Your support makes it possible for Park Nicollet Foundation to go beyond clinic walls to provide innovation, hope, healing and support to our community. Park Nicollet and community programs depend on your continued support and donations – it’s experience. How we care for those who are most in need. Park Nicollet Foundation: partnering to build healthy lives. Thank you for your support.

Community
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Overview

Park Nicollet Methodist Hospital initiated its first Community Health Needs Assessment (CHNA) beginning in 2011 and continuing into 2012. The CHNA is designed to reach broadly into the community to identify needs, gaps and barriers to health and health services. Through a process of primary research, data analysis, validation and prioritization, the assessment process identified the following seven key themes of need:

- Mental Health
- Obesity
- Seniors
- Connecting Community Resources
- Access and Affordability
- Wellness
- Culturally Sensitive Care

Three additional areas of need were also identified:

- Teen and Young Adult Drug and Alcohol Abuse
- Teen Pregnancy and Teen Parenting
- Smoking Cessation

These identified areas of community health need will be addressed in Park Nicollet Health Services' strategic planning process for years 2013 through 2015, after which, the next Community Health Needs Assessment will be performed.

Park Nicollet Methodist Hospital

Park Nicollet Methodist Hospital (PNMH) is a 426 bed hospital located in St Louis Park, Minnesota, a western suburb of Minneapolis. Originally build in 1959, Methodist Hospital has served its community by providing convenient access to high quality primary and specialty care to individuals and families living in a primary service area of approximately 28 zip codes surrounding its location. In 1993, Methodist Hospital merged with Park Nicollet Clinic (PNC), a large multispecialty clinic providing care to the majority of patients admitted to Methodist Hospital at that time. Subsequently, the combined health care system which is now called Park Nicollet Health Services (PNHS) employs over 8,200 team members including more than 1,000 Park Nicollet physicians on staff, providing care in 29 locations.(see Exhibit 1 and 2) throughout the southwestern, western and northwestern communities of the Twin Cities of Minneapolis and St Paul. Known for its closely integrated model of care, PNHS is uniquely positioned to meet the needs of its patients and community.
Park Nicollet Health Services also includes Park Nicollet Foundation (PNF), focused on philanthropy and community advancement, and Park Nicollet Institute (PNI), committed to research and education.

**Community Served**

Park Nicollet Health Services provide care to a population of 1.65 million, who reside in 96 zip codes surrounding Park Nicollet Methodist Hospital and the Park Nicollet Clinics. In performing its Community Health Needs Assessment, Park Nicollet Methodist Hospital choose to include the entire geography of its 96 zip codes and not just the 28 zip codes marking the hospital’s primary service area. As a closely integrated health care system, this approach was intended to produce information that would be most helpful in planning for current and future needs of the population served throughout all facility locations.

PNMH and PNHS serve a diverse and changing population. Its core suburbs, once predominately white with middle to affluent income are rapidly becoming more diverse with new immigrant populations forming local communities over the years including Latino, Russian, Somali, Liberian and Asian. Although still considered affluent suburbs, the west metro demographics show areas of low income and the last four to five years of economic downturn has created increased economic disparity in the areas served.

**Park Nicollet and Area Services**

As a community hospital with an integrated multispecialty clinic, PNMH and PNHS provide a wide range of services to residents of the communities it serves including primary care specialties of family medicine, general internal medicine, pediatrics and obstetrics/gynecology. Fifty-five specialty and subspecialty departments provide both surgical and medical services ranging from allergy, endocrinology and neurology to general, orthopedic and neurosurgery. A complete list of clinical departments available to patients of Park Nicollet is shown in Exhibit 2.

PNMH offers inpatient and outpatient services including medical, surgical, intensive care, rehabilitation, and emergency. Specialty centers of excellence including its Heart and Vascular Center, Frauenshuh Cancer Center, Melrose Institute for treatment of eating disorders, Struthers Parkinson’s Center and International Diabetes Center offer nationally recognized care and outcomes. Other areas of emphasize include Park Nicollet’s Bariatric Surgery Center, Headache Center and Sleep Disorders Clinic and Senior Services. The TRIA Orthopedic Center offers exceptional orthopedic care in a patient centered environment. First to pave the way in the Twin Cities with easy access to high quality orthopedic care with its walk-in “acute injury clinic,” TRIA Orthopedic Center has expanded available access to care for Twin Cities’ residents.

PNMH and PNHS are located within a mid-sized metropolitan area with a population of 3 million. Long known for excellence in health care services, residents of the Twin Cities
have access to a wide variety of primary and specialty care services. Competition between health care systems has assured the presence of advanced diagnostic and treatment options for most all health care needs. The University of Minnesota is recognized for its innovation and excellence in providing tertiary and quaternary care. The Mayo Clinic is 90 minutes south. The one known area of scarcity of health care resources is in psychiatry. On a per capita basis, Minnesota has 30% fewer psychiatrists than the national average. This lower percentage has existed for a number of years and is attributed to the strong managed care insurance market in the 80’s and 90’s which limited patient access to mental health resources. The number of psychiatrists in Minnesota is not anticipated to increase in the near future.

Aside from the inadequate numbers of psychiatrists, health care resources in the Twin Cities are plentiful. Our Community Health Needs Assessment highlights that the factors affecting health and access to health care resources when in need, do not relate to any lack of resources in health care delivery, but instead include a constellation of factors which influence an individual or a families ability to access those things necessary to maintain good health or to access health care services when in need. Broadly they include: poverty, employment status, adequate insurance, transportation, cultural perceptions, family stress and lack of knowledge or comfort with the current model of health care delivery.

Planning and Implementation

Community Health Needs Assessment (CHNA)

PNMH’s CHNA was designed to provide broad community input from both primary research and analysis of existing community data. Building upon the strength of PNF’s community relationships from over 22 years of convening community organizations and members around Health Community Collaboratives, the CHNA was able to draw upon those strengths.

Leadership Team

The leadership team assigned to conduct the 2011/2012 CHNA included:

- Christa Getchell, President, PNF and Vice President Community Advancement, PNHS
- Chris J. Johnson, M.D., Medical Director, PNF
- Brett Long, Vice President, Strategy and Innovation, PNHS
- Gregg Teeter, MBA, Lead Analytics Advisor, PNHS

Additional assistance was provided by Kelsey Leadens, Park Nicollet Foundation Intern.
The responsibilities of the Leadership Team included research and understanding of the requirements of a Community Health Needs Assessment, initial strategic design for primary research and data analysis in the CHNA, validation and prioritization of the results and preparation of the formal report.

