2020–2022

Community Health Needs Assessment and Implementation Plan

Allina Health

ABBOTT NORTHWESTERN HOSPITAL

TABLE OF CONTENTS

INTRODUCTION

Abbott Northwestern Hospital (Abbott Northwestern) 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.

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 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 Abbott Northwestern and the implementation plan to address them in 2020–2022. This report also highlights the hospital's 2017–2019 activities to address needs identified in the 2016 assessment.

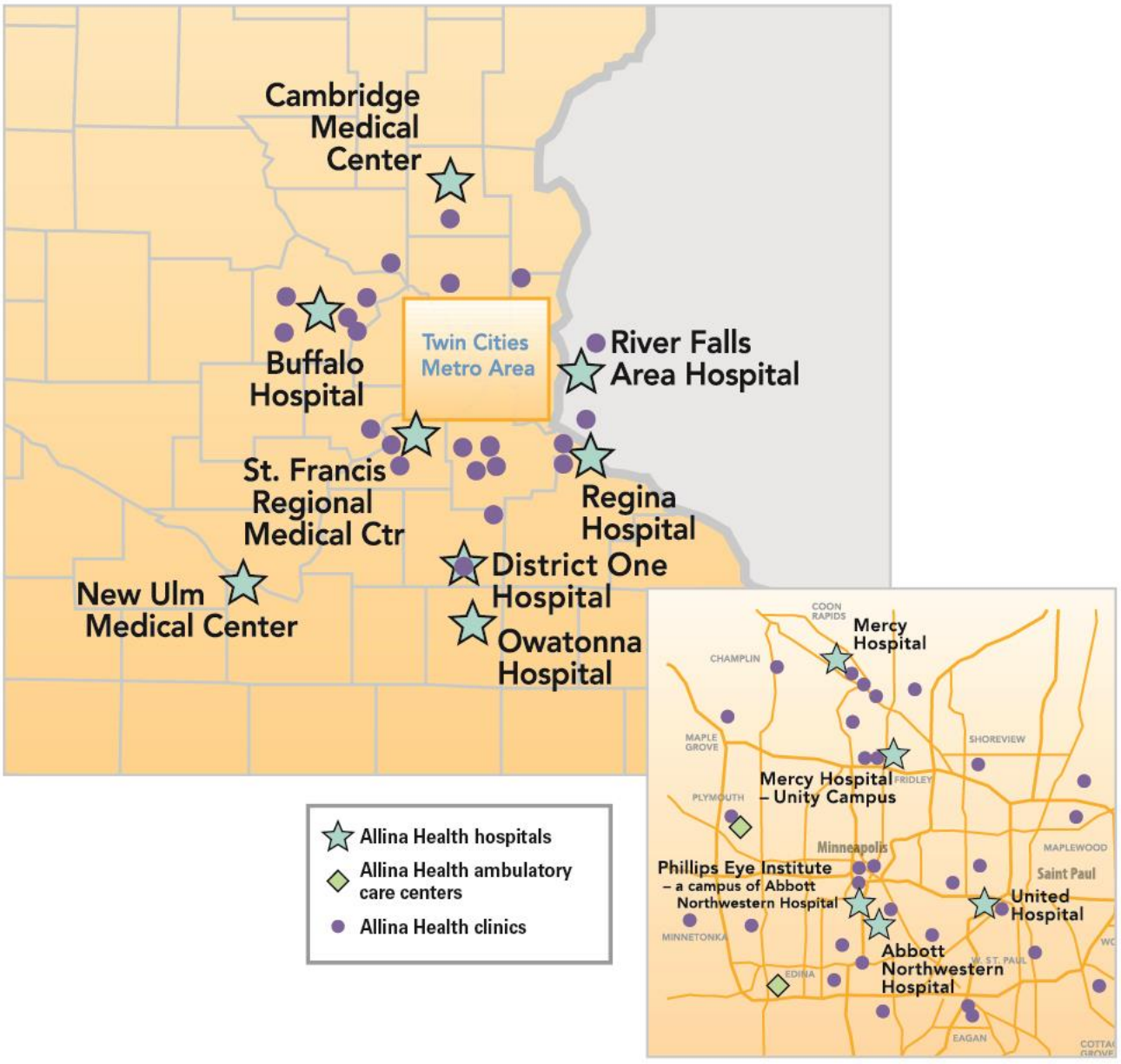
ALLINA HEALTH DESCRIPTION

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 south Minneapolis, Abbott Northwestern is the largest nonprofit hospital in the Twin Cities. Each year, Abbott Northwestern serves more than 200,000 patients and their families from across the Twin Cities and Upper Midwest. Though the hospital serves patients from a wide geographic area, its primary service area (and focus of the CHNA) is Hennepin County—a dense urban and suburban area that includes Bloomington, Minneapolis and its surrounding suburbs.

