



WRIGHT COUNTY COMMUNITY HEALTH COLLABORATIVE

2023–2025

Community Health Needs Assessment and Implementation Plan



Table of contents

Introduction	2
Community health vision	2
WCCHC service area	4
Evaluation of 2020–2022 implementation plan	9
2020–2022 CHNA process and timeline	20
Data review and issue prioritization	22
Community input	25
Implementation plan 2023–2025	29
Conclusion and acknowledgements	35
Appendix	36

Introduction

Wright County Community Health Collaborative (WCCHC) was formed in 2017 in order to systematically identify and analyze health issues in the community and create a plan for how to address them. The group includes Wright County organizations who are encouraged or required to complete a Community Health Needs Assessment (CHNA). The Internal Revenue Service provides guidelines for hospitals in this process as part of meeting obligations under the Patient Protection and Affordable Care Act, which requires 501(c)(3) non-profit hospitals to conduct an assessment at least every three years. Every five years all Minnesota community health boards must participate in assessment and planning to determine local public health priorities and focus local resources. Wright County Community Action (WCCA) is required to complete a Community Needs Assessment every three years as mandated through State and Federal funding streams.

In 2016, Wright County Public Health made a decision to align its local public health CHNA cycle with the two large healthcare systems operating in the community: Buffalo Hospital, part of Allina Health, and CentraCare — Monticello. This decision led to jointly conducting the CHNA process in 2019 and 2022 to assess community health needs on a three-year cycle. WCCA was included to better understand the specific health needs within low-income populations and enable all participating organizations to work together in conducting data collection, data analysis and prioritization processes. WCCA plans to conduct a joint assessment every three years.

Through this process, the collaborative aims to:

- Better understand the health status and needs of the communities it serves by considering the most recent health and demographic data as well as gathering direct input from community members.
- Gather perspectives from individuals representing the interests of the community, including those who have knowledge or expertise in public health and those who experience health inequity or are low-income and/or minority members of the community.
- Identify community resources and organizations that the collaborative can partner with and support in the priority areas for that community.
- Create a strategic implementation plan based on information gathered through the needs assessment.
- Monitor and revise the plan as needed over the next three years.

The purpose of this report is to share the current assessment of community health needs most relevant to the communities served by the collaborative and its community health improvement plan to address these needs in 2023–2025.

WRIGHT COUNTY COMMUNITY HEALTH VISION

As community members, we will commit to:

- **Engagement:** Increase community ability to make a healthy choice an easy choice and inspire individual lifestyle change.
- **Collaboration:** Create successful partnerships and build leadership support through effective communication, respect and wise use of available resources.
- **Accessibility:** Streamline, expand and raise awareness of community resources and opportunities to improve the health of residents.
- **Connection:** Create inclusive and innovative solutions to help everyone feel socially connected, safe, supported and happy.

2023–2025 WCCHC CHNA PRIORITIES

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



Mental health and well-being refers to 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.



Misuse of alcohol, tobacco and other substances 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.



Dental care refers to reducing the rate of dental care delay and providing resources for preventative and routine oral hygiene care

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

- Individuals living with disabilities.
- Individuals and families living with financial constraints.
- Individuals who are underinsured or uninsured.

