



Community Health Needs Assessment and Implementation Plan 2017-2019

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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.

Executive Summary

United Hospital is a part of Allina Health, a not-for-profit health system dedicated to the prevention and treatment of illness in Minnesota and western Wisconsin. This report describes the current community health needs assessment (CHNA) process and results for United Hospital, located in Ramsey County, Minnesota.

Every three years, Allina Health conducts a CHNA for each of its hospitals to systematically identify and analyze health priorities in the community and create a plan for how to address these priorities. The CHNA process is conducted in partnership with local public health departments, other hospitals and health systems and many other community partners. Through this process, Allina Health engages with community stakeholders to better understand the health needs of the communities it serves, identifies internal and external resources for health promotion and creates an implementation plan that leverages those resources to improve community health.

In late 2015, community members, community organizations, local public health and hospital/health system staff participated in a process that identified the following priority areas for community health in the communities served by United Hospital:

- 1. Mental health and well-being (focus on stigma reduction and access to services)**
- 2. Overweight/obesity**
- 3. Access to healthy food**

In 2016, staff solicited community input, assessed existing resources and developed an implementation plan for 2017–2019 in order to address these priorities. This plan includes the following goals, each of which is supported by multiple objectives and will be implemented through a variety of strategies monitored for progress and outcomes over time.

Mental health and well-being goal:

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

Overweight/obesity goal:

Decrease the percentage of the population who is overweight or obese.

Access to healthy food goal:

Increase percentage of the population with access to healthy food.

Introduction

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. Every three years, Allina Health conducts a community health needs assessment (CHNA) for each of its hospitals to systematically identify and analyze health priorities in the community and plan how we will address these priorities, including in partnership with local public health departments, other hospitals and health systems and many other community partners. The Internal Revenue Service provides guidelines for this process as part of meeting obligations under the Patient Protection and Affordable Care Act, which requires 501(c)(3) non-profit hospitals to conduct an assessment at least every three years.

Through this process, Allina Health aims to:

- Better understand the health status and needs of the communities we serve by considering the most recent health and demographic data as well as gathering direct input from community members.
- Gather perspectives from individuals representing the interests of the community, including those who have knowledge or expertise in public health and those who experience health inequity or are low-income and/or minority members of the community.
- Identify community resources and organizations that Allina Health can partner with and support in the priority areas for that community.
- Create a strategic implementation plan based on information gathered through the needs assessment.

[United Hospital](#) is part of Allina Health.

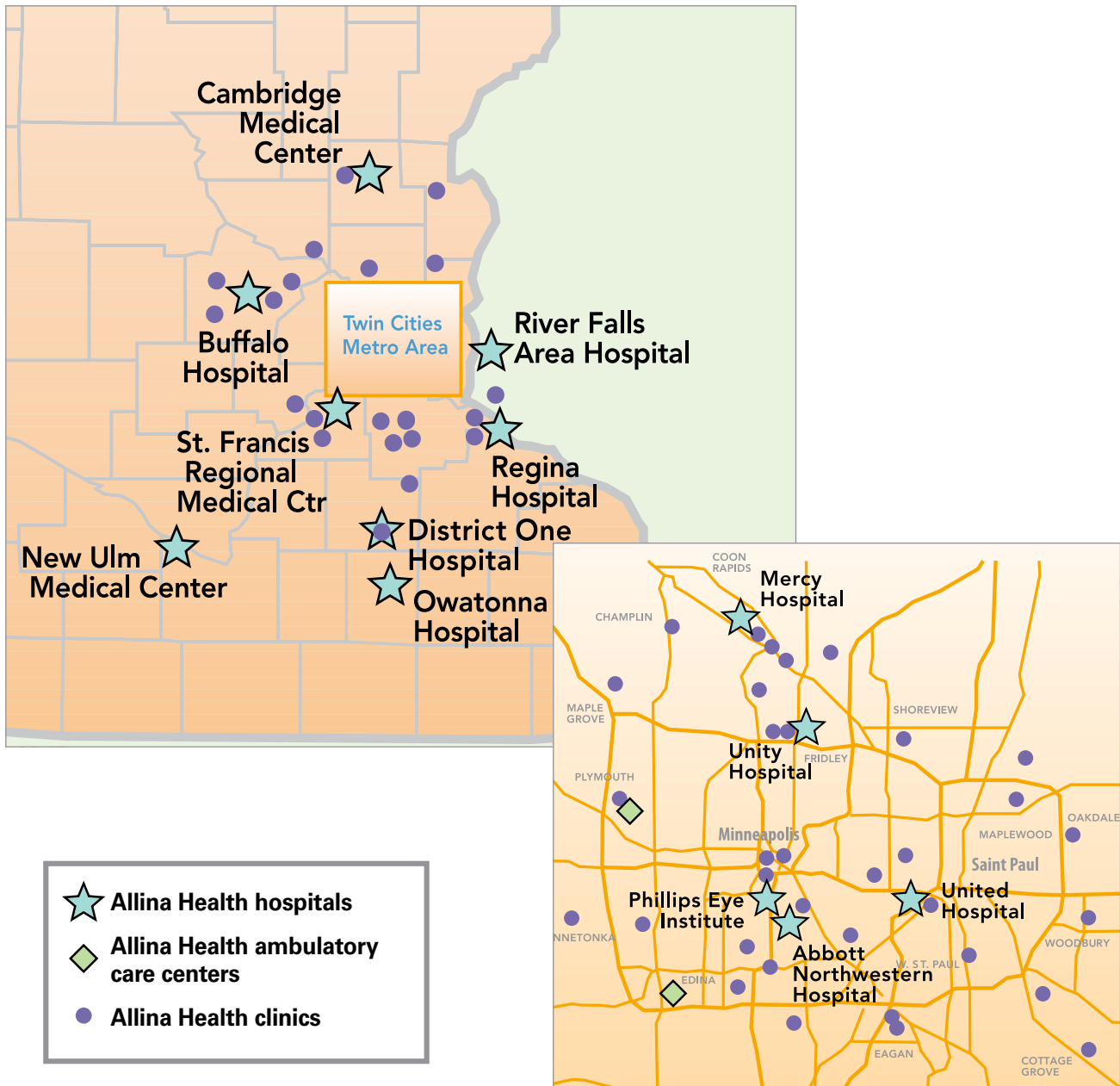
The purpose of this report is to share the current assessment of community health needs most relevant to the community served by United Hospital and its implementation plan to address these needs in 2017–2019.

