Allina Health

FARIBAULT MEDICAL CENTER & OWATONNA HOSPITAL

2023–2025

Community Health Needs Assessment and Implementation Plan

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Introduction

Faribault Medical Center (formerly District One Hospital) and Owatonna Hospital are part of Allina Health, a not-for-profit 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. In addition to the formal CHNA activities described in this report, each CHNA uses learnings from the previous cycle and ongoing conversations with community 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.
- Learn about factors preventing health equity and gain ideas to improve health 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 Faribault Medical Center and Owatonna Hospital and the implementation plan to address those needs in 2023–2025. This report also highlights these hospitals' 2020–2022 activities to address needs identified in the 2019 assessment.

ALLINA HEALTH DESCRIPTION

Allina Health is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. A 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, Faribault Medical Center and Owatonna Hospital will pursue the following priorities in 2023–2025:

Mental health and substance use encompasses overall mental, social and emotional well-being, including social connectedness; resilience; preventing, delaying or reducing harm associated with using substances; and access to the full continuum of mental health and addiction care and supports.

Social determinants of health and health-related social needs are the community-wide social, physical and economic conditions that influence health (e.g., neighborhood conditions, social cohesion, education and employment opportunities) and the individual-level material needs and circumstances that impact health and well-being (e.g., food security, literacy, access to safe and affordable housing, social isolation).

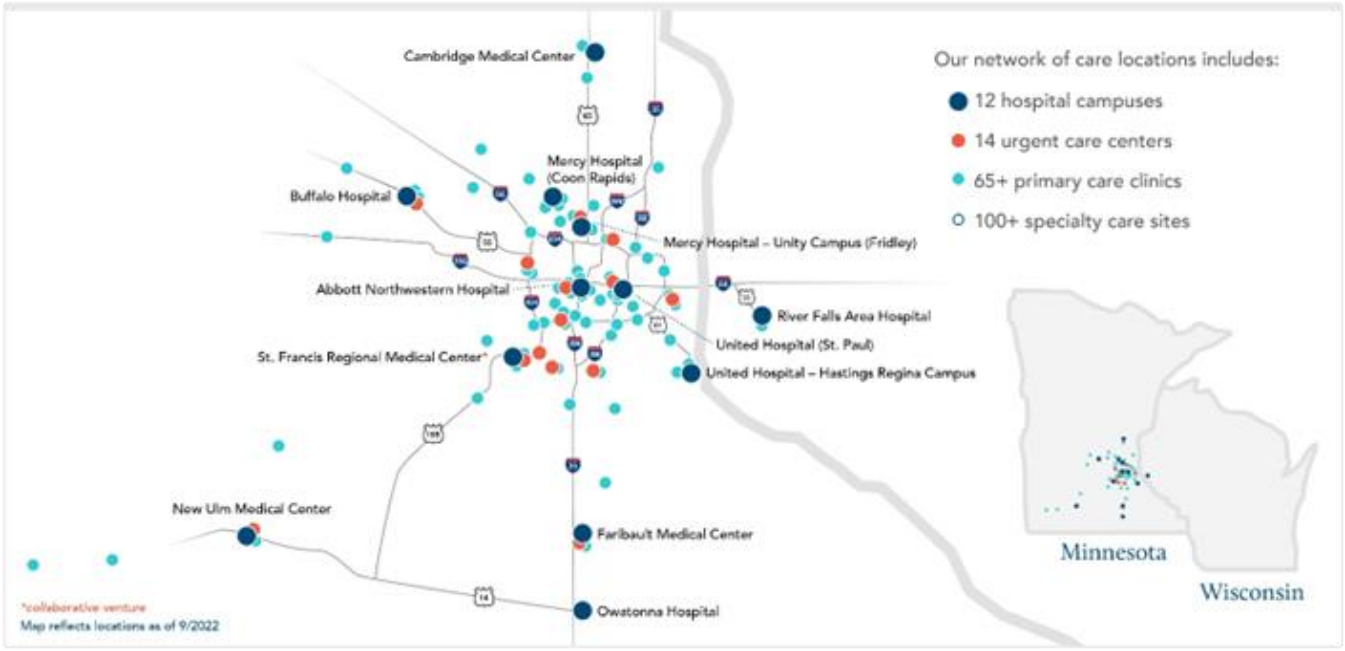
Health and racial equity refers to the elimination of differences in care and health outcomes and the availability of services, programs and medical care that are culturally specific, honoring and appropriate. Examples include efforts to address structural racism and discrimination, establishing a workforce who is representative of the community, access to programs and services provided in one's preferred language and representative of one's lived experience and staff trained in the provision of culturally inclusive care.

