



Community Health Needs Assessment and Implementation Plan 2017-2019

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The mission of Allina Health is to serve our communities by providing exceptional care as we prevent illness, restore health and provide comfort to all who entrust us with their care.

Executive Summary

Phillips Eye Institute (PEI) is a part of Allina Health, a not-for-profit health system dedicated to the prevention and treatment of illness in Minnesota and western Wisconsin. This report describes the current community health needs assessment (CHNA) update process and results for PEI in Minneapolis, Minnesota.

Every three years, Allina Health conducts a CHNA for each of its hospitals to systematically identify and analyze health priorities in the community and creates a plan for how to address these priorities. The CHNA process is conducted in partnership with local public health departments, other hospitals and health systems and many other community partners. Through this process, Allina Health engages with community stakeholders to better understand the health needs of the communities it serves, identifies internal and external resources for health promotion and creates an implementation plan that leverages those resources to improve community health.

In late 2015 and 2016, Phillips Eye Institute reviewed its 2013 assessment and accomplishments from its 2014–2016 plan and conducted a new assessment of priority areas in the communities served by PEI. Through this process, the following priority areas for community health were identified:

- 1. Health care access**
- 2. Physical activity and nutrition**

In order to address these priorities, this plan includes the following goals, each of which is supported by objectives and will be implemented through strategies monitored for progress and outcomes over time.

Health care access goal:

Increase access to health care services

Physical activity and nutrition goal:

Reduce the risk of obesity-related eye diseases by encouraging physical activity, promoting nutrition and reducing barriers to healthy food access.

Introduction

The mission of Allina Health is to serve our communities by providing exceptional care as we prevent illness, restore health and provide comfort to all who entrust us with their care. Every three years, Allina Health conducts a community health needs assessment (CHNA) for each of its hospitals to systematically identify and analyze health priorities in the community and plan how we will address these priorities, including in partnership with local public health departments, other hospitals and health systems and many other community partners. The Internal Revenue Service provides guidelines for this process as part of meeting obligations under the Patient Protection and Affordable Care Act, which requires 501(c)(3) non-profit hospitals to conduct an assessment at least every three years.

Through this process, Allina Health aims to:

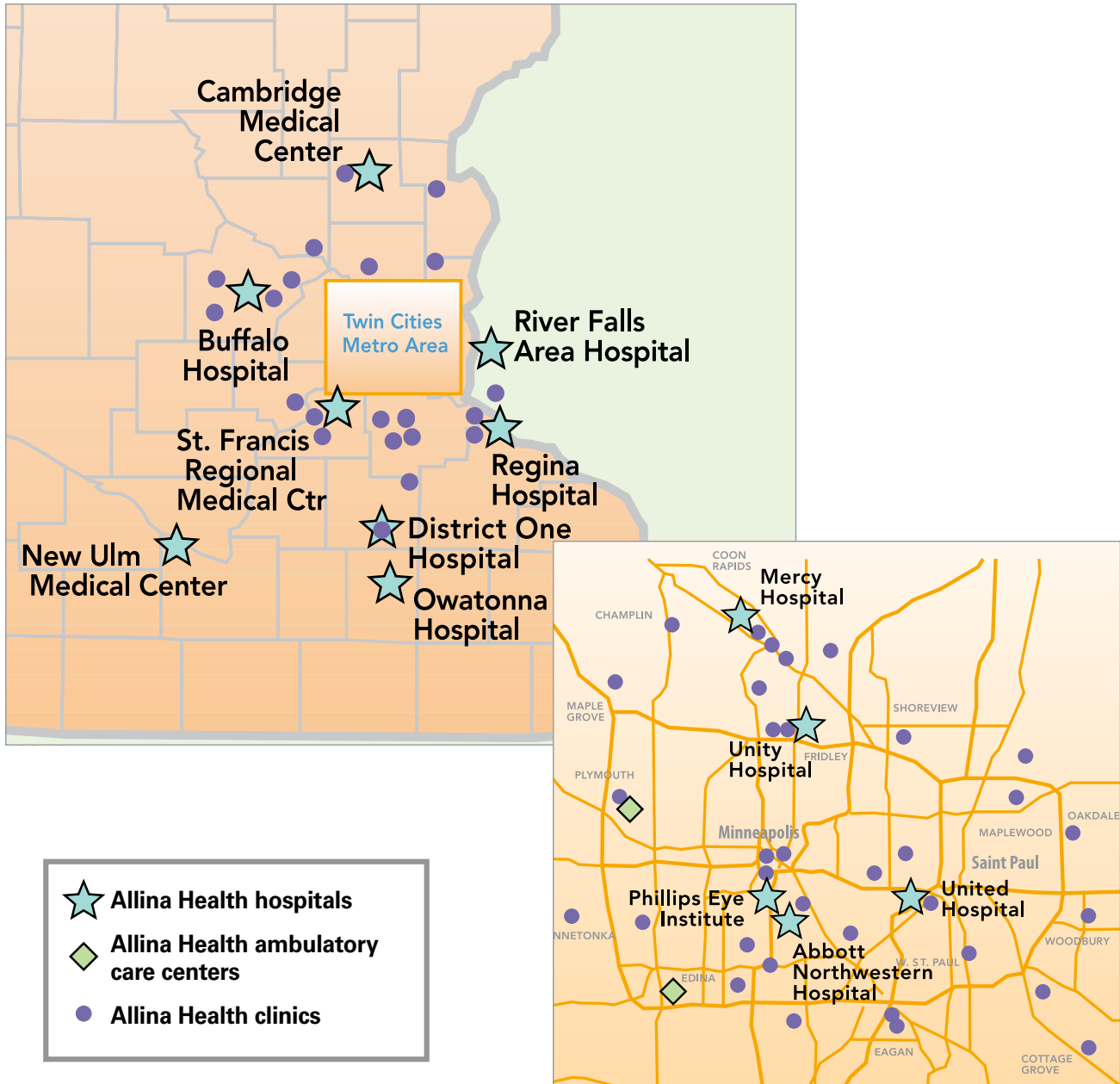
- Better understand the health status and needs of the communities we serve by considering the most recent health and demographic data as well as gathering direct input from community members.
- Gather perspectives from individuals representing the interests of the community, including those who have knowledge or expertise in public health and those who experience health inequity or are low-income and/or minority members of the community.
- Identify community resources and organizations that Allina Health can partner with and support in the priority areas for that community.
- Create a strategic implementation plan based on information gathered through the needs assessment.