The hospital is known across the United States for its centers of excellence: cancer care through the Virginia Piper Cancer Institute®; cardiovascular services in partnership with the Minneapolis Heart Institute®; the Spine Institute; Neuroscience Institute; Orthopedic Institute; obstetrics and gynecology through WomenCare®; and physical rehabilitation through the Courage Kenny Rehabilitation Institute®. In 2019, nearby Phillips Eye Institute (PEI) officially became a campus and clinical program of Abbott Northwestern. Affiliated clinics include Bloomington, East Lake Street, Centennial Lakes, Greenway, Isles, Nicollet Mall, Uptown, Richfield, Plymouth, Minnetonka, Hopkins, Sharpe Dillon & Cockson, Women's Health Consultants, Abbott Northwestern-WestHealth and the Abbott Northwestern Center for Outpatient Care.

The hospital has a long history of working to improve health in the community it serves through both charitable giving by the Abbott Northwestern Hospital Foundation and programming efforts that address health needs in the community.

COMMUNITY DEMOGRAPHICS

According to the U.S. Census Bureau, Hennepin County is the most populated county in Minnesota with 1,224,763 residents. Its population density, estimated at 2,081.7 persons per square mile, is greater than the national average. The median age is 36 years and 22 percent of the population is under age 18. Similar to Minnesota as a whole, Hennepin County's racial and ethnic diversity has increased in recent years. Just over one-quarter (26.6 percent) of Hennepin County residents are people of color—primarily Black (12.7 percent), Hispanic or Latino (6.9 percent) or Asian (7.0 percent). Approximately 13.9 percent of residents are foreign born and 7.4 percent had limited English proficiency. The median household income in 2017 was $71,154 with 11.5 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).

Hennepin County residents face many of the same health concerns that are common across the United States. For example, Feeding America estimates 128,620 people in the county (11 percent) experienced food insecurity in 2017. Additionally, many residents struggle to access health care. Although more people are insured than in the past, at least 3 percent of residents are uninsured. Approximately 57 percent of adults in Hennepin County are overweight or obese. In 2018, 12.3 percent of residents reported experiencing poor physical or mental health in 14 or more of the past 30 days (Hennepin County SHAPE). Additional information about Hennepin County can be found online at Minnesota Compass.

EVALUATION OF 2017–2019 IMPLEMENTATION PLAN

In its 2017–2019 Community Health Needs Assessment, Abbott Northwestern adopted obesity, mental health and health care access as its health priorities. Phillips Eye Institute adopted school readiness and access to health services as its priorities. Both addressed them between 2017 and 2019 through their own initiatives and Allina Health's 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, approximately 250 school and community professionals (22 from Hennepin County) participated in a train-the-trainer model aimed at equipping community members to engage with teens, parents and guardians using the CTC program and materials.

To support a culture of mental well-being in local high schools, Allina Health launched the Change to Chill School Partnership (CTCSP) during the 2018–2019 school year. At nine high schools, CTCSP reached more than 10,000 students through focus groups, peer mentoring and a designated space called "Chill Zone" to practice self-care. Staff training and messages for parents were also provided. Abbott Northwestern supported Hopkins High School in Minnetonka, reaching 1,600 students and providing training to 27 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 most participants increased their social connections, made positive changes in physical activity and healthy eating and maintained these changes for at least six months. Abbott Northwestern awarded $81,000 in NHC grants to 14 local organizations from 2017–2019 in its region.

