Allina Health

ST. FRANCIS REGIONAL MEDICAL CENTER

2023–2025

Community Health Needs Assessment and Implementation Plan

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Introduction

St. Francis Regional Medical Center (St. Francis) is jointly owned by Allina Health, Health Partners/Park Nicollet Health Services and Essentia Health and sponsored by the Benedictine Sisters of St. Scholastica Monastery in Duluth. Its mission is to work together to provide all people the healing experience we would expect for ourselves and our families. As part of this mission, St. Francis conducts a Community Health Needs Assessment (CHNA) every three years. This process includes working with community members to systematically identify community health priorities and create a plan for addressing them. In addition to the formal CHNA activities described in this report, each CHNA uses learnings from the previous cycle and ongoing community dialogues and information-gathering by hospital staff.

Although jointly owned, St. Francis carries out the CHNA process as part of Allina Health. The CHNA process is completed 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 health priorities and opportunities to increase health equity as defined by community members and the most recent health and demographic data.
- Learn about factors preventing health equity and gain ideas to improve health 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 Allina Health can partner with and support to improve health.
- Create an implementation plan outlining strategies and activities 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 St. Francis and the implementation plan to address those needs in 2023–2025. This report also highlights the hospital's 2020–2022 activities to address needs identified in the 2019 assessment.

ABOUT ALLINA HEALTH

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, 10 hospitals, 15 retail pharmacies, 52 rehabilitation locations, 2 ambulatory care centers, specialty care centers and specialty medical services that provide home care, hospice care and emergency medical transportation services.

MISSION

At St. Francis, we work together to provide all people the healing experience we would expect for ourselves and our families.

2023–2025 CHNA PRIORITIES

Based on the process described in this report, St. Francis Regional Medical Center will pursue the following priorities in 2023–2025:

Mental health and wellness encompasses overall mental, social and emotional well-being including social support, sense of belonging in one's community, resilience and access to the full continuum of mental health care and supports.

Substance abuse prevention & recovery refers to preventing, delaying or reducing harm associated with using substances such as alcohol, tobacco, e-cigarettes, marijuana, opioids and other drugs in a way that leads to physical, social or emotional harm.

Social determinants of health & health-related social needs are the community-wide social, physical and economic conditions that influence health (e.g., neighborhood conditions, employment opportunities) and the individual-level material needs and circumstances that impact health and well-being (e.g. food security, reliable transportation, social isolation).

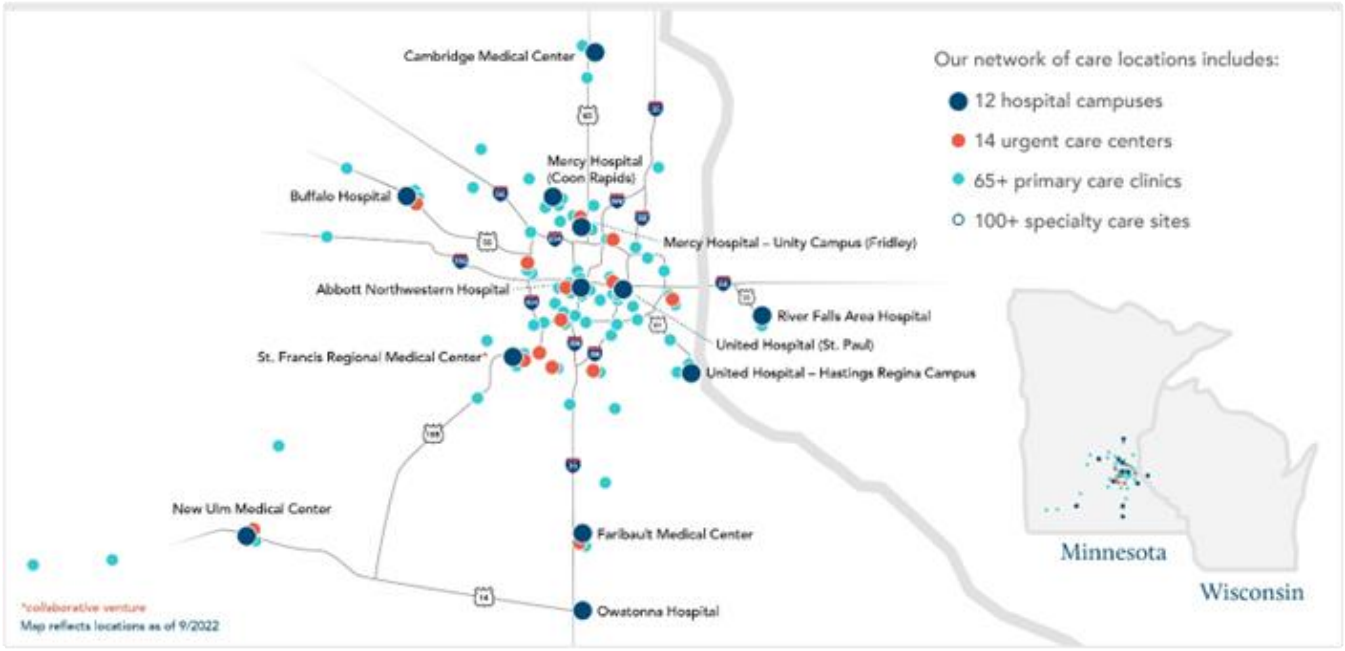
Access to culturally responsive care means availability of and proximity to services, programs and medical care that are culturally specific, honoring and appropriate. Examples include staff who are representative of the community, programs and services provided in one's preferred language and representative of one's lived experience and staff trained in the provision of culturally inclusive care.

Additionally, St. Francis Regional Medical Center prioritized the following communities for the 2023–2025 CHNA cycle:

- People who identify as black, indigenous and/or people of color (BIPOC)
- People living at or near poverty

Hospital and community description

ALLINA HEALTH SYSTEM MAP



HOSPITAL DESCRIPTION AND SERVICE AREA

St. Francis annually serves more than 170,000 patients and their families. Its primary service area (and the focus of the CHNA) is Scott County and eastern Carver County—suburban areas located in the southern Twin Cities metro.

St. Francis is a not-for-profit Catholic hospital founded in 1938 out of a spirit of love and concern for the community. As previously described, St. Francis is jointly owned by Allina Health, HealthPartners Park Nicollet and Essentia Health. Its Catholic identity is sponsored by the Benedictine Sisters of St. Scholastica Monastery in Duluth. This structure and history combine the caring and compassion of a community hospital with the modern medical technology, specialties and services found in a metropolitan area. It uniquely positions St. Francis to bring top-notch professionals together to provide the best possible healthcare for our patients.

With 89 private rooms, St. Francis ranks in the top 10 percent of hospitals nationwide for care and quality. St. Francis provides a full range of inpatient, outpatient and emergency care services on a collaborative medical campus with more than 30 other clinics and more than 400 providers. The medical center is on the same campus as St. Gertrude's Heath & Rehabilitation Center, Allina Health Clinic, Park Nicollet Clinic, the St. Francis Cancer Center, a dialysis center, emergency and urgent care, dentistry, and many other services and specialty clinics housed in two adjoining medical office buildings.