This report also highlights activities conducted during 2014–2016 to address needs identified in the previous 2013 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 not-for-profit health care system, Allina Health cares for patients from beginning to end-of-life through its [90+ clinics](#), [13 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](#).

Allina Health Service Area



Hospital description and service area

Located in St. Paul, Minnesota, United Hospital is the largest hospital in the Twin Cities east metro area. The hospital provides a full range of health care services and is recognized nationally and locally for its expertise and care. United Hospital'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 Hospital has earned a reputation for supportive, patient-centered care designed to create the most comfortable, stress-free health care experience possible. The hospital also has a long history of working to improve health in the community it serves through both charitable giving and direct programming efforts that address health needs in the community.

Community served and demographics

Each year, United Hospital serves more than 200,000 patients and their families. Though the hospital serves patients from a wide geographic area, its primary service area is Ramsey County—a dense urban and suburban area that includes the city of St. Paul, Minnesota's state capital. Ramsey County was the focus of inquiry for United Hospital's CHNA.

According to the [U.S. Census Bureau's Decennial Census](#), Ramsey has the highest population density in Minnesota, estimated at 3536.39 person per square mile—far above the national average. An estimated 538,133 people reside in the 152.17-square-mile area. The median age in Ramsey County is 34.6 years and approximately 23 percent of its total population is under age 18. As with Minnesota as a whole, Ramsey County's

racial and ethnic diversity has increased in the past few years. Just over one-third (35%) of Ramsey County residents are people of color—primarily Asian (14.4%), Black (11.9%) or Hispanic or Latino (7.4%). The county also has a large immigrant population. In 2014, approximately 14.6% of residents were foreign born and 9.6% had limited English proficiency (U.S. Census Bureau, American Community Survey (ACS), 2010–2014, 5-year estimates). The median income in 2014 was \$55,460 with 16.5 percent of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, 2014 Small Area Income and Poverty Estimates).

Ramsey County residents face many of the same health concerns common across the United States. Although more people are insured than in the past, just under one-quarter (22.7%) self-report that they do not have a regular doctor (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System). Additionally, approximately 63% of area adults are overweight or obese and 10.9% report poor general health (U.S. Census Bureau, ACS, 2009–2013, 5-year estimates). Additional information about Ramsey County can be found online at [Minnesota Compass](#).

Evaluation of 2014-2016 Implementation Plans

During 2014–2016, United Hospital addressed needs identified in its [2013 assessment](#): lack of physical activity, limited access to care and increasing rates of overweight/obese residents, also recognizing the role mental health plays in all of these focus areas. Some initiatives were led by the hospital, while others were part of coordinated activities across the health system or conducted in partnership with local public health. The following describes significant initiatives and their outcomes.

Systemwide activities

In 2013, two needs, obesity and mental health, were identified as systemwide priorities by Allina Health. Thus, 2014–2016 systemwide community health activities focused on those two priority areas:

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. Since its launch in 2014, CTC has served more than 40,000 people, including teachers who use it in their classrooms, teens who use it in social groups and parents looking for ways to help their child stress less. In 2016, Allina Health piloted an in-person delivery model of the CTC program in a total of 11 middle schools, high schools and alternative learning centers throughout five communities Allina Health serves. Fifteen different groups of students participated in the project, representing a total of 253 student participants. Overall, the program was well-received by both participants and school liaisons. Many participants reported they intended to use what

they learned and gave specific examples of how the program helped them. Participants also showed an increase in knowledge about basic concepts related to stress and resiliency skills.

