

2020–2022

Community Health Needs Assessment and Implementation Plan



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INTRODUCTION

Mercy Hospital (Mercy) is part of Allina Health, a nonprofit health system of clinics, hospitals and other health and wellness services, providing care throughout Minnesota and western Wisconsin. As part of its mission to serve communities, Allina Health and its hospitals conduct a Community Health Needs Assessment (CHNA) every three years. This process includes systematically identifying and analyzing community health priorities and creating a plan for addressing them through systemwide and hospital-specific strategies, resources and partnerships.

The CHNA process is conducted in partnership with local public health departments, other hospitals and health systems, community organizations and residents. The Patient Protection and Affordable Care Act of 2010 requires 501(c)(3) nonprofit hospitals to conduct an assessment at least every three years. The Internal Revenue Service provides guidelines for meeting this obligation.

Through the CHNA process, Allina Health aims to:

- Understand the health status and priorities of communities as defined by community members and the most recent health and demographic data.
- Elicit perspectives on factors that impede health and ideas for improving it from organizations, institutions and community members—especially people from historically underserved racial, ethnic and cultural communities and others who experience health inequity.
- Identify community resources and organizations that Allina Health can partner with and support to improve health in its communities.
- Create an implementation plan outlining strategies, activities and contributions that

Allina Health and its hospitals will pursue to improve community health.

The purpose of this report is to share results from the current assessment of health needs in the community served by Mercy and the implementation plan to address them between 2020 and 2022. This report also highlights the hospital's 2017–2019 activities to address needs identified in the 2016 assessment.

