UNITED HOSPITAL

2023–2025

Community Health Needs Assessment and Implementation Plan

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Introduction

United Hospital 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. In August 2022, United Hospital in St. Paul, Minnesota, and Regina Hospital in Hastings, Minnesota, aligned under one hospital license with two east metro campuses. They are now known as United Hospital and United Hospital — Hastings Regina Campus.

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 community dialogues and information-gathering 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 community 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 community 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 United Hospital 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.

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, United Hospital will pursue the following priorities in 2023–2025:

Mental health and wellness encompasses overall mental, social and emotional well-being including social support, sense of belonging in one's community, resilience and access to the full continuum of mental health care and supports.

Substance abuse prevention and recovery refers to 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.

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, employment opportunities) and the individual-level material needs and circumstances that impact health and well-being (e.g., food security, reliable transportation, social isolation).

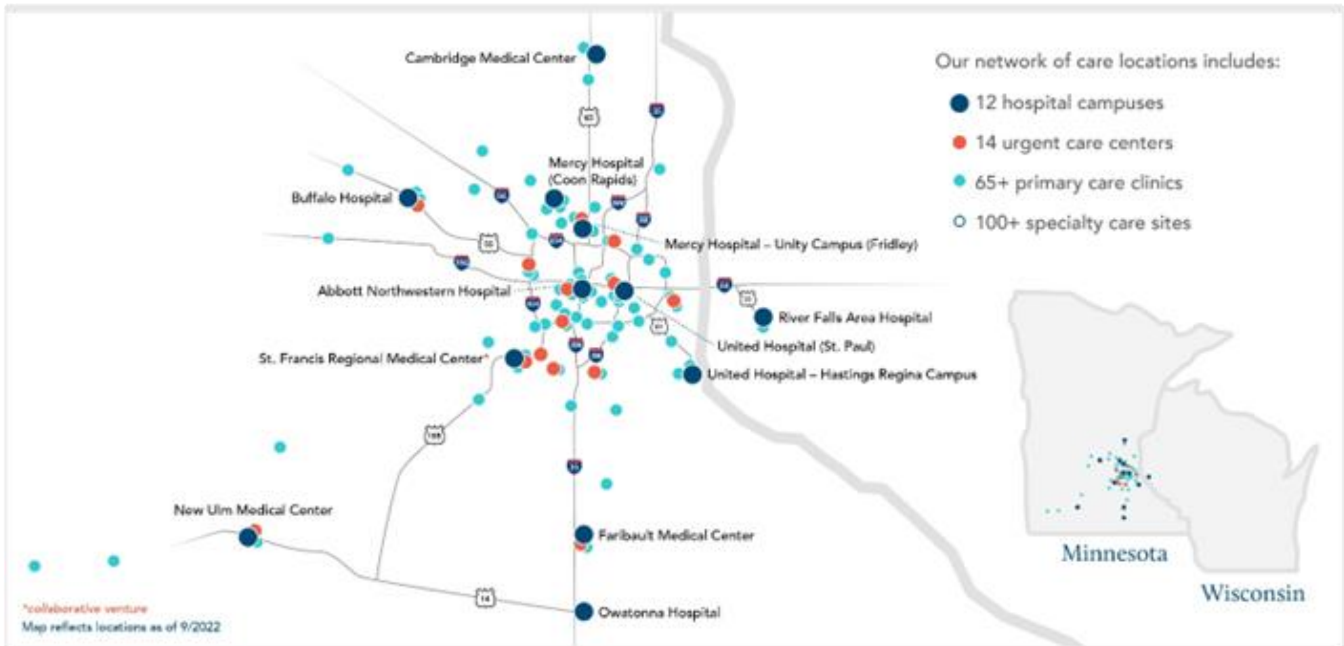
Access to culturally responsive care means availability of and proximity to services, programs and medical care that are culturally specific, honoring and appropriate. Examples include staff who are representative of the community, programs and services provided in one's preferred language and representative of one's lived experience and staff trained in the provision of culturally inclusive care.

