

2020–2022

Community Health Needs Assessment and Implementation Plan



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INTRODUCTION

United Hospital (United) 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 United 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.

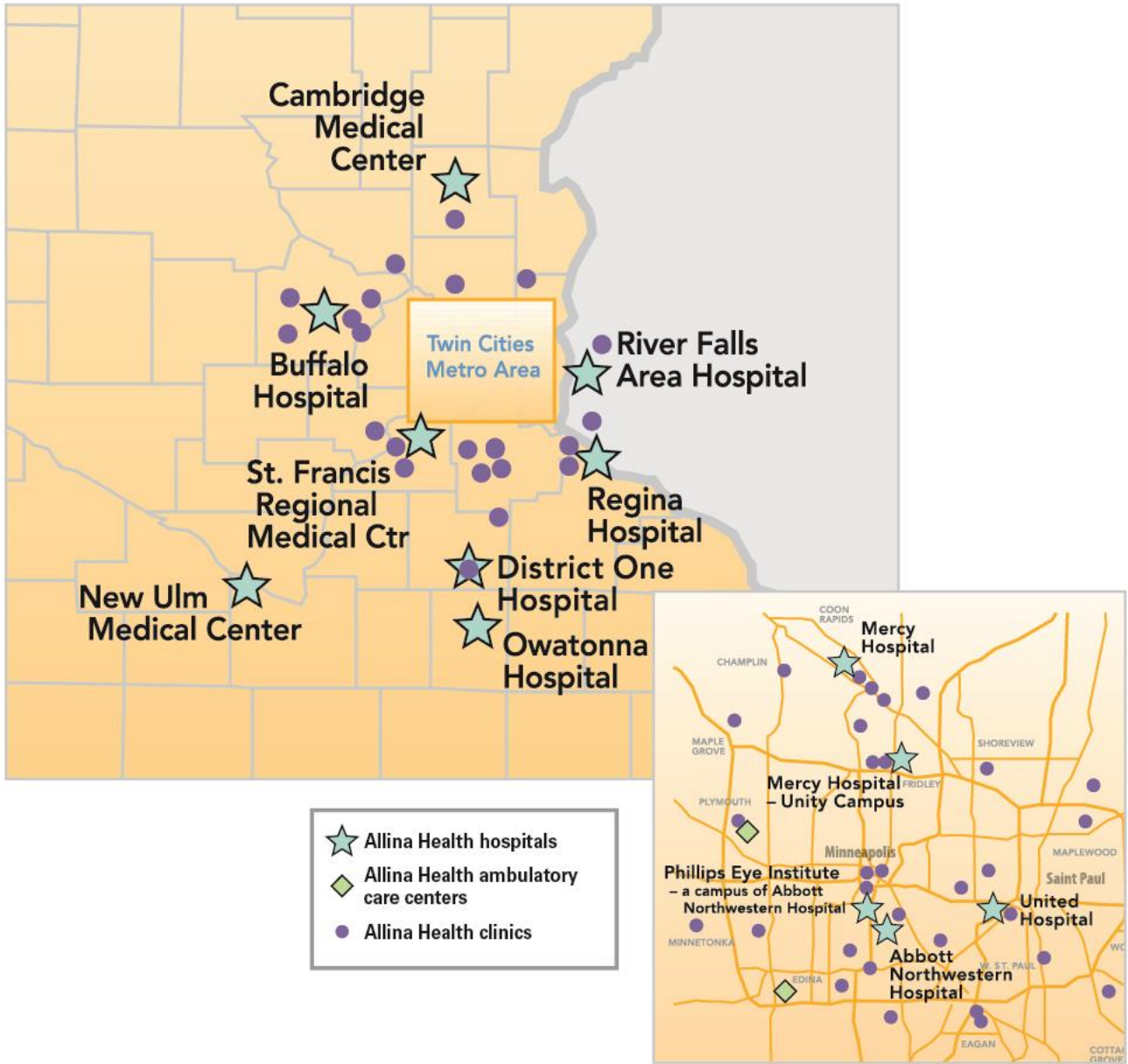
ALLINA HEALTH DESCRIPTION

[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

Located in St. Paul, Minnesota, United Hospital is among the largest hospitals in the Twin Cities' east metro area. Each year, United serves more than 200,000 patients and their families. Though the hospital serves patients from a wide geographic area, its primary service area (and focus of the CHNA) is Ramsey County, a dense urban and suburban area that includes Minnesota's state capital, St. Paul.