[Phillips Eye Institute \(PEI\)](#) is part of Allina Health. The purpose of this report is to share the current assessment of community health needs most relevant to the community served by PEI and its implementation plan to address these needs in 2017–2019. This report also highlights activities conducted during 2014–2016 to address needs identified in the previous 2013 assessment.

Allina Health Description

[Allina Health](#) is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. A not-for-profit health care system, Allina Health cares for patients from beginning to end-of-life through its [90+ clinics](#), [13 hospitals](#), [13 retail pharmacies](#), specialty care centers and specialty medical services that provide [home care](#), [senior transitions](#), [hospice care](#), [home oxygen and medical equipment](#) and [emergency medical transportation services](#).

Allina Health Service Area



Hospital description and service area

PEI is the second largest eye specialty hospital (in patient volume) in the United States. Dedicated to the diagnosis and treatment of eye diseases and disorders, PEI offers specialty services such as diagnostic tests and vision rehabilitation, as well as laser eye treatments and specialized eye surgery.

Community served and demographics

Each year, PEI serves more than 15,000 patients and their families from across the Twin Cities and Upper Midwest. Though the hospital serves patients from a wide geographic area, its primary service area is Hennepin County—a dense urban and suburban area that includes Minneapolis and Bloomington as well as Minneapolis’ surrounding suburbs. Hennepin County was the focus of inquiry for PEI’s CHNA.

According to the [U.S. Census Bureau’s Decennial Census](#), Hennepin is the most populated county in Minnesota with a total of 1,223,149 residents. Its population density, estimated at 2,081.7-persons-per-square-mile, is greater than the national average. The median age is 36 years and about a quarter of the population is under age 18. As with Minnesota as a whole, Hennepin County’s racial and ethnic diversity has increased in the past few years. Just over one-quarter (29%) of Hennepin County residents are people of color—primarily Black (12.7%), Hispanic or Latino (6.9%) or Asian (7.4%). In 2014, approximately 13% of residents were foreign born and 7% had limited English proficiency (U.S. Census Bureau, American Community Survey (ACS), 2010–2014, 5-year estimates). The median income in 2014 was \$65,000 with 13% of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, 2014 Small Area Income and Poverty Estimates).