DIVERSITY, EQUITY, INCLUSION AND BELONGING

Allina Health is committed to improving the health of all people in our communities by leveraging our collective organizational strength as a care provider, employer, purchaser and community partner to eliminate systemic inequities and racism. As a community partner, Allina Health collaborates with community members, organizations and policymakers to improve the health of all people in our communities and to focus our community health improvement initiatives and investments to improve health equity. These commitments serve as the guiding principles of our CHNA approach, including the assessment process, implementation of initiatives, partnerships, and methods of evaluation directed at tracking and addressing health disparities in our community.

Allina Health Diversity, Equity, Inclusion and Belonging Definitions

- **Diversity:** Embracing and investing in our differences to create a better us.
- **Inclusion:** Cultivating a safe environment where you always bring your whole self, contribute, and thrive.
- **Equity:** Providing access to opportunities that support our communities' ability to reach its full potential. Creating solutions, informed by an understanding of unique needs that eliminate barriers to success and fill in opportunity gaps.
- **Health Equity:** "*Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.*" - Robert Wood Johnson Foundation
- **Belonging:** When individuals or groups feel supported and safe because there is a sense of acceptance, inclusion and respect for who they are.

COMMUNITY DEMOGRAPHICS

Scott and Carver Counties are two of the fastest growing counties in the Twin Cities metro area. Scott County and Carver County are ranked among the healthiest counties in Minnesota by County Health Rankings (second and first healthiest, respectively). However, these rankings do not account for differences within counties. Like Minnesota as a whole, the demographic makeup of people living in Scott and Carver Counties has been rapidly changing over the course of the last few years. The communities are increasingly diverse and there are significant socio-economic disparities among families living in Scott and Carver Counties.

According to the U.S. Census Bureau, a total of 257,850 residents live in the 744-square mile area occupied by Scott County and Carver County. About 27 percent of the total population in Scott and Carver Counties is under age 18. In Carver County, approximately 9 percent of residents are people of color—primarily Hispanic or Latine (4 percent), Asian (3 percent) or Black (2 percent). In Scott County, approximately 17 percent of residents are people of color—primarily Asian (6 percent), Hispanic or Latine (5 percent) or Black (4 percent). In 2020, 8 percent of residents of both counties were foreign-born (an increase of more than 1 percent in the last three years) and 3 percent had limited English proficiency. Nearly 8 percent have a disability. The median household income in 2020 was $103,636, with 5 percent of the counties' residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates).

Many residents of both counties face the same health concerns common across the United States. For example, residents report an average of just over three poor mental health days per month and 11–12 percent of

residents report fair or poor health. Approximately 29 percent of area adults are obese, which is an increase over the course of the last three years (County Health Rankings, 2022). Many residents also struggle to access health care. Although more people are insured than in the past, 3 percent (Carver) and 4 percent (Scott) of residents are uninsured. Furthermore, Scott County has a 910:1 and Carver County 480:1 ratio of residents to mental health providers compared with Minnesota's overall mental health provider ratio of 340:1 (County Health Rankings, 2022).

Most of a person's health is determined by factors outside of traditional medical care, such as race, income, ability and gender. As such, community health status is influenced by these factors. For example, Feeding America estimates 10,170 people in Scott and Carver Counties (approximately 4 percent) experienced food insecurity in 2020 and an estimated 23 percent of households are considered cost burdened (U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates). According to the 2021 Scott County Adult Health Survey, residents from households with incomes over $50,000 reported significantly better health than those from households with incomes less than $50,000 due to variances in social and economic advantages. Additionally, though renter-occupied households account for 17 percent of all the housing in Carver and Scott Counties, an estimated 45 percent of those households are considered cost burdened (2021 Scott County Adult Health Survey). Additional information about Scott and Carver Counties can be found at Minnesota Compass.

Evaluation of 2020–2022 implementation plan

In its 2020–2022 Community Health Needs Assessment and Implementation Plan, St. Francis adopted mental wellness and substance abuse, obesity and health care access for the uninsured as its health priorities. It addressed these priorities between 2020 and 2022 through local and systemwide activities. Because mental health, including substance use, and obesity caused by physical inactivity and poor nutrition were identified as priorities for the entire service area, Allina Health also adopted them as 2020–2022 systemwide priorities. Additionally, social determinants of health, particularly access to healthy food and stable housing, were identified as key factors contributing to all elements of health.

The COVID-19 pandemic affected the scope and focus of work in 2020 and 2021 for all Allina Health hospitals and many activities were postponed or cancelled. While the pandemic hurt all communities, it did not do so equally. It is clear the disproportionate impact of COVID-19 on communities of color has been compounded by systemic inequities and the ongoing experiences of racial and community trauma. Many of the activities below reflect a focus on recovering from the effects brought forth in 2020 and 2021, along with a renewed commitment to reduce health disparities for every person in our community.

SYSTEMWIDE ACTIVITIES

Allina Health provided each of its hospitals with resources to address mental health and wellness, physical activity and active living and social determinants of health through the following activities:

Community health improvement programs

Allina Health's community health improvement programs offer free online resources to support community health and wellness at any stage of life.

Change to Chill

Change to Chill™ (CTC) supports teen mental health by partnering with schools and offering free online stress reduction tips, life balance techniques and health education services.

In 2020, COVID-19 provoked fear, stress and anxiety, with a large effect on youth and their mental wellness. The number of people visiting the Change to Chill website nearly doubled from approximately 25,000 to more than 58,000 people visiting the website that year. The program pivoted to meet the changing needs of community by offering a virtual care package for families to help them address mental health together. Change to Chill also transformed in-person trainings to virtual well-being classes for all, including more than 30 community presentations and trainings for school and staff. Change to Chill also began offering new online resources such as tools to help students sort out complicated feelings and cope with grief, loss and change and practice healthy communication during challenging times.

Additionally, in 2020 and 2021, Change to Chill partnered with Hennepin County Public Health to create and provide content on identity, discrimination and mental health. This work focused on providing culturally specific mental well-being resources for youth most impacted by COVID-19 including Black, Indigenous, Latine, and Lesbian, Gay, Bisexual, Transgender and/or Queer youth and their parents. Allina Health continued to build on these efforts in 2021 and launched Change to Chill in Spanish, which more than 2,000 people accessed in the first year. More resources tailored to the mental well-being of these youth and content on "Stress and Identity" will be launched in 2022.

To support a culture of well-being in local schools, the program has included the Change to Chill School Partnership (CTCSP) since 2018. Components of CTCSP include staff training on Change to Chill, a paid student internship and funding for a "Chill Zone" — a designated space in the school for students and staff to practice self-care. Evaluations of CTCSP have shown increases in confidence in ability to cope with stress among students who participate in program components. CTCSP has also received positive feedback from school staff regarding the highly effective nature of Chill Zones. From 2020–2022 Allina Health has partnered with 60 schools to deliver the program. St. Francis specifically supported eight schools via continued partnership with Shakopee High School and new partnerships with Burnsville High School, Jordan High School, Twin Oaks Middle School, Hidden Oaks Middle School, Kenwood Trail Middle School, Valley Middle School of STEM, Lebanon Education Center, and the Minnesota Center for Advanced Professional Studies (MNCAPS) in the Prior Lake-Savage Area school district. In total, these efforts reached approximately 9,965 students and 100 school staff completed a training with the program.