Additionally, Faribault Medical Center and Owatonna Hospital prioritized the following communities for the 2023–2025 CHNA cycle:

- People who identify as black, indigenous and/or people of color (BIPOC), specifically African Americans, persons of Hispanic descent/immigrants and East African Somali refugees
- Communities for whom English is not the primary spoken language
- Youth who identify as Lesbian, Gay, Bi-sexual, Trans, Queer and/or Questioning, Intersex, Asexual and other historically underserved sexual and gender identities (LGBTQIA+)
- People living at or near poverty

Hospital and community description

ALLINA HEALTH SYSTEM MAP



HOSPITAL DESCRIPTIONS AND SERVICE AREAS

Faribault Medical Center and Owatonna Hospital annually serve more than 50,000 patients and their families. Though the two hospitals are independent, they have shared leadership and geographic overlap. Due to their geographic proximity and to efficiently distribute their shared staff resources, Faribault Medical Center and Owatonna Hospital complete their CHNA jointly. Their primary service areas and the focus of the CHNA are Rice County (Faribault Medical Center) and Steele and Dodge Counties (Owatonna Hospital). These counties are suburban and rural communities located in southern Minnesota.

Faribault Medical Center, located in Faribault, Minnesota, operates 42 beds. Formerly known as District One Hospital, the hospital's name was changed on January 1, 2022, to represent Allina Health's commitment to delivering care to the Faribault community and the integration of services into Allina Health's larger health care system. The medical center provides a broad range of health care services, including orthopedic services, physical therapy, cardiac rehabilitation, adult mental health outpatient services (PHP), cancer services and a birth center. Affiliated clinics include Allina Health Faribault Clinic and Allina Health Northfield Clinic.

Owatonna Hospital is in Owatonna, Minnesota about 16 miles from Faribault Medical Center. The hospital has specialties in surgery and trauma care and a comprehensive array of outpatient rehabilitation services. The hospital is physically connected to Mayo Clinic Health System — Owatonna Clinic and Benedictine Living Community — Owatonna, an 80-bed long- and short-term care facility. Also located adjacent to the healthcare campus is Homestead Hospice House, a residential hospice operated by Allina Health that provides personalized care in a welcoming, home environment 24 hours a day, seven days a week. The Owatonna Health Care Campus bridges inpatient and outpatient services within the same medical disciplines to create seamless patient care.

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

Rice, Steele and Dodge Counties are ranked among the healthiest counties in Minnesota by County Health Rankings based on health outcomes. However, the region is ranked lower to middle range for health factors such as higher rates of adult smoking, obesity, excessive drinking, violent crime, and children living in poverty, and these rankings do not account for differences within counties. Like Minnesota as a whole, the demographic makeup of people living in Rice, Steele and Dodge Counties has been rapidly changing over the course of the last few years. The communities are increasingly diverse and there are significant socio-economic disparities among families living in those counties.

According to the U.S. Census Bureau, a total of 125,370 residents live in the 1,364.7-square mile area occupied by Rice, Steele and Dodge Counties. More than 23 percent of the total population in Rice, Steele and Dodge Counties is under the age of 18. In those counties, more than 12 percent of residents are people of color — primarily Hispanic or Latine (8 percent), Black (4 percent) or two of more races (2 percent). In 2020, 6 percent of residents were foreign-born, and 3 percent had limited English proficiency. Over 9 percent of the counties' residents have a disability. The median household income in 2020 was $70,600, with more than 8 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 four poor mental health days per month and more than 14 percent of residents report fair or poor

health. Approximately 34 percent of area adults are obese, with Steel County having the highest obesity rate (37 percent) (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, Rice County has a 550:1, Steele County 390:1 and Dodge County 2,620:1 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 7,510 people in Rice, Steele and Dodge Counties (almost 6 percent) experienced food insecurity in 2020 and an estimated 23 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 21 percent of all the housing in Rice, Steele and Dodge Counties, an estimated 47 percent of those households are considered cost burdened. Additional information about Rice, Steele and Dodge Counties can be found at Minnesota Compass.

Evaluation of 2020–2022 implementation plan

In its 2020–2022 Community Health Needs Assessment and Implementation Plan, Faribault Medical Center and Owatonna Hospital adopted mental health and substance use; social determinants of health, with a focus on transportation, housing and cultural competency; and obesity, including healthy eating and active living 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.