DIVERSITY, EQUITY, INCLUSION AND BELONGING

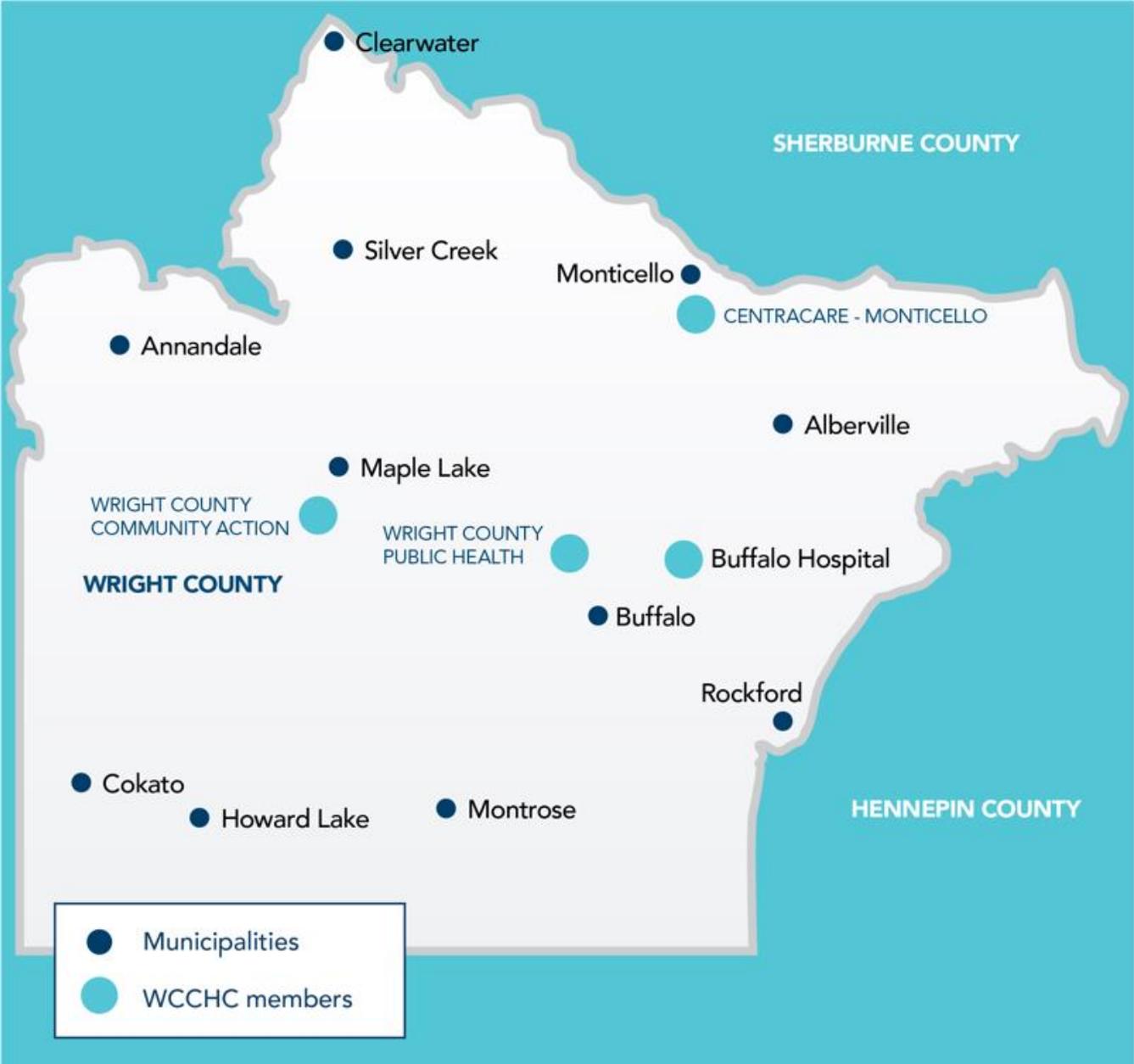
WCCHC supports the Allina Health Diversity, Equity, Inclusion and Belonging principles and definitions. As a community partner, Allina Health collaborates with community members, organizations and policymakers to improve the health of all people in our communities and to focus our community health improvement 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.

WCCHC service area



MEMBER DESCRIPTIONS

Buffalo Hospital, part of Allina Health

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

Buffalo Hospital, part of Allina Health, is a non-profit regional medical center committed to providing quality, comprehensive care to patients in and around Wright County. Located just west of the Twin Cities, Buffalo Hospital provides exceptional patient-centered care to nearly 70,000 patients every year. We provide a full range of inpatient, outpatient and emergency care services and many specialty services, so you don't have to travel far from home.

Buffalo Hospital was also the first hospital in the state of Minnesota to be awarded the Pathway to Excellence American Nurse Credentialing designation and also received an award from the Minnesota Business magazine for developing wellness programs. Clinics affiliated with Buffalo Hospital include: Stellis Health clinics in Albertville, Buffalo and Monticello and Allina Health Clinics in Annandale, Buffalo, Cokato and St. Michael. The hospital also has a long history of working to improve the health of the communities it serves through charitable giving by the Buffalo Hospital Foundation and direct community health-improvement programming.