> **"Students are entering and using the [Chill Zone] to take a break in order to return to class with a better mindset.**
>
> –School staff person

Health Powered Kids

Health Powered Kids™, launched in 2012, is a free community education program featuring 60+ lessons and activities designed to empower children ages 3 to 14 years to make healthier choices about eating, exercise, keeping clean and managing stress. More than 100,000 people visit the Health Powered Kids website each year. In a 2021 survey, 84 percent of people "agreed" or "strongly agreed" the program increased their knowledge of youth and/or adolescent health and wellness, and 87 percent "agreed" or "strongly agreed" it increased knowledge of health and wellness among the young people using the program.

Hello4Health

Hello4Health™ is a new online resource created in response to the 2019 CHNA which identified social isolation as a factor contributing to poor mental wellness among adults across all geographies. Allina Health developed the program in 2020 and launched it in April 2021 with a focus on older adults. Components include education on the important role social connections play in positive health outcomes, suggested activities and skill-building tools for connecting with others. Because older adults and people with disabilities disproportionately experience feelings of social isolation, we partnered with Accessible 360 to take steps to enhance the accessibility of the website and conform to Web Content Accessibility Guidelines (WCAG) 2.0, Level AA guidelines. In 2021, 9,488 people living in Minnesota or Wisconsin visited the Hello4Health website. In 2022, Allina Health began to refer patients who self-identify as lonely or socially isolated to the website.

Be the Change

Be the Change was a campaign to eliminate stigma around mental health and addiction conditions at Allina Health and ensure all patients receive the same consistent, exceptional care. At the campaign's launch, 500 Allina Health employees volunteered to lead the effort. They became trained Be the Change Champions and helped educate and generate awareness among their colleagues about mental health and addiction conditions through presentations and education events. In 2020, Be the Change transitioned from a campaign to an Employee Resource Group (ERG). The purpose of this group is to create an inclusive, welcoming and supportive environment for people living with disabilities, mental health conditions and/or addiction and continue to work to eliminate stigma around mental health, addiction and disability conditions. In 2021, 129 individuals participated in the ERG. Key activities included: providing $1,250 ($416/each) in charitable contributions to three organizations: Survivor Resources, Division of Indian Work and the Disability Law Center; hosting quarterly member meetings with guest speakers; and hosting or co-hosting eight events to promote stigma reduction across the entire 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 $220,000 to healthy eating initiatives across its service area in 2020 and 2021, including $9,000 in St. Francis' region. Allina Health launched a partnership with the non-profit organization, Every Meal to connect patients with crisis food support. Through this partnership, Allina primary care clinics can provide free bags of 4-5 pounds of nutritious, non-perishable food to patients who identify as food insecure. These meal bags are tailored for a variety of dietary preferences including East African, Latine and Southeast Asian preferences.

> **[My navigator] helped me a lot. [Working with them] made me aware, when we run out of food, and we don't have anything, I have access to resources that I didn't know I had access to.**
>
> –Allina Health patient

Accountable Health Communities model and Health Related Social Needs Program

Because social conditions such as food and housing inhibit access to care and contribute to chronic disease, in 2018 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 screened 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 identified needs, the care team provided a list of community resources. Some high-risk patients received assistance navigating to these resources.

From June 2018 through January 2022, more than 166,000 patients completed an AHC screening with 28 percent identifying at least one need (Scott County: 26 percent, Carver County: 24 percent). The most frequently identified needs were food insecurity and housing instability. Patients with needs were more likely to be female; report a race of Black/African American, Multi-racial, or Native American/Alaska Native; report Hispanic ethnicity; and be younger than those without needs. Patients who use both Medicare and Medicaid insurance ("dual-eligible") were the most likely to report a need (46 percent) while those with only Medicare were least likely to report a need (14 percent). Every county demonstrated racial and ethnic disparities in need rates. In Scott and Carver Counties specifically, more than 30 percent of equity patients identified a need compared to 23 percent in the comparison population. Allina Health defines its equity population as any patient who does not identify as white, non-Hispanic, U.S.-born, or note English as their preferred language (i.e., the "comparison population").

The AHC Cooperative Agreement ended in April 2022. At the end of 2021, Allina Health began developing an Allina Health-specific model for screening and addressing health-related social needs, the Health-Related Social Needs (HRSN) Program. In the first six months of implementing the HRSN Program, more than 85,000 patients were screened, 16 percent of whom identified a need. Additionally, more than 4,500 patients with need requested and received assistance navigating to these resources.

COVID-19 vaccine clinics

To promote equitable health care access, Allina Health partnered with community organizations from February through July 2021 to host free COVID-19 vaccine clinics. The clinics were in communities who have been disproportionately impacted by COVID-19 and have historically experienced health disparities. Allina Health invested nearly $350,000 in clinical staff time, changes to infrastructure, supplies and other expenses to offer these clinics. Additionally, nearly 300 of our dedicated employees and friends volunteered more than 1,000 hours of their time over the five-month period to serve in non-clinical roles like greeting individuals upon arrival, guiding individuals through the vaccine clinic and other activities. Through these COVID-19 vaccine clinics, Allina Health was able to vaccinate more than 4,400 people, many of whom were non-white and non-English speaking patients. For example, the percentage of event attendees who identified as Hispanic/Latine was double that of the total eligible community population (8 vs. 4 percent). Similarly, 81 percent more Asian residents and 32 percent more Black residents attended than make up the total eligible community population (6 percent and 9 percent of attendees, respectively). Patients who underutilize health care were particularly well represented, with 49 percent of attendees having no eligible healthcare visits in the two years before their first community event vaccination.

Impact Investment Portfolio and supplier diversity investments

In 2021, Allina Health allocated $30 million to create and fund the Allina Health Impact Portfolio, aimed at supporting local economic development opportunities. In the first year, $2 million of the portfolio was invested, and the remaining funds are expected to be invested over a three-year period. Additionally, Allina Health spent more than $18 million in supplier diversity investments. By providing capital through investments to local organizations, Allina Health can improve the health of our communities, while ensuring investments are equitable and aligned to our guiding principles and values.

LOCAL ST. FRANCIS REGIONAL MEDICAL CENTER ACTIVITIES

Goal 1: Increase resilience and healthy coping skills in communities.

To increase social connectedness and resilience among school-age youth and other community members, St. Francis is represented on the Steering Team and Parental Resilience Committee for Together We Can Work to End Child Abuse and Neglect (Together WE CAN), a community-driven movement with more than 50 partners who have the shared goal of ending child maltreatment in Scott County within a generation. Founded on the belief that parental well-being is inextricably linked to child well-being, Together WE CAN works to mitigate the impact of past trauma while preventing future trauma, meeting families where they are to support emotional and economic stability.

St. Francis is happy to promote community education and awareness events regarding mental health, resilience and healthy coping skills. St. Francis provided funding to the NAMI (National Alliance on Mental Illness) MN Hispanic Mental Health Fair and provided funding as well as information about Change to Chill and Health Powered Kids to the student-organized Shakopee High School Mental Health Fair.

We know safe, stable housing is essential to health and resilience. St. Francis is a member of Heading Home Scott Carver and has provided charitable contributions of $25,000 to secure overnight housing vouchers for people experiencing homelessness, to support young women through the New Beginnings Program for pregnant and parenting teens and to create housing with supportive services for youth and young adults who have been homeless.