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" are being 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. Owatonna Hospital and Faribault Medical Center specifically supported four schools via continued partnership with Arcadia Charter School, Faribault Area Learning Center, and Faribault and Northfield High Schools. Owatonna Hospital and Faribault Medical Center also supported four new partnerships with Northfield and Owatonna Middle Schools and Farmington and Medford High Schools. In total, these efforts reached approximately 7,159 students and 47 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. Locally, hospital staff promoted Health Powered Kids at approximately five community events annually for schools, families and school-age youth.

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, we 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 and eliminate stigma for people living with disabilities, mental health conditions and/or addiction. In 2021, 129 individuals participated in the ERG. Key activities included: 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, including $25,100 in Faribault Medical Center and Owatonna Hospital's region. 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 can 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 (Rice County: 25 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 Rice County specifically, more than 30 percent of equity patients identified a need compared to 23 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 needs 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 FARIBAULT MEDICAL CENTER AND OWATONNA HOSPITAL ACTIVITIES

Goal 1: Increase resilience and healthy coping skills.

In 2020, Faribault Medical Center and Owatonna Hospital led the development and implementation of the Health & Happiness Project for Rice and Steele counties. Key project achievements include development and distribution of a web-based, multi-cultural resiliency toolkit and anti-stigma social media campaigns across the region. In the first 10 months of 2022, more than 350 individuals accessed the site. In 2022, the project also began hosting virtual activities such as a community conversation about COVID vaccine hesitancy and a four-week well-being series aimed at increasing participant's knowledge of healthy coping skills. The events have received positive feedback from attendees.

Additionally, hospital staff have continued to be active participants in the Steele County Safe and Drug Free Coalition and the Rice County Chemical and Mental Health Coalition. These coalitions are focused on reducing adolescent substance use and mental wellness. Recent achievements include partnering with Faribault Public Schools to offer "Calming Corner Kits" for every elementary school classroom in the district. Staff also participate in Legislative events hosted by the Rice County Opioid Response Council with elected officials. These events bring together elected officials, community partners and health system leaders to discuss current issues and local trends potentially impacted by legislation.

Goal 2: Reduce barriers to mental health and substance use services.

In 2021, Faribault Medical Center began serving as host site for the Mobile Opiate Support Team (MOST) Coordinator, a community-based Licensed Alcohol and Drug Counselor/Social Worker. The MOST Coordinator receives referrals from numerous community agencies including HealthFinders Collaborative, Rice County Social Services, Mayo Health System and more. The program helps to quickly assess and connect Rice County residents who are experiencing opioid and substance use disorders with community resources and drug treatment. In the first six months of 2022, the MOST Coordinator had 543 contacts with 44 unique clients.

In addition, in 2020 and 2021, the hospitals provided $7,900 in charitable donations to community organizations in Faribault and Owatonna who focus on mental health and substance use and experienced increased need due to the COVID-19 pandemic.

Goal 3: Reduce social barriers to health.

Hospital staff established a partnership with HealthFinders Collaborative to support patients with addressing their health-related social needs. Patients who identify a need through the HRSN Program screening are connected with HealthFinders staff for additional navigation support. Hospital staff regularly connect with HealthFinders to identify and address any concerns related to this partnership.

Additionally, in 2021, hospital staff contracted with HealthFinders to create a video for Allina Health providers aimed at increasing cultural responsiveness and equity in social needs screening. A 2020 analysis showed equity patients were offered the AHC screening 11 percent less than comparison patients. Allina Health reduced this disparity to less than five percent in 2021 through sharing data, disaggregating system scorecard measures and providing tools to support staff's cultural responsiveness, including the video created by HealthFinders. The video was in direct response to feedback from Faribault Clinic staff regarding facilitators and barriers to equitable screening. Centers for Medicaid and Medicare Services (CMS) highlighted these efforts as a model for advancing equity in social needs screening.

To support prenatal and postpartum moms with medical and social needs, in 2021–22 Faribault Medical Center piloted the "Paving the Way" maternal care project in Rice County, funded by a UCare health equity grant. Through the pilot project, eligible prenatal and postpartum mothers were identified by providers and supported via home visits conducted by community paramedics, public health nurses and bilingual community health workers. Thirty-three women were referred to the program and a total of twenty participated in 108 visits with a Community Paramedic (CP) or Community Health Worker (CHW). Seven women participated in multiple one-on-one sessions and 10 additional women enrolled in a six-week supportive program.

