

APPENDIX F. ASSESSMENT ALIGNMENT

Purpose

In planning for this assessment, the Healthy Minnesota Partnership and Minnesota Department of Health (MDH) leadership identified a goal for the next statewide health assessment of aligning local community health assessments and the statewide health assessment.

As a result, Partnership staff reviewed two kinds of local assessments for topic alignment with the statewide assessment: community health assessments and community health needs assessments.⁵⁵

In addition, Partnership staff convened for this assessment a subcommittee of local public health, health plan, and health care professionals to discuss what alignment could look like between state and local assessments.

Methods

Community health assessments

The MDH public health practice center maintains a list of community health priorities, reported by Minnesota's 51 community health boards during their own community health assessment and improvement planning processes. MDH last collected these self-reported priorities in 2020, reflecting the community health board's most recent community health assessment and community health improvement plan at the time. Partnership staff used this information to construct the first table in this appendix.

Community health needs assessments

In fall 2022, MDH staff reviewed a sample of 26 community health needs assessments from a variety of nonprofit hospitals in Minnesota. This review looked at a variety of information presented in these community health needs assessments, including their key health priorities. These identified priorities were then used to construct the second table in this appendix.

Assessment alignment subcommittee

In spring 2023, a group of local assessment professionals met three times to discuss alignment between local and the state health assessment. This group included local public health staff, and hospital or health plan staff familiar with or responsible for conducting their health assessments. Partnership staff recruited participants from the Healthy Minnesota Partnership.

During these meetings, members discussed approaches and content for their local assessment work and the benefits and drawbacks of aligning local assessments with the statewide health assessment.

⁵⁵ All Minnesota community health boards are required to participate in assessment and planning to determine local public health priorities and focus local resources on the greatest community and organizational needs. A community health assessment (sometimes called a CHA), also known as community health needs assessment (sometimes called a CHNA), refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

Health priorities across local health assessments

The following tables show the priority areas identified most often by local community health assessments and community health needs assessments. Partnership staff compared statewide health assessment topics with local priorities across the state and focused on conditions or systems-level indicators over individual indicators like health behaviors and health outcomes.

Table 28: Community health assessments and community health improvement plans reviewed (reported in 2020)

Key priority area	Number of community health boards	Example indicators (local-level data source ^{tt})
Mental health	42	Adult mental health services (Minnesota Department of Human Services Adult Mental Health Dashboard) Adult poor mental health (PLACES, Centers for Disease Control and Prevention Map) Youth with mental health, behavioral, or emotional problems (Minnesota Department of Education Student Survey Tables)
Economic stability	27	Cost of living (Minnesota Department of Employment and Economic Development Cost of Living in Minnesota Dashboard) Households paying 30% or more of income for Housing (Minnesota Compass – Cost-burdened households dashboard) Income (U.S. Census Bureau Census Reporter) Income inequality (U.S. Census Bureau Income Inequality Index)
Substance use (general)	26	Substance use in Minnesota (Substance use in Minnesota Reports) Drug overdose (MDH Substance Use and Overdose County Profiles)
Neighborhood and built environment	23	Youth who feel safe in their neighborhood (Minnesota Department of Education Student Survey Tables) Park access (National Environmental Public Health Tracking Network, Centers for Disease Control and Prevention)
Obesity	20	Adult obesity (PLACES, Centers for Disease Control and Prevention Map) Youth overweight and obese (Minnesota Department of Education Student Survey Tables) Children in WIC who are overweight or obese (Minnesota WIC Health Indicators)
Access to health care services	18	Health insurance coverage (U.S. Census Bureau, Small Area Health Insurance Estimates) Healthcare Workforce (Health Resources and Services Administration (HRSA)) Rural Health Atlas (Center for Rural Policy and Development) <i>Provider: Patient ratios</i>
Physical activity	16	Adult physical inactivity (PLACES, Centers for Disease Control and Prevention Map) Youth physical activity (Minnesota Department of Education Student Survey Tables)

^{tt} A list of these indicators (and others) is available online: [County-Level Health Indicators \(www.health.mn.gov/communities/practice/assessplan/lph/countyindicators.html\)](http://www.health.mn.gov/communities/practice/assessplan/lph/countyindicators.html)

Table 29: Community health needs assessments reviewed (spanning years 2020-2024)

Note: This list is not representative of all priority issues identified by all community health needs assessments across the state. This is a list of priority areas identified most often in samples reviewed.

