2020–2022

Community Health Needs Assessment and Implementation Plan

Allina Health

NEW ULM MEDICAL CENTER

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INTRODUCTION

New Ulm Medical Center (NUMC) is part of Allina Health, a nonprofit health system of clinics, hospitals and other health and wellness services, providing care throughout Minnesota and western Wisconsin. As part of its mission to serve communities, Allina Health and its hospitals conduct a Community Health Needs Assessment (CHNA) every three years. This process includes systematically identifying and analyzing community health priorities and creating a plan for addressing them through systemwide and hospital-specific strategies, resources and partnerships.

The CHNA process is conducted in partnership with local public health departments, other hospitals and health systems, community organizations and residents. The Patient Protection and Affordable Care Act of 2010 requires 501(c)(3) nonprofit hospitals to conduct an assessment at least every three years. The Internal Revenue Service provides guidelines for meeting this obligation.

Through the CHNA process, Allina Health aims to:

- Understand the health status and priorities of communities as defined by community members and the most recent health and demographic data.
- Elicit perspectives on factors that impede health and ideas for improving it from organizations, institutions and community members—especially people from historically underserved racial, ethnic and cultural communities and others who experience health inequity.
- Identify community resources and organizations that Allina Health can partner with and support to improve health in its communities.
- Create an implementation plan outlining strategies, activities and contributions that Allina Health and its hospitals will pursue to improve community health.

The purpose of this report is to share results from the current assessment of health needs in the community served by NUMC and the implementation plan to address them between 2020 and 2022. This report also highlights the hospital's 2017–2019 activities to address needs identified in the 2016 assessment.