> **"'Betty' is a single parent with two children in diapers. She is unemployed with a strained household budget. She also does not have reliable transportation, so she has added diaper deliveries to her food deliveries from the food shelf. This alleviates some of her worry about providing for her family's most basic needs.**
>
> –Community Action Center employee

Through 2022 CHNA discussions, diapers were identified as an unmet need among families living on less in the community. To respond to this need, Faribault Medical Center partnered with the Community Action Center and Growing Up Healthy to establish a Faribault Diaper Bank in mid-July 2022. The bank started with a donation of 60 cases of diapers from the hospital. In the first month, 37 families were served through this initiative. This

initiative eliminates the need for families living on less to drive to Metro-area diaper banks or to stretch diapers beyond their intended use. To support sustainability of the initiative, the hospital plans to host and support diaper drives at several community events and in partnership with local businesses.

Goal 4: Increase healthy eating and physical activity among community residents

Faribault Medical Center and Owatonna Hospital staff serve on several regional boards and committees aimed at addressing food insecurity including the Steele County Healthy Eating Network, Rice County Emergency Food Access Network, and the Rice County Food Council. In addition to the charitable contributions described above, the hospitals provided $15,000 in grants to support healthy food-related activities and organizations. Hospital staff also promoted opportunities for employees to volunteer at the Community Action Center, Steele County Community Pathways and Community Café in Faribault in 2020 and 2021.

Due to the COVID-19 pandemic, the Faribault Food Shelf closed in 2020. To help fill this gap, hospital staff participated in the development of a new food shelf and mobile distribution plan for Faribault cultural communities. The hospitals provided $13,807 in charitable funding to support congregate meal programs in the region including funding new freezers and purchasing food and to-go containers.

In 2021, Faribault Medical Center partnered with the new Cannon Valley Farmers Market and the Community Action Center in Faribault to establish a market coordinator position. The goal of this new partnership is to expand diversity of market vendors and consumers and implement a system for the use of Women, Infants & Children (WIC) market bucks and SNAP/EBT benefits as well as begin a Power of Produce program to engage youth in the market.

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. The CHNA process included involvement from local public health, 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, ability and more. To advance and improve health for all, Allina Health prioritizes investments geared toward 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 Faribault Medical Center and Owatonna Hospital were mental wellness and substance abuse, social determinants of health (housing, food insecurity and cultural competency) and obesity. These priorities are large and based on socioeconomic disparities 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, in particular 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.

The 2023–2025 CHNA and Implementation Plan was presented to the hospitals' President and Senior Leadership Team. The Executive Committee of the Joint Hospital Advisory Board reviewed and approved the plan on October 17, 2022. 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–April 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.
May–September 2022	**ACTION PLANNING** Develop implementation plan in partnership with internal and external stakeholders.
July–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 to Allina Health Board of Directors.

Data review and issue prioritization

Faribault Medical Center and Owatonna Hospital staff collaborated closely with the following community partners to review local data and gather community feedback:

- Rice County Public Health
- Dodge-Steele Community Health Board
- United Way of Steele County
- Healthy Community Initiative (non-profit based in Rice County)
- Rice County Chemical and Mental Health Coalition
- Growing Up Healthy (non-profit working with Northfield and Faribault families)
- HealthFinders Collaborative (federally qualified healthcare center)

Additionally, more than 20 organizations provided feedback on the CHNA process and findings through discussion in existing collaborations in which hospital staff are participants, specifically:

- Faribault School District Mental Health Committee
- Northfield Racial Ethnic & Equity Collaborative
- Rice County Opioid Response Advisory Committee
- Rice County Statewide Health Improvement Partnership (SHIP) Community Leadership Team
- Rice County Homeless Prevention Team
- Steele County Safe & Drug Free Coalition Steering Committee
- Steele County Housing Institute Group
- Steele County Healthy Eating Network

Throughout 2021 and early 2022, hospital staff met with these partners to review and discuss select Allina Health patient data and county-specific public health data. 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:

- Patient and public health data by county of residence (Rice, Steele and Dodge)
- Demographic data (including race, ethnicity, language, age, housing, education, income and insurance)
- Emergency department utilization data for Faribault Medical Center and Owatonna Hospital
- Tobacco, alcohol and other drug use among adults and youth
- Rates of overweight and obesity
- Preventative screening rates including colorectal and breast cancer
- Suicide and self-harm ideation and deaths by suicide among adults and youth
- Self-reported mental health and experiences of social isolation among adults and youth
- Access to care including medical, dental, vision and mental health services
- Basic education proficiency, early literacy and high school graduation rates
- Food insecurity, access to healthy and affordable foods
- Opioid overdose and deaths
- SNAP/EBT eligibility and WIC access

Secondary data resources available for the counties were also reviewed such as the 2019 Minnesota Student Survey (Faribault, Northfield, Medford, Owatonna and Blooming Prairie districts), Minnesota Housing Partnership (MHP) County Housing Profiles and the 211 dashboard. In total, data included more than 20 indicators related to demographics, social and economic factors, health behaviors, prevalence of health conditions and health care access.

