Community Health Needs Assessment and Implementation Plan 2017-2019

Allina Health

DISTRICT ONE HOSPITAL

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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

District One 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 District One Hospital in Rice 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 District One Hospital:

1. **Mental health and addiction**
2. **Healthy aging in adults 50+**
3. **Community-based access to care**

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 addiction goal:

Improve access to quality, comprehensive mental health and addiction care and services; Reduce social stigma of mental health and addiction.

Healthy aging in adults 50+ goal:

Improve the health, function and quality of life for older adults ages 50 and older.

Community-based access to care goal:

Improve health care access and population health by linking clinical care with community prevention and supporting policy, system and environmental changes aimed at the prevention of chronic disease.

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:

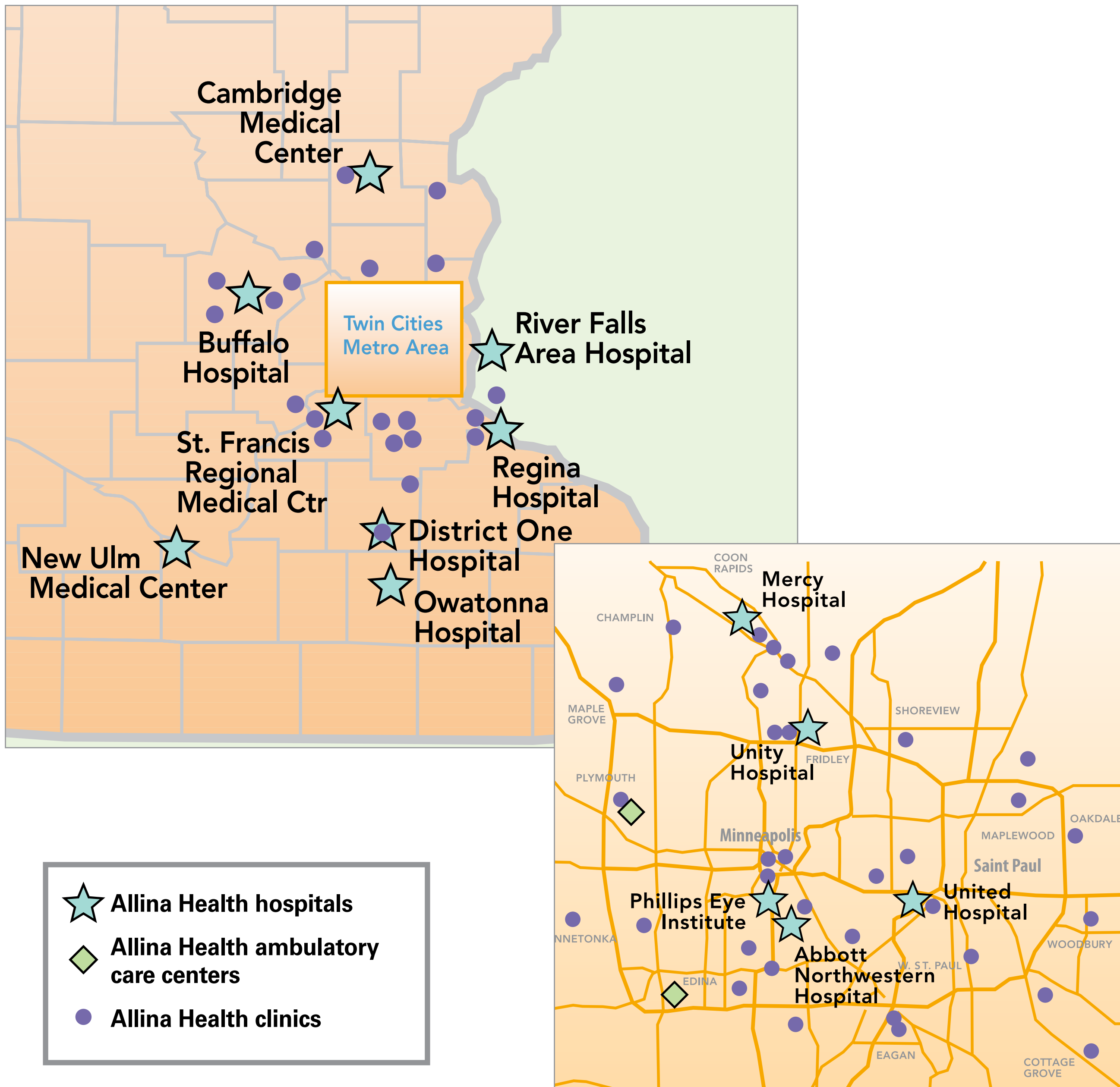
- Better understand the health status and needs of the communities we serve by considering the most recent health and demographic data as well as gathering direct input from community members.
- Gather perspectives from individuals representing the interests of the community, including those who have 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.