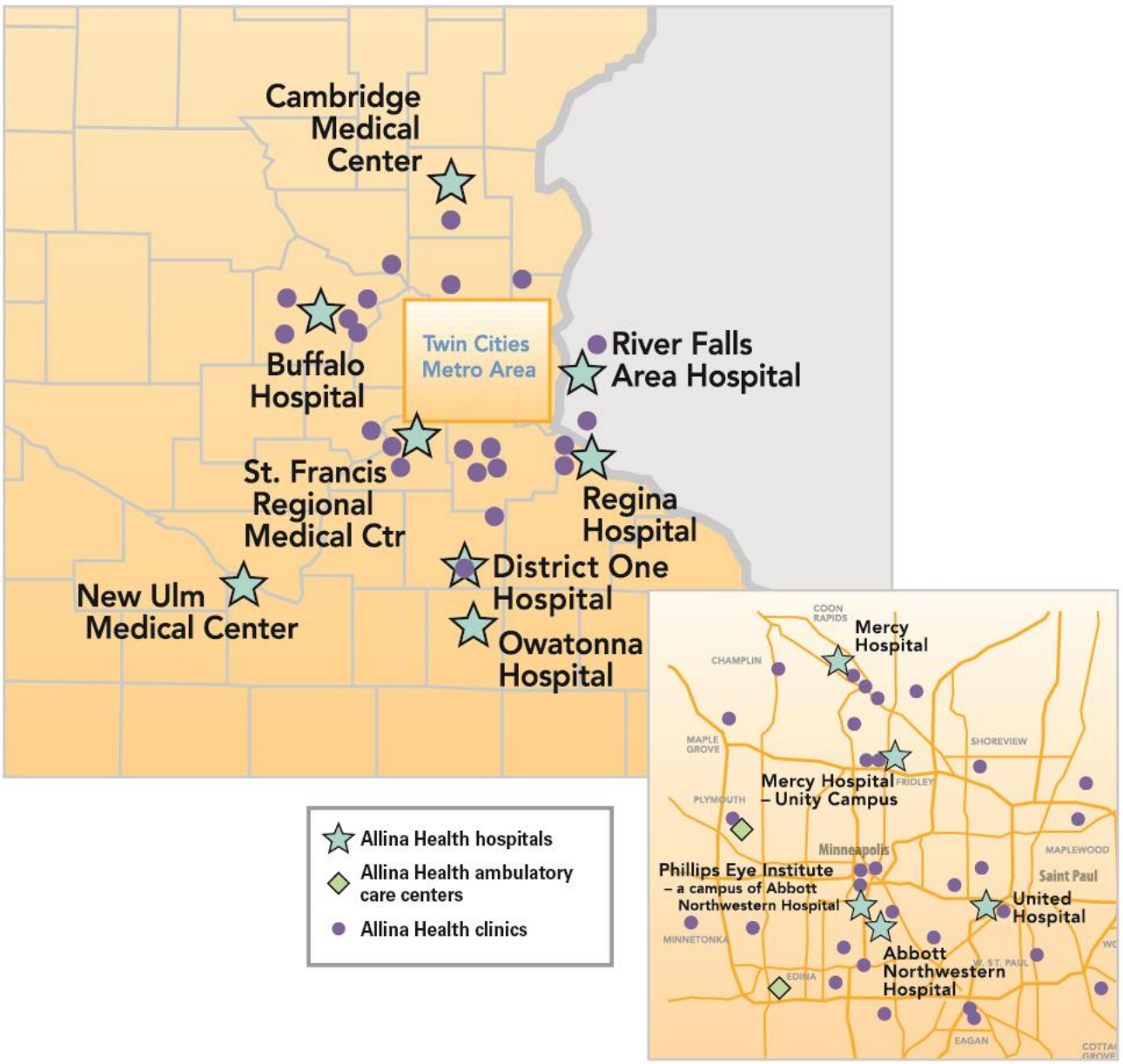
ALLINA HEALTH DESCRIPTION

Allina Health is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. A nonprofit health care system, Allina Health cares for patients from beginning to end-of-life through its 90+ clinics, 11 hospitals, 13 retail pharmacies, specialty care centers and specialty medical services that provide home care, senior transitions, hospice care, home oxygen and medical equipment and emergency medical transportation services.

MISSION

The mission of Allina Health is to serve our communities by providing exceptional care as we prevent illness, restore health and provide comfort to all who entrust us with their care.

ALLINA HEALTH SERVICE AREA



HOSPITAL DESCRIPTION AND SERVICE AREA

New Ulm Medical Center (NUMC) is a nonprofit hospital and clinic serving the region in and around Brown County in south central Minnesota.

The hospital operates 45 inpatients beds and offers an extensive range of care options with over 30 affiliated physicians and a full complement of visiting specialists. NUMC is an integrated health care organization and the result of a 1996 merger between Sioux Valley Hospital and the New Ulm Medical Clinic. This integration culminated many years of close cooperation between the two facilities. Today, primary care services are provided to residents in a 25-mile radius of New Ulm, including the communities of Sleepy Eye, Searles, Courtland, Nicollet, Klossner, Lafayette, Hanska and Winthrop. Many patients drive 60 to 80 miles to receive specialty services such as orthopedics, general surgery, obstetrics and gynecology, psychiatry and pediatrics. Annually, 25,000 patients rely on NUMC's health services.

NUMC also has a long history of working to improve health in the community it serves through both charitable giving by the New Ulm Medical Center Foundation and programs that address community health needs.

COMMUNITY DEMOGRAPHICS

NUMC's CHNA focused on Brown County, a 618-square mile area located in southern Minnesota. According to the U.S. Census Bureau, a total of 25,243 residents live in the county. The area's population density, estimated at 40.8 persons per square mile, is less than the national average. The median age in Brown County is 42.5 years. Approximately 22 percent of the total population is under age 18 and 20 percent is age 65 years or older. Approximately 5 percent of area residents are people of color—primarily Hispanic or Latino (4.1 percent), Asian (0.7 percent) or Black (0.3 percent). In 2017, 2.2 percent of residents were foreign born and 1.6 percent had limited English proficiency. The median household income was $55,764 with 8.1 percent of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, 2013–2017 American Community Survey 5-Year Estimates).

Brown County residents face many of the same health concerns that are common across the United States. For example, Feeding America estimates 2,020 people in the county (8 percent) experienced food insecurity in 2017. Additionally, many residents struggle to access health care. Although more people are insured than in the past, at least 4 percent of people are uninsured. Further, the region has a 500:1 ratio of residents to mental health providers compared with Minnesota's overall mental health provider ratio of 430:1. Approximately 32 percent of area adults are obese and 12 percent report poor general health (County Health Rankings, 2019). Additional information about Brown County can be found online at Minnesota Compass.

EVALUATION OF 2017–2019 IMPLEMENTATION PLAN

In its 2017–2019 Community Health Needs Assessment and Implementation Plan, New Ulm Medical Center adopted healthy eating/physical activity, mental health and substance use as its health priorities. It addressed these priorities between 2017 and 2019 through local and systemwide activities. Because obesity and mental health were identified as priorities for the entire service area, Allina Health also adopted them as 2017–2019 systemwide priorities.