Data review meetings were facilitated by hospital staff. In addition to data review, hospital staff provided an update regarding progress made on the hospitals' 2020–2022 CHNA priorities and corresponding strategies. Meetings providing an update on implementation plan progress will continue on at least an annual basis to as frequently as a monthly basis, depending on the priority issue and relationship with the partner agency.

PRIORITIZATION PROCESS AND FINAL PRIORITIES

When prioritizing needs, consideration was given to a variety of factors, including, size and severity of the issue and current hospital and community capacity for addressing the issue (e.g., state of community-based resources in Steele and Rice Counties). Additionally, special consideration was given to ensure alignment with local public health's 2020–2025 Community Health Improvement Plans (CHIP), elements of which were changed due to the ongoing COVID pandemic.

Based on these factors, data review and feedback from community stakeholders, community engagement leadership at the two hospitals prioritized the following health topics for 2023–2025:

- Mental health and substance use
- Social determinants of health and health-related social needs
- Health and racial equity

Additionally, based on community demographics and the indicators and discussion described above, Faribault Medical Center and Owatonna Hospital prioritized the following communities for the 2023–2025 CHNA cycle:

- People who identify as black, indigenous and/or people of color (BIPOC), specifically African Americans, persons of Hispanic descent/immigrants and East African Somali refugees
- Youth who identify as Lesbian, Gay, Bi-sexual, Trans, Queer and/or Questioning, Intersex, Asexual and other historically underserved sexual and gender identities (LGBTQIA+)
- Communities for whom English is not the primary spoken language
- People living at or near poverty

NEEDS NOT ADDRESSED IN THE CHNA

Most of the needs highlighted by the community are addressed in this plan, with varying specificity. For example, the community discussed numerous social and economic factors such as income inequality; neighborhoods segregated by race, ethnicity and income; the ongoing workforce shortage and the current political division and social climate. Though not specifically named, these issues will be addressed in part through the implementation plan.

Climate change and environmental justice were mentioned by the community and, while not included in this plan, will be addressed in part through Allina Health's internal sustainability efforts. For example, in April 2022 Allina Health announced its commitment to the Health Care Climate Challenge, a global commitment to implement sustainability actions and changes within healthcare that will reduce our environmental footprint.

Other prioritized health issues identified through the process but not included among the top three priorities include access to dental care, access to childcare and inflation. It was determined that these issues are out of scope for healthcare and best addressed by other community partners such as local government. Allina Health will continue to support these efforts through local partnerships and coalitions.

Community input

To further refine and validate the emerging priorities, hospital staff contracted with the local nonprofit Healthy Community Initiative (HCI) to plan and facilitate three community dialogues in March and April 2022 with Rice and Steele County residents. Growing Up Healthy and the Rice County Chemical and Mental Health Coalition provided additional planning and facilitation support. These dialogues focused on gathering input from the following prioritized communities: Latine, LGBTQIA+ youth and Somali residents. Dialogues were held in a community setting and were approximately two hours in length. In total, approximately 26 people (a minimum of six in each group) participated including men, women, young parents, elders and youth.

Through these conversations, hospital staff explored the following topics:

- Defining and describing health – physical health, mental health and social well-being
- Mental health factors, supports and recommendations
- Social determinants of health: food and housing access, barriers, supports and recommendations
- Other health priorities, 2025 vision and suggestions

Hospital staff, HCI, Growing Up Healthy and the Rice County Chemical and Mental Health Coalition reviewed notes from each dialogue and identified a vision for health, key themes, recommendations and potential partners shared by each group.

LOCAL COMMUNITY INPUT RESULTS

Community dialogues

Mental health and substance use

Challenges

Participants described pervasive and universal concerns regarding mental health, particularly among youth. Current events including the COVID-19 pandemic, current socio/economic conditions, experiences of racism and discrimination and the political divide were highlighted as exacerbating mental health concerns across all communities.

Limited social support and the related stress and depression affect mental health among all people. COVID-19 exacerbated this issue by making it difficult for people, particularly people at high-risk for COVID-19 complications, to gather safely.

Participants stated accessing mental health services continues to be difficult due to significant shortages in mental health providers, especially multi-cultural and multi-lingual providers. Even when resources exist, many residents are unaware of their options including when and how to access services. Other factors affecting access to services include cost and experiences with discrimination in healthcare. Stigma and misconceptions regarding mental health also remain barriers to accessing care, particularly in the Somali community.