Hennepin County residents face many of the same health concerns common across the United States. Although more people are insured than in the past, 26% self-report that they do not have a regular doctor. Approximately 58% of adults in Hennepin County are overweight or obese (U.S. Census Bureau, ACS, 2009–2013, 5-year estimates). In 2014, 14% of residents reported experiencing poor physical or mental health in 14 or more of the past 30 days ([Hennepin County SHAPE](#)). Additional information about [Hennepin County](#) can be found at Minnesota Compass.

Evaluation of 2014-2016 Implementation Plans

During 2014–2016, PEI addressed needs identified in the [2013 assessment](#): childhood readiness for school and health care access. The following describes significant initiatives and their outcomes.

Goal 1: Increase childhood readiness for school.

PEI fully implemented the Early Youth Eye Care (E.Y.E.) program in all Minneapolis and St. Paul Public Schools in the 2015–2016 school year, to ensure that all children in K, 2, 4, 6 and 8 grades receive a school-based vision screening. Last year, 28,000 elementary-aged children received a vision screening through this program, and 330 children were referred for further vision assessment and treatment. These children were treated through the Kirby Puckett Eye Mobile, where they received exams, glasses, follow-up care and surgery (if needed) at no cost. The Kirby Puckett Eye Mobile is an expansion of the Kirby Puckett Education Center and was created through purchase of a vehicle which was then fitted to serve as a mobile eye center (The Eyemobile) for vision screenings.

Goal 2. Increase access to health care services.

PEI continues to provide free transportation for patients to access their vision care services. In 2014 and 2015, 3,000 and 3,450 patients received free transportation, respectively. A follow-up survey was recently conducted to assess the impact of and patient satisfaction with the transportation services. All 168 respondents rated their satisfaction with the services at 4 out of 5 or higher, while 95% of these rated it at a 5. Additionally, when asked how important the service was to meeting their medical needs, 98% of respondents rated it at a 4 or 5 out of 5. This study reiterated the importance of providing free transportation as a strategy for increasing access to health care services.

2015-2016 CHNA Process and Timeline

Allina Health designed a process that engaged community stakeholders throughout and included both review of existing secondary data and collection of primary data through community dialogues.

The Community Benefit and Engagement department guided this process on behalf of the Allina Health system. Centralized System Office staff provided leadership for the process and community engagement staff in nine regions

throughout the Allina Health system led each of the hospitals through a process designed to identify unique needs and develop localized action plans, while also identifying common themes for action systemwide.

Hospital leadership teams and, where appropriate, regional hospital boards received and approved individual hospital plans followed by final approval by the Allina Health Board of Directors.

TIMING	STEPS
JULY – SEPTEMBER 2015	<ul style="list-style-type: none"> ESTABLISH PLANNING TEAMS and COLLECT DATA <p>Staff identify and invite stakeholder groups for each hospital; share initial results from 2014–2016 implementation plan. Develop and distribute guidance and data packets and schedule local stakeholder meetings.</p>
OCTOBER – JANUARY 2016	<ul style="list-style-type: none"> REVIEW DATA and PRIORITIZE ISSUES <p>Review data with stakeholders and complete formal prioritization process, using Hanlon method. Review prioritized issues and summarize themes for the system.</p>
MARCH–JUNE 2016	<ul style="list-style-type: none"> REVIEW IDENTIFIED PRIORITIES, REAFFIRM PLANS AND DEVELOP UPDATED IMPLEMENTATION PLAN <p>Staff and leadership team review results of the prioritization process; decide that the actions created as a result of the previous CHNA continue to address the identified priorities. Update implementation plan to reflect current state and future action plans.</p>
JULY – SEPTEMBER 2016	<ul style="list-style-type: none"> PREPARE REPORTS AND SEEK INTERNAL SUPPORT/APPROVAL <p>Share results and action plans with key stakeholders systemwide. Present plans to local boards/committees/leaders for approval.</p>
OCTOBER – DECEMBER 2016	<ul style="list-style-type: none"> SEEK FINAL APPROVAL <p>Staff present plans to Allina Health Board of Directors for final approval.</p>

Data Review and Issue Prioritization

Allina Health Community Benefit and Engagement staff used the most recent secondary data available via the CHNA toolkit—a free, web-based platform hosted by [Community Commons](#)—as well as additional state and local data resources available for Hennepin County such as the Minnesota Student Survey or the Minnesota Health Access Survey. Data for Minnesota and the United States were also provided for comparison and context. The data included approximately 75 indicators relating to demographics, social and economic factors, health behaviors, physical environment, prevalence of health conditions and health care access.