SYSTEMWIDE ACTIVITIES

Allina Health provided each of its hospitals with resources to address obesity and mental health through the following strategies:

Change to Chill

Change to Chill™ (CTC) is a free, online resource that provides stress reduction tips, life balance techniques and health education services for teens. More than 30,000 unique users including teachers, teens and parents visit the CTC website each year.

In 2017 and 2018, Allina Health delivered an in-person model of CTC, reaching more than 2,300 students in high schools, middle schools and alternative learning centers across its service area. A pre/post participant survey showed an increase in students' knowledge of and ability to use healthy coping techniques. Additionally, in 2018, nearly 300 school and community professionals participated in a train-the-trainer model aimed at equipping community members to engage with teens, parents and guardians using the CTC program and materials.

To support a culture of mental well-being in local high schools, Allina Health launched the Change to Chill School Partnership (CTCSP) during the 2018–2019 school year. At nine high schools, CTCSP reached more than 10,000 students through focus groups, peer mentoring and a designated space called "Chill Zone" to practice self-care. Staff training and messages for parents were also provided. NUMC supported New Ulm High School, reaching 640 students and providing training to four staff. Initial systemwide evaluation results demonstrate that students who participated in components of Change to Chill™ showed increased confidence in their ability to cope with stress. In the 2019–2020 school year, Allina Health will provide technical support and funding to 16 high schools and 34 CTC student interns, as well as ongoing financial support to its previous CTCSP schools.

Be the Change

In 2016, Allina Health launched Be the Change, a six-month, internal campaign to eliminate stigma around mental health conditions and addiction and to ensure that all patients receive consistent, exceptional care. More than 500 Allina Health employees volunteered to serve as Be the Change champions, providing presentations and events to 18,140 of their colleagues (approximately two-thirds of all Allina Health employees). Employee surveys reveal that the campaign improved employees' perception of Allina Health's support of people with mental health or addiction conditions, their comfort interacting with people with mental health or addiction conditions and their knowledge of mental health resources. Between 2017 and 2019, Allina Health continued supporting Be the Change champions with ongoing communication and educational opportunities.

Neighborhood Health Connection

Neighborhood Health Connection™ (NHC) is a community grants program that aims to improve health by building social connections through healthy eating and physical activity. Each year, Allina Health awards over 50 Neighborhood Health Connection grants (ranging from $500 to $10,000) to local nonprofits and government agencies in Minnesota and western Wisconsin. Between 2017 and 2018, NHC-funded organizations reached 2,831 and 3,467 participants, respectively, with similar reach expected in 2019. Evaluations of the NHC program found that most participants increased their social connections, made positive changes in

physical activity and healthy eating and maintained these changes for at least six months. New Ulm awarded $59,200 in NHC grants to 17 local organizations from 2017–2019 in its region.

Health Powered Kids

Health Powered Kids™ (HPK) is a free community education program featuring 60+ lessons and activities designed to empower children ages three to 14 years to make healthier choices about eating, exercise, keeping clean and managing stress. Between 2017 and 2018, Allina Health added 16 lessons, mostly focused on mental well-being (e.g., Gratitude: Overlooked Blessings), and more than 100,000 people visited the website. In a 2017 user survey, 90 percent of respondents rated HPK as "helpful" to "essential" in improving health at their home, school or organization.

Healthy Food Initiative

To address food insecurity, Allina Health launched a healthy food initiative in 2017 to ensure all people in its communities have access to healthy, fresh and affordable food. Through charitable contributions, Allina Health contributed more than $400,000 to healthy eating initiatives across its service area between 2017 and 2018, including $6,000 in NUMC's region. Additionally, through three annual "Give Healthy Food Drive" events, Allina Health employees collected 28,348 pounds of food that were distributed to 250 food shelves. In 2018 and 2019, Allina Health also offered coupons to Fare for All, a program of The Food Group, to community members at 52 clinics. Fare for All offers fresh produce and frozen meats at a low cost. Through this partnership, residents purchased nearly 1,200 boxes of healthy food.

Accountable Health Communities model

Because social conditions, such as food and housing instability, inhibit access to care and contribute to mental health conditions, obesity and chronic diseases, Allina Health implemented the Accountable Health Communities (AHC) model through a cooperative agreement with the Centers for Medicare & Medicaid Services. In this model, care teams in 78 Allina Health sites screen patients with Medicare and/or Medicaid insurance for five health-related social needs: housing instability; food insecurity; transportation barriers; difficulty paying for heat, electricity or other utilities; and concerns about interpersonal violence. When patients identify needs, the care team provides a list of community resources tailored to their needs. Some high-risk patients receive assistance navigating the resources. From June 2018 through June 2019, more than 97,000 patients completed an AHC screening with 22 percent identifying at least one need. The most frequently identified needs were food insecurity and housing instability, identified by 60 percent and 47 percent of patients with needs, respectively.