In 2021, Buffalo Hospital was awarded the highest quality rating, five stars, from the Centers for Medicare and Medicaid Services (CMS). Additionally, in 2022, Buffalo Hospital made the 100 Top Hospitals list compiled by Fortune/Merative (formerly IBM Watson Health) for the eighth time. The hospital was recognized for excellence in clinical outcomes, operational efficiency and patient experience. The Top Hospitals list also considers an organization's contributions to its community and equity of care.

CentraCare — Monticello

CentraCare — Monticello delivers comprehensive services to help you live the healthiest life possible. The Birth Center at CentraCare — Monticello delivers newborn dreams and empowers women to choose their birth experience. The Monticello Cancer Center provides state-of-the-art medical and radiation oncology care by a team who treats patients like family. Expert emergency room care is always available at CentraCare — Monticello's Level IV Trauma Center and in the community with advanced life support ambulance service. Inpatient and same-day surgical care is provided in a variety of specialties including neurosurgery, orthopedics, general surgery, gynecology, urology, ophthalmology, podiatry, and vascular. Specialty care including cardiology, diabetes and nutrition education, wound care, hyperbaric medicine, perinatology, sleep services, and more is conveniently provided at CentraCare — Monticello's Specialty Clinic. Five-star rated skilled nursing care is also available at CentraCare — Monticello's Care Center.

In addition to expert medical care, CentraCare — Monticello believes in creating healthy communities. The Bounce Back Project promotes health through happiness and works closely with area school districts to teach the tools of resiliency to students of all ages. CentraCare Foundation, through generous community donations, supports innovative projects, partnerships, and therapies that enhance the physical, emotional, and spiritual health of patients, care center residents, staff members and the community.

Accreditation by DNV and certification as an ISO-9001 organization demonstrate CentraCare — Monticello's commitment to continual improvement, customer satisfaction, and delivering the highest quality of care.

CentraCare — Monticello is here for your whole life, to listen then serve, guide and heal, because health means everything.

Wright County Public Health

Wright County Public Health (WCPH), a division of Wright County Health & Human Services (WCHHS), has been working to promote health and safety, prevent illness, and protect our community since 1951. Wright County Public Health has a long history of working "upstream" to identify the root causes of poor health and informing, engaging and activating the community to address those causes. Public health focuses on the health needs of the population as a whole and gives priority to preventing problems over the treatment of health problems. By focusing on the greatest good for the greatest number of people, public health organizes community resources to meet health needs and takes positive action to address community health issues.

WCPH, with partners, creates environments that promote well-being and reduces health disparities through empowerment, collaboration and service. The department has 41 staff members led by a Public Health Director and three Supervisors. Services are based on the Areas of Public Health Responsibility: assure an adequate local public health infrastructure, promote healthy communities and healthy behaviors, prevent the spread of infectious disease, protect against environmental health hazards, prepare for and respond to disasters and assure the quality and accessibility of health services. When priority areas are identified through our community health assessment, WCPH does its best to focus its programming and staff to address the key issues.

Wright County Community Action

Wright County Community Action (WCCA) is an agency focused on creating opportunities where low-income individuals can thrive and build economic, social and community assets. Its mission is "to work in partnership with the community to empower residents to improve their physical, social, and economic well-being." WCCA does this through its myriad of programs and services which provide both crisis intervention and prevention efforts for those experiencing, or are at risk of falling into, the scope of poverty. WCCA utilizes a multi-generational approach to providing services which allows it to serve clients from birth to beyond retirement and provides each client with comprehensive agency support across all programs, leading to greater outcomes. Programs that are housed out of the agency include Head Start, Early Head Start, Energy Assistance, Weatherization, Homebuyer Training, Foreclosure Prevention, Women, Infants & Children (WIC), MNsure Navigation, Tax Preparation and the Aging Alliance program. WCCA's food shelf location in Waverly, MN houses all its food security efforts including a Mobile Food Shelf, Emergency Food Box Network, Backpack program and Food Rescue initiative. The last few years has allowed WCCA to go through a rebirth in which the agency is no longer a "hidden gem", rather a cornerstone for collaboration and innovative solutions to community concerns. Through all its efforts, WCCA aligns well with the Wright County Community Collaborative vision by providing basic needs, prevention services and encouraging community health regardless of economic standing.

