



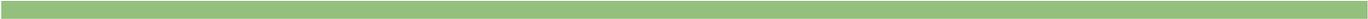
2020–2022

Community Health Needs Assessment and Implementation Plan



TABLE OF CONTENTS

INTRODUCTION	2
MISSION	2
ALLINA HEALTH SERVICE AREA	3
EVALUATION OF 2017–2019 IMPLEMENTATION PLAN	5
2018–2019 CHNA PROCESS AND TIMELINE	8
DATA REVIEW AND ISSUE PRIORITIZATION	9
COMMUNITY INPUT	11
IMPLEMENTATION PLAN 2020–2022	13
CONCLUSION AND ACKNOWLEDGEMENTS	16
APPENDIX	17



INTRODUCTION

Regina Hospital (Regina) 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 Regina 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.

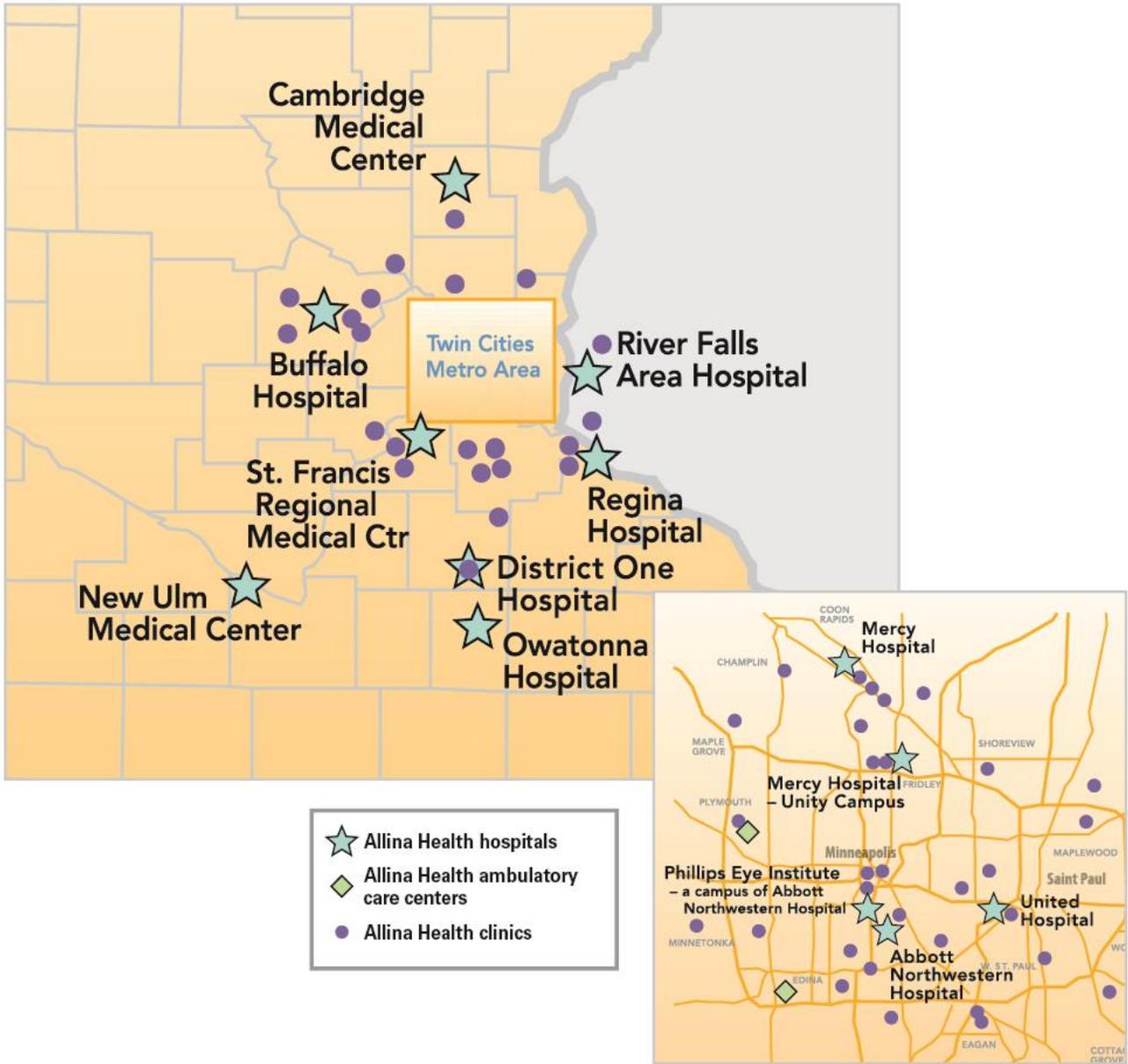
ALLINA HEALTH DESCRIPTION

[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

Regina is located 20 minutes southeast of the Twin Cities in Hastings, Minnesota. Regina's primary service area (and the focus of the CNHA) is Dakota County—a suburban and rural community located southeast of St. Paul, Minnesota.