LOCAL NEW ULM HOSPITAL ACTIVITIES

The Heart of New Ulm (HONU) started as a collaborative partnership between the community of New Ulm, Allina Health/New Ulm Medical Center and the Minneapolis Heart Institute Foundation. Since 2009, the entire community has been working together to reduce heart attacks and support a culture of wellness in New Ulm. HONU is now a community-owned initiative that includes a 12-member Community Leadership Team and more than 80 community volunteers who serve on 10 action teams. NUMC implemented its 2017–2019 CHNA Implementation Plan in partnership with HONU.

Goal 1: Support educational programs, activities and policies that help individuals increase access to physical activity and healthful foods.

NUMC pursued strategies for residents, worksites and the whole community. For example, 30 seniors participated in Stepping On, a falls prevention program offered by NUMC and the community center. The hospital also promoted community and school gardens. For worksites, it provided quarterly workplace wellness trainings on topics such as healthy food in worksites and financial returns of employee wellness programs. In 2017 and 2018,

160 participants from 43 different worksites attended these programs.

The HONU Leadership team successfully advocated for the Park and Recreation Commission's 100 Percent Healthy Vending policy that went into effect in 2018. NUMC representatives also participated in the Regional Transit Coordination Council to address residents' transportation needs.

Goal 2: Reduce the burden of mental health by reducing stigma, improving early identification and offering resiliency programming focused on mental health conditions.

In addition to promoting Change to Chill™ at local schools, NUMC integrated Make It Ok anti-stigma information into annual occupational health newsletters that were sent to 165 area industries. The Brown County Local Advisory Council on Mental Health offered quarterly brown bag luncheons on mental health topics in community settings, and HONU conducted a social media campaign aimed at raising awareness about mental health. The hospital also offered monthly support groups for people living with chronic pain.

In 2018, the hospital and HONU launched Health through Happiness, a countywide program that promotes healthy practices. The team has been sharing three simple actions to improve resiliency in the community: three good things, gratitude and random acts of kindness. This work was done through journaling, gratitude letters, gratitude walls and various random acts of kindness at worksites, civic groups and schools.

Goal 3: Support educational programs, activities and policies that increase awareness of addiction and use of legal and illegal substances.

As part of the Underage Substance Abuse Coalition, NUMC helped advocate for an expanded smoke-free zone at the Brown County Fair that went into effect in 2018. To promote other smoke-free environments, NUMC distributed the American Lung Association's Tobacco Free Worksite Toolkit to nine employers including Harvest Land, United Farmers Co-op and NU Telecom.

2018–2019 CHNA PROCESS AND TIMELINE

NUMC collaborated with local public health to complete its CHNA. The group used the Mobilizing for Action through Planning and Partnerships (MAPP) model, a community-driven strategic planning process for improving community health. The model has six phases: Organizing, Visioning, The Four Assessments, Identifying Strategic Issues, Formulating Goals and Strategies and the Action Cycle. For the purposes of this report, the phases are condensed to data review and prioritization, community input and implementation plan. The process is cyclical, with each phase informing the next and each assessment's results considered in light of the others. It is an interactive process that can improve the efficiency, effectiveness and performance of local public health systems and health care institutions. Community members' participation is essential to the MAPP process.

New Ulm leadership received and approved the hospital plan. Allina Health Board of Directors gave final approval.

TIMING	STEPS
March–June 2018	**ORGANIZING and VISIONING** Staff establish initial assessment plans, compile learnings from local assessments, identify stakeholder groups for each hospital and share results from current implementation strategy, as appropriate.
July–October 2018	**DATA REVIEW and PRIORITIZATION** Data review teams are convened, using locally available data and working closely with public health. Teams prioritize issues using locally agreed upon criteria.
October 2018	**DESIGN COMMUNITY INPUT** Local teams identify specific methods and audiences for community input on the priorities and strategies for action.
November 2018–March 2019	**GATHER COMMUNITY INPUT and DEVELOP IMPLEMENTATION PLAN** Dialogue with community stakeholders to solicit action and implementation ideas related to priority areas. Local teams develop action plan, metrics and resource inventory. Learnings are shared systemwide to identify commonalities and develop Allina Health systemwide action plan.
April–October 2019	**PREPARE REPORTS and SEEK INTERNAL SUPPORT/APPROVAL** Share results and action plans with key stakeholders systemwide.
December 2019	**SEEK FINAL APPROVAL** Staff present to Allina Health Board of Directors for Final approval.