Additionally, United Hospital prioritized the following communities for the 2023–2025 CHNA cycle:

- 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+)
- Older adults

Hospital and community description

ALLINA HEALTH SYSTEM MAP



HOSPITAL DESCRIPTION AND SERVICE AREA

United Hospital (United), which includes United Hospital — St. Paul Campus and United Hospital — Hastings Regina Campus, annually serves more than 250,000 patients and their families and employs more than 3,000 employees. Its primary service area (and the focus of the CHNA) are Ramsey and Dakota Counties. Ramsey County is a dense urban and suburban community that includes Minnesota's state capital in St. Paul — the city in which United Hospital's St. Paul campus is located. Dakota County, the location of United Hospital — Hastings Regina Campus, is a suburban and rural community located southeast of St. Paul, Minnesota.

United Hospital — St. Paul campus is one of the largest hospitals in the Twin Cities east metro area. United's employees and medical staff are committed to place patient needs first and treating all individuals with compassion and respect. Highly regarded for its clinical care, United has earned a reputation for supportive, patient-centered care designed to create the most comfortable, stress-free health care experience possible.

United Hospital — Hastings Regina Campus maintains its Catholic hospital status and serves the community by providing exceptional care, preventing illness, restoring health and providing comfort to patients entrusted in its care. The hospital is comprised of a 57-bed acute care hospital with attached senior living services, including a 130-unit assisted living and memory care community, adult day services, a 61-bed nursing home and two multi-specialty clinics.

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

Ramsey and Dakota Counties are two of the fastest growing counties in the Twin Cities metro area. The demographic makeup of the population residing in both counties continues to change rapidly, and the population is aging and becoming increasingly diverse. Ramsey County is ranked 54th healthiest county in Minnesota as compared to Dakota County, which is ranked sixth. However, these rankings do not account for differences within counties. There are significant racial/ethnic and socio-economic disparities among families living in both counties.

According to the U.S. Census Bureau, an estimated 552,352 people reside in the 170-square mile area occupied by Ramsey County, and an estimated 439,882 people reside in the 587-square mile area occupied by Dakota County. About 24 percent of the total population in both counties is under the age of 18. Nearly one-third (28 percent) of area residents are people of color — primarily Asian (10 percent), Black (9 percent) or Hispanic or Latine (7 percent). Both counties also have a large immigrant population, with a higher-than-average percentage of residents who are foreign born compared to Minnesota as a whole (16 percent in Ramsey County and 10 percent in Dakota County, compared to 8 percent in Minnesota (U.S. Census Bureau, 2020)). In 2020, approximately 8 percent of residents in both counties combined had limited English proficiency. Nearly 9 percent (Dakota) and 12 percent (Ramsey) of county residents have a disability. The median household income (2020) in two counties combined was $77,853 with 10 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 over three and a half poor mental health days a month, and 15 percent (Ramsey) and 12 percent (Dakota) report poor general health. Approximately 31 percent of area adults are obese, which is an increase over 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 (Ramsey) and 4 percent (Dakota) of residents are uninsured. Further, Ramsey County has a 220:1 and Dakota County has a 500:1 ratio of residents to mental health providers. Minnesota's overall mental health provider ratio is 340:1 (County Health Rankings, 2022).

Most of a person's health is influenced by factors outside of traditional medical care, such as race, income, ability and gender. For example, Feeding America estimates close to 75,000 people in the two counties experienced food insecurity in 2020. An estimated 27 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 nearly 32 percent of all the housing in Ramsey and Dakota Counties, an estimated 48 percent of those renter-occupied households are considered cost burdened. Additional information about Ramsey and Dakota Counties can be found online at Minnesota Compass.

Evaluation of 2020–2022 implementation plan

In its 2020–2022 Community Health Needs Assessment and Implementation Plan, United adopted mental health and substance use, social determinants of health and healthy eating and active living as its health priorities. United Hospital — Hastings Regina Campus, who at the time of completing 2020–2022 implementation plan was an independent hospital, chose mental health, support services for the aging continuum and healthy weight as its health priorities.