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

St. Francis opened additional emergency department rooms to increase the access and ability of St. Francis to care for patients needing emergency care during a mental health crisis. The expansion brought the total number of emergency mental health rooms from two to a suite of four, with the option to expand to six rooms, as needed. Most patients seeking emergency mental health care need a safe setting where they can be monitored and treated while waiting for a bed in an inpatient mental health unit, or until a safe outpatient treatment plan is secured. The new mental health suite provides a secure, more private setting to provide a healing experience, including showers, on-site nutrition services, dedicated staff and the ability to move about in a safe and comfortable environment within the St. Francis emergency department.

To reduce barriers to mental health and substance use services, Allina Health is contracting with Mighty Consulting to facilitate the South Metro Round Table (SMRT), an informal partnership convening stakeholders for problem solving in Scott County's mental health and substance use crisis system. Formed in late 2020, SMRT has participation from local government, health care, providers, law enforcement and community members. St. Francis continues to represent health care on the SMRT and participates in all committees of the SMRT. Initial goals of the partnership were to: (1) improve the ability of first responders to serve individuals in crisis, (2) improve the integration and coordination of our existing services, and (3) increase the resources available following an individual's substance use crisis. In 2021, the SMRT created a website to help community members find the right care at the right time when in need: https://southmetroroundtable.org/.

In 2022, St. Francis was selected to participate in a study of hospital-based opioid treatment (HBOT) in partnership with Hennepin Healthcare Research Institute, the Clinical Trials Network (CTN), and 24 hospitals across the US to research the level of support needed to implement a Hospital Based Opioid Treatment program (HBOT). As a result, many St. Francis providers obtained the required waiver to prescribe lifesaving medications for opioid use disorder (MOUD), creating better outcomes for patients.

Goal 3. Increase healthy eating and physical activity.

To improve access to healthy food among people with limited income, St. Francis held annual Healthy Food Drives, collecting over 1,200 pounds of food and made charitable donations during March Food Share Month totaling nearly $15,000.

To increase access to physical activity opportunities in the community, St. Francis helped the Three Rivers Park District and Scott County obtain a grant to provide free mental health-focused, beginner-friendly programming to get people moving. The project also provides new program offerings designed to connect visitors to park resources and encourage future park use with wellness tools that can be used in any open or green space.

St. Francis also provides numerous charitable contributions to partners who are embedded in the community. For example, in 2021 and 2022, St. Francis provided charitable contributions totaling $75,000 to Esperanza/Carver Scott Dakota CAP Agency and Mi Casa/Shakopee Community Education in support of physical activity such as soccer and special enrichment activities. Staff and volunteers are predominantly Hispanic-Latine who build trust and provide positive role models within the community. The charitable contributions made it possible for more than 200 children and youth to participate in camps over the course of six weeks each summer.

Also in 2021, St. Francis made a charitable contribution of $6,500 to Advocates for Thriving Communities, a non-profit working with members of our Somali community. Advocates for Thriving Communities empowers over 100 community residents to improve their health and well-being by providing essential tools for healthy lifestyles.

Additionally, St. Francis continues to support the work of Let's Go Fishing Scott County through charitable contributions. Let's Go Fishing benefits both physical and mental health of approximately 1,000 riders each year. Riders are seniors, veterans and people living with disabilities. Let's Go Fishing also helps create a sense of community and belonging for more than 80 volunteers each year.

Goal 4. Increase community members' access to the appropriate level of care.

To increase capacity of and collaboration between safety net providers to care for people who are uninsured and underinsured, St. Francis has been a long-time partner and funder of both St. Mary's Health Clinic in Shakopee and River Valley Health Services. Together, these organizations serve more than 1,000 uninsured or underinsured people each year. For St. Mary's St. Francis provided clinic space, supplies, and an annual contribution of $25,000. River Valley Health Services manages care for 700+ high risk clients and were able to transform into a telehealth provider during COVID-19 through financial support from Allina Health and St. Francis. River Valley Health Services also receives $25,000 in charitable contributions annually St. Francis. Additionally, St. Francis staff serve on the boards of both organizations.

To ensure local safety net organizations are aware of its charity care programs and discounts, St. Francis promoted Allina Health Partners Care program's discounts to the Scott County Health Care System Collaborative.

2021–2022 CHNA process overview

To respond to local needs and resources, each Allina Health hospital conducted its 2023–2025 CHNA independently, with support and guidance from Allina Health System Office staff. The CHNA process included involvement from local public health, residents, community partners and stakeholders and the St. Francis Regional Medical Center Community Advisory Council, which includes representation from Health and Human Services; Mental Health professionals; representatives of the Mental Health Local Advisory Council; Community Action Partnership; law enforcement; Somali and Latine community organizations and others informed in the process. It occurred in three steps: data review and prioritization, community input and the development of a three-year implementation plan which includes both local and systemwide activities. The impact of these efforts will be tracked and evaluated over the three-year cycle.

Allina Health serves communities that are geographically, culturally, racially and socio-economically diverse. We know systemic inequity and structural racism has led to variation in community health status by factors such as race, ethnicity, income, gender, current ability and more. To advance and improve health for all, Allina Health prioritizes investments to local populations facing the greatest need. To support these efforts, in 2022 Allina Health and each of its hospitals identified prioritized communities in addition to prioritized health topics.

Each CHNA builds on the learnings and changes from the previous cycle. The 2020–2022 CHNA priorities adopted by St. Francis were mental wellness and substance abuse, obesity and health care access for the uninsured. These priorities are large and based on social determinants of health and ongoing experiences of community trauma. They require long-term effort to see significant, measurable improvement. Additionally, all these priorities were significantly exacerbated by the coronavirus pandemic, which emerged in 2020.

As a result, the goals of the 2022 CHNA were to:

- Confirm identified priorities remain relevant and significant to communities.
- Refine our understanding of these priorities, in particular how the coronavirus pandemic, civil unrest and increased attention on systemic inequity change our understanding of these topics or approach to addressing them.
- Identify new or emerging community needs that may not be addressed through existing work.

To efficiently conduct the CHNA and reduce community burden, St. Francis integrated its CHNA process into existing assessment and community input processes. St. Francis provides services in a community in which government agencies, institutions and community-based organizations independently and collectively address pressing issues affecting communities. Hospital staff are engaged in ongoing learning and dialogue with community and multiple community-based coalitions that conduct processes like the CHNA. Staff augmented these collective activities with their own data review and prioritization sessions, key informant interviews, and focus groups to ensure it captured multiple voices from the community.

Allina Health Board of Directors received and approved the hospital plan. St. Francis Regional Hospital Board of Directors gave final approval.