COMMUNITY DEMOGRAPHICS

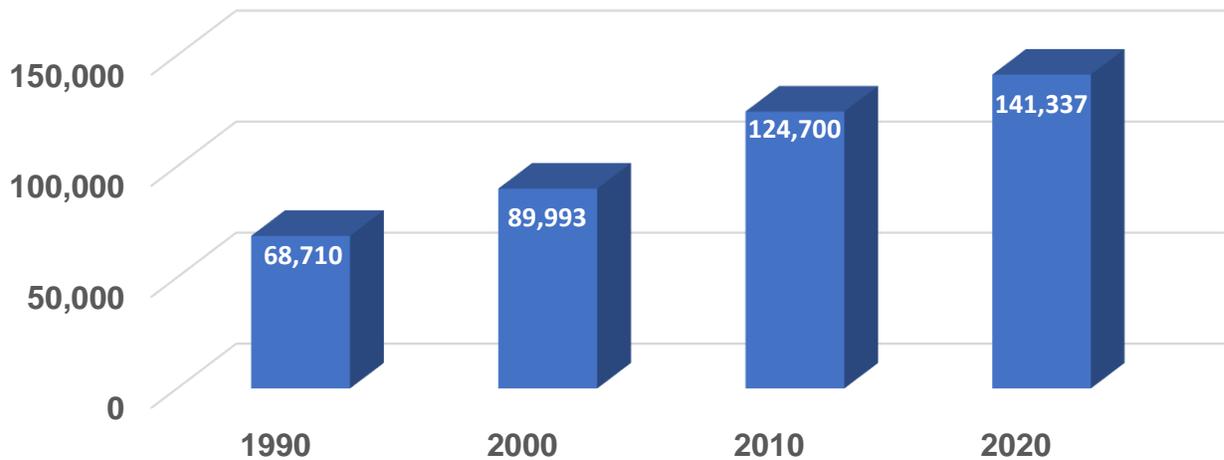
Wright County is located in Central Minnesota, slightly northwest of the Twin Cities. Wright County covers 716-square miles and, with a population of 141,337, is Minnesota’s tenth most populous county. The population of Wright County has more than doubled over the last thirty years. The community is becoming increasingly diverse and there are significant socio-economic disparities among families living in Wright County. The following key indicators provide a brief overview of the region. Additional information about Wright County can be found through the [U.S. Census Bureau](https://www.census.gov).

Population

Indicator	Result	Source
Median household income	\$87,772	2020 American Community Survey 5-Year Estimates
Cost burdened owner households	7,746 (19.1%)	
Cost burdened renter households	3,242 (41.6%)	
Unemployed (16 and older)	1,878 (2.7%)	
Residents in households with income below poverty line	6,841 (5.1%)	
Median age	37.1	
Residents under age 18	38,061 (26.9%)	
Residents age 65 or older	17,082 (12.1%)	
Residents with limited English proficiency	1,745 (1.4%)	
Foreign born residents	3,853 (2.8%)	

Population of Wright County, (1990-2020)

Source: Minnesota population change by county 1990-2020; Minnesota State Demographer, Census Data



Race and ethnicity

Indicator	Result	Source
White alone	125,212 (91.8%)	2020 American Community Survey 5-Year Estimates
Black or African American alone	2,360 (6.6%)	
American Indian and Alaskan Native alone	287 (0.2%)	
Asian or Pacific Islander alone	1,735 (1.3%)	
Two or more races	2,316 (1.7%)	
Hispanic or Latino	4,224 (3.1%)	

Health impact of COVID-19

Indicator	Result	Source
Cases	38,356	Minnesota Department of Health, March 2020–June 30, 2022
Hospitalizations	1,575	
Ever in the ICU	263	
Deaths	306	
Total doses of COVID-19 vaccine administered	202,435	

