Lakeview Hospital

HealthPartners®

Community Health Needs Assessment
November 2018

Prepared by:

The Improve Group

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About HealthPartners

HealthPartners is the largest consumer-governed, non-profit health care organization in the nation with a mission to improve health and well-being in partnership with members, patients and the community. For more information, visit healthpartners.com.

Mission, Vision and Values

Our mission – to improve the health and well-being of those we serve – is the foundation of our work. And that work is guided by our vision and values, creating a culture of Head + Heart, Together.

Mission

To improve health and well-being in partnership with our members, patients, and community

Vision

Health as it could be, affordability as it must be, through relationships built on trust

Values

Excellence, compassion, partnership, integrity

Executive Summary

Lakeview Hospital is part of HealthPartners, the largest consumer-governed, non-profit health care organization in the nation with a mission to improve health and well-being in partnership with members, patients and the community. Lakeview is an integrated, non-profit clinic and hospital system serving the eastern Twin Cities area and western Wisconsin. It includes Stillwater Medical Group, Lakeview Hospital and Lakeview Foundation. This report describes the current Community Health Needs Assessment (CHNA) process and results for Lakeview Hospital.

Between 2016 and 2018, HealthPartners and Lakeview Hospital engaged with local public health partners in Washington and Ramsey County, Minnesota; St. Croix County, Wisconsin; local coalitions; the Center for Community Health (CCH) and community partners to conduct a comprehensive CHNA. The CHNA identifies the significant health needs of the community as well as measures and resources to address those needs. The results will enable community partners to more strategically establish priorities, develop interventions and direct resources to improve the health of people living in the community.

This assessment meets all the federal requirements of the Patient Protection and Affordable Care Act (ACA) and the Internal Revenue Service final regulations. It was approved by the Lakeview Hospital Board on December 18, 2018 In accordance with federal requirements, this report is made widely available to the public on our website at www.lakeviewhealth.org/CHNA.

Community Served

Lakeview Hospital is located in the city of Stillwater in Washington County, Minnesota. While Lakeview Hospital serves patients from everywhere, 82 percent of our patients live in Washington County and Ramsey County, Minnesota and St. Croix County, Wisconsin. In total, 867,000 people live in these three counties. In 2017, Lakeview Hospital reported 4,634 inpatient admissions from patients living in these three counties.

Methodology

In 2018, HealthPartners and Lakeview Hospital contracted with The Improve Group to analyze and report on data describing the communities we serve. HealthPartners provided The Improve Group with the definitions of the hospital's service area, the indicators to study for the health and demographic data summaries and data collected during community conversations. Lakeview Hospital and Washington County Public Health & Environment collaborated in the development and implementation of assessment methods and community input, and analyzed data collected. The Improve Group then gathered secondary data from public sources, analyzed community input data and developed summary reports to guide a prioritization process.

Prioritized Needs

The HealthPartners CHNA Team included representatives from each HealthPartners hospital and HealthPartners leadership. In September 2018, the CHNA Team met to review the data and prioritize the community health needs across the system.

HealthPartners collectively prioritized community health needs using a process informed by a modified Hanlon method and other commonly used prioritization methods. Each hospital shared its 4-5 priority topic areas and rationale for each topic area based on: *size, seriousness, equity, value and change*. HealthPartners hospitals 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. The five priorities are of equal importance and are presented in alphabetical order. The five priority areas and priority area definitions are:

Access to care

Access to care refers to having equitable access to appropriate, convenient and affordable health care. This includes factors such as proximity to care, access to providers, cost, insurance coverage, medical transportation, care coordination within the health care system and cultural sensitivity and responsiveness.

Access to health

Access to health refers to the social and environmental conditions that directly and indirectly affect people's health such as housing, income, employment, education and more. These factors, also referred to as social determinants of health, disproportionately impact low income communities and communities of color.

Mental health and well-being

Mental health and well-being refers to the interconnection between mental illness, mental health, mental well-being and the associated stigma. Poor mental health is associated with poor quality of life, higher rates of chronic disease and a shorter lifespan.

Nutrition and physical activity

Nutrition and physical activity refers to equitable access to nutrition, physical activity and food and feeding choices. Poor nutrition and physical inactivity are major contributors to obesity and chronic diseases such as diabetes, heart disease and stroke, which disproportionally impact low income communities and communities of color.

Substance abuse

Substance abuse and addiction are the excessive use of substances including alcohol, tobacco, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being.

Next Steps

Lakeview Hospital and HealthPartners will continue to work collaboratively with the community to develop shared goals and actions that address the highest priority needs identified in the CHNA. These shared goals and actions will be presented in our implementation strategy, which is a required companion report to the CHNA. Each need addressed will be tailored to the hospital's programs, resources, priorities, plans and/or collaboration with governmental, non-profit or other health care organizations.

About the Community Health Needs Assessment (CHNA) process

Background and goals

HealthPartners mission is to improve health and well-being in partnership with our members, patients and community. One of the ways we bring the mission to life is to work with community partners to better understand what contributes to and stands in the way of good health and how we can work together to improve health outcomes.

The Community Health Needs Assessment (CHNA) process is an opportunity for us to identify the significant health needs of the community and the measures and resources required to address those needs. HealthPartners worked with local health departments, local coalitions, the Center for Community Health (CCH) and community partners to conduct a comprehensive CHNA. Our next step is to develop an implementation plan, for the period 2019 to 2021, to address the CHNA priorities.

This CHNA was conducted in accordance with requirements identified in the Patient Protection and Affordable Care Act and the Internal Revenue Service final regulations released on December 29, 2014. This CHNA was designed to:

- Meet federal government and regulatory requirements;
- Review secondary health and demographic data describing Lakeview Hospital;
- Gather input from community members on health needs and priorities, including input from members of underserved, low income and minority populations;
- Analyze the secondary data and community input data; and
- Prioritize the health needs of the community served by HealthPartners and Lakeview Hospital.

Methodology

HealthPartners collaborated across six hospitals within its family of care for the CHNA:

- Amery Hospital & Clinic (Amery, WI)
- Hudson Hospital & Clinic (Hudson, WI)
- Lakeview Hospital (Stillwater, MN)
- Park Nicollet Health Services including Park Nicollet Methodist Hospital (St. Louis Park, MN)
- Regions Hospital (St. Paul, MN)
- Westfields Hospital & Clinic (New Richmond, WI)

Lakeview Hospital actively partnered with Washington County Public Health & Environment to align Lakeview's CHNA and Washington County's Community Health Assessment process. Over the course of 2018, Lakeview Hospital and Washington County Public Health & Environment collaborated in the development and implementation of assessment methods including community conversations, community surveys, and a provider survey. Together, Lakeview Hospital and Washington County Public Health & Environment scored and themed all quantitative and qualitative data collected. The themes generated were presented to a diverse group of more than forty community leaders and members. A facilitated discussion allowed participants to indicate their top priorities. These priorities and perspectives were a key contributor to the development of HealthPartners' overall priorities. HealthPartners and Lakeview Hospital also engaged local public health partners and other local health care organizations in the CHNA process through participation in two local collaboratives: The Center for Community Health CHA)/CHNA Collaborative and the East Metro Collaboration. Lakeview Hospital also participated in Healthier Together Pierce & St. Croix Counties (Healthier Together) – a community coalition

comprised of local health systems, public health agencies, local businesses, media, nonprofits, education, government and community members – regarding community health needs in Pierce and St. Croix Counties. Additional information about and data used during the joint assessment process can be found in Washington County Public Health & Environment's Community Health Assessment.

In 2018, HealthPartners and Lakeview Hospital contracted with The Improve Group to analyze and report on the data describing the communities we serve. HealthPartners provided The Improve Group with the definitions of each hospital's service area, the indicators to study for the health and demographic data summaries and data collected during community conversations. Community input was collected in partnership with HealthPartners and our partners through community conversations and multiple surveys. The Improve Group then gathered secondary data from public sources, analyzed community input data and developed summary reports to guide a prioritization process for HealthPartners shared priorities.

Core data health indicator sources

Core health data indicators for this report were collaboratively selected by the CCH for inclusion in CHNAs conducted in the Minneapolis-St. Paul metropolitan area, key Lakeview staff serve in the CCH Steering Committee. The CCH is a collaborative between public health agencies, non-profit health plans and not-for-profit hospital/health systems in the seven-county Twin Cities metropolitan area. The list of indicators was updated based on a pilot testing process that occurred in 2017.

Secondary data in this report is specific to Washington and Ramsey Counties, Minnesota and St. Croix County, Wisconsin. When data specific to the county is not available, regional and state-level data is presented. Comparison data is included where available. All survey data is self-reported.

Additional data sources include:

- American Community Survey (ACS), an ongoing survey by the U.S. Census Bureau;
- Behavioral Risk Factor Surveillance System (BRFSS), a national survey by the Centers for Disease Control and Prevention (CDC);
- Metro SHAPE Survey (Metro SHAPE), a community survey by six Minneapolis-St. Paul metropolitan area counties;
- Minnesota Student Survey (MSS), a statewide survey by the Minnesota Department of Education;
- Youth Risk Behavior Survey (YRBS), a national survey by the CDC;
- United Way ALICE report;
- Data from local and county partners; and
- Data from the Minnesota Department of Health, Wisconsin Department of Health Services and other state agencies.

This report also includes data collected by HealthPartners, including:

- HealthPartners Electronic Health Records (EHR);
- IMPACT Survey, a survey on mental illness stigma, developed and analyzed by HealthPartners; and
- Family Community Survey, a survey on health behaviors of children, developed and analyzed by HealthPartners.

Community input data

As part of its CHNA process, HealthPartners and Lakeview Hospital actively partnered with Washington County Public Health & Environment to align Lakeview's CHNA and Washington County's Community Health Assessment process. This process included shared development and implementation of assessment methods including community dialogues, community surveys, a provider survey and community prioritization discussion.

The community input for this report includes:

County priority data: Each county in the Lakeview Hospital area has determined the top health priorities for its community through a county-level Community Health Assessment process (CHA).

Healthier Together Pierce & St. Croix Counties community dialogues: In 2016, Healthier Together hosted community dialogues focused specifically on mental health, obesity/overweight and alcohol abuse. Through guided discussions, participants shared their visions for health in the community, clarified aspects of the priority health areas and brainstormed strategies for supporting community health. Approximately 120 people participated in these community dialogues and focus groups.

Washington County community dialogues: In 2018, Lakeview Hospital actively partnered with Washington County Public Health & Environment to facilitate community dialogues.

- Community Health Action Team (CHAT). The Community Health Action Team meets to discuss and address unmet health needs in the area through action, networking and educational opportunities. Members represent local public health, local businesses, education, nonprofits, social services agencies and community members.
- Lakeview Health and Wellness Advisory Committee (HWA). The Health and Wellbeing Advisory Committee serves as the eyes and ears for Lakeview Health Foundation and provides resources and services to meet the health and wellbeing needs of the community.

Provider survey: In 2018, HealthPartners surveyed health care providers to understand their perceptions of leading health needs and community resources available to help their patients. The survey also asked providers to identify barriers they face in addressing health needs and the resources they need to better serve their patients. Twenty-three health care providers completed the survey, including seven who practice at Lakeview Hospital.

Community Prioritization Dialogue: Lakeview Hospital partnered with Washington County Public Health & Environment to score and theme all quantitative and qualitative data collected. The themes generated were presented to a diverse group of more than forty community leaders and members. A facilitated discussion allowed participants to indicate their top priorities. These priorities and perspectives were a key contributor to the development of HealthPartners' overall priorities.

HealthPartners approach to equity

At HealthPartners, a top priority is to make sure everyone has equal access to excellent and reliable health care and services, to work toward a day where every person, regardless of their social circumstances, has the chance to reach their best health. This requires us to identify and work towards eliminating health disparities, defined by the CDC as "preventable differences in the burden of disease, injury, violence or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and other population groups and communities."

Our commitment to health equity shaped our approach to our CHNA and will continue to shape our approach as we develop an implementation plan to address community health needs in partnership with our community. This includes considering factors such as race, ethnicity, age, gender identity, socioeconomic status and education levels when setting priorities and developing implementation plans.

CHNA prioritization process

The HealthPartners CHNA Team included representatives from each HealthPartners hospital and HealthPartners leadership. On September 14, 2018, the CHNA Team met to review the data and prioritize the community health needs across the system.

