2020–2022

Community Health Needs Assessment and Implementation Plan

Allina Health

CAMBRIDGE MEDICAL CENTER

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INTRODUCTION

Cambridge Medical Center (Cambridge) 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 Cambridge and the implementation plan to address them between 2020 and 2022. This report also highlights Cambridge's 2017–2019 activities to address needs identified in the 2016 assessment.

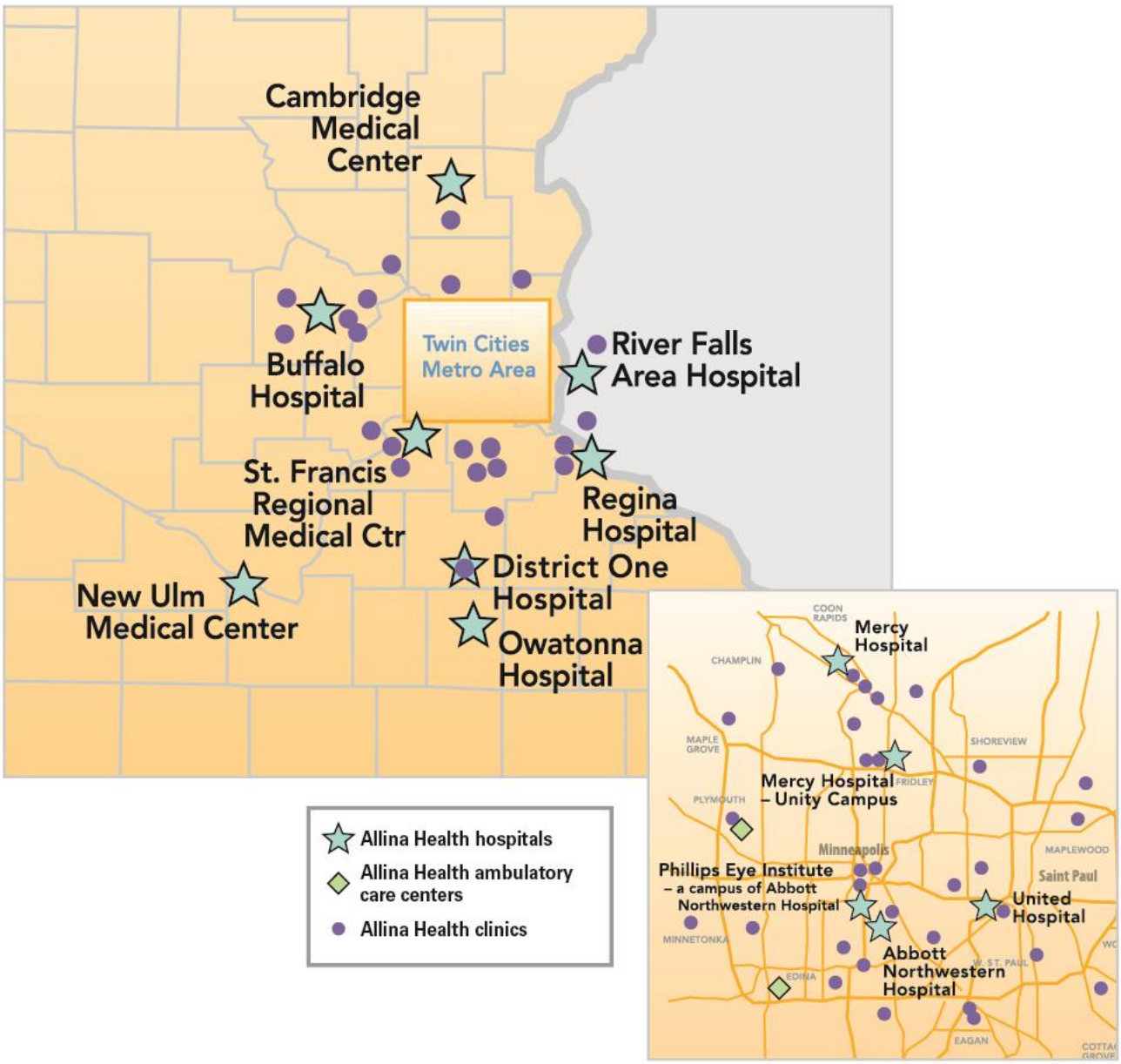
ALLINA HEALTH DESCRIPTION

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

Cambridge Medical Center, located in the city of Cambridge, is a combined clinic and hospital providing comprehensive care. Its primary service area (and the focus of the CHNA) is Isanti County—a rural county located north of the Twin Cities area.

The medical center is comprised of a large multi-specialty clinic and an 86-bed hospital located on one large campus. A same-day clinic, retail pharmacy and eye care center are also located in the facility.

One of the most distinctive aspects of the medical center is its size. Although located in a small community, the medical center has more than 150,000 clinic visits, 4,000 inpatient hospital admissions and over 100,000 outpatient visits annually. There are more than 65 physicians and providers on staff and 27 consulting physicians providing specialty care, such as cardiology, oncology, ENT and urology. The medical center has more than 900 employees, and is the largest employer in the city of Cambridge. Additionally, it was recognized by the Joint Commission for exemplary performance in using evidence-based clinical processes that are shown to improve care for pneumonia and surgical care.

In addition to its exceptional medical services, Cambridge also has a long history of working to improve health in the community through charitable giving and programming efforts that address community health needs.

COMMUNITY DEMOGRAPHICS

According to the U.S. Census Bureau, a total of 38,584 residents live in the 452-square-mile area occupied by Isanti County. The area's population density, estimated at 85 persons per square mile, is less than the national average. The median age in Isanti County is 39.5 years. Approximately 24 percent of its total population is under age 18 and 14.5 percent are age 65 or older. Approximately 4 percent of area residents are people of color: primarily Hispanic or Latino (1.8 percent), Asian (1.0 percent) or Black (0.6 