Be the Change

As the largest provider of mental health and addiction care in the state, Allina Health believes it should lead the way in eliminating stigma within the industry. To this end, the recently launched internal program, Be the Change, is an effort to eliminate stigma around mental health conditions and addiction at Allina Health and ensure that all patients receive the same consistent, exceptional care. More than 500 Allina Health employees volunteered to lead this effort as trained Be the Change Champions and help educate and generate awareness among their colleagues about mental health conditions and addictions. The formal campaign extended from January–May 2016. During this time Champions presented at 492 meetings throughout the organization and reached 10,260, or 38%, of employees. While the formal campaign has come to an end, the work is ongoing and the campaign's goal is to reach all Allina Health employees.

Neighborhood Health Connection

[Neighborhood Health Connection™](#) (NHC) is a community grants program that aims to improve the health of communities by building social connections through healthy eating and physical activity. Each year, Allina Health awards over 50 Neighborhood Health Connection grants, ranging in size from \$500–\$10,000, to local nonprofits and government agencies in Minnesota and western Wisconsin. Activities offered in 2014 and 2015 reached over 2,500 participants both years and a similar reach is expected in 2016. Evaluations of the NHC program find that the majority of people who participate in NHC-funded programs increase their social connections and make positive changes in their physical activity and healthy eating behavior. Further, 2014 and 2015 follow-up data revealed that these positive changes were maintained six months later and nearly 80% of grantees continued to offer their activity after the grant period ended.

Health Powered Kids

[Health Powered Kids™](#) (HPK), launched in 2012, is a free community education program designed to empower children ages 3 to 14 years to make healthier choices about eating, exercise, keeping clean and managing stress. In 2015, approximately 9,500 people visited the HPK website and more than 5,500 children were reached by the program. In addition, 87% of respondents to a user survey described HPK as helpful, very helpful or essential to improving health at their home, school or organization. These results were similar to those achieved in 2014.

Choose Healthy

At the beginning of 2016, Allina Health removed [sugar-sweetened beverages and deep-fried foods](#) and increased healthy offerings in its facilities to model and support the dietary changes recommended by providers.

Additionally, in May 2016, Abbott Northwestern Hospital removed a fast food restaurant from its campus. These changes support the health of Allina Health patients, visitors, volunteers and employees..

Hospital-specific activities

Goal 1: Increase physical activity through policy, systems and environmental change.

United Hospital provided volunteers and financial support to the Comunidades Latinas Unidas En Servicio (CLUES) second annual wellness fair, where a total of 350 people received either health or vision screenings. The hospital also worked on several activities to promote better health and wellness among children. The first of these is United Hospital's ongoing involvement with Health Powered Kids, which promotes healthy eating, exercise and lifestyle choices. A community presentation about Health Powered Kids was attended by over 30 community partners. Other activities promoting youth health and wellness included Free Bikes 4 Kidz, where 450 children received refurbished bicycles; and New Shoes, Healthy Kids, which provided 300 new pairs of shoes to children to enable more physical activity.

Also, Allina Health provided Neighborhood Health Connection grants to four different east metro organizations to help promote wellness among lower-income individuals. These grants were awarded to the city of Inver Grove Heights to continue its Walk with Ease program, St. Mary's Clinic to provide child care so Latino women can attend a weekly Zumba class, and to Union Park District Council to put on a community program showing how parks can be used in yoga and exercise routines. Additionally, the St. Paul Public Housing Agency received a Neighborhood Health Connection Grant to provide information and training on how to use the newly purchased exercise equipment and lead resident walking groups.

Goal 2: Improve access to health care for the uninsured and underinsured through education, collaboration and support.

United Hospital explored opportunities to partner with existing organizations to improve health care access. The hospital partnered with and provided financial support to Portico Healthnet, which helps uninsured Minnesotans access affordable health coverage and care. United Hospital also provided charitable contributions to Federally Qualified Health Centers and community clinics in Ramsey County. Staff at United Hospital helped 244 individuals navigate the MNSure marketplace to enroll in affordable health coverage.

To help seniors access care, United Hospital provided funding to the West 7th Community Center to lease a van to provide seniors with transportation. Also, charitable contributions were provided to a number of block nurse programs in Ramsey County to support seniors living independently.

Goal 3: Decrease obesity through outreach, community partnership and support.

United Hospital provided financial support and volunteers for community programs and partnerships focused on behaviors shown to reduce obesity. For example, a United Hospital dietitian provided an educational presentation to a local “Bone Builders” group regarding high-calcium foods that promote bone health. Allina Health’s Health Powered Kids program, which provides lessons and activities for youth health promotion, was promoted at numerous community events that were supported by the hospital. Staff members also continued participation in or began new positions on community boards and initiatives including the Ramsey County Food & Nutrition Commission, Community Health Services Advisory Committee and Ramsey County SHIP, Healthy Meals Coalition and Urban Roots.