HealthPartners collectively prioritized community health needs using a process informed by a modified Hanlon method and other commonly used prioritization methods. Each hospital shared its 4 - 5 priority topic areas and rationale for each topic area based on:

- Size: Number of persons affected, taking into account variance from benchmark data and targets;
- Seriousness: The degree to which the problem leads to death, disability and impairment of one's quality of life (mortality and morbidity);
- Equity: Degree to which specific groups are affected by the problem;
- Value: The importance of the problem to the community; and
- Change: What is the same and what is different from your previous CHNA?

HealthPartners hospitals worked in a thorough, facilitated large and small group process to reach consensus on top priorities. The CHNA Team considered the criteria described above as well as community input data in these discussions. The five priorities are of equal importance and are presented in alphabetical order. The five priority areas are:

Access to care

Access to care refers to having equitable access to appropriate, convenient and affordable health care. This includes factors such as proximity to care, access to providers, cost, insurance coverage, medical transportation, care coordination within the health care system and cultural sensitivity and responsiveness.

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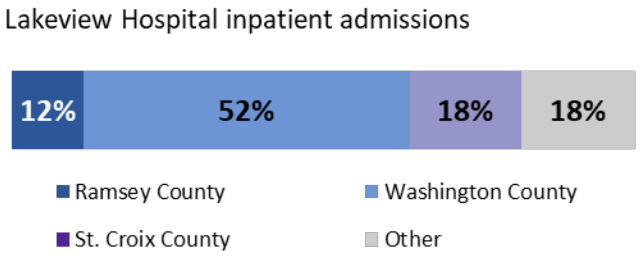
Substance abuse

Substance abuse and addiction are the excessive use of substances including alcohol, tobacco, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being.

HealthPartners discussed and considered additional or alternative priorities during the prioritization process, including: older adult health/aging, maternal and child health, environmental health and injury and violence. These needs were not selected as top five priorities in the consensus building process, however, the themes will be considered in the implementation of the selected priority areas.

About the community we serve

People served

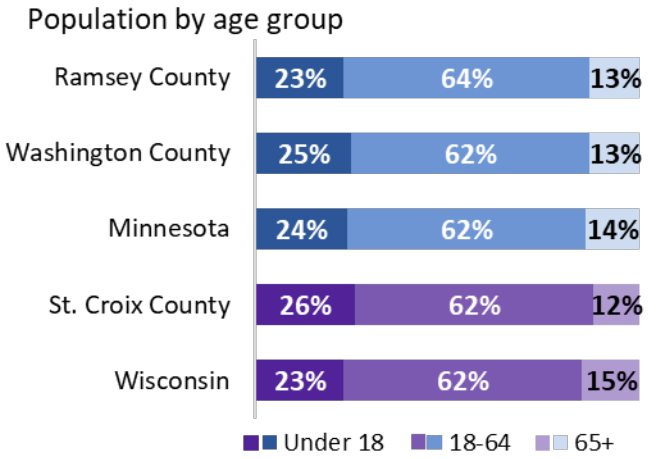


Source: HealthPartners Electronic Health Records, 2017

While we serve patients from everywhere, more than 80 percent of the people we serve live in Ramsey, Washington and St. Croix Counties. Throughout this report, we refer to these three counties as "our community" and primarily use data from these counties.

In total, our communities have about 867,000 people. In 2017, Lakeview Hospital reported more than 4,634 inpatient admissions from patients living in these three counties.

Population age



Source: US Census Bureau, American Community Survey, 2012-16

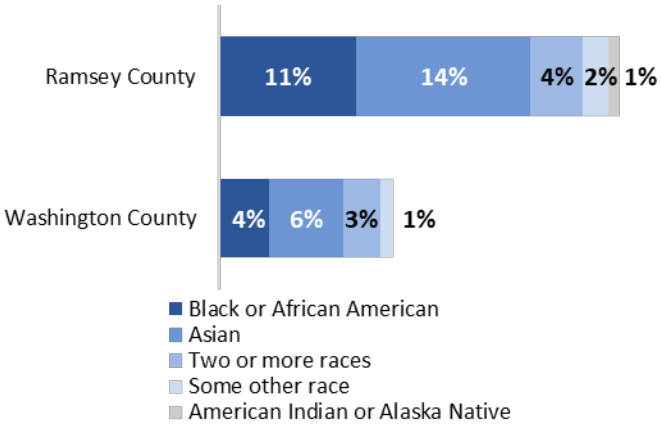
We know that people have different health needs at different stages of life. Throughout the CHNA process, we considered how each need, asset and barrier impacts different age groups.

The median age of our community is between 35 and 39 years old. About 1 in 4 people in our communities is under 18 and 1 in 6 is over 65.

However, our community is an aging community, with the number of adults over age 65 expected to increase significantly over the next decade. Our implementation plan will address this demographic change.

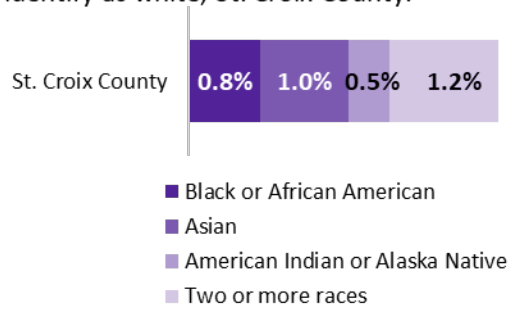
Race and ethnicity

Population by race, not including people who identify as white, Ramsey and Washington Counties.



Source: US Census Bureau, American Community Survey, 2012-16

Population by race, not including people who identify as white, St. Croix County.



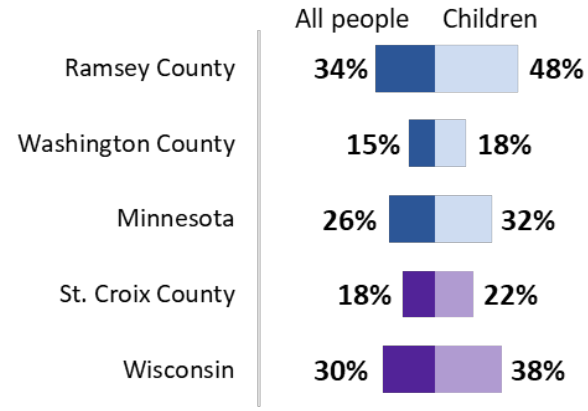
Source: US Census Bureau, American Community Survey, 2012-16

Ramsey County is more racially diverse than the rest of Minnesota, with 32 percent of residents identifying as a race other than white. In comparison, 14 percent of Washington County residents identify as a race other than white. In St. Croix County, about 4 percent of residents identify as American Indian, Asian, black or African American, as some other race or identify with two or more races. Between 2 and 7 percent of residents identify as Hispanic or Hispanic/Latino.

It is important to acknowledge that people of color are disproportionately impacted by social and environmental conditions that affect people's health.

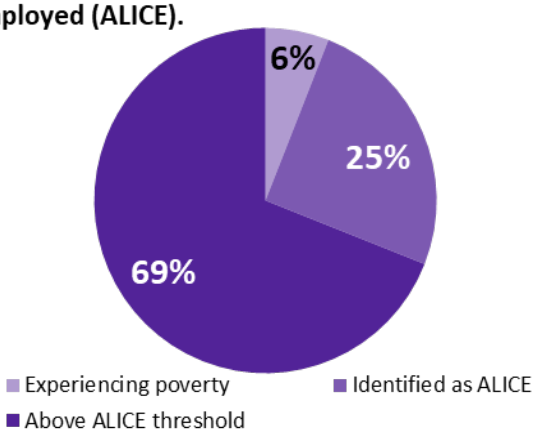
Poverty and economic constraints

Percentage of people living at or under **200% of the federal poverty level**.



Source: US Census Bureau, American Community Survey, 2012-16

Percentage of households in **St. Croix County** considered **Asset Limited, Income Constrained, and Employed (ALICE).**



Source: United Way ALICE Report Point-in-Time Data, 2016

People who are experiencing poverty face health disparities. People who live in households earning at or below 200 percent of the federal poverty level (FPL) are considered low income.

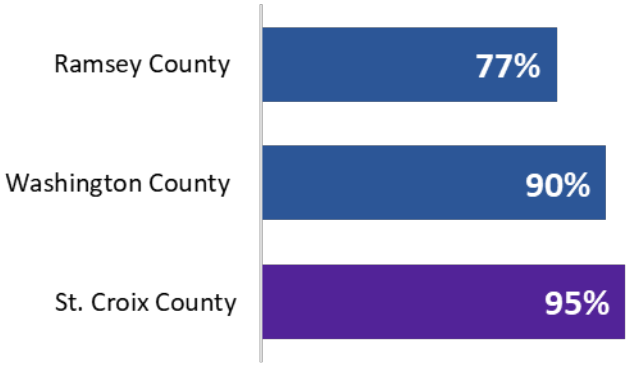
Poverty is highest in Ramsey County, where 1 in 3 people, including 1 in 2 children, lives in a low-income household. This is higher than the state average. Washington County's poverty rate is lower than the state average, where nearly 1 in 6 people, including 1 in 5 children experience poverty.

In St. Croix County, almost 1 in 5 people, including more than 1 in 5 children, lives in a low-income household. However, 25 percent of St. Croix County households are considered ALICE (Asset Limited, Income Constrained, Employed) households. These are households that earn more than 100 percent of FPL, but less than the cost of living. In St. Croix County, a family of four is an ALICE household if they earn less than $69,288 per year.

Poverty rates in our community are significantly higher for people of color than for people who identify as white. Poverty rates are 2 to 4 times higher for people of color in Ramsey and Washington Counties. In St. Croix County, people who identify as American Indian experience poverty at more than 8 times the rate of people who identify as white.

Education status

Percentage of high school students **who graduate in four years.**



Source: US Department of Education, EDFacts, 2015-16

An individual's education level can impact their health. People with less than a high school education are more likely to experience health disparities than people with higher education levels. Higher levels of education are also strongly associated with higher incomes.

More than 9 in 10 students in St. Croix and Washington Counties graduate in four years, while fewer than 8 in 10 Ramsey County students graduate in four years.

However, significant disparities exist by race. In Ramsey County, fewer than 7 in 10 students who identify as Black or Hispanic graduate in four years. Graduation rates are lowest among students who identify as American Indian: 55 percent in Ramsey County and 64 percent in Washington County.

Priorities and definitions

The following sections describe the health priorities identified during the CHNA process, all of which include data related to equity.

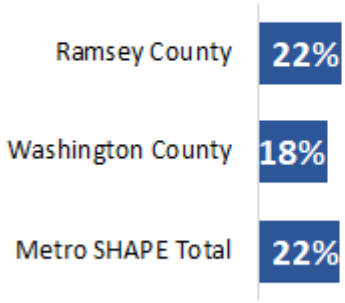
Priority: Access to care

Access to care refers to having equitable access to appropriate, convenient and affordable health care. This includes factors such as proximity to care, access to providers, cost, insurance coverage, medical transportation, care coordination within the health care system and cultural sensitivity and responsiveness.

The following indicators provide a snapshot of conditions in our community that influence access to care.

Cost of insurance

Percentage of adults who found it **"somewhat or very difficult"** to pay for health insurance premiums, co-pays and deductibles during the past year.



Source: Metro SHAPE, 2014

"[Barriers to accessing care include] the lack of providers, beds and insurance coverage."

– Provider survey participant

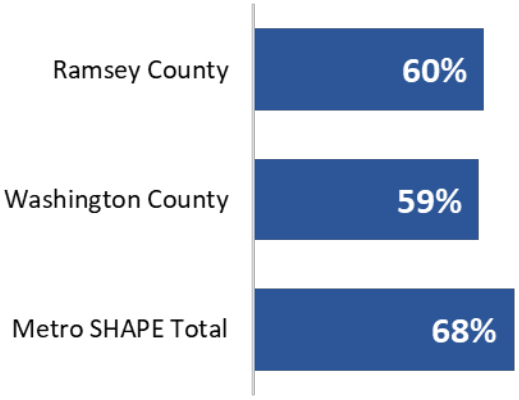
When people cannot afford to pay for insurance or other health care costs, they are less likely to get the care they need.

According to the 2016 American Community Survey, the vast majority of adults and children in our community have health insurance. In St. Croix and Ramsey Counties, 6 percent of adults do not have health insurance, while in Washington County, 3 percent of adults are uninsured.

Health insurance coverage shows racial and economic disparities. According to the Wisconsin Department of Health Services' Family Health Survey, low income families are 3 times more likely to be uninsured than wealthier households. Hispanic/Latino and American Indian families are 3 to 4 times more likely to be uninsured than white families.

Cost of care

Percentage of adults who **delayed or did not get medical care** due to cost or lack of insurance, Minnesota data.