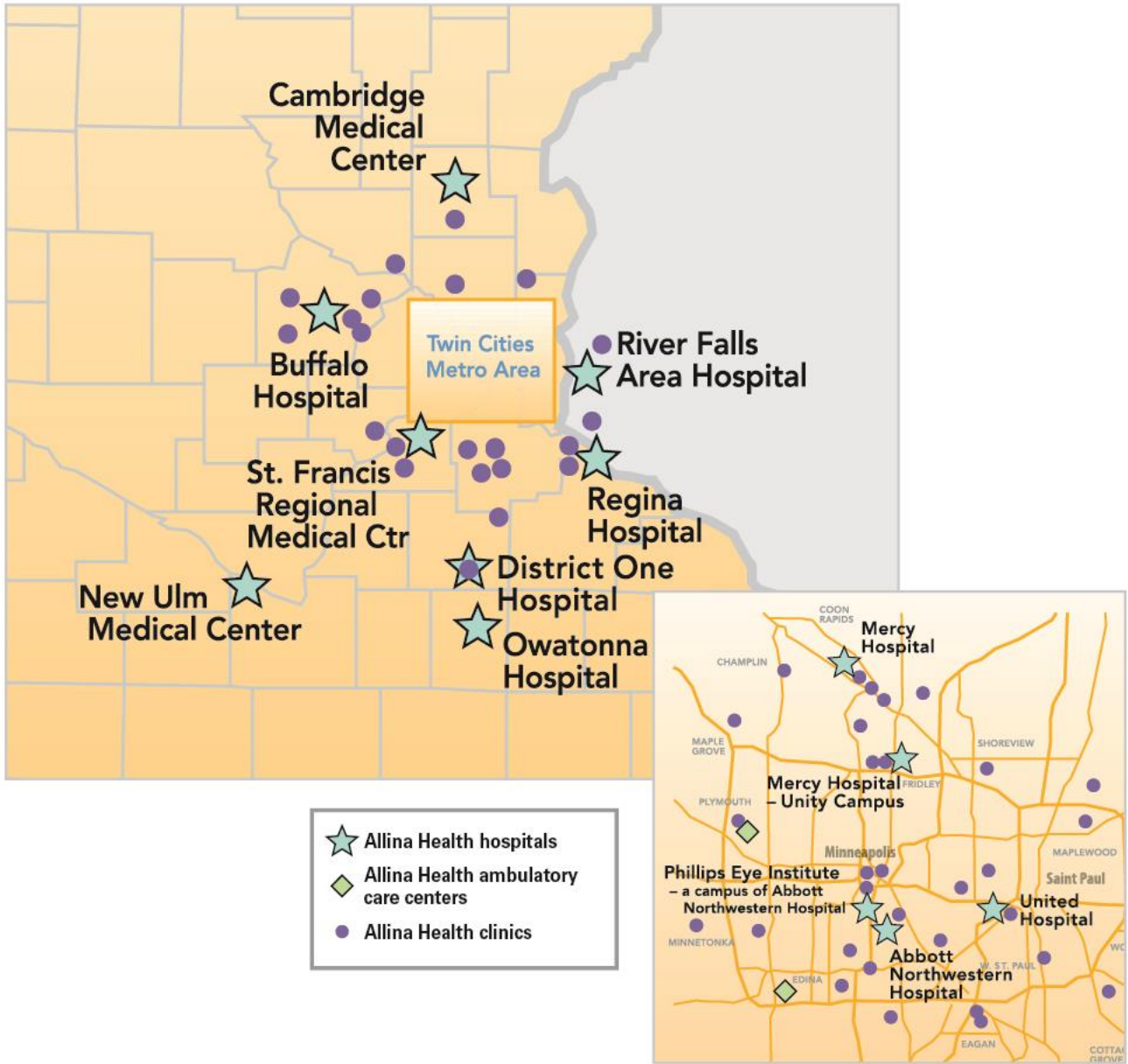
ALLINA HEALTH DESCRIPTION

[Allina Health](#) is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. A nonprofit health care system, Allina Health cares for patients from beginning to end-of-life through its [90+ clinics](#), [11 hospitals](#), [13 retail pharmacies](#), specialty care centers and specialty medical services that provide [home care](#), [senior transitions](#), [hospice care](#), [home oxygen and medical equipment](#) and [emergency medical transportation services](#).

MISSION

The mission of Allina Health is to serve our communities by providing exceptional care as we prevent illness, restore health and provide comfort to all who entrust us with their care.

ALLINA HEALTH SERVICE AREA



HOSPITAL DESCRIPTION AND SERVICE AREA

Mercy consists of two campuses in Anoka County—the Mercy campus in Coon Rapids and the Unity campus in Fridley. The two campuses previously operated under separate licenses, but merged in 2016 to reduce duplication of services. Both have delivered exceptional medical care in the Twin Cities’ north metro for nearly 50 years.

Mercy offers a wide range of specialty services, including award-winning cancer care through the Virginia Piper Cancer Institute®, women’s and children’s services through the Mother Baby Center, mental health care, emergency services, surgical services and top-rated cardiovascular care through the hospital’s nationally known Heart & Vascular Center. Additionally, the hospital was named one of the nation’s 100 Top Hospitals® and 50 Top Cardiovascular Hospitals® by Truven Health Analytics.

The Unity campus is recognized as one of two Nurses Improving Care for Healthsystem Elders (NICHE) programs in Minnesota. This international nursing program is designed to help hospitals improve the care of older adults. Mercy Hospital has a long history of working to improve health in the communities it serves through charitable giving by the Mercy Hospital Foundation and programming efforts that address health needs in the community.

Together, the two Mercy campuses operate 447 beds, and annually serve over 100,000 patients and their families. Though the hospital serves patients from a wide geographic area, its primary service area (and the focus of the CHNA) is Anoka County—a suburban area in the Twin Cities’ north metro.

COMMUNITY DEMOGRAPHICS

According to the [U.S. Census Bureau](#), a total of 344,861 residents live in the 446-square mile area occupied by Anoka County. The area’s population density, estimated at 773.2 persons per square mile, is greater than both the national and Minnesota

averages. The median age in Anoka County is 38 years, and approximately 24 percent of its total population is under age 18. Similar to Minnesota as a whole, Anoka County’s racial and ethnic diversity has increased in recent years. Approximately 16 percent of area residents are people of color – primarily Black (6.9 percent), Asian (5.2 percent) or Hispanic or Latino (4.2 percent). In 2017, 7.9 percent of residents were foreign born, and over 4 percent had limited English proficiency. The median household income was \$76,796, with 6.6 percent of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, 2013–2017 American Community Survey 5-Year Estimates).

Anoka County residents face many of the same health concerns that are common across the United States. For example, [Feeding America](#) estimates 25,410 people in Anoka County (7.4 percent) experienced food insecurity in 2017, and although more people are insured than in the past, 4 percent of people are uninsured. Further, the region has a 690:1 ratio of residents to mental health providers compared with Minnesota’s overall mental health provider ratio of 430:1. Approximately 30 percent of area adults are obese, and 10 percent report poor general health ([County Health Rankings, 2019](#)). Additional information about Anoka County can be found online at [Minnesota Compass](#).

