Allina Health

ABBOTT NORTHWESTERN HOSPITAL

2026–2028

Community Health Needs Assessment and Implementation Plan

Table of contents

Introduction

Abbott Northwestern Hospital (Abbott Northwestern) 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 working with numerous community members to systematically identify community health priorities and create a plan for addressing these priorities. In addition to the formal CHNA activities described in this report, each CHNA uses learnings from the previous cycle, ongoing community dialogues and information-gathering by hospital care team members to inform this work.

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. The State of Minnesota issued additional guidelines, effective this CHNA cycle.

Through the CHNA process, Allina Health aims to:

- Understand community health priorities, needs and assets to improve health and well-being as defined by community members and assessed using the most recent health and demographic data
- Learn about factors preventing health and well-being in the community and gain ideas to improve community health from organizations, institutions and community members, especially people living in or near poverty and others who have specific health needs
- Identify community resources and organizations Allina Health and Abbott Northwestern can partner with and support to improve community health
- Create an implementation plan outlining strategies and activities Allina Health and Abbott Northwestern 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 Abbott Northwestern and the implementation plan to address those needs in 2026–2028. This report also describes the hospital's 2023–2025 activities to address needs identified in the 2022 CHNA assessment.

ALLINA HEALTH DESCRIPTION

Allina Health, an integrated health system, is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. We serve our communities by providing exceptional care as we prevent illness, restore health and provide comfort to all who entrust us with their care. Our vision is to be our community's most trusted health ally, where all people can access expert specialty and preventive care when, where and how they need it. As a nonprofit health care system with 28,000 care team members, Allina Health cares for patients from beginning to end-of-life through our 90+ clinics, 12 hospital campuses, 13 retail pharmacies, specialty care centers and specialty medical services providing home care, senior transitions, hospice care and emergency medical transportation services.

MISSION

We serve our communities by providing exceptional care, as we prevent illness, restore health and provide comfort to all who entrust us with their care.

VALUES AND COMMITMENT TO COMMUNITY

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. In early 2025, Allina Health introduced its Compass—the strategic framework that guides our organization. Our values are a vital part of our Compass:

We serve with empathy and kindness.

We work honestly and ethically.

We deliver best-in-class care.

We are all part of one care team.

These commitments and values guided our CHNA approach, including the assessment process, implementation of initiatives, partnerships and methods of evaluation directed at tracking and addressing health priorities in our communities.

2026–2028 CHNA PRIORITIES

This cycle's CHNA resulted in three prioritized community health needs:

Mental health and wellness

This encompasses overall mental, social and emotional well-being, including social connectedness, resilience, and access to the full continuum of mental health and addiction care and support.

Substance abuse prevention and recovery

This includes preventing, delaying or reducing harm associated with using substances, and access to the full continuum of mental health and addiction care and support.

Health-related social needs and social determinants of health

This includes the community-wide social, physical and economic conditions that influence health (e.g., social cohesion; the availability of safe, affordable housing; employment opportunities) and the individual-level material needs and circumstances that impact health and well-being (e.g., food security, reliable transportation, social isolation).

COMMUNITY CONSIDERATIONS

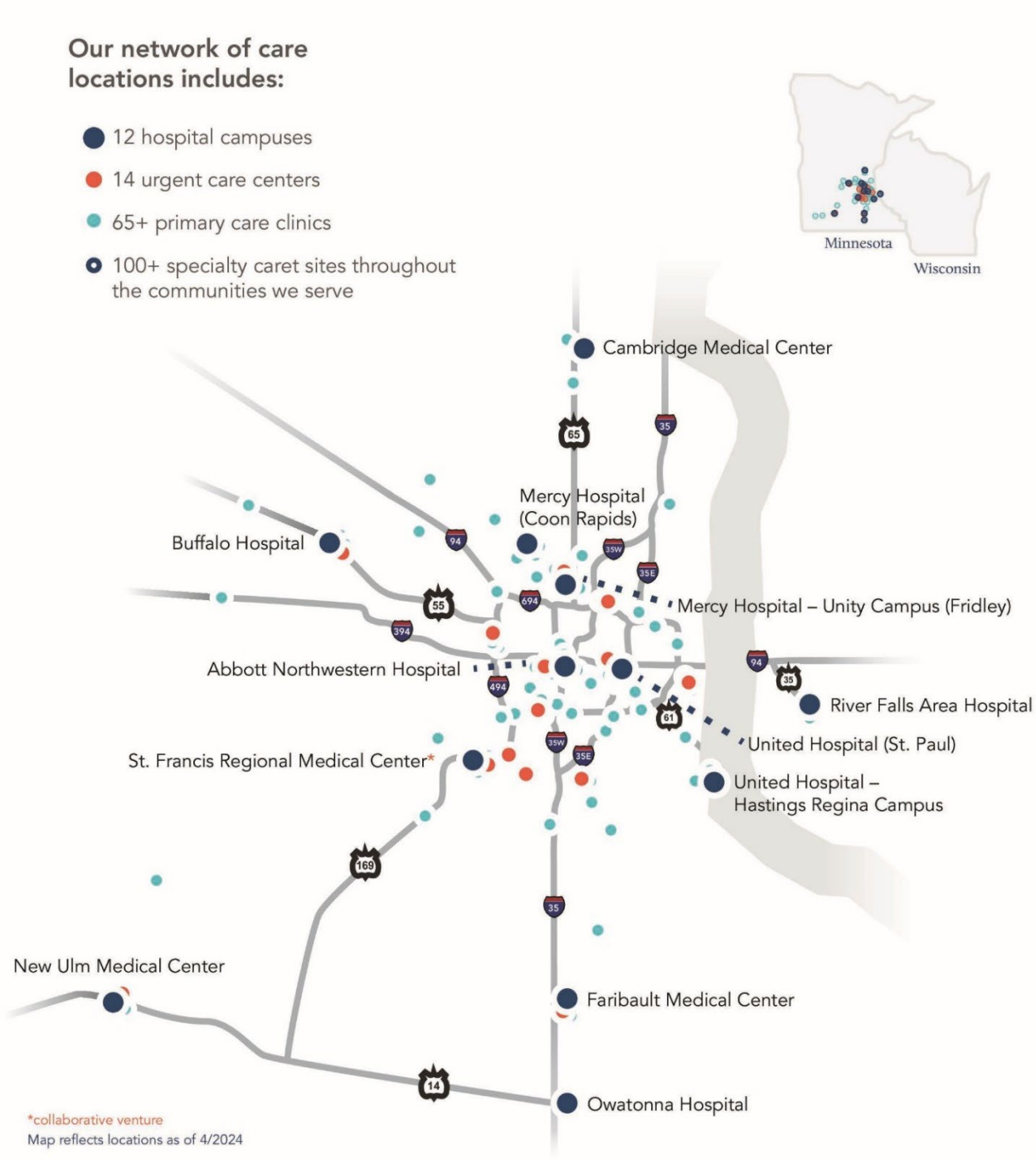
Allina Health serves geographically, culturally, racially and socio-economically diverse communities. Throughout the CHNA, Abbott Northwestern considered how community members may experience these priorities differently. The following groups of people were identified as having unique needs and/or being disproportionately impacted by some or all of the priorities listed above:

- People living in poverty
- Rural communities
- Youth and adolescents
- People who identify as Lesbian, Gay, Bisexual, Trans, Queer and/or Questioning (LGBTQ+)
- Older adults
- American Indian/Indigenous community members
- Black/African American community members
- Immigrant communities
- Individuals with disabilities.

Our vision is to be our community's most trusted health ally, where all people can access expert specialty and preventive care when, where and how they need it. Thus, Abbott Northwestern considered these different experiences when writing its implementation plan.

Hospital and community description

ALLINA HEALTH SYSTEM MAP



ABBOTT NORTHWESTERN HOSPITAL DESCRIPTION AND SERVICE AREA

Abbott Northwestern, a trusted health ally in the community for more than 140 years, is Allina Health's flagship quaternary care center, offering the most specialized and advanced level of medical care available. Serving patients from the Twin Cities and throughout Minnesota and the upper Midwest, the nonprofit hospital is a cornerstone of health care for approximately 1.3 million people residing in Hennepin County—an urban and suburban community which includes Minneapolis. With a dedicated team of more than 6,200 care team members and more than 300 volunteers, Abbott Northwestern is committed to delivering exceptional care.

The hospital is nationally known for its highly specialized programs. The Allina Health Brain and Spine Institute, Allina Health Minneapolis Heart Institute and Allina Health Cancer Institute provide comprehensive neurological, cardiovascular and cancer care. The Mother Baby Center, in partnership with Children's Minnesota, offers specialized care for mothers with high-risk pregnancies and their babies.

Operating 686 staffed beds, Abbott Northwestern annually admits more than 34,000 inpatients, sees nearly 415,000 outpatient visits and more than 52,000 emergency department visits. The hospital is also affiliated with several primary and specialty clinics, including Abbott Northwestern—WestHealth, Courage Kenny Rehabilitation Institute and the Penny George Institute for Health and Healing.

Abbott Northwestern has received numerous accolades, including being named to Newsweek's World's Best Hospital (2025) list, and is the only Twin Cities hospital ranked among the top 100 for heart care and brain surgery. Abbott Northwestern is consistently ranked among Minnesota's top hospitals by U.S. News & World Report. Also in 2025, it earned Magnet Recognition Program® designation, the highest national honor for nursing excellence (fourth time), multiple American Heart Association "Get With The Guidelines" awards for stroke care (2023, 2024, 2025), and the Practice Greenhealth Emerald award, highlighting it as among the top 20 percent of hospitals in the nation with advanced sustainability programs.

As part of its commitment to the community, Abbott Northwestern is undergoing a 10-year campus revitalization project, including the construction of the Richard M. Schulze Surgical and Critical Care Center, set to open in 2026. This project underscores Abbott Northwestern's leadership and dedication to health care innovation, patient experience and sustainability.