Faithful to its Catholic traditions of respect for human life, the hospital serves the community by providing exceptional care, preventing illness, restoring health and providing comfort to patients entrusted in its care. The hospital is comprised of a 57-bed acute care hospital with attached senior living services, including a 130-unit assisted living and memory care community, adult day services, a 61-bed nursing home and two multi-specialty clinics. It employs almost 400 employees. Regina has a long history of working to improve health in the community it serves through charitable giving and programming to address community health needs. The Regina Foundation was established for the sole purpose of fundraising, bequests and donations to support the activities of Regina and the neighboring Senior Living facility, which is owned and operated by the Benedictine Health System.

COMMUNITY DEMOGRAPHICS

According to the [U.S. Census Bureau](#), an estimated 414,655 people reside in the 587-square mile area occupied by Dakota County. The population density, estimated at 706 persons per square mile, is greater than the national average. The median age in Dakota County is 37.7 years and approximately 25 percent of its total population is under age 18. Similar to Minnesota as a whole, Dakota County's racial and ethnic diversity has increased in recent years. Almost one-fifth (17.5 percent) of Dakota County residents are people of color—primarily Hispanic or Latino (6.8 percent), Black (5.7 percent) or Asian (4.7 percent). An additional 0.3 percent of the population identifies as American Indian or Alaska Native alone. In 2017, approximately 9 percent of residents were foreign born, and nearly 5 percent had limited English proficiency. The median household income in 2017 was \$79,995 with 6.9

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).

Dakota County residents face many of the same health concerns that are common across the United States. For example, [Feeding America](#) estimates 30,470 people in Anoka County (7.3 percent) experienced food insecurity in 2017, and although more people are insured than in the past, 4 percent of residents are uninsured. Further, the region has a 630:1 resident to mental health provider ratio, compared with Minnesota's overall mental health provider ratio of 430:1. Approximately 27 percent of area adults are obese, and 11 percent report poor general health ([County Health Rankings, 2019](#)). Additional information about Dakota County can be found online at [Minnesota Compass](#).

EVALUATION OF 2017–2019 IMPLEMENTATION PLAN

In its [2017–2019 Community Health Needs Assessment and Implementation Plan](#), Regina adopted mental health, healthy weight and support services across the aging continuum 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 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. Initial systemwide evaluation results demonstrate that students who participated in components of Change to Chill™ showed increased confidence in their ability to cope with stress. In the 2019–2020 school year, Allina Health will provide technical support and funding to 16 high schools and 34 CTC student interns, as well as ongoing financial support to its previous CTCSP schools.

Be the Change

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

Neighborhood Health Connection

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

Hospital awarded \$90,763 in NHC grants to 15 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 more than \$137,000 in Regina’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—400 of which were purchased through support from Regina’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 REGINA HOSPITAL ACTIVITIES

Goal 1: Improve mental well-being of teens, adults and seniors in Dakota County.

As part of its support for Change the Chill™ at Hastings High School, Regina provided a Stress Less Booth during students’ finals week. It also offered the Make It Ok anti-stigma program to eighth grade students at Hastings Middle School in partnership with Dakota County Public Health Department’s Mental Health Action team.

To support mental health among adults, Regina offered mindfulness and stress-management workshops to Hastings city employees, ISO200 middle school students and the general public. It also provided a Forever Well class at the YMCA and Make It Okay workshops to more than 450 people.

Goal 2: Decrease the percentage of the population that is overweight or obese.

Regina focused its activities on improving access to healthy food. It manages Sisters of Charity Community Gardens whose growers donated produce to a local food pantry. With the Dakota County Public Health Department, the hospital helped Hastings Family Service and Prescott Food Pantry increase their nutritious offerings and

redesign their space to make healthy food more appealing. Regina also provided charitable contributions to these food shelves, Hastings Family Service, mobile markets and community gardens. Regina employees donated food for five food drives benefitting Hastings Family Services, Prescott Food Pantry and Food4Kids. Employees also volunteered at food shelves and MarketCart, a service that distributes food to area senior-living apartments.

Regina supported communitywide efforts to increase healthy eating and physical activity by helping the Hastings YMCA Community Health Living Index (CHLI) process to identify gaps in community services that support healthy eating and physical activity. It also actively participated in City of Hastings' Comprehensive Plan process, advocating for land use policies and design related to affordable housing, healthy food and community amenities that support physical activity.