DATA REVIEW AND ISSUE PRIORITIZATION

NUMC completed its CHNA with Brown County Public Health. Together, these entities participated in a Mobilizing for Action through Planning and Partnerships (MAPP) Committee. The MAPP visioning session included eight community members and 23 representatives from:

- Beacon and Sleepy Eye Schools
- Brown County Health and Human Services
- Brown County Public Health
- Greater Minnesota
- Heart of New Ulm Project
- ISD 88
- Mayo Health
- New Ulm Medical Center
- New Ulm Police Department
- Sioux Trails
- Sleepy Eye Medical Center
- St. John's Lutheran Church and School
- Tauer Grocery Store
- Underage Substance Abuse Coalition
- United Way of Brown County

The MAPP Committee created a shared vision for health in the Brown County community: "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." Next, participants reviewed state and local data available for Brown County such as the Minnesota Student Survey, the 2016 Brown County Community Health Survey, the New Ulm Housing Study and secondary public health data available through the Minnesota Department of Health's Center for Health Statistics (MCHS) website. These data included demographics, social and economic factors, health behaviors, prevalence of health conditions and health care access. In addition, they reviewed select Allina Health patient data chosen based on priorities defined by the Center for Community Health and Allina Health equity priorities:

- Patient data by county of residence: demographic data (including race, ethnicity, language, age and insurance type), health-related social needs and select conditions
- Top three reasons for emergency room visits
- Tobacco use among adults and youth
- Rates of overweight and obesity
- Colorectal cancer screening rates

PRIORITIZATION PROCESS

To prioritize the health issues, the group first used the Hanlon Method for Health Issue Prioritization, which includes ranking health priorities based on three primary criteria: size of the problem and projection of future trends; seriousness of the problem including health burdens within the population; and effectiveness and feasibility of interventions. To further refine the list, they rated the health issues on feasibility factors using the PEARL test: propriety of programs, economic implications of addressing (or not) the problem, acceptability of programs among community, resources available to implement and legality.

FINAL PRIORITIES

Through this process, the committee selected three health issues for Brown County:

- Obesity, including healthy eating and active living
- Substance use, including tobacco use
- Mental health

NEEDS NOT ADDRESSED IN THE CHNA

The group identified other health issues, which were not included among the top three priorities. Many will be addressed via identified strategies. For example, student safety in schools and stress among youth will be addressed through mental health strategies. High rates of cancer can be partially addressed through obesity strategies. E-cigarette use will be incorporated into the substance use priority. The group also identified unsafe driving practices, decreasing rates of prenatal care and the cost of oral health as important issues, but agreed that other organizations would be more effective in addressing them.

COMMUNITY INPUT

Once stakeholders identified top priority health issues, NUMC solicited feedback from additional stakeholders and community members to learn their perspectives on the priorities and their ideas for addressing them. NUMC hosted two dialogues in October 2018 attended by 32 community members representing:

- Brown County
- Brown County Board of Commissioners
- Brown County Probation
- Early Childhood Family Education (ECFE) New Ulm Community Education
- Eunoia (counseling services)
- Firmenich
- First United Methodist Church
- Healthy Communities Healthy Youth
- Heart of New Ulm
- Hy-Vee Grocery
- Martin Luther College
- New Ulm Chamber of Commerce
- New Ulm City Council
- New Ulm Medical Center
- New Ulm Park and Rec
- New Ulm Public Schools
- New Ulm Police
- New Ulm Senior Center
- New Ulm Wellness Collective
- Oak Hills Senior Living
- Pro Kinship for Kids (youth mentoring)
- Sioux Trails
- Sleepy Eye Medical Center
- Sleepy Eye Schools
- United Way

At the community input sessions, NUMC shared data about the priority health issues and posed questions related to them:

- What resources and activities currently exist to address this issue?
- Who supports this issue and how much?
- What are potential barriers to addressing this issue?
- What goals and strategies could be pursued for each issue?

COMMUNITY INPUT RESULTS

Obesity, including healthy eating and active living

Challenges

Participants shared that winter weather, busy schedules, lack of child care and transportation and cost are barriers to physical activity. These factors, the low cost and easy availability of fast food and lack of cooking skills negatively impact residents' ability to eat healthy.