The hospitals addressed these priorities separately and then jointly 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. United Hospital specifically supported four schools via continued partnership with Forest Lake Middle School and Harding, Two Rivers, and Stillwater High Schools. United also supported four new partnerships with Black Hawk and Murray Middle Schools and Como Park and Johnson High Schools. In total, these efforts reached approximately 15,616 students, and 210 school staff completed a training with the program. Regina Hospital specifically supported six schools via continued partnership with Hastings Middle and High Schools. Regina also supported two new partnerships with Dakota County Area Learning School and St. Croix Middle School. In total, these efforts reached approximately 4,991 students, 27 peer helpers, and 200 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, 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 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 (Ramsey County: 33 percent, Dakota County: 28 percent). Ramsey County had the highest need rate among all counties in which screenings occurred. 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 Ramsey and Dakota Counties 42 and 36 percent of equity patients identify a need compared to 28 and 26 percent of patients in the comparison population, respectively. 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 UNITED HOSPITAL ACTIVITIES

Goal 1: Increase resilience and healthy coping skills in communities.

United provided more than $150,000 in charitable contributions to mental wellness programs and initiatives in 2020–2022, including $45,000 to the East Metro Mental Health Crisis Alliance (EMHCA). Several United staff are also active members of this organization. EMHCA is a public-private partnership between three east metro counties, hospitals, health plans, consumers of services and the state of Minnesota. Over the years, EMHCA's accomplishments include creating mental health crisis stabilization services; developing the first urgent care for adult mental health in Minnesota; launching a certified peer specialist community support program; improving communication and referrals between law enforcement, hospitals, counties and mental health providers and piloting a mobile substance use disorder stabilization team. It also implemented a common information-sharing tool for law enforcement to use when transporting individuals to hospitals and detox centers. In addition, United staff actively engaged in the new Age-Friendly Ramsey County initiative, attended community collaborative meetings, and participated in Washington County Transportation Consortium steering team meetings and focus groups.

Hastings Regina Campus provided $24,000 in charitable contributions to community programs that focus on improving mental health services such as the Hastings High School Peer Helper program, Hastings Family Services, and United Way — Hastings. Staff were also active members on the Dakota County Mental Health Action Team, S.A.V.E. Dakota County, and Alive & Thrive: Youth in Schools. Unfortunately, many planned activities and events were put on hold due to COVID-19 pandemic.

Goal 2. Increase percentage of population in our communities with access to healthy food and decrease the percentage of people in our communities that are obese or overweight.

United Hospital promoted opportunities for employees to volunteer annually at Neighborhood House Food Market, Model Cities and Keystone Services Food Banks in 2020 and 2021. From 2020 to 2022, United provided $146,000 in charitable contributions to community partners who offer programs that provide access to healthy food and an additional $104,000 to those who offer physical activity opportunities. An additional $5,000 was provided to support a special joint project of Washington County Public Health and local transportation and food shelf providers. Through this project, more than 30,000 pounds of food were distributed to 1,041 people in two manufactured home communities, Cimarron and Landfall. Additionally, Valley Outreach and Washington County provided referrals and community resources ranging from affordable housing providers to transportation programs for low-income individuals and families.

Hastings Regina Campus staff provided a $10,000 sponsorship to the Hastings Family Services Market Cart program, a mobile produce delivery program which allows seniors to have nutritious food choices without having to leave their homes. An additional $8,000 in charitable contributions were provided to Prescott Food pantry and United Way Hastings, organizations that provide emergency food support to the community. To support access to physical opportunities, Hastings Regina Campus has partnered with the YMCA to utilize an empty lot for youth athletic fields. The fields opened in the fall of 2022 and will be used for flag football, T-ball and youth soccer.

Hospital staff from both campuses participated in the Ramsey County Food and Nutrition Commission, Active Living Ramsey County Project, Ramsey County Public Health SHIP (Statewide Health Improvement Partnership) Community Leadership Team, Dakota County SHIP Leadership Team, and other similar coalitions and action groups addressing food insecurity issues in the community.

Goal 3. Broaden the array of programs and services available to support the aging continuum. (United Hospital — Hastings Regina Campus)

Though many planned projects and events were put on hold due to the COVID-19 pandemic, Hastings Regina Campus continued to support the Dakota County DARTS Hastings transportation loop through charitable contributions and offered input regarding proper COVID-19 mitigation strategies for the safe transport of riders. Staff also actively participated in Hastings Transportation Options Advisory Board coordinated by Dakota County DARTS. This group met quarterly to review ridership, planned stops, and overall route planning.

