Allina Health

CAMBRIDGE MEDICAL CENTER

2023–2025

Community Health Needs Assessment and Implementation Plan

Table of contents

Introduction

Cambridge Medical Center 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 community members to systematically identify community health priorities and create a plan for addressing them. Each CHNA builds on the learnings from the previous cycle as well as ongoing community dialogues and assessment activities conducted by hospital staff.

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.

Through the CHNA process, Allina Health aims to:

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

The purpose of this report is to share results from the current assessment of health needs in the community served by Cambridge Medical Center and the implementation plan to address those needs in 2023–2025. This report also highlights the hospital's 2020–2022 activities to address needs identified in the 2019 assessment.

ABOUT ALLINA HEALTH

Allina Health is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. A not-for-profit health care system, Allina Health cares for patients from beginning to end-of-life through its 90+ clinics, 10 hospitals, 15 retail pharmacies, 52 rehabilitation locations, 2 ambulatory care centers, specialty care centers and specialty medical services that provide home care, 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.

2023–2025 CHNA PRIORITIES

Based on the process described in this report, Cambridge Medical Center will pursue the following priorities in 2023–2025:

Lack of social connectedness refers to a limited sense of social support or belonging in one's community and preventing and reducing stigma related to experiencing loneliness and isolation. It also includes factors that impede social connections such as lack of transportation, housing and broadband.

Mental health and well-being encompasses overall mental, social and emotional well-being including resilience, healthy coping skills and access to the full continuum of mental health care and supports.

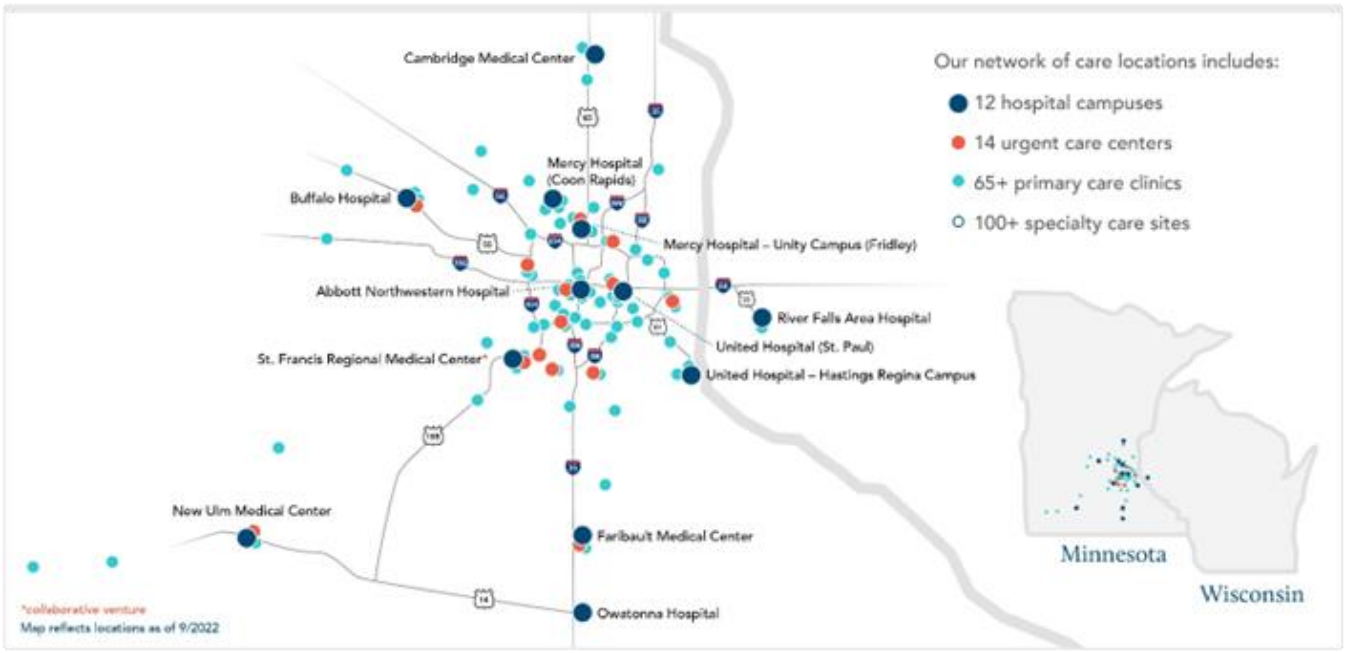
Substance use included preventing, delaying or reducing harm associated with using substances such as alcohol, tobacco, e-cigarettes, marijuana, opioids and other drugs in a way that leads to physical, social or emotional harm. Cambridge Medical Center is focusing specifically on addressing substance use among youth and opioids.

Additionally, Cambridge Medical Center prioritized the following communities for the 2023–2025 CHNA cycle:

- People with disabilities
- People who are economically challenged
- People who are socially isolated

Hospital and community description

ALLINA HEALTH SYSTEM MAP



HOSPITAL DESCRIPTION AND SERVICE AREA

Cambridge Medical Center (CMC) is a regional health care facility providing comprehensive health care services to more than 30,000 residents in Isanti County. The medical center is comprised of a large multi-specialty clinic and an 86-bed hospital located on one large campus. A same day clinic, retail pharmacy and eye care center are also located in the facility. Its primary service area (and focus of the CHNA) is Isanti County—a rural county located north of the Twin Cities metro.

One unique aspect of the medical center is its size. Although located in the small community of Cambridge (population 8,975), the medical center has more than 150,000 clinic patient visits, 4,000 inpatient hospital admissions and 100,000 outpatient visits annually. There are more than 65 physicians and providers on staff and 27 consulting physicians providing specialty care such as cardiology, oncology, ear nose throat (ENT) and urology, among others. The medical center has more than 850 employees and is the largest employer in the city of Cambridge.

DIVERSITY, EQUITY, INCLUSION AND BELONGING

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 to eliminate systemic inequities and racism. As a community partner, Allina Health collaborates with community members, organizations and policymakers to improve the health of all people in our communities and to focus our community health improvement initiatives and investments to improve health equity. These commitments serve as the guiding principles of our CHNA approach, including the assessment process, implementation of initiatives, partnerships, and methods of evaluation directed at tracking and addressing health disparities in our community.

Allina Health Diversity, Equity, Inclusion and Belonging Definitions

- **Diversity:** Embracing and investing in our differences to create a better us.
- **Inclusion:** Cultivating a safe environment where you always bring your whole self, contribute, and thrive.
- **Equity:** Providing access to opportunities that support our communities' ability to reach its full potential. Creating solutions, informed by an understanding of unique needs that eliminate barriers to success and fill in opportunity gaps.
- **Health Equity**: "*Everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."* — Robert Wood Johnson Foundation
- **Belonging**: When individuals or groups feel supported and safe because there is a sense of acceptance, inclusion and respect for who they are.