Ideas and opportunities

Participants asked Faribault Medical Center, Owatonna Hospital and Allina Health to expand their diversity, equity, inclusion and belonging activities to continue to increase the cultural responsiveness of care teams. Specific suggestions included additional staff training and education, implementing policies and procedures to ensure Allina Health is LGBTQIA+ affirming and adding more culturally diverse staff. Additionally, participants suggested Allina Health promote availability of existing culturally responsive mental health services to increase community awareness of current resources.

Participants also suggested Allina Health seek opportunities to reduce community division. One suggestion was to provide more informational meetings aimed at increasing a sense of community among residents.

A growing awareness among community members about the connection between mental health and physical health was acknowledged, especially in the Latine community. This group's vision for health included the hope that everyone has access to recreational facilities to promote and maintain physical and mental health.

Social determinants of health and health-related social needs

Challenges

Access to healthy food, safe housing and education including early childhood literacy were mentioned as key factors in all health topics. Participants expressed concern that access to food resources is decreasing in Faribault, and a general need for an increase in social service providers to meet community need.

Access to safe, stable housing is impacted by several factors, including family size and documentation status. Practices such as limiting the number of people who can rent an apartment makes finding affordable housing very difficult for large families. Additionally, some participants described unsafe living conditions in the community, compounded by a limited understanding regarding tenant rules and rights. These issues disproportionately impact immigrant and refugee populations.

As with the other identified priorities, all these topics were exacerbated by experiences of discrimination and bias and the uncertainty brought on by the COVID-19 pandemic.

Ideas and opportunities

Participants suggested Allina Health advocate for fair housing practices and inquire about the health and safety, as well as stability, of housing among patients.

Health and racial equity

Challenges

Community members described concerns with the health disparities seen in preventative care such as screening and vaccination rates. As with accessing mental health and substance use care, limited workforce diversity, opportunities for increasing cultural responsiveness and cost/lack of insurance were identified as barriers to accessing medical care of any kind. The Somali group described being treated with respect by all healthcare staff, and more Somali doctors, nurses and interpreters as their vision for health in 2025. An overall lack of trust in healthcare systems, exacerbated by any negative experience, was also identified as a barrier to seeking care. Education regarding patient rights and autonomy was identified as a need specific to LGBTQIA+ youth and their families.

Participants expressed a need for reliable information and resources to support healthy decision-making, especially among youth. Participants also requested additional resources and services be provided in languages other than English, and suggested Allina Health consider other methods for communicating important information to patients such as text messaging and social media.

Every focus group described experiences with racism, discrimination and bias contributing to negative health outcomes in their community. The LGBTQIA+ group, specifically, expressed a vision for health in which they are widely accepted across schools, healthcare systems and the community.

Ideas and opportunities

As with access to mental health and substance use, participants recommended the hospitals expand their efforts to increase the cultural responsiveness of care teams via additional staff training and education, implementing

LGBTQIA+ affirming policies and procedures and adding more culturally diverse staff. One group also suggested Allina Health consider opening a clinic in Owatonna to improve access to care.

Community members recommended Allina Health consider opportunities to improve accessibility of its financial assistance programs for patients who are undocumented and/or speak limited English.

To improve trust with the community, focus group participants recommended Allina Health connect on a relational level with diverse communities for educational and outreach purposes. One specific recommendation made by the LGBTQIA+ youth group was that hospital staff collaborate with schools to increase the presence of healthcare professionals and awareness of available resources among youth.

Community survey results

These dialogue results were compiled and shared with community groups and organizational leaders via a virtual presentation. Sixty-five individuals attended the presentation of results, representing the agencies that participated in the data review process, as well as 20 additional organizations that provide social services in the area. After the presentation, an online survey was sent to all partners who participated or watched the recorded version of the presentation to assist in further refining needs for the region. The survey asked respondents to vote on specific sub-themes under each of the emerging priorities. In total, 19 partners completed an online survey and voted as follows:

- Mental Health and Substance Use — 29 total votes
  - Mental Health and Substance Use (in general) — 14 votes
  - Culturally Relevant Care and Resources (specific to mental health) — 7 votes
  - Social Connectedness and Resilience in Youth — 6 votes
  - Opiate Addiction Support and Care — 2 votes
- Social Determinants of Health — 16 total votes
  - Safe and Affordable Housing — 13 votes
  - Food Security — 2 votes (this was mentioned in almost every survey as a priority issue but only 2 participants identified it in their top 3 issues)
  - Education & Literacy — 1 vote
- Health Equity – 12 total votes
  - Social and Structural Racism/Discrimination – 6 votes
  - Disparities in Preventative Care – 3 votes
  - Cultural Competency/Workforce Diversity specific to Healthcare Settings – 3 votes

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 conversation 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 the 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 patients. Participants shared a vision of a community where all people are treated equally with respect to 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 social isolation, mental health and substance use. Participants also felt there is a strong presence in the community of 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
- Continue to 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, Faribault Medical Center and Owatonna Hospital'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, Faribault Medical Center and Owatonna Hospital 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 their 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.