Goal 4. Reduce social barriers to health for Allina Health patients and communities.

United Hospital, including Hastings Regina Campus, actively engaged in supporting and implementing the system-wide Accountable Health Communities (AHC) project to address social determinants of health in the community. Hastings Clinic and Regina Hospital Emergency Department were community sites for AHC project implementation. In addition to system-wide project activities (described in the section above), United Hospital provided more than $84,000 in charitable contributions to programs and initiatives addressing social determinants of health in 2020–2022. Hastings Regina Campus employees also donated more than 925 lbs. of food, personal hygiene products, and school supplies to Hastings Family Services and Prescott Food Pantry between 2020–2022.

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, 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 from the previous cycle. The 2020–2022 CHNA priorities adopted by United Hospital were mental health and substance use, social determinants of health and healthy eating and active living as its health priorities. Hastings Regina Campus, who at the time was still a standalone hospital, chose mental health, support services for the aging continuum and healthy weight as its health priorities. 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, 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.

United provides services in a community in which several government agencies, institutions and community-based organizations independently and collectively address pressing issues affecting communities. Hospital staff are engaged in ongoing learning and discussions with community and multiple community-based coalitions that conduct processes like the CHNA. To efficiently conduct the CHNA and reduce community burden, United integrated its CHNA process into existing assessment and community input processes and augmented these collective community activities with United's own data review, prioritization sessions and key informant interviews to ensure it captured multiple voices from the community.

United Hospital leadership from both campuses reviewed and approved the hospital plan. The 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	**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

United developed its CHNA with support from the Center for Community Health, which includes the following local organizations:

- Dakota County Public Health
- Washington County Public Health
- St. Paul-Ramsey County Public Health
- Children's Minnesota
- HealthPartners Hospitals and Clinics
- MHealth Fairview Hospitals and Clinics

In particular, United Hospital, HealthPartners and MHealth Fairview collaborated on a community dialogue that included parish nurses and other faith-based health service providers and community health workers in the east metro. The process was also influenced by the St. Paul-Ramsey County Community Services Advisory Committee. Its members include community residents, health care providers, higher education, and County public health staff. Additionally, the St. Paul Public Schools District Wellness Team participated in the process. Its members include faculty, students, and representatives from the St. Paul-Ramsey County Public Health department.

United Hospital also participated in or analyzed several other organizations' data and information collected during community engagement sessions, including the City of St. Paul, St. Paul-Ramsey County Policy and Planning Department's Upward Mobility Project, Age-Friendly Ramsey County, Ramsey County Aging Network, Wilder Foundation, Ramsey County Parks and Recreation, YMCA of the North, and other similar community needs assessment efforts.

Throughout 2021 and early 2022, United Hospital staff and community partner groups reviewed secondary health and economic data specific to Ramsey and Dakota Counties from sources including Urban Institute, United States Department of Housing and Urban Development (HUD), Centers for Disease Control and Prevention (CDC), American Community Survey, National Center for Education Statistics, Feeding America, U.S. Census Bureau Survey, MN Department of Employment and Economic Development, the Metro Shape Survey, the 211 dashboard. and Ramsey, Washington and Dakota County responses to the Minnesota Student Survey. CHNA collaborators also reviewed findings from the Washington County/East Metro Transportation Consortium community survey, DARTS community services survey, and other community partners' client and community dialogues and surveys exploring residents' perspectives regarding social connectedness, economic security, education, housing, transportation and other factors that affect health outcomes.

Additionally, throughout 2022, United Hospital staff participated in the St. Paul-Ramsey County Public Health 2023–2026 strategic planning process. The public health department is leading the strategic planning process, engaging with residents and community organizations in many ways, including a community survey and series of community dialogues, to develop the county's 2023–2026 strategic plan. Surveys were provided in multiple languages (English, Hmong, Karen, Somali and Spanish) to Ramsey County residents.