District One Hospital has been part of Allina Health since 2015. The purpose of this report is to share the current assessment of community health needs most relevant to the community served by District One 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 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

District One Hospital, located south of the Twin Cities in Faribault, Minnesota, became a part of the Allina Health family of hospitals in the summer of 2015. The hospital provides a broad range of health care services to Faribault and the surrounding communities including orthopedic services, cardiac rehabilitation, cancer services in partnership with the Virginia Piper Cancer Institute® and Minnesota Oncology, a birth center and a sleep center, among others. Emergency services in the hospital were expanded in 2015. The hospital also works to improve the health of the communities it serves through charitable giving and direct health improvement programming.

Community served and demographics

District One Hospital operates 42 beds and serves over 30,000 patients and their families each year. Its primary service area is Rice County—a rural community located in southern Minnesota. Rice County was also the focus of inquiry for District One Hospital's CHNA.

According to the U.S. Census Bureau's Decennial Census, a total of 65,400 residents live in the 495.55 square mile area occupied by Rice County. The area's population density, estimated at 130.33 persons per square mile, is greater than the national average. The median age in Rice County is 35.4 years and approximately 22% of its total population is under age 18. In 2014, the median income was $60,317 with 13% of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, ACS, 2010–2014, 5-year estimates). Approximately 15.8% of area residents are people of color—primarily Hispanic or Latino (7.9%), Black (4.2%) or Asian (2.3%). The area also has a strong Native American presence with an additional 0.7% of area residents identifying as American Indian or Alaska Native alone (U.S. Census Bureau, Decennial Census). Additionally, in 2014, 6.7% of residents were foreign-born and approximately 4% of Rice County residents had limited English proficiency (U.S. Census Bureau, American Community Survey (ACS), 2010–2014, 5-year estimates). Most Rice County residents born outside of the United States were born in the world regions of Latin America (53.4%), Asia (21.4%) or Africa (13.9%). The population of Rice County residents who emigrated from East Africa has increased substantially over the past few years—a change which is reflected in District One Hospital's patients. For example, in 2015, 20% of births at the hospital were to Somali residents.

Rice County residents face many of the same health concerns common across the United States. Although more people are insured than in the past, 18% self-report that they do not have a regular doctor. Further, the region has a 1,016:1 ratio of mental health providers to residents compared with Minnesota's overall mental health provider ratio of 529:1 (County Health Rankings, 2015). Additionally, approximately 68% of area adults are overweight or obese and 10.8% report poor general health (U.S. Census Bureau, ACS, 2009–2013, 5-year estimates). Additional information about Rice County can be found online at Minnesota Compass.

Evaluation of 2014-2016 Implementation Plans

In 2014, District One Hospital worked collaboratively to conduct a community needs assessment with Rice County Public Health, HealthFinders Collaborative, Northfield Hospital, Carleton College and the Minnesota Department of Health. The hospital was not required to develop a CHNA implementation plan at that time. However, during 2015–2016, District One Hospital led or participated in numerous health improvement initiatives both independently and, as of the summer of 2015, as part of Allina 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 and employees.