COMMUNITY DEMOGRAPHICS–HENNEPIN COUNTY

Abbott Northwestern is located in Hennepin County, which is the most populous county in the state of Minnesota and includes Minneapolis and suburbs and towns to the west. It is one of the most densely populated and diverse counties in the Twin Cities metropolitan area. Over 1.2 million residents live in Hennepin County; 66.5 percent of residents identify as non-Hispanic white, 14.3 percent as non-Hispanic Black, 7.9 percent as Hispanic or Latino and 7.6 percent as Asian (County Health Rankings, 2025). The county has a higher-than-average percentage of residents who are foreign-born compared to Minnesota as a whole: 13.3 percent in Hennepin County, compared to 8.6 percent in Minnesota (2023 American Community Survey 1-Year Estimates). Approximately 3 percent of residents have limited English proficiency (County Health Rankings, 2025). Nearly 23 percent of residents live with a disability, compared to more than 1 in 4 U.S adults in 2022 (County Health Rankings, 2025). The median household income in 2025 is $93,642 (County Health Rankings, 2025). More than 10 percent of residents live in households with income below the Federal Poverty Level (2023 American Community Survey 1-Year Estimates).

Hennepin County residents report an average of more than four-and-a-half poor mental health days per month and 12.6 percent report poor general health; this compares to a U.S. average of four poor mental health days per month and 17 percent of residents reporting poor general health (County Health Rankings, 2025). According to Minnesota's Health Trends Across Communities (HTAC) dashboard, 17 percent of Hennepin County adults have been diagnosed with high cholesterol, 16 percent with hypertension, 7 percent with asthma, 6 percent with

Type 2 diabetes and 4 percent with heart disease.[1] Nationwide, 37 percent of American adults have high cholesterol, 34 percent have hypertension, 10 percent have asthma, 12 percent have any type of diabetes and 4 percent have heart disease (Behavioral Risk Factor Surveillance System (BRFSS), 2023). Some residents struggle to access health care; 6 percent of adults and nearly 3 percent of children in Hennepin County are uninsured, compared to 11 percent of adults and 5 percent of children across the country (County Health Rankings, 2025). Hennepin County has a 164:1 ratio of residents to mental health providers. Minnesota's overall mental health provider ratio is 278:1. The national mental health provider ratio is 300:1 (County Health Rankings, 2025).

According to the Minnesota Department of Health, cancer (malignant neoplasms) was the leading cause of death in Hennepin County and statewide in 2023.

[1] Where possible we have included data to the nearest tenth of a percent. However, some sources, such as the HTAC dashboard, only include data to the nearest whole number.

Community health needs assessment

OVERVIEW

This CHNA sought to balance the need to be responsive to local community health needs and leverage resources from the shared Allina Health system. The work was collaboratively led by local hospital and Allina Health system office colleagues from the Community Benefit and Engagement (CBE) team. The CHNA process included involvement from local public health, residents, community partners and other stakeholders, including Allina Health care team members and subject matter experts. Stakeholders were engaged at multiple points to inform both the needs assessment and implementation plan designed to address the prioritized needs.

Allina Health contracted with the HealthPartners Institute's Center for Evaluation and Survey Research (CESR) to complete this CHNA. CESR consulted on the CHNA approach and framework; facilitated meetings with members of Allina Health's CBE team and other internal stakeholders; planned and supported engagement of external stakeholders; supported the development of a systemwide implementation plan to finalize goals, strategies, and activities; and synthesized the data collected from Allina Health and the activities named into Allina Health's hospital reports and their corresponding executive summaries.

Each CHNA builds on the learnings from the previous cycle. This cycle, Allina Health collected data to review needs prioritized in the 2022 CHNA and assess for gaps and new, emerging priorities. Given the complexity of systemic needs, long-term, collaborative effort and investment is needed to see significant, measurable improvement. This data review confirmed the continuation of these priorities. As such, Allina Health has again prioritized the following needs for the 2026–2028 CHNA cycle:

2026-2028 CHNA priorities

This cycle's CHNA resulted in three prioritized community health needs:

Mental health and wellness

This encompasses overall mental, social and emotional well-being, including social connectedness, resilience, and access to the full continuum of mental health and addiction care and support.

Substance abuse prevention and recovery

This includes preventing, delaying or reducing harm associated with using substances, and access to the full continuum of mental health and addiction care and support.

Health-related social needs and social determinants of health

This includes the community-wide social, physical and economic conditions that influence health (e.g., social cohesion; the availability of safe, affordable housing; employment opportunities) and the individual-level material needs and circumstances that impact health and well-being (e.g., food security, reliable transportation, social isolation).

Community considerations

Allina Health serves communities that are geographically, culturally, racially and socio-economically diverse. Throughout the CHNA, Abbott Northwestern considered how the priority needs may be experienced differently by members of the community. The following groups of people were identified as having unique needs and/or being disproportionately impacted by some or all of the priorities listed above:

- People living in poverty
- Youth and adolescents
- People who identify as lesbian, gay, bi-sexual, transgender, queer and/or questioning (LGBTQ+)
- Older adults
- American Indian/Indigenous community members
- Black/African American community members
- Immigrant populations
- Rural populations
- Individuals with disabilities.

Our vision is to be our community's most trusted health ally, where all people can access expert specialty and preventive care when, where and how they need it. Thus, Abbott Northwestern considered these different experiences when writing its implementation plan.

As Abbott Northwestern implements the activities described in the implementation plan, Allina Health's CBE team will evaluate and report the impact of its work to address each of the prioritized community health needs over the three-year cycle.

Abbott Northwestern Senior Leadership Team reviewed and approved the hospital plan. Allina Health Board of Directors gave final approval.

PROCESS FOR PRIORITIZING COMMUNITY HEALTH NEEDS

From June 2024 through January 2025, care team members compiled and reviewed quantitative and qualitative data. This data confirmed the continued prioritization of three community health needs identified in the 2022 CHNA cycle and helped care team members better understand how these priorities have changed since 2022 and the unique ways they vary by population and geography:

- Mental Health and Wellness
- Substance Abuse Prevention and Recovery
- Health-Related Social Needs and Social Determinants of Health.

Quantitative data review

In September 2024, Abbott Northwestern compiled and reviewed quantitative data with Hennepin County Public Health and community partners from the Hennepin County Community Health Improvement Partnership (CHIP)—a coalition of local public health, health systems and nonprofit organizations that work collaboratively to address the County's most pressing health challenges.

Abbott Northwestern care team members met with these partners to review and discuss select Allina Health patient data, county-specific public health data and, where appropriate, state-level reports and indicators. Indicators were chosen based on the 2022 systemwide CHNA priorities as well as common chronic conditions. To better understand opportunities to increase health equity, the data was disaggregated by demographics where possible and Hennepin County data was compared to that of all other Allina Health CHNA counties and the state.

Quantitative data sources included:

- Health Trends Across Communities (HTAC), Minnesota Electronic Health Record Consortium Dashboard
- Minnesota Student Survey (MSS)
- Local public health community health assessment results
- Hennepin County Health Ranking Profile
- Results from the 2023 Wilder Homeless Study
- Allina Health patient data such as the prevalence of health-related social needs, Emergency Department visits and patient demographics.

Examples of indicators reviewed included, but were not limited to:

- Patient and public health data by county of residence, including prevalence of select substance use conditions, mental health conditions and chronic disease
- Patient demographic data by county of residence and presence of health-related social needs
- Prevalence of alcohol, cannabis and opioid use disorders by county of residence
- Prevalence of mental health disorders by county of residence
- Health-related social needs among Allina Health patients residing in Hennepin County
- Primary diagnosis (overall and mental health patients) among Abbott Northwestern Emergency Room patients
- Overall injury rate by county, top reasons for an injury (pediatrics and geriatrics), and percentage of injuries in which alcohol or drugs were involved among patients at Allina Health Trauma Centers.

In total, data included more than 30 indicators related to demographics, social and economic factors, health behaviors, prevalence of health conditions and health care access.

Hospital care team members facilitated this data review. Attendees were asked to reflect on the indicators, how they compared with community perceptions and experience (i.e., any surprises), gaps in Allina Health's assessment and takeaways for Allina Health and Abbott Northwestern's 2025 CHNA planning.

Qualitative data review

In addition to the local quantitative data review, from June 2024 through January 2025, Allina Health CBE team members conducted key informant interviews and community dialogues to gather feedback from community leaders across all CHNA counties. Discussions developed greater understanding of the three prioritized health needs, including changes since the last CHNA, prevalence, unique impact on specific populations within the community and contributing factors. CBE team members also asked if there were any gaps in these priorities and for ideas to address prioritized needs.

Key informant interviews were conducted with local and statewide nonprofit leaders. To ensure key informant interviewees were representative of Allina Health communities across geography, area of expertise and demographic focus, the Allina Health CBE team first compiled a list of key partners in a central spreadsheet. From July through December 2024, the CBE team met weekly to discuss and troubleshoot the interview process including reviewing the list of interviewees; assessing gaps in representation by geography, topic area, and demographic group; and identifying additional interviewees as needed.

In November 2024, Allina Health CBE team members gathered to share the results of their individual interviews and themes were identified across the Allina Health system. These themes were revisited again in January 2025 following the conclusion of all the key informant interviews.

In total, Allina Health CBE team members conducted 24 key partner interviews, including the following partners local to Abbott Northwestern:

- Backyard Community Health Hub—a program of the Cultural Wellness Center, focused on providing health, culture and social connections to members of the community living in south Minneapolis
- Catholic Charities of St. Paul and Minneapolis—a nonprofit providing affordable housing and comprehensive social services in Minneapolis and St. Paul
- Community Emergency Services (CES)—a large, south Minneapolis-based emergency food provider
- Division of Indian Work—a social services provider focused on providing culturally-competent services to Indigenous women, children and families living in Minneapolis
- H.O.P.E. Project—a social-service provider focused on providing access to basic needs and supporting mental health in both Minneapolis and St. Paul
- Project for Pride in Living (PPL) —a local supportive housing and workforce development provider serving Minneapolis and St. Paul.

In addition to these local partners, the following organizations, serving many of Allina Health's CHNA counties, were also interviewed:

- The Food Group—a nonprofit providing healthy food to people experiencing food insecurity across the state of Minnesota
- The Humanity Alliance—a nonprofit providing home-delivered meals to people experiencing food insecurity and supporting housing in the seven-county metro
- Lutheran Social Services of Minnesota—a health and human services provider supporting the state of Minnesota, with a focus on older adults and people with disabilities
- Open Arms—a nonprofit delivering free, medically-tailored meals in the seven-county metro
- WellShare International—a nonprofit organization with numerous programs improving economic conditions and physical and mental health across the Twin Cities metro and rural Southern Minnesota.

See Appendix Table 2 for a full list of organizations from across the Allina Health system engaged via key informant interviews and community discussions.