Ramsey County Public Health work is focused on the following strategies:

- Take action to advance racial and health equity.
- Partner to champion prevention across the lifespan.
- Align and leverage resources to support priorities.
- Create responsive and intentional change.

The United CHNA implementation plan will align with these strategies.

After reviewing the above data sources, United Hospital staff met with representatives from Ramsey County, Dakota County and Washington County local public health to review and discuss select Allina Health patient data and local 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 the 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 Ramsey, Dakota and Washington Counties
- Patient and public health data by county of residence: demographic data (including race, ethnicity, language, age and insurance type), perceived physical and mental health, health-related social needs and select conditions
- Top three reasons for emergency room visits and suicide and self-inflicted injury encounters in the emergency department
- Data on health behaviors such as tobacco use among adults and youth, physical activity, consumption of fruits and vegetables and colorectal cancer screening rates
- Rates of overweight and obesity
- Market analysis of how demand for mental health and addiction services will change

In total, primary and secondary data included more than 100 indicators related to demographics, social and economic factors, health behaviors, prevalence of health conditions and health care access.

PRIORITIZATION PROCESS AND FINAL PRIORITIES

Based on data review and community feedback, United Hospital further refined the priorities identified in the previous cycle of Community Health Needs Assessment. These priorities were updated to:

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

United initially selected these priorities in 2019 through the community dialogues in which nonprofit service providers, public health representatives, and community residents reviewed 120 state and county health indicators, community demographics and personal and professional experience. They used the Hanlon method to select the final three priorities. In choosing to further explore existing priorities for its current CHNA, the hospital considered issues community members emphasized as most important, the effectiveness of interventions and staff capacity to address each need.

Based on the community demographics and the indicators and discussion described above, United prioritized the following communities/populations for 2023–2025 CHNA cycle:

- 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+)
- Older adults

NEEDS NOT ADDRESSED IN THE CHNA

All the needs highlighted by the community are addressed in this plan, with varying levels of specificity. For example, community members consistently highlighted social isolation as a significant challenge, particularly among older adults, immigrants, and refugees. Data review, community dialogues and key informants also highlighted the lack of affordable housing and challenges related to accessing affordable transportation. While these specific needs are not listed specifically as priorities, they will be addressed via the implementation plan. For example, increasing social connections and community resiliency are key strategies to address the mental health priority. Similarly, lack of affordable, accessible housing and transportation are specific issues included in the social determinants of health priority.

Community input

To further refine its priorities, United's staff attended additional community dialogues facilitated by other organizations and participated in regular community meetings in which community stakeholders discussed local mental health services, food insecurity, and social determinants of health. United staff also conducted 16 key informant interviews with community-based service providers.

From winter 2021 through spring 2022, United staff attended virtual and in-person community dialogues facilitated by City of St. Paul, Ramsey County Policy and Planning Division (focused on public safety issues, early childhood learning opportunities, affordable housing issues, mental health services, and other similar issues and opportunities), Ramsey County Healthy Aging Initiative, Ramsey County Aging Services Network, Minnesota Department of Health, Ramsey County Parks and Recreation, Hastings Area United way and a variety of other community discussions in which residents shared their lived experiences and priorities related to health, well-being, and quality of life. These community dialogues were attended virtually or in-person by hundreds of community members, including public housing residents, halfway house residents, individuals experiencing homelessness, older adults, people with disabilities, individuals with criminal records, and a variety of other interested residents of Ramsey and Dakota Counties.

United staff also participated in monthly meetings of the East Metro Mental Health Crisis Alliance and quarterly East Metro Mental Health Roundtable's meetings where representatives from social service providers, law enforcement, community groups, local public health, hospital systems, mental health advocacy groups, safety net providers, local government and schools and elected officials discuss the continuum of mental health services in the east metro area.