COMMUNITY DEMOGRAPHICS

Isanti County is ranked in the lower middle range of health among counties in Minnesota by County Health Rankings. However, these rankings do not account for differences within counties. There are significant socio-economic disparities among families living in Isanti County.

According to the U.S. Census Bureau, a total of 41,135 residents live in the 435.7-square mile area occupied by Isanti County. About 24 percent of the total population in Isanti County is under the age of 18. Like Minnesota as a whole, Isanti County is becoming increasingly diverse. Approximately 5 percent of residents are people of color — primarily Hispanic or Latine (2 percent), Asian (3 percent) or two or more races (2 percent). In 2020, 2 percent of residents were foreign-born, and 1 percent had limited English proficiency. Nearly 12 percent of county residents have a disability. The median household income in 2020 was $76,999, with more than 7 percent of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates).

Many residents face the same health concerns common across the United States. For example, residents report an average of just over four poor mental health days per month and 14 percent of residents report fair or poor health. Approximately 33 percent of area adults are obese, which is a slight decrease over the course of the last three years (County Health Rankings, 2022). Many residents also struggle to access health care. Although more people are insured than in the past, 6 percent of residents are uninsured. Furthermore, Isanti County has a 590:1 ratio of residents to mental health providers compared with Minnesota's overall mental health provider ratio of 340:1 (County Health Rankings, 2022).

Most of a person's health is determined by factors outside of traditional medical care, such as race, income, ability and gender. As such, community health status is influenced by these factors. For example, Feeding America estimates 2,810 people in Isanti County (approximately 7 percent) experienced food insecurity in 2020 and an estimated 25 percent of households are considered cost burdened (U.S. Census Bureau, 2016–2020 American Community Survey 5-Year Estimates). Additionally, though renter-occupied households account for only 15 percent of all the housing in Isanti County, an estimated 46 percent of those households are considered cost burdened. Additional information about Isanti County can be found at Minnesota Compass.

Evaluation of 2020–2022 implementation plan

In its 2020–2022 Community Health Needs Assessment and Implementation Plan, Cambridge Medical Center adopted lack of social connectedness; mental health and well-being, including youth suicide and adult mental well-being; and youth substance use, including alcohol, tobacco and e-cigarettes as its health priorities. It addressed these priorities between 2020 and 2022 through local and systemwide activities. Because mental health, including substance use, and obesity caused by physical inactivity and poor nutrition were identified as priorities for the entire service area, Allina Health also adopted them as 2020–2022 systemwide priorities. Additionally, social determinants of health, particularly access to healthy food and stable housing, were identified as key factors contributing to all elements of health.

The COVID-19 pandemic affected the scope and focus of work in 2020 and 2021 for all Allina Health hospitals and many activities were postponed or cancelled. While the pandemic hurt all communities, it did not do so equally. It is clear the disproportionate impact of COVID-19 on communities of color has been compounded by systemic inequities and the ongoing experiences of racial and community trauma. Many of the activities below reflect a focus on recovering from the effects brought forth in 2020 and 2021, along with a renewed commitment to reduce health disparities for every person in our community.

SYSTEMWIDE ACTIVITIES

Allina Health provided each of its hospitals with resources to address mental health and wellness, physical activity and active living and social determinants of health through the following activities:

Community health improvement programs

Allina Health's community health improvement programs offer free online resources to support community health and wellness at any stage of life.

Change to Chill

Change to Chill™ (CTC) supports teen mental health by partnering with schools and offering free online stress reduction tips, life balance techniques and health education services.

In 2020, COVID-19 provoked fear, stress and anxiety, with a large effect on youth and their mental wellness. The number of people visiting the Change to Chill website nearly doubled from approximately 25,000 to more than 58,000 people visiting the website that year. The program pivoted to meet the changing needs of community by offering a virtual care package for families to help them address mental health together. Change to Chill also transformed in-person trainings to virtual well-being classes for all, including more than 30 community presentations and trainings for school and staff. Change to Chill also began offering new online resources such as tools to help students sort out complicated feelings and cope with grief, loss and change and practice healthy communication during challenging times.

Additionally, in 2020 and 2021, Change to Chill partnered with Hennepin County Public Health to create and provide content on identity, discrimination and mental health. This work focused on providing culturally specific mental well-being resources for youth most impacted by COVID-19 including Black, Indigenous, Latine, and Lesbian, Gay, Bisexual, Transgender and/or Queer youth and their parents. Allina Health continued to build on these efforts in 2021 and launched Change to Chill in Spanish, which more than 2,000 people accessed in the first year. More resources tailored to the mental well-being of these youth and content on "Stress and Identity" will be launched in 2022.

To support a culture of well-being in local schools, the program has included the Change to Chill School Partnership (CTCSP) since 2018. Components of CTCSP include staff training on Change to Chill, a paid student internship and funding for a "Chill Zone" — a designated space in the school for students and staff to practice self-care. Evaluations of CTCSP have shown increases in confidence in ability to cope with stress among students who participate in program components. CTCSP has also received positive feedback from school staff regarding the highly effective nature of Chill Zones. From 2020–2022 Allina Health has partnered with 60 schools to deliver the program. Cambridge Medical Center specifically supported four schools via continued partnership with Cambridge and Isanti Middle Schools and Braham and Cambridge-Isanti High Schools. Cambridge also supported two new partnerships with Irondale and Mounds View High Schools. In total, these efforts reached approximately 6,704 students and 25 school staff completed a training with the program.

> **Students are entering and using the [Chill Zone] to take a break in order to return to class with a better mindset.**
>
> –School staff person

Health Powered Kids

Health Powered Kids™, launched in 2012, is a free community education program featuring 60+ lessons and activities designed to empower children ages 3 to 14 years to make healthier choices about eating, exercise, keeping clean and managing stress. More than 100,000 people visit the Health Powered Kids website each year. In a 2021 survey, 84 percent of people "agreed" or "strongly agreed" the program increased their knowledge of youth and/or adolescent health and wellness, and 87 percent "agreed" or "strongly agreed" it increased knowledge of health and wellness among the young people using the program.