Allina Health also discussed substance use among adolescents with nearly 50 individuals via seven community dialogues. These dialogues were part of a broader project funded with grant funding recommended by the Opioid Epidemic Response Advisory Council (OERAC) and the Minnesota Department of Human Services. Five of these community dialogues were conducted with more than 40 middle school youth and caregivers of middle school youth. The remaining dialogue was with eight youth-focused professionals. While dialogues did not occur

in every CHNA community, an effort was made to gather diverse feedback by geographic location (urban/rural/metro) and cultural community. Dialogue participants included:

- Middle school youth and their caregivers (two concurrent dialogues conducted in partnership with youth interns at Annex Teen Clinic in Robbinsdale, MN)
- Students at Faribault Middle School
- Parents/caregivers at Robbinsdale Middle School (two dialogues in total)
- Students at Northfield Middle School
- Professionals participating in CONNECT Washington County, a coalition aimed at connecting youth-serving professionals in Washington County, with a focus on mental health and substance use. This dialogue was conducted in partnership with Washington County Public Health, M Health Fairview, and Health Partners.[2]

Across both the quantitative data review and qualitative discussions, Allina Health team members heard about the interconnectedness of all three prioritized community health needs and a perceived increase in co-occurring needs (e.g., loneliness, lack of transportation, and mental health concerns) leading to increased difficulty resolving needs. Additionally, participants emphasized the role poverty plays in exacerbating needs and the continued strain the COVID-19 pandemic has had on systems, organizations and individuals, which has not lessened with time. More details about Abbott Northwestern's local community engagement findings are described below.

[2] While Washington County is not an Allina Health CHNA Community, it is part of the Twin Cities seven-county metro and neighbors the Allina Health CHNA counties of Anoka, Dakota, Ramsey, St. Croix (WI) and Pierce (WI).

DESCRIPTIONS OF PRIORITIZED COMMUNITY HEALTH NEEDS

Mental health and wellness

Quantitative data

HTAC data reports the prevalence of diagnoses of mental health conditions, including anxiety, depression, and suicidal ideation, has increased across Minnesota since 2020. In Hennepin County, the prevalence of anxiety diagnoses (19 percent) is slightly lower than Minnesota overall (20.2 percent) and the prevalence of depression diagnoses (15 percent) is similar to Minnesota overall (15.4 percent).

Across Minnesota, females are more likely to have received a diagnosis of anxiety (25 percent) and of depression (20 percent) than other gender identities (HTAC). By gender, prevalence of diagnosed suicidal ideation or attempt is highest among those whose gender is identified as "other" or "unknown" (3 percent) (HTAC). Younger Minnesotans, especially adolescents ages 17 (4.9 percent) and 18 (5 percent), and Minnesotans who identify as American Indian/Native American (4 percent) have the highest overall rates of diagnosed suicidal ideation or attempt (HTAC).

Data from the 2022 Minnesota Student Survey (MSS) also finds youth mental health is declining. LGBQ* youth and American Indian or Alaska Native (AIAN) youth are reporting disproportionately high rates of long-term mental health problems, depressive symptoms, anxiety symptoms, and suicidal ideation. Table 1 below shows how these rates compare to all Minnesota students in grades nine and eleven. In 8th grade, girls are worse off than boys on many indicators of physical health and emotional well-being; for example, 36 percent of 8th grade females report having a long-term mental health, behavioral or emotional problem compared to 15 percent of 8th grade males (MSS). By 11th grade, this gap persists with 45 percent of female students reporting a long-term mental health, behavioral or emotional problem compared to 20 percent of male students (MSS).

Table 1: Percentage of students reporting agreement with select measures of mental health (MSS 2022)

	9th grade			11th grade		
	LGBQ*	AIAN	All	LGBQ*	AIAN	All
Long-term mental health problems (6+ months)	61.6%	44%	28.2%	67.1%	46.6%	32.7%
Feeling down, depressed, or hopeless in last 2 weeks	78.1%	59%	47.7%	79.7%	66.9%	55.5%
Feeling nervous, anxious, or on edge in last 2 weeks	88.3%	73.3%	64.6%	89.4%	76.5%	69.7%
Seriously considered attempting suicide within the last year	34%	22.3%	14.4%	31.8%	21.2%	14.4%

**LGBQ includes lesbian, gay, bisexual, and queer identifying students.*

Qualitative data

Community engagement participants highlighted the availability of support services for mental health does not meet the present need. Despite some progress, stigma around seeking care remains a barrier, especially among older adults and some cultural communities. Older adults may be hesitant to express loneliness or share a mental health concern due to fear of being considered unable to live independently and moved into assisted living. Community members felt the mental health care system is strained by workforce shortages, insufficient pay for many workers, workplace violence/injury risk, and insufficient funding for mental health services overall. Patients face difficulties navigating the mental health care system and there is a need for multi-lingual and culturally tailored services and providers.

Social isolation and dependency on technology were named as drivers of mental health conditions. Additional factors included trauma and experiences with violence. Lack of transportation was mentioned as a significant contributor to loneliness and poor mental health, particularly in rural communities. Interviewees described ongoing stigma related to experiencing loneliness and isolation.

Interviewees celebrated greater attention being paid to the connection between mental health and addiction, yet noted holistic, patient-centered treatments remain limited. Peer support was mentioned as a promising practice to meet this need. Community health workers were described as an important tool for helping people navigate the complex mental health system, as were technological systems that connect individuals across organizations. Many interviewees named intergenerational connections as a promising practice in increasing knowledge and supporting health.

When asked how Allina Health can best support mental health, interviewees highlighted the role providers play in educating youth and caregivers during Well Child appointments, including educating on the importance of mental health and making referrals for mental health care as needed. Health care and providers were also named as an important information source for older adults experiencing loneliness and/or receiving a new diagnosis. This might include amplifying work done by community organizations. At the system level, interviewees encouraged Allina Health to advocate for greater mental health care funding with payers and legislators and to continue to work with community-based service providers to integrate services and direct patients to the appropriate supports for their needs.

In Hennepin County in particular, community partners emphasized the three prioritized community health needs are intertwined with poverty as the root cause. Partners voiced an opportunity for Allina Health to serve as a convener to better meet community needs through collaboration. They suggested advocacy to ensure equitable access (e.g., mental health care navigators, ways to reach older and non-English speaking patients) and additional funding for mental health services.

Substance abuse prevention and recovery

Quantitative data

HTAC data shows diagnoses of alcohol, cannabis and opioid use disorders have increased slightly since 2020 across Minnesota (alcohol 3.1 percent vs. 2.8 percent in 2020; cannabis 1.4 percent vs. 1.1 percent in 2020; opioids 1.1 percent vs <1 percent in 2020). The highest rates of substance use or substance use disorder diagnoses are reported among Minnesotans who identify as:

- American Indian/Native American (for example, the prevalence of alcohol use disorders in this community is 10 percent and opioid use disorders is 7 percent)
- Males (for example, 4 percent of males have been diagnosed with an alcohol use disorder compared to 2 percent of females)
- Individuals living in high vulnerability census tracts as defined by the Social Vulnerability Index (HTAC).

The prevalence of alcohol use diagnoses in Hennepin County is 3 percent, the same as Minnesota overall (3.1 percent). Though the prevalence of alcohol use condition diagnoses in Hennepin County is comparable to the state, there is a wide range of prevalence (12 percentage points) across census tracts. Additionally, alcohol use disorders reported among Hennepin County residents who identify as American Indian/Native American is nearly double the statewide average (14 percent vs. 8 percent). The rate of cannabis use diagnoses in Hennepin

County is about 1 percent, compared to 1.4 percent in Minnesota overall. Similarly, opioid use conditions are diagnosed in the county at about the same rate as statewide (1 percent vs 1.1 percent).

Qualitative data

Through community engagement, Allina Health team members heard a range of community perceptions.

Parents and caregivers were concerned substance misuse—and related deaths—may be increasing among youth. Participants shared concerns substances being used are stronger and/or more likely to be "impure" than they used to be. In addition, parents and caregivers felt social media and other online channels glorify use and make it easier for youth to access substances. Caregivers also expressed concern about a lack of social connectedness across generations contributing to substance use, making it difficult for youth to reach out to adults or even their own peers when they have questions or are in need of support.

Youth described concern with the perceived rate of substance use among their peers and expressed a desire for accurate information about substances. They emphasized the importance of supportive adults being willing to approach difficult conversations with an open mind and listening to their point of view. Youth participants described openness to conversation and connection with adults on this topic. The young people participating in the dialogues were well-versed in the connection between substance use and physical health, but less so on other consequences of substance use (e.g., mental and social health).

Professionals working with youth named the following needs: 1) parent and caregiver social support and connectedness, 2) parent and caregiver education with accurate and up-to-date information and 3) non-judgmental conversations and connection between youth and adults about substance use.

Across community engagements, participants emphasized the limitations of current interventions. Adults felt they lacked knowledge and skills to properly support youth. Participants also said prevention messages using "fear tactics" and punitive practices, such as school suspensions, cause additional harm. Some were also concerned about the possibility of individuals being released after being treated with naloxone without receiving a referral to addiction support.

As with mental health, workforce shortages, insufficient pay, workplace violence or injury risk, and insufficient funding were named as contributors to limited access to services and support. Many interviewees mentioned the need for multi-lingual and culturally tailored services and providers. When asked how Allina Health can best address substance use, interviewees highlighted the role providers play in educating patients and connecting them when appropriate with community organizations and addiction support.

Health-related social needs and social determinants of health

Quantitative data

According to the American Community Survey, Minnesota's poverty rate was 9.3 percent in 2023, compared to 11.1 percent nationwide (U.S. Census Bureau, Current Population Survey Annual Social and Economic Supplements and American Community Survey, 2023).

The estimated poverty rate in Hennepin County was slightly higher than the state at 10 percent (American Community Survey, 2023). In addition, 11 percent of children live in poverty in the county, including 29 percent of Black children, 25 percent of American Indian and Alaskan Native children, and 18 percent of Hispanic children (County Health Rankings, 2025).

While Minnesota is among the states with the lowest rates of poverty nationwide (9.2 percent), the rate is increasing, particularly among older adults. According to Minnesota Compass (2023), Minnesota's older adult poverty rate increased nearly 2 percentage points since 2020 and is now 9.5 percent, equivalent to the statewide poverty rate for the first time since the early 2000s. This has been driven almost entirely by increases in poverty among those age 75+ whose poverty now exceeds the statewide rate (Minnesota Compass, 2023).

