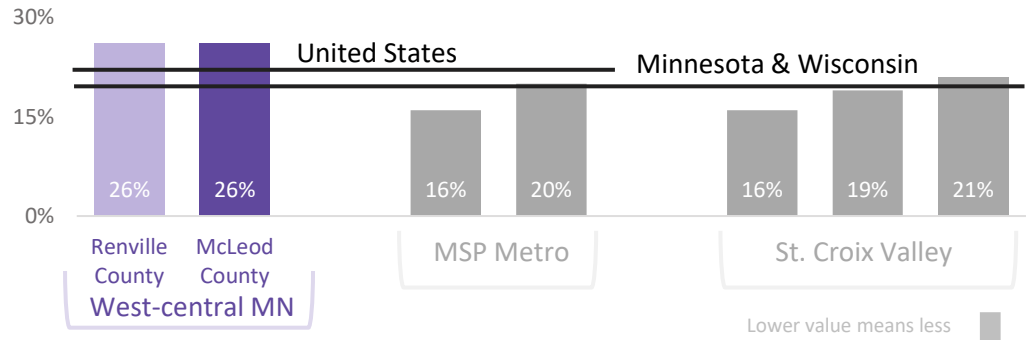
Further, it has been reported that **structural racism is associated with higher body weight**. In the US, county-level structural racism was associated with higher body weight for Blacks and lower body weight for whites adjusting for other factors. Factors linking structural racism to higher body weight are numerous and interconnected, including discriminatory housing segregation leaving Blacks in neighborhoods with lower healthy food and physical activity access, as well as chronic stress leading to inflammation, hypertension, and other obesity-related diseases.[51] According to the African American Leadership Forum, there is not an apparent health and wellness curriculum, program or set of guidelines for those in poverty, or suffering from chronic stress overload from external sources.

Physical Activity

This topic includes self-reported rates of both physical activity and inactivity as well as access to resources and environments that support physically active lifestyles. In addition to helping prevent obesity and chronic diseases,[52] physical activity plays and important role in mental and emotional health and well-being.[50]

In 2019, only a quarter of Minnesotans reported levels of aerobic and muscle strengthening exercises that meet guidelines (BRFSS, 2019). A fifth of adults report no leisure time physical activity (County Health Rankings, 2019). Rates of physical *in*activity are **increasing over time** with **notable disparities** experienced by Hispanic and non-Hispanic Black adults compared to non-Hispanic white adults.

West-central MN counties had **higher rates of inactivity** than other areas HealthPartners serves and higher than the MN, WI and national levels.



Source: County Health Rankings, 2020

Though ¾ of parents reported their children get at least an hour of daily physical activity, more than half of HealthPartners parents still **wanted a lot more ways to help their families be active and avoid screen time** (TREND survey).

Child physical activity declines with age and is **lower for girls than boys**

In some Community Conversations, there was concern about the COVID-19 pandemic's negative impact on access to quality spaces for child physical activity programs and nutritious food options that could have long term consequences physically, socially and economically. One group in McLeod County talked about the pause in exercise classes due to COVID-19 and how that pause also decreased opportunities for social connection.

Across all counties that HealthPartners serves, counties with lower level of physical activity also had less access to physical activity opportunities (CHR). West-central Minnesota area residents experience worse access to physical activity opportunities than the rest of the state and other areas HealthPartners serves.

These access issues were exemplified in some Community Conversations highlighting the members perceptions that access to spaces for physical activities was different for rural and urban areas. Public health employees in West-central Minnesota stated that they see a **lack of trails, recreation centers, and health and wellness options,** which is a large barrier to health. They commented that people have to drive outside the area a ways to get physical activity and wellness options, and that a **regional hub for physical activity** and amenities/structures focused on physical activity is lacking in small towns in this area.

Globally it has been reported that the **COVID-19 pandemic has had a negative impact on physical activity**. Up to 67% reported a decrease in physical activity.[49] In the US, people of color were more likely to report unintended changes in physical activity (87% Hispanic, 84% Black, 81% Asian, 79% white).[53]

Nutrition

A diet rich in fruits, vegetables, whole grains and lean proteins, and low in added sugars is associated with better physical health and well-being.[54,55]

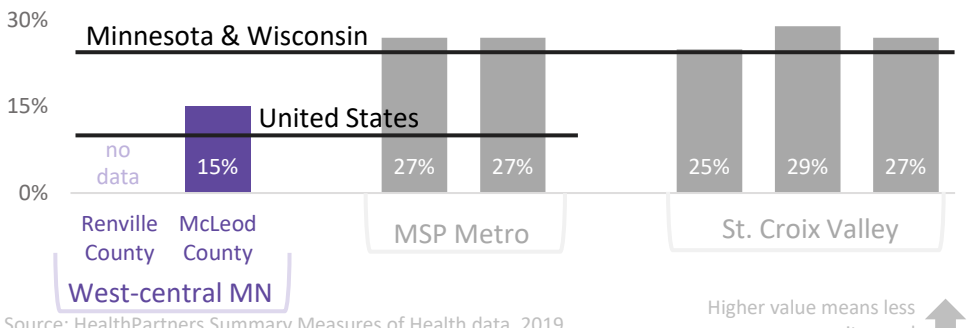
Over one third of Minnesotans eat fruit less than once a day and almost a quarter eat vegetables less than once a day (BRFFS, 2019). HealthPartners data show only 25% of members meet fruit and vegetable consumption guidelines (Summary Measures of Health).

15%

of McLeod county members meet the fruit and vegetable consumption guidelines

There is very little county-level data about fruit and vegetable intake for different residents. However, in Hennepin County residents were **less likely to consume fruits if they were below the poverty line**, Hispanic or Black or African (Metro SHAPE).

McLeod County **had only 15% of members meeting fruit and vegetable intake guidelines** in 2019, less than other areas HealthPartners serves.



Source: HealthPartners Summary Measures of Health data, 2019

In 2018, 40% of HealthPartners parents report their children eating 5 or more servings of fruits and vegetables a day, but almost half wanted to offer more fruits and vegetables. Though most parents reported their children drank no sugar-sweetened beverages 14% wanted to offer less sugar-sweetened beverages. Almost 90% of HealthPartners parents report usually or always eating family meals, but 32% want to eat more meals together as a family (TREND survey).