percent). The county also has a strong indigenous community with .3 percent of its residents identifying solely as American Indian or Alaska Native. In 2017, 1.5 percent of residents were foreign born, and .4 percent had limited English proficiency. The median household income in 2017 was $67,565 with 7.1 percent of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, 2013–2017 American Community Survey 5-Year Estimates).

Isanti County residents face many of the same health concerns that are common across the United States. For example, Feeding America estimates 3,030 people in Isanti County (7.9 percent) experienced food insecurity in 2017, and although more people are insured than in the past, at least 4 percent of residents are uninsured. Further, the region has a 660:1 ratio of residents to mental health providers compared with Minnesota's overall mental health provider ratio of 430:1. Approximately 33 percent of area adults are obese, and 11 percent report poor general health (County Health Rankings, 2019). According to the 2016 Minnesota Student Survey, Isanti County youth are much more likely than other Minnesota youth to have used tobacco or nicotine in the past month. Additional information about Isanti County can be found online at Minnesota Compass.

EVALUATION OF 2017–2019 IMPLEMENTATION PLAN

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

SYSTEMWIDE ACTIVITIES

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

Change to Chill

Change to Chill™ (CTC) is a free, online resource that provides stress reduction tips, life balance techniques and health education services for teens. More than 30,000 unique users, including teachers, teens and parents, visit the CTC website each year. In 2017 and 2018, Allina Health delivered an in-person model of CTC, reaching more than 2,300 students in high schools, middle schools and alternative learning centers across its service area, including four schools and 740 students in Cambridge's service area. A pre/post participant survey showed an increase in students' knowledge of and ability to use healthy coping techniques. Additionally, nearly 300 school and community professionals (16 from Isanti 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. Cambridge supported Cambridge-Isanti High School, reaching 1,400 students and providing training to six 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. Cambridge awarded $87,000 in NHC grants to 32 local organizations from 2017–2019 in its region.