Another concerning disparity is by race; the poverty rate among Minnesota's Black and Indigenous residents remains 2–3 times higher than the statewide rate: 29.3 percent for Indigenous Minnesotans and 22.5 percent for Black Minnesotans (Minnesota Compass, 2023)

The 2023 Wilder Homeless Study describes the current state of homelessness in Minnesota. Affordability is the most commonly identified challenge to finding housing (49 percent statewide). There are significant racial/ethnic disparities in homelessness in Minnesota; while 78 percent of Minnesota residents are white, just over one-third (38 percent) of homeless adults in the state are white. Homelessness is experienced throughout the state, including in greater Minnesota. More than two-thirds (68 percent) of people experiencing homelessness in Minnesota have experienced trauma as a child and people experiencing homelessness in Greater Minnesota are more likely to have at least one Adverse Childhood Experience (ACE) (77 percent compared to 65 percent in Twin Cities).

Allina Health screens patients for health-related social needs. In 2024, Allina Health completed 468,060 screenings and identified at least one social need in 10.9 percent of screenings (over 51,000 patients). Every county in Allina Health's service area has identified health-related social needs; the highest levels of need are in Steele, Dodge, and Ramsey counties. Loneliness and social isolation is the most commonly identified need in every county, followed by trouble paying medical bills. When reviewed by patients' race/ethnicity, patients who identify as white and/or American Indian or Alaska Native identify loneliness and social isolation as their most common need (4.2 percent and 10.4 percent, respectively). Difficulty paying medical bills is the most commonly identified need among Black or African American patients (9.2 percent), Hispanic/Latino patients (8.6 percent) and patients who do not speak English as their primary language (10.4 percent).

In Hennepin County, 110,633 Allina Health patients were screened for health-related social needs in 2024 and 11.0 percent reported at least one need. The highest need was loneliness or isolation (5.0 percent) followed by trouble paying medical bills (4.0 percent).

Qualitative data

Through community engagement, Allina Health team members heard concerns about many social drivers of health. Overall, participants talked about the increased numbers of community members living near or in poverty, especially seniors.

One prominent theme was housing, especially the rising cost of housing and the lack of affordable housing and crisis housing (such as shelters) across Allina's service areas. There were emerging concerns about seniors experiencing homelessness, especially those with physical and mental health conditions and those in rural areas. There were also concerns about the end of government programs implemented in response to the COVID-19 pandemic.

Allina Health team members also heard about food and nutrition insecurity, in large part due to the increased costs of living. Populations in need of food support are changing to include more older adults and new cultural communities. Interview participants noted families who are undocumented are likely fearful to seek support.

Communities shared a concern for lack of social service capacity. Social service providers described increasing demand for service provision with limited financial and staff resources to make necessary changes. Challenges described included clients expecting greater flexibility in offerings following the COVID-19 pandemic (e.g., virtual offerings), rapidly changing client demographics, and a general feeling that people seeking social services are, on average, experiencing more complex situations than they have in the past.

Despite these challenges, many community partners shared examples of the new ways they are reaching and supporting community members. Promising and innovative practices included intergenerational interventions aimed at reducing poverty, using technology to connect across sectors, and increasing access to services virtually, via mobile offerings and in non-traditional community sites (e.g., libraries).

When asked how Allina Health should address health-related social needs, many organizations mentioned screening and referring patients to appropriate service providers. Interviewees also encouraged Allina Health to continue to break down silos across sectors and partner in building community, advocating for policies and raising awareness about community concerns.

In Hennepin County in particular, community partners emphasized the high level of need in the community and their desire for large organizations to make more meaningful change. Poverty, specifically concentrated poverty, and housing came up repeatedly in every conversation.

ANALYSIS AND INTERPRETATION

In November 2024, Allina Health CBE team members participated in a structured data-informed conversation[3] to review, interpret, and begin to brainstorm how to respond to the quantitative and qualitative data collected.

Then, they participated in a World Café[4] to organize their analyses and identify themes and subthemes, including primary and contextual factors and key populations most affected.

Using the social-ecological model[5] as an organizational framework, the team identified outcomes for each prioritized need, as well as individual, health system, and societal factors influencing that need. A summary is presented in Table 2.

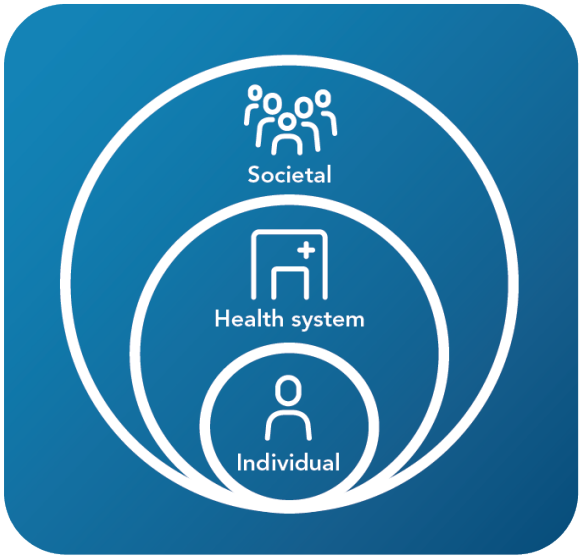


Figure 1. Organizing factors influencing health needs according to a social-ecological model.

This process also illuminated community strengths and current assets across Allina Health's service area, including:

- Availability of social services and resources in communities
- Availability of community tailored resources in metro
- High level of collaboration with community partners
- Strong school district partnerships, especially in rural Minnesota
- Universal lunch program
- Strong local public health and Statewide Health Improvement Partnership (SHIP)
- Expansion of Medicaid to mothers 12-months postpartum and undocumented children
- Nonprofits that exist are a one-stop-shop for community needs
- Allina's longstanding deep partnerships and role as a convener of new community partners.

Needs not addressed

The community engagements validated the three prioritized areas across Allina Health's service area.

While many of the needs identified during the CHNA process are addressed through the following implementation plan, there were a few needs elevated in community engagements that are not addressed specifically. Some of these needs are large, complex and require resources and expertise beyond that of Allina Health. For example, poverty, lack of affordable housing and the cost of health insurance were all discussed. These issues are not explicitly prioritized, though they are briefly addressed in the implementation plan through policy advocacy and workforce development efforts.

The need for more accessible transportation in rural areas was also evident, however without clear strategies or solutions. Allina Health will continue to sit on coalitions and provide charitable contributions to organizations providing transportation in rural areas.

[3] This is a systematic process for making decisions and plans based on data involving five key steps: defining the question, examining the data, understanding the findings, developing an action, and monitoring progress (Five steps for structuring data-informed conversations and action in education, 2013).
[4] World Café World Café is a participatory method to involve groups in proposing creative solutions based on their different knowledge and experiences (A critical look to community wisdom: Applying the World Café method to health promotion and prevention, 2022).
[5] A framework that explains health and behavior by looking at multiple levels of influence, from individual traits to broader societal and policy factors (Increasing Our Impact by Using a Social-Ecological Approach, 2023).

Public health departments also continued to stress the importance of harm reduction strategies such as naloxone distribution. However, there are already numerous partners addressing this need. Allina Health supports these efforts but did not call them out in substance abuse prioritization as it was deemed duplicative.

Finally, internal patient data shows that falls among older adults is a leading cause of injury. Allina Health has existing programming to reduce fall risk and robust trauma services. This health risk was not included as a prioritized need in the implementation plan because community members did not identify it as a top concern.

Table 2: Summary of key themes from Community Health Needs Assessment, per priority.

	Mental Health and Wellness Themes	Substance Abuse Prevention and Recovery Themes	Health-Related Social Need and Social Determinants of Health Themes
Outcomes	Depression, anxiety, suicidal ideation Social isolation Stigma attached to mental illness	Alcohol use Opioid use Tobacco and vaping use Marijuana and THC use Stigma attached to substance abuse	Poverty and financial insecurity Housing insecurity, homelessness Transportation access Food and nutrition insecurity Employment insecurity, underemployment
Individual factors	Knowledge of, ability to navigate health system	Knowledge of, ability to navigate health system	Knowledge of, ability to navigate social service system
Health System Factors	Barriers to accessing mental health care Culturally relevant care Access to interpreters Care navigation support Continuum of care Funding, policy to support care	Lack of recovery resources, treatment Culturally relevant care Access to interpreters Care navigation support Funding, policy to support care	Cost of health care Culturally relevant care Access to interpreters Care navigation support Funding, policy to support care
Societal Factors	Social media Ongoing impacts of COVID-19 pandemic Environmental factors Limited availability of support for social connections	Social media Generational trauma Environmental factors	Cost of living Lack of affordable housing and crisis housing Cost of food Barriers to accessing social safety net programs, including language barriers Environmental factors

Implementation plan development

After completing the CHNA in early 2025, 13 members of Allina Health's CBE team, inclusive of Engagement Leads from each local hospital, met again in March 2025 to begin the process of developing an implementation plan to address the needs identified in the assessment.

First, the team drafted goals to address the prioritized community health needs at multiple levels—individual, health system, and societal—as organized in the social-ecological model. Then, the team brainstormed activities they hypothesized would make progress on each goal. Building on existing programming and partnerships, Allina Health team members sought to identify opportunities for improvement to current activities that are responsive to the learnings from this CHNA cycle. These include emerging needs, community assets, changing contextual factors and impacted populations. They also brainstormed new activities.

Next, team members participated in a World Café to collaboratively organize and refine the goals and activities. Each table focused on one prioritized need. While at the table, participants were asked to organize brainstormed activities by goal, combine similar activities, write new activities, etc. Then, they transitioned to the next priority need and repeated the engagement process. This work resulted in the first draft of the implementation plan.

INTERNAL STAKEHOLDER ENGAGEMENT

On April 11, 2025, Allina Health's CBE team hosted a series of internal stakeholder engagement sessions to gather subject matter expert feedback on the drafted implementation plan. Due to the interconnected nature of the prioritized needs and each strategy's development level, the meetings focused on the following topics: 1) Mental Health and Addiction, 2) Poverty and Health-Related Social Needs and 3) Social Connections. Attendees included representatives from the Mental Health and Addiction Clinical Service Line; Spiritual Care; Care Management; Health Equity; Human Resources; and Sustainability.

Team leaders identified and invited stakeholders to participate in each meeting. Participants received a draft copy of the implementation plan and a summary of CHNA findings before the meeting. All meetings were hybrid with in-person attendance encouraged. To best capture subject matter expert insights, small group discussions involved CBE team members interviewing each subject matter expert to understand current work happening across the organization that could be leveraged or adapted to better meet the needs identified in the CHNA. Then, a large group discussion yielded consensus on what should be added or changed in the draft plan. CBE team members met in late April to reflect on these learnings. This process resulted in refinement of activities in the implementation plan and, through internal stakeholder engagement, ensured strategies included are evidence-based best practices.