EVALUATION OF 2017–2019 IMPLEMENTATION PLAN

In its [2017–2019 Community Health Needs Assessment](#), Mercy adopted chronic disease, mental health and senior health as its health priorities. It addressed these priorities between 2017 and 2019 through local and systemwide activities. Because obesity or healthy eating/active living and mental health were identified as priorities for the entire service area, Allina Health also adopted them as 2017–2019 systemwide priorities.

SYSTEMWIDE ACTIVITIES

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

Change to Chill

[Change to Chill™](#) (CTC) is a free, online resource that provides stress reduction tips, life balance techniques and health education services for teens. More than 30,000 unique users, including teachers, teens and parents, visit the CTC website each year.

In 2017 and 2018, Allina Health delivered an in-person model of CTC, reaching more than 2,300 students in high schools, middle schools and alternative learning centers across its service area. A pre/post participant survey showed an increase in students' knowledge of and ability to use healthy coping techniques. Additionally, in 2018, nearly 300 school and community professionals (16 from Anoka County) participated in a train-the-trainer model aimed at equipping community members to engage with teens, parents and guardians using the CTC program and materials.

To support a culture of mental well-being in local high schools, Allina Health launched the Change to Chill School Partnership (CTCSP) during the 2018–2019 school year. At nine high schools, CTCSP reached more than 10,000 students through focus groups, peer mentoring and a designated space called “Chill Zone” to practice self-care. Staff training and messages for parents were also

provided. Mercy Hospital supported Coon Rapids High School, reaching 2,800 students and providing training to seven staff. Initial systemwide evaluation results demonstrate that students who participated in components of Change to Chill™ showed increased confidence in their ability to cope with stress. In the 2019–2020 school year, Allina Health will provide technical support and funding to 16 high schools and 34 CTC student interns, as well as ongoing financial support to its previous CTCSP schools.

Be the Change

In 2016, Allina Health launched Be the Change, a six-month, internal campaign to eliminate stigma around mental health conditions and addiction and to ensure that all patients receive consistent, exceptional care. More than 500 Allina Health employees volunteered to serve as Be the Change champions, providing presentations and events to 18,140 of their colleagues (approximately two-thirds of all Allina Health employees). Employee surveys reveal that the campaign improved employees' perception of Allina Health's support of people with mental health or addiction conditions, their comfort interacting with people with mental health or addiction conditions and their knowledge of mental health resources. Between 2017 and 2019, Allina Health continued supporting Be the Change champions with ongoing communication and educational opportunities.

Neighborhood Health Connection

[Neighborhood Health Connection™](#) (NHC) is a community grants program that aims to improve health by building social connections through healthy eating and physical activity. Each year, Allina Health awards over 50 Neighborhood Health Connection grants (ranging from \$500 to \$10,000) to local nonprofits and government agencies in Minnesota and western Wisconsin. Between 2017 and 2018, NHC-funded organizations reached 2,831 and 3,467 participants, respectively, with similar reach expected in 2019. Evaluations of the NHC program found that most participants increased their social connections, made positive changes in

physical activity and healthy eating and maintained these changes for at least six months. Mercy awarded \$91,098 in NHC grants to 19 local organizations from 2017–2019 in its region.

Health Powered Kids

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

Healthy Food Initiative

To address food insecurity, Allina Health launched a healthy food initiative in 2017 to ensure all people in its communities have access to healthy, fresh and affordable food. Through charitable contributions, Allina Health contributed more than \$400,000 to healthy eating initiatives across its service area between 2017 and 2018, including \$40,000 in Mercy’s region. Additionally, through three annual “Give Healthy Food Drive” events, Allina Health employees collected 28,348 pounds of food that were distributed to 250 food shelves. In 2018 and 2019, Allina Health also offered coupons to Fare for All, a program of The Food Group, to community members at 52 clinics. Fare for All offers fresh produce and frozen meats at a low cost. Through this partnership, residents purchased nearly 1,200 boxes of healthy food—200 of which were purchased through support from Mercy’s affiliated clinics.