Existing resources

When asked about existing resources in Brown County to help people maintain healthy weight, participants listed amenities such as walking trails, swimming pools, fitness centers and programs like WIC, food shelves, nutrition education and fitness programs. They also described a range of support for healthy amenities among schools, businesses, local government, faith-based organizations, social service agencies, parents and community initiatives such as the HONU, Statewide Health Improvement Partnership (SHIP) and Springfield Community Wellness Committee.

Ideas and opportunities

To increase healthy eating, participants suggested more education on nutrition and healthy cooking in venues that people visit such as WIC and food shelves. They also recommended more options for food shopping, including online sales and home-delivered meal boxes. Their policy ideas included a tax on sugar-sweetened beverages, mandatory PE in schools, limiting fast food and grocery drive-through services and allowing food sampling at food shelves. To increase physical activity, they suggested a Safe Routes to School programs with a school coordinator, a bike share program, trail connectivity, childcare in fitness centers, pedestrian crosswalk improvements and road design changes to increase walking.

Substance use, including tobacco

Challenges

Participants cited negative role models and a drug culture on social media as factors that contribute to substance use. They also said youth receive too little

education on this topic. Specific to alcohol, participants cited social norms that promote alcohol use at community events and family and friends' gatherings. The easy availability and concealability of e-cigarettes and the potential legalization of marijuana were also concerning. Participants also indicated there is a shortage of treatment services and licensed alcohol drug abuse counselors in the community.

Existing resources

Participants described broad support among all sectors of the community for preventing and treating substance use disorders. Specific organizations in the community include two treatment centers, sober houses, a taxi cab service and the Minnesota Toward Zero Deaths program. Teen Court and Drug Court were also cited as helpful entities. Additionally, the county fairgrounds and other venues have passed policies that limit or ban tobacco use.

Ideas and opportunities

Community members indicated that educational sessions and mass media could increase people's awareness of the signs of substance use disorders and community resources that can help. Specifically, they suggested more community education about drunk driving, health concerns of e-cigarettes and interactions between substances. People also suggested limiting alcohol-related promotions at community events and developing apps to make it easier for people to access sober rides.

Mental health

Challenges

Stakeholders described shortages of foster care homes, mental health providers, placement options for children needing mental health services and inpatient beds as challenges to meeting the community's mental health needs. In addition, they shared that available resources are concentrated in New Ulm and transportation is a barrier for many people living in other parts of the county. Other access-related issues, such as cost and stigma, were also listed as barriers.

Existing resources

Participants shared that mental health is addressed through schools, worksites, faith-based institutions, public health and the HONU's countywide Mental Health and Wellness Action Team. They also cited specific organizations such as NUMAS, Crisis Nursery, Change to Chill™ in the schools and the Make It Ok community campaign to address stigma associated with mental health.

Ideas and opportunities

Strategies for improving mental health services can be categorized into improving access and increasing education. Participants suggested increasing the availability of foster care options, treatment centers and larger inpatient units for children and adults. They also recommended expanding community training and education on bullying, resiliency, adverse childhood events (ACEs) and Question, Persuade, Refer (QPR) training for suicide prevention. Participants also suggested addressing social isolation through partnerships with senior living facilities and strategies to help farmers manage stress.

2020–2022 IMPLEMENTATION PLAN

After confirming its top three priorities with the community and gathering ideas for action, NUMC's final phase of the CHNA process was to develop an implementation plan that includes goals, strategies, activities and indicators of progress.

As part of this final phase, NUMC staff met in February and April 2019 with leaders from each of Allina Health's nine community engagement regions to discuss the results of each hospital's data review, prioritization and community input processes. Together, they identified mental health (including substance use) and obesity caused by physical inactivity and poor nutrition as priority needs in all or most geographies. They also identified social determinants of health, particularly access to healthy food and stable housing, as key factors contributing to health.

Based on this process, Allina Health will pursue the following systemwide priorities in 2020–2022:

- Mental health and substance use
- Social determinants of health
- Healthy eating and active living

By developing systemwide initiatives to address these priorities, Allina Health ensures efficient use of resources across its service area, and provides hospitals with programs they can adapt to meet their community's unique needs.

NUMC's implementation plan incorporates both systemwide plans and local strategies and activities. It integrates community input, strategies whose impact has been proven (i.e., evidence-based strategies) and innovative ideas with potential for addressing the priorities. The plan reflects programs and services available through other organizations in the community, NUMC's available resources and Allina Health's systemwide contributions.