Health Powered Kids

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

Healthy Food Initiative

To address food insecurity, Allina Health launched a healthy food initiative in 2017 to ensure all people in its communities have access to healthy, fresh and affordable food. Through charitable contributions, Allina Health contributed more than $400,000 to healthy eating initiatives across its service area betweeen 2017 and 2018, including more than $129,000 in Abbott Northwestern's region. Additionally, through three annual "Give Healthy Food Drive" events, Allina Health employees collected 28,348 pounds of food that were distributed to 250 food shelves. In 2018 and 2019, Allina Health also offered coupons to Fare for All, a program of The Food Group, to community members at 52 clinics. Fare for All offers fresh produce and frozen meats at a low cost. Through this partnership, residents purchased nearly 1,200 boxes of healthy food—more than 400 of which were purchased through support from Abbott Northwestern's affiliated clinics.

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 ABBOTT NORTHWESTERN ACTIVITIES

Goal 1: Reduce overweight and obesity by improving nutrition and physical activity levels.

In 2017 and 2018, Abbott Northwestern provided more than $60,000 to 10 farmers markets, food shelves and community-based food distribution programs. Recipients taught community members how to grow and prepare fresh fruits and vegetables and they provided meal delivery to home-bound residents. Abbott Northwestern also funded the Meet Your Vegetables program at the Mill City Farmer's Market. Through this program, customers receive food samples, recipes and health education from Abbott Northwestern staff.

To promote physical activity, Abbott Northwestern distributed more than 900 bicycles and helmets to low-income youth as part of Allina Health's Free Bikes 4 Kidz program. It also partnered with local

nonprofits to engage children in cross-country skiing and snowshoeing. Through sponsorship of the Three Rivers Park District's Trail Mix Race, the hospital helped to raise funds for adaptive athletic equipment in park facilities.

Goal 2: Promote mental health by increasing access to mental health services and provide opportunities for increased social connections.

In addition to expanding the Change to Chill™ program in Hennepin County, Abbott Northwestern focused on building community partnerships to improve mental well-being. Abbott Northwestern staff actively supported the Hennepin County Community Health Improvement Partnership (CHIP) efforts to develop a five-year strategic plan to address housing challenges and its impact on mental health. Along with leadership from Hennepin County, the City of Minneapolis and Abbott Northwestern, CHIP partners (public health and nonprofit organizations) are becoming trauma-informed organizations and engaging local faith and spiritual communities to address mental health. The group is also pursuing a variety of systemic and policy changes to increase access to public housing, and has identified strategies to increase social connections for formerly homeless and recently-housed community members.

Goal 3: Improve general population health by increasing access to health care providers and health-related resources.

Abbott Northwestern staff built multiple partnerships to increase access to health and mental services. With Hennepin County Human Services, Abbott Northwestern provided guidance on the structure of a new mental health urgent care facility near the hospital. Staff participated on action teams that implemented mental health programs in schools to ensure that students have access to high-quality mental healthcare in a supportive and familiar environment. To meet the need for dental care, especially prior to surgery, Abbott Northwestern partnered with Southside Community Health Services to provide dental care to patients. Because transportation is a key factor in accessing health care, Abbott Northwestern staff and leaders from Hennepin County and some cities within it actively advocated for a light rail extension to increase transportation options in the northwest metro. In addition, in 2019, Abbott Northwestern added a 'turn-by-turn' wayfinding program to its Smart Phone app. This program was added after the community identified confusion getting around the hospital as a hindrance to accessing healthcare in the assessment phase of Abbott Northwestern's 2017–2019 CHNA.

LOCAL PHILLIPS EYE INSTITUE ACTIVITIES

Goal 1: Increase childhood readiness for school.

PEI provided the Early Youth Eye Care (E.Y.E.) vision screening program for all children in the Minneapolis and St. Paul public schools to ensure that all children in kindergarten and second, fourth, sixth and eighth graders receive a school-based vision screening. In 2016 and 2017, PEI screened 54,200 elementary-school students, referring 855 for further vision assessment and treatment through the Kirby Puckett Eye Mobile—a service that provides eye exams, glasses, follow-up care and surgery at no cost.

Goal 2. Increase access to healthcare services.

To assist the 25 percent of its patients who face transportation barriers, PEI provided free transportation to 9,770 patients (mostly elderly and low-income) in 2016 and 2017. Most of these patients indicated that they would not be able to access their healthcare services without this transportation support.