Accountable Health Communities model

Because social conditions, such as food and housing instability, inhibit access to care and contribute to mental health conditions, obesity and chronic diseases, Allina Health implemented the Accountable Health Communities (AHC) model

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

LOCAL MERCY HOSPITAL ACTIVITIES

Goal 1: Promote evidence-based strategies for prevention, detection, treatment and management of chronic disease.

Mercy conducted 72 community health screenings and 32 free flu vaccination clinics that collectively served 4,622 residents. Additionally, Mercy’s physicians, nurses, pharmacists and chemical dependency/mental health counselors provided health care and resources to 210 clients of Stepping Stone Homeless Shelter. Mercy’s Faith Community Nurse (FCN) Program and 35 faith institutions provided wellness programming and individualized care to people discharged from the hospital. More than 10,000 people per year were served through this program. To prevent chronic disease caused by tobacco, Mercy delivered tobacco and vaping education to 2,707 students.

To support healthy eating and active living among children, Mercy expanded the Healthy Student Partnership to additional high schools in the Anoka, Hennepin, Fridley and St. Francis school districts. The partnership provided personal biometric screenings in the classroom that included blood

pressure, glucose, BMI and cholesterol readings to over 2,000 students each school year.

Goal 2: Promote mental health and wellness services for individuals, youth and families in our communities.

Mercy, Anoka County Public Health and community mental health providers conducted a community assessment to identify mental health service gaps and to establish a provider network to improve access to clinical care. To address the identified lack of “after care” services for mental health patients discharged from the hospital, Mercy and Touchstone Mental Health created an Intense Residential Treatment Services residence on the Unity campus, which opened in 2018. Mercy also provided charitable contributions to Anoka Mental Health Wellness Campaign, Lee Carlson Center, Touchstone Mental Health and Minnesota Military Families.

In 2018, Mercy and the Anoka County Board of Commissioners established the Northwest Mental Health Roundtable to better promote and coordinate mental health services in the community. Mercy staff served on work groups focused on improving service coordination, decreasing stigma, increasing access to safe, desirable and affordable housing and reducing emergency department visits for mental health crises.

To address the mental health impact of violence, Mercy provided charitable contributions to Stepping Stone Homeless Shelter, North Metro Pediatrics, the YMCA, Community Emergency Assistance Program, Nucleus Clinic and Organization of Liberians. It also continued its ongoing partnership with the Alexandra House to assist survivors of domestic violence. Alexandra House trained Mercy staff on how to identify and support victims of domestic violence. And with Mercy’s Forensic Nurse Examination Program, Alexandra House provided sexual assault education to staff, patients and community members. Through this partnership, 300 community members and

Allina Health employees received training in Adverse Childhood Events. Mercy also funded and provided educational sessions on domestic violence and elder abuse to more than 1,000 community members and Allina Health employees.

Goal 3: Improve and/or maintain seniors’ physical, mental, emotional and spiritual health.

To support senior health, Mercy’s Trauma Department—in partnership with 35 Faith Community Partner nurses, Metropolitan Area Agency on Aging (MAAA) and the YMCA—offered three falls prevention programs for 160 seniors. The hospital’s Faith Community Nurse Program (FCNP) provided personal health counseling and support to 250 community members through services such as Family Table, a local meals program operated by churches.

To support seniors’ caregivers, Mercy’s FCNP and Anoka County Department of Social Services coordinated the “Gathering”, a faith-based respite program through which trained volunteers provide education, companion care and socialization and referral services to 200 caregivers.

2018–2019 CHNA PROCESS AND TIMELINE

Mercy collaborated with local public health to complete its CHNA. The group used the Mobilizing for Action through Planning and Partnerships (MAPP) model, a community-driven strategic planning process for improving community health. The model has six phases: Organizing, Visioning, The Four Assessments, Identifying Strategic Issues, Formulating Goals and Strategies and the Action Cycle. For the purposes of this report, the phases

are condensed to data review and prioritization, community input and implementation plan. The MAPP process is cyclical with each phase informing the next and each assessment’s results considered in light of the others. It is an interactive process that can improve the efficiency, effectiveness and performance of local public health systems, including health care institutions. Community members’ participation is essential to the MAPP process.