Health Powered Kids

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

Healthy Food Initiative

To address food insecurity, Allina Health launched a healthy food initiative in 2017 to ensure all people in its communities have access to healthy, fresh and affordable food. Through charitable contributions, Allina Health contributed more than $400,000 to healthy eating initiatives across its service area between 2017 and 2018, including $3,400 in Cambridge's region. Additionally, through three annual "Give Healthy Food Drive" events, Allina employees collected 28,348 pounds of food that were distributed to 250 food shelves. In 2018 and 2019, Allina Health also offered coupons to Fare for All, a program of The Food Group, to community members at 52 clinics. Fare for All offers fresh produce and frozen meats at a low cost. Through this partnership, residents purchased nearly 1,200 boxes of healthy food.

Accountable Health Communities model

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

LOCAL CAMBRIDGE MEDICAL CENTER ACTIVITIES

Goal 1: Improve mental health and wellness for community members through increased access to care, programs and services.

In addition to its promotion of Change to Chill™ in the local high school, Cambridge promoted mental health through 25 Health and Happiness events, reaching 749 adults and youth. Cambridge also offered quarterly Let's Talk Wellness classes that reached 150 community members.

Goal 2: Increase awareness about the negative health impacts of tobacco/e-cigarettes, alcohol and other drugs.

To prevent substance use, the hospital implemented policy and educational strategies. It worked with the Isanti County Substance Abuse Prevention and Recovery Coalition to support a local law increasing the minimum age to purchase tobacco to 21 and a Social Host Ordinance that makes it illegal for people to provide alcohol to youth. Educational efforts included presentations to hospital providers and "Let's Smoke Out the Truth About E-Cigs" forums for 100 community members. At Cambridge Intermediate School, 87 students participated in the

Tar Wars curriculum. The hospital also provided the Tobacco 101 curriculum to Cambridge-Isanti Middle Schools, Braham Middle School, Arts and Science Academy and Cambridge Christian School. Cambridge Middle School implemented the Tobacco 101 curriculum in its health class during the 2017 and 2018 academic years.

To help people with tobacco cessation, the hospital provided the Freedom from Smoking program to patients in its mental health and substance use units. In addition, the hospital funded the sheriff's department annual Drug Take Back Days that collected 150 pounds of drugs through two Drop Boxes. Since 2014, people have turned in 8,000 pounds of drugs to the boxes.

Goal 3: Improve healthy eating and active living in communities.

Between 2017 and 2018, Cambridge offered three sessions of the National Diabetes Prevention Program, a year-long program that helps participants prevent diabetes by losing five to seven percent of their bodyweight through healthy eating and physical activity. Fifty-five people participated in the program with approximately 48 percent achieving at least a five percent weight loss. The hospital also delivered healthy eating cooking classes for 62 Early Childhood Family Education (ECFE) participants through Cambridge, Isanti and St. Francis school districts. For its own employees, Cambridge offered five wellness Lunch and Learns that attracted 80 participants.

2018–2019 CHNA PROCESS AND TIMELINE

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

Cambridge leadership received and approved individual hospital plans. Allina Health Board of Directors gave final approval.

TIMING	STEPS
July–September 2018	**ORGANIZING and VISIONING** Staff establish initial assessment plans, compile learnings from local assessments, identify stakeholder groups for each hospital and share results from current implementation strategy, as appropriate.
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.
January 2019	**ROOT CAUSE ANALYSIS and DESIGN COMMUNITY INPUT** Local teams identify priority root causes and 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

Cambridge completed its CHNA in partnership with Isanti County Public Health using the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Partners from Cambridge and the health department began meeting in spring 2018. Together they convened and coordinated a Mobilizing for Action through Planning and Partnerships (MAPP) Committee comprised of 35 representatives from:

- Braham School District
- Cambridge Fire Department
- Cambridge Isanti Early Childhood Education
- Cambridge Medical Center
- Cambridge Isanti Community Education
- Cambridge Isanti Schools
- Cambridge Police Department
- Central MN Council on Aging
- City of Cambridge
- East Central Crisis Services (individuals with mental illness)
- Family Pathways (individuals facing poverty/food insecurity)
- GracePointe Crossing
- Hope in Action (individuals with mental illness & suicide prevention)
- Isanti County Board of Commissioners
- Isanti County Probation
- Isanti County Public Health
- Isanti County Public Health Board
- Isanti County Sheriff's Office
- Isanti Ramsey Community College
- Lakes and Pines Community Action Council
- Local Mental Health Advisory Council
- Minnesota Department of Health
- Region 7E Adult Mental Health Initiative
- Spirit River Foundation

To set the stage for the MAPP process, Isanti County Public Health conducted community engagement activities during the 2018 Isanti Jubilee Days, the Isanti County Fair and Braham Pie Day. Residents wrote 125 Post-it® note responses and 18 people submitted online responses via a Facebook survey to two questions:

- How could Isanti County be a healthier place to live?
- What are your top three health concerns in Isanti County?

The MAPP Committee met four times between August 2018 and January 2019. In its first meeting, it used the summer engagement results to create shared values and a vision for health in Isanti County communities: "We commit to having a vibrant, engaged and compassionate community in which all individuals achieve their ideal physical, mental, spiritual, social and economic well-being."

In October 2018, the MAPP Committee reviewed state and local data resources available for Isanti County, including the Minnesota Student Survey, Women, Infants and Children (WIC) and data from the Minnesota Department of Health's Injury and Violence Prevention unit. The data included demographics, social and economic factors, health behaviors, prevalence of health conditions and health care access. It also included data from local sources, such as Isanti County Sheriff reports and results from the 2015 and 2018 East Central Regional Survey. This 64-question survey of Isanti County residents measured health status, health behaviors, access to health, mental health, dental care and food insecurity. MAPP Committee members used this data to perform a Forces of Change assessment in which they identified factors and trends affecting public health and the community. Key themes included social media use, substance use, an aging population and dental care.

PRIORITIZATION PROCESS

In November 2018, 18 members of the MAPP Committee prioritized health issues using the Nominal Group Technique, a structured method for group brainstorming that encourages contributions from everyone. After reviewing data, participants individually selected their top health priorities and presented them to the group. Through two rounds

of voting and further discussion, they selected top health priorities.

FINAL PRIORITIES

- Lack of social connectedness
- Mental health and well-being, including youth suicide and adult mental well-being
- Youth substance use, including alcohol, tobacco and e-cigarettes

NEEDS NOT ADDRESSED IN THE CHNA

Though recognized as important health issues in the community, the MAPP Committee did not include the aging population, nutrition, adult substance use and suicide or childhood trauma on its list of final priorities. The aging population was not included because other community group, such as ACT on Alzheimer's and East Central Senior Network committees, are better equipped to lead work focused on this population. Cambridge Medical Center will continue to support these groups. Nutrition was not included because the hospital has been working closely with Partners in Healthy Living to implement programs that address this issue. These programs are well-established, and the group felt it most appropriate to maintain them, rather than develop initiatives. Childhood trauma will be addressed through the mental health and substance use priorities. Adult substance use and suicide will be addressed through the mental health priority.

COMMUNITY INPUT

Following the selection of the top health priorities, Cambridge and Isanti County Public Health implemented three strategies to assess community members' perspectives on these priorities and to identify strategies for addressing them:

- Root cause analysis
- Community dialogues
- Online survey

Root cause analysis

In January 2019, MAPP Committee members participated in a facilitated discussion to identify barriers and opportunities related to the three priorities. Participants first identified their vision for health, reviewed current data trends and set a goal for each priority. Next they discussed facilitators and barriers to meeting each priority's goal and potential community partners that could assist.