In addition to participating in other organizations' community engagement activities, staff from United conducted key informant interviews with representatives from:

- Amherst H. Wilder Foundation
- Keystone Community Services (food shelf and youth, family and senior programming, primarily serves people living in or near poverty)
- United Hospital employees
- United Hospital neighboring community residents
- DARTS Senior Services
- Emma Norton Housing (low-income housing)
- Face to Face community clinic (federally qualified health center)
- Jewish Family Services of St. Paul (mental health and social services, primarily serves people living in or near poverty)
- Neighborhood House (social services, basic needs and education, primarily serves immigrants and people living in or near poverty)
- Newtrax Transportation
- St. Paul Public Housing Agency
- St. Paul Public Schools
- St. Paul-Ramsey County Public Health
- St. Paul-Ramsey County Policy and Planning
- St. Paul-Ramsey County Food Security Program
- Sanneh Foundation (youth development, focus on serving youth of color)
- Hastings Family Services (social services, primarily serves people living in or near poverty)
- Hastings Area United Way
- School counselors from ISO200 District
- Dakota County Public Health

The interviews were approximately 60 minutes in length and explored the following questions:

- What are you seeing as community health priorities?
- What challenges do people face related to each priority?
- What policies, partnerships and initiatives should United continue supporting to address these priorities?
- What policies, partnerships and initiatives should United consider developing to address priorities?
- How could United or United — Hastings Regina Campus improve its services to improve community health?

COMMUNITY INPUT RESULTS

Mental health and wellness, including social isolation and access to care

Challenges

Participants described a wide range of issues that contribute to mental health and people's ability to access care. Social isolation, caregiving of seniors, inability to meet basic needs and the challenges of navigating the mental health system affect mental health among adults and children.

Lack of social connection and the related stress and depression affect mental health among all people, but particularly seniors and their caregivers. Participants identified adult day center closures and limited transportation options to visit families and friends and attend community events as barriers to older adults establishing or maintaining social connections. Additionally, the current divisive social and civic atmosphere was described as exacerbating social isolation for all people by making it more difficult to connect with others. Participants identified a need for community members to learn how to connect with others, including their own neighbors, and engage in civil discourse.

Participants stated accessing mental health services continues to be difficult because of ongoing, significant shortages in mental health providers, especially multi-cultural and multi-lingual providers. Further complicating access is the complex, confusing mental health system and array of mental health programs and services, which makes it difficult for people to understand when and how to access the appropriate level of care. Many people indicated a lack of services and funding streams for low-income people whose conditions are not complex enough to qualify for state-funded programs. Participants also shared that it is difficult to understand health insurance coverage for various services.

An overreliance on communicating health information via texts, apps, websites and other electronic media makes it difficult for many to access information. It can be difficult to read information on a phone screen, and individuals rarely seek out web-based newsletters and updates provided on websites, saying they felt they are no longer connected with United since hard-copy communication tools such as the health and wellness newsletters no longer arrive in the mail.

Community centers are places where staff and volunteers are most deeply embedded in the surrounding community and most familiar with members of the community.

–CHNA interview participant

Ideas and opportunities

To increase social connections, participants suggested United develop new partnerships with existing organizations such as community centers, recreation centers, libraries, and other similar community resources to offer opportunities for social connections to the community. Specifically, they suggested United consider developing volunteer opportunities for

employees to support low-cost, simple solutions that can provide opportunities for people to develop social connections. Suggestions included developing employee volunteer opportunities to write letters to individuals who are feeling socially isolated; support community events such as National Night Out; or bring activities to places where people gather such as neighborhood parks, supportive housing sites, communal housing, senior centers and public housing.

To improve the community's understanding of the array of mental health services, participants suggested United continue supporting community efforts to assist individuals in navigating the health care system such as [East Metro Crisis Alliance] that educates the public, including health care providers, regarding the continuum of mental health services, including what level of services should be accessed depending on an individual's circumstances. Community members also recommended United hire more culturally diverse staff and train existing providers in culturally responsive care. School personnel suggested that United Hospital explore opportunities for offering or supporting mental wellness trainings for school staff such as stress-management workshops.

Substance abuse prevention and recovery

Challenges

Community members described how the COVID-19 pandemic increased the community's substance misuse. Dakota County community members highlighted the increased use of opioids, specifically fentanyl, especially among youth. The challenges surrounding opioid misuse and related fatalities include ease of access to the drug, misinformation regarding the dangers of opioids, and the small amount of fentanyl needed to cause an overdose or death.