**Guidance Group**

A guidance group was formed composed of a diversity of representatives from Park Nicollet Methodist Hospital, Park Nicollet Foundation, area schools, local social service agencies, and other community members. Representatives helped guide the formation of the CHNA process and provide community involvement in the design and implementation of the CHNA. The guidance group members are listed in *Exhibit 3*.

The guidance group met three times to review the proposed plan design for the CHNA, review preliminary results, assist with prioritization of the identified needs and provide input into potential responses to the identified needs.

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 5, 2011</td>
<td>Learning from other organization’s CHNAs</td>
</tr>
<tr>
<td>August 4, 2011</td>
<td>Preliminary data from research and data analysis</td>
</tr>
<tr>
<td>November 1, 2011</td>
<td>Review emerging themes and prioritization</td>
</tr>
</tbody>
</table>

**Primary Research**

**Methods**

Over 1,100 community members representing area government, schools, churches, social service agencies, and healthcare providers were identified to participate in an online survey and focus groups. This audience also included Park Nicollet leaders.

**Online Survey**

An online survey was conducted using Survey Monkey. The survey tool was designed to gain information from the respondents about their geographic location along with their connections in the community. The survey asked the following primary questions about Community Health Needs:

1. Which of the following groups of communities do you most affiliate with? (Core, Mpls, NE,NW, SE, SW, W city names listed under each header)
2. In your opinion, what are the major health care concerns in your community?
3. Which health care concern of those previously listed is the MOST IMPORTANT for the community to address?
4. What role should Park Nicollet Clinics and Methodist Hospital play in responding to the most important concern you identified above?

5. Are you aware of any services offered in your community to address the concern you identified?

The online survey was conducted from May 31, 2011 through June 10, 2011. Responses to the survey were received from 286 participants. Responses were tallied by a Park Nicollet Foundation intern and reviewed with the leadership team and guidance group.

Focus Groups

In addition to the online survey these community participants were also offered the opportunity to attend one of seven community-based focus groups using the World Café model of facilitation. These were offered in seven different locations and provided the opportunity for participants to engage in dialogue that would offer more in-depth learning about their communities and the identified needs. Team members from PNHS were present to take notes and summarize the responses.

Each focus group was encouraged to discuss these questions:

1.) What top needs most impact the health and wellness of individuals and families in your local community?
2.) What would it take to create the change needed to address these issues?
3.) What is the unique role of Park Nicollet Methodist Hospital in responding to these identified needs?
4.) Who in the community should be involved and why should they care?

Exhibit 4 lists the focus group attendees along with their community affiliation.

Exhibits 5.1, 5.2, 5.3 summarize essential elements of the dialogue shared at the focus groups.

The results from the online survey were tabulated by the PNF intern, as were the responses from the focus groups. The community health needs assessment leadership team reviewed the summaries and identified seven key themes that consistently emerged. An additional three areas of need were identified, although not consistently reported, they were felt to be important for inclusion in this report.

Additional Group Meetings

To broaden the information received, meetings were held with small groups of professionals for insight gathering and targeted to specific areas identified by our community participants. Additional meetings with Somali Community Health Workers through Wellshare and retired physicians from Methodist Hospital were also held.
Validation

Once the key themes from our research were identified and prioritized, meetings were scheduled to validate these themes with local experts in public health. Representatives from Hennepin, Scott, Carver and Dakota county health departments agreed to meet with our leadership team to discuss our findings and compare with results from their own county needs assessments and to identify any potential gaps not discovered in Park Nicollet Methodist Hospital’s own research. These meetings and lists of participants are shown in Exhibit 6.

Potential Information Gaps

Our methodology for primary research focused on interviewing and using the expertise of a broad representation from those community workers and experts who, because of their work and responsibilities, are positioned to have both a broad view and focused understanding of the individuals their organizations serve. Also included were patients and community residents. We believe that this approach provided us with the best collection of usable understandings of needs. An alternative approach would have been to emphasize surveys with individuals from the community in need. While a valid method of researching the communities’ needs, we believe it would have required a much larger number of respondents to learn the same information.

Potential information gaps from our data analysis using publically published data regarding community demographics and trends were limited by the granularity or detail from which the original research was summarized, and also by the categorization of certain demographic elements.

Identification of Collaborative Organizations

We did not formally collaborate with other health care provider organizations like PNHS in the implementation of our CHNA. We did reach out to dozens of community based organizations and groups closely connected in our communities with various groups in need. We also connected with four county public health departments to validate our research.

Representation from Broad Interest of the community

In our online survey, 286 persons responded from a solicitation group of over 1,100. Invitations to potential participants were sent broadly to community members including representatives from health care, education, local government, religious, social service and other non-profit organizations. Additional input was received from our Park Nicollet
management team and board members from both the Park Nicollet corporate and foundation boards. Input to validate our findings was sought from county public health leaders. Representatives from groups representing the medically underserved, low income and minority populations, and populations with chronic disease conditions were included. All participants were encouraged to respond representing the many hats they wear: as a worker, neighbor and citizen. Because the survey results were confidential the exact respondents out of the 1,100 cannot be identified. However participants in the focus groups were identified and are listed in Exhibits 5.1, 5.2, 5.3.

Prioritization of Community Health Needs

Once responses from the online survey and focus groups were collated and summarized, seven key themes emerged as strong community needs with three additional areas of need also identified. These results were presented to the following groups for review, comment and prioritization:
- CHNA Guidance Group
- PNHS Executive and Management Group
- PNF Board of Directors

After presentation and discussion of the key themes, participants were encouraged to rank each identified theme based upon two criteria:
- The importance or impact that the theme had on community health need
- How strongly theme correlated with Park Nicollet’s strengths as a health care system.

In order to better understand which themes should be prioritized, the results of this activity were aggregated, summarized (by averaging the ranking values), and plotted into a graph. See Prioritized Needs based on Community Impact and PNHS Strengths below.
Prioritized Needs based on Community Impact and PNHS Strengths

Based upon this process of prioritization, the seven key themes of need are ranked in order of prioritization based upon both community impact and PNHS strengths.

- Mental Health
- Obesity
- Seniors
- Connecting Community Resources
- Access and Affordability
- Wellness
- Culturally Sensitive Care

Additional Needs that were much less identified but did come up included:

- Teen and Young Adult Drug and Alcohol Abuse
- Teen Pregnancy and Teen Parenting
- Smoking Cessation
Mental Health

Responses indicated that this is a community need that affects all ages, but that there is added emphasis around early childhood, youth and senior citizen mental health needs.