Hello4Health

Hello4Health™ is a new online resource created in response to the 2019 CHNA which identified social isolation as a factor contributing to poor mental wellness among adults across all geographies. Allina Health developed the program in 2020 and launched it in April 2021 with a focus on older adults. Components include education on the important role social connections play in positive health outcomes, suggested activities and skill-building tools for connecting with others. Because older adults and people with disabilities disproportionately experience feelings of social isolation, Allina Health partnered with Accessible 360 to take steps to enhance the accessibility of the website and conform to Web Content Accessibility Guidelines (WCAG) 2.0, Level AA guidelines. In 2021, 9,488 people living in Minnesota or Wisconsin visited the Hello4Health website. In 2022, Allina Health began to refer patients who self-identify as lonely or socially isolated to the website.

Be the Change

Be the Change was a campaign to eliminate stigma around mental health and addiction conditions at Allina Health and ensure all patients receive the same consistent, exceptional care. At the campaign's launch, 500 Allina Health employees volunteered to lead the effort. They became trained Be the Change Champions and helped educate and generate awareness among their colleagues about mental health and addiction conditions through presentations and education events. In 2020, Be the Change transitioned from a campaign to an Employee Resource Group (ERG). The purpose of this group is to create an inclusive, welcoming and supportive environment for people living with disabilities, mental health conditions and/or addiction and continue to work to eliminate stigma around mental health, addiction and disability conditions. In 2021, 129 individuals participated in the ERG. Key activities included: providing $1,250 ($416/each) in charitable contributions to three organizations: Survivor Resources, Division of Indian Work and the Disability Law Center; hosting quarterly member meetings with guest speakers; and hosting or co-hosting eight events to promote stigma reduction across the entire organization.

Healthy Food Initiative

To address food insecurity, Allina Health launched a healthy food initiative in 2017 to ensure all people in its communities have access to healthy, fresh and affordable food. Through charitable contributions, Allina Health contributed $220,000 to healthy eating initiatives across its service area in 2020 and 2021. Allina Health launched a partnership with the non-profit organization Every Meal to connect patients with crisis food support. Through this partnership, Allina primary care clinics provide free bags of nutritious, non-perishable food to patients who identify as food insecure. These meal bags are tailored for a variety of dietary preferences including East African, Latine and Southeast Asian preferences.

> **[My navigator] helped me a lot. [Working with them] made me aware, when we run out of food, and we don't have anything, I have access to resources that I didn't know I had access to.**
>
> –Allina Health patient

Accountable Health Communities model and Health Related Social Needs Program

Because social conditions such as food and housing inhibit access to care and contribute to chronic disease, in 2018 Allina Health implemented the Accountable Health Communities (AHC) model through a cooperative agreement with the Centers for Medicare & Medicaid Services. In this model, care teams in 78 Allina Health sites screened patients with Medicare and/or Medicaid insurance for five health-related social needs: housing instability; food insecurity; transportation barriers; difficulty paying for heat, electricity or other utilities; and concerns about interpersonal violence. When patients identified needs, the care team provided a list of community resources. Some high-risk patients received assistance navigating to these resources.

From June 2018 through January 2022, more than 166,000 patients completed an AHC screening with 28 percent identifying at least one need (Isanti County: 31 percent). The most frequently identified needs were food insecurity and housing instability. Patients with needs were more likely to be female; report a race of Black/African American, Multi-racial, or Native American/Alaska Native; report Hispanic ethnicity; and be younger than those without needs. Patients who use both Medicare and Medicaid insurance ("dual-eligible") were the most likely to report a need (46 percent) while those with only Medicare were least likely to report a need (14 percent). Every county demonstrated racial and ethnic disparities in need rates. In Isanti County specifically, more than 39 percent of equity patients identified a need compared to 30 percent in the comparison population. Allina Health defines its equity population as any patient who does not identify as white, non-Hispanic, U.S.-born, or note English as their preferred language (i.e., the "comparison population").

The AHC Cooperative Agreement ended in April 2022. At the end of 2021, Allina Health began developing an Allina Health-specific model for screening and addressing health-related social needs, the Health-Related Social Needs (HRSN) Program. In the first six months of implementing the HRSN Program, more than 85,000 patients were screened, 16 percent of whom identified a need. Additionally, more than 4,500 patients with need requested and received assistance navigating to these resources.

COVID-19 vaccine clinics

To promote equitable health care access, Allina Health partnered with community organizations from February through July 2021 to host free COVID-19 vaccine clinics. The clinics were in communities who have been disproportionately impacted by COVID-19 and have historically experienced health disparities. Allina Health invested nearly $350,000 in clinical staff time, changes to infrastructure, supplies and other expenses to offer these clinics. Additionally, nearly 300 of our dedicated employees and friends volunteered more than 1,000 hours of their time over the five-month period to serve in non-clinical roles like greeting individuals upon arrival, guiding individuals through the vaccine clinic and other activities. Through these COVID-19 vaccine clinics, Allina Health was able to vaccinate more than 4,400 people, many of whom were non-white and non-English speaking patients. For example, the percentage of event attendees who identified as Hispanic/Latine was double that of the total eligible community population (8 vs. 4 percent). Similarly, 81 percent more Asian residents and 32 percent more Black residents attended than make up the total eligible community population (6 percent and 9 percent of attendees, respectively). Patients who underutilize health care were particularly well represented, with 49 percent of attendees having no eligible healthcare visits in the two years before their first community event vaccination.

Impact Investment Portfolio and supplier diversity investments

In 2021, Allina Health allocated $30 million to create and fund the Allina Health Impact Portfolio, aimed at supporting local economic development opportunities. In the first year, $2 million of the portfolio was invested, and the remaining funds are expected to be invested over a three-year period. Additionally, Allina Health spent more than $18 million in supplier diversity investments. By providing capital through investments to local organizations, Allina Health can improve the health of our communities, while ensuring investments are equitable and aligned to our guiding principles and values.

LOCAL CAMBRIDGE MEDICAL CENTER ACTIVITIES

Goal 1: Increase social connectedness across all stages and ages of life.

Cambridge Medical Center helped create and deploy various Hello4Health tools, including introducing and promoting the social connectedness toolkit and community map connections and conducting presentations to promote social connectedness resources in the community. In 2020, in partnership with Isanti County Public Health, the hospital organized the “Scavenger Hunt” Goosechase Event — a month-long social connectedness challenge. More than 85 community members participated. In 2021, the hospital introduced the community to Kindness Connection Bingo and a six-week long Connect for Well-being educational series, conducted by the hospital staff. In 2022, CMC, area school districts and Isanti County partnered together to launch the Happiness Advantage Initiative. This program is based on positive psychology research from Shawn Achor. Achor's research shows that the happier we are, the more successful and healthier we are, both physically and mentally. His research also shows we are happiest when doing kind things for others and social connection is the biggest determinate of our long-term health and well-being. In 2022, more than 170 CMC employees attended Happiness Advantage Initiative workshops offered to medical center employees. Also, in partnership with Isanti County, CMC hosted 10 community-based workshops, which were attended by more than 245 community members.