Community dialogues

To incorporate additional community feedback, staff from Cambridge and Isanti County developed a Conversation in a Box guide that the following community groups used to facilitate 13 dialogues with their clients and constituents:

- North 65 Chamber of Commerce
- Lakes and Pines Community Action Council
- Braham School and PTA
- Cambridge Wellness Leadership Team
- Isanti County Substance Use Prevention and Recovery Coalition
- Cambridge Community Engagement Council
- Isanti County Local Mental Health Advisory Council (LAC)
- ACT on Alzheimer's
- Early Childhood Family Education
- Cambridge-Isanti Early Childhood Programs
- Worksite Wellness Group
- Community Moms Group
- Cambridge Tobacco Intervention Committee

Through the community dialogues, 150 participants discussed the easiest strategies to pursue each health priority and ways in which Cambridge and other organizations could change their services to better serve both rural and urban residents of different ages and cultural backgrounds.

Online survey

Isanti County Public Health also created an online survey that asked the same questions as the Conversation in a Box. The hospital, health department and North 65 Chamber of Commerce posted the survey on their Facebook pages. Thirty-six people responded.

COMMUNITY INPUT RESULTS

Lack of social connectedness

Barriers and issues

Participants identified technology, social media and the lack of in-person support systems as contributing to social isolation and decreased mental health, particularly among young people. Infrastructure issues, such as remote living coupled with no public transit or community gathering spaces, were also named as factors related to social isolation. Some participants noted there are few opportunities to meet and connect with people outside of bars. Others indicated there are numerous events and activities in the community, but felt they could be better promoted.

Populations at high risk of experiencing social isolation include seniors (due to limited physical ability and lack of access to transportation), family caregivers experiencing the stress and stigma associated with caring for a loved one with a chronic condition and vulnerable populations, such as people with disabilities, people with serious and persistent mental illness, veterans and survivors of domestic violence.

Existing resources
Participants listed resources that promote social connectedness, including National Night Out, Cambridge coffee chats and programs sponsored through Neighborhood Health Connection grants (e.g., Yoga in the Park and Positivity in the Park). They also cited community education classes, support groups, community gardens and book clubs. The Cambridge Senior Activity Center and Memory Cafés were also named as resources for seniors and caregivers.

Ideas and opportunities
To increase social connections across age groups, people suggested opportunities for older adults and young people to interact. Ideas included creating intergenerational spaces for people to congregate, increasing opportunities for older adults to serve as mentors or volunteers at schools and hosting more events and programs for people of all ages.
Other suggestions included designing a campaign to promote the idea that "we care about each other" and supporting current groups such as community education programs. Participants highlighted the role of churches and faith communities to offer space for activities and help with promotion.

Despite technology being cited as a barrier to social connectedness, participants suggested creating a centralized location, such as an app, for people to learn about activities that are happening in the community.

Mental health and well-being, including youth suicide and adult mental well-being

Barriers and issues
Transportation and rural living were identified as key barriers to mental health and well-being in Isanti County. Many people also mentioned high rates of health-related social needs including poverty, limited affordable housing and high unemployment rates. They also discussed the link between reduced mental well-being, substance use and trauma, particularly childhood trauma. Barriers to accessing mental health care included lack of providers in the community and continued stigma associated with seeking help. Many factors were mentioned that contribute to youth suicide, including social media, bullying, media coverage of world events (including shootings and youth suicides), gaming addiction and childhood trauma caused by family incarceration and chemical use.

Existing resources
Community services such as Early Childhood Family Education (ECFE), public health home visits, drop-in centers, Lighthouse Child & Family Services, LLC and the Mobile Crisis Unit were identified as resources that support mental health and well-being in Isanti County. Participants also listed efforts to increase access to affordable housing and improve awareness of youth suicide and mental health.

Ideas and opportunities
Strategies for improving mental well-being in Isanti County included efforts to improve communication among health and mental health providers and telehealth to increase access to care.

Substance use, including alcohol, tobacco and e-cigarettes

Barriers and issues
Participants indicated that easy access to drugs and alcohol contribute to youth substance use. Specifically, they cited parents failing to lock up alcohol, the concealability of e-cigarettes and insufficient penalties for retailers who sell to minors. Other contributors mentioned included parental modeling and enabling of substance use, family and peer norms and misperceptions about the health risk of vaping. Stress, childhood trauma and mental health were identified as key contributors to substance use for people of all ages.