In Minnesota about a quarter of students met the fruit and vegetable guideline of 5 or more per day, and this percentage declined with age. About two-thirds of students reported drinking some soda in the past 7 days. This was higher for older students and male students. Eating fast food meals also increased with age and boys reported slightly more than girls (MN Student Survey). As with physical activity, very little data about racial disparities in childhood diet exists, but there is some evidence of differences in diet quality or obesity-related parent behaviors in early childhood.[56,57] In Renville and McLeod Counties the majority of children reported no fast food in the past week.

About two-thirds

of students drank some soda in the past 7 days

Globally, up to 60% of surveyed respondents said they had increased overall food consumption during the COVID-19 pandemic.[49]

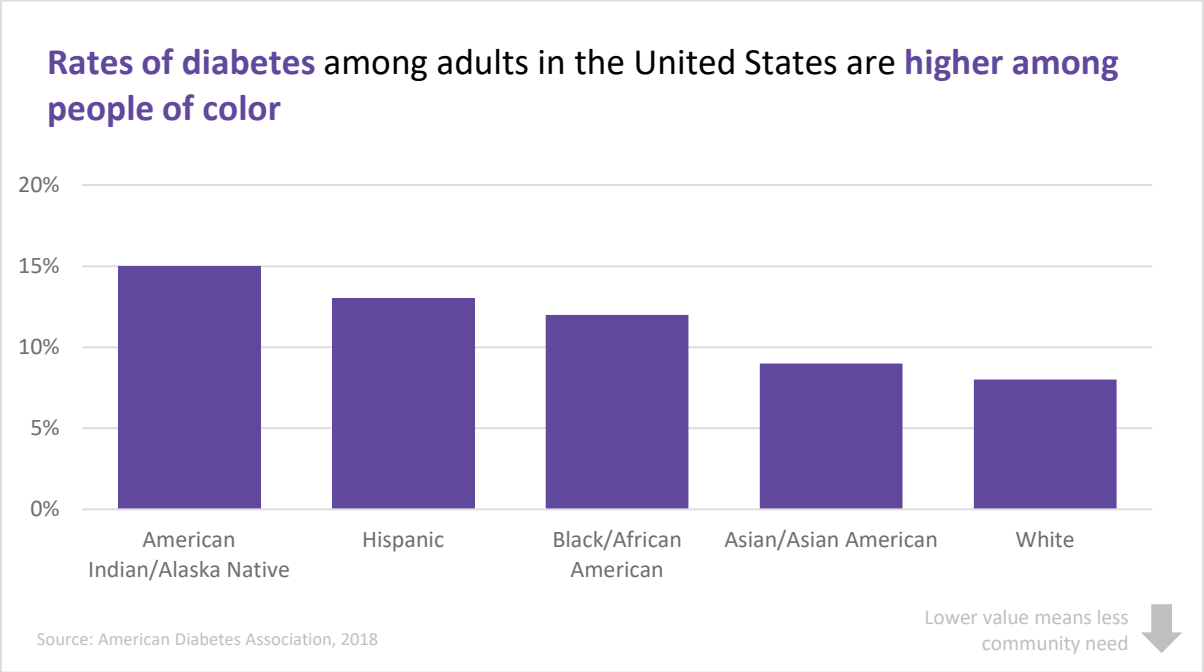
Chronic Conditions

Poor nutrition and physical inactivity are contributors to chronic conditions such as cancer, diabetes, and cardiovascular disease, which are leading causes of death and disability in the United States.[58]

Rates of Chronic Obstructive Pulmonary Disease (COPD) related deaths have dropped over time in the US, with larger drops for men than women. **COPD rates were slightly lower** in the metro-area compared to greater Minnesota (National Vital Statistics System).

Cancer rates have also declined slightly in the US. In 2018, prevalence of cancer was similar in Wisconsin and Minnesota and slightly higher than the US rate overall.

Rates of diabetes are increasing in the US, with **highest rates** experienced **by non-Hispanic Black and Hispanic men and women**. Similar patterns are seen in Minnesota and Wisconsin (National Center for Health Statistics).



Rates of **cardiovascular disease related deaths** have increased in the US over time, but have **stayed relatively stable in Minnesota.** American Indians in Minnesota have higher rates of cardiovascular disease death than do other races. (National Center for Health Statistics).

Across the United States, people with underlying chronic conditions have been impacted more by COVID-19 than those without. Specifically, older adults with conditions like diabetes and cardiovascular disease are at increased risk for hospitalization and death than older adults without such conditions.[59]

As described above, there are racial and ethnic differences in rates of chronic diseases. While it is difficult to measure the direct link between racism and chronic conditions, one study found that Black patients in Mississippi who reported moderate discrimination through their lives were 49% more likely to develop high blood pressure than Black patients who experienced low levels of discrimination.[60] It is theorized that discrimination increases stress, which in turn increases blood pressure, leading to hypertension.[61]

Nutrition & Physical Activity Needs Area Prioritization

On average, members of the HealthPartners CHNA workgroup ranked Nutrition and Physical Activity as the 4th most important Needs Area for all communities HealthPartners serves. Within this Needs Area, the topics selected as most important by workgroup members were physical activity (selected by 75%) followed by diet (selected by 69%).

Nutrition and Physical Activity was ranked in the top three Needs Areas (often as #3) by providers from all but two hospitals. In Community Conversations, this Needs Area also often appeared in the top three priorities, with comments about the connection between COVID-19 and decreased access to healthy food and physical activity opportunities appearing somewhat frequently. Providers surveyed in connection with Hutchinson Hospital ranked Nutrition and Physical activity as the 2nd highest priority Needs Area for their community.

Between one- and three-quarters of HealthPartners providers thought Nutrition and Physical Activity worsened as a result of the pandemic. Providers called out cost of food, transportation to food, safety and resources for physical activity as important areas of opportunity in their communities, particularly related to issues of equity.