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

| TIMING | STEPS |
|---------------------------|--|
| July–September 2018 | ORGANIZING and VISIONING Staff establish initial assessment plans, compile learnings from local assessments, identify stakeholder groups for each hospital and share results from current implementation strategy, as appropriate. |
| October 2018–January 2019 | DATA REVIEW and PRIORITIZATION Data review teams are convened, using locally available data and working closely with public health. Teams prioritize issues using locally-agreed upon criteria. |
| February 2019 | DESIGN COMMUNITY INPUT Local teams identify specific methods and audiences for community input on the priorities and strategies for action. |
| February–June 2019 | GATHER COMMUNITY INPUT and DEVELOP IMPLEMENTATION PLAN Dialogue with community stakeholders to solicit action and implementation ideas related to priority areas. Local teams develop action plan, metrics and resource inventory. Learnings are shared systemwide to identify commonalities and develop Allina Health systemwide action plan. |
| July–October 2019 | PREPARE REPORTS and SEEK INTERNAL SUPPORT/APPROVAL Share results and action plans with key stakeholders systemwide. Present plans to local boards/committees/leaders for approval. |
| December 2019 | SEEK FINAL APPROVAL Staff present plan to Allina Health Board of Directors for final approval. |

DATA REVIEW AND ISSUE PRIORITIZATION

Mercy Hospital completed its CHNA in partnership with Anoka County. Together, these entities participated in a Mobilizing for Action through Planning and Partnerships (MAPP) Committee that included representatives from:

- Allina Health Faith Community Nurse Program
- Allina Health - Emergency Medical Services
- Allina Health Maple Grove Clinic
- Anoka Area Chamber of Commerce
- Anoka County Behavioral Health Services
- Anoka County Community Social Service and Behavioral Health
- Anoka County Public Health
- Anoka-Hennepin School District
- Anoka County Sheriff's Department
- Anoka Technical College
- Andover YMCA
- Mercy Hospital Physician Services
- Anoka County Correctional Health (addressing issue of mental health in the County jail)
- Anoka County Environmental Services
- Lee Carlson Center (serves individuals, youth and families experiencing mental illness)
- Liberian Health Initiative
- North Metro Pediatrics (a "safety net" provider that serves medical needs of the underserved)
- NW Metro Alliance (an eight-year regional partnership between Allina Health and Health Partners)
- Anoka Ramsey Community College
- Safe Families for Children MN (serves youth and families in need of respite and foster care)
- St. Mathew Lutheran Church (offers programs for the underserved)

The group created a shared vision for health in Anoka County's community: "We envision a safe, welcoming and engaged community where basic needs are met, people have opportunities for employment and active living and all individuals and families have access to preventive health resources and quality care."

Next, the MAPP Committee reviewed state and local data resources for Anoka County, such as the Minnesota Student Survey, Anoka County demographic data, the 2017 Anoka County Community Needs Assessment, 2017–2018 Anoka County Sheriff Reports, Minnesota Department of Health County Health tables and available data from local partners, such as Alexandra House and the Forensic Nurse Program. The data included indicators related to demographics, social and economic factors and health behaviors, prevalence of health conditions and health care access. Additionally, they reviewed select Allina Health patient data chosen based on priorities defined by the Center for Community Health and Allina Health equity priorities:

- Volume of Allina Health EMS ambulance runs by cities served in Anoka County
- Patient data by county of residence: demographic data (including race, ethnicity, language, age and insurance type), health-related social needs and select conditions
- Top three reasons for emergency room visits
- Tobacco use among adults and youth
- Rates of overweight and obesity
- Colorectal cancer screening rates

Additional data sources included responses from 857 residents on a 54-question 2018 Anoka County Community Health Survey, which measured health habits, such as distracted driving, unhealthy eating and social conditions like access to affordable care. The data review process also included primary data collection from 14 community stakeholders.

PRIORITIZATION PROCESS

From the data gathered through these processes, the staff generated a list of health issues for the MAPP Committee to review and prioritize. First it narrowed the list to eight health issues, and then used the Hanlon Method for Health Issue Prioritization to identify its final priorities. This method includes ranking health priorities based on three criteria: size of the problem and projection of future trends; seriousness of the problem, including

disparate health burdens within the population; and effectiveness and feasibility of interventions.