Additionally, financial and volunteer support were provided to organizations focused on serving low-income individuals and individuals with disabilities with the goal of increasing physical activity, improving nutrition and reducing food insecurity. One of these organizations, Opportunity Neighborhood, received a Neighborhood Health Connection Grant to help support their community garden and healthy eating education. Two other community events focused on promoting healthy eating and nutrition were supported with volunteers and financial contributions from United Hospital.

2015-2016 CHNA Process and Timeline

Allina Health designed a process that engaged community stakeholders and included review of existing secondary public health data and collection of primary data through community dialogues.

The Community Benefit and Engagement department guided this process on behalf of the Allina Health system. Centralized System Office staff provided leadership for the process, and community engagement staff in nine regions

throughout the Allina Health system led each of the hospitals through a process designed to identify unique needs and develop localized action plans, while also identifying common themes for action systemwide.

Hospital leadership teams and, where appropriate, regional hospital boards received and approved individual hospital plans followed by final approval by the Allina Health Board of Directors.

TIMING	STEPS
JULY – SEPTEMBER 2015	<ul style="list-style-type: none"> ESTABLISH PLANNING TEAMS and COLLECT DATA <p>Staff identify and invite stakeholder groups for each hospital; share initial results from 2014–2016 implementation plan. Develop and distribute guidance and data packets and schedule local stakeholder meetings.</p>
OCTOBER – JANUARY 2016	<ul style="list-style-type: none"> REVIEW DATA and PRIORITIZE ISSUES <p>Review data with stakeholders and complete formal prioritization process, using Hanlon method. Review prioritized issues and summarize themes for the system.</p>
FEBRUARY 2016	<ul style="list-style-type: none"> DESIGN COMMUNITY INPUT <p>Identify specific methods and audiences for community input on strategies, work with vendor to design process and questions/topics and recruit participants.</p>
MARCH – JUNE 2016	<ul style="list-style-type: none"> GATHER COMMUNITY INPUT and DEVELOP IMPLEMENTATION PLAN <p>Conduct focus groups or community health dialogues to solicit action and implementation ideas related to priority areas. Local teams develop action plan, metrics and resource inventory.</p>
JULY – SEPTEMBER 2016	<ul style="list-style-type: none"> PREPARE REPORTS AND SEEK INTERNAL SUPPORT/APPROVAL <p>Share results and action plans with key stakeholders systemwide. Present plans to local boards/committees/leaders for approval.</p>
OCTOBER – DECEMBER 2016	<ul style="list-style-type: none"> SEEK FINAL APPROVAL <p>Staff present plan to Allina Health Board of Directors for final approval.</p>

Data Review and Issue Prioritization

Allina Health Community Benefit and Engagement staff used the most recent secondary data available via the CHNA toolkit—a free, web-based platform hosted by [Community Commons](#)—as well as additional state and local data resources available for Ramsey County such as the Minnesota Student Survey or the Minnesota Health Access Survey. Data for Minnesota and the United States were also provided for comparison and context. The data included approximately 75 indicators relating to demographics, social and economic factors, health behaviors, physical environment, health conditions and health care access.

Approximately 23 stakeholders representing broad interests of the community attended one or more meetings in November and December 2015 to review data and discuss issues for Allina Health to address through this needs assessment and action plan. Agencies represented at the meetings include:

- Cycles for Change
- Face to Face
- Interfaith Action of Greater St. Paul
- Keystone Community Services (West 7th Community Center)
- Listening House
- Model Cities
- Neighborhood House
- Smart Trips St. Paul
- St. Paul Parks and Recreation
- St. Paul Public Housing Agency
- St. Paul Public Schools
- St. Paul-Ramsey County Public Health
- Suburban Ramsey Family Collaborative
- Twin Cities Mobile Market (Wilder Foundation)
- United Family Medicine Clinic
- United Hospital Exercare
- United Hospital Virginia Piper Cancer Institute
- West Side Community Clinic

The review process included a formal prioritization process known as the Hanlon method, which ranks health priorities based on three primary criteria: the size of the problem, including projection of future trends; the seriousness of the problem, including disparate health burdens within the population; and the effectiveness and feasibility of interventions on the part of health care.

Final priorities

Through this process, three priorities were identified for action in 2017–2019:

- 1. Mental health and well-being (focus on stigma reduction and access to services)**
- 2. Overweight/obesity**
- 3. Access to healthy food**

Needs identified but not included in the CHNA:

Other prioritized health issues include pre-diabetes, stress management and access to care, including transportation. Some aspects of these issues are addressed in connection to priorities, such as stress management as part of the mental health continuum and improving access to mental health care. There is also a strong network of community clinics and numerous transportation providers with whom the hospital already works to improve access to care. Pre-diabetes is also closely connected to strategies related to the priorities of overweight/obesity and access to healthy food.

Community Input

Once priority issues were identified by the stakeholder team, United Hospital solicited broad feedback from the community on the appropriateness of the identified priority areas as well as how United Hospital could most effectively address the needs. Community input was primarily gathered via community dialogues and/or focus groups (with an online survey option if interested persons could not attend) and via an online survey of Allina Health employees. In addition, a focus group with health equity care guides employed by Allina Health and assigned to specific geographic areas and primary care clinics within the system provided insight into communities that experience health inequity (See Appendix A).