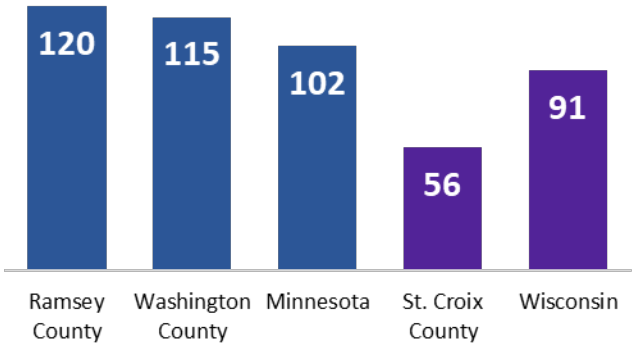
Source: Metro SHAPE, 2014

Nearly 60 percent of adults in our community who delayed or skipped medical care did so because of cost or lack of insurance. More than half of adults who needed mental health care said cost was the reason they did not get the care they needed. This ranged from 40 percent in Ramsey County to 58 percent in Washington County. This data was not available for St. Croix County.

Lakeview Hospital providers cited lack of insurance coverage and health care costs among the top four barriers to accessing health care.

Availability of care

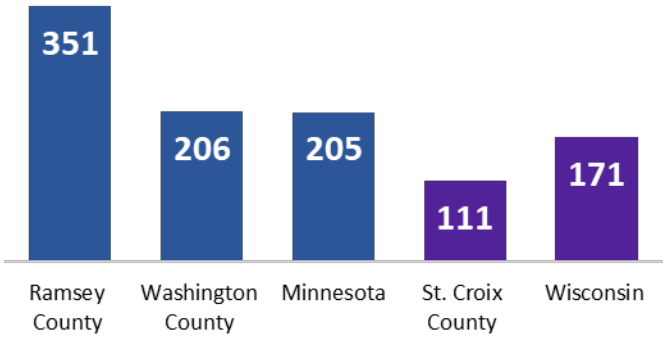
Number of **primary care physicians** per 100,000 residents.



Source: US Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File, 2014

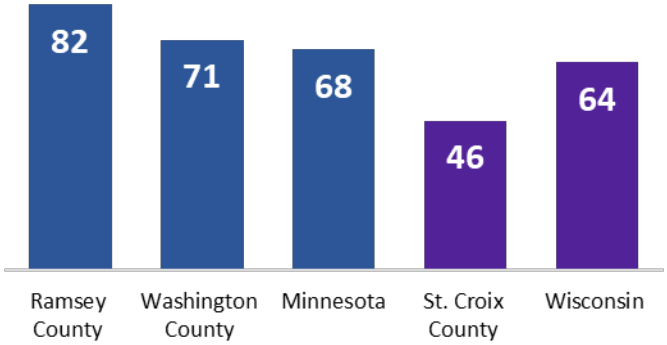
Unlike many Minnesota communities, Ramsey and Washington Counties do not have a shortage of primary care providers. St. Croix County residents may have barriers accessing primary care because of the relatively low number of physicians based on the population. A low ratio of providers to residents suggests there may not be enough health care professionals to meet the community's health needs.

Number of **mental health care providers** per 100,000 residents.



Source: US Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File, 2014

Number of **dental care providers** per 100,000 residents.



Source: US Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File, 2014

In addition, St. Croix County does not have enough mental health services to meet the needs of our community members. As a result, people may need to wait months to see a mental health care provider, especially a psychiatrist.

This data was supported by numerous participants in a community survey who indicated limited access to affordable mental health or dental care, especially for youth, low income individuals and older adults.

One measure of availability of care is Emergency Department (ED) diverts, which is when an ED's patient census exceeds its ability to treat additional patients promptly and they are diverted to another facility. Lakeview Hospital ED was not on divert at any time in 2017.

Transportation and scheduling

"Especially in the Valley, getting to appointments [is a barrier to care]. There are so many who do not drive or do and shouldn't. This isolates them, precipitates worse health … etc."

– Provider survey participant

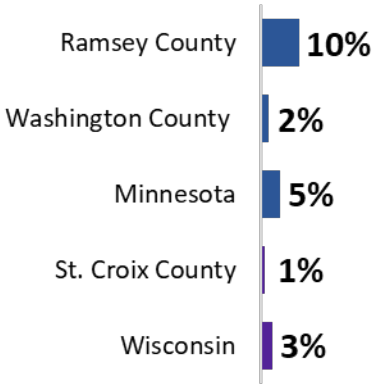
Many patients face additional barriers in accessing care. Lack of evening and weekend appointments is a barrier for many community members who cannot take time off work to get care during the day.

Transportation to appointments is another barrier to care. Not having access to a car, long travel distances to specialty providers and relying on family members for rides affect people's ability to access health care.

Health care providers cited the location of clinics and the transportation challenges as barriers to accessing care.

Language and cultural barriers

Percentage of people age 5 and over who speak English **less than "very well."**



Source: US Census Bureau, American Community Survey, 2012-16

Health care providers and community members said patients may also face barriers when scheduling appointments and communicating with providers.

These barriers are especially significant for community members who do not speak English as a primary language. Communication barriers are a significant concern in Ramsey County, where 22 percent of people over age 5 speak a primary language other than English.

Lack of culturally appropriate care is also a barrier to accessing care.

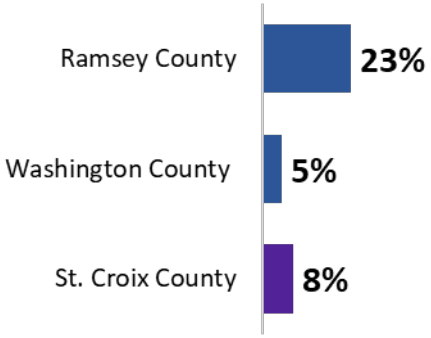
Priority: Access to health

Access to health refers to the social and environmental conditions that directly and indirectly affect people's health such as housing, income, employment, education and more. These factors, also referred to as social determinants of health, disproportionately impact low income communities and communities of color.

The following is a snapshot of conditions in our community that influence our health. Extensive research exists providing the link between these conditions and health.

Food insecurity

Percentage of adults reporting **food insecurity,** or a lack of consistent access to healthy and adequate food.



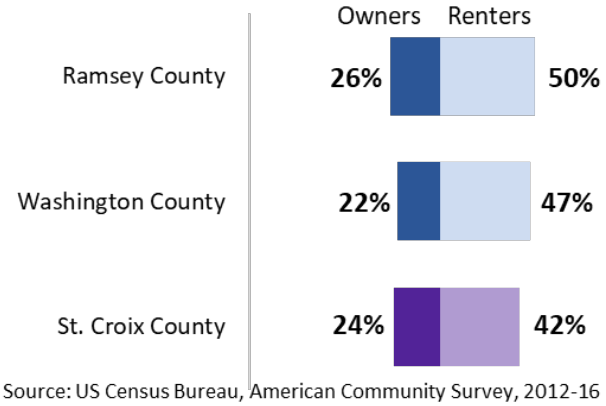
Source: Feeding America, 2016; Metro SHAPE, 2014

People experiencing food insecurity do not have consistent access to healthy and adequate food. Expenses for food are one of the first reductions people make under economic stress. People who experience food insecurity may forego adequate food for other expenses such as housing and health care.

In 2014, 23 percent of adults in Ramsey County and 5 percent of adults in Washington County identified as food insecure. In 2016, 8 percent of St. Croix County adults were food insecure.

Housing cost burden

Percentage of households spending **30% or more of their income** on housing costs.



Source: US Census Bureau, American Community Survey, 2012-16

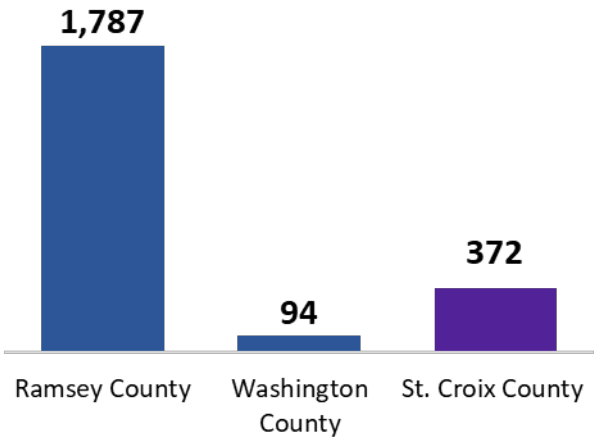
People are considered "housing cost burdened" when they spend 30 percent or more of their income on mortgage or rent. High costs of housing can compete with health care and basic needs such as food.

According to the American Community Survey, between 22 and 26 percent of homeowners in our community are housing cost burdened. Renters are far more likely to spend a high proportion of their income on housing costs. About half of Ramsey and Washington County renters and 42 percent of St. Croix County renters are housing cost burdened.

Social workers and care managers indicated housing was a top concern, especially for people with behavioral health and medical needs.

People experiencing homelessness and housing insecurity

Number of persons **experiencing homelessness.**



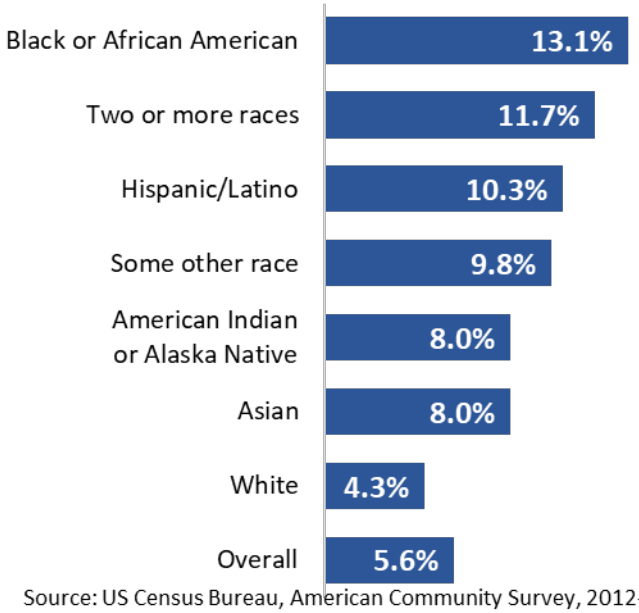
Source: Wilder Homeless Study, 2015; Wisconsin Homeless Mangement Information System, 2016

Many people in our community, most of whom are in Ramsey County, experience homelessness. Homelessness includes people who are living in emergency or transitional housing, living in places not meant for human habitation, who are fleeing domestic violence and have no other residence and people who are losing their primary residence within 14 days. According to the Wilder Homeless Study, 1,881 people in Ramsey and Washington Counties identified as experiencing homelessness in fall 2015.

In a similar but separate measure, St. Croix County, 372 people were served in emergency shelters between October 2015 and September 2016.

Unemployment

Unemployment rates by race, estimated across Ramsey, Washington, and St. Croix Counties.



Source: US Census Bureau, American Community Survey, 2012-16

According to the Minnesota Department of Employment and Economic Development and the Wisconsin Department of Workplace Development, the unemployment rate in our community is approximately 3 percent. However, significant unemployment disparities exist by race.

While current county-level unemployment rates by race are not available, data from the American Community Survey is useful for identifying employment disparities. According to this data, unemployment rates among people who identify as black or African American or who identify as two or more races are 3 times higher than people who identify as white. People who identify as Asian, American Indian, Hispanic/Latino or who identify with another race are unemployed at twice the rate as people who identify as white.

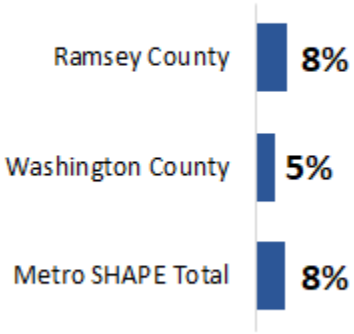
Priority: Mental health and well-being

Mental health and well-being refers to the interconnection between mental illness, mental health, mental well-being and the associated stigma. Poor mental health is associated with poor quality of life, higher rates of chronic disease and a shorter lifespan.

The following is a snapshot of conditions in our community that influence our mental health and well-being.

Poor mental health days

Percentage of adults who reported having **poor mental health** on 14 or more days in the past 30 days.



Source: Metro SHAPE, 2014

Average number of days in which adults **report feeling down, depressed, or hopeless** in the last 30 days.

Source: Behavioral Risk Factor Surveillance System, 2016

"The mental health system is very broken. Long waits to even get in to see someone for 'emergency' situations adding additional stress to already stressed families."

- Community survey participant

Eight percent of adults in Ramsey County and 5 percent of adults in Washington County report that they have poor mental health on 14 or more days in a month.