A growing impact of mental health issues affecting early childhood years was described by school representatives. A limited number of qualified providers and lack of awareness/coordination of services was noted. Adolescent issues emphasized alcohol/chemical use. Educational and cultural barriers to accessing care were frequently mentioned.

Obesity

Obesity affected all ages, but with added emphasis for childhood obesity. Barriers to accessibility and affordability of fresh healthy foods, educational needs around how to prepare healthy meals, economic factors that limit participation in activities, increase in screen time for all ages, stressful live and limited free time all mentioned as contributing factors.

Seniors

Seniors are especially impacted by issues of transportation and the potential for isolation. Dealing with loss of a spouse identified as having a significant effect on both of these. Other areas of note included increasing numbers of elders with memory and cognitive loss, issues of not recognizing these changes, and treating and supporting early enough.

Connecting Community Resources

Participants frequently cited the richness of available resources in the metro area, but lamented that they are not well connected, a lack of awareness by service providers even of similar services within their own field. There is not the communication and coordination of resources that could benefit the population.

Access and Affordability

Access to health care seems to be primarily limited by lack of insurance and higher deductibles; however, barriers to access can also be transportation, education and cultural norms. Affordability of medications universally acknowledged as an issue. The burden of providing health insurance was mentioned by employers.
Wellness

Loosely defined by participants as the desire to receive health information and education about their individual health needs in a more proactive and preventive manner and to be treated as a whole person. This included requesting both a relationship with a clinician who really understands them and the desire to receive more anticipatory guidance about their health by their health care providers.

Culturally Sensitive Care

Challenges include language, customs, lack of diversity in provider groups, and limited understanding of how the current health care system works. Frequently, the concern about isolation of members of new immigrant groups emerged.

Demographic Data Analysis

Methods

Park Nicollet’s Community Health Needs Assessment (CHNA) collected and analyzed a variety of data in order to help the organization better understand the population it serves. The type of data used includes demographic, socio-economic, and health care data from a wide range of internal and external sources.

Sources:

- Thomson Reuters
- Minnesota State Demographic Center
- Metropolitan Council
- US Census Bureau
- Minnesota Department of Employment and Economic Development
- Minnesota Department of Health, Center for Health Statistics
- University of Wisconsin Population Health Institute
- Centers for Disease Control (CDC) and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS)
- CDC’s National Center for Chronic Disease Prevention and Health Promotion
- National Center for Health Statistics
- Minnesota Hospital Association
- Park Nicollet Internal Data
Because Park Nicollet serves a large and diverse population, the data was aggregated at lower levels of geographic detail (i.e. county or ZIP) where it was available. At a high level, Park Nicollet’s service area is segmented into two parts; the larger 96 ZIP code service area of our integrated system (which contains Hennepin and Scott counties, large parts of Carver and Dakota, and small parts of Wright, Rice, Sibley, and Le Sueur counties), and the more limited 28 ZIP code service area of Methodist Hospital (which includes parts of Hennepin and Carver counties). See Combined Service Area Map below.

Combined Service Area Map
(Integrated System and Methodist Hospital)
Ninety percent of Park Nicollet’s outpatient clinic visits and eighty-eight percent of Methodist Hospital admissions come from the 96 ZIP service area, while fifty-four percent of Methodist Hospital admissions come from the 28 ZIP code service area. The 96 ZIP code service area is further segmented into seven smaller sub-service areas, based on population demographics, travel patterns, and Park Nicollet clinic locations. See PNHS Sub-Service Area Map below.

PNHS Sub-Service Area Map
Findings

Population Demographics

Based on 2010 estimates, 1.65 million people reside within the Park Nicollet 96 ZIP code service area. One third of that population, or 535,000 people, reside within the smaller 28 ZIP code Methodist Hospital service area. Looking at population by sub-service area (see Population Density Map below), one can begin to see how the population density differs between the urban, suburban, exurban, and rural areas we serve.

Population Density Map

Data Source: Thomson Reuters / Claritas
The table below contains the 2010 population estimates of our sub-service areas:

<table>
<thead>
<tr>
<th>SSA Name</th>
<th>2010 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>401,085</td>
</tr>
<tr>
<td>Mpls</td>
<td>249,171</td>
</tr>
<tr>
<td>North East</td>
<td>184,062</td>
</tr>
<tr>
<td>North West</td>
<td>226,685</td>
</tr>
<tr>
<td>South East</td>
<td>334,393</td>
</tr>
<tr>
<td>South West</td>
<td>101,825</td>
</tr>
<tr>
<td>West</td>
<td>157,176</td>
</tr>
<tr>
<td><strong>96 ZIP TOTAL</strong></td>
<td><strong>1,654,397</strong></td>
</tr>
</tbody>
</table>

*Data Source: Thomson Reuters / Claritas*
Population Growth: Short-Term

Five year population growth in the 96 ZIP code Park Nicollet service area is estimated to be 3.2% (or 62,856). If the numbers are broken down by sub-service area we are able to see where the growth/decline is expected to occur (see Overall 5 Year Population Growth chart below). No population growth expected in the more urban sub-areas (Core, Mpls, and North East), while the suburban/exurban sub-areas expected to see significant population growth: South East (21,459), North West (16,313), South West (14,657), & West (12,359). The South West area (while having the smallest overall population) is expected to have the largest percent growth over the next 5 years.

Overall 5 Year Population Growth

Data Source: Thomson Reuters / Claritas
Population Growth: Long-Term

Twenty year population estimates (2010-2030) from the Minnesota State Demographic Center aggregated for Carver, Dakota, Hennepin, Scott, & Wright counties (see 20 Year Population Growth chart below) show that the overall population is expected to grow at < 1% per year. The biggest change during this 20 year period is the aging of the population. Over the next 20 years the 65+ age group is estimated to more than double.

20 Year Population Growth

Data Source: Minnesota State Demographic Center
Aging

The aging of the population will have a great impact on demand for services at Park Nicollet, as Medicare patients’ utilization of services is nearly 3x that of commercial patients. When we look at the current population distribution (see chart below), by sub-service area and age group, the core sub-market contains a more aged demographic (15% aged 65+, 45% aged 45+) than the other sub-markets. The North West & South East sub-markets have a low distribution of population aged 65+.