PRIORITY 1: MENTAL HEALTH

Goal 1: Increase resilience and healthy coping in communities.

Strategies

- Increase resilience among adults and school-age youth.
- Reduce barriers to mental wellness for adolescents.
- Support grassroots, community-based efforts around resilience, including social connectedness.

Activities

- Enhance the mental health and wellness programming of Health Powered Kids™ and promote the program to Brown County schools.
- Offer Change to Chill™ programming in at least one high school every year, and continue to support current Change to Chill™ schools as requested.
- Offer ACES and QPR training in the community.
- Support grassroots community-based efforts around resilience, including social connectedness.
- Maintain a community Mental Health and Wellness Action team comprised of NUMC and community experts and leaders.

Goal 2: Reduce barriers to mental health and substance use services.

Strategies

- Decrease stigma associated with seeking help for mental health and substance use conditions, with a particular focus on the experiences of racial and ethnic minorities and other historically underserved communities.
- Increase access to mental health services.

Activities

- Enhance mental health and substance use stigma elimination programming in the Change to Chill program, with a particular

focus on the experiences of racial and ethnic minorities and other historically underserved communities.
- Create an online mental health resource directory.
- Promote stigma elimination education and messaging, particularly in May and October mental health awareness months.
- Advocate for policies to increase the number of mental health services and improve access to them.

Community partners
Statewide Health Improvement Partnership (SHIP), National Alliance on Mental Illness, ECFE, Community and Seniors (CAST), day cares, food shelves, Park and Recreation Commission, Brown County Public Health and schools.

PRIORITY 2: OBESITY, INCLUDING HEALTHY EATING AND ACTIVE LIVING

Goal: Reduce barriers to active living and healthy eating.

Strategies
- Improve bicycle and pedestrian safety in New Ulm.
- Increase access to healthy food.
- Increase knowledge and skills related to healthy eating and active living.

Activities
- Maintain worksite wellness action team and provide quarterly workplace wellness trainings to local businesses.
- Distribute health information and materials at the Home Show and other events.
- Provide financial and in-kind support for free Family Fitness Nights at New Ulm Park and Recreation.
- Prioritize and implement recommendations in the Walkable Livable Communities Report and the Safe Routes to School Plan.
- Incorporate a health chapter into the newest edition of New Ulm's Comprehensive Plan.
- Support efforts to make Minnesota Street a two-way or pedestrian plaza.
- Provide grant-making, charitable contributions and employee volunteer opportunities to community organizations that address food access.
- Encourage healthy food policies in local businesses and civic, nonprofit and religious organizations.
- Support the community garden and expand gardening communitywide.
- Research and implement a Food RX program.
- Facilitate partnerships that address transportation and isolation needs of residents, especially seniors.
- Make healthy eating and active living resources available to local communities through the Health Powered Kids website.

Community partners
Heart of New Ulm and New Ulm Park and Recreation.

PRIORITY 3: SUBSTANCE USE, INCLUDING TOBACCO

Goal: Decrease addiction rates and use of legal and illegal substances.

Strategies
- Reduce barriers to substance use services for adolescents.
- Reduce access to alcohol and tobacco.
- Improve resilience and refusal skills.

Activities
- Support and advocate for policies aimed at reducing access to substances, such as raising the legal age to purchase tobacco to 21 years-old.
- Create and maintain an Addiction and Risky Use of Substances action team in the county.
- Implement tobacco-free park policies for New Ulm and Brown County parks.

- Expand the number of worksites with tobacco-free grounds policies.
- Provide educational information to reduce e-cigarette use.

Community partners
SHIP, ECFE, the Park and Recreation Commission, Brown County Public Health, schools and other interested partners.

SOCIAL DETERMINANTS OF HEALTH

Across Allina Health's service area, hospitals indicated that addressing social determinants of health is essential to the success of improving identified health priorities. To this end, Allina Health identified a systemwide plan for addressing social determinants of health; NUMC will participate in the plan's implementation.

Goal: Reduce social barriers to health for patients and communities.

Strategies
- Establish a sustainable, effective model to systematically identify and support patients in addressing their health-related social needs.
- Establish a sustainable network of trusted community organizations that can support patients in addressing their health-related social needs.
- Increase support of policy and advocacy efforts aimed at improving social conditions related to health.