Residents in St. Croix County report feeling down, depressed or hopeless 3.2 days over the past 30 days, or more than 10 percent of the time.

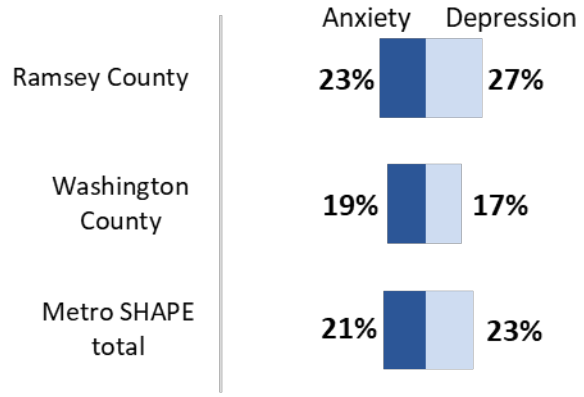
Mental health and well-being was ranked as the second highest concern for the Community Health Action Team and third highest for the Lakeview Health and Wellness Advisory Committee. Health care providers ranked mental health and well-being as their number one concern.

The lack of mental health care, as well as bullying, were mentioned as unhealthy aspects of the community.

Health care providers mentioned the growing prevalence of mental health issues as well as the need for more mental health treatment referrals.

Adult mental health: anxiety and depression

Percentage of adults that have been told by a health professional that they have **anxiety or depression**.



Source: Metro SHAPE, 2014

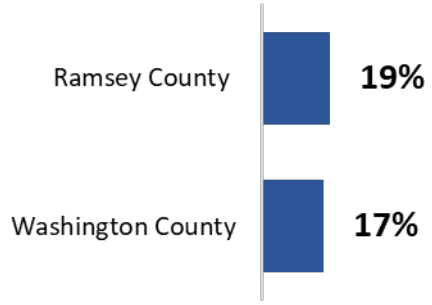
Many adults in our community say they have been diagnosed with a mental illness such as anxiety or depression. More than 1 in 5 adults in our community has been diagnosed with anxiety and 1 in 4 has been diagnosed with depression.

Rates of mental illness are highest in low income communities. Nearly one-third of adults in low income households reported an anxiety or depression diagnosis.

HealthPartners health care providers routinely screen patients for depression. According to 2017 EHR data, 5 percent of patients from our community were experiencing mental health symptoms consistent with depression.

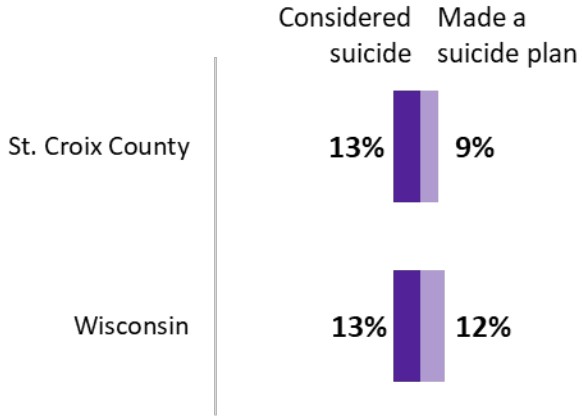
Youth mental health

Percentage of youth who have been bothered by feeling **down, depressed or hopeless** in the past 30 days.



Source: Minnesota Student Survey, 2016

Percentage of youth **experiencing suicidal thoughts** over the past year.



Source: Youth Risk Behavior Survey, 2013

While more than half of young people in our community are experiencing good mental health, many report frequently feeling down, depressed or hopeless.

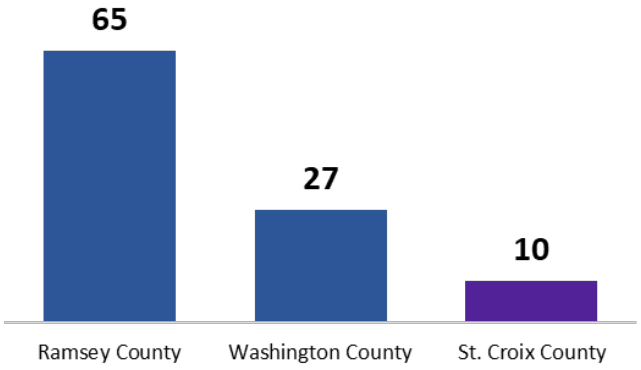
Nearly 1 in 5 young people in our community experiences poor mental health more than half the days or every day in a month. In Ramsey County, almost 1 in 10 young people feels down, depressed or hopeless nearly every day.

Among community members who were concerned about access to mental health services and providers in the county, several indicated an even greater need for youth services.

According to the Minnesota Student Survey, between 12 and 13 percent of 9th and 11th graders in our Minnesota counties had suicidal thoughts in the past year. In St. Croix County, 13 percent of high school students seriously considered suicide in the past year.

Suicide rates

Number of **deaths by suicide**.



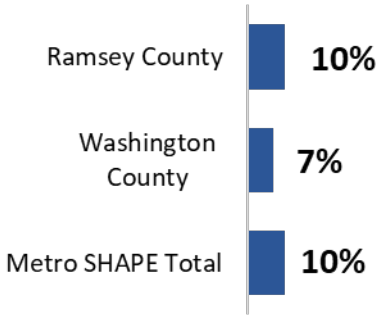
Source: Minnesota Office of Vital Statistics, 2016; Wisconsin Department of Health Services, 2017

Death by suicide is a significant concern for our community. According to the CDC, death by suicide has increased 40 percent in Minnesota and 25 percent in Wisconsin since 1999.

In 2016, 92 Ramsey and Washington County adults died by suicide. Ten St. Croix County adults died by suicide in 2015. Although suicide can affect all people, men who are white and age 45 to 54 are one of the most affected groups in the state of Wisconsin. In Minnesota, middle-aged men and American Indians are most at risk for suicide.

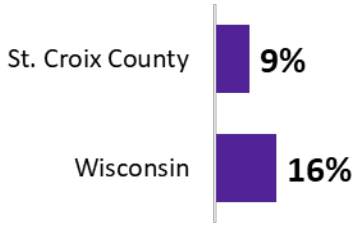
Contributors to poor mental health: social isolation

Percentage of adults that **get together** with friends and neighbors **less than monthly.**



Source: Metro SHAPE, 2014

Percentage of adults **without adequate social or emotional support**.



Source: Behavioral Risk Factor Surveillance System, 2006-2012

Social and emotional support are important contributors to overall health and well-being. According to the HealthPartners IMPACT Survey, 86 percent of adults believe mental health has a large impact on a person's overall health and well-being.

Social and emotional support are also linked to educational achievement and economic stability.

However, many people in our community are at risk of social isolation. Ten percent of Ramsey County adults and 7 percent of Washington County adults get together to talk with friends or neighbors less once a month. Nearly 20 percent of Ramsey and Washington County adults never participate in school, community or neighborhood activities. Nine percent of adults in St. Croix County report they lack adequate social or emotional support.

Contributors to poor mental health: stigma

"Mental health stigma real or perceived is an issue that must be addressed."

- Community survey participant

The stigma associated with having a mental illness can also negatively affect mental health. Reducing stigma related to mental health was a leading theme that emerged from the community.

According to the IMPACT Survey, only 63 percent of Stillwater adults (Washington County), 65 percent of St. Croix County adults and 68 percent of Hennepin and Ramsey County adults are comfortable talking with others about their mental illness.

Between 91 and 94 percent of adults in Stillwater (Washington County) and Hennepin, Ramsey and St. Croix Counties believe reducing stigma is important to their community.

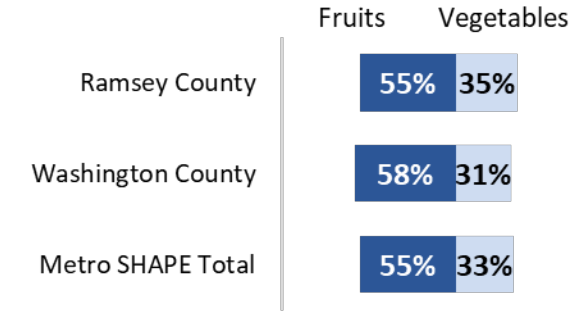
Priority: Nutrition and physical activity

Nutrition and physical activity refers to equitable access to nutrition, physical activity and food and feeding choices. Poor nutrition and physical inactivity are major contributors to obesity and chronic diseases such as diabetes, heart disease and stroke, which disproportionally impact low income communities and communities of color.

The following is a snapshot of nutrition and physical activity behaviors and factors in our community.

Adult fruit and vegetable consumption

Percentage of adults eating **2+ servings of fruits** and **3+ servings of vegetables** each day, Minnesota data.

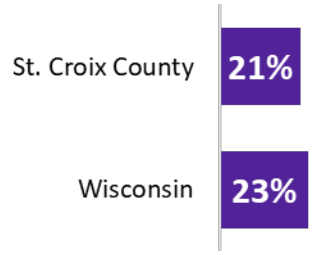


Source: Metro SHAPE, 2014

A diet rich in fruits, vegetables, whole grains and lean proteins is a key protective factor in preventing chronic disease. The current recommendation for adults is to eat 5 or more servings of fruit and vegetables per day.

More than half of adults in Ramsey and Washington Counties get the recommended servings of fruit. About 1 in 3 Ramsey and Washington County adults eats the recommended servings of vegetables each day.

Percentage of adults who report eating **5+ servings of fruit and vegetables** each day, Wisconsin data.

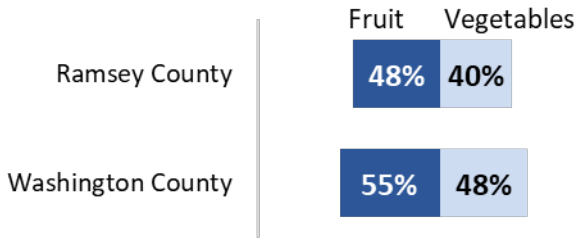


Source: Behavioral Risk Factor Surveillance System, 2005-09

In St. Croix County, only 1 in 5 adults eats the recommended 5 servings of fruits and vegetables per day.

Youth fruit and vegetable consumption

Percentage of Minnesota youth who report eating at least one serving of **fruits or vegetables** per day.



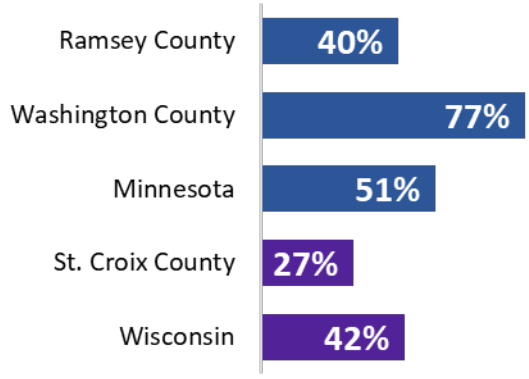
Source: Minnesota Student Survey, 2016

Fewer than half of Ramsey and Washington County 9th grade students report eating at least one serving of vegetables per day. About half of youth eat one or more servings of fruit per day. Despite being low, rates in Ramsey and Washington Counties are similar to or higher than the Minnesota average.

According to the 2017 Youth Risk Behavior Survey, only 30 percent of Wisconsin youth report eating 2 or more servings of fruit per day, and only 14 percent report eating vegetables 3 or more times per day.

Access to healthy food: food deserts

Percentage of population living in neighborhoods that are considered **food deserts**.



Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015

Participants in the community conversations cited having access to healthy food an important component to a healthy community.

However, according to the U.S. Department of Agriculture (USDA), half of our community members live in neighborhoods considered food deserts. A neighborhood is considered a food desert if 33 percent of the population lives more than one mile from a supermarket or large grocery store (10 miles for rural communities).

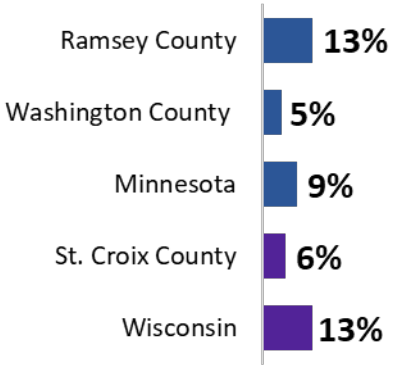
Our Minnesota community members are more likely to live in a food desert, with 77 percent of Washington County residents and 40 percent of Ramsey County residents living food deserts.

According to the HealthPartners Family

Community Survey, throughout our community, parents identified a lack of lower prices for healthy foods and a lack of options to buy farm-fresh foods as the most important barriers to address to help their families eat better.