2018–2019 CHNA PROCESS AND TIMELINE

Abbott Northwestern is located in a community that is rich in resources, understands key issues, and is willing to create an environment that ensures all people have the chance to be healthy. Abbott Northwestern staff are actively engaged in multiple community-based coalitions that are collectively working to address some of the most pressing issues impacting communities. To efficiently and comprehensively conduct this year's CHNA, Abbott Northwestern staff utilized the resources and assessments being implemented by local public health and community partners, and then augmented with key informant interviews to ensure it captured multiple voices from the community.

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

TIMING	STEPS
June–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 PRIORITIZATION** Data review teams are convened, using locally available data and working closely with public health. Teams prioritize issues using locally-agreed upon criteria.
December 2018–January 2019	**DESIGN COMMUNITY INPUT** Local teams identify specific methods and audiences for community input on the priorities and strategies for action.
January–May 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.
December 2019	**SEEK FINAL APPROVAL** Staff present to Allina Health Board of Directors for Final approval.

DATA REVIEW AND ISSUE PRIORITIZATION

Abbott Northwestern developed a CHNA as part of a collaborative process with the Minneapolis, Hennepin County and Bloomington public health departments, which were simultaneously developing a Community Health Improvement Plan (CHIP) for Hennepin County.

In January 2017, Abbott Northwestern, the three local health departments and 50 stakeholders representing various public agencies and private nonprofit institutions gathered to review city and county data from:

- Minnesota Vital Statistics, U.S. Census survey and WIC
- Minnesota Student Survey

In addition, Abbott Northwestern staff reviewed the following data from local community partners and health departments:

- Southside Community Health Services Medical and Dental Patient Survey (August, 2018)
- Hennepin County Public Health Adolescent Mental Health & Treatment Report (2016)
- Bloomington Public Health Housing & Health Report (May, 2018)

They also reviewed select Allina Health patient data chosen based on priorities defined by the Center for Community Health and Allina Health's equity priorities:

- volume of Allina Health EMS ambulance runs by cities served in Hennepin 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.

In early 2018, Abbott Northwestern and health department staff conducted 23 key informant interviews with individuals representing different cultural groups, businesses and organizations to gain their perspectives on mental health and housing.

FINAL PRIORITIES

Based on the data review and the feedback gained through stakeholder interviews, Abbott Northwestern chose to continue its 2017–2019 priorities for 2020–2022 CHNA cycle:

- Mental health and wellness
- Physical activity and nutrition
- Health care access

NEEDS NOT ADDRESSED IN THE CHNA

Many community residents and stakeholders identified housing and substance abuse as important health issues. Substance abuse and housing will be addressed through systemwide and hospital-specific strategies related to the mental health and substance use priority.

COMMUNITY INPUT

Between January and May 2019, Abbott Northwestern staff conducted 10 key informant interviews to explore various perspectives on each priority. Interviewees included representatives from:

- City of Minneapolis Office of Sustainability
- Walk-In Counseling Center
- Clare Housing (supportive services housing provider for people living with HIV/AIDS)
- Three Rivers Park District
- Southside Community Health Services (federally-qualified health center serving South Minneapolis)
- Minneapolis Public Schools
- Project for Pride in Living (career readiness and affordable housing provider)
- Bloomington faith institution
- Lake Street Council (advocacy organization serving small businesses along Lake Street in Minneapolis)
- Cultural Wellness Center (non-profit serving as the Backyard Community Health Hub)

Through these interviews, Abbott Northwestern explored the following questions:

- How are agency clients and community members impacted by the identified priorities?
- What is most concerning about these priorities?
- What existing strategies and resources are successfully addressing these priorities?
- What strategies can Abbott Northwestern pursue to improve them?

In addition, a local public affairs consultant, Rapp Strategies, interviewed 25 leaders in health care, public health and local government to explore their perceptions of health, healthcare, public health and Abbott Northwestern Hospital. The results of this assessment were also considered in the CHNA process.

COMMUNITY INPUT RESULTS

Abbott Northwestern staff synthesized and grouped the results of the community input opportunities into themes for each priority.