Goal 2: Reduce the impact of substance use and abuse on the health, safety and quality of life for Isanti County youth.

CMC offered and supported activities that educate and motivate youth to avoid use and abuse of substances. Hospital staff conducted 12 presentations about tobacco use and the dangers of vaping to students and local

schools, which reached more than 1,145 students from 2020–2022. The hospital also supported school staff through the provision of written substance education materials, in-depth tobacco and vaping diversion program information. In addition, CMC partnered with the Isanti County Substance Use, Prevention and Recovery Coalition to train more than 45 teachers and nurses in the use of Narcan and to support the "Social Host" initiative during prom season. This initiative is aimed at reducing underage drinking. Also, with rising concern over the use of tetrahydrocannabinol (THC) in our schools, the medical center partnered with the Isanti County Substance Use Prevention and Recovery coalition to do a *CBD vs. THC Myth Busting*-event. Approximately 23 community members attended the event and participant feedback was positive.

Goal 3: Reduce barriers to mental health services for people in our communities.

Between 2020–2022, CMC provided $10,000 to organizations implementing suicide prevention trainings and stigma reduction efforts. Additionally, CMC partnered with Region 7E Mental Health Initiative to develop a local Mental Health Resource Guide for the community and held stigma reduction efforts throughout the region. CMC also added an adolescent partial hospitalization program, which is a structured mental health treatment designed for youth struggling with emotional and behavioral concerns. Patients in the program participate in outpatient programs during weekdays and return home to their families on evenings and weekends. The goal of the program is to improve mental health symptoms and teach skills necessary for improved function at home and school.

Goal 4: Increase resilience and healthy coping skills among community members.

As detailed above, CMC engaged in a new partnership with Isanti Public Health through the Happiness Advantage to improve mental health, optimism, and social connectedness in the community. In addition, hospital staff conducted 18 presentations to the community partners, focused on mental health and increasing social connectedness.

2021–2022 CHNA process overview

To respond to local needs and resources, each Allina Health hospital conducted its 2023–2025 CHNA independently, with support and guidance from Allina Health System Office staff. CMC conducted a joint assessment in partnership with Isanti County Public Health. The CHNA process also included involvement from residents, community partners and stakeholders. It occurred in three steps: data review and prioritization, community input and the development of a three-year implementation plan which includes both local and systemwide activities. The impact of these efforts will be tracked and evaluated over the three-year cycle.

Allina Health serves communities that are geographically, culturally, racially and socio-economically diverse. We know systemic inequity and structural racism has led to variation in community health status by factors such as race, ethnicity, income, gender, current ability and more. To advance and improve health for all, Allina Health prioritizes investments to local populations facing the greatest need. To support these efforts, in 2022 Allina Health and each of its hospitals identified prioritized communities in addition to prioritized health topics.

Each CHNA builds on the learnings and changes from the previous cycle. The 2020–2022 CHNA priorities adopted by CMC were lack of social connectedness; mental health and well-being, including youth suicide and adult mental well-being; and youth substance use, including alcohol, tobacco and e-cigarettes. These priorities are large and based on social determinants of health and ongoing experiences of community trauma. They require long-term effort to see significant, measurable improvement. Additionally, all these priorities were significantly exacerbated by the coronavirus pandemic, which emerged in 2020.

As a result, the goals of the 2022 CHNA were to:

- Confirm identified priorities remain relevant and significant to communities.
- Refine our understanding of these priorities, and how the coronavirus pandemic, civil unrest and increased attention on systemic inequity change our understanding of these topics or approach to addressing them.
- Identify new or emerging community needs that may not be addressed through existing work.

CMC and Isanti County Public Health used a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) model, a community-driven strategic planning process for improving community health. The model has six phases: Organizing, Visioning, The Four Assessments, Identifying Strategic Issues, Formulating Goals and Strategies and the Action Cycle. For the purposes of this report, the phases are condensed to data review and prioritization, community input and implementation planning. The MAPP process is cyclical with each phase and assessment informing the next. It is an interactive process that can improve the efficiency, effectiveness, and performance of local public health systems, including health care institutions. Community members' participation is essential to the MAPP process.

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

2021–2022 CHNA timeline

TIMING	STEPS
March–July 2021	**INITIAL PLANNING** Local and System Office staff meet to develop local 2022 CHNA plans, including expected CHNA teams and support and data needs.
July–September 2021	**ESTABLISH PLANNING TEAMS and COLLECT DATA** Staff establish initial assessment plans, identify stakeholder groups for each hospital and share results from current implementation strategy, as appropriate
October 2021–January 2022	**DATA REVIEW and ISSUE PRIORITIZATION** Regional teams meet with data review teams, using locally available data and working closely with public health. Allina Health data provided by System Office. Teams prioritize issues using locally agreed upon criteria.
January–February 2022	**DRAFT CHNA PRIORITIES** Community Benefit & Engagement staff review prioritized issues to summarize themes for the system. Draft system-wide implementation strategies shared with communities.
	DESIGN COMMUNITY INPUT Identify specific methods and audiences for community input on strategies, including process and questions/topics. Work with local stakeholders to recruit participants.
March–May 2022	**DATA COLLECTION and ACTION PLANNING** Conduct community input sessions to solicit action and implementation ideas related to priority areas identified in the data review and prioritization process and summarize information from each process.
June–October 2022	**LOCAL APPROVAL and REPORT WRITING** Present plans to local boards/committees/leaders for approval. Coordinate report writing and share results and action plans with key stakeholders systemwide.
December 2022	**SEEK FINAL APPROVAL** Present for final approval to the Allina Health Board of Directors in December.