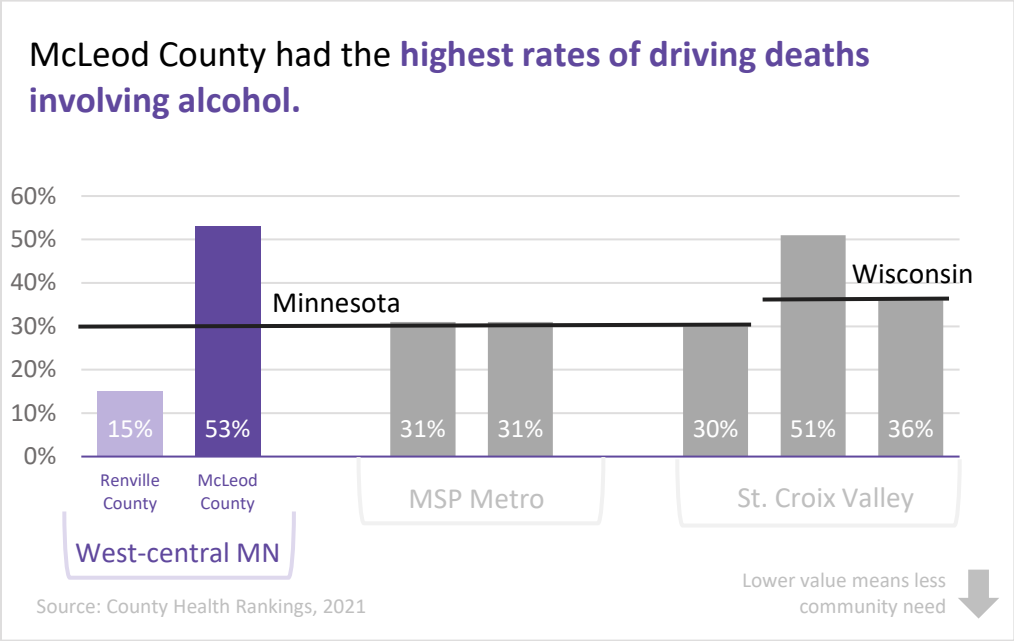
Substance Use (Priority 5)

Substance Use covers substance abuse and addiction, which are the use of substances including alcohol, tobacco and e-cigarettes, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being and causes problems or distress that affect daily life. Communities of color and low-income and rural communities are disproportionately impacted by aspects of substance abuse and addiction. Underlying contextual factors such as the COVID-19 pandemic and structural racism have impacts on substance abuse and addiction. Subtopics within the broad Needs Area of substance use are described below.

Alcohol use, drinking and driving

Alcohol consumption among adults and youth, as well as drinking and driving, is included in this subtopic under Substance Use.

Across the Minnesota CHNA counties HealthPartners serves, between 20 and 30% of adults report binge drinking. Nationally trends in binge drinking have declined from **2011 to 2019 (**BRFSS). HealthPartners survey data found that around 90% of members met the alcohol consumption guidelines of limited alcohol consumption, with similar rates across (Summary Measures of Health). In 2018, data found that 3% of Minnesota adults reported driving after drinking too much (similar to the US average). The **US average has stayed stable** between 2012 and 2018 (BRFSS). McLeod County had the highest rates of driving deaths involving alcohol across all HealthPartners CHNA counties.



In the Minnesota counties HealthPartners serves there was a strong **age-related increase in alcohol use in students**, ranging from 5 to 47% of Minnesota students reporting having consumed alcohol in the last 12 months depending on grade and county. Less than 5% reported any binge drinking (MN Student Survey).

Though no local data exists, a recent study on the impact of COVID-19 on alcohol use found that those who increased alcohol consumption during the pandemic were more likely to be older, have the stress of working from home, or have children.[62] **In the US, alcohol consumption increased during the pandemic**. This was especially apparent for women, adults ages 30 to 59, and white adults.[63]

Similarly, a recent study on the impacts of **structural racism on mental health and alcohol use** found that Hispanic/Latino participants used alcohol to cope with low mood due to structural barriers, experiences of discrimination, and stigma.[64] Another study on the connection between racism and substance use

historical trauma and chronic race-based stress contribute to substance abuse among American Indian people

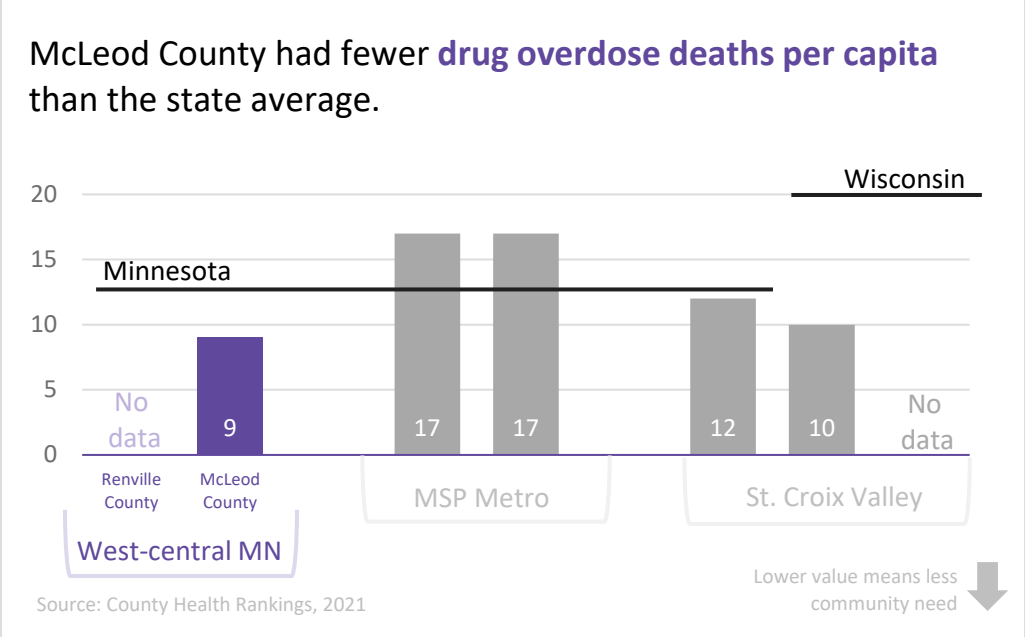
found that historical trauma and chronic race-based stress were contributing factors to substance abuse among American Indian people.[65]

Prescription Drugs, Opioids and Other Drugs

Use and overdoses from drugs such as marijuana, opioids, and prescription drugs are included in this subtopic under Substance Use

The Minnesota Department of Health found that **drug overdose mortality rates are much higher for American Indians** (93.7 per 100,000 residents) and African Americans (29.0 per 100,000 residents) than whites (12.6 per 100,000 residents).

The Minnesota Department of Health reported 428 opioid overdose deaths in 2019. **American Indians were seven times as likely** and **African Americans are twice as likely to die from a drug overdose** as whites. Males made up 66% of the opioid-involved overdose emergency room visits in 2020. Opioid overdose deaths have increased significantly in Minnesota, from 54 in 2000 to 428 in 2019.



According to the MN Student Survey, about 70% of older Minnesota students had never used marijuana, and 5-10% report using it in the past month, with older students reporting more use than younger students. There were no substantial differences between males and females. Similar age trends were seen among Wisconsin students (YRBS).