The hospital provides a full range of health care services, and is recognized nationally and locally for its expertise and care. United's excellent staff, modern facilities and commitment to providing patients with the best care using state-of-the-art technology has helped the hospital attract some of the most renowned and innovative practitioners in the nation. Highly regarded for its clinical care, United has earned a reputation for supportive, patient-centered care designed to create the most comfortable, stress-free health care experience possible. The hospital has a long history of working to improve health in the community it serves through charitable giving and programming efforts that address health needs in the community.

COMMUNITY DEMOGRAPHICS

According to the [U.S. Census Bureau](#), Ramsey County has the highest population density in Minnesota, estimated at 3,164 person per square mile, which is far above the national average. An estimated 537,893 people reside in its 170-square mile area. The median age in Ramsey County is 34.8 years and approximately 23 percent of its total population is under age 18. Similar to Minnesota as a whole, Ramsey County's racial and ethnic diversity has increased in recent years. One-third (33 percent) of Ramsey County residents are people of color—primarily Asian (14 percent), Black (11.5 percent) or Hispanic or Latino (7.4 percent). The county also has a large immigrant population. In 2017, approximately 15.6 percent of residents were foreign born and 10.6 percent had limited English proficiency. The median household income in 2017

was \$60,301 with 15 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).

Ramsey County residents face many of the same health concerns that are common across the United States. For example, [Feeding America](#) estimates 63,760 people in the county (12 percent) experienced food insecurity in 2017. Additionally, many residents struggle to access health care. Although more people are insured than in the past, 5 percent of residents are uninsured. Approximately 27 percent of area adults are obese and 12 percent report poor general health ([County Health Rankings, 2019](#)). Additional information about Ramsey 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](#), United adopted mental health, access to healthy food and obesity as its health priorities. It addressed these priorities between 2017 and 2019 through local and systemwide activities. Because obesity or healthy eating/active living 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 (170 from United's service area) 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. United provided CTC trainings and resources to St. Paul Public Housing Authority residents and representatives from three health departments, schools and community groups, such as Woodbury Thrives and Forest Lake Health Up!

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. United supported Harding High School in St. Paul, reaching 1,800 students and 100 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. United awarded \$90,763 in NHC grants to 15 local organizations from 2017–2018 in its region. The hospital actively promoted this opportunity to community organizations and helped The Guild and St. Paul Public Housing Agency develop their NHC activities.

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 more than \$137,000 in United’s region. Additionally, through three annual “Give Healthy Food Drive” events, Allina Health employees collected 28,348 pounds of food (including 800 pounds from United’s staff) 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—400 of which were purchased through support from 10 clinics in United’s region.

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 UNITED HOSPITAL ACTIVITIES

Goal 1: Improve mental health and well-being of teens, adults and seniors in Ramsey County.

United provided more than \$127,000 in charitable contributions to mental wellness programs and initiatives in 2017 and 2018, including \$38,500 to the East Metro Mental Health Crisis Alliance (EMHCA). This organization is a public-private partnership between three East Metro counties, hospitals, health plans, consumers of services and the state of Minnesota. Over the years, its accomplishments include creating Mental Health Crisis Stabilization Services; developing the first Urgent Care for Adult Mental Health in Minnesota; launching a Certified Peer Specialist Community Support program; improving communication and

referrals between law enforcement, hospitals, counties and mental health providers and piloting a mobile substance use disorder stabilization team. It also implemented a common information sharing tool for law enforcement to use when transporting individuals to hospitals and detox centers.