Data review and issue prioritization

CMC completed its CHNA in partnership with Isanti County Public Health using the Mobilizing for Action through Planning and Partnerships (MAPP) framework. CMC and public health staff began meeting in early 2021 both in-person and virtually. Together they convened and coordinated a Mobilizing for Action through Planning and Partnerships (MAPP) Committee, which was originally formed during the planning of the previous CHNA cycle (2018–1019). The MAPP Committee is comprised of 35 representatives from:

- Braham School District
- Cambridge Fire Department
- Cambridge Isanti Early Childhood Education
- Cambridge Medical Center
- Cambridge Isanti Community Education
- Cambridge Isanti Schools
- Cambridge Police Department
- Central MN Council on Aging
- City of Cambridge
- East Central Crisis Services (individuals with mental illness)
- Family Pathways (individuals facing poverty/food insecurity)
- GracePointe Crossing (senior living)
- Isanti County Board of Commissioners
- Isanti County Probation
- Isanti County Public Health
- Isanti County Public Health Board
- Isanti County Sheriff's Office
- Isanti Ramsey Community College
- Lakes and Pines Community Action Council (social service agency aimed at families living in poverty and seniors)
- Local Mental Health Advisory Council
- Minnesota Department of Health
- Region 7E Adult Mental Health Initiative

In partnership with Isanti County Public Health, CMC staff reviewed select Allina Health patient data and local public health data provided by Isanti County Public Health staff with MAPP Committee members. Indicators were chosen based on priorities defined by the Center for Community Health and Allina Health equity priorities. Where possible, the data was disaggregated by race and ethnicity to better understand opportunities to increase health equity in the community and among patients seen at Allina Health facilities. Examples of indicators reviewed include, but are not limited to:

- Volume of Allina Health EMS ambulance runs by cities served in Isanti County
- Patient and public health data by county of residence (Isanti): demographic data (including race, ethnicity, language, age and insurance type), health-related social needs and select conditions
- Emergency room data: top three reasons for emergency room visits; suicide and self-inflicted injury encounters; and opioid overdose encounters
- Tobacco, alcohol and other drug use among adults and youth
- Rates of overweight and obesity
- Colorectal cancer screening rates
- Market analysis regarding expected demand for mental health and addiction services over time
- Suicide and self-harm ideation and deaths by suicide among adults and youth
- Substance use disorder treatment admissions for alcohol

- Self-reported mental health and experiences of social isolation among adults
- Opioid prescription rate 2015–2020

Secondary data resources available for Isanti County were also reviewed such as East Central Regional Survey (2015 and 2018 comparative data), Isanti County Sherriff's Reports, the 2019 Minnesota Student Survey, Minnesota Housing Partnership (MHP) County Housing Profiles and the 211 dashboard. 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.

PRIORITIZATION PROCESS AND FINAL PRIORITIES

Nominal group technique (NGT) was chosen to complete prioritization exercise. NGT is a structured method for group brainstorming that encourages contributions from everyone. After reviewing data and considering preexisting CHNA priorities and Isanti County goals the MAPP Committee members selected their top health priorities. Special consideration was given to how COVID has impacted the health of the community and the importance of addressing health-related social needs.

Based on the data review and feedback from local public health, Cambridge Medical Center prioritized the following health topics for 2023–2025:

- Lack of social connectedness
- Mental health and well-being
- Substance use (youth and opioid focus)

Based on community demographics and the indicators and discussion described above, Cambridge Medical Center prioritized the following communities for the 2023–2025 CHNA cycle:

- People with disabilities
- People who are economically challenged
- People who are socially isolated

NEEDS NOT ADDRESSED IN THE CHNA

- Social Determinants of Health (Transportation & Housing)
- Community Pandemic Response (disparities and divisions in our community)
- Adverse Childhood Events (ACEs)

Though recognized as important health issues in the community, the MAPP Committee did not include transportation and housing, pandemic response and ACEs on its list of final priorities. Allina Health is putting energy behind health-related social needs as a systemwide priority that will help address social determinants of health. Our community pandemic response to disparity and division in our community will be addressed through the work in our other priorities and Isanti County has a coalition established that is better equipped to lead work focused on ACEs. Cambridge Medical Center will continue to support these groups.

Community input

On January 26, 2022, February 22, 2022, and June 29, 2022, CMC and Isanti County Public Health conducted community dialogues to gather input on community members' perspectives on these priorities and potential strategies for addressing them.

In total, thirty-three people participated, representing the following community organizations:

- Cambridge-Isanti Schools
- Braham Schools
- Presbyterian Homes (senior living community)
- Walker Methodist (senior living community)
- New Hope Cambridge (faith-based organization)
- Isanti County Health and Family Services
- Central Minnesota Council on Aging
- Isanti County Family Services
- Isanti County Public Health
- Isanti County Attorney's Office
- Isanti County Sheriff's Department
- Isanti County Commissioners
- City of Cambridge
- Allina Health EMS
- Family Pathways (non-profit, food shelf, senior services, women's shelter)
- Lakes & Pines Community Action Council
- Central MN Council on Aging
- East Central Region Development Center
- City of Isanti
- Cambridge Medical Center Leadership
- North 65 Chamber of Commerce
- Partners in Healthy Living (SHIP (Statewide Health Improvement Partnership))

The group used key questions to guide the conversations. Dialogue participants first identified their vision for health, reviewed current data trends and set a goal for each priority. Next, they discussed barriers to meeting each priority's goal and potential community partners that could assist. Participants then discussed potential strategies and activities under each health priority and ways in which Cambridge and other organizations could change their services to better serve both rural and urban residents of different ages and cultural backgrounds.

Over the course of the three community dialogues, Cambridge Medical Center explored the following questions:

- Thinking back over the last year or two, how is your community/the community you serve different than other years? What challenges do you see? What makes you hopeful for the future?
- Of the data and areas, we have discussed, what is the most important to focus on?
- How do you see CMC and Isanti County Public Health showing up to address these issues?
- What is it about lack of social connectedness that we want to focus on?
- What is it about substance use that we want to focus on?
- What is it about mental health that we want to focus on?
- Does this reflect what we have previously discussed?
- What activities are we missing?
- Who should be involved in this work?
- Where do you see yourself involved in this work?

COMMUNITY INPUT RESULTS

Lack of social connectedness

Challenges

Participants identified technology, social media and the lack of in-person support systems as contributing to social isolation and decreased mental health, particularly among young people. Infrastructure issues, such as remote living coupled with no public transit or community gathering spaces, were also named as factors related to social isolation. Some participants noted there are few opportunities to meet and connect with people outside of bars. Others indicated there are numerous events and activities in the community but felt they could be better promoted or more inclusive.

Populations at high risk of experiencing social isolation include seniors (due to limited physical ability and lack of access to transportation); family caregivers experiencing the stress and stigma associated with caring for a loved one with a chronic condition; and vulnerable populations, such as people with disabilities, people with serious and persistent mental illness, veterans and survivors of domestic violence.

Ideas and opportunities

To increase social connections across age groups, participants suggested offering opportunities for older adults and young people to interact. Specific ideas included creating intergenerational spaces for people to congregate, increasing opportunities for older adults to serve as mentors or volunteers at schools and hosting more events and programs for people of all ages. Other suggestions included supporting current groups such as community education programs. Participants highlighted the role of churches and faith communities in offering space for activities and helping to promote.

Despite technology being cited as a barrier to social connectedness, participants suggested creating a centralized location, such as an app, for people to learn about activities that are happening in the community.