Goal 3: Broaden the array of programs and services available to support the aging continuum.

In partnership with Hastings Community Health Advisory Group, DARTS and other organizations, Regina conducted a community audit of existing support services for senior care providers.

To help seniors stay healthy, a Regina employee became a trained provider of the Matter of Balance falls prevention program. In 2018, 12 people participated in the program. To help community members prepare for end-of-life, Regina provided charitable contributions and coordination support to Hastings Honoring Choices program, a collaboration between the hospital, Hastings Senior Center and Wise Family Funeral Home. The program provided presentations, book clubs and individual Advanced Care Planning consultations to 45 residents. It also hosted a community viewing of the film, "Being Mortal" and a conversation with 80 Hastings community members.

In 2017, Regina helped form the Hastings Transportation Option Advisory Board that directs

the schedule and route of the weekly DARTS LOOP bus. Regina also contributed \$10,000 to the Hastings LOOP.

2018–2019 CHNA PROCESS AND TIMELINE

Regina provides services in a community in which government agencies, institutions and community-based organizations independently and collectively address pressing issues impacting communities. Hospital staff are engaged in multiple community-based coalitions that conduct processes similar to the CHNA. To efficiently conduct this year’s CHNA,

Regina integrated its process into existing assessment and community input processes. It augmented these collective activities with its own key informant interviews to ensure it captured multiple community voices. This process resulted in further refining the data prioritization and community input activities that the hospital conducted for its 2016 CHNA.

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

TIMING	STEPS
July–September 2018	ESTABLISH PLANNING TEAMS and COLLECT DATA Staff establish initial assessment plans, compile learnings from local assessments, identify stakeholder groups for each hospital and share results from current implementation strategy, as appropriate.
October 2018–January 2019	DATA REVIEW and PRIORITIZE ISSUES Data review teams are convened, using locally available data and working closely with public health. Teams prioritize issues using locally-agreed upon criteria.
January–April 2019	DESIGN COMMUNITY INPUT Local teams identify specific methods and audiences for community input on the priorities and strategies for action.
March–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

Regina developed a CHNA in partnership with Dakota County Public Health, which was simultaneously leading its Dakota County/Healthy Dakota Initiative Community Health Assessment (CHA) process. For its CHNA, Regina also drew from staff's participation in the Center for Community Health East Metro CHNA Collaborative and the Hastings Equity and Inclusion Committee. All three groups included community residents and representatives from:

- Bethel University
- Children's Hospital
- Dakota County Public Health
- HealthPartners Hospitals and Clinics
- Metropolitan State University
- Model Cities
- St. Catherine University
- St. Paul Public Housing Agency
- St. Paul Public Schools
- Fairview/HealthEast Health System
- University of Minnesota
- Washington County Public Health
- YMCA Hastings
- Hastings Family Service
- 360 Communities
- Allina Health
- Dakota County Sheriff Department
- Hastings Public Schools
- City of Hastings
- Hastings Police Department
- Local businesses

From June through October 2018, the Healthy Dakota Initiative met four times to review secondary health data for Dakota County from sources, such as the Minnesota Student Survey, Minnesota State Demographic Center, US Census Bureau, Minnesota Department of Education and the Centers for Disease Control. The data included indicators relating to demographics, social and economic factors and health behaviors, prevalence of health conditions and health care access.

Members also reviewed primary data collected via the 2014 Dakota County Metro SHAPE Survey and qualitative data collected for the Local Public Health Systems Assessment. Additional data included 1,244 online/paper surveys collected from community residents (49 of which were completed in Spanish) and 46 organizational assessments. The group also held two discussions with community representatives from social services, housing, legal services and mental health services.

PRIORITIZATION PROCESS

Based on the data review, the Healthy Dakota Initiative Steering Committee identified 19 priorities in November 2018. The group considered the size of the problem, data trends, health disparities (i.e. differences in the effect on various communities), comparison to targets or state benchmarks and the degree to which the health issue was a community concern. These 19 priorities were further narrowed via a dot-voting exercise, resulting in the following five issues as top health priorities in Dakota County:

- Adult mental health
- Adult physical activity
- Difficulty paying for health care
- Housing affordability
- Adolescent suicidal ideation

To assess the effects of these issues on its patients, Regina staff reviewed 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 Dakota County.
- Patient data by county of residence: demographic data (including race, ethnicity, language, age and insurance type), related social needs and select conditions.
- Top three reasons for emergency room visits.
- Rates of overweight and obesity.
- Colorectal cancer screening rates.