United provided stress-relieving tools and educational materials (e.g., stress balls) for St. Paul Public Housing Agency's Wellness events. United's physicians and other providers led 12 "Walk with a Doc" events at public housing sites throughout Ramsey County. United provided charitable contributions and volunteers to assist in scoring a depression screening tool for all ninth and tenth graders in Forest Lake High School and provided resiliency workshops and mindfulness-based stress reduction workshops in Woodbury, Eagan, Hastings and surrounding communities.

To increase awareness and eliminate stigma related to mental health conditions, United participated in the Center for Community Health Collective Action for Community Impact work group, which included promoting May is Mental Health Month, Make It Okay, Psychological First Aid trainings, Mental Health First Aid trainings and QPR (Question, Persuade, Refer) programs.

Goal 2. Decrease the percentage of the population that is overweight or obese.

United employees worked with community partners to promote Health Powered Kids™ in east metro public school districts, Highland Friendship Club, Washington County's Family Meal Time program, community clinics, St. Paul Public Housing Agency's "Walk with a Doc" events and other community events. More than 20,000 elementary students, families and school staff were introduced to Health Powered Kids™ health messaging through United's outreach. In partnership with staff from Highland Park Clinic and the St. Paul Police Department, United staff volunteered at Walk to School events at Highland Catholic School and Highland Park Elementary.

Goal 3. Increase percentage of population with access to healthy food.

More than 60 United employees volunteered at Neighborhood House Food Market and Keystone Services Food Banks. Also, the hospital made charitable contributions to organizations such as Growing West Side, Urban Roots, Interfaith Action of Greater St. Paul and Our Community Kitchen, as well as a \$15,000 donation to the Twin Cities Mobile Market.

Hospital staff also participated in the development of St. Paul's Comprehensive Plan, advocating for land for community gardens, improved access to healthy food and infrastructure that supports physical activity.

2018–2019 CHNA PROCESS AND TIMELINE

United provides services in a community in which government agencies, institutions and community-based organizations independently and collectively address pressing issues impacting residents. United staff are engaged in many community-based coalitions that conduct similar CHNA processes. Therefore, to efficiently conduct this year’s CHNA,

United integrated its CHNA process with other existing assessment and community input processes. It augmented these collective activities with its own key informant interviews to ensure it captured multiple community voices. This process resulted in further refining and expanding on data prioritization and community input activities that it conducted for its 2016 CHNA.

United leadership reviewed and approved the hospital plan. Allina Health Board of Directors gave final approval.

TIMING	STEPS
July–September 2018	ESTABLISH PLANNING TEAMS and COLLECT DATA 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.
October 2018–January 2019	DATA REVIEW and PRIORITIZE ISSUES Data review teams are convened, using locally available data and working closely with public health. Teams prioritize issues using locally-agreed upon criteria.
February 2019	DESIGN COMMUNITY INPUT Local teams identify specific methods and audiences for community input on the priorities and strategies for action.
February–June 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.
July–October 2019	PREPARE REPORTS and SEEK INTERNAL SUPPORT/APPROVAL Share results and action plans with key stakeholders systemwide. Present plans to local boards/committees/leaders for approval.
December 2019	SEEK FINAL APPROVAL Staff present plan to Allina Health Board of Directors for final approval.

DATA REVIEW AND ISSUE PRIORITIZATION

United developed its CHNA with support from the Center for Community Health East Metro CHNA Collaborative (CCC) whose membership included:

- Dakota County Public Health
- Washington County Public Health
- St. Paul-Ramsey County Public Health
- United Hospital
- Regina Hospital
- Children’s Hospital
- HealthPartners Hospitals and Clinics
- Fairview/HealthEast Health System

The process was also influenced by the St. Paul-Ramsey County Statewide Health Improvement Program (SHIP) Community Leadership Team. Its members included community residents, retired health care providers and staff from:

- Model Cities
- St. Paul Public Housing Agency
- St. Paul Public Schools
- HealthPartners Hospitals and Clinics
- Children’s Hospital
- Fairview/HealthEast Health System
- Metropolitan State University, Bethel University, St. Catherine University and University of Minnesota
- St. Paul-Ramsey County Public Health
- Face to Face Health and Counseling Services

United staff also participated in or observed other organizations’ data review and community engagement sessions, including county municipal comprehensive planning work, YMCA Community Health Index assessments and County CAP agency’s community assessment.