Approximately 20 stakeholders representing broad interests of the community attended at least one of two meetings to review data together and discuss pertinent issues for Allina Health to address through this needs assessment and action plan. Agencies represented at these meetings include:

- Abbott Northwestern Hospital
- Blaisdell YMCA
- Children’s Hospitals and Clinics
- Hennepin County, City of Bloomington and City of Minneapolis Public Health agencies
- Interfaith Outreach and Community Partners
- Minneapolis Aging Advisory Committee
- New American Academy (serving Somali immigrants)
- Our Saviour’s Community Services
- Phillips Eye Institute
- Project for Pride in Living
- Sole Care for Souls
- Three Rivers Park District
- Urban Ventures
- Volunteers Enlisted to Assist People (VEAP)

The review process included a formal prioritization process known as the Hanlon method, which ranks health priorities based on three primary criteria: the size of the problem, including projection of future trends; the seriousness of the problem, including disparate health burdens within the population; and the effectiveness and feasibility of interventions on the part of healthcare.

Final priorities

Through this process, two priorities were identified for action 2017–2019:

- 1. Health care access**
- 2. Physical activity and nutrition**

Needs not addressed in the CHNA

The other prioritized health issue identified through the process but not included among the top priorities was mental health and wellness. Due to PEI’s specialty focus on eyes and its close proximity to Abbott Northwestern, the other Allina Health hospital in Minneapolis which chose mental health as its top priority, it was decided that addressing mental health and wellness was not within the scope of PEI’s community work.

Implementation Plan

Overview of process

The implementation plan outlines the set of actions that the hospital will take to respond to the identified community needs including: goals, objectives and process and outcome indicators with which the actions will be assessed. Existing community resources that address the issue are also listed so as to reduce duplication and identify possible partners.

After creating a draft implementation plan, PEI's Community Engagement Lead distributed the plan via email for review by community stakeholders. Stakeholders were asked to review, comment and suggest changes for the plan.

The following implementation plan is a three-year plan depicting the overall work that PEI will conduct to address the priority areas. Yearly work plans will be developed to provide detailed actions.

Priority 1: Health care access

Resources: In Hennepin County, health care access is being addressed by organizations such as the faith communities, Backyard Initiative, local public health, local government and many non-profit organizations in addition to health care providers. Regionally, the Metropolitan Council and Metro Transit also play an important role in housing and transportation issues that facilitate access to needed services.

Goal: Increase access to health care services

Objectives:

1. Sustain proportion of children who access vision care by continuing to provide E.Y.E. program services to 28,000 elementary school children in Minneapolis and St. Paul.
2. Reduce the proportion of persons who are unable to obtain or who delay obtaining necessary medical care by providing free transportation for PEI patients to access their vision-care services.

Priority 2: Physical activity and nutrition

Resources: In Hennepin County, many aspects of physical activity and nutrition are addressed through resources such as local farmer's markets, Three Rivers Park District, Backyard Initiative, Children's Minnesota, Hennepin County Medical Center, faith communities, local public health departments and the SHIP/CHIP collaboratives and not-for-profit organizations focused on healthy eating, active living and food insecurity.

Goal: Reduce the risk of obesity-related eye diseases by encouraging physical activity, promoting nutrition and reducing barriers to healthy food access.

Objectives:

1. Support physical activity and nutrition education opportunities in accessible locations where people are already gathering, and encourage park and program use by communities not currently utilizing them.
2. Partner with community to create additional resources that focus on cultural approaches to addressing obesity and chronic disease management in ethnically and culturally-diverse ways.
3. Commit Allina Health support and resources to increase access to healthy food for those who experience food insecurity.
4. Continue to offer Allina Health Community Health Improvement programs focused on physical activity and nutrition across Hennepin County.

Resource commitments

Allina Health, the Phillips Eye Institute Foundation and community partners will commit both financial and in-kind resources during 2017–2019 to ensure effective implementation of its planned activities to meet the goals and objectives identified. Resources may include specific programs and services offered by the hospital, staff time devoted to collaborations with others to advance collective work, charitable contributions and employee volunteerism.

Evaluation of objectives

Throughout the implementation phase, specific metrics will be tracked to document progress toward meeting goals and objectives and make adjustments to the implementation plan as needed. Specific evaluation plans will be established or continued for programs and initiatives as appropriate. Monitoring of population-level metrics and systemwide metrics will also provide context for the health status of the communities which Allina Health serves and the work of Allina Health overall (see Appendix).