Faribault Medical Center and Owatonna Hospital's final implementation plan incorporates Allina Health's systemwide strategies and activities, as well as local ones. It integrates community input, evidence-based strategies (i.e., strategies whose effect has been proven) and promising ideas with potential for addressing the priorities. The plan reflects programs and services available through other organizations in the community, Faribault Medical Center and Owatonna Hospital 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.

PRIORITY 1: MENTAL HEALTH AND SUBSTANCE USE

Goal 1: Reduce substance use and improve mental well-being among priority communities.

Strategies

- Increase advocacy and outreach efforts aimed at increasing access to mental health and substance use services.
- Increase community knowledge and skills aimed at improving mental resilience and reducing substance misuse.

Activities

- Lead and participate in community coalitions focused on improving access to mental health and substance use services and increasing community protective factors associated with decreased substance misuse and mental resilience.
- Host and/or participate in annual sessions with elected officials to inform them of Allina Health work in the region and share needs facing the communities served by Allina Health in the areas of mental health and substance use.
- Advance local, state and federal policies aimed at making it more difficult and/or less appealing to access alcohol, tobacco and other drugs.
- Monitor and share local Allina Health data specific to mental health and substance use as appropriate.
- Employ mental health consultant(s) in community-based clinics.
- Strengthen education activities regarding accessing continuum of substance use and addiction care, including resources for secondary prevention, cessation and harm reduction.
- Partner to develop and promote evidence-based social norms marketing campaigns focused on reducing use of alcohol, tobacco, vaping, marijuana/THC and other drugs.
- Offer and promote culturally responsive mental health and addiction anti-stigma resources.
- Provide schools with Change to Chill, Health Powered Kids and/or Health and Happiness Project content and toolkits including charitable contributions.
- Lead and co-create efforts to build healthy coping skills and community protective factors with schools, community organizations, and other groups in which prioritized communities gather and feel belonging.
- Increase substance use content for youth and adults who support school-age youth in community health improvement programming.
- Develop a process for providers to introduce guardians of school-age youth to Change to Chill and Health Powered Kids.

Goal 2: Decrease harm and deaths related to the misuse of opioids

Strategies

- Increase organizational and community capacity to prevent and reduce harm caused by the use and misuse of opioids, including synthetic opioids.

Activities

- Provide planning, data and in-kind resources to support community planning efforts and the implementation of opioid settlement funds.
- Partner with local law enforcement and coalitions to build and promote opioid harm reduction strategies such as medication disposal programs.
- Support and expand free Naloxone kit and Fentanyl testing strips distribution.
- Lead trainings on Naloxone in partnership with law enforcement and community partners.
- Increase access to Medication Assisted Therapy (MAT) by expanding the number of MAT providers in the region and increasing access to Allina Health tele-addiction services.
- Participate in multi-disciplinary teams to conduct overdose fatality reviews to identify system gaps and innovate community-specific prevention and intervention strategies.

- Serve as host (Faribault Medical Center) for the Mobile Opiate Support Team coordinator and build a model for the reimbursement of these services.
- Advance local, state and federal policies aimed at decreasing access to opioids in healthcare and community spaces.

Community partners

Rice County Chemical and Mental Health Coalition, Steele County Coalition for Healthy Youth, United Way agencies, local public health departments, area school districts, area mental and chemical health providers

PRIORITY 2: SOCIAL DETERMINANTS OF HEALTH AND HEALTH-RELATED SOCIAL NEEDS

Goal 1: Establish an adequate supply of housing that is safe, healthy and affordable for people of all income levels, races, ages, and abilities which is suitable for their needs.

Strategies

- Participate and invest in activities which seek to improve housing stability.

Activities

- Lead and participate in community coalitions and advocacy efforts focused on improving housing stability, quality, affordability, neighborhood context, and upward mobility.
- Direct charitable contributions to organizations which provide long-term housing solutions, supportive and emergency housing, affordable rent assistance, rehabilitation/weatherization, and eviction prevention or expungement.
- Participate in and support the development of regional senior and workforce housing plans.
- Through the Health-Related Social Needs Program, screen patients for housing needs and provide support connecting to community resources.