**Population Distribution by Sub-Market and Age**

![Population Distribution Chart](chart.png)

*Data Source: Thomson Reuters / Claritas*
The Population Density 65+ map below displays the current population density of the 65+ age group. The first ring suburbs (Golden Valley, Richfield, St. Louis Park, New Hope, Edina), in the core of the Park Nicollet service area, have large senior populations. There are also dense pockets of the population aged 65+ in South East (Burnsville & Apple Valley), Mpls, North East (Brooklyn Center, Brooklyn Park), West (Wayzata, Excelsior).

**Population Density 65+ Map**

Data Source: Thomson Reuters / Claritas
Closer examination of the short-term population growth in the Age 65+ category reveals that all sub-service areas are expected to experience significant percent increases in senior population. The South East & Core areas are estimated to have the largest raw growth in senior population.

<table>
<thead>
<tr>
<th>SSA Name</th>
<th>Age Group</th>
<th>2010 Population</th>
<th>2015 Population</th>
<th>5 Year Growth</th>
<th>5 Year % Growth</th>
<th>CAGR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>65+</td>
<td>60,091</td>
<td>67,208</td>
<td>7,117</td>
<td>11.8%</td>
<td>2.3%</td>
</tr>
<tr>
<td>Mpls</td>
<td>65+</td>
<td>24,980</td>
<td>30,048</td>
<td>5,068</td>
<td>20.3%</td>
<td>3.8%</td>
</tr>
<tr>
<td>North East</td>
<td>65+</td>
<td>18,041</td>
<td>20,992</td>
<td>2,951</td>
<td>16.4%</td>
<td>3.1%</td>
</tr>
<tr>
<td>North West</td>
<td>65+</td>
<td>17,346</td>
<td>24,187</td>
<td>6,841</td>
<td>39.4%</td>
<td>6.9%</td>
</tr>
<tr>
<td>South East</td>
<td>65+</td>
<td>24,098</td>
<td>33,365</td>
<td>9,267</td>
<td>38.5%</td>
<td>6.7%</td>
</tr>
<tr>
<td>South West</td>
<td>65+</td>
<td>8,380</td>
<td>11,252</td>
<td>2,872</td>
<td>34.3%</td>
<td>6.1%</td>
</tr>
<tr>
<td>West</td>
<td>65+</td>
<td>15,663</td>
<td>19,909</td>
<td>4,246</td>
<td>27.1%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

**96 ZIP TOTAL** 168,599 206,961 38,362 22.8% 4.2%

*Data Source: Thomson Reuters / Claritas*

One area of need and concern identified in the online survey and focus groups for seniors concerned isolation, seniors living alone and impact of a potential loss of a spouse. The data shown below affirms the potential for concern as 30% of seniors currently are in situations where they are living alone.

<table>
<thead>
<tr>
<th>Living Situation</th>
<th>7-County Metro</th>
<th>Carver County</th>
<th>Dakota County</th>
<th>Hennepin County</th>
<th>Scott County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in family households (living with others)</td>
<td>60%</td>
<td>64%</td>
<td>66%</td>
<td>58%</td>
<td>65%</td>
</tr>
<tr>
<td>Living in nonfamily households (living with others)</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Living alone</td>
<td>30%</td>
<td>29%</td>
<td>27%</td>
<td>32%</td>
<td>26%</td>
</tr>
<tr>
<td>Living in group quarters</td>
<td>7%</td>
<td>6%</td>
<td>4%</td>
<td>8%</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Total** 100% 100% 100% 100% 100%

*Data Source: Met Council Website, US Census 2000*
When we look at growth in the next population age tier (45-64), we see that all sub-service areas (except for the Core) are expected to see growth, with the South East & South West sub-markets expected to see the largest percent increases.

<table>
<thead>
<tr>
<th>SSA Name</th>
<th>Age Group</th>
<th>2010 Population</th>
<th>2015 Population</th>
<th>5 Year Growth</th>
<th>5 Year % Growth</th>
<th>CAGR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>45-64</td>
<td>121,674</td>
<td>121,454</td>
<td>-220</td>
<td>-0.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Mpls</td>
<td>45-64</td>
<td>66,694</td>
<td>71,274</td>
<td>4,580</td>
<td>6.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>North East</td>
<td>45-64</td>
<td>46,048</td>
<td>47,321</td>
<td>1,273</td>
<td>2.8%</td>
<td>0.5%</td>
</tr>
<tr>
<td>North West</td>
<td>45-64</td>
<td>64,439</td>
<td>70,613</td>
<td>6,174</td>
<td>9.6%</td>
<td>1.8%</td>
</tr>
<tr>
<td>South East</td>
<td>45-64</td>
<td>90,815</td>
<td>102,191</td>
<td>11,376</td>
<td>12.5%</td>
<td>2.4%</td>
</tr>
<tr>
<td>South West</td>
<td>45-64</td>
<td>24,472</td>
<td>30,407</td>
<td>5,935</td>
<td>24.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>West</td>
<td>45-64</td>
<td>46,316</td>
<td>50,994</td>
<td>4,678</td>
<td>10.1%</td>
<td>1.9%</td>
</tr>
<tr>
<td><strong>96 ZIP TOTAL</strong></td>
<td>460,458</td>
<td>494,254</td>
<td>33,796</td>
<td>7.3%</td>
<td>1.4%</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: Thomson Reuters / Claritas

The short-term growth of the under 65 population reveals that the inner metro sub-markets (Core, Mpls, North East) are expected to decline, while all growth in this population segment happening in the more peripheral sub-markets (South East, South West, North West, & West) where are all expected to see gains.

<table>
<thead>
<tr>
<th>SSA Name</th>
<th>Age Group</th>
<th>2010 Population</th>
<th>2015 Population</th>
<th>5 Year Growth</th>
<th>5 Year % Growth</th>
<th>CAGR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>00-64</td>
<td>340,994</td>
<td>331,512</td>
<td>-9,482</td>
<td>-2.8%</td>
<td>-0.6%</td>
</tr>
<tr>
<td>Mpls</td>
<td>00-64</td>
<td>224,191</td>
<td>219,929</td>
<td>-4,262</td>
<td>-1.9%</td>
<td>-0.4%</td>
</tr>
<tr>
<td>North East</td>
<td>00-64</td>
<td>166,021</td>
<td>162,406</td>
<td>-3,615</td>
<td>-2.2%</td>
<td>-0.4%</td>
</tr>
<tr>
<td>North West</td>
<td>00-64</td>
<td>209,339</td>
<td>218,811</td>
<td>9,472</td>
<td>4.5%</td>
<td>0.9%</td>
</tr>
<tr>
<td>South East</td>
<td>00-64</td>
<td>310,295</td>
<td>322,487</td>
<td>12,192</td>
<td>3.9%</td>
<td>0.8%</td>
</tr>
<tr>
<td>South West</td>
<td>00-64</td>
<td>93,445</td>
<td>105,230</td>
<td>11,785</td>
<td>12.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>West</td>
<td>00-64</td>
<td>141,513</td>
<td>149,626</td>
<td>8,113</td>
<td>5.7%</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>96 ZIP TOTAL</strong></td>
<td>1,485,798</td>
<td>1,510,001</td>
<td>24,203</td>
<td>1.6%</td>
<td>0.3%</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: Thomson Reuters / Claritas
Minority

Within the overall PNHS service area resides a very diverse population, but there is wide variation by sub-market. The table below contains 2010 population estimates by sub-market and race/ethnicity within the Park Nicollet service area.