Existing resources
Participants listed education campaigns, including social media campaigns and Driver's Ed classes, as resources to help reduce substance use, particularly among youth. They also named opportunities to participate in substance-free events and activities, policies such as the Tobacco 21 ordinance and

increased monitoring and reporting by schools and peers.

Ideas and opportunities

To increase awareness of the risks of youth substance use, particularly the health risks of vaping, people recommended educational campaigns aimed at youth and the broader community. They also suggested peer-to-peer education focused on refusal skills. Sponsoring and promoting substance-free activities, such as sober events and youth sports, were also encouraged. Additionally, people suggested local policies to reduce youth access, including city ordinances to limit the sale of flavored tobacco and increase penalties for businesses that sell tobacco to minors.

2020–2022 IMPLEMENTATION PLAN

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

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

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

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

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

Cambridge's implementation plan incorporates both systemwide and local strategies and activities. It integrates community input, strategies whose impact has been proven (i.e., evidence-based strategies) and innovative ideas with potential for addressing the priorities. It reflects programs and services available through other organizations in the community, the hospital's available resources and Allina Health's systemwide contributions. To make progress in achieving health equity among residents in its service area, Cambridge will prioritize partnerships and activities that will serve and engage populations that have been historically underserved and experience health disparities. The Cambridge Medical Center's Board of Directors approved the plan in June 2019. Allina Health Board of Directors gave final approval in December 2019.

PRIORITY 1: LACK OF SOCIAL CONNECTEDNESS

Goal: Increase social connectedness across all stages and ages of life.

Strategies

- Increase participation in existing Isanti County events and activities.
- Build a sense of community spirit and belonging.
- Increase community volunteering and involvement in civic organizations.

Activities

- Promote existing events, activities and membership in civic groups.
- Develop measurement tools to evaluate social connectedness.
- Launch a "getting to know your neighbor" toolkit.
- Promote opportunities such as Nature or Hobby Rx programs for providers to encourage social connectedness among patients.
- Explore opportunities to promote and support intergenerational mentoring programs, such as Big Brothers/Big Sisters.
- Promote volunteer opportunities to hospital employees.
- Support grassroots, community-based efforts around resilience, including social connectedness.

PRIORITY 2: YOUTH SUBSTANCE USE, INCLUDING ALCOHOL AND TOBACCO

Goal 1: Reduce the impact of substance use and abuse on the health, safety and quality of life for Isanti County youth.

Strategies

- Increase support of policy and advocacy efforts aimed at improving access to adolescent substance use services.
- Decrease stigma associated with seeking help for substance use, with a particular focus on the experiences of racial and ethnic minorities and other historically underserved communities.
- Improve youth resilience and refusal skills.
- Reduce youth access to alcohol and tobacco.

Activities

- Work with community partners to design and implement a communications plan to promote available youth substance use prevention programs and resources.
- Sponsor activities that educate and motivate youth to avoid use and abuse of substances.
- Fund and encourage implementation of peer-to-peer programming to help youth develop refusal skills.
- Implement prevention and intervention programming (e.g., the Tar Wars curriculum) in local schools.
- Foster opportunities for youth to participate in substance use prevention efforts and planning.
- Support and advocate for local policies aimed at increasing access to adolescent substance use services and reducing youth access to alcohol, tobacco and other substances.
- Enhance substance use stigma elimination programming in the Change to Chill™ program, with a focus on racial and ethnic populations and other historically underserved communities.
- Offer Change to Chill™ programming in at least one high school each year, and continue to support current Change to Chill™ schools as requested.

PRIORITY 3: MENTAL HEALTH, INCLUDING YOUTH SUICIDE AND ADULT MENTAL WELL-BEING

Goal 1: Reduce barriers to mental health services for people in our communities.