Goal 2: Increase food security and access to healthy foods for economically challenged communities.

Strategies

- Increase access to healthy and culturally specific food, particularly locally grown fruits and vegetables, whole grains and high-quality proteins for residents experiencing food insecurity.

Activities

- Provide grants, charitable contributions and employee volunteer opportunities to support healthy food activities and organizations such as food shelves, school pantries and congregate meal programs.
- Actively contribute to and participate in community coalitions and partnerships focused on addressing food insecurity.
- Through the Health-Related Social Needs program at Allina Health, screen patients for food needs and provide support connecting to community resources.

Goal 3: Improve access to quality education and community-based programs which support upward mobility and enhance quality of life.

Strategies

- Participate and invest in activities which seek to improve access to a quality education.

Activities

- Lead, promote and financially support early childhood literacy initiatives that foster physical and mental development and achieve Kindergarten readiness for children who are economically disadvantaged and/or who are living in homes where English is not the primary spoken language.
- Participate in, promote and financially support programs which aim to achieve Cradle to Career educational equity and learning milestones for economically challenged students with priority on youth experiencing housing instability.

Goal 4: Increase a sense of belonging, unity and being valued among priority communities.

Strategies

- Participate and invest in activities which seek to improve social cohesion.

Activities

- Establish or strengthen partnerships with organizations who serve prioritized communities to offer Hello4Health and Health and Happiness Project content, resources and opportunities for building social connections.
- Participate in, promote and financially support community coalitions aimed at improving social connections, social cohesion and a sense of belonging.
- Partner with and promote community organizations and initiatives aimed at raising cultural awareness and the successful integration of new and recent refugees.
- Participate in and/or lead shared events such as community festivals, sports outings, and other community engagement opportunities which promote community cohesion.
- Encourage, support and participate in non-partisan community conversations focused on priority issues (housing, education, food, mental health, substance use, racial equity).

Community partners

Community Action Center, Healthy Community Initiative, local public health, United Way agencies, area school districts and community colleges, Chambers of Commerce, local government, Faribault Diversity Coalition, Somali Community Resettlement Services, Steele County Alliance for Greater Equity, Northfield Racial Ethnic and Equity Collaborative, area food shelves, congregate meal programs, farmers markets, Three Rivers Community Action Center, Habitat for Humanity, Ruth's House, Rachel's Light

PRIORITY 3: HEALTH AND RACIAL EQUITY

Goal: Eliminate preventable disparities in health outcomes among BIPOC and non-white, non-English speaking community members.

Strategy

- Advance health and racial equity initiatives.

Activities

- Lead and participate in coalitions, policy and advocacy efforts to improve social conditions related to health equity and social determinants of health.
- Increase staff training and education opportunities regarding the provision of culturally responsive, inclusive care.
- Provide a greater percentage of Allina Health community health improvement content compliant with ADA standards and in languages other than English.
- Implement initiatives aimed at recruitment, retention, and promotion of diverse staff, including but not limited to scholarships for diverse students in health care programs.
- Prioritize the inclusion of businesses owned by BIPOC and other under-represented and historically underserved communities when purchasing goods and services.

- Partner with and direct resources to community organizations which provide care tailored to meeting the needs of equity populations.
- Develop and strengthen community partnerships to co-create, implement and evaluate culturally responsive programming and resources.
- 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.

Community partners

Northfield Racial Ethnic and Equity Collaborative, Steele County Alliance for Greater Equity, Faribault Diversity Coalition, South Central College, Riverland College, United Way agencies

RESOURCE COMMITMENTS

To effectively implement these strategies and activities, Faribault Medical Center and Owatonna Hospital 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

Faribault Medical Center, Owatonna Hospital and Allina Health will continue to participate in assessment and engagement activities throughout the implementation phase. Hospital staff will develop specific work plans for executing the strategies and activities outlined in the implementation plan, including further refining the intended audience for each activity.

During the 2023–2025 CHNA period, staff will monitor the general health and wellness of the community by monitoring two county-level health indicators: (1) Average number of physically unhealthy days, and (2) Average number of poor mental health days residents report in the last 30 days, as measured by the Behavioral Risk Factor Surveillance System (BRFSS) and local public health surveys, as applicable.

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

Faribault Medical Center, Owatonna Hospital 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: Natalie Ginter, Community Engagement Lead for South Regional 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

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- Allina Health System Office, Faribault Medical Center and Owatonna Hospital staff who supported the process; and
- Faribault Medical Center and Owatonna Hospital Executive Committee of the Joint Hospital Advisory Board, who reviewed and provided valuable input on the assessment and plan.

Appendix: Example 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