Activities
- Support the successful implementation and evaluation of the Accountable Health Communities model at participating sites.
- Champion development of and support transition to an Allina Health systemwide strategy and care model to identify and address patients' health-related social needs.
- Implement a process to identify key community partners and support their sustainability with financial contributions, exploration of reimbursement models, employee volunteerism and policy advocacy.
- In partnership with Allina Health and community stakeholders, design and implement a process to facilitate tracked referrals to connect patients to community resources.
- Participate in and support community coalitions aimed at improving access to transportation, housing and food, including connecting Allina Health resources, expertise and data to these groups as appropriate.

RESOURCE COMMITMENTS

To effectively implement these strategies and activities, NUMC will commit financial and in-kind resources, such as specific programs and services and staff time to serve on community collaborations. The medical center will also encourage staff to volunteer with local organizations.

EVALUATION OF ACTIVITIES

NUMC and Allina Health will continue to engage in assessment and engagement activities throughout the implementation phase. NUMC will develop specific work plans for implementing the strategies and activities outlined in the implementation plan.

During the 2020–2022 CHNA period, NUMC will monitor community-specific health indicators to adjust its activities as needed. The hospital will also track process measures, such as people served and dollars contributed, to monitor progress on planned activities.

Where possible, Allina Health will assess outcome metrics to monitor the effects of its activities on health and related outcomes. It will establish or continue evaluation plans for specific programs and initiatives (e.g., Change to ChillTM), and monitor population-level and community-specific indicators related to identified priorities (see Appendix).

CONCLUSION

New Ulm Medical Center and Allina Health will work diligently to address the needs identified in this process by taking action on the strategies and activities outlined in this plan.

For questions about this plan or implementation progress, please contact: Jen Maurer, Community Engagement Lead for Southwest Regional region, or Christy Dechaine, Community Benefit and Evaluation Manager.

Copies of this plan can be downloaded from Allina Health's website: https://www.allinahealth.org/about-us/community-involvement/need-assessments.

ACKNOWLEDGEMENTS

Staff at Allina Health would like to thank these partners for making this assessment and plan possible:

- The many community members who offered their time and valuable insights;
- Partners from organizations who met to review and prioritize data and develop implementation plans and the individuals who contributed their expertise and experience to ensure a thorough and effective outcome, especially staff from local public health agencies;
- Allina Health System Office staff and interns who supported the process throughout, particularly Leah Jesser, Emma Wolf and Bri Wagner; and,
- Other staff at Allina Health and NUMC who provided knowledge, skills and leadership to bring the assessment and plan to fruition.

APPENDIX: ALLINA HEALTH SYSTEMWIDE PERFORMANCE INDICATORS

Health Priority	Example program-specific, intermediate outcomes	Long-term population health outcomes
Mental health and substance use	• Increase in coping self-efficacy among students exposed to CTC messaging. • Changes to state and local policies aimed at improving access to mental health and substance use services successfully implemented.	• Increased percentage of Brown County adults reporting they receive the social and emotional support they need always or usually (Behavioral Risk Factor Surveillance System (BRFSS)). • Increased percentage of Brown County students reporting they "find good ways to deal with things that are hard in [their] life" (Minnesota Student Survey (MSS)). • Increased ratio of population to mental health providers (County Health Rankings).
Social determinants of health	• Reduced percent of patients screening positive for one or more health-related social needs (food, housing, transportation, utility payment and safety). • Increased staff confidence in ability to support patients in addressing their health-related social needs.	• Reduced percentage of Brown County adults reporting they sometimes or often cannot afford to eat balanced meals (BRFSS). • Reduced percentage of Brown County households (renters and homeowners) using more than 30 percent of income on housing costs (MN Compass).
Healthy eating and active living	• Specific measures in development.	• Reduced percentage of Brown County adults engaging in no leisure time physical activity (BRFSS). • Increased percentage of Brown County ninth graders who were physically active for 60 minutes or more on at least five of the last seven days (MSS). • Reduced percentage of Brown County adults eating less than five servings of fruit and vegetables daily (BRFSS). • Increased percentage of Brown County ninth graders consuming at least one serving of fruit and one serving of vegetables daily (MSS).
Access to care	• Improved care utilization (e.g. reduced ED utilization, readmissions and no-show rates) among patients receiving support in addressing their health-related social needs via the Accountable Health Communities model.	• Reduced percentage of Brown County adults who self-report that they do not have a primary care provider (BRFSS).

Allina Health

NEW ULM MEDICAL CENTER