Throughout 2018 and early 2019, United staff and these groups reviewed secondary health data including the Metro Shape Survey and Ramsey County responses to the Minnesota Student Survey. CHNA collaborators also reviewed findings from the Wilder Foundation’s 2018 Elder Dialogue report,

which includes feedback on health and social needs and the MN Community Care’s Community Health Needs & Assets Assessment. It also reviewed the St. Paul Minnesota Foundation’s East Metro Pulse (Vol. 2), which reports 2,000 east metro residents’ perspectives related to social connectedness, economic security, education, housing, transportation and other factors that affect health outcomes.

United staff also reviewed Allina Health patient data that were selected based on priorities defined by the Center for Community Health and Allina Health equity priorities:

- Volume of Allina Health EMS ambulance runs by cities served in Ramsey County
- 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

Public health members of the CCH East Metro CHNA Collaborative also collected primary data from residents of Ramsey, Washington and Dakota counties as components of their respective Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP). Through online surveys and in-person community dialogues, residents responded to these questions:

- What helps you and your family stay healthy?
- What keeps you, your family and your community from being healthy?

Staff from St. Paul-Ramsey County Public Health administered the survey in multiple languages (English, Hmong, Karen, Somali and Spanish) to veterans, WIC recipients, individuals experiencing homelessness, people with disabilities, and clients of Ramsey County’s WIC program, Workforce Solutions and Child and Teen Checkups program. Between December 2017 and April 2018, 2,100

Ramsey County residents completed the survey (70 percent in-person; 30 percent online).

PRIORITIZATION PROCESS AND FINAL PRIORITIES

By reviewing secondary data, attending community dialogues and reviewing public health survey responses and other pertinent research reports, United selected and further refined the priorities it identified in its 2016 Community Health Needs Assessment. They included:

- Mental health, including stigma and access to services
- Healthy weight
- Access to healthy food

United initially selected these priorities in 2016 through three community dialogues in which nonprofit service providers, public health representatives, and community residents reviewed 120 state and county health indicators, community demographics and personal and professional experience. They used the Hanlon method to select the final three priorities. In choosing to further explore existing priorities for its current CHNA, the hospital considered issues community members emphasized as most important, the effectiveness of interventions and staff capacity to address each need.

NEEDS NOT ADDRESSED IN THE CHNA

The needs highlighted by the community are all addressed in this plan, with varying specificity. The community discussed family stress, lack of social connections among specific communities (e.g. family caregivers), insufficient outdoor exercise opportunities and the impact of criminal records on the ability to secure affordable housing as health priorities. Though not specifically named, these issues will be addressed through the selected priorities. For example, increasing social connections and community resiliency are key strategies to address the mental health priority. Similarly, physical environment, particularly access to outdoor exercise opportunities, will be addressed through the obesity priority. Social determinants of

health, including access to housing, are recognized as key factors contributing to health will also be addressed through the implementation plan.

COMMUNITY INPUT

To further refine its priorities, United's staff attended additional community dialogues facilitated by other organizations, participated in regular meetings in which community stakeholders discussed local mental health services and conducted key informant interviews with community-based service providers.

From winter 2018 through spring 2019, United Staff attended community dialogues facilitated by Ramsey County CAP, Minnesota Department of Health and City of St. Paul Public Housing Authority. Ramsey County CAP agency focused its session on residents' experiences with social determinants of health. The Minnesota Department of Health and City of St. Paul Public Housing Authority's dialogue focused on issues related to community walkability and bikeability. Together, these dialogues were attended by approximately 60 community residents, including public housing residents, half-way house residents, individuals experiencing homelessness, seniors, people with criminal records and community activists.