FINAL PRIORITIES

After reviewing the results of the Hanlon prioritization activity, the MAPP Committee selected these three priorities both for Mercy and Anoka County:

- Chronic diseases and health habits
- Mental health and addiction
- Violence

NEEDS NOT ADDRESSED IN THE CHNA

The group discussed, but did not specifically name, the health needs of seniors and racial and ethnic communities as final priorities because these populations will be included in each of the priority areas. Similarly, access to care will be addressed in each priority.

COMMUNITY INPUT

After selecting its 2020–2022 priorities, Mercy Hospital conducted four community dialogues with community members and stakeholders to understand their perspectives and ideas for each health priority.

The dialogues occurred between February and April 2019 with:

- Members of the West African community in the northwest metro, including health care professionals from Liberia, Sierra Leone and Guinea. The Liberian Health Initiative hosted this community dialogue.
- Parents and guardians serving on the Anoka County Head Start Policy Council.
- Staff and clients from Alexandra House Domestic and Sexual Assault Center.
- The NW Community Health Advisory Council whose members represent:
 - Alexandra House Domestic and Sexual Assault Center
 - Allina Health Senior Leadership & Physician Services
 - Allina Health EMS and Allina Health Community Clinics
 - Anoka County Public Health
 - Anoka Hennepin School District
 - Community Emergency Assistance Programs (CEAP)
 - Coon Rapids Emma B Howe YMCA
 - Head Start of Anoka County
 - Health Partners and Allina Health NW Alliance
 - Health Partners Community Clinics
 - Liberian Health Initiative
 - Mercy Hospital Auxiliary
 - North Suburban Hospital District
 - North Metro Pediatrics
 - Safe Families MN

Through these dialogues, 64 people responded to the following questions:

- What barriers and issues do people face related to each priority?
- What programs and services could help address each priority?

COMMUNITY INPUT RESULTS

Chronic disease and healthy habits

Barriers and issues

In three of the four dialogues, participants focused on barriers to physical activity and healthy eating. They identified that cold weather, lack of time and lack of accessible places and family-oriented places impacted people’s ability to be active. Similarly, lack of affordable and convenient sources of healthy food were barriers to healthy eating. Participants also indicated that stress and other mental health problems affect people’s motivation and ability to pursue healthy habits.

Ideas and opportunities

To increase healthy eating, participants suggested promoting existing fitness activities and creating additional ones for families and seniors. They also suggested improving community design, so that physical activity and healthy eating become part of people’s everyday lives. Other healthy eating strategies included providing nutrition education, cooking classes and greater access to farmers markets and community gardens. They also suggested addressing the connection between stress and healthy behaviors.

Mental health and addiction

Barriers and issues

Barriers to meeting residents’ mental health needs included transportation, language, stigma, knowledge of resources, cultural sensitivity and cultural differences, service integration, inadequate numbers of community psychiatrists and difficulties finding a therapist.

Ideas and opportunities

Participants proposed addressing mental health by educating parents and school staff to recognize signs and symptoms of mental health problems and addiction. To make services more convenient, they recommended offering services at schools and outside of normal working hours. They also suggested providing face-to-face crisis services and community education on stigma related to mental health. Because of various cultures' perspectives on mental health and addiction, participants stressed the importance of understanding communities' perceptions and misperceptions about mental health and substance use. They recommended creating community-tailored approaches and diversifying the mental health and substance use treatment workforce.

Related to e-cigarettes, participants in one community dialogue proposed education to youth and parents on the risks and misconceptions of e-cigarettes and manufacturers' marketing practices to youth. They also suggested strategies to reduce youth access, and named the importance of faith, school and business sectors' involvement in prevention efforts.

Violence

Barriers and issues

The type of violence that participants discussed varied by community dialogue with some focused on interpersonal violence (both emotional and physical) and others focused on bullying and cyberbullying among youth. Factors associated with interpersonal violence included differences in cultural perceptions of violence and untreated trauma. Related to bullying, participants cited students' reluctance to report bullying and the need for more education and better communication between schools and parents.

Ideas and opportunities

Participants generated ideas for education, victim screening and services. They suggested providing community- and school-based education on the various types of interpersonal violence and mentorship opportunities with adolescents to

promote healthy relationships. They recommended ongoing training for staff in clinics and hospitals. An idea for identifying victims was improving screening questions at healthcare facilities and public health services. To support victims of violence, they recommended improving access to therapists and counselors and training providers on trauma-informed care.