Community dialogues/ focus groups

Allina Health partnered with The Improve Group to design, plan, and facilitate a total of 22 community health dialogues and focus groups between March and April 2016. The dialogues were open to all members of the community. The meetings were facilitated by The Improve Group and Allina Health staff and used a World Café methodology. Participants had a chance to engage in discussion about all topics during three, 20-minute rounds. When the group of participants was fewer than 15, the conversation was conducted as a focus group

with one facilitator from The Improve Group. Participants were asked to share their vision for health in the community, clarify aspects of the priority health areas that are most important to address, and discuss opportunities for Allina Health to support community health.

Key questions Allina Health sought to answer through the discussions were as follows:

- Does the community concur with/confirm our top priorities for the hospital?
- What specific aspect or components of the broad priorities should Allina Health work to improve?
- What strategies and partnerships should Allina Health implement in order to address the priorities?

One focus group and one community dialogue were held for United Hospital in St. Paul, MN, on April 7, 2016, and April 12, 2016, respectively. A total of 30 people attended, including participants from local government, non-profit organizations, area businesses, advocacy groups and community members. The April 12 event was held at Kings Crossing senior apartments, part of Episcopal Homes, with residents who live there.

Community Dialogue/ Focus Group Results

Mental health and well-being— focus on stigma and access

Vision for health

Community dialogue participants envisioned a community where there is no stigma attached to those with mental health concerns. There is an increased awareness within the community regarding mental health conditions and the resources available in the community. Participants also described a health care system that allows doctors to have stronger personal connections with their patients and that involves more discussion and fewer prescription medications. They also imagined a community that has an adequate amount of providers and allows people to see mental health professionals in a timely manner. Participants shared a vision of a community where all people have access to healthy activities that contribute to their physical and emotional health.

Existing strengths

Participants identified strengths in their local community that are contributing to positive mental health and wellness. Some mentioned local schools introducing children to meditation and yoga at a young age as being a positive development. The University of Minnesota also recently had a social media campaign to bring awareness to the community about and reduce stigma associated with mental health conditions and asking for help. Other participants highlighted Nystrom & Associates as a particularly good mental health provider that offers therapy service, including in-home family therapy. They also indicated that

Nystrom provides medical transportation as well. Additionally, participants shared that a local adult day care is available three times a week, and the clinic offers classes that involve outdoor activities which help people maintain their mental health.

Allina Health's role and opportunities

Community dialogue participants discussed ways Allina Health could help address the priority area. Ideas include:

- Support the development of more mental health resources in the community, including continuing support for the local urgent care center for adults with mental health conditions so people can access help for a mental health concern as soon as possible.
- Help people navigate the mental health care system, making them aware of the resources they can access in the community.
- Develop youth education and counseling programs and increase Allina Health's involvement in local schools.
- Offer more support groups and classes on depression in the community, including programming to help seniors to be more social and avoid isolation.

Overweight/obesity

Vision for health

Participants envisioned a community where people are motivated to be physically active and have enough opportunities to participate in physical activity. They imagined safe neighborhoods that have plenty of trails for residents to get exercise outdoors in the summer, as well as walkable indoor spaces during the winter. Participants also envisioned a community where the poorest of residents are listened to about their health concerns and can make their needs known. In addition, existing programs such as mobile markets are expanded to improve access to healthy foods.

Existing strengths

Participants mentioned that “Cycles for Change” and Allina Health’s bike program have made biking more accessible to low-income families. They also mentioned that the “Nice Ride” program works well, but is not available in many St. Paul neighborhoods. Participants from an affordable housing complex for seniors shared that they have a small exercise room in the building where they have weekly aerobics classes. Also, a van provides transportation to Como Park for walks twice a week. Participants shared that there are other gyms available in the area, but cost and transportation are barriers to accessing them.

Allina Health’s role and opportunities

During the community dialogues, participants discussed ways Allina Health could help address the priority area. Ideas that came out of the session include:

- Create more consistent opportunities to exercise and be active, allowing for different schedules and preferences. For example, develop programs people can access at home while keeping in mind that individuals have different levels of ability.
- Partner with local organizations to offer free and fun activities for individuals and families, including regularly scheduled events and programs at local parks and the YMCA.
- Work with local employers on workplace wellness grants.
- Prescribe lifestyle changes during doctor visits that provide discounts for gym memberships and exercise classes.

Access to healthy food

Vision for health

Participants envisioned an ideal community where every neighborhood has a grocery store and there are no more “food deserts”. Produce is affordable and it is cost-effective to purchase fresh fruit and vegetables. Other participants imagined more transportation being available so people can easily access grocery stores and farmers markets to get healthy food. Food shelves are rebranded as “food markets” to remove the stigma for those who shop there.