EXTERNAL STAKEHOLDER ENGAGEMENT

Care team members from Abbott Northwestern engaged five community partners on June 10, 2025, to discuss their draft implementation plan, gather community feedback on the plan, and begin conversations about partnership opportunities. The following participants attended this meeting:

- Project for Pride in Living, Supportive Housing Manager (housing nonprofit)
- Project for Pride in Living, Licensed Chemical Health Specialist
- Project for Pride in Living, Plus Program Manager
- Southside Community Health Services, Executive Director (Federally Qualified Health Center)
- Hennepin County Public Health, Community health improvement partnership (CHIP) Manager.

A summary of their discussion related to each of the three prioritized community health needs follows.

SUMMARY OF COMMUNITY FEEDBACK

Mental health and wellness

Across the Allina Health geographic footprint, conversations on mental health and wellness focused on the impact that social isolation is having on all populations and the need for more education about and access to mental health services and resources. Community partners agreed on difficulties related to engaging residents, especially with educational activities.

In the community served by Abbott Northwestern, meeting participants focused on the difficulties of providing mental health care for youth: many young people don't have insurance, and for those that are on their parents' insurance, maintaining confidentiality can be difficult. Yet, they agreed creating a pathway for young people to receive care is important. They also discussed cultural norms and stigma around accessing mental health care, especially among older men of color. Ensuring there are mental health providers who are as diverse as the populations they serve is important. Finally, participants emphasized mental health issues can happen at any time and people need to know what resources are available to them when in crisis, particularly given that the resources available may change.

Substance abuse prevention and recovery

Community stakeholders from across Allina Health's service area agreed that substance use affects people of all ages, though youth and older adults were called out specifically. Developing a diverse workforce of substance use providers is important to stakeholders, as well as focusing on harm reduction strategies like improved access to Narcan (naloxone).

Meeting participants in the Abbott Northwestern community reported that youth are primarily using marijuana and vaping, though fentanyl use is an issue for some. They described how focusing on prevention in schools is critical because by the time students are seriously struggling with addiction, they often stop attending classes. Insurance coverage is a barrier for some people to seek out recovery treatment and resources. Participants emphasized that engaging people around their own mental health is difficult and creating partnerships to do this is important.

Health-related social needs and social determinants of health

Across Allina Health's communities, many stakeholders felt food security should include nutrition security; food banks should provide healthy, culturally relevant options as much as possible. Stakeholders also noted the importance of fostering strong social connections in the community and the need to make sure community members are aware of available resources.

Meeting participants convened by Abbott Northwestern emphasized good care coordination is critical when addressing any health-related social need; people need assistance in accessing resources. The group agreed social isolation is an important issue and it can be difficult to address. Attendees felt collaboration is key to creating social connections well. In discussing workforce development, participants talked about the importance of access to job training for higher-paying jobs. They also noted the different strategies that should be used when helping youth seek employment vs. adults; youth may need more step-by-step guidance.

2026–2028 Implementation plan

Allina Health has prioritized addressing three community health needs: **mental health and wellness**; **substance abuse prevention and recovery**; and **health-related social needs and social determinants of health**. Given the complexity of these needs, our implementation plan intervenes at multiple levels that align with the social-ecological model used to structure the CHNA report:

- Supporting **individual** patients and community members
- Improving our **health system** practices
- Contributing to **societal change** via policy, advocacy and partnership.

This approach is shown in the figure to the right and reflected in the goals and activities in the plan below.

Our plan includes enhancing current initiatives to better meet the needs of our community, as well as establishing new efforts with community-based organizations and public partners. Existing initiatives include Change To Chill, which offers free resources to support mental health and wellness and manage stress, and Hello4Health, which promotes social connections as central to health and well-being.

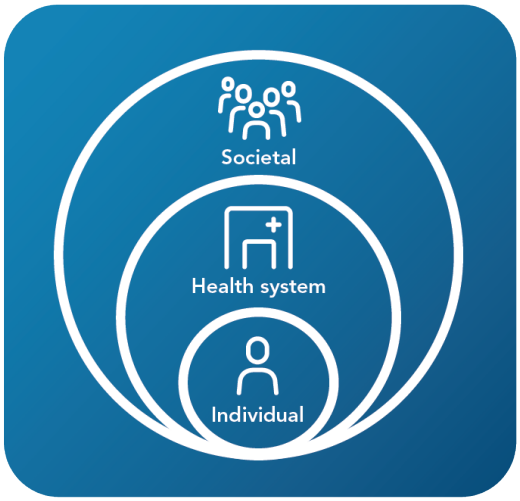


Figure 1. Organizing factors influencing health needs according to a social-ecological model.

Throughout the implementation plan, icons show the activities Allina Health will use to address each goal. Activity types include:

Community health education and skill-building

Includes Allina Health's care team members in community, health education, and program resources like Change to Chill and Hello4Health

Financial support

Given through charitable contributions

Policy advocacy

Includes coalition participation and the Allina Health public affairs team's advocacy at the local, state, and federal levels

Allina Health clinical care

Care provided by our medical providers, but also social workers, pastoral care, etc.

Employee volunteerism

Allina Health care team members' work time spent serving community-based organizations

Anchor institution strategy

Leverage our hiring, purchasing, investing, and other key institutional assets to strengthen local economies

Mental health and wellness

GOAL ONE (individual level): Increase knowledge and skills that support resilience and healthy coping.

Expand evidence-based content and messaging on Change to Chill and Hello4Health to address new and emerging topics related to mental well-being and social connections including:

- Impact of social media and internet use on mental well-being
- Content for adults to support mental wellness among young children
- Culturally tailored resources and support.

Deliver Change to Chill and Hello4Health content and tools to community via partnerships with schools and other organizations serving youth, community training, and in-person and digital outreach (*This activity is also included under substance abuse goals)*.

Collaborate with Allina Health clinicians to develop and implement a process and tools for delivering Change to Chill and Hello4Health content to patients.

Increase Allina Health care team members' knowledge of the importance of social connections, their confidence increasing social connections, and their awareness of resources for supporting isolated patients.

Explore opportunities to provide social connection support to isolated patients and/or community members (*This activity is also included under health-related social needs and social determinants of health goals*).

GOAL TWO (health system level): Increase access to mental health services.

Provide financial support to community-based organizations that increase access to mental health and addiction services, with a focus on culturally responsive services *(This activity is also included under substance abuse goals).*

Advance local, state and federal policies aimed at increasing access to mental health and addiction services *(This activity is also included under substance abuse goals).*

Participate in and optimize community coalitions focused on improving access to and alignment of mental health interventions and support.

Expand the provision of targeted Allina Health integrated mental health and addiction services, including peer recovery resources *(This activity is also included under substance abuse goals).*

GOAL THREE (societal level): Increase social connections and social cohesion.

Direct financial and in-kind support to organizations who provide social connections support to people experiencing loneliness.

Advance local, state and federal policies that support social connections and social cohesion in the community.

Substance abuse prevention and recovery

GOAL ONE (individual level): Delay substance use and/or decrease misuse among people in our communities, with a focus on adolescents.

Expand evidence-based Change to Chill and Hello4Health content related to substance use and connecting with others while sober or in recovery.

Deliver Change to Chill and Hello4Health content and tools to community via partnerships with schools and other organizations serving youth, community trainings, and in-person and digital marketing *(This activity is also included under mental health and wellness goals).*

GOAL TWO (health system level): Increase access to the continuum of addiction care.

Provide financial support to community-based organizations that increase access to addiction services, with a focus on culturally responsive services, peer support, and harm reduction.

Advance local, state and federal policies aimed at increasing access to mental health and addiction services *(This activity is also included under mental health and wellness goals).*

Expand the provision of targeted Allina Health integrated mental health and addiction services, including peer recovery resources *(This activity is also included under mental health and wellness goals).*

GOAL THREE (societal level): Decrease access to substances within the community.

Advance local, state and federal policies aimed at making it more difficult and/or less appealing to access alcohol, tobacco, cannabis and other drugs.

Participate in local coalitions focused on prevention of substance use and decreasing access to substances within local communities.

Partner with Allina Health Pharmacy and community-based organizations to promote proper disposal of prescription medications and, where needed, fill gaps in local disposal options.

Health-related social needs and social determinants of health

GOAL ONE (individual level): Alleviate health-related social needs among Allina Health patients, with a focus on food insecurity and social isolation.

Provide food support to patients experiencing food insecurity.

Explore opportunities for Allina Health to provide direct social connection support to isolated patients (*This activity is also included under mental health and wellness goals*).

GOAL TWO (health system level): Improve health care referral pathways to community-based organizations supporting access to food, housing, transportation, social connection and access to care.

Improve Allina Health patient referrals to community-based organizations.

Explore opportunities to collaborate with other health care systems, payers and community-based organizations to align resource referral processes.

GOAL THREE (societal level): Maintain or improve sustainability of community resources that provide nutritious food, housing, transportation, social connection and access to care.

Provide financial support to community organizations addressing health-related social needs.

Incentivize, organize and promote care team member volunteerism opportunities with organizations addressing health-related social needs, with a focus on access to nutritious food and social connection.

Advance local, state and federal policies that support the sustainability of community resources and alleviate health-related social needs.

GOAL FOUR (societal level): 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.

Increase purchasing from small, local suppliers.

Improve local air quality by reducing Allina Health's greenhouse gas emissions via decreasing energy use and reducing waste.

Support workforce development and engagement through charitable contributions, state and federal policy advocacy, and Allina Health offerings.

RESOURCE COMMITMENTS

To effectively implement these strategies and activities, Abbott Northwestern will commit financial and in-kind resources, such as specific programs and services and care team member time, toward community collaborations. The hospital will also encourage care team members to volunteer with local organizations.

EVALUATION PLANS

Allina Health and Abbott Northwestern will monitor implementation plan activities and efforts toward the identified priority community needs. Process tracking will include outputs such as individuals reached and dollars contributed.

Allina Health will monitor the general health and wellness of populations in its service area, recognizing it is one partner in a complex ecosystem of social and structural factors shaping health behavior and outcomes. As such, evaluation efforts will seek to understand the strategic role Allina Health plays in this broader ecosystem and the unique contributions it makes to long-term change via a theory-based evaluation approach. Intermediate outcomes, such as key partner satisfaction and results from coalition and advocacy efforts will be tracked. Together, these evaluation efforts will support continuous learning and adaptation, helping Allina Health and its partners advance health outcomes across the Abbott Northwestern service area.