Key priority area	Number of community health boards	Example indicators (local-level data source ^{uu})
Mental health	26	Adult mental health services (Minnesota Department of Human Services Adult Mental Health Dashboard) Adult poor mental health (PLACES, Centers for Disease Control and Prevention Map) Youth with mental health, behavioral, or emotional problems (Minnesota Department of Education Student Survey Tables)
Substance use (general)	16	Substance use in Minnesota (Substance use in Minnesota Reports) Drug overdose (MDH Substance Use and Overdose County Profiles)
Obesity	14	Adult obesity (PLACES, Centers for Disease Control and Prevention) Youth overweight and obese (Minnesota Department of Education Student Survey Tables) Children in WIC who are overweight or obese (Minnesota WIC Health Indicators)
Access to specialty services	14	Inadequate prenatal care (Minnesota County Health Tables, Minnesota Department of Health) Adult dental care (PLACES, Centers for Disease Control and Prevention) <i>Access and availability of allergy/immunology, cardiology, dermatology, ear/nose/throat (ENT), infectious disease, neurology, obstetrics and gynecology (OB/GYN), oncology, optometry/ophthalmology, orthopedics services and more.</i>
Physical activity and nutrition	11	Adult physical inactivity (PLACES, Centers for Disease Control and Prevention) Youth physical activity (Minnesota Department of Education Student Survey Tables) Supplemental Nutrition Assistance Program (Minnesota Department of Human Services) Youth fruit consumption (Minnesota Department of Education Student Survey Tables) Youth vegetable consumption (Minnesota Department of Education Student Survey Tables)
Food security and access	10	<i>Proximity to grocery store(s)</i> <i>Proximity to food deserts</i> <i>Community gardens</i>
Social connectedness	8	Social vulnerability index (Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry) <i>Social isolation</i> <i>Loneliness</i>

^{uu} A list of these indicators (and others) is available online: [County-Level Health Indicators \(www.health.mn.gov/communities/practice/assessplan/lph/countyindicators.html\)](http://www.health.mn.gov/communities/practice/assessplan/lph/countyindicators.html)

Takeaways and next steps

As Partnership staff reviewed local assessments and the assessment alignment subcommittee met, a number of themes emerged:

Does alignment refer to process or content?

Approaches to local health assessments differ from the process Partnership staff used to develop the statewide health assessment. From subcommittee discussions and review of the local assessments above, local assessments rely on more primary data collection methods (e.g., surveys, focus groups, etc.) to assess the health in their areas. This statewide health assessment strived to increase community engagement activities but relied on existing data to summarize health conditions across the state.

For content, subcommittee members shared examples of how their local assessments aligned with past statewide assessments by focusing on conditions for health and using the same sections (people, opportunity, nature, and belonging) to organize information.

For process, subcommittee members wanted to know how community engagement happens across the state and who might be missed. Appendix B. Community engagement inventory has more information on a community engagement inventory completed for this assessment.

How can local staff have greater support in identifying county or local data for their assessments?

Subcommittee members discussed the need and desire for more local data within the statewide health assessment. However, the statewide health assessment is not intended to be a data book and the data (focused on conditions for health and systems-level data) may not be available at the local level.

MDH maintains a [list of county-level health indicators online \(www.health.mn.gov/communities/practice/assessplan/lph/countyindicators.html\)](http://www.health.mn.gov/communities/practice/assessplan/lph/countyindicators.html) and can offer technical assistance to local public health departments and community health boards to identify county or local data for their assessments. Additionally in this assessment, Partnership staff have identified existing data dashboards where readers can further explore disaggregated data.

How can local staff have greater support to focus assessment processes on social determinants of health rather than individual health outcomes?

As seen in the table above, local assessments often identify individual health outcomes and behaviors as priority areas (the nonhighlighted rows and example indicators) across the state. These priority areas reflect the needs of local communities, and the statewide health assessment could be a tool for identifying the upstream contributing factors to these issues.