Mental health and well-being

Challenges

A lack of knowledge regarding when and how to get the right care at the right time continued to come up as a barrier to mental health and well-being in Isanti County. Many people also mentioned high rates of health-related social needs including poverty, limited affordable housing and unreliable transportation as contributing to poor mental health. They also discussed the link between reduced mental well-being, substance use and trauma, particularly childhood trauma. Barriers to accessing mental health care included a limited number of providers in the community and continued stigma associated with seeking help. Many factors were mentioned that contribute to youth suicide including social media, bullying, media coverage of world events (including shootings and youth suicides), gaming addiction and childhood trauma caused by family incarceration and chemical use.

Ideas and opportunities

The group suggested CMC and Isanti County Public Health consider developing a guide to help community members understand how mental health concerns can show up physically, mentally, and emotionally in people. Additionally, participants suggested strengthening partnerships among mental health providers, the local school district, CMC and Isanti County Family Services to build a better continuum of support for students and families. Additional proposed strategies for improving mental well-being in Isanti County included improving communication among health and mental health providers and increasing telehealth offerings to increase access to care.

Substance use (youth and opioid focus)

Challenges

Participants indicated easy access to drugs and alcohol contribute to youth substance use. Specifically, they cited parents failing to lock up alcohol, the concealability of e-cigarettes and insufficient penalties for retailers who sell to minors. Other contributors mentioned included parental modeling and enabling of substance use, family and peer norms, and misperceptions about the health risk of vaping. Stress, childhood trauma and mental health were identified as key contributors to substance use for people of all ages.

Ideas and opportunities

To increase awareness of the risks of youth substance use, particularly the health risks of vaping, participants recommended educational campaigns aimed at youth and the broader community. They also suggested peer-to-peer education about the effects of drug/alcohol use on a person's life. Sponsoring and promoting substance-free activities, such as sober events and youth sports, were also encouraged. Additionally, people suggested local policies to reduce youth access, including city ordinances to limit the sale of flavored tobacco and increased penalties for businesses that sell tobacco to minors. Addressing opioids was a new focus. Suggestions for addressing opioid use in the community included providing education of its impact on the community and how to dispose of prescription drugs properly.

SYSTEMWIDE COMMUNITY INPUT ACTIVITIES AND RESULTS

In addition to the local community engagement activities described above, Allina Health systemwide staff solicited feedback applicable to all Allina Health regions. This feedback focused on groups with which Allina Health has unique expertise regarding community needs and included conversations with Allina Health staff as well as patients/clients.

Based on their unique roles supporting patients, interviews were conducted with Allina Health staff from the following groups:

- Community Paramedics
- Language Services/Interpretation
- Spiritual Care

Additionally, community engagement staff partnered with staff from Courage Kenny Rehabilitation Institute (CKRI) to conduct three virtual community dialogues: two with individuals living with a disability and one with caregivers of people with a disability. Care was taken to recruit diverse participants in terms of geographic location, type of disability, gender and cultural group. Caregivers included those supporting family members with a disability as well as those working professionally in residential facilities (e.g., group homes).

In total, 12 interviews and focus groups took place between March and May 2022 with 27 people. The conversations were facilitated by Allina Health representatives. Each discussion lasted 60 minutes. Participants were asked to share their vision for health in the community, clarify aspects of the priority health areas that are most important to address, and discuss opportunities for Allina Health to support community health. The conversations included topics such as health equity, access to services and care, culturally appropriate care, and many others.

Key questions Allina Health sought to answer through the discussions were as follows:

- What factors in the community most affect health?
- Are there new or emerging health priorities in your community?
- How have you seen factors such as race, ethnicity and language impact the health of the patients you serve?

- How do you see Allina Health making it easier or more comfortable for ALL patients to access healthcare?
- In your opinion, what are the most important things Allina Health can do to help achieve health equity?
- By 2025, what is your vision of health for the community/patients you serve?

Community/stakeholder conversations' results

Overall themes

Community conversations identified mental health, substance use and social determinants of health as the most important priorities to address, with specific focus on housing and transportation needs. In general, social connectedness/isolation remains a key concern across all communities, along with the need for access to culturally responsive care and support navigating complex care systems. The participants identified an increased need for workforce education around stigma and diversifying clinical staff pool to be more representative of the communities served.

Vision for health

Community conversation participants envisioned a community where there is no stigma attached to those with mental health concerns and substance use or seeking help for both. There is an increased awareness within the community regarding mental health conditions, use/misuse of substances and the resources available in the community. Participants also described a health care system that allows doctors to have stronger personal connections with their patients and that involves more discussion, holistic care and fewer prescription medications. They also imagined a community that has an adequate number of providers who reflect the communities they serve, availability of culturally appropriate care and diversity of clinical staff serving the patients. Participants shared a vision of a community where all people are treated equally with respect for their cultural background, beliefs and values.

Existing strengths

Participants identified strengths in their local community that contribute to addressing health needs, such as existing coalitions and groups working on the social isolation, mental health and substance use priorities. Participants also felt there is a strong presence in the community services to help address health-related social needs (HRSN); however, service availability varies based on geography. The greatest asset mentioned in the conversations was Allina Health staff, their compassion and resiliency.

Allina Health's role and opportunities

Community conversation participants discussed ways Allina Health could help address the priority areas. Ideas included:

- Create better access to community-specific care and support navigating complex care systems.
- Create better access to culturally appropriate, language-specific care.
- Employ more multi-lingual, culturally and racially diverse providers and other clinical staff.
- Create and strengthen partnerships with culturally focused community organizations.
- Engage in community-healthcare partnership and integration work.
- Continued work on education and stigma reduction around disabilities, mental health conditions and substance use.

2023–2025 implementation plan

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

As part of this phase, CMC staff met in March, April and July 2022 with leaders from each of Allina Health's nine community engagement regions to discuss the results of each hospital's data review, prioritization and community input processes. Together, they identified priority needs that occur in all Allina Health geographies.

Based on this process, Allina Health will pursue the following systemwide priorities in 2023–2025:

- Mental health and wellness
- Substance abuse prevention and recovery
- Social determinants of health and health-related social needs
- Access to culturally responsive care

The prioritized communities identified by each Allina Health hospital were also compared and the most common were identified for system action:

- People with disabilities
- People living at or near poverty
- People who identify as Black, Indigenous and/or People of Color (BIPOC)
- People who identify as Lesbian, Gay, Bi-sexual, Trans, Queer and/or Questioning, and other historically underserved sexual and gender identities (LGBTQ+)

Collectively and individually, these communities are not monolithic. They are large, diverse and intersect with one another. Specific activities will further refine intended audience based on disparities particular to the intended outcomes (e.g., social isolation, tobacco use) and factors such as community capacity to partner.