Mental health and wellness

Challenges

Interview participants perceived mental health and wellness as interrelated with broader community challenges such as poverty and racism. These issues, along with housing shortages, affect people's ability to maintain mental health, work consistently, access care and be healthy. Social isolation is another challenge for many residents. This is considered to be especially true for seniors, people moving out of homelessness and parents of young children. Participants also described a significant shortage of mental health services overall and especially for specific populations such as people who are GLBTQIA and people living with HIV.

Ideas and opportunities

Participants suggested that by articulating the underlying causes of poor mental health, Abbott Northwestern should utilize its status as a major employer and healthcare provider to advocate for strategies to improve them. Specific to mental health services, participants suggested helping school districts address mental health issues by expanding school-based mental health services and facilitating smooth transitions back to school for youth who received mental health treatment.

Nutrition and physical activity

Challenges

Key informant interviewees focused their responses on populations facing higher rates of health inequities. They indicated that many people in the communities living around Abbott Northwestern do not have regular access to fresh fruits and vegetables, making it difficult to prevent and manage chronic diseases such as diabetes. They also suggested that park programs and recreation opportunities may not feel welcoming or accessible to some people of color.

Ideas and opportunities

Participants suggested that Abbott Northwestern continue working with community organizations to increase access to fresh fruits and vegetables for those experiencing food insecurity and support organizations that provide physical activity options in culturally appropriate ways.

Health care access

Challenges

Healthcare access and access to mental health services were frequently conflated by key informant interviewees during this CHNA process. Interviewees indicated the best way to improve access is to address the basic economic stability of communities and the people who live in them. Lack of community-based transportation options was also frequently mentioned. A lack of cultural competency among providers negatively impacts trust in health care, personal connections with providers and health among many people of color and GLBTQIA populations.

Ideas and opportunities

Participants suggested Abbott Northwestern create more jobs and continue investing in economic activity and stability in surrounding neighborhoods. Other ideas included supporting infrastructure improvement initiatives that are being planned in the region and training providers in GLTBQIA-appropriate care techniques.

2020–2022 IMPLEMENTATION PLAN

After the data review and community input phases, Abbott Northwestern'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, Abbott Northwestern 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.

Abbott Northwestern's final implementation plan incorporates Allina Health's systemwide plans and local strategies and activities. 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, Abbott Northwestern's available resources and Allina Health's systemwide contributions. To make progress in achieving health equity among residents in its service area, Abbott Northwestern will prioritize partnerships and activities that will engage populations that experience health disparities and have been historically underserved.

PRIORITY 1: MENTAL HEALTH AND WELLNESS

Goal 1: Increase resilience and healthy coping in communities.

Strategies

- Address social isolation and historical trauma.
- Reduce barriers to finding and keeping stable housing.
- Increase social connectedness and community-wide resilience efforts.
- Increase resilience among school-age youth.

Activities

- Offer Change to Chill™ programming in at least one high school each year and continue to support current Change to Chill™ schools, as requested.
- Enhance and promote Health Powered Kids mental health and wellness programming to Hennepin County schools.
- Support grassroots community-based efforts around resilience efforts, including social connectedness.
- Co-chair Hennepin County Community Health Improvement Partnership (CHIP); collectively address non-financial reasons for housing instability.
- Develop initiatives to reduce social isolation.
- Identify opportunities to address historical trauma.
- Explore new partnerships to address the housing crisis.

Community partners
School-based mental health care providers, community-based mental health care providers, Hennepin County Public Health Department, Hennepin County CHIP, nonprofit partners working with newly-housed and community-based organizations.

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

Strategies

- Decrease stigma associated with seeking help for mental health and substance use conditions, with a particular focus on the experiences of racial and ethnic minorities and other historically underserved communities.
- Increase support of policy and advocacy efforts aimed at improving access to mental health and substance use services.
- Increase mental healthcare options available in community-based settings.

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.
- Work with community agencies to support stigma-elimination activities.
- Support and advocate for local and state policies aimed at increasing the number of mental health and substance use services and improving access to them.
- Provide support to and explore referral partnerships with local community-based mental healthcare providers.

Community partners
Area schools, public health, NAMI MN, community-based mental health care providers and other local coalitions.

PRIORITY 2: PHYSICAL ACTIVITY AND NUTRITION

Goal: Increase physical activity and healthy eating, promote nutrition and reduce barriers to healthy food access.