2020–2022 IMPLEMENTATION PLAN

After the data review and community input phases, Mercy’s final phase of the CHNA process was to develop an implementation plan that includes goals, strategies, activities and indicators of progress.

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

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

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

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

Mercy’s 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, Mercy’s resources and Allina Health’s systemwide contributions. To make progress in achieving health equity among residents in its service area, Mercy will prioritize partnerships and activities that will

engage populations that have been historically underserved and experience health disparities.

PRIORITY 1: CHRONIC DISEASE AND HEALTHY HABITS

Goal: Increase healthy eating and physical activity among Anoka County residents of all ages.

Strategies

- Create additional resources that focus on cultural approaches to chronic disease management in ethnically and culturally-diverse ways.
- Improve access to healthy food, including culturally appropriate foods for families who experience food insecurity.
- Improve access to safe and appropriate physical activity options for culturally diverse and underserved populations.

Activities

- Promote and fund organizations that offer community-based, culturally appropriate chronic disease management education.
- Refer low-income primary care patients to community food support resources.
- Promote use of outdoor and quiet spaces for family and personal renewal.
- Provide grant-making, charitable contributions and employee volunteer opportunities to healthy food-related activities and organizations.
- Actively contribute to and participate in community coalitions and partnerships related to healthy food and active living.

Community partners

YMCA, AKA Youth, Three Rivers Park District, faith-based partners, The Food Group, CEAP and local food shelves.

PRIORITY 2: MENTAL HEALTH AND ADDICTION

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

Strategies

- Increase resilience among school-age youth.
- Increase social connectedness and community-wide resilience efforts.

Activities

- Offer Change to Chill™ programming in at least one additional high school every year, and continue to support the current Change to Chill™ schools as requested.
- Enhance and promote Health Powered Kids™ mental health and wellness programming to Anoka County schools.
- Provide mental health education to Anoka-Hennepin School District staff.
- Work with schools and community groups to offer activities and classes focused on mental health, resiliency and social connectedness.
- Support grassroots, community-based efforts around resilience, including social connectedness.

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

Strategies

- Decrease stigma associated with seeking help for mental health and substance use conditions, with a particular focus on the experiences of racial and ethnic minorities and other historically underserved communities.
- Improve access to adolescent mental health and substance use services.
- Support and advocate for local and state policies aimed at increasing number of and accessibility to mental health and substance use services.

Activities

- Enhance mental health and substance use stigma elimination components of Change to Chill™, with a particular focus on the experiences of racial and ethnic minorities and other historically underserved communities.
- Support stigma reduction activities in community organizations and across Anoka-Hennepin School District.
- Support and advocate for local and state policies aimed at increasing number of and accessibility to mental health and substance use services.
- Provide a forum where Allina, Anoka County, community leaders and local community-based mental healthcare providers discuss and identify strategies to ensure that mental healthcare options are available and accessible to community residents of all ages.
- Promote stigma elimination education and messaging, particularly in May and October.

Goal 3: Decrease use of tobacco and electronic cigarettes by youth.

Strategies

- Increase parent and adolescents' awareness of harms caused by tobacco and electronic cigarettes.
- Improve adolescents' substance use refusal skills.

Activities

- Conduct educational events and provide resources to parents and children.
- Deliver the NAP nicotine and tobacco prevention program to Fridley and Anoka-Hennepin students.

Community partners

Anoka-Hennepin School District, Fridley Schools, Allina Mental Health and Addiction Clinical Service Line leadership, Lee Carlson Mental Health Center, Anoka County Public Health & Human Services,

NAMI, Liberian Health Initiative, Health Partners, CANVAS Health, The NW Mental Health Roundtable, Penny George Institute of Health & Healing, drug and alcohol prevention advocates, Minnesota Adult and Teen Challenge and community-based mental health care providers.

PRIORITY 3: VIOLENCE

Goal 1: Reduce violence, bullying and abuse among people living in Anoka County.

Strategies

- Identify and support individuals living in abusive relationships.
- Raise awareness of domestic abuse, relationship violence, sexual assault and human/sex trafficking.