Access to healthy food: SNAP benefits

Percentage of households **receiving SNAP benefits.**



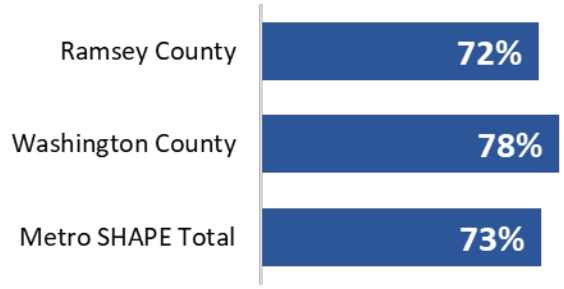
Source: US Census Bureau, American Community Survey, 2012-16

Even when healthy food is available locally, it may not be affordable. Many people in our community receive food supports such as Supplemental Nutrition Assistance Program (SNAP) benefits.

The percentage of households receiving SNAP benefits ranges from 5 percent in Washington County to 13 percent in Ramsey County.

Adult physical activity

Percentage of adults who reported 150 or more minutes of **physical activity** per week, Minnesota data.

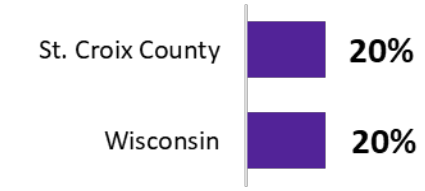


Source: Metro SHAPE, 2014

Physical activity is defined as exercise and other activities that involve bodily movement. Physical activity includes playing, working, active transportation, household chores and recreational activities.

The current recommendation for adults is 150 minutes of moderate activity a week. Nearly 75 percent of adults in our Minnesota counties report they are meeting the physical activity recommendations. However, 28 percent of Ramsey County adults and 22 percent of Washington County adults do not get enough physical activity.

Percentage of adults reporting no leisure time **physical activity**, Wisconsin data.

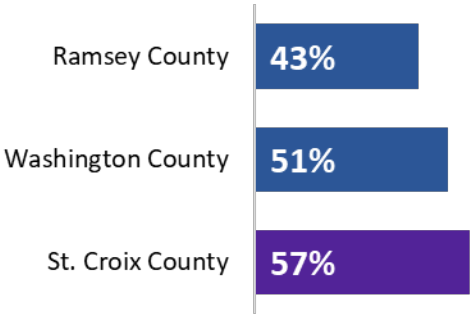


Source: Behavioral Risk Factor Surveillance System, 2009-12

While many Wisconsin residents are getting at least some physical activity, 20 percent of St. Croix County residents report getting no leisure time physical activity, which is consistent with the state average. Physical activity data is collected using a different method in our Wisconsin communities and is not directly comparable to Minnesota data.

Youth physical activity

Percentage of 9th graders who were **physically active** for 60 minutes or more at least 5 days a week



Source: Minnesota Student Survey 2016; Youth Risk Behavior

Youth should be active for 60 minutes or more at least 5 days a week. Compared to adults, far fewer youth in our community report getting the recommended amount of physical activity.

More than half of youth in St. Croix and Washington Counties are getting the recommended amount of physical activity. In Ramsey County, only 43 percent of youth report getting enough physical activity.

In 2017, only 49 percent of Wisconsin youth were physically active 60 minutes five or more days per week, a slight decrease from 2013.

Access to physical activity opportunities

"[We need] options for more low-cost opportunities to exercise. I see people use walking paths, biking paths, playgrounds, pools, etc. when they are affordable and easily accessible."

- Community survey participant

Community conversation participants cited having infrastructure that supports physical activity as important. According to the U.S. Census Bureau, Washington County has 17 recreation facilities per 100,000 residents, which is similar to the number of facilities per person in Minnesota. Ramsey County has 12 facilities per 100,000 residents, which is lower than the state overall.

In Wisconsin, St. Croix County has a higher number of recreation or fitness facilities per resident than the state average, with a total of 16 recreation and fitness facilities in the area. However, community members do not feel there are adequate opportunities to be physically active in their community.

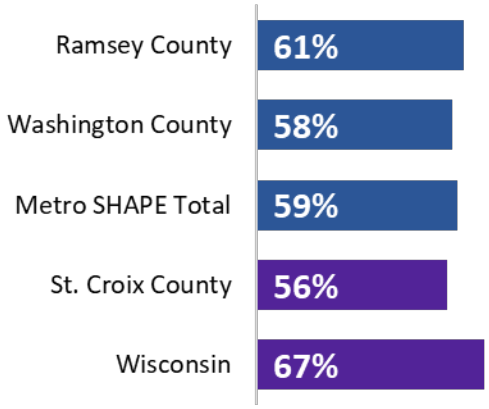
Many community survey participants indicated a

need for increased opportunities for physical activity including safer biking and walking paths.

According to the HealthPartners Family Community Survey, St. Croix Valley parents identified a lack of safe, open spaces to be physically active and a lack of free, low-cost or discounted places to be physically active as the most important barriers to address to help their families be more physically active.

Unhealthy weight

Percentage of adults who are **overweight or obese** based on BMI.



Source: Behavioral Risk Factor Surveillance System, 2009-12; Metro SHAPE, 2014

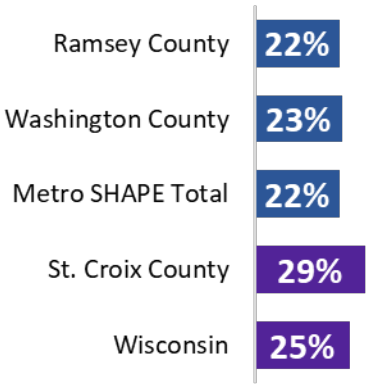
Being overweight or obese puts people at higher risk for heart disease, diabetes and other chronic conditions. According to self-reported height and weight, more than half of adults in our community are overweight or obese.

According to self-reported height and weight data, the percent of people who are overweight or obese ranges from 56 percent in St. Croix County to 61 percent in Ramsey County. HealthPartners patient data shows similar rates.

Far fewer youth are overweight or obese. Across our community, between 1 in 5 Washington County youth and 1 in 4 in Ramsey County youth self-report having an unhealthy body mass index (BMI). Youth weight status was not available for St. Croix County.

High blood pressure diagnosis

Percentage of adults who have ever been told by a doctor that they have **high blood pressure.**



Source: Behavioral Risk Factor Surveillance System, 2006-12; Metro SHAPE, 2014

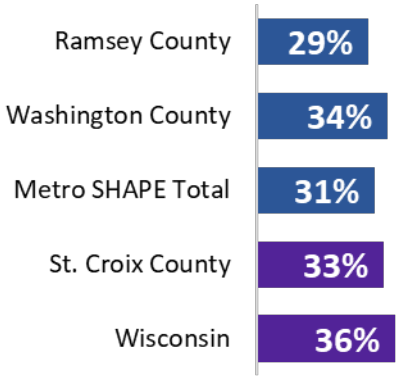
Uncontrolled high blood pressure puts people at higher risk for heart disease and stroke. In St. Croix County, 29 percent of people have been told by a health care professional that they have high blood pressure, which is higher than the Wisconsin rate of 25 percent.

Significant disparities in rates of chronic disease exist by race. These health disparities can also be found in chronic disease performance measures. According to the 2018 Minnesota Community Measurement Report, people who identify as Black or American Indian have rates below statewide measures for childhood immunizations, controlling blood pressure and breast cancer screenings. In addition, people who identify as Black have the lowest performance in controlling blood pressure compared to the rest of the state.

These disparities are often the result of socioeconomic barriers and lack of culturally appropriate care experienced by these communities.

High cholesterol diagnosis

Percentage of adults who have ever been told by a doctor that they have **high cholesterol.**

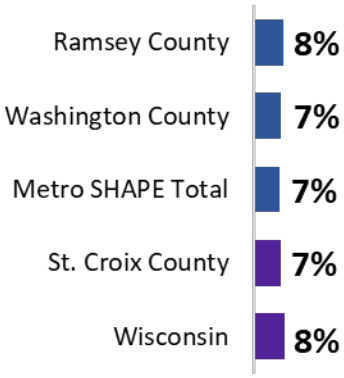


Source: Behavioral Risk Factor Surveillance System, 2006-12; Metro SHAPE, 2014

High cholesterol also puts people at higher risk for developing heart disease. Across our community, approximately one-third of adults have high cholesterol. All of our county rates are lower than Wisconsin's state average.

Diabetes diagnosis

Percentage of adults who have ever been told by a doctor that they have **diabetes.**

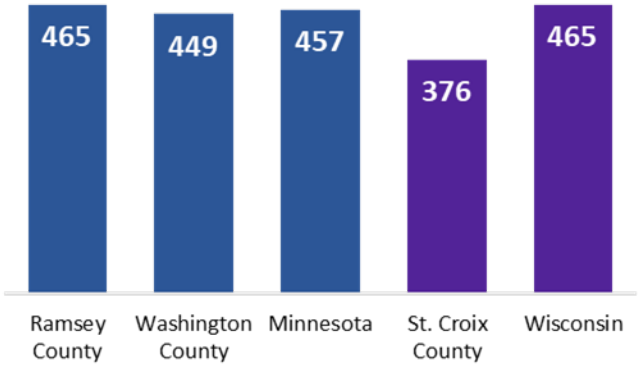


Source: Behavioral Risk Factor Surveillance System, 2006-12; Metro SHAPE, 2014

Diabetes puts people at high risk for long-term problems affecting the eyes, kidneys, heart, brain, feet and nerves. Fewer than 10 percent of adults in our community said they have been told by a health care provider that they have diabetes. These rates are consistent with the averages in the Minneapolis-St. Paul metropolitan area and the state of Wisconsin.

Cancer rates

Cancer rates per 100,000 people, all cancers combined.



Source: Minnesota Public Health Data Access, 2017; Wisconsin Dept. of Health Services, Division of Public Health, 2017

According to the Minnesota Department of Health, 1 in 4 Minnesotans die of cancer. According to the Wisconsin Department of Health Services, from 2009 to 2013, more than 11,286 Wisconsin residents died of cancer. The incidence of all cancers in Ramsey and Washington Counties is similar to the Minnesota rate overall. The incidence in St. Croix County is lower than the Wisconsin rate overall.

Breast and prostate cancers have the highest incidence of any cancer type among women and men. The breast cancer rate in St. Croix County is 104 per 100,000 people which is lower than the Wisconsin state average. Conversely, the breast cancer rates in Ramsey and Washington Counties are 138 and 141 per 100,000 respectively which are higher than the Minnesota state average.

Prostate cancer rates range from a low of 143 per 100,000 people in Ramsey County which is similar to the average in Minnesota to a high of 207 per 100,000 people in Washington County. In Wisconsin, the overall prostate cancer rate is higher than St. Croix County's rate of 84 per 100,000 people.

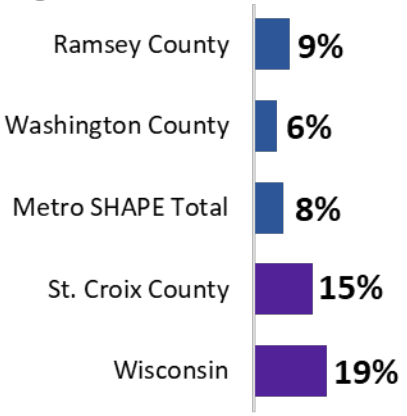
Priority: Substance abuse

Substance abuse refers to the excessive use of substances including alcohol, tobacco, prescription drugs, opioids and other drugs in a manner that is harmful to health and well-being.

The following is a snapshot of substance abuse concerns in our communities.

Tobacco use

Percentage of adults who currently **smoke cigarettes**.



Source: Behavioral Risk Factor Surveillance System, 2006-12; Metro SHAPE, 2014

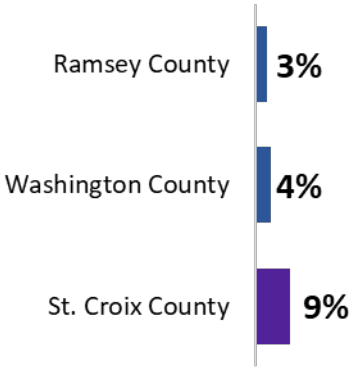
Tobacco use is associated with many chronic diseases and health conditions, including respiratory disease, heart disease and cancer.

At 15 percent, the smoking rate in St. Croix County is much higher than rates in our Minnesota counties, where fewer than 10 percent of adults currently smoke.

According to HealthPartners data, 9 percent of Washington County patients and 13 percent of Ramsey and St. Croix County patients are current smokers.