Finally, Regina staff compared findings from the above activities with results from community engagement sessions hosted by the Hastings Equity and Inclusion Committee. This group includes Regina Hospital and 50 members, including community residents, business owners and representatives from government and nonprofit organizations. Using brainstorming and dot exercises, participants discussed equity and inclusion, including personal experiences, concerns, needs and aspirations. In three dialogues held between September and November 2018, participants provided feedback specific to the Hastings community for Regina’s CHNA.

FINAL PRIORITIES

Through participation in these processes, Regina chose to continue its existing priorities for 2020–2022:

- Mental health
- Support services for the aging continuum
- Healthy weight

NEEDS NOT ADDRESSED IN THE CHNA

Though recognized as important health issues in Dakota County, Regina’s CHNA final priority list does not include tobacco and substance use (including vaping), suicide, access to affordable fitness centers or access to affordable housing. Regina will continue to support Dakota County Health and Human Services, Hastings Family Services, NAMI, Independent School District 200 and other organizations that specialize in these issues.

COMMUNITY INPUT

After selecting its 2020–2022 priorities, Regina interviewed staff from community organizations to understand their perspectives on each priority and gather their ideas for addressing them. Interviews included representatives from:

- DARTS
- Hastings Family Services
- Hasting High School
- Hastings Senior Center
- YMCA of Hasting

Through the interviews, Regina explored the following questions:

- What challenges do people face related to the priorities?
- What policies, partnerships and initiatives could Regina support or develop to address the priorities?
- How could Regina change its services to improve community health?

COMMUNITY INPUT RESULTS

Mental health and wellness

Challenges

School personnel indicated that youth chemical use (alcohol, marijuana and e-cigarettes) contributes to mental health problems. They also said that the shortage of residential treatment options is a barrier to addressing mental health.

Community resources

School representatives described an array of mental health services at Hasting High School including an annual mental health screening for students, in-school therapists and school achievement services.

Ideas and opportunities

Some interview participants called for more community-based workshops on mindfulness and resiliency for both youth and adults. Another suggested that social service programs could provide personal assistants to accommodate the mental health needs of some clients.

Support services for the aging continuum

Challenges

Interview participants shared that seniors experience social isolation due to living alone and lack of transportation. The mental health of many caregivers suffers due to their responsibilities and low utilization of available respite services. One provider indicated that caregivers wait until a crisis before accessing respite services.

Community resources

Many organizations serving seniors and their caregivers exist, including DARTS' Respite Program, Memory Café and Just Friends, a transportation service to medical appointments.

Ideas and opportunities

Participants from senior-serving organizations indicated that better promotion of the Just Friends program could increase awareness of this medical transportation service. For other transportation needs, they called for greater public investment in transportation options for seniors. They also suggested better promotion of senior programs and respite services for caregivers.

Healthy weight

Challenges

Representatives from senior-serving organizations indicated that lack of transportation is a significant barrier to accessing healthy food and physical activity opportunities for older people.

Community resources

Market Cart provides home delivery of healthy foods to seniors, and Hastings Family Service offers a local food shelf. The Hastings YMCA offers several programs including: exercise classes for all fitness levels, Forever Well program for seniors, camps, child care and youth activities. Schools provide healthier lunches and health classes that focus on healthy behaviors.

Ideas and opportunities

For seniors, participants suggested that continued financial support for the Market Cart would help

address food insecurity and transportation challenges. They also suggested creating healthier meal options for Meals on Wheels recipients. For other community members, participants suggested cooking classes and worksite wellness activities to encourage healthy eating and physical activity. Additional ideas for increasing physical activity included making fitness fun and educating community members on the positive impacts of healthy nutrition and physical activity on health and mental well-being.

2020–2022 IMPLEMENTATION PLAN

After the data review and community input phases, Regina’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, Regina 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 weight

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.

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

engage populations that have been historically underserved and experience health disparities. Regina Hospital will seek Board of Director approval for the plan in October 2019 with final approval by Allina’s Health’s Board of Directors in December 2019.

PRIORITY 1: MENTAL HEALTH AND WELLNESS

Goal 1: Increase resilience and healthy coping in communities.

Strategies

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

Activities

- Partner with community-based partners to provide Mental Health First Aid and Make it OK workshops.
- Expand Change to Chill™ programming to at least one additional high school each year, and continue supporting current Change to Chill™ schools as requested.
- Continue serving on the Dakota County Mental Health Action Team.
- Provide charitable contributions to the Hastings High School Peer Helper program and other community programs that focus on improving mental health services.
- Enhance and promote Health Powered Kids™ mental health and wellness programming to Ramsey County schools.
- 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 racial

and ethnic minorities and other historically underserved communities.