Participants also noted that many parents/guardians do not listen to opioid misuse warnings because their children do not fit the stereotype of a drug user. However, opioid related poisonings and deaths happened across all socio-economic statuses.

Ideas and opportunities

Dakota County community members recommended that Allina Health continue to support local opioid education and stigma reduction efforts, with special attention to fentanyl, through task force engagement, charitable contributions, and contributing expert knowledge at local events. This community-wide initiative began in 2022 and will continue through 2024. The efforts include a three-part educational series, stigma reduction materials, community International Overdose Awareness Day activities (August 30), and social media campaign.

Participants also recommended expanding programs for people in all stages of recovery. Outpatient programs have many benefits for the patient including affordability, maintaining employment, and increased family support. Expanding inpatient services will also benefit those in the beginning stages of recovery and those who need to eliminate outside distractions. This is also an opportunity to partner with the Dakota County jail to assist inmates with a substance use disorder to transition back into the community while maintaining their sobriety.

Social determinants of health and health-related social needs

Challenges

Access to healthy food was identified as a priority issue by United Hospital — St. Paul Campus in 2019, and participants emphasized its continued relevancy today. They described access to healthy food as being connected to other priorities such as access to transportation and mental health and substance use. For example, lack of financial resources and limited affordable transportation options make it difficult to access healthy food from grocery stores, farmers' markets and food shelves. Also, individuals with unmanaged behavioral health conditions are sometimes denied access to food shelves. Other barriers to food access are weather- and COVID-

related school closures among families who rely on school meals, limited geographic coverage among mobile food markets and a lack of culturally appropriate food offerings in food shelves and markets.

Participants noted that, during COVID, several community partners rushed to provide more food resources in new and different ways, in different locations and with different partners. Participants stated there is little coordination between service providers, there are redundancies in services, and it can be difficult for members of the community to understand when and where to access food offerings.

Participants voiced concerns about access to affordable housing, particularly because COVID funds that helped support rental deposits and emergency rental assistance are ending. In general, participants described a lack of safe, affordable, accessible housing located in safe, accessible neighborhoods (e.g., access to transportation, shops and other community services), as well as a need for affordable housing with supportive services. For people in crisis, participants stated there are limited options for LGBTQ+ affirming emergency housing and shelters, which makes it difficult for members of this community to safely access services.

Transportation was described as heavily tied to other issues such as access to healthy food, stable housing and opportunities for social connection. Transportation options are particularly limited in suburban and rural communities. Additionally, there is a particular need for transportation, particularly medical transportation, for individuals who do not speak English. However, workforce shortages pose a barrier to recruiting both paid and volunteer drivers.

Ideas and opportunities

Participants recommended United continue to provide charitable contributions to food shelves and mobile markets and develop opportunities for employees to volunteer with community programs that focus on healthy food access. Community members also requested more support for community/school gardens and programs that help low-income residents get fresh produce from farmers markets. Participants recommended that United continue to serve on the Ramsey and Dakota County SHIP Community Leadership Teams as well as participate in the newly formed Ramsey County Food Security Action Team. Staff should also continue to promote WIC (Women, Infants & Children), SNAP (Supplemental Nutrition Assistance Program), EBT programs at farmers' markets and community-based breast-feeding groups such as Baby Cafes.

Opportunities for improving access to stable housing and transportation include providing charitable contributions to community partners who offer emergency rental assistance and other eviction-avoidance, emergency housing, and housing stabilization programs and services, and exploring opportunities for employees to volunteer with these organizations, including bringing healthy activities and health information to families living in emergency and public housing programs. United staff will explore opportunities to participate in public policy and advocacy efforts that promote development of affordable, accessible housing for all age groups.

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.
- Continue 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, United'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, United 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 to meet the community's unique needs.

United'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 for addressing the priorities. The plan reflects programs and services available through other organizations in the community, United 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. United will prioritize hospital-specific activities that engage the local prioritized communities.

PRIORITY 1: MENTAL HEALTH AND WELLNESS

Goal 1: Increase resilience and healthy coping skills.