Youth tobacco use

Percentage of high school students who **smoked one or more cigarette** in the past 30 days.



Source: Minnesota Student Survey, 2016; Youth Risk Behavior Survey, 2013

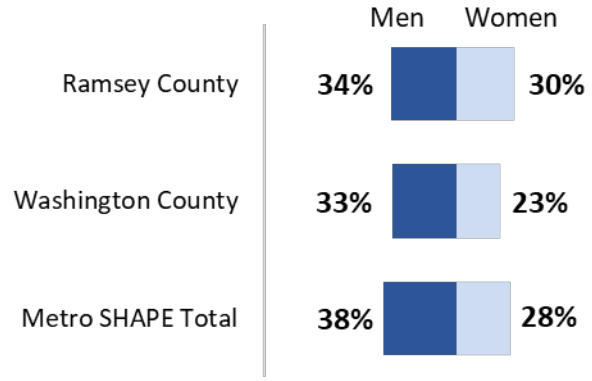
According to the Minnesota Student Survey, few 9th graders report smoking cigarettes in the past month. Only 3 percent of Ramsey County 9th graders and 4 percent of Washington County 9th graders reported smoking cigarettes in the past 30 days.

In St. Croix County, 9 percent of high school students reported smoking cigarettes in the past 30 days. This rate is not directly comparable to Minnesota data because it includes students in all grades.

According to the 2017 Youth Risk Behavior Survey, 17 percent of Wisconsin youth report using any form of tobacco, including cigarettes, cigars, smokeless and vape products. In addition, 11 percent of Wisconsin youth report using electronic vape products.

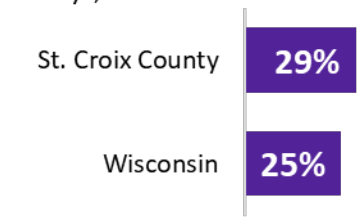
Alcohol binge drinking

Percentage of adults reporting **binge drinking** in the last 30 days, Minnesota data.



Source: Metro SHAPE, 2014

Percentage of adults **drinking excessively** in the past 30 days, Wisconsin data.



Source: Behavioral Risk Factor Surveillance System, 2006-12

"Drug and alcohol use [are] highly prevalent."

– Provider survey participant

Binge drinking is defined as having five or more drinks on one occasion. In our Minnesota counties, approximately 1 in 3 men reported binge drinking in the past month. Among women, binge drinking rates are highest in Ramsey County, at 30 percent.

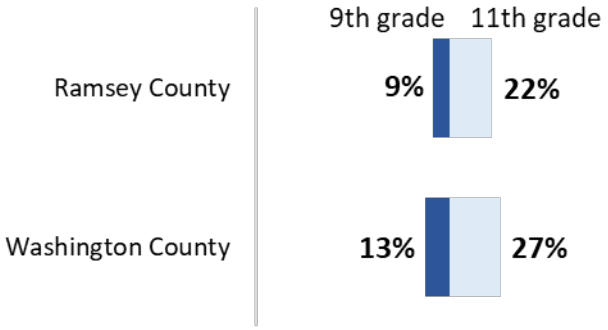
In Wisconsin, excessive drinking is defined as two or more drinks per day for men and more than one for women. In St. Croix County, 29 percent of adults reported excessive drinking in the past 30 days.

Health care providers at Lakeview Hospital indicated alcohol/substance abuse was the second highest concern for our community and several community conversation participants mentioned concerns about increasing drug and alcohol use.

In Wisconsin, community members identified alcohol abuse and excessive drinking as top health concerns during the Healthier Together community dialogues and in the Community Health Survey.

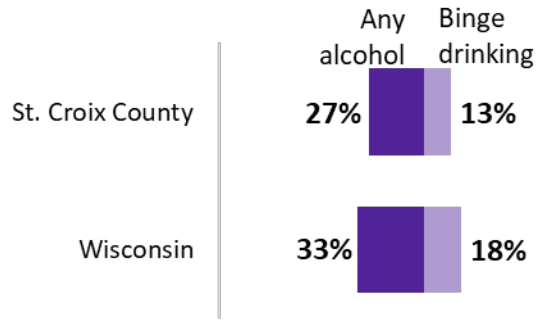
Youth alcohol use

Percentage of 9th and 11th graders who report **using alcohol** in the last 30 days, Minnesota data.



Source: Minnesota Student Survey, 2016

Percentage of high school students who report **using alcohol** in the last 30 days, Wisconsin data.



Source: Youth Risk Behavior Survey, 2013

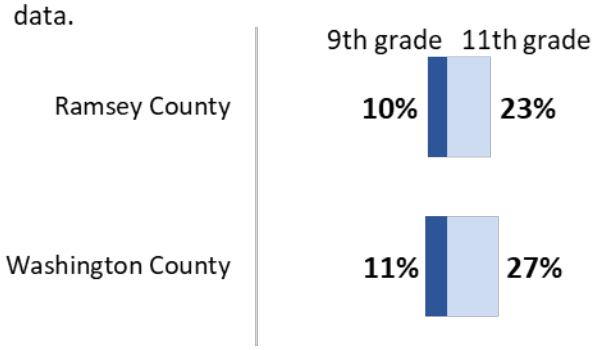
Underage drinking can affect youth, their families and the community. Youth who drink alcohol are more likely to experience problems at school, illness, physical and sexual violence, accidents, injury and even death.

In our Minnesota counties, about 10 percent of 9th grade students and 25 percent of 11th grade students reported using alcohol in the past month. Youth alcohol use is higher in Washington County, where 13 percent of 9th grade students and 27 percent of 11th grade students drank alcohol in the past month. These rates are slightly higher than the state averages.

In St. Croix County, 13 percent of high school students reported binge drinking in the past month. This rate is slightly lower than the Wisconsin rate. This rate is not directly comparable to Minnesota data because it includes students in all grades.

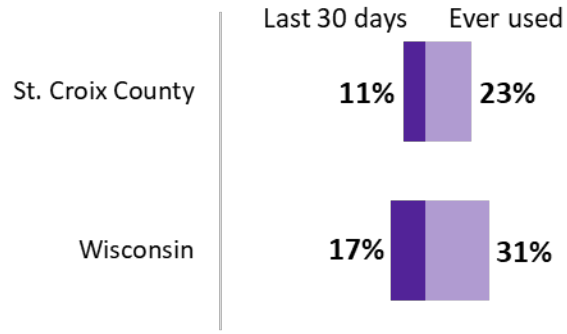
Illicit drug use including prescription drug use

Percentage of 9th and 11th graders who report **using marijuana** in the past 12 months, Minnesota data.



Source: Minnesota Student Survey, 2016

Percentage of high school students who report **using marijuana**, Wisconsin data.



Source: Youth Risk Behavior Survey, 2013

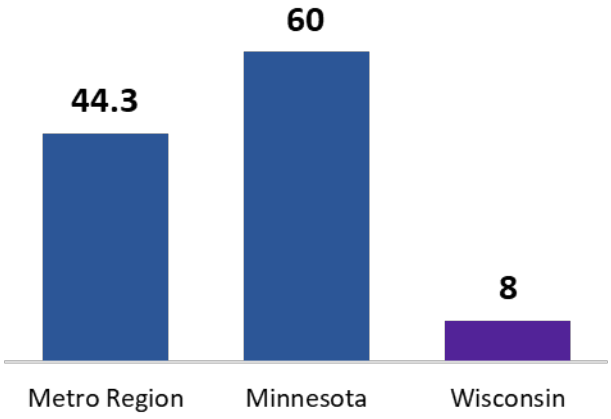
Marijuana use among adolescents more than doubles between 9th and 11th grade. About 1 in 4 11th grade students in Ramsey and Washington Counties reported using marijuana in the past 12 months according to the Minnesota Student Survey.

According to the Youth Risk Behavior Survey, 23 percent of St. Croix County high school students said they have used marijuana at least once. Eleven percent of students said they had used marijuana in the past 30 days. St. Croix County and Minnesota data is not directly comparable because it was collected using different methods.

Seven or fewer percent of youth in our Minnesota counties reported using any illicit drugs or prescription drugs prescribed for someone else in the past year.

Babies born addicted to opioids

Rate per 10,000 live births of **babies born addicted to opioids.**



Source: Minnesota Department of Health, 2016 and Wisconsin Department of Health Services, 2014

There is increasing concern about opioid use in our community. The rate of babies born addicted to opioids in the metro area is 44 per every 10,000 births. While lower than the overall Minnesota rate of 60 per 10,000 births, this rate is much higher than the Wisconsin rate of 8 per 10,000 births.

Evaluation of Impact, 2016-2018 CHNA Implementation Strategy

This section was added to the CHNA report on 12/7/2019

The Community Health Needs Assessment conducted in 2015 identified the following priorities in our community:

1. Mental and Behavioral Health
2. Access and Affordability of Health Care
3. Chronic Disease and Illness Prevention
4. Equitable Care

Lakeview Hospital developed a Community Health Implementation Plan with supporting objectives and action steps to address these priority needs and to serve as the implementation roadmap for fiscal years 2016, 2017 and 2018. Through collaboration, engagement and partnership with our communities, we addressed these priorities with a specific focus on health equity in special populations. The following is a summary of impact over the past three years:

Priority #1: Mental and Behavioral Health

Goal	Strategies/Activities	Progress and Key Results		
		2016	2017	2018
Reduce stigma surrounding mental illnesses	Implement Make It Ok anti-stigma campaign in collaboration with local public health and other community partners	More than 500 people have been trained Make it OK Ambassadors in the St. Croix Valley. Ambassadors have reached 5,483 in St. Croix Valley through presentations, events and community outreach.		
	Integrate Make It Ok into employee wellness programs for hospital and clinic	Make It OK campaign was included in employee communications, and Ambassador trainings and Make It OK presentations were offered for staff throughout the care system and in the community on an ongoing basis.		
Improve access to mental health services	Develop strategy to improve mental and behavioral health care and community connections.	Stillwater Medical Group has embedded therapists into the care system to serve patients immediate needs for mental health services.		
	Improve processes for behavioral health patients in emergency department and outpatient clinics.	A Mental Health Therapist is embedded in clinics to improve patient access. Televideo Crisis Stabilization process has been developed. Emergency Department staff received additional training on mental health crisis situations. Upgrades to Emergency Department patient rooms to create a safe environment for individuals experiencing a mental health crisis.		

	Depression management program to treat patients with a multi-disciplinary care team.	Program served more than 200 patients annually with more than 528 patient contacts.	Program served 172 patients with 1111 patient contacts.
Improve access to mental health services	Support Stillwater Student Wellness Center program in collaboration with community partners.	Lakeview supports agencies to deliver Mental and chemical health services are offered for no charge at the Stillwater Student Wellness Center (FamilyMeans and Youth Service Bureau)	
Reduce drug use and risky and unhealthy alcohol use	Support community organizations and programs that reduce substance use.	Lakeview Hospital provided annual grants to support local agencies (Tree House and Youth Service Bureau) to provide no cost or reduced cost mental and chemical health services to students.	
	Support and participate in CONNECT and other chemical health collaborations.	Lakeview staff continue to support and participate in CONNECT, sharing resources with patients and the community.	
	Train staff on prescription drug abuse and chemical health.	Changes in prescribing practices reduce the number of opioid pills with reductions being achieved over time. Valley hospital sites now have prescription medication collection stations. Lakeview collected 120 pounds of medication in 2018.	
Reduce tobacco use and exposure.	Offer and promote tobacco cessation education to patients and the community.	Tobacco cessation classes are offered by Lakeview 1-2 times per year, and promoted for all patients and the community. Tobacco cessation resources are offered at all Valley hospitals.	
Increase education around mental and behavioral health	Offer and promote ongoing education and outreach on stigma, depression and other mental health issues for the community.	Lakeview continues to promote and offer the free Beating the Blues online program for members and patients. Make it OK campaign continues to reach thousands of people through events, presentations and the Ambassador team on how to reduce stigma, including free webinars for the community.	
Align efforts and collaborate with community partners	Actively participate in Community Leadership Team for Statewide Health Improvement Program and the Behavioral Health collaborations with Washington County Public Health.	Lakeview Hospital has continued participation in Community Leadership Team, working together on joint projects to improve physical and mental health. The behavioral health summit group met in 2016 and 2017 only.	
	Convene the Community Health Action Team (CHAT) and Health and Wellness Advisory Committee to involve the community, gather input from advisors and collaborate on efforts to improve mental and behavioral health.	The Community Health Action Team meets 10 times each year and Health and Wellness Advisory Committee quarterly. Both teams remain actively involved and engaged in providing input and collaborating on efforts to improve mental and behavioral health.	