- Support policy and advocacy efforts aimed at improving access to adolescent mental health and substance use services.

Activities

- Enhance mental health and substance use stigma elimination programming in the Change to Chill™ program, with a particular focus on the experiences of racial and ethnic minorities and other historically underserved communities.
- Promote stigma-elimination messages, particularly during May and October mental health awareness months.
- Advocate for policies to increase the number of mental health services and improve access to them.

PRIORITY 2: SUPPORT SERVICES FOR THE AGING CONTINUUM

Goal: Broaden the array of programs and services available to support the aging continuum.

Strategies

- Improve affordability and flexibility of local transportation options.
- Increase access to community-based services for individuals and caregivers (e.g. increased transportation options, educational seminars).
- Reduce social isolation for individuals and caregivers.

Activities

- Implement activities to assist with long-distance caregiving.
- Partner with Dakota County DARTS and Regina Senior Living to implement activities to assist with long-distance caregiving.
- Actively participate in Hastings Transportation Options Advisory Board coordinated by Dakota County DARTS.

- Work with Hastings Senior Center to offer an educational series addressing aging-related topics.
- Provide charitable contributions to community organizations that specialize in providing services to seniors and their caregivers.

PRIORITY 3: HEALTHY WEIGHT

Goal: Decrease the percentage of population that is overweight or obese.

Strategies

- Increase knowledge of nutrition and promote food resources, such as grocery stores, food shelves, co-ops and farmers markets.
- Increase knowledge about the importance of exercise, and promote local options.
- Reduce social isolation among those who are overweight or obese.

Activities

- Promote opportunities for employees to volunteer to conduct Health Powered KidSTM workshops within the community.
- Continue to work with Hastings YMCA and Raider Nation to increase the number of youth athletic fields in Hastings.
- Work with the hospital's Nutrition Services department to promote healthier meal options to employees, patients, residents and Meals on Wheels participants.
- Promote walking groups and other activities that foster a healthy lifestyle.
- Provide charitable contributions to community organizations that coordinate healthy living programs.

COMMUNITY PARTNERS

Hastings Family Service, Hastings YMCA, City of Hastings, Dakota County, DARTS, Hastings Park and Recreation Department, Hastings Community Center, Hastings Senior Center and ISO200.

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; Regina 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 community coalitions aimed at improving access to transportation, housing and food.
- Contribute Allina Health resources, expertise and data, as appropriate.

RESOURCE COMMITMENTS

To effectively implement these strategies and activities, Regina 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

Regina and Allina Health will continue to engage in assessment and engagement activities throughout the implementation phase. Regina will develop specific work plans for implementing the strategies and activities outlined in the implementation plan. During the 2020–2022 CHNA period, the hospital will monitor community-specific health indicators to adjust its activities as needed. It will also track process measures, such as people served and dollars contributed to monitor progress on planned activities.

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

Regina and Allina Health will work diligently to address the needs identified in this process by taking action on the strategies and activities outlined in this plan. For questions about this plan or implementation progress, please contact: [Brandi Poellinger](#), Community Engagement Lead for East Regional region or [Christy Dechaine](#), Community Benefit and Evaluation Manager.

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

ACKNOWLEDGEMENTS

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

- The many community members who offered their time and valuable insights;
- Partners from organizations who met to review and prioritize data and develop implementation plans, and the individuals who contributed their expertise and experience to ensure a thorough and effective outcome, especially staff from local public health agencies;
- Allina Health System Office staff and interns who supported the process throughout, particularly Leah Jesser, Emma Wolf and Bri Wagner; and,
- Other staff at Allina Health and Regina Hospital who provided knowledge, skills and leadership to bring the assessment and plan to fruition.

APPENDIX: ALLINA HEALTH SYSTEMWIDE PERFORMANCE INDICATORS

Health Priority	Example program-specific, intermediate outcomes	Long-term population health outcomes
Mental health and substance use	<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 Dakota County adults reporting they receive the social and emotional support they need always or usually (Behavioral Risk Factor Surveillance System (BRFSS)). • Increased percent of Dakota 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 Dakota County adults reporting they sometimes or often could not afford to eat balanced meals (BRFSS). • Reduced percentage of Dakota 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 Dakota County adults engaging in no leisure time physical activity (BRFSS). • Increased percentage of Dakota 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 Dakota County adults eating less than five servings of fruit and vegetables daily (BRFSS). • Increased percentage of Dakota 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 Dakota County adults who self-report that they do not have a primary care provider (BRFSS).