### 2010 Population Estimates by Sub-Market and Race/Ethnicity

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Core</th>
<th>Mpls</th>
<th>North East</th>
<th>North West</th>
<th>South East</th>
<th>South West</th>
<th>West</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASIAN NON-HISPANIC</td>
<td>17,995</td>
<td>9,424</td>
<td>23,258</td>
<td>5,952</td>
<td>18,447</td>
<td>3,407</td>
<td>3,034</td>
<td>81,517</td>
</tr>
<tr>
<td>BLACK NON-HISPANIC</td>
<td>17,589</td>
<td>36,441</td>
<td>46,994</td>
<td>3,750</td>
<td>15,090</td>
<td>2,168</td>
<td>1,821</td>
<td>123,853</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>16,749</td>
<td>37,766</td>
<td>10,102</td>
<td>3,981</td>
<td>11,918</td>
<td>4,794</td>
<td>4,503</td>
<td>89,813</td>
</tr>
<tr>
<td>MULTIRACIAL NON-HISPANIC</td>
<td>7,298</td>
<td>9,764</td>
<td>7,173</td>
<td>2,602</td>
<td>6,991</td>
<td>1,564</td>
<td>1,658</td>
<td>37,050</td>
</tr>
<tr>
<td>NATIVE AMERICAN NON-HISPANIC</td>
<td>1,666</td>
<td>5,332</td>
<td>1,679</td>
<td>664</td>
<td>1,347</td>
<td>841</td>
<td>376</td>
<td>11,905</td>
</tr>
<tr>
<td>OTHER NON-HISPANIC</td>
<td>697</td>
<td>621</td>
<td>424</td>
<td>139</td>
<td>466</td>
<td>69</td>
<td>100</td>
<td>2,516</td>
</tr>
<tr>
<td>PACIFIC ISLANDR NON-HISPANIC</td>
<td>203</td>
<td>212</td>
<td>193</td>
<td>71</td>
<td>151</td>
<td>20</td>
<td>35</td>
<td>885</td>
</tr>
<tr>
<td><strong>MINORITY SUBTOTAL</strong></td>
<td>62,197</td>
<td>99,560</td>
<td>89,823</td>
<td>17,159</td>
<td>54,410</td>
<td>12,863</td>
<td>11,527</td>
<td>347,539</td>
</tr>
<tr>
<td><strong>MINORITY %</strong></td>
<td>16%</td>
<td>40%</td>
<td>49%</td>
<td>8%</td>
<td>16%</td>
<td>13%</td>
<td>7%</td>
<td>21%</td>
</tr>
<tr>
<td>WHITE NON-HISPANIC</td>
<td>338,888</td>
<td>149,611</td>
<td>94,239</td>
<td>209,526</td>
<td>279,983</td>
<td>88,962</td>
<td>145,649</td>
<td>1,306,858</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>401,085</td>
<td>249,171</td>
<td>184,062</td>
<td>226,685</td>
<td>334,393</td>
<td>101,825</td>
<td>157,176</td>
<td>1,654,397</td>
</tr>
</tbody>
</table>

Data Source: Thomson Reuters / Claritas

The North East (49%) and Mpls (40%) sub-markets have the largest minority populations, while the West (7%) and North West (8%) sub-markets have the lowest minority percentage of the population. Further example of the variation across the Park Nicollet service area is that the most prevalent minority group differs across the sub-markets.

- Hispanic population is top minority group in 3 of 7 sub-markets (Mpls, South West, West)
- Asian population is top minority group in 3 of 7 sub-markets (Core, North West, South East)
- Black population is the top minority group in 1 of 7 sub-markets (North East)

The Minority Population Density Map below displays the minority population density within the Park Nicollet service area. The density is generally greater in areas in or near to the urban core of the Twin Cities.
The table below displays 5 year (2010 – 2015) population growth estimates by race/ethnicity and sub-market. Over the next 5 years, the Park Nicollet service area is estimated to grow by 62,565 (3.8%) people. Minority populations are expected to
account for surprising 79% (or 49,168) of all growth. Population growth in the Hispanic population expected to see the largest increase of the race/ethnic groups with a population growth of 20,021 (22.3%) over the next 5 years, with the largest portion of that increase in the Mpls sub-market. Nearly all sub-markets expected to see double digit percent growth in minority populations thru 2015, with the South East seeing the largest increase in overall numbers (14,233) and the South West with the largest percent increase (41.3%).

