

# Executive Summary

2026–2028

Community Health Needs  
Assessment and  
Implementation Plan

## Background

As part of its mission, every three years St. Francis Regional Medical Center (St. Francis) 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.

St. Francis' primary service area and focus of its CHNA is Scott County. In its last CHNA, St. Francis leveraged resources to address four priority needs: mental health and wellness; substance abuse prevention and recovery; social determinants of health and health-related social needs; and access to culturally responsive care. Results from this work are included in the evaluation section of this report. This cycle, St. Francis built on learning 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 care team members from the Community Benefit and Engagement (CBE) team.

## Community Health Needs Assessment Process

The CHNA process included involvement from local public health, Scott County 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 identified 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)
- Local public health community health assessment results
- Scott County Health Ranking Profile
- 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 St. Francis and Allina Health service area
- Feedback from community dialogues with youth and parents/caregivers.

**Based on the CHNA process, St. Francis 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, validating the implementation plan, and 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 St. Francis and the Allina Health system 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 use 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 address these goals St. Francis 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 community-based organizations.

## Evaluation Plans

St. Francis will monitor implementation plan activities and efforts, tracking outputs and reach. Allina Health and St. Francis will also monitor the general health and wellness of populations in its service area, recognizing it is one partner in an ecosystem of social and structural factors shaping health behavior and outcomes.

## 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 developed implementation plans.

For more information, please contact: [Community@allina.com](mailto:Community@allina.com)

Full 2025 Community Health Needs Assessment and 2026–2028 Implementation Plan reports for each hospital are available on the Allina Health website: <https://www.allinahealth.org/about-us/community-involvement/need-assessments>