Priority #2: Access and Affordability

Goal	Strategies/Activities	Progress and Key Results		
		2016	2017	2018
Improve connections of people to health care and community resources	Compile local community resources and share with staff, partners and patients via multiple methods including web and staff training.	A complete resource guide was not recommended by the community advisor and was duplicative to work being done by public health partners. Staff training and resources are provided on a topic-specific basis and through employee communications.		
	Lakeview Health will continue to financially support community organizations and programs that help connect people to services.	Lakeview provides in-kind laboratory and financial support annually to agencies to provide low cost health care (Portico) and connect people to services (Community Thread).		
	Continue to support employee wellness through our Employee Wellness Program in the Valley collaboration.	Employee Wellness is aligned with key health priorities through health assessments and claims data. Employee communications engage employees with health champions identified, trained, and mobilized. Hospital leadership committed to policies and practices to improve employee health, such as better food on campus.		
	Continue to support the St. Croix Valley Faith Community Nurse program (Parish Nurse), a healthcare ministry. Faith Community Nurses bring holistic healthcare and a variety of wellness resources to parishioners and the community — in their homes, healthcare settings, community and at churches. There are nine churches program.	Provided 3,009 one-on-one contacts, 2,250 group contacts and more than 871 referrals to church and community resources.	Provided 2,116 one-on-one contacts, 1,816 group contacts, and more than 337 referrals to church and community resources.	Provided 1,241 one-on-one contacts and 3,559 group contacts. Nurses made 768 referrals to church and community resources.
Increase access, affordability and quality of primary and preventative healthcare	Continue Total Cost of Care Task Force efforts to reduce the total cost of care for patients served by the hospital	This task force continues to meet to try and reduce the total cost of care for patients served by the hospital.		
	Support Stillwater Student Wellness Center program in collaboration with community partners, Lakeview dietitians and local school district and explore expanded scope of services.	Lakeview supports agencies to deliver Mental and chemical health services are offered for no charge at the Stillwater Student Wellness Center (FamilyMeans and Youth Service Bureau). In addition, a Lakeview Dietitian sees students at no charge for nutrition, physical activity and weight concerns and questions.		
	Provide medical consultation to Washington County Public Health	Our Medical director role continues to create a strong partnership with public health.		
	Provide financial counseling to help secure a payment source for un-insured and under-insured patients. (See also Equitable Care)	Financial services offered at Lakeview include patient account representatives, which will file Medicare and Medicaid health insurance coverage on the patient's behalf, along with having financial assistance opportunities including payment plans with no interest and/or discounts based on qualifications provided on the Financial Assistance application.		

Increase access, affordability and quality of primary and preventative healthcare	Provide Health Care Scholarships to increase number of trained health care professionals in our community.	Each year, 7-15 scholarships are provided for students pursuing degrees in healthcare delivery related fields were provided to recognize the ongoing needs of both of our community, clinic and hospital for qualified, caring health care professionals.		
	Assist patients with accessing affordable medications through the Lakeview Prescription Assistance Program.	Program provided assistance for 277 qualified clinic patients.	Program provided assistance for 244 qualified clinic patients.	Program provided 464 prescriptions to qualified clinic patients.
	Support access to diabetes care and education taking into consideration income and high deductible insurance plans.	The hospital supported diabetes education through price reductions and scholarships for patients who could not afford education programs due to income and/or high deductible insurance plans. The program provides individual and group sessions with certified diabetes educators, registered nurses, and registered dieticians, people with diabetes come to a greater understanding of the toll that uncontrolled diabetes can take on the body.		
	Collaborate around quality improvement to identify and improve quality gaps including training in quality improvement for leaders.	Hospital engages in ongoing performance and quality improvement projects focused on improving the patient experience. Specific focus has been on falls prevention and patient experience. All leaders trained in performance improvement methods.		
Align efforts with community partners.	Actively participate in Behavioral Health summit collaboration with Washington County Public Health.	The Community Health Action Team and Health and Wellness Advisory Committee remain actively involved in providing input and collaborating on efforts to improve access and affordability.		

Priority #3: Chronic Disease and Illness Prevention

Goal	Strategies/Activities	Progress and Key Results		
		2016	2017	2018
Make better eating and physical activity easy, fun and popular for children and families through the PowerUp Initiative	Engage the community in PowerUp partnerships through shared leadership with the community and engaging communications and outreach.	Over 97,400 people exposed at community events and through communications.	Over 124,500 people exposed at community events and through communications.	Over 98,000 people exposed at community events and through communications.
	Focus community attention on healthier communities for children through PowerUp for Kids Week and ongoing community outreach.	1,334 kids attended events during PowerUp Week.	1,040 kids attended events during PowerUp Week.	1,526 kids attended events during PowerUp Week.
	Deliver PowerUp School Challenge and School Change Toolkit in all interested schools in target school districts in Washington and St. Croix Counties.	8,045 students participated (Washington and St. Croix Counties)	8,833 students participated (Washington, St. Croix Counties).	8,580 students participated (Washington, St. Croix Counties).

Make better eating and physical activity easy, fun and popular for children and families through the PowerUp Initiative	Consult with community partners and provide resources to create a healthier food and physical activity environment through open gyms, farmer's markets, school policy and practice changes, improving foods at community and school events and concessions.	150 Open Gyms, were held in partnership with school districts.	143 Open Gyms, or Open Skates were held in partnership with school districts and other community orgs.	Stillwater Public Schools worked with PowerUp to PowerUp their concessions during summer sports
	Provide ongoing educational opportunities for kids and families including cooking classes and educational resources.	324 kids participated in cooking classes in 2016.	199 kids participated in cooking classes in 2017.	New partnership with DIRO Outdoors to provide educational classes for families to be active outside.
Improve the health of children beginning in early childhood, through the Children's Health Initiative	Develop and implement Children's Health Initiative strategies including: Read, Talk Sing resources; Social Emotional Development identification; Promote drug and alcohol free pregnancies; Breast-Feeding Promotion; Standard Workflows; OB-Pediatric coordinated care; Postpartum Depression; Decrease Teen Pregnancy; Supporting High-Risk Families; Early Childhood Experience screening	Lakeview Hospital implements the Reach Out and Read program during well-child visits, infancy through age 5.		
	Achieve Baby-Friendly hospital status through changes to promote and support breastfeeding.	Lakeview Baby Café with lactation consultants began summer, 2018. Lakeview achieved Baby-Friendly Hospital status in 2018.		
Increase access to physical activity	Increase availability of free and low-cost physical activity options for children and families (See PowerUp)	150 Open Gyms	143 Open Gyms, or Open Skates	73 Open Gyms
	Support and participate in community efforts towards community center. Participate in district 834 community center advisory and facilities groups. Participate in continued collaboration with local government, YMCA and other partners to explore community center.	Lakeview Hospital continues to support the idea of a community center. Lakeview continues to collaborate with local government, YMCA and others to explore opportunities around a community center.		
	Partner with local, state and national park, recreation clubs, youth sports and others to increase opportunities for youth and family physical activity (See PowerUp)	PowerUp in the Parks Passport was created in partnership with Minnesota DNR to promote youth and family physical activity in local, regional and state parks. A Parks Rx was handed out at clinics to facilitate the conversation about physical activity. At two special events held at local state parks, 240 participants attended.		

Increase access to fruits, vegetables and other nutritious foods.	Offer and support Farmer's markets, Community Supported Agriculture, community gardens and other sources of local produce on hospital and clinic campuses and in the community.	Lakeview continues to support farmer's markets, Community Supported Agriculture, community gardens and other sources of local produce in the hospital and clinic campus, as well as in the community.		
	Continue Better Shelf for Better Health projects, share model and replicate to multiple food shelves and hunger relief organizations through SuperShelf Collaborations. (See PowerUp)	Lakeview Hospital and Valley Outreach developed and piloted methods to increase access to and appeal of healthy foods in food shelves using behavioral economics in 2013. We are now a founding partner in SuperShelf alongside the University of Minnesota, Valley Outreach and The Food Group. SuperShelf received an NIH grant that will transform 32 food shelves throughout the state to provide good food for all. This innovative work is successfully influencing access to healthy, culturally appropriate foods for food insecure people throughout the region and results are published in peer-reviewed journals. More information at supershelfmn.org. (See Equity)		
	Increase availability of fruits, vegetables and less processed food options in hospital and clinic cafés and vending	Urban Organics has provided locally sourced aquaponic greens to Lakeview food services since 2016. Urban Organics will provide fish beginning in 2019.		
	Create and adopt healthy food and beverage guidelines for internal and external meetings and events.	Lakeview adopted a healthy food policy in 2016 with guidelines for serving 80% healthy foods and beverages across all campuses.		
	Consult with and support community partners to reduce high sugar/low nutrient food and sugar sweetened beverage offerings at community events (see PowerUp)	Advocated for and supported development of stronger wellness policies in partner school districts. Stillwater Area Public Schools passed a stronger wellness policy in June 2016, reducing or eliminating food as rewards or celebrations, and providing guidance for schools on implementation. This policy serves as a model for other district in the state and region. Continue to partner with school concessions to pilot and implement healthy food options at school and community events.		
Improve health awareness, knowledge and literacy in the community	Host, participate in and support community health fairs and events to share health information and resources with targeted populations in the community including Hops for Health, Women's Event, Diabetes events.	Ladies Night Out, Diabetes Expo, Hope for Health events were held at all Valley hospitals.	Diabetes Expo, Audiology hearing screenings were held at Lakeview.	Audiology held free hearing screenings, the Baby Café opened, and Ladies Night Out were held at Lakeview.
	Provide community education on topics that reflect community health needs including tobacco cessation, diabetes prevention, obesity, healthy eating, physical activity and mental health issues and awareness.	Classes focused on tobacco cessation, diabetes prevention, healthy eating, obesity, physical activity and mental health are offered at least once per year at Lakeview, and promoted at all Valley hospitals.		

Provide health education and support to patients and the community	Collaborate to provide high quality Diabetes education to patients and families including standardized processes and educational materials.	Diabetes education is offered regularly and diabetes prevention classes are offered at least once per year at Lakeview. Lakeview Hospital also held the Diabetes Expo in 2017.		
	Train hospital and clinic staff on diabetes education through classes, newsletters and EPIC. (Inpatient, outpatient, Emergency Department, Oncology, Infusion, Homecare, Hospice nurses)	Education provided on teaching tools, home glucose meters and patient skills prior to outpatient education.	Education provided on treating hyperglycemia.	Education provided on treating diabetes as a disease, and de-stigmatizing the disease through language usage.
	Provide patients education, childbirth education and support groups on key health topics.	Classes focused on tobacco cessation, diabetes prevention, healthy eating, obesity, physical activity and mental health are offered at least once per year at Lakeview, and promoted at all Valley hospitals.		
	Actively participate in Community Leadership Team for Statewide Health Improvement Program in collaboration with Washington County Public Health.	Active participant and partner.		
Align efforts and collaborate with community partners.	Participate in and support ACT on Alzheimer's coalition to create a dementia friendly community.	Active participant and partner.		
	Convene the Community Health Action Team (CHAT) and Health and Wellness Advisory Committee to involve the community, gather input from advisors and collaborate on efforts to improve chronic disease and illness. (See also Equitable Care)	CHAT determined priority areas to focus efforts.	CHAT chose Dental Health and Access to Dental Care as a priority, and worked with Operation Grace to increase access to dental care via mobile clinics.	CHAT continued with Dental Health and Access to Dental Care as a priority, and continued to work with Operation Grace to increase access to dental care via mobile clinics.
	Partner with Healthier Together and St. Croix County public health on efforts to reduce chronic disease and illness.	Lakeview Hospital continues to partner with Healthier Together and St. Croix County Public Health on efforts to reduce chronic disease and illness.		