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

CMCs final implementation plan incorporates Allina Health's systemwide strategies and activities, as well as local ones. It integrates community input, evidence-based strategies (i.e., strategies whose effect has been proven) and promising ideas with potential for addressing the priorities. The plan reflects programs and services available through other organizations in the community, CMC resources and Allina Health's systemwide contributions. To make progress in achieving health equity, Allina Health system resources will prioritize partnerships and activities that engage the four communities listed above. CMC will prioritize hospital-specific activities that engage the local prioritized communities.

PRIORITY 1: MENTAL HEALTH AND WELL-BEING

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

Strategies

- Increase resilience and support the creation and maintenance of environments that contribute to positive mental well-being among youth and community members.
- Improve adults' confidence and skills around talking with youth about mental health, substance use, and other issues affecting their mental well-being.

Activities

- Provide schools in the Allina Health service area Change to Chill and/or Health Powered Kids content and tools; staff training; and financial support for creating a space for students and staff to relax, reflect and recharge.
- Co-create efforts to build healthy coping skills and community protective factors with schools, community organizations, and other groups where youth and families gather and feel belonging.
- Explore the opportunity to create a "mindfulness" trail in our communities.
- Expand the Happiness Advantage Initiative in partnership with Isanti County and area school districts to offer more workshops and events.
- Increase Change to Chill and Health Powered Kids content for adults who support school-age youth.
- Develop a process for providers to introduce guardians of school-age youth to Change to Chill and Health Powered Kids.

Goal 2: Increase access to mental health services across the Allina Health service area.

Strategies

- Increase use of mental health crisis services.
- Improve awareness of mental health points of access and the right care at the right time.
- Support public policy and advocacy efforts to improve access to mental health services.

Activities

- Support and help implement suicide prevention and intervention training for the community, schools, and healthcare.
- Promote crisis lines and other crisis services to community members.
- Co-create efforts with Isanti County, Area Schools, and CMC to streamline mental health points of access and services for families in our community.
- Educate the community on what "mental health conditions" look like and when to seek help and create a mental health point of access guide.
- Collaborate with East Central Innovation Team to promote availability of mental health resources (including telehealth/virtual services etc.).
- Lead and participate in community coalitions focused on improving access to mental health and addiction services.
- Support and advocate for local, state, and federal policies to increase access to mental health services.

Community partners

Isanti County Health and Human Services, East Central Innovation Team, Region 7E Adult Mental Health Initiative, East Central Crisis Services (Canvas Health), Cambridge-Isanti Schools, Braham Schools, Wellness in the Woods, local law enforcement, Partners in Healthy Living (SHIP)

PRIORITY 2: SOCIAL CONNECTIONS

Goal: Increase social connections across all ages and stages of life.

Strategies

- Improve social connections and social cohesion in the communities served by Allina Health.
- Support existing and create new opportunities for people to connect in meaningful ways.

Activities

- Establish or strengthen partnerships with organizations that serve older adults in the prioritized communities to offer Hello4Health content/resources and opportunities for connection.
- Participate in community coalitions in Allina Health's service area to improve social connections, social cohesion, and a sense of belonging, including but not limited to Happiness Advantage/Orange Frog.

- Offer and support opportunities, resources, and activities that foster belonging and social cohesion among community residents.
- Connect patients who screen positive for loneliness or social isolation with community resources that provide opportunities for social connection.
- Introduce community connection activities at the Cambridge, Isanti, Braham Farmers Markets, and other area events.
- Support volunteer networks and organizations looking to engage volunteers in meaningful community work by meeting to discuss volunteer needs and where there are gaps in our community.
- Explore existing and new spaces where people can build intergenerational connections.

Community partners

Isanti County Health and Human Services, Happiness Advantage Coalition, North 65 Chamber of Commerce, Braham Chamber of Commerce, Braham Event Center, City of Braham, City of Cambridge, City of Isanti, Regional Transportation Committee, Arrowhead Transit, Community Education, Cambridge-Isanti Schools, Braham Schools, local farmers markets, East Central Regional Library, Partners in Healthy Living (SHIP)

PRIORITY 3: SUBSTANCE ABUSE PREVENTION AND RECOVERY

Goal 1: Decrease substance misuse in the communities served by Allina Health.

Strategies

- Improve environmental factors and individual knowledge and skills associated with decreased substance misuse, focusing on youth, adolescents, and older adults.
- Improve adults' confidence and skills around talking with youth about mental health, substance use, and other issues affecting their mental well-being.
- Decrease youth access to substances.

Activities

- Incorporate age-appropriate substance use education into Allina Health community health improvement program content and resources. (Change to Chill, Health Powered Kids, Nicotine Awareness Program)
- Participate in and support the expansion of community coalitions in Allina Health's service area to improve environmental factors associated with decreased substance misuse. (Isanti County Substance Use Prevention and Recovery Coalition)
- Co-create efforts to build healthy coping skills and community protective factors with schools, community organizations, and other groups where youth and families gather and feel belonging.
- Increase Change to Chill and Health Powered Kids content for adults who support school-age youth.
- Develop a process for providers to introduce guardians of school-age youth to Change to Chill and Health Powered Kids.
- Advance local, state, and federal policies to make it more difficult and/or less appealing to access alcohol, tobacco, and other drugs.

Goal 2: Decrease harm and deaths related to substance misuse, with a focus on opioids.

Strategies

- Decrease access to opioids within the community.
- Improve access to a continuum of substance use disorder care.

Activities

- Provide and promote education, outreach, and resources for the proper disposal of prescription drugs.
- Provide planning, data, and in-kind resources to support community planning efforts to deploy opioid settlement funds.

- Advance local, state, and federal policies aimed at decreasing access to opioids in healthcare and community spaces.
- Advance local, state, and federal policies to increase access to substance use care, such as removing barriers to community and telephonic/virtual provision of care and other evidence-based treatment programs (e.g., Medically Assisted Treatment (MAT)).
- Strengthen internal and external education activities regarding when and how to access the continuum of substance use and addiction care, including resources for prevention, cessation, and harm reduction.
- Offer and promote culturally responsive stigma elimination resources related to experiencing addiction and accessing substance use services.
- Lead and participate in community coalitions focused on improving access to mental health and addiction services.

Community partners

Isanti County Health and Human Services, Isanti County Substance Use Prevention and Recovery Coalition, Isanti County Sheriff's Department, Isanti County Attorney's Office, Cambridge-Isanti Schools, Braham Schools Partners in Healthy Living (SHIP), Regional Prevention Coordinator

ADDITIONAL ALLINA HEALTH SYSTEMWIDE ACTIVITIES

Additionally, while not explicitly identified as priorities by Cambridge Medical Center, social determinants of health, health-related social needs and access to culturally responsive care were identified as key factors in health across all Allina Health regions. The following activities will be pursued via systemwide efforts.