2021–2022 CHNA timeline

TIMING	STEPS
March–July 2021	**INITIAL PLANNING** Local and System Office staff meet to develop local 2022 CHNA plans, including expected CHNA teams and support and data needs.
July–October 2021	**ESTABLISH PLANNING TEAMS and COLLECT DATA** Staff establish initial assessment plans, identify stakeholder groups for each hospital and share results from current implementation strategy, as appropriate.
October 2021–March 2022	**DATA REVIEW and ISSUE PRIORITIZATION** Regional teams meet with data review teams, using locally available data and working closely with public health. Allina Health data provided by System Office. Teams prioritize issues using locally agreed upon criteria.
November–December 2021	**DESIGN COMMUNITY INPUT** Identify specific methods and audiences for community input on strategies, including process and questions/topics. Work with local stakeholders to recruit participants.
January–March 2022	**DRAFT CHNA PRIORITIES** Community Benefit & Engagement staff review prioritized issues to summarize themes for the system. Draft systemwide implementation strategies shared with communities.
November 2021–April 2022	**DATA COLLECTION and ACTION PLANNING** Conduct community input sessions to solicit action and implementation ideas related to priority areas identified in the data review and prioritization process and summarize information from each process.
June–September 2022	**REPORT WRITING** Present plans to local boards/committees/leaders for approval. Coordinate report writing and share results and action plans with key stakeholders systemwide.
September 2022	**SEEK FINAL APPROVAL** Present for final approval to St. Francis Regional Medical Center Board of Directors

Data review and issue prioritization

In partnership with Scott County Public Health, Carver County Public Health and the St. Francis Regional Medical Center Community Advisory Council, St. Francis staff reviewed select Allina Health patient data and local public health data provided by Scott County and Carver County Public Health staff. Indicators were chosen based on priorities defined by the Center for Community Health and Allina Health equity priorities. Where possible, the data was disaggregated by race and ethnicity to better understand opportunities to increase health equity in the community and among patients seen at Allina Health facilities. Examples of indicators reviewed include, but are not limited to:

- Volume of Allina Health EMS ambulance runs by cities served in Scott County
- Patient and public health data by county of residence (Scott and Carver): demographic data (including race, ethnicity, language, age and insurance type), health-related social needs and select conditions
- Emergency room data: top three reasons for emergency room visits; suicide and self-inflicted injury encounters; and opioid overdose encounters
- Tobacco, alcohol and other drug use among adults and youth
- Rates of overweight and obesity
- Colorectal cancer screening rates
- Market analysis regarding expected demand for mental health and addiction services over time
- Suicide and self-harm ideation and deaths by suicide among adults and youth
- Substance use disorder treatment admissions for alcohol
- Self-reported mental health and experiences of social isolation among adults
- Opioid prescription rate 2015–2020

Secondary data resources available for Scott and Carver Counties were also reviewed such as the 2019 Minnesota Student Survey, Minnesota Housing Partnership (MHP) County Housing Profiles and the 211 dashboard. In total, data included more than 20 indicators related to demographics, social and economic factors, health behaviors, prevalence of health conditions and health care access.

Additionally, results from the Scott County Health Care Collaborative COVID impact survey were reviewed, including:

- Percent of respondents without access to primary care pre COVID
- Self-reported mental health and substance use
- Diagnosed mental health
- Reason delayed or did not get care during COVID
- Financial and social well-being

The COVID impact survey, conducted over the summer of 2021, assessed the ways Scott County residents' lives have been impacted by COVID-19. Participants were drawn from convenience samples across the community, with both in-person and electronic survey response options. Surveys were offered in English, Spanish, and Somali, with a goal of oversampling populations that are not well-represented in mail-based surveys.
In addition to St. Francis staff, the Scott County Health Care Collaborative includes representatives from payers, other healthcare systems, Shakopee schools, Three Rivers Park District, numerous Scott County public health and human service agencies and Scott County Drug-Free Communities.

St. Francis and Allina Health system office staff first met with representatives from Scott County Public Health and Carver County Public Health to share, discuss and gather feedback on Allina Health patient and local public health data. Following these meetings, the St. Francis Regional Medical Center Community Advisory Council reviewed and discussed the indicators described above and determined final priorities.

PRIORITIZATION PROCESS AND FINAL PRIORITIES

The Community Advisory Council considered preexisting CHNA priorities and goals from Scott and Carver Counties in light of the data. Special consideration was given to how COVID has impacted the health of the community and the importance of addressing health related social needs.

Based on the data review and feedback from local public health, St. Francis Regional Medical Center Community Advisory Council prioritized the following health topics for 2023–2025:

- Mental health and wellness
- Substance abuse prevention and recovery
- Social determinants of health and health-related social needs, with a particular focus on belonging and inclusion, food, and housing and homelessness
- Access to culturally responsive care

Based on community demographics and the indicators and discussion described above, St. Francis Regional Medical Center prioritized the following communities for the 2023–2025 CHNA cycle:

- People who identify as black, indigenous and/or people of color (BIPOC)
- People living at or near poverty

NEEDS NOT ADDRESSED IN THE CHNA

The needs highlighted by the community members are addressed in this plan, with varying specificity. The priority of mental health and wellness now encompasses the need for physical activity as community members articulated physical activity as important to mental health. Many of the needs identified involve bringing new services or providers to the community, which can be explored but not guaranteed. Transportation is a recurring challenge in our communities that is not specifically addressed on its own. Additionally, even when a articulated need will be addressed, not all projects recommended by the community will be implemented. For example, the community specifically articulated a need for a gathering place for people with disabilities. St. Francis will work on providing social connection opportunities to people with disabilities which may eventually lead to a gathering space being established, but that is not an explicit part of the current implementation plan.

Community input

Between November 2021 and April 2022, St. Francis staff conducted 20 key informant interviews and two group discussions to explore various perspectives on each priority, including the impact of COVID-19 on the identified priority and ideas for action. Interviewees and group members included representative community residents and nonprofit leaders and others who work closely with residents.
Specifically, interviews were conducted with representatives from:

- Advocates for a Thriving Community (serves the Somali community)
- Community Action Partnership (CAP) of Scott, Carver, Dakota Counties (serves people living in poverty as well as people from the BIPOC community)
- Community Resources Center (serves the Somali community)
- Scott County Family Resource Centers (serves families)
- Scott County Housing Coordinator (works closely with individuals and families with housing needs)
- Scott County Prevention Coalition (preventing ATOD use and misuse)
- Shakopee school social workers (serving students with mental health and substance use conditions)
- Scott County Child Protection Supervisor (works closely with families involved with CPS services)
- Together We Can (preventing child abuse and neglect)
- Community residents who identify as the following cultural communities: Latine, Indigenous, Somali
- Community residents who are living with a disabling condition

The first group discussion was hosted in partnership with the nonprofit Mi Casa and engaged women who identify as part of the Latine community. The second focus group was hosted in partnership with the nonprofit Moms on a Mission to Succeed and sought feedback from pregnant and parenting mothers recovering from substance use.

Through these conversations, St. Francis explored the following questions:

- Think back over the past two years, in general, how have things changed?
- How are agency clients and community members impacted by the identified priorities?
- Are these the most important priorities for Allina Health to work on and what disparities do you see under these priorities?
- What would you like to see Allina Health do to work on these priorities?
- Are there things we can work on together to address these priorities?

In addition, St. Francis staff participates in regular meetings with community organizations and community stakeholders where the identified priorities were discussed, specifically, the Scott County Local Advisory Committee on Mental Health, South Metro Mental Health Roundtable (specifically, Substance Use Disorder Provider and Crisis Services workgroups) and the Scott County Suicide Prevention Planning cohort. Members of these groups include consumers or family members of consumers of mental health services; adults who received mental health services as children or adolescents; representatives of Scott County's BIPOC community and representatives from local government and organizations that support people experiencing mental health and/or substance use concerns, including: local law enforcement; local health and human services; local public health; nonprofit organizations that provide social services, mental health and substance use services; healthcare; advocacy organizations (e.g. NAMI); emergency medical services (EMS) providers; and the Shakopee Mdewakanton Sioux Community.