Evaluation of 2023–2025 implementation plan

In its 2023-2025 Community Health Needs Assessment and Implementation Plan, Abbott Northwestern adopted mental health and wellness, substance abuse prevention and recovery, social determinants of health and health-related social needs, access to culturally responsive care, and preventive health education as its health priorities. Mental health and wellbeing; substance use prevention and recovery; access to culturally responsive care; and health-related social needs and social determinants of health were identified as systemwide priorities—i.e., health concerns impacting all communities served by Allina Health. Allina Health took action, both at a system-level and in the Abbott Northwestern service area specifically, to address these priorities and advance its related goals. The following information includes program data from 2023 and 2024, as well as 2025 activities and data where available. Data and activities reported at 2025 year-end may be missing due to this document's publication timeline.

SYSTEMWIDE ACTIVITIES

Charitable contributions

Allina Health gives charitable contributions to local community-based organizations addressing prioritized community health needs as identified by the CHNA. In 2023 and 2024, Allina Health made the following contributions to organizations that support multiple regions in its service area:

- $248,750 for improving access to health care services
- $165,500 for access to healthy food
- $71,000 for mental health and wellness
- $42,250 for access to safe, accessible and affordable housing
- $57,250 for substance abuse prevention and recovery
- $7,500 for addressing loneliness and social isolation
- $5,000 for access to reliable transportation
- $97,000 for other health-related purposes.

Additional financial contributions made to organizations addressing these priorities in Abbott Northwestern's local community are included in the description of hospital-specific activities below.

Employee volunteerism

Allina Health supports care team member health and the capacity of community partners who provide resources in our communities through its Employee Volunteerism program. In 2023, Allina Health updated its Employee Volunteerism program to encourage social connections among care team members by implementing the Volunteer Together program. Research shows that people volunteering together can enhance social connections and well-being, increase engagement and strengthen teams. To amplify these benefits, Allina Health's Employee Volunteerism program offers two initiatives to support the organizations that matter to care team members:

Volunteer Together: When care team members volunteer in community together, Allina Health makes a charitable contribution to the community organization.

Move Together: When care team members participate in a charitable walk, run or ride together, Allina Health makes a charitable contribution to the benefiting nonprofit organization.

In 2023 and 2024, Allina Health contributed $41,350 to community nonprofits as part of the Volunteer Together initiative. More than 1,000 care team members participated in 101 volunteer events. In 2023 Allina Health also gave $71,200 in charitable contributions as part of its Dollars for Doers program, which preceded the Volunteer Together initiative. For the Move Together initiative, Allina Health donated $9,450 in 2023 and 2024 for 21 different walks, runs, and rides.

Community health improvement programs

Working together with communities, Allina Health has built community health initiatives that take a prevention-driven approach to wellness by offering free online resources for public use. These programs and related in-person programming build community knowledge, increase awareness and support capacity-building on topics and strategies to improve community health.

Change to Chill

Allina Health created and hosts Change to Chill™ (CTC), a free, online resource that provides stress reduction tips, life balance techniques and health education for teens. The website sees between 80,000 and 140,000 visitors each year.

Over the last three years, Allina Health has focused on expanding Change to Chill content to address the 2023–2025 priorities. To support culturally responsive care, in 2023, a webpage for Native and Indigenous youth was added to the site.

In November 2023, Allina Health was awarded an Opioid Epidemic Response Advisory Council (OERAC) grant from the Minnesota Department of Human Services to expand and enhance efforts related to substance use primary prevention among children and youth. In 2024, Allina Health established a community advisory group to oversee grant activities. The group has representation from organizations such as Indigenous Peoples' Taskforce and St. Paul Youth Services. Additionally, Allina Health co-hosted seven community dialogues, facilitated in partnership with four community partners, with 35 community members to inform the creation of substance use prevention content for the CTC website. Based on this feedback, in 2025 Allina Health added content for parents and caregivers, a webpage about adolescent brain development, a video on cultural prevention models, and numerous substance use webpages, including on vaping, alcohol and opioids.

Content was developed in partnership with local youth who provided feedback, guidance and evaluation of the messaging and visuals prior to content going live. User testing was conducted concurrently as new resources were developed, with the goal of receiving and incorporating feedback from both youth and their parents/caregivers. Three user testing sessions have taken place in partnership with two community partners, reaching 27 community members. As of June 2025, 14,788 users have accessed these new online resources.

New resources on cannabis are in development in partnership with Cannabis Awareness & Education Council and will be live on the CTC website by 2025 year-end. More resources for parents and caregivers will also be coming to the website throughout 2025, including resources for caregivers of youth across different ages (i.e., elementary, middle school, high school, and young adult-aged youth). A model for delivering the educational materials to community and Allina Health patients is in development.

In addition to the CTC website, Allina Health also offers the Change to Chill School Partnership (CTCSP) program. Components of CTCSP include staff training, curriculum resources and funding for a "chill zone"—a designated space for students and staff to practice self-care. Initial evaluations of CTCSP have shown increases in confidence in ability to cope with stress among students who participate in program components. For the 2023–2024 and 2024–2025 school years, Allina Health provided funding and support to 47 schools in Allina Health's service area.

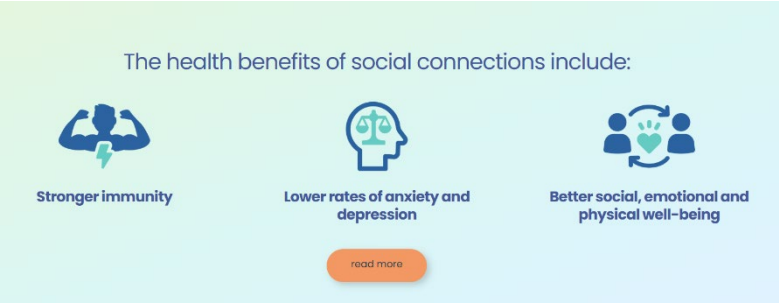
During the 2023–2024 school year, CTC conducted a mixed-methods evaluation of CTCSP in partnership with a third-party evaluator. The evaluation found CTCSP had a positive impact on the environment surrounding mental health and alleviating some stigma associated with discussing and getting help for mental health concerns. In teacher and staff surveys, 51 percent of respondents said CTCSP contributed significantly to increasing students' knowledge of stress and healthy ways to cope and 43 percent said it contributed somewhat.

For the 2024–2025 school year, CTCSP offered different partnership tiers with varying levels of funding and support. Namely, an in-depth partnership tier was created for a small number of school partners to receive greater levels of funding and hands-on support from the CTC team to implement student-led mental well-being initiative(s) throughout the school year.

Two schools, Isanti Middle School and Shakopee High School, were selected for participation in an in-depth partnership and each received $5,000 to support mental well-being efforts in their school communities. Both schools were able to greatly expand existing mental well-being initiatives and conduct new activities, such as creating and/or expanding existing chill zones, updating staff lounges, hosting community mental well-being events, and instituting a peer mentorship program. As one school partner put it, "[The CTCSP] has helped us be more intentional and think about what else we can do at our school…When kids have suggestions now, I don't have to say, 'I don't think we can do that.'"

Hello4Health

Allina Health launched Hello4Health in 2021 to help people build or strengthen social connections in their lives. The program builds on a previous Allina Health program, Neighborhood Health Connection, and was developed in response to the 2020–2022 CHNA which identified social isolation as a factor contributing to poor mental wellness among adults across all geographies. Components include education on the importance of social connections to health, suggested activities to connect with others of all ages and social skill-building tools to make connecting easier. To ensure accessibility, the website maintains a Letter of Conformance with Level A and Level AA Web Content Accessibility Guidelines.



Patients who self-identify as lonely or socially isolated are referred to the website, which sees more than 12,500 annual visitors. To address gaps in patients' knowledge of social connections resources the program's "Resources"-page was expanded in 2025 to include social connections resources available in each of Allina Health's CHNA counties. In 2024, nearly 1,400 people visited this webpage. That same year, the Hello4Health team partnered with care team members from Penny George Institute of Health and Healing to add

Hello4Health content to an eight-week course for patients diagnosed with Mild Cognitive Impairment. This course was launched in 2025.

Also in 2024, the Hello4Health team explored a partnership with the nonprofit organization Friends and Co. to support their Coffee Talk Hotline with Allina Health care team member volunteers. A panel presentation to care team members led to increased volunteerism at the organization.

Health Powered Kids

From 2023–2025, Allina Health hosted Health Powered Kids™ (HPK), a free community education program designed to empower children ages 3 to 14 years to make healthier choices about eating, exercise, keeping clean and managing stress.

Launched in 2003, Health Powered Kids was created to provide schools, community organizations and families with fun, easy-to-use information about health and wellness. The program was inspired by the CHNA and conversations with patients and community members. At the time, communities had increasing concerns about childhood obesity and children's health and eating habits.

More than 150,000 people visited the HPK website in 2023. However, most visitors were not residing in the Allina Health service area. New organizations now provide classroom activities similar to HPK and recent CHNAs have identified other concerns as more pressing, particularly mental well-being among young children. Thus, in 2025, Allina Health made the decision to conclude the work of HPK and began to move mental well-being content from HPK to Change to Chill. While Change to Chill has historically been focused on teenagers, this shift will expand the Change to Chill content for adults to support caregivers of youth of all ages. This shift will streamline our community health improvement offerings to help us better respond to current CHNA priorities.

Because we know some individuals continue to access and use HPK materials, the website will remain live for the short-term with condensed content. Allina Health will continue to monitor HPK content available to the public to ensure it is up to date with current evidence and standards.

Social determinants of health and health-related social needs

Health-Related Social Needs Program

In early 2022, Allina Health established its Health-Related Social Needs (HRSN) Program—Allina Health's model for screening and addressing health-related social needs among patients. The model grew out of Allina Health's 2018–2022 participation in the Accountable Health Communities (AHC) model through a cooperative agreement with the Centers for Medicare and Medicaid Services. In the AHC model, care teams at 78 Allina Health sites screened patients with Medicare and/or Medicaid insurance for five health-related social needs. The HRSN Program is now systemwide and screens all patients for seven health-related social needs: housing, food, transportation (medical and other), paying for utilities, paying for medication, paying medical bills, and loneliness/social isolation.