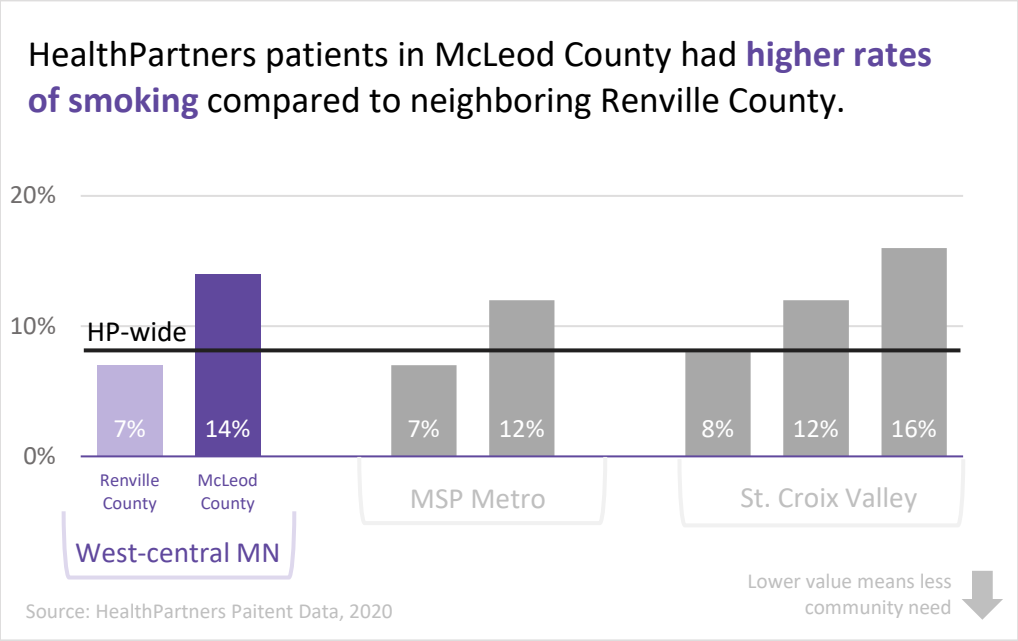
Examining the use of prescription drugs without a doctor's prescription or differently than how a doctor told them to use it, among Minnesota students, over 95% said they did not misuse prescriptions including either ADHD or pain medications (MN Student Survey).

Opioid or other drug use was discussed, though infrequently, at some Community Conversations across the counties HealthPartners serves. Topics included methamphetamine use, opioid use and substance use resources. In one McLeod County Community Conversation a diversity, equity, and inclusion committee discussed a perceived trend of increasing opioid addiction and overdose deaths. In another Community Conversation, a **local corporation in Hutchinson reported an increase in substance use by employees**, but a decrease in the number of people using their substance abuse program.

The COVID-19 pandemic has created additional hurdles for people with opioid use disorder, including the closure of treatment clinics, full emergency departments, and a decline in mental health generally due to the stress of the pandemic and social distancing and isolation requirements.[66] Though nationwide data may be forthcoming, one study suggests that there was an increase in opioid overdoses during the pandemic.[67]

Tobacco and e-cigarettes

In 2018 16% of Minnesota adults were current smokers (County Health Rankings). But **overall, smoking rates have decreased in the US since 1996** (BRFSS). According to the HealthPartners patient data, 8% of patients are current smokers, which is an improvement from the 2018 (10%). These data show there was also a slight decline in smokeless tobacco use (1.6% in 2018 vs 1.1% in 2020). Statewide about 4% of Minnesotans reported currently using e-cigarettes in 2017, very similar to 2016. There is a slightly **lower rate of current e-cigarette users than the national average** in 2017 (BRFSS). This is a striking difference from the 2018 Voices of Health survey results which found 34% of LGBTQ+ people in Minnesota have ever used an e-cigarette or vaped.



Up to 13% of Minnesota students in counties HealthPartners serves have tried some type of tobacco, depending on grade and county (MN Student Survey). Likelihood of **use increases with age and is**

slightly higher for males than females. For Minnesota students, vaping was highest among 11th graders, with **between 4 and 15% of Minnesota 11th graders vaping daily** (MN Student Survey).

Smoking or e-cigarette use did not come up often during Community Conversations.

Though some results are mixed, a meta-analysis found that that people who smoke have a higher risk of more severe COVID-19 infections.[68] While some smokers reported decreasing their tobacco use during the pandemic due to health concerns, over ¼ reported increasing use due to stress and boredom.[69]

Structural racism and discrimination lead to increased stress and increased smoking risk among Black Americans.[70] This, combined with the targeted marketing of menthol cigarettes to Black Americans,[71] puts this group at increased risk for smoking and all of its associated health issues.

Substance Use Needs Area Prioritization

CHNA workgroup members ranked substance use as the 5th most important Needs Area. Within this Needs Area drug use (endorsed by 88%) and alcohol use (endorsed by 50%) were selected as the two most important topics.

Across all surveyed providers connected with HealthPartners hospitals, **Substance Use was ranked in the top three highest Needs Areas**, second only to Mental Health. Access to treatment centers, services and resources as well as insurance coverage or cost were mentioned by many providers as an opportunity for improvement. Notably, affordable and culturally appropriate treatment is mentioned as lacking. Stigma and fear of receiving services was also mentioned.

Substance use was talked about some in Community Conversations, but often in tandem with mental health. Concern for increased consumption under pandemic conditions and anecdotal examples of "empty liquor shelves" were also raised. Groups linked with supporting populations with addiction also indicated that the switch to virtual meetings, and a stoppage in testing from courts and parole officers (because of COVID-19) lead to an increase in substance use as there were no immediate consequences or impactful support and services.

Environmental Justice

As HealthPartners 2021 needs assessments were being finalized, the United Nations report on the unequivocal path of climate change was released.[72] This report highlights the critical importance of human influence on the environment. Data shows the environmental crises disproportionately impact lower income communities and communities of color as well as have direct impacts on human health and well-being. For instance, in the Midwestern United States, the health impacts of climate change could include but are not limited to greater incidence of heat-related illnesses, cardiovascular and lung disease, vector-borne diseases, and acute and chronic mental health impacts.[73] There is also emerging evidence on the effect of environmental issues on community well-being through things like light pollution and eco-anxiety.[74]

Climate change and environmental justice are strongly tied to each of the current Needs Areas as well as the context of structural racism.[75,76] This will be a structural lens in which to consider how our implementation reports are developed and will be a critical, emerging contextual factor in needs assessments for years to come.