LOCAL COMMUNITY INPUT RESULTS

Mental health and wellness

Challenges

Participants described an increase in anxiety and depression. Current events including the COVID-19 pandemic, the murder of George Floyd and the corresponding civil unrest, experiences of racism and increased gun violence were highlighted as exacerbating mental health concerns across all communities. Participants described a need for better provider education on the intersection of trauma, isolation, stigma and racism.

Social isolation and related stress and depression affect mental health among all people, but particularly seniors and people with disabilities. COVID-19 exacerbated this issue by making it difficult for people, particularly people at high-risk for COVID-19 complications, to gather safely. Loneliness was identified as a particular concern among seniors in the Latine community who also experienced several deaths by suicide during the pandemic.

Participants stated accessing mental health services continues to be difficult due to significant shortages in mental health providers, especially multi-cultural and multi-lingual providers and those who accept public insurance. Many people indicated a need for multiple access points into services. Virtual mental health care helps increase access for many but does not work for everyone. Cost continues to be a barrier to accessing services and there is a large demand for low- or no-cost mental health services, but only limited options available. Transportation, daily time constraints and stigma related to mental health were also listed as barriers.

School-age youth were described as experiencing high rates of stress, anxiety and depression due to current events and the quick pace of academic life.

Ideas and opportunities

Participants asked St. Francis and Allina Health to continue to increase access to mental health services however possible, including offering telehealth, advocating for the expansion of telehealth and supporting the development of additional community-based mental health resources. Community members also stressed the need to provide additional training staff to communicate and work with patients experiencing mental health conditions, especially in the emergency department and the need to add more culturally diverse mental health staff. To further support provider education, an ongoing dialogue between community members and health care on mental health and wellness was suggested. Acknowledging it will take time to develop a culturally diverse mental health staff, community members stressed the need to connect people from underrepresented populations to therapists who may be outside of the county.

Participants expressed hope the South Metro Round Table will continue to grow. They described the Round Table as valuable because it facilitates cross pollination of ideas between providers, helps to identify new service needs and helps identify ways to fill service gaps.

A continuing gap identified for students is the lack of coordination when students are returning to school from mental health and substance use treatment. Participants suggested St. Francis act as convenor for youth mental health and substance use providers/centers and school staff, to create understanding and stronger collaboration.

A growing awareness among community members about the connection between mental health and physical health was acknowledged, especially in the Latine and Somali communities. Although stigma remains a barrier to care and seeking help, community members acknowledge the ways physical activity, mental resilience and wellness, safe housing, and healthy food all contribute to mental health and wellness. For this reason, participants suggested St. Francis support community organizations who provide access to healthy food and opportunities for creative and physical activity, noting the link between these supports and improved mental

health and wellness. Physical activity and other creative outlets were also highlighted as particularly important for people living with disabilities. Participants recommended Allina Health provide support for youth with a disability to participate in creative and physical activity and work with community organizations and municipalities to advocate for recreational space for people living with a disability.

Substance misuse and recovery

Challenges

Community members described the COVID-19 pandemic as exacerbating substance misuse, particularly alcohol misuse. Youth use of alcohol, vape products, and opioids at younger ages than previously seen were also mentioned as concerns.

Numerous barriers to accessing substance misuse support were described by participants. There are no detox services for minors in the community. Medication Assisted Therapy (MAT) and hospital-based services are also limited. Paying for services is particularly difficult among people with Medicare insurance as there are limited services available statewide who accept Medicare insurance. Lack of transportation, particularly among people in rural communities, and difficulty connecting with people experiencing homelessness for referral follow-up were also highlighted as barriers.

Participants also noted the relationship between experiencing a substance use disorder and interacting with child protection services and/or corrections and saw a need for increased support for these individuals.

Ideas and opportunities

Community members recommended Allina Health focus on substance misuse as a separate priority from mental health and wellness due to the severity of community concern and there being different treatments and resources available to address the two topics.

In general, participants felt there is less stigma in the community than previously related to experiencing a substance use disorder, and families are open to increased community access to harm reduction resources such as naloxone and MAT services. Allina Health can work with municipalities to advocate for policies that increase access to these services.

Participants were in favor of anything that would bring services closer to home for Scott County residents, encouraging St. Francis to help advocate for finding solutions.

The benefits of partnering with recovery support groups and organizations were also emphasized. Exploration of the potential partnership between the St. Francis Family Birth Center and the Moms on a Mission to Succeed recovery support group was suggested. In addition, a recovery group for fathers was also mentioned as a potential community partner to support.

Participants also recommended supporting community organizations and programs who provide a sense of community for people experiencing a substance use disorder. One specific idea was increasing the number of available peer recovery supports, especially for teens.

St. Francis was encouraged to continue with resilience and community building, working on prevention coalitions and projects to raise awareness, education and provide tools to youth and parents/guardians.

Social determinants of health and health-related social needs

Challenges

Access to healthy food, safe housing and reliable transportation were mentioned as key factors in the topics above. Employment opportunities for people with a disability were also identified as a need. Stakeholders shared there are very limited housing supports available in the community including supports for formerly incarcerated individuals re-entering the community, supportive housing for people with disabilities and temporary safety net housing for people in crisis, such as those leaving an abusive relationship. The most common resource available in the community, hotel vouchers, was mentioned as being unsustainable and a poor use of resources.

Transportation was identified as being particularly important for people in recovery who are frequently traveling to volunteer, attend meetings, attend clinic appointments and work.

Participants shared examples of new models for sharing food with people living in poverty that were developed in response to COVID-19 and voiced concerns about the ability to keep these supports in place. They also emphasized the connection between hunger and children's ability to function well in school, as well as children's overall health and wellness.

As with the other identified priorities, all these topics were exacerbated by the turmoil and upheaval brought on by the COVID-19 pandemic.

Ideas and opportunities

Participants suggested Allina Health continue to partner with and refer patients to community organizations who help people address their health-related social needs. They also suggested Allina Health operate as an anchor institution and leverage its organizational heft to invest in upstream solutions and improve the long-term social and economic vitality of communities.

Opportunities for improving access to housing included advocating for and providing financial support to emergency shelters in the short-term and supporting the development of transitional housing and housing units for people with disabilities in the long-term. Participants also recommend St. Francis staff strengthen partnerships within others engaged in housing and solutions for people who are experiencing homelessness.

SYSTEMWIDE COMMUNITY INPUT ACTIVITIES AND RESULTS

In addition to the local community engagement activities described above, Allina Health systemwide staff solicited feedback applicable to all Allina Health regions. This feedback focused on groups with which Allina Health has unique expertise regarding community needs and included conversations with Allina Health staff as well as patients/clients.

Based on their unique roles supporting patients, interviews were conducted with Allina Health staff from the following groups:

- Community Paramedics
- Language Services/Interpretation
- Spiritual Care

Additionally, community engagement staff partnered with staff from Courage Kenny Rehabilitation Institute (CKRI) to conduct three virtual community dialogues: two with individuals living with a disability and one with caregivers of people with a disability. Care was taken to recruit diverse participants in terms of geographic location, type of disability, gender and cultural group. Caregivers included those supporting family members with a disability as well as those working professionally in residential facilities (e.g., group homes).

In total, 12 interviews and focus groups took place between March and May 2022 with 27 people. The conversations were facilitated by Allina Health representatives. Each discussion lasted 60-minutes. 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. The conversations included topics such as health equity, access to services and care, culturally appropriate care, and many others.