Hospital-specific activities

Healthy Communities Partnership (HCP) was a collaborative initiative between the George Family Foundation and the Penny George Institute for Health and Healing. The collaboration awarded one of 13 grants in Minnesota and Western Wisconsin to District One Hospital to promote community-based prevention and wellness activities focusing on physical activity, nutrition, mindfulness and mind-body skills, smoking cessation and risky use of alcohol.

HCP aimed to support the growth of community health infrastructure and generate lessons to inform the field by piloting innovative health and wellness programs. Evaluation conducted by Rainbow Research of the 13 HCP programs found the program was successful at:

- Building Connections—by providing resources, which allowed District One Hospital to engage more deeply with the community, create stronger community health networks and further support existing community efforts and partnerships.
- Creating Innovative Opportunities—by providing free health screenings as an entry point for ongoing engagement, creating individualized programming focused on the needs of the community and reaching new audiences by offering programs and resources outside of the hospital setting.
- Initiating Sustainable Change—by partnering to leverage resources, creating policy, systems and environment changes focused on healthy changes, and serving as a starting point to begin shifting to a new model of care.

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	**ESTABLISH PLANNING TEAMS and COLLECT DATA** 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.
OCTOBER – JANUARY 2016	**REVIEW DATA and PRIORITIZE ISSUES** Review data with stakeholders and complete formal prioritization process, using Hanlon method. Review prioritized issues and summarize themes for the system.
FEBRUARY 2016	**DESIGN COMMUNITY INPUT** Identify specific methods and audiences for community input on strategies, work with vendor to design process and questions/topics and recruit participants.
MARCH – JUNE 2016	**GATHER COMMUNITY INPUT and DEVELOP IMPLEMENTATION PLAN** 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.
JULY – SEPTEMBER 2016	**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.
OCTOBER – DECEMBER 2016	**SEEK FINAL APPROVAL** Staff present plan to Allina Health Board of Directors for final approval.

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 Rice 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 10 stakeholders representing broad interests of the community attended at least one of three meetings between November 2015 and January 2016 to review data together and discuss pertinent issues for Allina Health to address through this needs assessment and action plan. Agencies represented at these meetings include:

- District One Hospital Cancer Center and In Reach
- Faribault Senior Center
- HealthFinders Collaborative
- Rice County Mental Health Collective
- Rice County Public Health
- So, How are the Children? (SHAC)
- United Way of Faribault

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 addiction**
2. **Healthy aging in adults 50+**
3. **Community-based access to care**

Needs not addressed in the CHNA

Other prioritized health issues identified through the process that scored high but were not included among the top three priorities include community support for immigrants/ refugees and dental care. It was determined that community support for immigrants/ refugees is a collaborative priority among many community partners and will be an ongoing effort, but not primarily the responsibility of District One Hospital. In addition, dental care is not aligned with the expertise of District One Hospital, but is an important community issue that will continue to be addressed with local partners. Specifically, organizations such as HealthFinders Collaborative and Rice County Public Health have identified programs that address these priorities and District One Hospital provides ongoing financial and in-kind support for their efforts.

Community Input

Once priority issues were identified by the stakeholder team, District One Hospital solicited broad feedback from the community on the appropriateness of the identified priority areas as well as how the 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 community dialogue for District One Hospital was held in Faribault, MN on April 5, 2016; a focus group was held with Somali immigrants in Faribault, MN on April 14, 2016. A total of 30 people attended the events, including participants from local government, law enforcement, non-profit organizations, area businesses, advocacy groups and community members.

Community dialogues/ focus groups results

Mental health and addiction

Vision for health

Participants envisioned a community where there is no stigma attached to people who have a mental health condition. They saw a place where mental health conditions are treated like any other medical need. In the future, people from all cultures feel comfortable talking openly about those issues with their doctors and are able to access needed services. Participants imagined the existence of resiliency-based programs and supports for stress that enable the community to focus on mental wellness and preventative health. Schools have baseline mental health screenings and would teach students how to cope with stressors. They also envisioned a community that has more mental health services overall, allowing residents to quickly access counseling when they need it.