Evaluation of Impact

The Community Health Needs Assessment conducted in 2019 identified the following priorities in our community:

- Access to care
- Access to health
- Mental health and well-being
- Nutrition and physical activity
- Substance use

Each hospital developed a Community Health Implementation Plan with specific objectives and activities to address these priority Needs Areas and to serve as the implementation roadmap for 2019, 2020 and 2021. We engaged and partnered with the community to address these needs, seen through the strategies and progress shown below.

Access to Care

- Goal: Improve access to care that is appropriate, affordable and convenient.
    - Continued our certification as a Health Care Home
    - Increased access to specialty care in our community by our continued affiliation with HealthPartners, bringing specialty providers to our clinics. Also added one OB/GYN physician to our staff.
    - Focused on ongoing recruitment efforts for providers in primary care, adding two family practice physicians.
- Goal: Identify and reduce barriers to care
    - Provided athletic trainer coverage at Hutchinson High School sporting events.
    - Continued to offer pre-diabetes classes for the community.
    - Increased our RN Care Coordination staff in the Hutch Clinic to help deliver a better patient experience.
    - Actively utilized community partners via our Patient and Family Advisory Committee to seek the patient perspective on barriers to care.

Access to Health

- Goal: Develop and deepen community partnerships to address social determinants of health
    - Assisted in funding mobile food/super food shelves in Meeker and McLeod County
    - Member of Hutch Connect community group that meets monthly to help connect individuals to the Hutchinson community
    - Member of Belonging with Us committee that addresses diversity, equity and inclusion
    - Provide Meals on Wheels services to the community
- Goal: Promote early child brain development
    - Provided financial support for the Backyard Explorer exhibit at our local Wheel & Cog Children's Museum
    - Implemented the Reach Out and Read program and a partnership with the local library
    - Partnered with McLeod County Health and Human Services to have a full-time onsite liaison nurse
    - Utilization of county and facility social workers
    - Utilization of onsite Health Care Home team

Mental Health & Well-being

- Goal: Expanded and deepened Make It OK anti-stigma campaign and community partnerships to reduce stigma by:
    - Partnered with 2BContinued as a sponsor and vendor at their education events
    - Developed a Facebook campaign around Make It OK
    - Attended community events promoting Make It OK
    - Helped develop and is a member of the newly created NAMI affiliation in McLeod County
- Goal: Increased access to education and resources around mental health and well-being by:
    - Hosted a resource fair for Hutchinson Health staff
    - Promoted education opportunities offered by Make It OK at community events
    - Published mental health and well-being information in our bi-weekly employee newsletter
    - Sponsored the A-Z Mental Health walk/run
- Goal: Improve access to mental health services
    - Offering telehealth mental health appoitnments to patients

- Continued to provide the 24-hours crisis line answered by Inpatient Mental Health staff

Nutrition & Physical Activity

- Goal: Explore community partnership opportunities to improve community nutrition knowledge
  - Partnered with classrooms in McLeod County in the PowerUp School challenge to teach students how to Eat Better, Move More & Feel Good inside and out.
  - Attended several community events to promote PowerUp including; Free Family Swim Nights, Park Elementary School open house, Jaycee Bike/Blade Bonanza and Farmer's Market
  - Provided funding to Parkview Dental's Halloween Buy Back Candy program
- Goal: Promote and support physical activity:
  - Developed a Facebook campaign for PowerUp
  - Supported both financially and by attending two Free Family Swim Nights in Hutchinson to promote PowerUp.
  - Supported both financially by purchasing bike helmets and being a vendor at the Jaycee Bike/Blade Bonanza
  - Supported both financially and attending the Tiger Time Challenge where participants go through a course of physical activity challenges.
- Goal: Promote breastfeeding
  - Continue to offer breastfeeding classes to the community
  - Continue to provide an onsite lactation consultant for patients and the community

Substance abuse

- Reduce opioid prescriptions, doses and number of patients meeting chronic opioid use criteria
  - Use of MN prescription monitoring program now embedded in the Epic system
  - Use of an electronic verification process for prescribing controlled substances
  - Referrals to outpatient rehab clinic for pain management, use of OMT services, referral to pain management programs
  - Providers screen for addiction during (at minimum) annual visits in primary care
  - Provided education to patients utilizing myPartner patient education tools
  - Provided education to clinicians via myLearning
- Goal: Increase awareness and access to treatment for substance abuse
  - Continue to staff a 24-hour crisis line answered by our Inpatient Mental Health
  - Review of alcohol, tobacco and illicit drug use at most appointments in family practice clinic as part of rooming process
  - Referrals to cessation or other treatment resources/programs within and outside of HP family of care
  - Activated the Healthy Beginnings workflow for our OB/GYN department
- Goal: Reduce accidental poisoning and drug abuse
  - Partnered with McLeod County to offer free and environmentally friendly medication collection twice a year

Tying it all together

Through the CHNA process Hutchinson Health confirmed the needs of the community that we serve. In summary Mental Health and Well-being, Access to Health and Access to Care are the top health needs of our community. Other priority needs include Nutrition & Physical Activity and Substance Use. Events of recent years underscore the need for Hutchinson Health to think critically about the impact of the ongoing COVID-19 pandemic and the endemic of structural racism overarching and inextricably linked with these priority areas historically, now, and in the years to come. Also emerging for our community and similarly interconnected is environmental justice. All of these themes will be considered as we work to react to, learn and grow through this CHNA process.

Resources available

HealthPartners has key resources available to help address the community needs identified through the CHNA process. Specifically HealthPartners has a number of programs including Make It OK, Little Moments Count, and PowerUp that work closely with the community on important issues (mental health, child development, and nutrition and physical activity, respectively) that align well with CHNA needs areas. Similar initiatives such as the Children's Health Initiative and ChooseYourFish also focus on and provide resources surrounding CHNA needs areas. Internally, HealthPartners has an Equity, Inclusion and Anti-Racism Cabinet that provides leadership and direction to increase health equity and eliminate racism. Our sustainability team is committed to providing a healthier, cleaner, and more livable environment for patients, members, and the community.