Existing strengths

Some participants shared that while they do not have a grocery store in their area, a bus from a local church takes them to the St. Paul Midway-area to shop. They mentioned the Women, Infants and Children (WIC) Program; NAPS food boxes (distributed through Second Harvest Heartland); and the Twin Cities Mobile Market as beneficial food resources they would like to see expanded so that more people can have greater access to healthy food. They shared that the Ramsey County Healthier Meals Coalition is working on improving meals at homeless shelters and other public meals programs.

Allina Health’s role and opportunities

During the community dialogues, participants discussed ways Allina Health could help address the priority area. Ideas that came out of the session include:

- Partnering with local organizations to share knowledge and skills, and create more consistent opportunities to access healthy food.
- Invest in this community by buying vacant lots and turning them into community gardens.
- Prescribe lifestyle changes during doctor visits that provide discounts for healthy food and cooking classes.
- Participate in local city Comprehensive Plan processes to advocate for health equity and health in all policies, including access to healthy food, availability of community gardens, affordable housing, water quality, recreational trails, green space and other elements of comprehensive planning related to supporting community health and health in all policies.

Employee survey results

Employees were asked to give their home address zip code and then rank the hospital's identified priorities. The most important priority was coded to a score of 1, so a lower average score indicates a higher priority to the employees. Respondents were then asked to select from among pre-identified options for the role that Allina Health could play in each priority area and were given an opportunity to share the most important thing Allina Health can do and offer any other comments.

Total Number of Respondents United Hospital: 227

Rank of Priorities:

1. Mental health and wellness (1.47 mean score)
2. Overweight/obesity (1.88 mean score)
3. Access to healthy food (2.06 mean score)

Mental health and wellness:

- Allina Health's role (top 3):
 1. Make it easier to use our health care services
 2. Offer classes or support groups related to health issues
 3. Help create environments that make the healthy choice the easy choice
- Most important thing to do:
 - Educate on mental health conditions and resources, target schools, offer classes
 - Increase access to mental health services, more provider availability, more affordable options
 - Hire more trained staff to provide mental health services and education
- Comments:
 - Increase education in the schools on mental health conditions and addiction
 - Insurance affordability
 - Partner with and utilize other community resources

Overweight/obesity:

- Allina Health's role (top 3):
 1. Offer classes or support groups related to health issues
 2. Help create environments that make the healthy choice the easy choice
 3. Share information about health through seminars, meetings or websites
- Most important thing to do:
 - Education, offer more exercise and healthy eating classes that are low-cost or free
 - Set up programs for families and their children to promote healthy weight and activity, can partner with existing programs in the community (e.g. Farmers markets)
 - Offer gym memberships at a reduced price/incentives for belonging to a gym
- Comments:
 - Set up healthy eating on a budget programs at no cost
 - Support and encouragement
 - Cost is a big factor

Access to healthy food:

- Allina Health's role (top 3):
 1. Help create environments that make the healthy choice the easy choice
 2. Share information about health through seminars, meetings or websites
 3. Offer classes or support groups related to health issues
- Most important thing to do:
 - Work with food shelves, community gardens and farmers markets to improve access to healthy food at a lower cost
 - Lead by example, Allina Health should offer only healthy food options
 - Support school lunch programs and education in the schools
- Comments:
 - Cost is a huge barrier
 - Provide free education

Additional comments:

- Focus on a better measure of health than just BMI
- Get the community involved, especially young families
- Look into alternative health solutions
- Partner with schools on health initiatives

Implementation Plan

Overview of process

After confirming the hospital's top three priorities with the community and gathering community ideas for action, United Hospital developed an implementation plan based on that input. This plan outlines the set of actions that the hospital will take to respond to the identified community needs including: goals, objectives and process and outcome indicators with which the actions will be assessed. Existing community resources that address the issue are also listed so as to reduce duplication and identify possible partners.

The implementation plan was developed at two of the United Hospital Community Engagement team meetings in June and August, which includes hospital and clinic leaders and employees. Staff then held individual meetings with representatives from the Ramsey County Food and Nutrition Commission; Ramsey County Public Health; local city planners; several local nonprofit service providers, including human service providers, food shelf representatives, community center staff, public housing staff and residents, and other similar organizations to gather input on the implementation plan as it was being developed.

The following implementation plan is a three-year plan depicting the overall work that United Hospital will conduct to address the priority areas. Yearly work plans will be developed to provide detailed actions.

Priority 1: Mental health and well-being, with particular focus on reducing stigma and access to services

Resources: In the community, several resources work to support mental health and wellness such as the Center for Community Health, United Hospital Mental Health Crisis Alliance/ Mental Health Urgent Care for Adults, United Hospital Mental Health Roundtable, Catholic Charities, The Guild and Canvas Health. Allina Health and United Hospital already partners with many of these organizations and will explore new ways to collaborate or deepen existing relationships.

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

Objectives:

1. Advocate for and partner with communities to develop a comprehensive and reliable continuum of mental health and addiction care, including identifying and eliminating gaps in service.
2. Increase awareness of mental health conditions and eliminate stigma related to mental health conditions.