Activities

- Partner with Anoka County to develop an Anoka County Violence Roundtable group to review data, identify gaps, set goals and plan for violence prevention and service improvement activities in the community.
- Convene local stakeholders and community members to collaboratively address violence prevention, awareness and service from a community perspective.
- Sponsor and participate in Alexandra House's annual HopeFest event.
- Work with other organizations to plan, sponsor and participate in the Annual Heroes Walk 4 Women.
- Provide targeted education programs to youth, members of faith communities and caregivers of adults.

Community partners

Anoka County Human Services Division (Public Health and Social Services), Alexandra House, Lethality Assessment Program, local law enforcement, elected officials, faith communities, Allina Health - Mercy Hospital Forensic Nurse Program, local businesses, chambers of commerce, local schools and community members, including survivors of sexual and domestic violence.

SOCIAL DETERMINANTS OF HEALTH

Across Allina Health's service area, hospitals indicated that addressing social determinants of health is essential to the success of improving identified health priorities. To this end, Allina Health identified a systemwide plan for addressing social determinants of health; Mercy will participate in the plan's implementation.

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

Strategies

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

Activities

- Support the successful implementation and evaluation of the Accountable Health Communities model at participating sites.
- Champion development of and support transition to an Allina Health systemwide strategy and care model to identify and address patients' health-related social needs.
- Implement a process to identify key community partners and support their sustainability with financial contributions, exploration of reimbursement models, employee volunteerism and policy advocacy.
- Design and implement a process with community organizations to facilitate tracked referrals that connect patients to community resources.
- Participate in and support community coalitions aimed at improving access to transportation, housing and food, including

connecting Allina Health resources, expertise and data to these groups as appropriate.

RESOURCE COMMITMENTS

To effectively implement these strategies and activities, Mercy Hospital 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

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

Allina Health will evaluate systemwide programs and initiatives (e.g., Change to Chill™) to assess effects on intermediate outcomes (e.g., resilience) that evidence shows are likely to lead to improvement on population health measures, such as mental health or obesity.

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

CONCLUSION

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

For questions about this plan or implementation progress, please contact: [Craig Malm](#), Director of Community Benefits and Engagement for NW 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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APPENDIX: ALLINA HEALTH SYSTEMWIDE PERFORMANCE INDICATORS

| Health Priority | Example program-specific, intermediate outcomes | Long-term population health outcomes |
|---|---|---|
| Mental health and substance use | <ul style="list-style-type: none"> • Increase in coping self-efficacy among students exposed to CTC messaging. • Changes to state and local policies aimed at improving access to mental health and substance use services successfully implemented. | <ul style="list-style-type: none"> • Increased percent of Anoka County adults reporting they receive the social and emotional support they need always or usually (Behavioral Risk Factor Surveillance System (BRFSS)). • Increased percent of Anoka County students reporting they “find good ways to deal with things that are hard in [their] life” (Minnesota Student Survey (MSS)). • Increased ratio of population to mental health providers (County Health Rankings). |
| Social determinants of health | <ul style="list-style-type: none"> • Reduced percent of patients screening positive for one or more health-related social needs (food, housing, transportation, utility payment and safety). • Increased staff confidence in ability to support patients in addressing their health-related social needs. | <ul style="list-style-type: none"> • Reduced percentage of Anoka County adults reporting they sometimes or often could not afford to eat balanced meals (BRFSS). • Reduced percentage of Anoka County households (renters and homeowners) using more than 30 percent of income on housing costs (MN Compass). |
| Healthy eating and active living | <ul style="list-style-type: none"> • Specific measures in development. | <ul style="list-style-type: none"> • Reduced percentage of Anoka County adults engaging in no leisure time physical activity (BRFSS). • Increased percentage of Anoka County ninth graders who were physically active for 60 minutes or more on at least five of the last seven days (MSS). • Reduced percentage of Anoka County adults eating less than five servings of fruit and vegetables daily (BRFSS). • Increased percentage of Anoka County ninth graders consuming at least one serving of fruit and one serving of vegetables daily (MSS). |
| Access to care | <ul style="list-style-type: none"> • Improved care utilization (e.g. reduced ED utilization, readmissions and no-show rates) among patients receiving support in addressing their health-related social needs via the Accountable Health Communities model. | <ul style="list-style-type: none"> • Reduced percentage of Anoka County adults who self-report that they do not have a primary care provider (BRFSS). |