As an integrated health system, HealthPartners has close external partnerships as well to drive forward this important work. Additional partnership examples include SuperShelf, Reach Out and Read, Healthy Beginnings which promotes drug, alcohol and tobacco free pregnancies, East-Metro Mental Health Roundtable, North metro Mental Health Roundtable, Mental health Drug Assistance Program, food insecurity referral to Hunger Solutions, Minnesota Science Museum Sportology Exhibit and more. Finally, Hutchinson Health has long-standing relationships with community organizations and members of the community. Some of these include; Meeker, McLeod, Sibley Healthy Communities Leadership Team, Hutchinson Connect, Patient and Family Advisory Committee, Hutchinson Health, Health & Well-being Advisory Committee, Hutchinson Health Foundation and NAMI-McLeod County Affiliation.

Strengths and limitations

The CHNA process brought together many existing data sources to identify and confirm the needs of our community. Using publicly-available data is beneficial because it is efficient, drawing from validated sources that can be compared to other communities. However, where there were gaps in the data, HealthPartners' own data complemented these public datasets. Not surprisingly, many of these unique data sources are aligned with areas already established as organizational priorities, due to the existing community need. These data along with robust Community Conversations and providers' thoughts about needs via survey collected for the CHNA defined and reinforced the community needs. A back-and-forth process of prioritization among hospital leaders and stakeholders identified the top needs and determined via consensus the need to consider the context of COVID and structural racism across all needs areas.

There are some opportunities to further understand the specific needs of our community where gaps in existing data and Community Conversations exist. This can be especially true among communities that proportionally contribute a smaller amount to the whole and may not be reliably included in many publicly available data sources. There are always additional perspectives to consider and Community Conversations to be had. As we move forward through implementation, we continue to solicit and welcome these important voices to the conversation.

Dissemination

This report has been posted on the Hutchinson Health website:
https://www.healthpartners.com/care/hospitals/hutchinson/about/community-health-needs/

Additionally, details from the report have been and will be presented to hospital leaders, decision-makers, and the community in various presentations throughout the year.

Next steps

What we present here is a single point in time snapshot of the needs of the community that Hutchinson Health serves. This interrelated framework will be used by Hutchinson Health and HealthPartners to continue to work collaboratively with the community to address the needs identified in the CHNA, which will be presented in our implementation strategy.

While Hutchinson Health and other HealthPartners hospitals worked together to prioritize system needs, data and inputs were tailored to the individual hospital as required by IRS guidelines. Moreover, the CHNA and the implementation strategy that follows will be presented for approval to each hospital board.

Contact information

Tracy Marquardt, TMarquardt@hutchhealth.com
Rebecca Streich, RStreich@hutchhealth.com
Anna Harvala, AHarvala@hutchhealth.com

Appendix

Table 1: HealthPartners internal data sources used in CHNA

Datasource name	Year(s)	Primary purpose of data
HealthPartners electronic medical records	2020	Patient health care
HealthPartners Health and Well-Being Survey for the Summary Measures of Health and Well-Being	2019	HealthPartners strategic planning https://www.healthpartners.com/hp/about/measures-of-health-and-well-being/
IMPACT survey	2019	Evaluation of Make It OK
TREND survey	2018	Evaluation of PowerUp
HealthPartners Provider survey	2021	Provider input on community needs areas

Table 2: Publicly available/external datasources used in CHNA

Datasource name	Year(s)	Availability
211	2020	Access provided with permission
African American Leadership Forum's Community Harvest Report	2021	Public
American Community Survey (ACS)	2019	Public
American Diabetes Association (ADA)	2018	Public
Behavioral Risk Factor Surveillance Survey (BRFSS)	Through 2019	Public
CDC MMWR	2020-2021	Public
CDC WONDER	Varies	Public
County Health Rankings	2019	Public
Hennepin Healthcare COVID-19 Basic Needs Impact Survey	2020	Public
JustUs Voices of Health Survey	2018	Public
MDH Data Access Portal	Varies	Public
MDH COVID dashboard	2020-2021	Public
Metro SHAPE	2018	Public
MN COMPASS	Varies	Public
MN Community Measures	2020	Public
MN EHR Consortium	2020-2021	Access provided with permission
MN Student Survey	2019	Public
National Center for Health Statistics	Varies	Public
National Vital Statistics System	Varies	Public
St Croix County Medical Examiner annual report	2020	Access provided with permission
Supershelf	2019	Public
US Cancer Statistics Working Group	Varies	Public
Wisconsin Department of Health Services (WI DHS)	Varies	Public
Wisconsin Youth Risk Behavior Survey (YRBS)	2019	Public
Women Infants and Children (WIC)	Varies	Public

Table 3: 2021 Community Conversations

Community Conversations	
Amery Community Conversation	Olivia Hospital & Clinic Population Health Team
Amery Patient Advisory Board	Park Nicollet Foundation Board of Directors
Amery Programs for Change Staff	Park Nicollet Gender Clinic
Bird Island Cultural Center	RAPAD
DEI Committee-Diversity, Equity & Inclusion Ridgewater College	RCW and BOLD School District
Olivia Diabetes Nutrition Team	Regions Interpreters
Faith Community Nurses	Regions Quality Committee of the Board
Hudson Board of Directors	Renville County Human Services
Hudson LEAD	Renville County Public Health
Hutchinson Connect	Renville County SHIP
Hutchinson Patient Family Advisory Council	Richfield Health Resource Center Advisory Council
Indian Health Board	St Louis Park Central Clinic Advisory Council
Lakeview Board of Directors	Stillwater CHAT
Lakeview Health Foundation Board of Directors	Teen Leadership Council
Lakeview Managers	United Community Action Plan
Leadership in the Valley	University of MN Extension – Snap Education
Lutheran Social Services	Washington County Health Equity Committee
Make It OK Steering Committee	Washington County Transportation Consortium
McLeod County Public Health, HHS, Social Services staff	Western WI community partners in housing and homelessness
MDH COVID Community Partners Call	Westfields Board of Directors
New Richmond CHAT	Westfields Manager meeting
Northwest Hennepin Family Service Collaborative	YMCA of the North, Ridgedale Branch Seniors

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Table 4: Committee Participation