5 Year Population Growth by Race/Ethnicity and Sub-Market

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Core</th>
<th>Mpls</th>
<th>North East</th>
<th>North West</th>
<th>South East</th>
<th>South West</th>
<th>West</th>
<th>TOTAL GROWTH</th>
<th>% GROWTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASIAN NON-HISPANIC</td>
<td>897</td>
<td>-11</td>
<td>2,327</td>
<td>923</td>
<td>4,791</td>
<td>1,714</td>
<td>781</td>
<td>11,422</td>
<td>14.0%</td>
</tr>
<tr>
<td>BLACK NON-HISPANIC</td>
<td>1,729</td>
<td>636</td>
<td>2,744</td>
<td>778</td>
<td>4,475</td>
<td>1,186</td>
<td>733</td>
<td>12,281</td>
<td>9.9%</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>3,265</td>
<td>7,673</td>
<td>1,863</td>
<td>1,022</td>
<td>3,219</td>
<td>1,748</td>
<td>1,231</td>
<td>20,021</td>
<td>22.3%</td>
</tr>
<tr>
<td>MULTIRACIAL NON-HISPANIC</td>
<td>626</td>
<td>480</td>
<td>474</td>
<td>496</td>
<td>1,412</td>
<td>557</td>
<td>426</td>
<td>4,471</td>
<td>12.1%</td>
</tr>
<tr>
<td>NATIVE AMERICAN NON-HISPANIC</td>
<td>203</td>
<td>-138</td>
<td>19</td>
<td>115</td>
<td>260</td>
<td>83</td>
<td>104</td>
<td>646</td>
<td>5.4%</td>
</tr>
<tr>
<td>OTHER NON-HISPANIC</td>
<td>8</td>
<td>-15</td>
<td>1</td>
<td>15</td>
<td>27</td>
<td>11</td>
<td>10</td>
<td>57</td>
<td>2.3%</td>
</tr>
<tr>
<td>PACIFIC ISLANDR NON-HISPANIC</td>
<td>64</td>
<td>34</td>
<td>73</td>
<td>31</td>
<td>49</td>
<td>16</td>
<td>3</td>
<td>270</td>
<td>30.5%</td>
</tr>
<tr>
<td>MINORITY GROWTH</td>
<td>6,792</td>
<td>8,659</td>
<td>7,501</td>
<td>3,380</td>
<td>14,233</td>
<td>5,315</td>
<td>3,288</td>
<td>49,168</td>
<td>14.1%</td>
</tr>
<tr>
<td>MINORITY % GROWTH</td>
<td>10.9%</td>
<td>8.7%</td>
<td>8.4%</td>
<td>19.7%</td>
<td>26.2%</td>
<td>41.3%</td>
<td>28.5%</td>
<td>14.1%</td>
<td></td>
</tr>
<tr>
<td>WHITE NON-HISPANIC</td>
<td>-9,157</td>
<td>-7,853</td>
<td>-8,165</td>
<td>12,933</td>
<td>7,226</td>
<td>9,342</td>
<td>9,071</td>
<td>13,397</td>
<td>1.0%</td>
</tr>
<tr>
<td>TOTAL GROWTH</td>
<td>-2,365</td>
<td>806</td>
<td>-664</td>
<td>16,313</td>
<td>21,459</td>
<td>14,657</td>
<td>12,359</td>
<td>62,565</td>
<td>3.8%</td>
</tr>
<tr>
<td>% GROWTH</td>
<td>-0.6%</td>
<td>0.3%</td>
<td>-0.4%</td>
<td>7.2%</td>
<td>6.4%</td>
<td>14.4%</td>
<td>7.9%</td>
<td>3.8%</td>
<td></td>
</tr>
</tbody>
</table>

Income & Insurance

Park Nicollet serves a very diverse geographic region with a wide range of incomes. While the service area contains 22 of the top 25 wealthiest zip codes (situated in the West / North West sub-markets), the Eastern edge of the service area contains several low income zip codes (see 2010 Median Household Income by Zip Code Map below).
The 2010 Percent Distribution of Income Levels by Sub-Market graph below displays the percent distribution of 2010 income level estimates by sub-market. Just like the map above, this graph illustrates how the Core, Mpls, North East sub-markets have a
higher distribution of lower income households while the West, North West, South East, and South West sub-markets have the highest distribution of upper income households.

2010 Percent Distribution of Income Levels by Sub-Market

The Commercially Insured by Sub-Market chart below illustrates that like income, the suburban / exurban sub-markets (North West, South East, South West, & West) also have a high percentage (80+%) of the population commercially insured. The sub-markets with the highest percent of Medicare patients include the Core (16%), Mpls (10.8%), North East (10.5%), & West (10.4%) sub-markets. Finally, the Mpls (16.7%) & North East (14.3%) sub-markets have high Medicaid populations compared to the other regions.
Summary and Next Steps

The primary research, data analysis, validation and prioritization as reported in this assessment have resulted in Park Nicollet Methodist Hospital identifying the top themes around community need that will serve as input and guidance into Park Nicollet Health Services planning process for years 2013-2015, when the next Community Health Needs Assessment will be performed. As next steps in 2012, an implementation plan to address and respond to community need surrounding these top themes will be developed as part of leadership’s strategic planning for the coming years. It is expected that this Community Health Needs Assessment and its associated Implementation Plan will be approved by the PNHS Board of Directors and published on PNHS internet website prior to December 31, 2012.
<table>
<thead>
<tr>
<th>Park Nicollet Health Services Service Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Park Nicollet Bloomington Clinic</strong></td>
</tr>
<tr>
<td>5320 Hyland Greens Dr</td>
</tr>
<tr>
<td>Bloomington, MN 55437</td>
</tr>
<tr>
<td><strong>Park Nicollet Minneapolis Clinic</strong></td>
</tr>
<tr>
<td>2001 Blaisdell Ave S</td>
</tr>
<tr>
<td>Minneapolis, MN 55404</td>
</tr>
<tr>
<td><strong>Park Nicollet Brookside Clinic</strong></td>
</tr>
<tr>
<td>6000 Earle Brown Dr</td>
</tr>
<tr>
<td>Brooklyn Center, MN 55430</td>
</tr>
<tr>
<td><strong>Park Nicollet Minnetonka Clinic</strong></td>
</tr>
<tr>
<td>19685 Highway 7</td>
</tr>
<tr>
<td>Shorewood, MN 55331</td>
</tr>
<tr>
<td><strong>Park Nicollet Burnsville Clinic</strong></td>
</tr>
<tr>
<td>14000 Fairview Dr</td>
</tr>
<tr>
<td>Burnsville, MN 55337</td>
</tr>
<tr>
<td><strong>Park Nicollet Plymouth Clinic</strong></td>
</tr>
<tr>
<td>3007 Harbor Lane N</td>
</tr>
<tr>
<td>Plymouth, MN 55447</td>
</tr>
<tr>
<td><strong>Park Nicollet Carlson Parkway Clinic</strong></td>
</tr>
<tr>
<td>15111 Twelve Oaks Center</td>
</tr>
<tr>
<td>Minnetonka, MN 55305</td>
</tr>
<tr>
<td><strong>Park Nicollet Prairie Center Clinic</strong></td>
</tr>
<tr>
<td>8455 Flying Cloud Dr</td>
</tr>
<tr>
<td>Eden Prairie, MN 55344</td>
</tr>
<tr>
<td><strong>Park Nicollet Chanhassen Clinic</strong></td>
</tr>
<tr>
<td>300 Lake Dr E</td>
</tr>
<tr>
<td>Chanhassen, MN 55317</td>
</tr>
<tr>
<td><strong>Park Nicollet Prior Lake Clinic</strong></td>
</tr>
<tr>
<td>4670 Park Nicollet Ave SE</td>
</tr>
<tr>
<td>Prior Lake, MN 55372</td>
</tr>
<tr>
<td><strong>Park Nicollet Creekside Clinic</strong></td>
</tr>
<tr>
<td>6600 Excelsior Blvd</td>
</tr>
<tr>
<td>St Louis Park, MN 55426</td>
</tr>
<tr>
<td><strong>Park Nicollet Rogers Clinic</strong></td>
</tr>
<tr>
<td>13688 Rogers Dr</td>
</tr>
<tr>
<td>Rogers, MN 55374</td>
</tr>
<tr>
<td><strong>Park Nicollet Eagan Clinic</strong></td>
</tr>
<tr>
<td>1885 Plaza Dr</td>
</tr>
<tr>
<td>Eagan, MN 55122</td>
</tr>
<tr>
<td><strong>Park Nicollet Shakopee Clinic</strong></td>
</tr>
<tr>
<td>1415 St. Francis Ave</td>
</tr>
<tr>
<td>Shakopee, MN 55379</td>
</tr>
<tr>
<td><strong>Park Nicollet Golden Valley Clinic</strong></td>
</tr>
<tr>
<td>8240 Golden Valley Dr</td>
</tr>
<tr>
<td>Golden Valley, MN 55427</td>
</tr>
<tr>
<td><strong>Park Nicollet St Louis Park Clinic</strong></td>
</tr>
<tr>
<td>3800 Park Nicollet Blvd</td>
</tr>
<tr>
<td>St. Louis Park, MN 55416</td>
</tr>
<tr>
<td><strong>Park Nicollet Lakeville Clinic</strong></td>
</tr>
<tr>
<td>18432 Kenrick Ave</td>
</tr>
<tr>
<td>Lakeville, MN 55044</td>
</tr>
<tr>
<td><strong>Park Nicollet Wayzata Clinic</strong></td>
</tr>
<tr>
<td>250 Central Ave N Ste 220</td>
</tr>
<tr>
<td>Wayzata, MN 55391</td>
</tr>
<tr>
<td><strong>Park Nicollet Maple Grove Clinic</strong></td>
</tr>
<tr>
<td>15800 95th Ave N</td>
</tr>
<tr>
<td>Maple Grove, MN 55369</td>
</tr>
<tr>
<td><strong>Park Nicollet Methodist Hospital</strong></td>
</tr>
<tr>
<td>6500 Excelsior Blvd</td>
</tr>
<tr>
<td>St Louis Park, MN 55426</td>
</tr>
</tbody>
</table>
Exhibit 2
Park Nicollet Health Services
Specialty Centers