Priority 2: Overweight/Obesity

Resources: Many resources and partners are already working to address overweight/obesity among residents through various initiatives. Some of these resources include St. Paul-Ramsey County Public Health, the Statewide Health Improvement Program (SHIP), local food shelves and mobile markets (Twin Cities Mobile Market, Keystone Community Services, Neighborhood House), CLUES (serving the Latino community), Model Cities, Ramsey County Friends of the Library, Ramsey County YMCA locations, St. Paul Public Housing Agency, St. Paul Public Schools, West Side Community's school-based program and United Hospital's Baby Café.

Goal: Decrease the percentage of the population who is overweight or obese.

Objectives:

1. Implement at least three healthy eating skill-building opportunities annually in the community.
2. Fund two to five local grants as part of a systemwide effort to distribute approximately 50 Neighborhood Health Connection grants to support projects for the same group of adults, older adults and/or families to increase social connections through healthy eating and physical activity in their local communities.

Priority 3: Access to healthy food

Resources: In Ramsey County, several resources exist to increasing the community's access to healthy food. Examples include meal programs such as Meals on Wheels and Loaves and Fishes; local food shelves and mobile markets such as Twin Cities Mobile Market, Keystone Community Services, and Neighborhood House; and community gardens including Frogtown Farms, Gardening Matters and Urban Roots. St. Paul-Ramsey County Public Health,

the Statewide Health Improvement Program (SHIP), Ramsey County Food and Nutrition Commission and Ramsey County Healthier Meals Coalition are also conducting work in this area.

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

Objectives:

1. Work with community organizations to improve access to healthy food in the communities we serve through charitable contributions, employee volunteer opportunities, advocacy and innovative community partnerships.

Resource commitments

Allina Health will commit both financial and in-kind resources during 2017–2019 to ensure effective implementation of its planned activities to meet the goals and objectives identified. Resources may include specific programs and services offered by the hospital, staff time devoted to collaborations with others to advance collective work, charitable contributions and employee volunteerism.

Evaluation of objectives

Throughout the implementation phase, specific metrics will be tracked to document progress toward meeting goals and objectives and make adjustments to the implementation plan as needed. Specific evaluation plans will be established or continued for programs and initiatives as appropriate. Monitoring of population-level metrics and systemwide metrics will also provide context for the health status of the communities which Allina Health serves and the work of Allina Health overall (see Appendix B).

Acknowledgments

Staff at Allina Health would like to thank many partners who made this assessment and plan possible:

- Individual community members who offered their time and valuable insights;
- The Improve Group, who facilitated our community conversations;
- Partner organizations that 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;
- Allina Health and United Hospital staff who provided knowledge, skills and leadership to bring the assessment and plan to fruition; and
- Allina Health System Office staff and interns who supported the process throughout, including Christy Dechaine, Sarah Bergman, Brian Bottke and Axmed Siciid.

Conclusion

Allina Health will work diligently to address the identified needs prioritized in this process by taking action on the goals and objectives outlined in this plan.

For questions about this plan or implementation progress, please contact:

- [Heather Peterson](#), Community Engagement Lead for East Metro region at ***Heather.Peterson@allina.com*** or
- [Debra Ehret Miller](#), Community Benefit and Evaluation Manager at ***Debra.EhretMiller@allina.com***

Copies of this plan can be downloaded from our website:

[allinahealth.org/About-Us/Community-involvement/.](http://allinahealth.org/About-Us/Community-involvement/)

Appendices

Appendix A: *Equity Care Guide Interview Notes, 3/31/16*

Three Allina Health equity care guides and their supervisor were interviewed regarding two priority areas identified across the Allina Health system during the data review and prioritization process.

Mental health and wellness

What is your vision for the community/patients you work with for mental health and wellness?

- Shorter wait times to see providers
- Undocumented people are not afraid to get help and it's affordable
- Persons would be treated with dignity and respect in the community (e.g., Somali) and there would be in-depth education in the Somali community to help with this vision
- Learning materials are available in different languages
- System assesses patients when they come in and “do today's work today” so that a person who needs help gets it the same day and they are not let out the door without support
- We pay attention to stress and issues of daily life as well as specific “conditions” people might have

What do you think is currently working well at Allina Health or in the community to address mental health and wellness?

- Walk-in centers for counseling that exist in the community that do not require insurance
- Partners/resources such as CLUES and Neighborhood House
- NAMI
- Community paramedics—we can use them to assess and educate in the home/community
- Mental health integration with primary care
- Triage line
- Be the Change
- Patient representatives at clinics are available to help with billing questions; get people on Partner's Care

What do you think Allina Health should do differently or support in the future to address mental health and wellness?

- More education and prevention—changes in policy and programs
- Connect people better to resources we have, such as Partner's Care before bad debt and bills
- Better early case management—determine whether the need is for a care guide,

social worker, etc.

- Greater visibility of mental health concerns in the community
- Care guides specific to mental health
- Support for families of people who have mental health conditions/addiction
- Support (such as groups) for people with mental health conditions/addiction

Healthy Eating and Active Living

What is your vision for the community/patients you serve regarding healthy eating and active living?