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

- What factors in the community most effect health?
- Are there new or emerging health priorities in your community?
- How have you seen factors such as race, ethnicity and language impact the health of the patients you serve?
- How do you see Allina Health making it easier or more comfortable for ALL patients to access healthcare?
- In your opinion, what are the most important things Allina Health can do to help achieve health equity?
- By 2025, what is your vision of health for the community/patients you serve?

Community/Stakeholder Conversations' Results

Overall themes

Community conversations identified mental health, substance use and social determinants of health as the most important priorities to address, with specific focus on housing and transportation needs. In general, social connectedness/isolation remains a key concern across all communities, along with the need for access to community-specific care and support navigating complex care systems. The participants identified an increased need for workforce education around stigma and diversifying clinical staff pool to be more representative of the communities served.

Vision for health

Community conversation participants envisioned a community where there is no stigma attached to those with mental health concerns and substance use or seeking help for both. There is an increased awareness within the

community regarding mental health conditions, use/misuse of substances and the resources available in the community. Participants also described a health care system that allows doctors to have stronger personal connections with their patients and that involves more discussion, holistic care and fewer prescription medications. They also imagined a community that has an adequate number of providers that look like the communities they serve, availability of culturally appropriate care and diversity of clinical staff serving the patients. Participants shared a vision of a community where all people are treated equally with the respect for their cultural background, beliefs and values.

Existing strengths

Participants identified strengths in their local community that are contributing to addressing health needs, such as existing coalitions and groups working on the social isolation, mental health and substance use priorities. Participants also felt there is strong presence in the community services to help address HRSN; however, service availability varies based on geography. The greatest asset mentioned in the conversations was Allina Health staff, their compassion and resiliency.

Allina Health's role and opportunities

Community conversation participants discussed ways Allina Health could help address the priority areas. Ideas included:

- Create better access to community-specific care and support navigating complex care systems.
- Create better access to culturally appropriate, language-specific care.
- Employ more multi-lingual, culturally and racially diverse providers and other clinical staff.
- Create and strengthen partnerships with culturally focused community organizations.
- Engage in community-healthcare partnership and integration work.
- Continue work on education and stigma reduction around disabilities, mental health conditions and substance use.

2023–2025 implementation plan

After the data review and community input phases, St. Francis' 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, St. Francis staff met in March, April and July 2022 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 priority needs that occur in all Allina Health geographies.

Based on this process, Allina Health will pursue the following systemwide priorities in 2023–2025:

- Mental health and wellness
- Substance abuse prevention and recovery
- Social determinants of health and health-related social needs
- Access to culturally responsive care

The prioritized communities identified by each Allina Health hospital were also compared and the most common were identified for system action:

- People with disabilities
- People living at or near poverty
- People who identify as Black, Indigenous and/or People of Color (BIPOC)
- People who identify as Lesbian, Gay, Bi-sexual, Trans, Queer and/or Questioning, and other historically underserved sexual and gender identities (LGBTQ+)

Collectively and individually, these communities are not monolithic. They are large, diverse and intersect with one another. Specific activities will further refine intended audience based on disparities particular to the intended outcomes (e.g., social isolation, tobacco use) and factors such as community capacity to partner.

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.

St. Francis' final implementation plan incorporates Allina Health's systemwide strategies and activities, as well as local ones. It integrates community input, evidence-based strategies (i.e., strategies whose effect has been proven) and promising ideas with potential for addressing the priorities. The plan reflects programs and services available through other organizations in the community, St. Francis resources and Allina Health's systemwide contributions. To make progress in achieving health equity, Allina Health system resources will prioritize partnerships and activities that engage the four communities listed above. St. Francis will prioritize hospital-specific activities that engage the local prioritized communities.

PRIORITY 1: MENTAL HEALTH AND WELLNESS

Goal 1: Increase resilience and healthy coping skills in Scott and Carver Counties.

Strategies

- Improve social connections and social cohesion in the communities served by Allina Health.
- Increase resilience and support the creation and maintenance of environments that contribute to positive mental well-being among youth.
- Improve adults' confidence and skills around talking with youth about mental health, substance use and other issues affecting their mental well-being.

Activities

- Establish or strengthen partnerships with organizations who serve older adults in the prioritized communities to offer Hello4Health content/resources and opportunities for connection.
- Participate in community coalitions in Allina Health's service area aimed at improving social connections, social cohesion and a sense of belonging.
- Offer and support opportunities, resources and activities that foster belonging and social cohesion among community residents.
- Connect patients who screen positive for loneliness or social isolation with community resources that provide opportunities for social connection.
- Provide schools in the Allina Health service area Change to Chill and/or Health Powered Kids content and tools; staff training; and financial support for creating a space for students and staff to relax, reflect and recharge.
- Co-create efforts to build healthy coping skills and community protective factors with schools, community organizations, and other groups in which youth and families in the prioritized communities gather and feel belonging (shared with substance abuse prevention and recovery priority).
- Increase Change to Chill and Health Powered Kids content for adults who support school-age youth.
- Develop a process for providers to introduce guardians of school-age youth to Change to Chill and Health Powered Kids.

Goal 2: Increase access to mental health services in Scott and Carver Counties.

Strategies

- Support public policy and advocacy efforts to improve access to mental health services.

Activities

- Lead and participate in community coalitions focused on improving access to mental health and addiction services.
- Support and advocate for local, state and federal policies aimed at increasing access to mental health services.
- Explore opportunities to increase the number and type of Allina Health mental health and addiction services being offered in the South Metro region.

Community partners

Area schools, Advocates for Thriving Community, Anchor Center, Esperanza/CAP Agency, NAMI MN, Scott County Mental Health Center, Scott County Public Health, Scott County Statewide Health Improvement Partnership (SHIP), Shakopee Diversity Alliance, Mi Casa/Community Education, South Metro Roundtable and local park districts

PRIORITY 2: SUBSTANCE ABUSE PREVENTION AND RECOVERY

Goal 1: Decrease substance misuse in the communities served by Allina Health.

Strategies

- Improve environmental factors and individual knowledge and skills associated with decreased substance misuse, with a focus on youth, adolescents, and older adults.
- Improve adults' confidence and skills around talking with youth about mental health, substance use and other issues affecting their mental well-being.
- Decrease youth access to substances.

Activities

- Incorporate age-appropriate substance use education into Allina Health community health improvement program content and resources.
- Participate in and support the expansion of community coalitions in Allina Health's service area aimed at improving community protective factors associated with decreased substance misuse.
- Co-create efforts to build healthy coping skills and community protective factors with schools, community organizations, and other groups in which youth and families in the prioritized communities gather and feel a sense of belonging.
- Increase Change to Chill and Health Powered Kids content for adults who support school-age youth.
- Advance local, state and federal policies aimed at making it more difficult and/or less appealing to access alcohol, tobacco and other drugs.

Goal 2: Decrease harm and deaths related to substance misuse, with a focus on opioids.

Strategies

- Decrease access to opioids within community.
- Improve access to continuum of substance use disorder care.
- Decrease youth access to substances.

Activities

- Provide and promote education, outreach and resources for proper disposal of prescription drugs.
- Provide planning, data and in-kind resources to support community planning efforts to deploy opioid settlement funds.
- Advance local, state and federal policies aimed at decreasing access to opioids in healthcare and community spaces.
- Advance local, state and federal policies aimed at increasing access to substance use care such as removing barriers to community and telephonic/virtual provision of care and other evidence-based treatment programs (e.g., Medically Assisted Treatment (MAT)).
- Strengthen internal and external education activities regarding when and how to access continuum of substance use and addiction care, including resources for secondary prevention, cessation and harm reduction.
- Offer and promote culturally responsive stigma elimination resources related to experiencing addiction and accessing substance use services.
- Lead and participate in community coalitions focused on improving access to mental health and addiction services.