Committee or Community Meeting Name	Purpose	Frequency
Action for Healthy Kids	Statewide collaborative around student health	Monthly
African American Babies Coalition(AABC) ICHRP Program - Fall into Action Luncheons	AABC strategy, education and discussion sessions to create collective action on BIPOC maternal and child health equity topics.	2x/year
ARCH	Discuss quality metrics and how we can improve on them. For example: getting patients in for their mammogram, diabetic labs etc.	
Brooklyn Center Health Resource Center Advisory Committee	Guide/advise operations and partner services for BCCS Health Resource Center	Monthly
Building Bridges For Breastfeeding	Meeting with WIC, MDH and care systems and clinicians working in breastfeeding across MN.	1x/year
Burnsville Diamondhead Clinic Advisory Board	Guide/advise operations and partner services for Diamondhead Community Clinic	Quarterly
CACI - May's Mental Health Month (MMHM) Committee	A subcommittee of the CACI subgroup of CACI, tasked to carry the planning and inventory of May's Mental Health Month Activities across the 7metro county sectors.	Monthly
Center for Community Health (CCH) AntiRacism/health equity	This is a newly formed group and is establishing program goals.	Monthly
Center for Community Health (CCH) Assessment and Alignment Workgroup	This subgroup of CCH serves as a catalyst to align the community health assessment process	Monthly
Center for Community Health (CCH) Collective Action Collective Impact (CACI)	This is one of two subgroups from CCH. The CACI Subgroup is charged to develop and implement an improvement project to address a *shared priority* based upon the community health needs assessments of the participating CCH organizations in the 7-county Twin Cities Metropolitan area.	Monthly
Center for Community Health (CCH) Steering Committee	The Center for Community Health (CCH) is a collaborative between public health agencies, non-profit health plans, and not-for-profit hospital/health systems in the seven-county metropolitan area in Minnesota. The mission is to advance community health, well-being, and equity through collective understanding of needs and innovative approaches to foster community strengths.	Monthly
Central Clinic Advisory Council	Guide/advise operations and partner services for Central Community Clinic	Quarterly
Children First Saint Louis Park Asset Champion Convening	Convening of community leaders and Children First Asset Champions and plans for the coming year.	1x/year
Community Health Action Team (CHAT), New Richmond	CHAT meets monthly to discuss and address unmet community health needs in the area through action, networking and educational opportunities. CHAT members represent healthcare, human and social services, education, nonprofits, and faith communities.	Monthly

Community Health Action Team (CHAT), Stillwater	CHAT meets monthly to discuss and address unmet community health needs in the area through action, networking and educational opportunities. CHAT members represent healthcare, human and social services, education, nonprofits, and faith communities. CHAT's service area is Stillwater Area School District, and also extends into other areas within Washington County.	Monthly
CONNECT-Leadership Team	Washington County Collaboration around Chemical and Mental Health	Monthly
Dakota County Healthy Communities Collaborative	The mission of the DCHCC is to bring together healthcare providers, county staff, school representatives, faith communities, nonprofit staff and other organizations to support the health and well-being of Dakota County citizens. The goal of the DCHCC is to identify needs, connect community resources, and create solutions	Monthly
Early Brain Development Cultural Consultant Team	A subset of the Early Brain Development Leadership Council representing leaders from key cultural communities including African American, Somali, Hmong and Latin American.	3x/year
Early Brain Development Leadership Council	Regular meetings with leaders from key community, public health and private organizations to discuss collective action on the topic of early brain development.	6x/year
East Metro CHNA Workgroup	U M Fairview and HealthPartners to collaborate on CHNA 2021	Monthly
Health Care Home MN Cares Study	Care Coordination participating with the MN Department of health. We would be sharing information to judge the effectiveness of Care Coordination/Health Care Home for our patients.	
Healthier Together Leadership team (and multiple workgroups)	WI collaboration of health systems and public health in St. Croix and Pierce County WI	Monthly
Healthy Beverage Statewide Convenings	Organized and convened by Healthy Beverage Steering Group - healthy beverage advocates are convened to discuss the topic, policy options, and collective action.	3x/year
Healthy Beverages Statewide Sugary Beverage Action Steering Group	Steering group representing leaders from public health, health plans and care systems, interested in reducing consumption and health impacts of sugary drinks. Group also provided technical assistance and support of an MDH policy modeling grant related to sugary drinks and Safe Routes to School.	Monthly
Hennepin County Child and Family Health Connection	Regular meetings with director of the Children and Family Health At Hennepin County to discuss topics related to children's health.	3-4 x/year
Hennepin County County Health Improvement Program (CHIP) Community Mental Well-being Action Subgroup	Collection action subgroup working together on Hennepin County projects related to community mental well-being and trauma-informed organizations and practices.	6x/year
Hennepin County County Health Improvement Program (CHIP) Housing Action Subgroup	Collection action subgroup working together on Hennepin County projects related to housing access, affordability and support.	6x/year
Hmong Community Stroke Education and Awareness Initiative	Originally initiated from Regions Hospital Stroke Center as an awareness of high rates of Stroke in Hmong Community, through St. Paul School partnerships, has turned into a Hmong Stroke Translation project with funding from the Regions Foundation to translate 8 selected American Heart Association Stroke documents into Hmong and to make it ethnically appropriate.	Monthly

Hutchinson Connect	Connect individuals in the Hutchinson community	
Hutchinson Health Foundation	Facilitates community support and financial donations for high quality health care programs and services	
Hutchinson Health, Health & Well-Being Advisory Committee	Serve and guide Hutchinson Health to fulfill it's mission and give feedback on the community health needs assessment	
ICSI Expert Panel on Social Determinants of Health	Focus on shared strategies to address social determinants of health through the care system	TBD (on hold due to COVID 19)
Jeremiah Conference	Convening with presentations on 2 generation learning concept and discussion on how we translate this work in the community.	1x/year
Lakeview Foundation Health & Wellbeing Advisory Committee (HWA)	Lakeview Foundation Health and Wellbeing Advisory (HWA) Committee serves as the eyes and ears for Lakeview Health and provide resources and services to meet the health and wellbeing needs of the community. Members include representatives from the Community Health Action Team (CHAT), Washington County Public Health, St. Croix County Public Health, Lakeview Health, Lakeview Foundation Board, and HealthPartners.	Quarterly
Make It OK Steering Committee		
MCHP-Health Equity Committee	Newly formed group with focus on health plans, health equity	TBD
Meeker McLeod Sibley Healthy Communities Leadership Team	Collaboration to promote health and well-being	
Metro Breastfeeding Networking Meetings	Convenings of public health nurses, WIC county staff across MN, and healthcare, plan, and other community representatives involved in breastfeeding and birth work.	3x/year
Minneapolis Community Health Leadership Team	CLT advises, consults and makes recommendations on use of City of Minneapolis public health grant and designated budgets.	6x/year
Minnesota Breastfeeding Coalition Governance and Equity Subcommittees	Statewide coalition representing leaders and advocates collectively working together to optimize practice and support of breastfeeding.	6x/year
Minnesota Breastfeeding Coalition Steering Committee	Statewide coalition steering group representing leaders and advocates collectively working together to optimize practice and support of breastfeeding.	6x/year
Minnesota Department of Health Healthy Minnesota Partnership	The Healthy Minnesota Partnership brings community partners and the Minnesota Department of Health together to improve the health and quality of life for individuals, families, and communities in Minnesota. The Healthy Minnesota Partnership has been charged with developing a statewide health improvement plan around strategic initiatives that ensure the opportunity for healthy living for all Minnesotans, and that engages multiple sectors and communities across the state to implement the plan.	5x/year