Existing strengths

The Rice County Mental Health Collective and Rice County Chemical Health Coalition have several programs that support good mental health, including "Happy Hour" and "WRAP—Wellness Recovery Action Plan." Friendship House and Fountain Center are good resources in the community where people can go to seek help with their mental health conditions and addiction. Additionally, emergency room and intensive care unit (ICU) staff at District One Hospital are trained in handling mental health emergencies and mental health first-aid training is available for community members.

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:

- Increase the use of telemedicine and build internal capacity to provide children's mental health and crisis services.
- Continue to support the Rice County Mental Health Collective and build on the In-Reach program.
- Coordinate efforts with programs and organizations doing similar work in the community to fill gaps in services and avoid duplication.
- Expedite mental health referrals by equipping doctors and nurses with a comprehensive list of mental health resources and what those resources can provide.
- Prescribe programs instead of medicine when appropriate.
- Provide interpreters who are culturally sensitive and trained to talk about depression and other mental health issues.

Healthy aging: 50+

Vision for health

Participants envisioned a community where elderly people have access to the medical services they need. They imagined that the barrier of transportation is removed and that the number of specialists the elderly need to see is cut down significantly. Participants also saw a community where doctors have the time and ability to focus on providing preventative care. They also envisioned a greater awareness of the programs and classes offered in the community.

Existing strengths

Rice County has many resources in the area to help seniors stay active, although they may not be well advertised. The senior center is viewed as a good resource that hosts events and wellness activities. The Northfield YMCA has an exercise program that provides a trainer to people who are 60 years or older. Many seniors use Silver Sneakers to help them stay active and Meals on Wheels provides food to seniors who need support to stay at home.

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:

- Ensure that Allina Health staff know about the programs available in the community so they or a care coordinator can make referrals.
- Update and send a comprehensive list of the classes and programs that are available to providers each month.
- Offer classes focused on preventive care.
- Develop intergenerational programming that serves seniors and kids, possibly involving child care centers and nursing homes.
- Bring health-aging opportunities to populations who are at-risk of isolation including immigrants and non-mobile populations living in nursing homes and assisted living facilities.

Community-based access to care

Vision for health

Participants envisioned a community where residents have access to health education and where opportunities to learn about different health topics are actively promoted. They saw a future in which transportation barriers are eliminated and people easily participate in community activities and get to their medical appointments. Medical providers are skilled at delivering culturally-appropriate care and making people from other cultures feel comfortable navigating health systems. Clinics have strong community connections and provide adequate assistance to those who need care.

Existing strengths

Rice County has some services and programs in place that are working to expand community-based access to care. Transportation is available to make sure community members, including Somali community members, can get to medical appointments, and providers are becoming more likely to use telemedicine when appropriate. Rice County SHIP has been working to improve access to care, and has the potential to make additional positive impacts in the community. Somali community members said they are happy with the quality of care provided, although the area still has work to do on providing culturally-appropriate care.

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:

- Provide a community resource person to educate Somali community about health topics, including medication management, the importance of preventive care and mental health.
- Expand urgent care and clinic hours to include more evening and weekend appointments.
- Hire community health workers or other health professionals to provide support for residents in their own homes.
- Provide a culturally appropriate environment at the hospital and clinics, including hygienic items, culturally appropriate gowns and clearly-labeled Halal food.
- Hire more Somali speakers to assist people over the phone and at the registration desk to schedule appointments.

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 District One Hospital: 48

Rank of Priorities:

1. Access to mental health services (1.51 mean score)
2. Community-based access to care (1.72 mean score)
3. Healthy aging (1.85 mean score)

Access to mental health services:

- Allina Health's role (top 3):
  1. Make it easier to use our health care services
  2. Help create environments that make the healthy choice the easy choice
  3. (tie) Share information about health through seminars, meetings or websites
  3. (tie) Offer classes or support groups related to health issues
- Most important thing to do:
  - Educate the community on mental health resources and how they can be accessed
  - Improved access to providers
  - Increased number of providers
- Comments:
  - Need providers that see younger kids with mental health conditions
  - Target the homeless who are in need of mental health services
  - Have empathy for individuals with mental health conditions

Community-based access to care:

- **Allina Health's role (top 3):**
  1. (tie) Share information about health through seminars, meetings or websites
  1. (tie) Make it easier to use our health care services
  3. (tie) Offer classes or support groups related to health issues
  3. (tie) Help create environments that make the healthy choice the easy choice
- Most important thing to do:
  - Increased education for healthy habits, especially targeted for the elderly
  - Have more free classes in the community, promote healthy choices
  - Increase the number of preventative care physicians within Allina system
- Comments:
  - Treat the elderly citizens better, use them as valuable resources
  - Offer support groups for those who are grieving

Healthy aging:

- Allina Health's role (top 3):
  1. Make it easier to use our health care services
  2. Share information about health through seminars, meetings or websites
  3. Help create environments that make the healthy choice the easy choice
- Most important thing to do:
  - Better public transportation/medical transit
  - Have a stronger presence is the community.
  - Bring in more specialists on aging
- Comments:
  - Continue to work with other cultures to help them understand the medical field/resources

Additional comments:

- Partner with more groups in the community that can assist in more events/education
- Sponsor walks/runs to get people more involved in active activities

Implementation Plan

Overview of process

After confirming the hospital's top three priorities with the community and gathering community ideas for action, District One Hospital developed an implementation plan based on the 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.

To draft the implementation plan, the hospital hosted two meetings with the previously-listed community partners who participated in the prioritization process. Existing community resources and evidence-based strategies were also reviewed.

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

Priority 1: Mental health and addiction

Resources: The primary resources to address this priority area include the Rice County Mental Health Collective, Mayo Clinic, Fernbrook, Cedar House, HealthFinders Collaborative, Mobile Crisis Unit, Rice County Public Health and Social Services, Somali Resettlement Services, Fountain Centers, School Districts, student health services from Carlton College, St. Olaf College and South Central College and Allina Health employees, including In-Reach social workers.

Goal: Improve access to quality, comprehensive mental health and addiction care and services; Reduce social stigma of mental health and addiction.

Objectives:

1. Increase assets in individuals and the community which provide protective barriers and resilience for a positive quality of life and decreased risk of disease
2. Offer classes or support groups related to mental health conditions and addiction.
3. Increase knowledge of the symptoms, treatments and resources for mental health-aging conditions and addiction.

Priority 2: Healthy aging in adults 50+

Resources: In addition to Allina Health, other resources include Mayo Clinic, Rice County Public Health, Senior Centers, YMCA, Parks and Recreation, Three Rivers Community Action, HealthFinders Collaborative, River Bend Nature Center, senior-living centers, private fitness centers, churches and other local non-profit programs.

Goal: Improve the health, function and quality of life for older adults ages 50 and older.

Objectives:

1. Increase awareness of resources and offer classes or support groups related to healthy aging issues.
2. Improve accessibility of Allina Health and community-based services.

Priority 3: Community-based access to care

Resources: Along with Allina Health, resources and organizations that address this priority area include: Mayo Clinic; HealthFinders Collaborative including: HealthRise, Dental program, medical clinic, care coordination, Community Health Workers and wellness programs; Rice County Public Health, including home health, long-term care, family planning, refugee health, immunizations, Statewide Health Improvement Program (SHIP), and social services such as Medical Assistance, waiver programs and Supplemental Nutrition Assistance Program; Three Rivers Community Action; MNSure; Community Trailer at Cannon River Mobile Home Park; Hiawathaland transportation; local senior centers; United Way; schools and other non-profit community-based programs and agencies.

Goal: Improve health care access and population health by linking clinical care with community prevention and supporting policy, system and environmental changes aimed at the prevention of chronic disease.

Objectives:

1. Collect and share information about community health needs and health equity concerns through regular seminars, meetings and written information
2. Offer classes or support groups related to health issues; Make it easier to access Allina Health and community-based services.

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 District One 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:

- Natalie Ginter, Community Engagement Lead for South region at ***Natalie.Ginter@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/***.

Appendices

Appendix A: *Equity Care Guide Interviews, 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 issues 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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