Healthy Eating:

- We refer and use the Nutritionists, Dieticians, and other experts in the system
- Healthy food would be accessible in neighborhoods like Cedar Riverside and around Abbott Northwestern
- There would be mobile markets where you can use food stamps
- There would be community gardens
- Programs would be culturally specific and focus on making changes for the whole family

Active Living:

- There would be inexpensive places to go close to home to be active
- Investments would be made in the community so that community members feel safe going outside and being active
- Insurance companies would give incentives to people for working out and/or going to their appointments

What do you think is currently working well at in the community or at Allina Health to address healthy eating and active living?

- Backpack programs that give kids food to take home during the weekend, such as Brainpower in a Backpack or Backpack Buddies
- Train-the-trainer models like the one used at VEAP
- Neighborhood House has inexpensive gym memberships. They also give fresh fruits and vegetables for individuals after an intake has been done.
- Health Partners Clinics are doing an incentive program related to healthy kid activities
- The local farmer's market at Abbott Northwestern

What do you think Allina Health should do differently or support in the future to address

healthy eating and active living?

- We need to better connect patients to resources, specific ideas included:
 - Care navigation and more case management in the primary care environment, especially with chronic care management
 - Similar to the patient rep in a clinic, we should have someone specialized in mental health or diet in the clinics for immediate help
 - Assess patients' knowledge of resources and if they need help, give them resources
- Invest in neighborhood improvement initiatives
- Share recipes or materials with healthy meal ideas, or boxes of food and include recipes
- Incentivize people to make healthy choices
- Have Allina experts available to answer questions from staff or the community. For example, an “ask the expert” button at Allinahealth.com.

Appendix B: Allina Health Systemwide Performance Indicators

Population Health Metrics

The following population-level indicators will be used to provide context and to monitor the community's status related to the identified priorities. Data will be analyzed at the county-level to match the hospital's defined community/communities in the CHNA process.

Healthy Eating and Active Living/Physical Activity		
Adult physical activity	Percentage of adults engaging in no leisure time physical activity	National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Youth physical activity	Percentage of 9th graders who were physically active for 60 minutes or more on at least five of the last seven days	Minnesota Student Survey (MSS)
Adult fruit and vegetable consumption	Percentage of adults eating less than five servings of fruit and vegetables daily	Behavioral Risk Factor Surveillance System (BRFSS)
Youth fruit and vegetable consumption	Percentage of 9th graders consuming at least one serving of a) fruit and b) vegetables daily	MSS
Adult BMI	Percentage of adults who are overweight or obese	BRFSS
Mental Health and Wellness		
Youth suicidal thoughts	Percentage of 9th graders with suicidal thoughts in the past year	MSS
Adult mental distress	Percentage of adults reporting more than 14 days of poor mental health per month	BRFSS
Addiction		
Adult binge drinking	Percentage of adult males having five or more drinks on one occasion and females having four or more drinks on one occasion	BRFSS
Youth drinking	Percentage of 9th and 11th grade students who reported using alcohol within the past 30 days	MSS
Youth illicit drugs	Percentage of 9th and 11th grade students who reported using any illicit drugs (not alcohol or tobacco) during past 12 months	MSS
Adult current smokers	Percentage of adults who currently smoke cigarettes some days or every day	BRFSS
Youth smoking	Percentage of 9th graders who smoked one or more cigarettes, past 30 days	MSS

Aging		
Fall related deaths, 65+	Number of adults age 65 and older who die as a result of a fall related injury (ICD10 codes W00 to W19)	Center for Disease Control and Prevention Wide-ranging Data for Epidemiologic Research (CDC WONDER))
Chronic Conditions prevalence, 65+	Percent of adults age 65+ with a chronic condition	Minnesota Department of Health (MDH)
Access to Care		
Uninsured	Percentage of population without health insurance coverage	MN Access Survey, MN Compass (Rice, Steele and Brown Counties)
Lack of consistent primary care	Percentage of adults who self-report that they do not have a primary care provider	BRFSS

Systemwide Metrics

The following process indicators will be used to monitor Allina Health progress across the health system during 2017-2019 CHNA implementation phase. These metrics will be pulled from Allina Health records by System Office staff as needed.

Mental Health and Wellness	
Employee volunteerism	Total number of volunteer hours tracked systemwide by Allina Health employees in community on projects and programs related to mental health and wellness.
Charitable contributions	Percent of all charitable contribution dollars given by the Allina Health system to organizations addressing mental health and wellness.
Healthy Eating and Active Living/Physical Activity	
Employee volunteerism	Total number of volunteer hours tracked systemwide by Allina Health employees in community on projects and programs related to healthy eating and/or active living
Charitable contributions	Percent of all charitable contribution dollars given by the Allina Health system to organizations addressing healthy eating and/or active living.
Access to Care	
Charitable contributions	Percent of all charitable contribution dollars given by the Allina Health system to organizations addressing health care access. (Reported for hospitals with health access as a priority in the CHNA).



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