United staff also attended the East Metro Mental Health Roundtable's quarterly meetings where representatives from social service providers, law enforcement, community groups and elected officials discussed the continuum of mental health services in the east metro area. Attendees include:

- Catholic Charities
- National Alliance on Mental Illness (NAMI) MN
- Guild, Inc. (serves individuals experiencing mental illness)
- City Councils and County Board of Commissioners from Ramsey, Washington and Dakota counties
- Minnesota Department of Health
- Minnesota Department of Human Services
- Local police departments
- Hospital systems: HealthPartners, Fairview, Allina Health and Children's Minnesota
- Wilder Research

- Public health departments in Ramsey, Washington and Dakota counties
- Social service departments from Ramsey, Washington and Dakota counties
- Comunidades Latinas Unidas en Servicio (CLUES) (serves Latinx community)
- Canvas Health (nonprofit safety net provider)
- Federally Qualified Health Centers

In addition to participating in other organizations' community engagement activities, staff from United interviewed representatives from:

- Keystone Community Services (serves individuals and families, particularly those in need of crisis support)
- St. Paul Public Schools
- Wilder Foundation's Community and Mental Health and Wellness Program
- United Hospital
- DARTS Senior Services
- St. Paul Ramsey County Public Health

Through the interviews, United's staff explored the following questions:

- What challenges do people face related to each priority?
- What policies, partnerships and initiatives should United continue supporting to address these priorities?
- What policies, partnerships and initiatives should United consider developing to address priorities?
- How could United improve its services to improve community health?

COMMUNITY INPUT RESULTS

Mental health, including stigma and access to services.

Challenges

Participants described a wide range of issues that contribute to mental health and people's ability to access care. Lack of social connection and the related stress and depression, caregiving of seniors and inability to secure stable and affordable

housing negatively affect mental health among adults and children.

They stated that accessing mental health services is difficult due to significant shortages in mental health providers (especially culturally-specific providers), complicated application processes and eligibility criteria for subsidized services. Many people indicated a lack of services and funding streams for low-income people whose conditions are not complex enough to qualify for state-funded programs. Participants also shared that it is difficult to understand health insurance coverage for various services. The complexity of the health care system, combined with providers who do not always explain issues clearly are major barriers for people with mental health issues. Transportation, daily time constraints and stigma related to mental health were also listed as barriers.

Ideas and opportunities

Participants suggested United could support community organizations that assist individuals in navigating the health care system. They also recommended adding more culturally-diverse staff, and training providers to more effectively communicate with patients.

School personnel suggested that United offer its mental health programs (e.g., Change to Chill™) through telephone apps to make them more accessible for busy and transportation-challenged residents. They recommended financial and volunteer support for mental health services, schools and Health Start school-based clinics. They suggested United explore opportunities for supporting stress-management workshops for school staff.

Healthy weight

Challenges

Community members indicated that barriers to physical activity include time constraints related to work schedules and family demands (e.g., child care and caring for aging parents). Within schools, they cited the need for more movement in classroom settings and indoor recess during inclement

weather. School personnel indicated an ongoing need for more community volunteers to support school gardens, Safe Routes to School, Bike-Walk to School Day and similar initiatives.

In other community dialogues, discussions and surveys, individuals indicated that the lack of safe routes for biking and walking prohibit many people from engaging in regular physical activity. Safety challenges include lack of pedestrian-friendly routes and concerns related to personal safety.

Ideas and opportunities

For youth, interviewees recommended Allina Health continue supporting health and wellness programs in schools and continue serving on school districts' wellness teams. They also suggested that United promote Safe Routes to Schools initiatives such as bike fleet programs and bike/walk to school events. They recommended that United provide financial support, volunteers, Health Powered Kids™ and Change to Chill™ to community organizations.

For the community, participants recommended United work with municipalities to advocate for policies, systems and environments that support safe, equitable opportunities for community-based recreation, including walking and bicycle trails, community centers and parks programs. They also suggested improving the affordability of community-based health and exercise classes.