Family Medicine  Park Nicollet Frauenshuh Cancer Center
Internal Medicine  3931 Louisiana Ave S
Pediatrics  St Louis Park, MN 55426
Neonatal  Park Nicollet Heart and Vascular Center
Urgent Care  6500 Excelsior Blvd
Ambulatory Nursing  St Louis Park, MN 55426
Occupational Medicine  Park Nicollet Jane Brattain Breast Center
Mental Health  3850 Park Nicollet Blvd
Emergency and Critical Care  St. Louis Park, MN 55416
Trauma  Park Nicollet International Diabetes Center
Lab  3800 Excelsior Blvd
Hospitalist Program  St Louis Park, MN 55416
Community Care  Park Nicollet Melrose Institute
Prenatal Care  3525 Monterey Dr
Radiation Therapy  St Louis Park, MN 55416
Asthma and Allergic Diseases  Park Nicollet Struthers Parkinson’s Center
Dermatology  6701 Country Club Dr
Adult and Peds Endocrinology  Golden Valley, MN 55427
Gastroenterology  TRIA Orthopaedic Center
Infectious Diseases  8100 Northland Dr
Nephrology  Bloomington, MN 55431
Neurology  Park Nicollet Alexander Center
Pulmonary/PFT  8455 Flying Cloud Dr
Rheumatology  Eden Prairie, MN 55344
Sleep Disorders  Park Nicollet Struthers Parkinson’s Center
Travel Clinic  6701 Country Club Dr
Radiology  Golden Valley, MN 55427
Speech Therapy  TRIA Orthopaedic Center
Physical Therapy  8100 Northland Dr
Occupational Therapy  Bloomington, MN 55431

Park Nicollet Alexander Center
8455 Flying Cloud Dr
Eden Prairie, MN 55344
Exhibit 3

Guidance Group Members

David Abelson, M.D.  President/CEO Park Nicollet Health Services (PNHS)
Roxanna Gapstur, R.N. Chief Nursing Officer, PNHS
David Homans, M.D. Chief of Surgical Specialties, PNHS
Jeff Jacobs Mayor, City of St. Louis Park, MN
Jonette Lucia Board Member, Park Nicollet Foundation
Keith Lester Superintendent, Brooklyn Center, MN
Catherine Lenagh Controller, PNHS
Libby Lincoln Board Member, Park Nicollet Foundation
Mary Tambornino Board Member, Park Nicollet Foundation
Robin Harmon Board Member, Park Nicollet Foundation
Steve Frank PNHS Board Member, President/CEO AAA, St. Louis Park, MN
Christopher Williams, M.D. Board Member, Park Nicollet Foundation
Skip Nienhaus Economic Development Coordinator, City of Burnsville, MN
Exhibit 4.1

Focus Group Participants

St. Louis Park, June 14, 2011
- Karen Atkinson – Children First
- LaDonna Hoy – IOCP
- Sue Larson – Community member and PNF Successful Aging Initiative
- Fran Lyon-Dugin – HSI – Crisis Connection
- Kevin Moore – Pillsbury House
- Stela Osmancevic – Mission, Inc – Home Free
- Lou Anne Sexton – Minneapolis Crisis Nursery
- Jeff Sherman – Shalom Hospice
- Patti Betlach R.N.
- Lydia Kihm – Teens Alone
- Jack Cole – Community member
- Anne Cole – Community member
- Wes Syverson

Minneapolis, June 17, 2011
- Christopher Williams, M.D. – Pediatrician and board member PNF
- Diane Dubois – Director, Wellshare
- Tim Thorson – Executive Director, Pathways

Shakopee, June 23, 2011
- Yvonne Anderson – Saints Healthcare Foundation
- Jon McBroom – Shakopee School Superintendent
- Dave Menden
- John Schmitt – Mayor, City of Shakopee
- Lee Shimek – School board member, Prior Lake Savage School District

