Minnesota’s hospitals and health systems have a long history of providing a range of vital services for the communities they serve. Most often, we associate Minnesota’s hospitals and health systems with the nation-leading, high-quality health care services they provide to patients 24 hours a day, 7 days a week. Because almost all of our hospitals and health systems are nonprofits, either private charitable organizations or public entities, they also deliver a tremendous amount of community benefit activities that include free or discounted care for uninsured, under-insured or government-insured residents; community health services and initiatives; health education and wellness programs; and on and on.

As part of the Patient Protection and Affordable Care Act (ACA), the federal government required each charitable hospital to assess the health needs of its community, prioritize those needs, and describe how the hospital plans to address those needs in the years ahead. Almost all of Minnesota’s charitable hospitals and many of its public hospitals have completed these newly required community health needs assessments (CHNAs), which can be found on each hospital’s website or collectively at the Minnesota Hospital Association’s website: http://www.mnhospitals.org/policy-advocacy/priority-issues/community-benefit-activities/community-health-needs-assessment.

The Minnesota Hospital Association (MHA) began an analysis of our hospitals’ and health systems’ CHNAs to identify common themes or trends, find uncommon needs that two or more hospitals might intend to tackle without otherwise knowing about the other’s efforts, and raise awareness of both the unmet needs in our communities that demand highly effective and sustainable health care delivery systems as well as the ambitious undertakings that Minnesota’s hospitals and health systems are embarking upon to address those needs. That work began with the cataloging of the highest priority community health needs that hospitals and health systems identified and intend to address: http://www.mnhospitals.org/Portals/0/Documents/misc/HospitalandHealthSystemCommunityHealthNeeds.pdf.

This is the first report among what we expect will be a series of summaries, highlights, and analysis that stem from the large amount of information gathered by 84 hospitals and health systems throughout the state. As more hospitals complete their assessments, we will incorporate their data and conclusions. At this early stage, the information in this report focuses on broad, general themes and trends that have emerged from MHA’s review of the CHNAs of our members.

**Theme 1: Health Care and Health Needs are Local**

Although the data in Minnesota hospitals’ and health systems’ contain health needs, such as obesity and mental health, that cut across many communities throughout the state, perhaps the most prominent message contained within the data is the highly localized character of community health needs in Minnesota. As MHA attempted to catalog the findings contained in the CHNAs, it became clear that each local community had its own needs that defied a uniform, cookie-cutter description.

Although MHA grouped these needs into categories for the sake of our analysis, we emphasize the fact that there is tremendous diversity both across the dozens of categories we used as well as within each of those categories. For example, MHA used a category of mental health to note those communities that identified any number of mental health needs ranging from depression and suicide prevention, to social connectedness and mental health workforce shortages.
Another key observation is that each hospital and its community examined their health needs, engaged businesses and residents, and prioritized their findings in a manner that was unique. Consequently, each hospital and its community have a tailored assessment of the status of its population’s health needs, its own priorities among those needs, and its own strategies for addressing those needs in the years ahead. These CHNAs, therefore, emphasize the importance of avoiding one-size-fits-all approaches to the kinds of community benefit activities each charitable and public hospital undertakes to fulfill its community service mission for the communities and residents it serves.

Theme 2: Access to Care Remains a Challenge

Minnesota prides itself on the relatively small proportion of residents who lack health insurance. Long before the ACA, Minnesota recognized that health coverage was an important piece in providing residents meaningful access to life-saving care, as well as financially prudent primary and preventive care.

However, a community with a high proportion of its residents covered by health insurance is by no means assured of having access to needed care. Throughout Minnesota, hospitals and health systems heard from residents and businesses that identified access to care as one of the highest priority needs in their communities. This broad category of need includes those communities who struggle to recruit and retain sufficient numbers of primary care providers, who need certain specialists to deliver the kind of services their changing population needs, and who understand that keeping the care currently available in their area is one of their highest priorities.

Of the CHNAs analyzed at the time of this report 33 of 84 hospitals reported that increasing or maintaining access to health care is one of the greatest health needs in their communities, and another 15 hospitals specified the need for preventive and primary care services for their communities.

Theme 3: Obesity has Communities’ Attention

While the nation as a whole struggles with increasing rates of obesity, and the higher rates of a long list of health conditions that accompany the condition, Minnesota’s hospitals and health systems have identified this area as a priority. Of the 84 CHNAs reviewed, 57 listed obesity as one of their communities’ highest health care needs. Combine these numbers with other areas caused by or associated with obesity, such as 23 hospitals that described the need for wellness, nutrition, physical exercise and similar initiatives that seem aimed at obesity-reduction; 19 that identified diabetes; 12 that noted heart disease, high blood pressure and cholesterol; and 12 that described chronic disease prevention and management and it is apparent that obesity will receive significant attention from Minnesota’s hospitals and health systems.

Theme 4: Strained Mental Health System Leaves Unmet Needs

As demonstrated by the 45 out of 84 hospitals that identified mental health as one of their communities’ highest priorities, it is clear that the need for mental and behavioral health care is a challenge for communities of all sizes and in every corner of the state. In addition, 27 hospitals noted that alcohol, controlled substance or prescription medication abuse are high priority needs in their communities. Accordingly, Minnesota’s hospitals and health systems recognize that they will play a critical role in addressing the workforce, outpatient, inpatient, transportation and other system capacity issues that leave existing resources stretched and strained.