Access to healthy food

Challenges

Stakeholders shared that lack of financial resources and limited affordable transportation options make it difficult to access healthy food from grocery stores, farmers' markets and food shelves. Others indicated that some individuals with unmanaged behavioral health conditions are sometimes denied access to food shelves. Students experiencing food insecurity rely on school meals and are especially challenged by unexpected, weather-related school closures.

Ideas and opportunities

Stakeholders suggested that United continue providing charitable contributions to food shelves and mobile markets (e.g., Twin Cities Mobile Market, Meals on Wheels, etc.) and develop opportunities for its employees to volunteer with community programs that focus on healthy food access. They also requested more support for community/school gardens, food preservation education and programs such as Green Bucks, a program that helps low-income residents get fresh produce from farmers markets.

Participants recommended that United continue serving on the Ramsey County Food and Nutrition Commission and the Ramsey County SHIP Community Leadership Team and continue promoting WIC, SNAP, EBT programs at farmers' markets and community-based breast-feeding groups such as Baby Cafes.

2020–2022 IMPLEMENTATION PLAN

After the data review and community input phases, United’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 phase, United’s 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 Allina Health 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.

United’s final implementation plan incorporates Allina Health’s systemwide strategies and activities, as well as local ones. It integrates community input, evidence-based strategies (i.e., strategies whose effect has been proven) and promising ideas with potential for addressing the priorities. The plan reflects programs and services available through other organizations in the community, United’s resources and Allina Health’s systemwide contributions. To make progress in achieving health equity among residents in its service area, United will prioritize partnerships and activities that will

engage populations that have been historically underserved and experience health disparities.

PRIORITY 1: MENTAL HEALTH, INCLUDING STIGMA AND ACCESS TO SERVICES

Goal 1: Increase resilience and healthy coping skills in Ramsey County.

Strategies

- Increase resilience among school-age youth.
- Increase social connectedness and community-wide resilience efforts.

Activities

- Provide charitable contributions to school- and community-based, mental health service providers and programs designed to increase social connectedness, and help people navigate health care services.
- Promote opportunities for United employees to serve on metro-wide initiatives addressing mental health and social connectedness, such as the Center for Community Health’s Collective Action for Community Impact work group.
- Enhance and promote Health Powered Kids mental health and wellness programming to local schools.
- Implement Health Powered Kids™, Mental Health First Aid and Make It OK workshops with teens and adults through schools and community organizations.
- Offer mindfulness and stress-management workshops for St. Paul Public Housing Authority residents and St. Paul Public Schools staff.
- Support United’s Be the Change champions, who conduct awareness-raising activities with United employees.
- Offer Change to Chill™ programming in at least one additional high school every year and continue to support the current Change to Chill™ schools as requested.
- Support grassroots, community-based efforts around resilience, including social connectedness.

- Recruit United employee volunteers to facilitate outdoor neighborhood gatherings and play opportunities.

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 racial and ethnic minorities and other historically underserved communities.
- Increase support of policy and advocacy efforts aimed at improving access to adolescent mental health and substance use services.
- Strengthen and increase services along the mental health continuum.
- Improve transportation 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.
- Promote stigma-elimination education and messaging, particularly in May and October.
- Support NAMI MN’s student and parent programming and support groups.
- Partner with local school chemical dependency staff, school resource officers and others to increase understanding of the importance of seeking help for mental health and substance use conditions.
- Fund transportation projects such as the DARTS circulator bus.
- Support and advocate for local and state policies aimed at increasing number of and accessibility to mental health and substance use services.

Community partners

Center for Community Health, East Metro Mental Health Crisis Alliance, East Metro Mental Health Roundtable, Catholic Charities, The Guild, DARTS, Metro Area Agency on Aging, Wilder Foundation, East Metro YMCA organizations, public housing agencies, public school districts, St. Paul YWCA, community clinics and other community-based organizations addressing mental health issues.