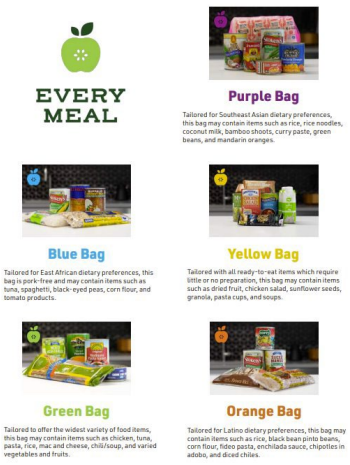
When first established in 2022, screenings occurred at all primary care and emergency departments. Allina Health expanded this program in October 2023 to include all hospital patients as well as those accessing care via care management, The Mother Baby Centers of Allina Health and Children's Minnesota and the Penny George Institute for Health and Healing. In total, Allina Health now screens more than 400,000 patients annually. In 2024, 99,559 patients screened were residents of Hennepin County. Of those, approximately 12.1 percent identified at least one need. Across Allina Health, more than 9,000 patients identifying at least one need opt to receive additional support from an Allina Health Navigator each year. Patients are screened annually. Most needs—nearly 70 percent—are resolved at the patient's follow-up screening twelve or more months after the patient first screened positive for a need.

Through the HRSN Program, Allina Health also has tracked referral partners. These are community social service providers who have opted-in to pilot a two-way referral process in which Allina Health users send patient information directly to a community organization. These organizations in turn update Allina Health on the referral status, closing the loop so clinicians can see the result of the referral. This process, called a closed loop referral, increases trust among patients and improves communication, handoff and referral processes between community organizations and Allina Health. From 2023–2025, Allina Health increased its number of tracked referral partners by 70 percent. At this time, each CHNA county has at least one tracked referral partner, and most have more than one.

To support community capacity related to screening and resource referral for health-related social needs, Allina Health is actively involved in community efforts to establish shared processes and tools across sectors. The Allina Health HRSN Program Manager staffed the Co-Creation Guiding Council from inception in 2021 to its sunset in January 2024. The council, facilitated by Stratis Health, included representation from community organizations, health care providers, and payers, and was charged with co-creating a shared approach for social need resource referrals in Minnesota. The Guiding Council was sunset after identifying five strategies to build a coordinated approach to social need referrals, but members were asked to further advise on these strategies as they are implemented. As such, in Fall 2024, Allina Health care team members participated in a workshop aimed at developing a recommended infrastructure and next steps for one strategy—designing and implementing a shared directory for social needs resources. The workshop, co-facilitated by Stratis Health and Open Referral, developed a structure and proposed next steps for a pilot project. A report with the workgroup's recommendations was completed at the end of 2024.

Patient access to nutritious food

From 2023–2025, Allina Health piloted three programs providing crisis food support at the point of care to patients facing food insecurity. These targeted interventions are in addition to Allina Health's ongoing advocacy for increased access to affordable, accessible healthy food, care team member volunteerism in the local food system, and charitable contributions to nonprofit partners providing food to families facing food insecurity in Allina Health's service area.



From 2023 to July 2025, Allina Health primary care clinics provided nearly 7,000 meal bags to Allina Health patients experiencing urgent food needs through a partnership with the nonprofit Every Meal. Each meal bag contains 4–5 pounds of nutritious, non-perishable food. Bags tailored to dietary and cultural preferences are available, as are bags with ready-to-eat food. A 2023 evaluation of the program showed high satisfaction among Allina Health care team members using the program to provide immediate food support to patients.

Through a partnership with Metro Meals on Wheels, Allina Health provided 14 days of meals free of charge to more than 50 patients who identified as food insecure through select ambulatory care management programs. Finally, Allina Health Care Management provided approximately 284 grocery store gift cards (either a $40 or $75 value) to patients at St. Francis Medical Center. These programs are all supported by the Allina Health Gives Campaign Food Access Fund, an internal fundraising campaign.

Impact investments

In 2020, the Allina Health Investment Committee of the Board of Directors authorized an allocation of $30 million to create and fund the Allina Health Impact Investing Portfolio. The Allina Health Impact Investing Portfolio focuses on investing in initiatives that improve the economic and social vitality of our local communities. As of writing, $22.6 million (75 percent) in funds have been invested in nearly 20 different opportunities focused on priorities such as housing, workforce development and small business support. By providing capital through investments to local organizations, Allina Health seeks to improve the health of our communities, while ensuring our investments are equitable and aligned to our guiding principles and values.

Public policy advocacy

Allina Health was an active member of the Hunger-Free Schools Coalition which was sunset in 2023 after the passage of the Universal School Meals Bill in Minnesota. This bill, signed into Minnesota law in March 2023, provides breakfast and lunch at no charge to students in participating schools. The Hunger-Free Schools Coalition was a leader in the passage of the bill, ensuring increased access to healthy meals among school-age children in Minnesota.

To support access to mental health services, Allina Health advocated at the state for funding for mental health services throughout the continuum of care, including increased access to Psychiatric Residential Treatment Facilities (PRTFs) and Intensive Residential Treatment Facilities (IRTs). Allina Health, as a member of the Mental Health Legislative Network, supported numerous access-related provisions including early childhood mental health funding, increasing health care coverage, school-based mental health programming and increasing statewide reimbursement rates. Additionally, Allina Health advocated for the extension of coverage of audio-only telehealth, which increases access to needed mental and other health care services among rural communities and for those for whom travel is difficult.

To increase access to addiction services, Allina Health advocated for broadening medical assistance benefits for tobacco cessation treatments and the type of providers able to bill for these services. Allina Health also participated in a coalition of organizations working to curb youth tobacco and nicotine use, Minnesotans for a Smoke-Free Generation. Through this partnership, Allina Health advocated for a ban on flavored cannabis and tobacco products though one has not yet passed in Minnesota. Allina Health provided comments advocating for limiting the expansion of the medical cannabis program to ensure patients did not opt for self-treatment rather than clinical support.

To advance local policies aimed at decreasing access to opioids, leadership from the Allina Health Mental Health and Addiction Service Line serve on the statewide Opioid Epidemic Response Advisory Council.

Access to care

To support continued access to care after the COVID-19 pandemic, Allina Health actively worked to ensure patients had information and resources to retain Medicaid coverage, as eligible. In addition to supporting individual patients, care team members partnered with the Minnesota Department of Human Services (DHS) to develop materials for patients and distribute resources internally. Care team members also partnered with the This Is Medicaid coalition and the DHS to pass language that ensured continuous enrollment in public programs for children up to age six years and extended continuous enrollment for adolescents up to age 18.

Allina Health co-creates and implements services in partnership with community organizations providing culturally responsive community health programs and resources. Partner organizations include:

- St. Mary's Health Clinics, serving low-income, uninsured individuals, families and children, by providing free culturally and linguistically appropriate health care services
- Portico Healthnet, supporting the advancement of health equity and ensuring uninsured communities have access to health coverage and care
- WellShare International, advancing health equity by implementing community-defined health care services.

Finally, Allina Health continued its efforts to increase colorectal screening rates among patients by increasing access to and awareness of Fecal Immunochemical Test (FIT) and S-DNA (Cologuard) kits. FIT and Cologuard kits can screen for colorectal cancer risk at home; many patients are more open to these options than they are to a colonoscopy. Launched in 2021, the initiative established a centralized team of Allina Health care team members responsible for identifying and reaching out to average risk patients overdue for colorectal cancer screening. The message uses images representative of the community, patient-friendly language and includes a tool for shared decision-making. Patients can respond to the message, call the team or talk with their provider with any additional questions. If a patient does not wish to be excluded, they receive a FIT or Cologuard kit in the mail less than a week later. If the patient tests positive with the kit, a Registered Nurse (RN) reaches out to talk through the result and next steps, including completing a colonoscopy. From 2021, when the initiative was launched, to 2025, the percentage of patients up-to-date with colorectal screening increased approximately 8 percentage points. Among patients of color and non-English speaking patients, the percentage of patients up-to-date with colorectal screening went from 63 percent in 2021 to 71 percent in 2025. Among white, English-speaking patients, the rate increased from 74 percent to 82 percent during that same time period.

Table 3. Summary of key metrics: 2023–2025 CHNA Implementation Plan

Priority	CHNA Goals	2023–2025 Achievements
Mental health and wellness	Increase resilience and healthy coping skills.	244,019 unique visitors to community health program websites: Change to Chill (CTC), Hello4Health and Health Powered Kids 47 schools used CTC content and/or resources 94 percent of CTC school partners reported a positive impact on students' knowledge and use of healthy coping skills
	Increase access to mental health services across the Allina Health services area.	Allina Health Integrated Mental Health & Addiction Specialty Center at Mercy Hospital–Unity Campus opened with offices for three partners. 7,434 patients served in first six months.
Substance abuse prevention and recovery	Decrease substance misuse in the communities served by Allina Health.	More than 14,000 people reached via new CTC substance use content.
	Decrease harm and deaths related to substance misuse, focusing on opioids.	400 people trained to use naloxone opioid crisis response kits
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.	16,912 patients supported by HRSN Navigators 70 percent increase in tracked referral partners 66 percent of patients' health-related social needs resolved at 12-month follow-up screening
	Improve the long-term social, physical and economic conditions in the communities served by Allina Health.	$22.6M (75 percent) Impact Portfolio dollars invested
Access to culturally responsive care	Increase access to care, services and programs that are culturally specific, honoring and appropriate.	$248,750 to community clinics increasing access to care 5 CTC pages available in both English and Spanish

ABBOTT NORTHWESTERN HOSPITAL

In addition to the systemwide activities described above, Abbott Northwestern undertook the following activities from 2023–2025.

Priority one: Mental health and wellness

Goal one: Increase resilience and healthy coping.

During the 2023–2024 and 2024–2025 school years, Abbott Northwestern provided funding and support to Brooklyn Center Middle and High School, Hopkins High School, Orono High School, and St. Louis Park High School to implement Change to Chill programming focused on youth mental resilience and healthy coping, reaching approximately 4,222 students. Examples of how schools used Change to Chill funding include creating chill zones, hosting school-wide and community wellness events and speakers and supporting student wellness committees.

Goal two: Increase access to mental health services.