Acknowledgments

Staff at Allina Health would like to thank many partners who made this assessment and plan possible:

- Individual community members who offered their time and valuable insights;
- The Improve Group, who facilitated our community conversations;
- Partner organizations that met to review, prioritize data and develop implementation plans, and the individuals who contributed their expertise and experience to ensure a thorough and effective outcome;
- Allina Health and Phillips Eye Institute staff who provided knowledge, skills and leadership to bring the assessment and plan to fruition; and
- Allina Health system office staff and interns who supported the process throughout, including Christy Dechaine, Sarah Bergman, Brian Bottke and Axmed Siciid.

Conclusion

Allina Health will work diligently to address the identified needs prioritized in this process by taking action on the goals and objectives outlined in this plan.

For questions about this plan or implementation progress, please contact:

- [Alison Pence](#), Community Engagement Lead for West Metro region at Alison.Pence@allina.com or
- [Debra Ehret Miller](#), Community Benefit and Evaluation Manager at Debra.EhretMiller@allina.com

Copies of this plan can be downloaded from our website:

allinahealth.org/About-Us/Community-involvement/

Appendix

Allina Health Systemwide Performance Indicators

Population Health Metrics

The following population-level indicators will be used to provide context and to monitor the community's status related to the identified priorities. Data will be analyzed at the county-level to match the hospital's defined community/communities in the CHNA process.

Healthy Eating and Active Living/Physical Activity		
Adult physical activity	Percentage of adults engaging in no leisure time physical activity	National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Youth physical activity	Percentage of 9th graders who were physically active for 60 minutes or more on at least five of the last seven days	Minnesota Student Survey (MSS)
Adult fruit and vegetable consumption	Percentage of adults eating less than five servings of fruit and vegetables daily	Behavioral Risk Factor Surveillance System (BRFSS)
Youth fruit and vegetable consumption	Percentage of 9th graders consuming at least one serving of a) fruit and b) vegetables daily	MSS
Adult BMI	Percentage of adults who are overweight or obese	BRFSS
Mental Health and Wellness		
Youth suicidal thoughts	Percentage of 9th graders with suicidal thoughts in the past year	MSS
Adult mental distress	Percentage of adults reporting more than 14 days of poor mental health per month	BRFSS
Addiction		
Adult binge drinking	Percentage of adult males having five or more drinks on one occasion and females having four or more drinks on one occasion	BRFSS
Youth drinking	Percentage of 9th and 11th grade students who reported using alcohol within the past 30 days	MSS
Youth illicit drugs	Percentage of 9th and 11th grade students who reported using any illicit drugs (not alcohol or tobacco) during past 12 months	MSS
Adult current smokers	Percentage of adults who currently smoke cigarettes some days or every day	BRFSS
Youth smoking	Percentage of 9th graders who smoked one or more cigarettes, past 30 days	MSS

Aging		
Fall related deaths, 65+	Number of adults age 65 and older who die as a result of a fall related injury (ICD10 codes W00 to W19)	Center for Disease Control and Prevention Wide-ranging Data for Epidemiologic Research (CDC WONDER)
Chronic Conditions prevalence, 65+	Percent of adults age 65+ with a chronic condition	Minnesota Department of Health (MDH)
Access to Care		
Uninsured	Percentage of population without health insurance coverage	MN Access Survey, MN Compass (Rice, Steele and Brown Counties)
Lack of consistent primary care	Percentage of adults who self-report that they do not have a primary care provider	BRFSS

Systemwide Metrics

The following process indicators will be used to monitor Allina Health progress across the health system during 2017–2019 CHNA implementation phase. These metrics will be pulled from Allina Health records by System Office staff as needed.

Mental Health and Wellness	
Employee volunteerism	Total number of volunteer hours tracked systemwide by Allina Health employees in community on projects and programs related to mental health and wellness.
Charitable contributions	Percent of all charitable contribution dollars given by the Allina Health system to organizations addressing mental health and wellness.
Healthy Eating and Active Living/Physical Activity	
Employee volunteerism	Total number of volunteer hours tracked systemwide by Allina Health employees in community on projects and programs related to healthy eating and/or active living
Charitable contributions	Percent of all charitable contribution dollars given by the Allina Health system to organizations addressing healthy eating and/or active living.
Access to Care	
Charitable contributions	Percent of all charitable contribution dollars given by the Allina Health system to organizations addressing health care access. (Reported for hospitals with health access as a priority in the CHNA).



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