PRIORITY 2: HEALTHY WEIGHT

Goal: Decrease the percentage of people in United’s service area that is obese or overweight.

Strategies

- Increase healthy eating.
- Increase and promote physical activity opportunities.

Activities

- Recruit United employee volunteers to conduct Health Powered Kids™ (HPK) workshops at food shelves and other community organizations
- Make healthy eating and active living resources available to local communities through the HPK website and train school staff to use and promote HPK.
- Promote employee volunteer opportunities with Safe Routes to School, Walk to School Day, school gardens and similar initiatives.
- Participate in components of municipal 2040 Comprehensive Plans related to access to healthy food and land-use policies that support access to physical activity, affordable housing and other health-related amenities.
- Provide charitable contributions, volunteer support and other resources to community-based physical activity programs.

Community partners

St. Paul Ramsey County Public Health, Statewide Health Improvement Partnership program,

Local food shelves and mobile markets (TCMM, Keystone Services, Neighborhood House), CLUES Model Cities, Ramsey County Friends of the Library, YMCA organizations, public housing agencies, public school districts, MN Community Care, school-based health and mental well-being programs and United's Baby Café.

PRIORITY 3: ACCESS TO HEALTHY FOOD

Goal: Increase percentage of population in United's service area with access to healthy food.

Strategies

- Build capacity of local food-access organizations to respond to community needs.
- Advocate for policies, programs and partnerships that increase access to healthy food.

Activities

- Promote opportunities for United's employees to volunteer at Neighborhood House food market, Twin Cities Mobile Market, Keystone Services food markets and other similar community initiatives.
- Participate on the Ramsey County Food and Nutrition Commission, Ramsey County Public Health SHIP Community Leadership team and other similar coalitions and action groups addressing food insecurity issues.
- Provide grant-making, charitable contributions and employee volunteer opportunities to healthy food-related activities and organizations.
- Actively contribute to and participate in community coalitions and partnerships related to healthy food and active living.

Community partners

Meals on Wheels, Loaves and Fishes, local food shelves and mobile markets (TCMM, Keystone Services, Neighborhood House), Frogtown Farms, Urban Roots, St. Paul Ramsey County Public Health,

Ramsey County Food and Nutrition Commission and similar service providers.

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; United will participate in the plan's implementation.

Goal: Reduce social barriers to health for Allina Health 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.
- Design and implement a process with community organizations to facilitate

tracked referrals that 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, United Hospital will commit financial and in-kind resources, such as specific programs and services and staff time to serve on community collaborations. The hospital will also encourage staff to volunteer with local organizations.

EVALUATION OF ACTIVITIES

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

During the 2020–2022 CHNA period, United 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 Chill™), and monitor population-level and community-specific indicators related to identified priorities (see Appendix).

CONCLUSION

United and Allina Health will work diligently to address the identified needs prioritized 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: [Heather Peterson](#), Community Engagement Lead for East Metro 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 Jessor, Emma Wolf and Bri Wagner; and,
- Other staff at Allina Health and United Hospital 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	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Increased percent of Ramsey County adults reporting they receive the social and emotional support they need always or usually (Behavioral Risk Factor Surveillance System (BRFSS)). • Increased percent of Ramsey 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	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Reduced percentage of Ramsey County adults reporting they sometimes or often could not afford to eat balanced meals (BRFSS). • Reduced percentage of Ramsey County households (renters and homeowners) using more than 30 percent of income on housing costs (MN Compass).
Healthy eating and active living	<ul style="list-style-type: none"> • Specific measures in development. 	<ul style="list-style-type: none"> • Reduced percentage of Ramsey County adults engaging in no leisure time physical activity (BRFSS). • Increased percentage of Ramsey 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 Ramsey County adults eating less than five servings of fruit and vegetables daily (BRFSS). • Increased percentage of Ramsey County ninth graders consuming at least one serving of fruit and one serving of vegetables daily (MSS).
Access to care	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Reduced percentage of Ramsey County adults who self-report that they do not have a primary care provider (BRFSS).

