

Executive Summary

Background

Allina Health, an integrated health system, primarily serves individuals, families and communities throughout Minnesota and western Wisconsin. 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 part of its mission, every three years Allina Health conducts a federally required Community Health Needs Assessment (CHNA) to understand the health and well-being of the communities it serves, identify community health priorities and develop an action plan to address these priority needs.

In its last CHNA, 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. Results from this work are included in the evaluation section of this report. This CHNA cycle, Allina Health built on learnings from the 2023–2025 CHNA and sought to balance the need to be responsive to local community health needs while leveraging resources from the shared Allina Health system. The work was collaboratively led by local hospital and Allina Health system colleagues from the Community Benefit and Engagement (CBE) team.

Community Health Needs Assessment Process

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 to inform both the needs assessment and implementation plan designed to address the prioritized needs.

Data Review and Prioritization

From June 2024 through January 2025, care team members compiled and reviewed quantitative and qualitative data to understand the ongoing community health needs identified and prioritized in the 2022 CHNA cycle, and to better determine the unique ways these needs vary by key populations and geography. Given the complexity of systemic needs, long-term, collaborative effort and investment is needed to see significant, measurable improvement. This data review confirmed the continued prioritization of these needs. Key data sources included:

- Health Trends Across Communities (HTAC), Minnesota Electronic Health Record Consortium Dashboard
- Minnesota Student Survey (MSS)
- Wisconsin Youth Risk Behavior Survey
- Local public health community health assessment results
- County Health Ranking Profiles
- Allina Health patient data such as the prevalence of health-related social needs, Emergency Department visits, and patient demographics.
- Interviews with community partners in the Allina Health service area
- Feedback from community dialogues with youth and parents/caregivers.

Based on the CHNA process, Allina Health will pursue the following priorities in 2026–2028:



Mental Health and Wellness



Substance Abuse Prevention and Recovery



Health-Related Social Needs and Social Determinants of Health

Community Engagement

With priorities and goals drafted, Allina Health CBE care team members engaged internal and external stakeholders in refining and validating the implementation plan, incorporating community feedback into the final strategies.

2026–2028 Implementation Plan

Based on the CHNA assessment, community input and feedback, Allina Health has prioritized three community health needs and developed the following goals. The implementation plan includes strategies Allina Health will use to meet each goal.



Mental Health and Wellness

Goal 1: Increase knowledge and skills that support resilience and healthy coping.

Goal 2: Increase access to mental health services.

Goal 3: Increase social connections and social cohesion.



Substance Abuse Prevention and Recovery

Goal 1: Delay substance uses and/or decrease misuse among people in our communities, with a focus on adolescents.

Goal 2: Increase access to the continuum of addiction care.

Goal 3: Decrease access to substances within the community.



Health-Related Social Needs and Social Determinants of Health

Goal 1: Alleviate health-related social needs among Allina Health patients, with a focus on food insecurity and social isolation.

Goal 2: Improve health care referral pathways to community-based organizations supporting access to food, housing, transportation, social connection and access to care.

Goal 3: Maintain or improve sustainability of community resources that provide nutritious food, housing, transportation, social connection and access to care.

Goal 4: 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.

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

Evaluation Plans

Allina Health will monitor implementation plan activities and efforts, tracking outputs and reach and monitoring the general health and wellness of populations in its service area. Allina Health recognizes it is one partner in an ecosystem of social and structural factors shaping health behavior and outcomes; it will take many parts of this system to make population-level impacts to communities' health and well-being.

Acknowledgements

We would like to thank Allina Health care team members and community members who offered their time and valuable insights, as well as staff from local health departments and community organizations who reviewed data and helped develop implementation plans.

For more information, please contact: Community@allina.com

Full 2025–2027 Community Health Needs Assessment reports for each hospital are available on the Allina Health website: <https://www.allinahealth.org/about-us/community-involvement/need-assessments>