Abbott Northwestern continued to build and expand partnerships with key community partners. Partnerships with organizations such as the H.O.P.E. Project, the Twin Cities Recovery Project, the Kimberly Brown Network, and the Cultural Wellness Center helped reduce stigma and improve access to needed support in these communities. These partnerships included support for community events to highlight the importance of seeking help to address mental health concerns, providing resources to community partners who provide peer mentoring and substance abuse recovery, as well as overall physical and mental wellness promotion.

Abbott Northwestern leadership has been heavily involved in county-wide activities related to mental health and wellness. The hospital's Community Engagement Lead co-chairs the Hennepin County Community Health Improvement Partnership (CHIP), which is working across Minnesota's largest county to address community mental well-being and housing challenges. This includes planning and facilitating 12 meetings per year focused on community mental well-being and housing access.

In 2023 and 2024, Abbott Northwestern contributed $140,500 to local partners increasing access to mental health services and $5,000 toward substance use recovery and prevention programs.

Priority two: Social determinants of health and health-related social needs

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

In 2024, Abbott Northwestern provided an impact investment to Southside Community Health Services to support their ongoing ability to address primary care, mental health and dental needs of patients not currently accessing traditional health care systems.

In addition to the systemwide contributions noted above, Abbott Northwestern made the following contributions to community partners addressing health-related social needs from 2023 to 2024:

- $91,500 for access to healthy food
- $25,000 for access to safe, accessible and affordable housing
- $15,000 for addressing loneliness and social isolation
- $205,000 for other health-related social needs.

Abbott Northwestern also supported the organization Community Emergency Services (CES) in creating an outdoor, refrigerated food locker to provide food access for people who cannot access the food shelf during standard business hours. This program has become so successful that CES recently added additional food lockers to their campus to serve even more community members.

Goal two: 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.

Abbott Northwestern actively participates in the Healthcare Anchor Network. The intent of this coalition is to build and carry out the hospital's Anchor Institution strategy, which focuses on building place-based solutions and infrastructure, and to create more inclusive, sustainable local economies. In 2024, Abbott Northwestern worked with Vizient to build the Minnesota Community Contracting Program, which is a Group Purchasing Organization (GPO), that allows local small businesses to access contracts with the large purchasers in the state. In September 2024, Abbott Northwestern hosted the Buy Local Forum to introduce supply chain leaders from the Twin Cities' largest companies to the Minnesota Community Contracting GPO-member businesses. Representatives from 10 large companies and nearly 30 GPO-member and potential member businesses attended the inaugural Forum.

Abbott Northwestern also collaborated with locally owned company, Venture Bikes, to create a new bike shop on the Midtown Greenway for cyclists from all cultures and communities. The Midtown Greenway is a 5.5-mile former railroad corridor in south Minneapolis with bicycling and walking trails. A portion of the trail is next to the Abbott Northwestern campus and Allina Health corporate offices. Allina Health provides ongoing financial and in-kind facilities support of this partnership which benefits both Allina Health and Abbott Northwestern care team members, as well as surrounding community residents.

As part of construction happening on the Abbott Northwestern main campus, in 2024 Allina Health kicked off a community workforce program collaboration with the project's general contractor, Mortenson. Twenty new construction workers were hired from the community and placed within the program in the first year. The community workforce program will ultimately teach and employ around 60 neighborhood residents and introduce them to subcontractors who could become future care team members once the project is complete.

Priority three: Access to culturally responsive care

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

In 2023 and 2024, Abbott Northwestern contracted with a local Native American architect to guide the process of designing parts of Abbott Northwestern's new Richard M. Schulze Surgical and Critical Care Center to ensure the space will feel welcoming to patients, visitors and care team members. The new space is planned to open when construction is completed in August 2026.

Abbott Northwestern also provided in-kind support to the Native American Community Development Institute (NACDI), which is using donated space in Allina Health's parking structures for staff parking during construction of its new clinic.

Abbott Northwestern charitable contributions toward culturally responsive care in 2023 and 2024 totaled $105,000.

Priority four: Preventative health education

Goal: Increase access to preventative health education in communities facing the greatest health needs.

Facilitated and led by the community-based nonprofit the Cultural Wellness Center, Allina Health supports the Backyard Community Health Hub, which provides ongoing health education and resources to community members living in Abbott Northwestern's immediate neighborhood. In 2023 and 2024, the Backyard Community Health Hub conducted more than 30 ongoing educational opportunities with community members who are not traditionally reached by other community health improvement programs. These included fitness classes, cooking and nutrition seminars, and monthly opportunities and events encouraging routine cancer screenings, vaccinations and referrals to specialty care for follow-up appointments and care.

Dissemination and next steps

Through the CHNA process, Allina Health hospitals used data and community input to identify health priorities and priority communities for action in 2026–2028.

Previous CHNA reports and 2026–2028 CHNA reports for other Allina Health hospitals are available on our website: https://www.allinahealth.org/about-us/community-involvement/need-assessments.

Acknowledgements

We would like to thank these partners:

- Community members who offered their time and valuable insights
- Staff from health departments and community organizations who reviewed data and developed implementation plans
- Allina Health care team members who provided knowledge, skills and leadership.

For more information, please email Community@allina.com.

Appendix

Table 1. Data sources used in CHNA (all hospitals)

Data source	Year
County Health Rankings	2025
Minnesota Electronic Health Record Consortium—Health Trends Across Communities	2024
Minnesota Student Survey	2022
Wisconsin Youth Risk Behavior Survey (YRBS)	2023
Minnesota Homeless Study—Wilder Research	2023
Wisconsin Department of Health Services—Leading Causes of Death Dashboard	2023
Wisconsin Department of Health Services—Opioid Deaths by County Dashboard	2023
Wisconsin Department of Health Services—Community Services Dashboard	2022
Wisconsin Department of Health Services—WISH Query: Behavioral Risk Factor Survey Trend Data	2023
American Community Survey (ACS)	2023
Allina Health patient data such as the prevalence of health-related social needs, Emergency Department visits, and patient demographics	2024

Table 2. CHNA Organizational interview and engagement participants (all hospitals)

Organization	Hospital community
Backyard Community Health Hub	Abbott Northwestern Hospital
Catholic Charities of St. Paul and Minneapolis	Abbott Northwestern Hospital
Community Emergency Services (CES)	Abbott Northwestern Hospital
Hennepin County Public Health	Abbott Northwestern Hospital
H.O.P.E. Project	Abbott Northwestern Hospital
Project for Pride in Living (PPL)	Abbott Northwestern Hospital
Southside Community Health Services	Abbott Northwestern Hospital
Annandale Health and Community Care Center	Buffalo Hospital
Buffalo Chamber of Commerce	Buffalo Hospital
Central Minnesota Council on Aging	Buffalo Hospital
Rivers of Hope	Buffalo Hospital
Timber Bay Youth Outreach	Buffalo Hospital
Wright County Attorney's Office	Buffalo Hospital
Wright County Community Action	Buffalo Hospital
Wright County Public Health	Buffalo Hospital
Braham School District	Cambridge Medical Center
Cambridge Isanti School District	Cambridge Medical Center
Canvas Health	Cambridge Medical Center
East Central Minnesota Habitat for Humanity	Cambridge Medical Center
Family Pathways	Cambridge Medical Center
Isanti County Health and Human Services	Cambridge Medical Center
Lakes & Pines CAC Inc.	Cambridge Medical Center
Lighthouse Child and Family Services	Cambridge Medical Center
New Pathways	Cambridge Medical Center
Exchange Club Center for Family Unity	Faribault Medical Center and Owatonna Hospital
Faribault Public Schools	Faribault Medical Center and Owatonna Hospital
Growing Up Healthy	Faribault Medical Center and Owatonna Hospital
HealthFinders	Faribault Medical Center and Owatonna Hospital
Owatonna Public Schools	Faribault Medical Center and Owatonna Hospital
Rice County Chemical and Mental Health Coalition	Faribault Medical Center and Owatonna Hospital

Rice County Public Health	Faribault Medical Center and Owatonna Hospital
Ruth's House	Faribault Medical Center and Owatonna Hospital
Steele County Public Health	Faribault Medical Center and Owatonna Hospital
Trinity Lutheran Church	Faribault Medical Center and Owatonna Hospital
United Way of Steele County	Faribault Medical Center and Owatonna Hospital
Anoka County Brotherhood Council	Mercy Hospital
Anoka County Community Action	Mercy Hospital
Anoka County Public Health	Mercy Hospital
Canvas Health	Mercy Hospital
Neighborhood Health Source	Mercy Hospital
Northwest Metro Alliance (Allina Health and	Mercy Hospital
Southern Anoka County Assistance (SACA)	Mercy Hospital
Stepping Stone Emergency Housing	Mercy Hospital
Bank Midwest	New Ulm Medical Center
Brown County Public Health	New Ulm Medical Center
Heart of New Ulm (HONU)	New Ulm Medical Center
ISD 88 (New Ulm Public Schools)	New Ulm Medical Center
New Ulm Chamber of Commerce	New Ulm Medical Center
NUMAS Haus	New Ulm Medical Center
Free Clinic of Pierce & St. Croix Counties	River Falls Area Hospital
HealthPartners	River Falls Area Hospital
Our Neighbors' Place	River Falls Area Hospital
Pierce County Public Health	River Falls Area Hospital
St. Croix County Public Health	River Falls Area Hospital
United Way of St. Croix and Red Cedar Valleys	River Falls Area Hospital
Western Wisconsin Health	River Falls Area Hospital
Mi CASA	St. Francis Regional Medical Center
Moms on a Mission to Success (MOMS)	St. Francis Regional Medical Center
Open Door Health Services	St. Francis Regional Medical Center
Shakopee Community Education	St. Francis Regional Medical Center
Scott Carver Heading Home Coalition	St. Francis Regional Medical Center
Scott County Family Resource Center	St. Francis Regional Medical Center
Scott County Public Health	St. Francis Regional Medical Center

Scott County Prevention	St. Francis Regional Medical Center
Together We Can	St. Francis Regional Medical Center
Catholic Charities of St. Paul and Minneapolis	United Hospital
Dakota County Public Health	United Hospital
DARTS	United Hospital
Hastings Family Services	United Hospital
H.O.P.E. Project	United Hospital
Keystone Community Services	United Hospital
Neighborhood House	United Hospital
Project for Pride in Living (PPL)	United Hospital
St. Paul Public Schools	United Hospital
United Way – Hastings	United Hospital
Washington County Public Health	United Hospital
The Food Group	Systemwide
The Humanity Alliance	Systemwide
Lutheran Social Services of Minnesota	Systemwide
Minnesota Department of Health	Systemwide
Open Arms	Systemwide