

Fall 2022

Caring for Our Community

Since 1969, Minnesota Community Care has been a safety-net health care provider for historically marginalized and underserved communities. Our mission “to strengthen the well-being of our community through health care for all” is inspired by a push for health equity and the fight for the fundamental human right of access to health care for all. That’s why we focus on understanding and addressing the incredibly complex and substantial barriers our communities face to leading health lives.

One of the best tools to foster this understanding is through our **Community Health Needs and Assets Assessment (CHNAA)**. It gives us an opportunity to hear from our patients and larger community about what they want to see in a community health center and is the cornerstone on which we develop our strategic priorities as an organization.

For this year’s report, we wanted to hear directly from our key populations in their own words so we can better understand how we can walk alongside them. With this focus, we specifically sought leadership, guidance, and feedback from the following 4 communities through surveys and community focus groups conducted in multiple languages:

1. **Those experiencing homelessness or housing insecurity**
2. **Those living in public housing**
3. **Those in school, particularly in St Paul Public High Schools**
4. **Those living in the south metro, including Farmington, Burnsville and Apple Valley**

Minnesota Community Care identified these communities as they were not specifically examined in the last CHNAA, they have experienced some of the most instability during the COVID19 pandemic, and they are communities where we want to enhance our care. Additional secondary analysis using population health data sources were also performed to give an overview of our larger service area (the geographic area where 75% of our patients live).

Across these 4 key populations, there were four common themes that emerged:

1. **Our communities define health in a holistic and comprehensive way.** They incorporated their physical, mental, financial, environmental, and spiritual health and the support of those around them. This ranged from the appointments that they attend to their daily habits of self-care and meeting basic needs such as food and housing.
2. **Our communities want connections to other services in the community.** They want access to grocery stores, collaboration with schools, connection to affordable medications, options for housings and directions to community centers
3. **Our communities want enhanced access to behavioral health services.** They want behavioral health care that is flexible, easy to access and where our communities live, learn, work and play. They want care that considers culture, ethnicity and lived experiences of the communities being served.
4. **Our communities want care provider who listen to them and understand their unique experience.** They want care that sees them as the individual that they are and to receive services that is customized for their needs.

Here are a few of our key findings from the larger service area:

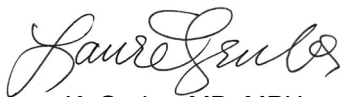
- We added 4 new zip codes from the previous CHNAA
- Our service area has higher rates of poverty and low-income families than across the state – and within our service area there are numbers that triple the state average

- 38% of our service area identifies as a racial or ethnic minority, ranging from 19% to almost 80% in different zip codes
- Notably 73% of our service area has Medicare and private insurance, different than what we see in our clinics
- While in the south metro there are lower rates of families with Medicaid, there also are fewer clinics that accept Medicaid, and no FQHCs
- 33% of people in our service area unemployed (Highest in Rondo/North End 41.5%) and 10.0% have less than high school education (MN average is 6.9%)
- While our service area has a lower-than-average age adjusted mortality (meaning less people die per the population size when compared to the state) – it reflects a great disparity within our own communities. The Rondo/North End/Frogtown zip code has an age adjusted mortality 159 HIGHER (over 30% higher) than that in South St Paul. Apple Valley and Burnsville are around 550/100000, dramatically lower than the state average
- Our service area has higher rates of babies born a low birthweight, with hot spots centered in the metro area
- Diabetes is a key concern for much of our service area, with rates as high as 13% in some of our zip codes (and as low at 7% in others)
- Obesity rates in our service area range from 28-36%
- Our service area as a whole sees less excessive alcohol use than the state average
- Smoking rates are as high as 25% in some areas, and as low as 12.7% in others
- In St. Paul, the prevalence of depression in 2019 was 24% in those ages 18+
- In 2019, 45.9% of 9th graders in Ramsey County reported feelings of depression in past 2 weeks; 16.4% had seriously considered attempting suicide
- 26.6% of our total service area have no regular access to primary care
- 25.5% of our service area have high blood pressure
- 29.8% of our total service area have had no dental visits in the past year

While this data helps us identify hot spots and hints at different patterns, it doesn't help us understand the "why" or what do we as a clinic need to do differently, nor does it help us understand the people in the neighborhoods and how they want to receive health care. The findings from the focus groups and surveys give us this greater depth.

I invite you to take a closer look at our report to learn more about the communities we serve. My gratitude to Cindy Kaigama, Der Moua, Fabio Espinosa, Ruben Vazquez and the CHNAA Action Committee that brought this work together – I could not have been more honored than to work alongside this team!

Sincerely,



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Minnesota Community Care