Priority #4: Equitable Care

Goal	Strategies/Activities	Progress and Key Results		
		2016	2017	2018
Improve capacity to deliver equitable care	Train leaders and staff in diversity, health literacy and cultural humility.	HealthPartners Diversity and Inclusion Team has been guiding the process for all employees through MyLearning to increase cultural humility. All leaders were trained with tools addressing diversity, inclusion and bias to bring back to their teams. Diversity, inclusion and bias are embedded into our approach to care.		
Align efforts and collaborate with community partners.	Actively participate in Community Leadership Team for Statewide Health Improvement Program in collaboration with Washington County Public Health.	Lakeview continues to participate in Community Leadership Team for Statewide Health Improvement Program in collaboration with Washington County Public Health.		
	Convene the Community Health Action Team (CHAT) and Health and Wellness Advisory Committee to involve the community, gather input from advisors and collaborate on efforts to improve chronic disease and illness. (See also Equitable Care)	CHAT chose Dental Health and Access to Dental Care as a priority, and worked with Operation Grace to increase access to dental care via mobile clinics.	CHAT continued with Dental Health and Access to Dental Care as a priority, and continued to work with Operation Grace to increase access to dental care via mobile clinics.	CHAT continued with Dental Health and Access to Dental Care as a priority, and continued to work with Operation Grace to increase access to dental care via mobile clinics.
Facilitate improved access to services and resources for low income and diverse populations.	Support community organizations and programs that help connect people to services.	Financial support provided to agencies including Portico, Valley Outreach, Community Thread, YSB, and Canvas Health to meet the needs of underserved populations.		
	Continue Better Shelf for Better Health projects and share model and replicate to multiple food shelves and hunger relief organizations. (See PowerUp)	Lakeview Hospital and Valley Outreach developed and piloted methods to increase access to and appeal of healthy foods in food shelves using behavioral economics in 2013. We are now a founding partner in SuperShelf alongside the University of Minnesota, Valley Outreach and The Food Group. SuperShelf received an NIH grant that will transform 32 food shelves throughout the state to provide good food for all. This innovative work is successfully influencing access to healthy, culturally appropriate foods for food insecure people throughout the region and results are published in peer-reviewed journals. More information at supershelfmn.org.		
	Increase availability of free and low-cost physical activity options for children and families (See also PowerUp)	150 Open Gyms.	143 Open Gyms, or Open Skates.	135 Open Gyms.
	Increase number of PowerUp materials available in other languages (Spanish)	The PowerUp Family Magazine is available in Spanish. Additional classroom and family materials for the PowerUp School Challenge are available in Spanish, Somali and Hmong.		
	Prepare youth and families to promote healthy communities (See also PowerUp and Children's Health Initiative)	Lakeview Hospital implements the Reach Out and Read program during well-child visits, infancy through age 5. Lakeview also implemented a Baby Café with lactation consultants in summer, 2018. Lakeview is in the last phase to obtaining Baby-Friendly designation.		

Next steps

Lakeview Hospital and HealthPartners will continue to work collaboratively with the community to develop shared goals and actions that address the top five priority needs identified in the CHNA. These shared goals and actions will be presented in our implementation strategy, which is a required companion report to the CHNA. Each need addressed will be tailored to the hospital's programs, resources, priorities, plans and/or collaboration with governmental, non-profit or other health care organizations.

While Lakeview Hospital and HealthPartners hospitals jointly prioritized systems-level needs, the U.S. Department of the Treasury and the IRS require a hospital organization to separately document the implementation strategy for each of its hospital facilities. The board of each hospital must approve the implementation strategy by May 2019.

Contact Information

For more information or questions about this report, please contact Lakeview Hospital via email at Marna.M.Canterbury@Lakeview.Org.

Sources

This study primarily used health and demographic data packaged and analyzed by Community Commons. Data from Community Commons was retrieved in June 2018 from www.communitycommons.org.

Data retrieved from Community Commons includes the following:

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Appendix

Community Committee Participation

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
Building Resilience: Preventing Diseases of Despair	Funded by the Catalyst Initiative of the Minneapolis Foundation, this guided community conversation focused on Building Resilience: Preventing Diseases of Despair. The group explored strategies for primary prevention of addiction and suicide. It was an all-day event centering community voices, emergent research, and trauma responsive approaches to supporting individual and collective resilience.	9/18/2018	DeDee Varner Pakou Xiong Thia Bryan
Center for Community Health (CCH) Assessment and Alignment Workgroup	This subgroup of CCH services as a catalyst to align the community health assessment process.	Monthly	DeDee Varner
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	Pakou Xiong Libby Lincoln Amy Homstad
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	Pakou Xiong

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
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.		Nancy Hoyt-Taff Marna Canterbury
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	DeDee Varner Libby Lincoln
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	Pakou Xiong

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
Mental Health and Wellness Action Team (MHWAT)	Part of the Saint Paul - Ramsey County Public Health (SPRCPH) Community Health Improvement Plan (CHIP), SPRCPH formed an authentic community engaged Mental Health and Wellness Action Team that informs the work of our department in responding to the integrated health care needs of Saint Paul - Ramsey County residents and greater communities. Ramsey County Mental Health and Wellness Action Team (MHWAT) is one of 5 SPRCPH Community Health Improvement Goals.	Monthly	Pakou Xiong
MHWAT Wellness Group	This is 1 or 4 subgroups of the MHWAT. The MHWAT Wellness Group's purpose is to increase mental well-being for students, families and school staff in Ramsey County by focusing on components of mental well-being for adolescent students.	Monthly	Pakou Xiong
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	Donna Zimmerman (representing Itasca Project) DeDee Varner
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	DeDee Varner

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
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	Dr. Kottke
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	DeDee Varner
Forces of Change Affecting Community Health	The Center for Community Health hosted a dialogue for community leaders. This event aimed to increase collaboration and richness of conversation about health, broadly defined, across the Minneapolis Saint Paul Metro Region. Sixty participants contributed to insights and exchanged ideas.	10/25/2017	DeDee Varner Marna Canterbury Nancy Hoyt Taft Pakou Xiong Libby Lincoln
East Metro CHNA/CHA Pilot Workgroup	Dakota County Public Health, Washington County Public Health, St. Paul Ramsey County Public Health along with HealthEast, Regions Hospital, Lakeview Hospital are meeting to align respective community needs assessments which are all due in 2018.	Monthly	DeDee Varner Sidney Van Dyke Heather Walters Libby Lincoln Amy Homstad Marna Canterbury Andrea Weiler

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
Community Health Action Team (CHAT)	CHAT meets monthly to discuss and address unmet community health needs in the area through action, networking and educational opportunities. Attendees are from Stillwater Area School District and Washington County partners.	Monthly	Andrea Weiler
East Metro Mental Health Roundtable	The East Metro Mental Health Roundtable and the associated Mental Health Alliance and Measurement Committees are focused on examining and improving the mental health system for adults in the East Metro. This study looks at a variety of metrics for the adult mental health system in the east metro to identify patterns, needs, and opportunities for improvement.		Megan Remark Wendy Waddell
Central Corridor Anchor Partnership	The Central Corridor Anchor Partnership is a group of colleges, universities, hospitals, and health care organizations located near the Green Line in Minneapolis – St. Paul. We have invested greatly in our physical infrastructure to serve our patients, students, and employees, and are anchored to the health, vitality, and growth of the neighborhoods around us.	Quarterly	Megan Remark Ruth Bremer
Catholic Charities Higher Ground Steering Committee	The Catholic Charities Higher Ground Steering Committee meets to support the work of Higher Ground, a shelter for adults with 171 shelter spaces and 80 Pay-For-Stay beds.	Every other month	Chris Boese John Clark Mona Olson Wendy Waddell Rachelle Brambach Katie Paulson

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
REASN	The Racial Equity Action Support Network (REASN) brings together racial equity champions and advocates from community, nonprofit, and government organizations across Minnesota, providing them a space for support in doing the challenging work of creating racial equity and to strategically advance new thinking and action in their work.	Quarterly	Sidney Van Dyke
Healthcare for the Homeless	The Healthcare for the Homeless group is part of Westside Community Health Services. They provide primary care to homeless patients that discharge from Regions and those who utilize the Higher Ground Homeless shelter. This group meets to discuss how Regions Care Management and Healthcare for the Homeless can work better together and communicate effectively to best provide care for our shared patients.	Quarterly	Rachelle Brombach
East Metro Coordination of Care	The East Metro Community is part of the Lake Superior Quality Innovation Network (LSQIN) Coordination of Care initiative, which is a community-based collaborative designed to improve coordination of care, care transitions, and reduce readmissions for Medicare beneficiaries and all patients in Minnesota. In addition to the monthly informational meetings there are several work groups that work on various topics related to reducing readmissions.	Monthly	Rachelle Brombach Mona Olson
West Metro CHNA Collaborative	North Memorial & Maple Grove Hospital, Allina, Park Nicollet Health Services, Hennepin Health are meeting to align respective community needs assessments which are due in 2018 and beyond.	Ad hoc	Libby Lincoln Amy Homstad

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
Scott County Health System Collaborative	The Health System Collaborative brings together representatives of area health systems, schools and community organizations to identify and address the health needs of the community.		Libby Lincoln
SHIP Community Leadership Team	The SHIP Community Leadership Team oversees the work being done in Scott County under the state SHIP grant.		Libby Lincoln
Brooklyn Center Health Resource Center Advisory Committee	The BCHRC Advisory Committee is a broad school, provider and community member group that develops and implements policies and procedures for the Health Resource Center.	Monthly	Libby Lincoln
Richfield Health Resource Center Advisory Committee	The RHRC Advisory Committee is a broad school, provider and community member group that develops and implements policies and procedures for the Health Resource Center.	Monthly	Libby Lincoln
Northwest Hennepin Healthy Community Partnership	The Partnership is a collaboration of healthcare, school, county and community organizations that come together to address the needs of the Northwest Hennepin community.	Monthly	Libby Lincoln
Central Clinic Advisory Committee	The Central Clinic Advisory Committee is a broad school, provider and community member group that develops and implements policies and procedures for the clinic.	Quarterly	Libby Lincoln
Dakota County School Mental Health Practice Group	The Mental Health Practice Group is a collaboration of providers of mental health services in the Dakota County schools. They meet to share best practices and coordinate services.	Monthly	Libby Lincoln

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
Diamondhead Clinic Advisory Committee	The Diamondhead Advisory Committee is a broad school, provider and community member group that develops and implements policies and procedures for the clinic. It meets 3 - 4 times/year.	Quarterly	Libby Lincoln
Health and Wellbeing Advisory Committee (HWA)	The Health and Wellbeing Advisory Committee serves as the eyes and ears for Lakeview Hospital and provides resources and services to meet the health and wellbeing needs of the community.	Quarterly	Marna Canterbury Andrea Weiler
Healthier Together Pierce & St. Croix Counties	Healthier Together is a community coalition comprised of local health systems, public health agencies, local businesses, media, education, government and community members. Healthier Together provides strategic and collaborative framework for health improvement activities throughout the two-county region of Pierce & St. Croix Counties, Wisconsin.	Monthly	Jacob Hunt
Hudson School District Wellness Committee	The Hudson School District Wellness Committee is a group that meets three times throughout the school year to develop planning on student wellness. Areas that are addressed include mental health and well-being and physical activity/nutrition.	Tri-annually	Jacob Hunt
Physical Activity Action Team-Healthier Together	The goal of the physical activity action team is to decrease the percentage of the population in Pierce and St. Croix Counties that is overweight or obese. In order to achieve this goal, the action team is trying to increase physical activity and decrease food insecurity/improve nutrition through changes to policy, systems, environment and community support.	Monthly	Jacob Hunt

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
Alcohol Action Team-Healthier Together	The goal of the alcohol action team is to decrease alcohol abuse in Pierce and St. Croix Counties. In order to achieve this goal, the action team is trying to decrease adult and youth alcohol use through changes to policy, systems, environment and community support.	Every other month	Jacob Hunt
Thrive Barron County	Thrive Barron County is a coalition of the Barron County Health Department, community partners, and healthcare partners that work together to conduct periodic community health assessments, evaluate the findings and develop strategies to address top health priorities in Barron County, Wisconsin.	Monthly	Katy Ellefson
Polk United	Polk United is a coalition of the Polk County Health Department, medical centers, and community partners that work together to evaluate community health needs, develop, and implement activities in Polk County, Wisconsin.	Monthly	Katy Ellefson
Polk County Nutrition & Physical Activity Workgroup	This subcommittee of Polk United works specifically on the priority area of nutrition and physical activity by developing and implementing plans and activities to address obesity and chronic disease. It is comprised of key stakeholders in Polk County.	Monthly	Katy Ellefson
Mental Health Taskforce of Polk County	The Mental Health Task Force of Polk County is a non-profit organization committed to addressing community mental health needs cooperatively. The task force is comprised of mental health care providers, government and law enforcement representatives, human service agencies, school personnel, and community members.	Monthly	Heather Erickson, Kesha Marson

Committee Name or Community Meeting Name	Purpose	Frequency of Meeting	HealthPartners Attendee
Polk County Substance Abuse Workgroup	This subcommittee of Polk United works specifically on the priority area of substance abuse by developing and implementing plans and activities to substance abuse issues. It is comprised of key stakeholders in Polk County.	Monthly	Brian Francis

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