Community partners

Area schools, Choose Not to Use, Moms on a Mission to Succeed (MOMS), Scott County Prevention Coalition, Scott County Mental Health Center, Scott County Publics Health, South Metro Roundtable, Together We Can Prevent Child Abuse and Neglect and Scott County Family Resource Centers

PRIORITY 3: SOCIAL DETERMINANTS OF HEALTH AND HEALTH-RELATED SOCIAL NEEDS

Goal 1: Improve access to community resources that provide food, housing, transportation and loneliness/social isolation support to Allina Health patients and communities.

Strategies

- Continue to build a sustainable network of trusted community partners who can support patients and community members in addressing their health-related social needs, with a focus on housing, food, transportation and loneliness/social-isolation.
- Reduce community resource gaps in the communities served by Allina Health.

Activities

- Increase number and type of social service agencies we refer patients to via HRSN Program, including those listed on patients' community resource summaries and those partnering in two-way referrals.
- Establish a model to increase community-based organizations' capacity to respond to patient and community needs through financial contributions, exploration of reimbursement and financing models, data-sharing, employee volunteerism and policy advocacy.
- Partner with community-based organizations to address select patient needs at point of care and connect qualifying patients to community programs or resources that support ongoing need.
- Establish a model to reduce resource gaps in the communities served by Allina Health. Elements to include but not limited to: (1) strategic financial contributions, (2) coalition participation and policy advocacy, and (3) exploration of opportunities to provide services to patients for which there are currently no or limited resources available.

Goal 2: Improve the long-term social, physical and economic conditions in the communities served by Allina Health, to improve health and reduce the presence of health-related social needs.

Strategies

- Operate as an anchor institution by using the collective strength of Allina Health as a care provider, employer, purchaser and community partner to eliminate systemic inequities and racism.

Activities

- Direct charitable contribution dollars to organizations that improve the physical, social and economic vitality of communities served by Allina Health.
- Lead and participate in coalitions, policy and advocacy efforts to improve social conditions related to health equity and social justice.
- Invest Allina Health Impact Portfolio dollars in opportunities that support economic vitality in Allina Health service areas.
- Prioritize the inclusion of businesses owned by Black, Indigenous, people of color and other underrepresented and underserved people when purchasing goods or services.

Community partners

Metro Meals on Wheels, Every Meal, Carver, Scott, Dakota CAP Agency, area food shelves, Heading Home Scott Carver

PRIORITY 4: ACCESS TO CULTURALLY RESPONSIVE-CARE

Goal: Increase access to care, services and programs that are culturally specific, honoring and appropriate.

Strategies

- Improve cultural responsiveness of Allina Health programs and services.
- Improve access to community resources who specialize in meeting the unique needs of prioritized communities.
- Increase diversity of Allina Health workforce, with a focus on leadership to ensure we reflect the communities in which we live and serve.

Activities

- Develop and strengthen community partnerships to co-create, implement, and evaluate culturally responsive community health improvement programming and resources.
- Provide a greater percentage of Allina Health community health improvement content compliant with ADA standards and in languages other than English.
- Increase staff training and education opportunities regarding the provision of culturally responsive, inclusive care to patients in the prioritized communities.
- Direct Allina Health resources to organizations that provide care tailored to meeting the needs of the prioritized communities.
- Improve processes and tools for referring to community-tailored social service agencies via HRSN Program, including those listed on patients' community resource summaries and those partnering in two-way referrals.
- Implement initiatives aimed at recruitment, retention, and promotion of diverse staff.

Community partners

Advocates for a Thriving Community, Esperanza/CAP Agency, Mi Casa/Community Education, Shakopee Diversity Alliance, South Metro Roundtable

RESOURCE COMMITMENTS

To effectively implement these strategies and activities, Allina Health and St. Francis 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

St. Francis and Allina Health will continue to engage in assessment and engagement activities throughout the implementation phase. St Francis will develop specific work plans for implementing the strategies and activities outlined in the implementation plan, including further refining intended audience for each activity.

During the 2023–2025 CHNA period, St. Francis will monitor the general health and wellness of the community by monitoring two county-level health indicators: (1) Average number of physically unhealthy days, and (2) Average number of poor mental health days residents report in the last 30 days, as measured by the Behavioral Risk Factor Surveillance System (BRFSS) and local public health surveys, as applicable.

Additionally, the hospital will establish or continue evaluation plans for specific programs and initiatives (e.g., HRSN Program). Evaluation plans will include process measures, such as participant or partner satisfaction, goal completion, people served and dollars contributed, to monitor reach and progress on planned activities. Where possible, Allina Health will also assess outcome metrics to evaluate the effects of its initiatives on health and related outcomes (see Appendix for examples).

Conclusion

St. Francis and Allina Health will work diligently to address the identified needs prioritized in this process by acting on the strategies and activities outlined in this plan.

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

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

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- Allina Health System Office staff and interns who supported the process;
- Other staff at Allina Health and St Francis Regional Medical Center who provided knowledge, skills and leadership to bring the assessment and plan to fruition.

Appendix: Example Allina Health systemwide performance indicators

Health Priority	CHNA Goals	Example progress indicators	Example program-specific, intermediate outcomes
Mental health and wellness	Increase resilience and healthy coping skills.	• Progress on workplan to implement process for providers to introduce patients to community health programs. • Number of middle and high schools with a Chill Zone • Participant satisfaction with community health programming	• Increase in coping self-efficacy among youth exposed to CTC content • Increased sense of social support among Hello4Health program participants
	Increase access to mental health services across the Allina Health services area.	• Changes to Allina Health, state and local policies aimed at improving access to mental health and substance use services successfully implemented	• Improved access to mental health services amongst Allina Health patients (specific indicator TBD)
Substance abuse prevention and recovery	Decrease substance misuse in the communities served by Allina Health.	• Number of people reached via CTC, HPK and/or Hello4Health substance use content	• Increase in confidence discussing substance use with school-age youth among adults exposed to CTC and HPK content
	Decrease harm and deaths related to substance misuse, with a focus on opioids.	• Pounds of prescription medication collected via Allina Health drug disposal boxes • Changes to Allina Health, state and local policies aimed at decreasing access to opioids and/or improving access to substance use care successfully implemented	• Improved access to addiction services amongst Allina Health patients (specific indicator TBD)
Social determinants of health and health-related social needs	Improve access to community resources that provide food, housing, transportation and loneliness/social isolation support to Allina Health patients and communities.	• Number of patients served via tracked referral partnerships • Qualitative feedback from key community partners • Estimated resource saturation in CHNA counties	• Reduced HRSN rate among Allina Health patients
	Improve the long-term social, physical and economic conditions in the communities served by Allina Health.	• Percent Impact Portfolio dollars invested	
Access to culturally responsive care	Increase access to care, services and programs that are culturally specific, honoring and appropriate.	• Percent CTC, HPK and/or Hello4Health content provided in languages other than English • Percent Allina Health managers and above who identify as people of color	• Outcome measure to be determined