SOCIAL DETERMINANTS OF HEALTH AND HEALTH-RELATED SOCIAL NEEDS

Goal 1: Improve access to community resources that provide food, housing, transportation and loneliness/social isolation support to Allina Health patients and communities.

Strategies

- Continue to build a sustainable network of trusted community partners who can support patients and community members in addressing their health-related social needs, with a focus on housing, food, transportation and loneliness/social-isolation.
- Reduce community resource gaps in the communities served by Allina Health.

Activities

- Increase number and type of social service agencies we refer patients to via HRSN Program, including those listed on patients' community resource summaries and those partnering in two-way referrals.
- Establish a model to increase community-based organizations' capacity to respond to patient and community needs through financial contributions, exploration of reimbursement and financing models, data-sharing, employee volunteerism and policy advocacy.
- Partner with community-based organizations to address select patient needs at point of care and connect qualifying patients to community programs or resources that support ongoing need.
- Establish a model to reduce resource gaps in the communities served by Allina Health. Elements to include but not limited to: (1) strategic financial contributions, (2) coalition participation and policy advocacy, and (3) exploration of opportunities to provide services to patients for which there are currently no or limited resources available.

Goal 2: 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.

Strategies

- Operate as an anchor institution by using the collective strength of Allina Health as a care provider, employer, purchaser and community partner to eliminate systemic inequities and racism.

Activities

- Direct charitable contribution dollars to organizations that improve the physical, social and economic vitality of communities served by Allina Health.
- Lead and participate in coalitions, policy and advocacy efforts to improve social conditions related to health equity and social justice.
- Invest Allina Health Impact Portfolio dollars in opportunities that support economic vitality in Allina Health service areas.
- Prioritize the inclusion of businesses owned by Black, Indigenous, people of color and other underrepresented and underserved people when purchasing goods or services.

ACCESS TO CULTURALLY RESPONSIVE CARE

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

Strategies

- Improve cultural responsiveness of Allina Health programs and services.
- Improve access to community resources who specialize in meeting the unique needs of prioritized communities.
- Increase diversity of Allina Health workforce, with a focus on leadership to ensure we reflect the communities in which we live and serve.

Activities

- Develop and strengthen community partnerships to co-create, implement, and evaluate culturally responsive community health improvement programming and resources.
- Provide a greater percentage of Allina Health community health improvement content compliant with ADA standards and in languages other than English.
- Increase staff training and education opportunities regarding the provision of culturally responsive, inclusive care to patients in the prioritized communities.
- Direct Allina Health resources to organizations that provide care tailored to meeting the needs of the prioritized communities.
- Improve processes and tools for referring to community-tailored social service agencies via HRSN Program, including those listed on patients' community resource summaries and those partnering in two-way referrals.
- Implement initiatives aimed at recruitment, retention, and promotion of diverse staff.

RESOURCE COMMITMENTS

To effectively implement these strategies and activities, Allina Health and Cambridge Medical Center will commit financial and in-kind resources, such as specific programs and services and staff time to serve on community collaborations. The hospital will also encourage staff to volunteer with local organizations.

EVALUATION OF ACTIVITIES

Cambridge Medical Center and Allina Health will continue to engage in assessment and engagement activities throughout the implementation phase. Cambridge Medical Center will develop specific work plans for implementing the strategies and activities outlined in the implementation plan, including further refining intended audience for each activity.

Additionally, the hospital will establish or continue evaluation plans for specific programs and initiatives (e.g., HRSN Program). Evaluation plans will include process measures, such as participant or partner satisfaction, goal completion, people served and dollars contributed, to monitor reach and progress on planned activities. Where possible, Allina Health will also assess outcome metrics to evaluate the effects of its initiatives on health and related outcomes (see Appendix for examples).

Conclusion

Cambridge Medical Center and Allina Health will work diligently to address the identified needs prioritized in this process by acting on the strategies and activities outlined in this plan.

For questions about this plan or implementation progress, please contact: Nicki Klanderud, Community Engagement Lead for North region, or Christy Dechaine, Community Benefit and Evaluation Manager.

Copies of this plan can be downloaded from Allina Health's website: https://www.allinahealth.org/about-us/community-involvement/need-assessments.

Acknowledgements

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

- The many community members who offered their time and valuable insights;
- The Isanti County Department of Public Health whose leaders worked diligently to perform a joint assessment and plan in partnership with Cambridge Medical Center;
- Partners from organizations who met to review and prioritize data and develop implementation plans, and the individuals who contributed their expertise and experience to ensure a thorough and effective outcome;
- Allina Health System Office staff and interns who supported the process;
- Other staff at Allina Health and Cambridge Medical Center who provided knowledge, skills and leadership to bring the assessment and plan to fruition.

Appendix: Allina Health systemwide performance indicators

Health Priority	CHNA Goals	Example progress indicators	Example program-specific, intermediate outcomes
Mental health and wellness	Increase resilience and healthy coping skills.	• Progress on workplan to implement process for providers to introduce patients to community health programs. • Number of middle and high schools with a Chill Zone • Participant satisfaction with community health programming	• Increase in coping self-efficacy among youth exposed to CTC content • Increased sense of social support among Hello4Health program participants
	Increase access to mental health services across the Allina Health services area.	• Changes to Allina Health, state and local policies aimed at improving access to mental health and substance use services successfully implemented	• Improved access to mental health services amongst Allina Health patients (specific indicator TBD)
Substance abuse prevention and recovery	Decrease substance misuse in the communities served by Allina Health.	• Number of people reached via CTC, HPK and/or Hello4Health substance use content	• Increase in confidence discussing substance use with school-age youth among adults exposed to CTC and HPK content
	Decrease harm and deaths related to substance misuse, with a focus on opioids.	• Pounds of prescription medication collected via Allina Health drug disposal boxes • Changes to Allina Health, state and local policies aimed at decreasing access to opioids and/or improving access to substance use care successfully implemented	• Improved access to addiction services amongst Allina Health patients (specific indicator TBD)
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.	• Number of patients served via tracked referral partnerships • Qualitative feedback from key community partners • Estimated resource saturation in CHNA counties	• Reduced HRSN rate among Allina Health patients
	Improve the long-term social, physical and economic conditions in the communities served by Allina Health.	• Percent Impact Portfolio dollars invested	
Access to culturally responsive care	Increase access to care, services and programs that are culturally specific, honoring and appropriate.	• Percent CTC, HPK and/or Hello4Health content provided in languages other than English • Percent Allina Health managers and above who identify as people of color	• Outcome measure to be determined