St. Louis Park, June 24, 2011
- Karen Bjorgan – Director, PNHS Stroke Inspire
- Barbara Dickie, RN – Executive Director, St. Mary’s Health Clinics
- Bridget Gothberg – City of St. Louis Park
- Jo Clare Hartsig – Depot Coffee House, Hopkins
- Mick Johnson – Community member
- Julie LaPointe – STEP
- Beasy McGlothlier – Youth Care
- Kate Swanson – Children’s Dental Service
- Raymond Yu – Principal, Bloomington Schools
- Michelle Barclay – Alzheimer’s Association
- Bob Ramsay – Community member
- Rita Kach – Lenox Center
- Kitty Beal
Exhibit 4.2

Focus Group Participants

Wayzata, June 29, 2011
- Carol Bergenstal – Community In Collaboration Council
- Jane Bratta – Community member
- Jean Cunningham – Board Chair, PNF
- Peggy Douglas – Greater Wayzata Area Chamber of Commerce
- Sandy Johnson – Community Education Advisory Council, St. Louis Park
- Paul Kieffer – Board member, PNF
- Carter Peterson – School board member, Wayzata Schools
- Clare Sanford – St. David’s Center for Child and Family Development
- Leigh Abrahamson – St. Louis Park Schools
- Duane Spiegle – Vice President, facilities – PNHS
- Beth Schneider – Board member, PNF

Chanhassen/Chaska, June 30, 2011
- Todd Gerhardt – City Manager, City of Chanhassen
- Betsy Hedding – Adult Community Education, Hopkins Schools
- Warren Watson – Director Clinical Services, Relate Counseling Center
- Margaret Rookey – Executive director, Relate Counseling Center
- Deb Ukura – Youth Programs, Hopkins Schools
- Cathy Maes – ICA

Maple Grove, June 30, 2011
- Sarah Skjolvsik – Store to Door
- Noya Woodrich – Greater Minneapolis Council of Churches
- Linda Loomis - Mayor, Golden Valley
Exhibit 5.1
Focus Group Dialogue
Summary

What top needs most impact the health and wellness of individuals and families in your local community?

- **Seniors** are especially impacted by issues of **transportation** and the potential for **isolation**. Dealing with loss of a spouse identified as having significant affect on both of these. Increasing numbers of elders with **memory and cognitive loss**. Not recognizing, treating and supporting early enough.

- **Mental Health** affecting all ages, but added emphasis around early childhood and youth mental health needs

- **Obesity** in all ages, but added emphasis for childhood obesity. Barriers to accessibility and affordability of **fresh healthy foods**, educational needs around how to prepare healthy meals, economic factors that limit **participation in activities**, increase in **screen time** for all ages, **stressful lives** and limited **free time** all mentioned as contributing factors.

- Resources in community are **not connected**, lack of **awareness** by service providers even of similar services within their own field. There is not the **communication and coordination** that could benefit the population.

- **Access and affordability** of health care. Access seems to be primarily limited by lack of insurance or high deductibles; however barriers to access can also be **transportation, educational and cultural.**

- **Affordability of medications** universally acknowledged as an issue. Burden of providing health insurance mentioned by employers.

- **Wellness** and wholeness were commonly expressed themes along with the importance of relationship they had with a primary care provider.

- Challenges to **culturally sensitive health care** including language, customs, lack of **diversity in provider group**, limited understanding of how the current health care system works. Concerns about isolation of members of new immigrant groups, by choice or external factors.

Other areas identified:
- Teen and Young Adult Drug and Alcohol Abuse
- Teen Pregnancy and Teen Parenting
- Smoking Cessation
What would it take to create the change needed to address these issues?

- More role models, both organizations and individuals
- Entire community taking responsibility to make changes
- Partnerships essential
- Collaboration
- Coordinate services
- Education for clients on how to use health care system
- Bring services closer to those in need. Use models like school-based clinics or house calls.
- Model of health care home to coordinate care
- Reach out to individuals who are isolated
- Increase incentives for collaboration in grant process not competition
- Find ways to increase access to fresh foods, but also teach how to prepare easy, tasty, nutritious meals with these ingredients.
- Use community channels for communication through cable, email, newspapers and Neighborhood Night Out.
- Work with clinicians to be more holistic in their care with patients.
- Leverage additional Community Health Workers to help with some needs.
- Work more closely with Faith Communities.
- Need better community resource lists and awareness for providers. Encourage providers to increase use of community resources in referring patients.
Exhibit 5.3
Focus Group Dialogue
Summary

What is the unique role of Park Nicollet Methodist Hospital in responding to these identified needs?

- **Convener and Connector** of the Community.
- Develop system to communicate, coordinate, connect or **broker** resources and services in a central location for internal (PNHS) and external (Community) professionals, families and individuals.
- **“Cloud”** technology for community connectivity
- Expand the **Health Care Home** model
- Employ staff with more **cultural diversity**
- Support initiatives for **foreign health professionals** to become licensed.
- Increase **cultural sensitivity** and awareness of all staff
- Better understanding of diverse communities
- **Expand the school-based clinic** model to other settings, i.e. retirement communities, recreational centers.
- Employ **Community Health Workers**
- Locate services **where people are**
- PNHS **Mobile health** unit. Bring services to us.
- Initiative to include **cognitive testing** as part of complete assessment for seniors, increase early identification of memory or cognitive impairment, treatment and support. Look at the domestic abuse model of increasing community awareness for the issue.
- Increase St. Mary’s, **respond to the need of the uninsured**
- **Awareness** messaging about Mental Health work with ad agency
- **Look internally** on how PN takes care of its own.
- **Invisible community of poverty**.
- Increase awareness that patients want to be treated as a **whole person**. Head and Heart, Together
Exhibit 6

County Public Health Experts

**Carver County Public Health**

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Exhibit 7

Other Identified Health Care Resources in PNHS Service Area

Allina HealthCare
2750 Park Ave
Minneapolis, MN 55407

Fairview Health Services
2313 S 6th St
Minneapolis, MN 55454

Health Partners
8170 33rd Ave S
Minneapolis, MN 55425

Healtheast Care System
1000 Lovell Avenue W.
Roseville, MN 55113

Hennepin County Medical Center
701 Park Avenue
Minneapolis, MN 55415

North Memorial Center and Clinics
3300 Oakdale Avenue N
Minneapolis, MN 55422

Ridgeview Medical Center
500 South Maple Street
Waconia, MN 55387

University of Minnesota Physicians
720 Washington SE #200
Minneapolis, MN 55414