Minnesota Department of Health Mental Well-Being & Resilience Learning Community	The purpose is to expand understanding about a public health approach to mental health by profiling current community initiatives across a continuum of public health aligned strategies	Monthly
Minnesota Department of Health Parenting Educator Forum	Statewide training and discussion forum convened by MDE to discuss current evidence, changes, issues and the field of early childhood and parent education.	1x/year
Minnesota Healthy Kids Coalition	Statewide organizational leaders in public health and private sectors engaged in collective and policy action related to physical activity and better eating for families in MN.	2-4x/year
Minnesota Healthy Kids Policy Subgroup	Policy subgroup at capitol to strategize outreach and communication on issues to legislators.	2-4 times per month during session
Minnesota Healthy Kids Steering Committee	Steering group of statewide stakeholders in public health and private sectors engaged in collective and policy action related to physical activity and better eating for families in MN.	Quarterly
MN Children's Cabinet Connection	Regular meetings with manager of the Governor's Children's Cabinet to discuss topics related to children's health.	3-4 x/year
NAMI Local Chapter	Raise awareness and provide support and education on mental illness	
Nancy Latimer Annual Convening	Annual convening recognizing excellence and innovation in early learning and brain development efforts in Minnesota.	1x/year
PFAC-Patient & Family Advisory Committee	Helps evaluate all aspects of patient care	
Polk County Healthy Minds	WI collaboration for mental health	TBD
PowerUp Steering Committee	Cross -sector collaboration to advance Powerup for kids	Quarterly
Prenatal to Three Policy Forums	Bipartisan convening to examine how to use collective action and policy as a tool for change to support children, ages 0-3.	4x/year
Promise Neighborhood Early Childhood Development Coalition	St. Paul group of Promise Neighborhood and other advocates for culturally grounded early brain development and early education.	6x/year
Ramsey County Birth Equity Community Council (BECC)	Cross of cross-sector county, state, coalition, health care and other sector leaders working together to improve birth equity in Ramsey County.	12x/year
Richfield Health Resource Center Advisory Council	Guide/advise operations and partner services for Richfield health Resource Center	Monthly
Rural Health Community Collaboration	In conjunction with MN Department of health employees, and Straits Health employees to develop strategies in our area to improve population health in our community.	
St Louis Park Mental Health Collaborative	St Louis Park action and alignment around improving mental health	Monthly
St. Paul Ramsey County Community Health Services Advisory Committee	The board advises, consults with or makes recommendations to the Saint Paul City Council and the Ramsey County Board of Health on matters relating to policy development, legislation, maintenance, funding, and evaluation of community health services	Monthly

St. Paul Ramsey County Public Health Statewide Health Improvement Program Community Leadership Team Meetings	The Minnesota Department of Health provides funding to Saint Paul – Ramsey County Public Health through the Statewide Health Improvement Partnership (SHIP) to work with a variety of partners to improve the health of our community. Saint Paul - Ramsey County Public Health is in its fourth cycle of SHIP funding. Three goals: Increasing physical activity; improving access to healthy foods; reducing the use of and exposure to tobacco.	4x/year
Stillwater Circulator Bus Loop Advisory Committee	Guide circulator bus route and policies to best serve isolated elders	Quarterly
SuperShelf Leadership Team	Collaboration with public health, non profits, University of MN and HealthPartners to transform food shelves to provide good food for all.	Monthly
Twin Cities Regional Breastfeeding Coalition	Coalition representing leaders and advocates collectively working together to reduce rates of disparities in breastfeeding across the metro counties.	4x/year
Twin Cities Regional Breastfeeding Coalition School Change Subgroup	Subgroup of TCRBC working to manage a Ramsey County grant supporting site and cultural changes to support lactation in metro schools.	6x/year
Valley Outreach Board Of Directors	Food Shelf and Basic Needs Organization, Stillwater and East Metro	Monthly
Washington County Breastfeeding Coalition	Coalition representing leaders and advocates collectively working together to optimize support of breastfeeding in Washington County.	6x/year
Washington County Community Leadership Team-	Advisory Committee for Washington County SHIP	Monthly
Washington County Transportation Steering Committee	Address Transportation needs in Washington County	Quarterly

HealthPartners CHNA Workgroup

HealthPartners' Center for Evaluation & Survey Research was contracted to complete the 2021 Community Health Needs Assessment for all 8 HealthPartners hospitals. Housed in HealthPartners Institute, CESR comprises of experts in evaluation methodology, survey design and data analysis. Led by Jeanette Ziegenfuss, PhD, Director of Survey and Evaluation Science, with expertise from Senior Evaluation Scientist Meghan JaKa, PhD, and project management from Evaluation & Survey Project Manager Jennifer Dinh, MPH, CESR offers services spanning participant recruitment and retention, chart abstraction, data collection, program evaluation, statistical analysis and data visualization.

Role	Name, Affiliation
CHNA Evaluators	Jeanette Ziegenfuss, CESR Director Meghan JaKa, CESR Evaluator Jen Dinh, CESR Project Manager
CHNA Liaisons	DeDee Varner, Community Relations Marna Canterbury, Community Health Aliyah Wilson, Community Relations Donna Zimmerman, Gov't Community Relations
Legal Counsel	Pam Marentette, HealthPartners
Hospital Partners	Katy Ellefson, Amery Hospital Tracy Marquardt, Hutchinson Health Anna Harvala, Hutchinson Health Rebecca Streich, Hutchinson Health Andrea Anderson, Valley Hospitals (Hudson, Westfields, Lakeview) Jackie Edwards, Olivia Hospital & Clinic Kristy Enger, Olivia Hospital & Clinic Amy Homstad, Park Nicollet Foundation Paul Danicic, Park Nicollet Foundation Elizabeth Warner, Park Nicollet Foundation MaryJo (MJ) Morrison, Regions Hospital Adam Spieker, Regions Hospital
Internal Consultants	Dana Slade, HealthPartners Sustainability Allison Egan, HealthPartners Sustainability Tom Kottke, Medical Director, Well-being