Strategies

- Improve social connections and social cohesion in the communities served by Allina Health.
- Increase resilience and support the creation and maintenance of environments that contribute to positive mental well-being among youth.
- Improve adults' confidence and skills around talking with youth about mental health, substance use and other issues affecting their mental well-being.

Activities

- Establish or strengthen partnerships with organizations who 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 aimed at improving social connections, social cohesion and a sense of belonging.
- 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.
- 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 in which youth and families in the prioritized communities gather and feel belonging (shared with substance abuse prevention and recovery priority).
- 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 in Ramsey and Dakota Counties.

Strategies

- Support public policy and advocacy efforts to improve access to mental health services.

Activities

- Lead and participate in community coalitions focused on improving access to mental health and addiction services.
- Strengthen internal and external educational resources and activities regarding when and how to access continuum of mental health services and care.
- Support and advocate for local, state and federal policies aimed at increasing access to mental health services.

Community partners

- East Metro Mental Health Crisis Alliance, which encompasses Dakota, Ramsey, and Washington Counties, including state and local elected officials, state and local agencies, mental health service providers, human services providers, public safety, community groups, local public health, hospital systems, mental health advocacy groups, and safety net providers
- Washington County Wellspring Initiative
- St. Paul Public Housing Authority
- Alive and Thrive: Dakota County

- Dakota County Public Health
- Ramsey County Public Health
- Hastings Area United Way

PRIORITY 2: SUBSTANCE ABUSE PREVENTION AND RECOVERY

Goal 1: Decrease substance misuse in Ramsey and Dakota Counties.

Strategies

- Improve environmental factors and individual knowledge and skills associated with decreased substance misuse, with a focus 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.
- Participate in and support the expansion of community coalitions in Allina Health's service area aimed at improving community protective factors associated with decreased substance misuse.
- Co-create efforts to build healthy coping skills and community protective factors with schools, community organizations, and other groups in which youth and families in the prioritized communities gather and feel a sense of belonging.
- Increase Change to Chill and Health Powered Kids content for adults who support school-age youth.
- Advance local, state and federal policies aimed at making 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 community.
- Improve access to continuum of substance use disorder care.
- Decrease youth access to substances.

Activities

- Provide and promote education, outreach and resources for 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 aimed at increasing 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 continuum of substance use and addiction care, including resources for secondary 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

- Forest Lake Substance Prevention Education Action Coalition (SPEAC) initiative
- Minnesota Recovery Connection
- Center for Faith and Addiction
- Hastings Area United Way
- Hastings Police Department
- Organizations that provide culturally tailored substance use and addiction care
- Ramsey County Public Health
- Dakota County Public Health

PRIORITY 3: 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 United Hospital 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 the 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 United Hospital, to improve health and reduce the presence of health-related social needs.

Strategies

- Serve 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.

Community partners

- County social services departments in Dakota, Ramsey, and Washington counties
- Ramsey County Food Security Workgroup
- Ramsey County Aging Services Network
- Community-based supportive housing providers
- Community-based emergency housing service providers
- Affordable transportation service providers, including Newtrax, DARTS, Washington County Transportation Consortium
- Ramsey County Age-Friendly Initiative
- Hastings Family Service
- Hastings Area United Way

PRIORITY 4: 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-based 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.

Community partners

- Keystone Services
- Neighborhood House
- Annex Teen Clinic
- Face to Face Community Clinic
- Catholic Charities
- DARTS

- Wilder Foundation
- Kids 'n Kinship
- Merrick Community Services
- Interfaith Action Council
- St. Paul Public Housing
- Communidades Latinas Unidas en Servicio (CLUES)
- Hastings Family Service
- THRIVE in Hastings
- Hastings Area YMCA

RESOURCE COMMITMENTS

To effectively implement these strategies and activities, United 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

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

During the 2023–2025 CHNA period, United 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

United 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: Heather Peterson, Community Engagement Lead for East Metro region, Brandi Poellinger, Community Engagement Lead for East Regional region or Christy Dechaine, Community Benefit and Evaluation Manager.

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

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- Allina Health System Office staff and interns who supported the process;
- Other staff at Allina Health and United who provided knowledge, skills and leadership to bring the assessment and plan to fruition.

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

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