Strategies

- Increase awareness of mental health programs, resources and services.
- Decrease stigma associated with seeking help for mental health conditions, with a particular focus on the experiences of racial and ethnic minorities and other historically underserved communities.
- Improve access to mental health services.
- Increase support of policy and advocacy efforts aimed at improving access to mental health services.

Activities

- Enhance mental health stigma elimination programming in the Change to Chill™ program, with a focus on racial and ethnic populations and other historically underserved communities.
- Promote stigma elimination education and messaging, particularly in May and October mental health awareness months.
- Develop and implement a communications plan to promote and ensure consistent messaging about available mental health services and resources.
- Rebuild relationship between Cambridge and Family Home Visiting Program.
- Conduct training on adverse childhood events (ACEs).
- Develop and promote a "one-stop" resource hub with community partners.
- Provide financial and in-kind support to organizations implementing suicide prevention trainings with community residents.
- Support and advocate for local and state policies aimed at increasing number of and accessibility to mental health services.

Goal 2: Increase resilience and healthy coping skills among community members.

Strategy

- Increase resilience among school-age youth.

Activities

- Incorporate Bounce Back and Promoting Health/Happiness programming in Isanti County schools.
- 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 Isanti County schools.

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; Cambridge will participate in the plan's implementation.

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

Strategies

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

Activities

- Support the successful implementation and evaluation of the Accountable Health Communities model at participating sites.
- Champion development of and support transition to an Allina Health systemwide strategy and care model to identify and address patients' health-related social needs.
- Implement a process to identify key community partners and support their sustainability through financial contributions, exploration of reimbursement models, employee volunteerism and policy advocacy.
- Design and implement a process between Allina Health and community stakeholders 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.

COMMUNITY PARTNERS

ECM Publishers, Region 7E, KBEK Radio, LAC, ICSAC, Hope in Action, Isanti County Public Health, East Central Crisis Services, Isanti County Beyond the Yellow Ribbon, NAMI, Isanti County Integrated Collaborative, Isanti County ACES's steering committee. New Hope Church, law enforcement, ANSR, MN Prevention Resource Center, Quitplan, Alateen, Allina SA/ Addiction Services, Canvas Health, Lighthouse, schools, ICSAPRC, student groups, Isanti County Toward Zero Deaths Coalition, Minnesota Department of Health's Center for Health Statistics, chambers of commerce, cities of Braham, Cambridge and Isanti, civic organizations (Lions, Rotary Club, Masons, Knights of Columbus), 4H, Scouting, VFW-Legion, ARCC, senior centers, memory cafés, ACT on Alzheimer's, community education programs, Early Childhood Family Education, county parks, faith communities, social media and local libraries.

RESOURCE COMMITMENTS

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

EVALUATION OF ACTIVITIES

Cambridge 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 and obesity.

To assess the long-term effects of activities on health measures, Allina Health will monitor population-level indicators related to Cambridge priorities and systemwide priorities. Where possible, data will be analyzed at the county-level to match the hospital's defined community in the CHNA process. If county-level data are not available, data will be analyzed by region. Examples are shown in the Appendix.

CONCLUSION

Cambridge 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: Nicki Klanderud, Community Engagement Lead for North Regional region or Christy Dechaine, Community Benefit and Evaluation Manager.

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

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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 Isanti County adults reporting they receive the social and emotional support they need always or usually (Behavioral Risk Factor Surveillance System (BRFSS)). • Increased percent of Isanti 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 percentage 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 Isanti County adults reporting they sometimes or often could not afford to eat balanced meals (BRFSS). • Reduced percentage of Isanti County households. (renters and homeowners) using more than 30 percent of income on housing costs (MN Compass).
Healthy eating and active living	• Specific measures TBD.	• Reduced percentage of Isanti County adults engaging in no leisure time physical activity (BRFSS). • Increased percentage of Isanti 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 Isanti County adults eating less than five servings of fruit and vegetables daily (BRFSS). • Increased percentage of Isanti 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 Isanti County adults who self-report that they do not have a primary care provider (BRFSS).

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