Strategies

- Integrate traditionally underserved communities' cultural approaches to chronic disease management into patient and community resources.
- Promote nutrition and physical activity.
- Improve access to healthy food.

Activities

- Contribute Allina Health resources to organizations that provide culturally-appropriate food.
- Support the Backyard Health Hub's chronic disease management programs.
- Work with local nonprofits and faith-based organizations to provide food to people in need.
- Refer patients experiencing food insecurity to local food services.
- Provide grant-making, charitable contributions and employee volunteer opportunities to healthy food-related activities and organizations.
- Make healthy eating and active living resources available to local communities through the Health Powered Kids website.
- Actively contribute to and participate in community coalitions and partnerships related to healthy food and active living.

Community partners
Backyard Health Hub, The Food Group, Sheridan Story, food shelves and faith-based organizations.

PRIORITY 3: HEALTH CARE ACCESS

Goal: Community members access health care at the appropriate level in welcoming and culturally-diverse facilities and settings.

Strategies

- Maintain access to routine vision screening and follow-up vision care for children in the Minneapolis and St. Paul Public Schools.
- Address infrastructure and community-based challenges that create barriers to healthcare.
- Improve care of GLBTQIA patients at Abbott Northwestern, Allina Health clinics and other healthcare and social service agencies.

Activities

- Conduct vision screening and follow-up vision care in Minneapolis and St. Paul public schools
- Maintain Courage Kenny Rehabilitation Institute's representation as a voting member of the Metro Blue Line Extension (Bottineau LRT) Business Advisory Committee.
- Continue advocating for improved transit and transportation investment and implementation such as bonding money for Minneapolis' D Line and B Line BRT routes.
- Develop partnerships with housing and community development advocates to address the housing shortage.
- Implement practices to recognize and treat GLBTQIA patients in a professional, warm and inclusive manner, and disseminate practices to other clinics and agencies.

Community partners

Minneapolis and St. Paul Public Schools, nursing and allied health professional training programs, local, state and federal government, community development agencies and community-based nonprofit partners serving the GLBTQIA community.

SOCIAL DETERMINANTS OF HEALTH

Across Allina Health's service area, hospitals indicated 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. Abbott Northwestern will participate in the plan's implementation.

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

Strategies

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

Activities

- Support the successful implementation and evaluation of the Accountable Health Communities model at participating sites.
- Champion development of and support transition to 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 community coalitions aimed at improving access to transportation,

housing and food and contribute Allina Health resources, expertise and data, as appropriate.

RESOURCE COMMITMENTS

To effectively implement these strategies and activities, Abbott Northwestern 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

Abbott Northwestern will develop specific work plans for implementing the activities outlined in the implementation plan. During the 2020–2022 CHNA period, it will monitor its progress on work plans by tracking process measures such as number of programs delivered and people served, staff time dedicated and dollars contributed.

Allina Health will evaluate systemwide programs and initiatives (e.g., Change to Chill™) to assess effects on intermediate outcomes (e.g., resilience) that evidence shows are likely to lead to improvement on population health measures such as mental health or obesity. To assess the long-term effects of activities on such health measures, Allina Health will monitor population-level indicators related to Abbott Northwestern and systemwide priorities. Where possible, data will be analyzed at the county-level to match the hospital's defined communities in the CHNA process. If county-level data are not available, data will be analyzed by region. Examples are shown in the Appendix.

CONCLUSION

Abbott Northwestern Hospital and Allina Health will work diligently to address the needs identified in this process by taking action on the strategies and activities outlined in this plan.

For questions about this plan or implementation progress, please contact: Alison Pence, Community Engagement Lead for West Metro region or Christy Dechaine, Community Benefit and Evaluation Manager.

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

ACKNOWLEDGEMENTS

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

- The many individual 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, most especially local public health agencies;
- Allina Health System Office staff and interns who supported the process throughout, particularly Leah Jesser and Bri Wagner; and,
- Other staff at Allina Health and Abbott Northwestern who provided knowledge, skills and leadership to bring the assessment and plan to fruition.

APPENDIX: ALLINA HEALTH SYSTEMWIDE PERFORMANCE INDICATORS

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

Allina Health

ABBOTT NORTHWESTERN HOSPITAL