Evaluation of 2020–2022 implementation plan

The 2020–2022 CHNA implementation period brought significant challenges as each organization, along with our communities, responded to the critical needs brought forth by the COVID-19 pandemic. Because of the challenges of the pandemic and related issues, some of the strategies in the implementation plan did not occur as planned. Some were stalled while others made slow progress. However, some of the goals and activities proceeded better than WCCHC had planned. One such example was the opportunity for individuals and groups to better connect and interact virtually due to in-person gathering restrictions. In some cases, this allowed the community to increase social connections and include those who had access issues such as transportation or disabilities. Another example is the progress that was made on bringing dental access to individuals in and around Wright County. Dental access work gained significant momentum in 2021–2022, which allowed for the building of a not-for-profit dental clinic in the new Wright County Government Center and hiring of new clinic staff.

WCCHC COLLECTIVE IMPACT WORK

In 2020–2022 the members of WCCHC maintained organization specific work plans with specific strategies and goals. In addition, WCCHC member organizations committed to working as a group on at least one collective impact tactic for each identified priority over the course of the implementation period.

Priority Area: Mental health and wellness

Collective Impact: Implement coordinated awareness campaign educating the community about mental illness as a medical condition.

Various tactics were used to make progress on this collective impact goal. The Wright County Community Health Collaborative (WCCHC) rolled out an education campaign in November–December 2020. Using the expertise and voice of our local experts, we invited several school and community social workers, therapists and providers to partner with us to decrease mental health stigma and normalize mental illness as a medical condition. Presenters were given a basic script to use while recording their video. On the script, they had the opportunity to share their own ideas from their perspective. These videos were shared on the WCCA Facebook page and the audio portion was shared via local KRWC radio Public Service Announcements. Members of our collaborative also shared information related to this campaign via the KRWC radio “community spotlight” and in the local Letters to the Editor. In addition to the campaign, Allina’s Change to Chill program and CentraCare’s Bounce Back Project incorporated information about mental illness as a medical condition and the importance of decreasing stigma into their existing presentations.

Priority Area: Substance abuse

Collective Impact: Engage in policy, systems and environmental changes that reduce access to e-cigarettes among youth and adults.

Members of the collaborative participated in hearings with local elected officials and provided letters of support from their organizations’ leaders regarding changes to the local tobacco ordinance. These efforts contributed to Wright County updating the tobacco ordinance in 2019. The following amendments to the local ordinance took place on January 1, 2020:

- Increased the legal age to purchase nicotine/tobacco products to the age of 21.
- Prohibited locations where businesses can be licensed to sell tobacco products; youth-oriented facilities.
- Increased fines for businesses selling to those under 21.

We believe these updates will reduce access to tobacco products and e-cigarettes to youth and adults. Additionally, on August 1, 2020, the Minnesota Tobacco 21 law went into effect.

Priority Area: Dental care

Collective Impact: Each organization involved in WCCHC will have an active participant on the Dental Health Work Group, part of the Public Health Task Force, to help advance the work around dental care access in Wright County.

The Dental Health Workgroup is a subcommittee of the larger Wright County Public Health Taskforce. This subcommittee is made up of members of the Taskforce as well as key stakeholders involved in and impacted by dental access issues in the community. Example of members include Wright County Health and Human Services staff, area dentists and representatives from Wright County Community Action Head Start, Buffalo Hospital, CentraCare — Monticello, Wright County Area United Way, various insurance companies and Children’s Dental Services. This subcommittee has been meeting for several years to discuss dental access issues in and around Wright County. Each organization of the WCCHC has a member on the Dental Health Workgroup and actively participates in regular meetings and work.

In 2020–2021, the subcommittee created an infographic outlining the dental needs of Wright County. This infographic was distributed in 2022. The subcommittee provided oral hygiene kits to hospitals along with information about local resources. During the process of developing the infographic, the group identified severely limited dental access in Wright County based on cost, insurance, appointment availability, and many other issues. Buffalo Hospital and CentraCare — Monticello Hospital Emergency Department directors actively engaged in this conversation and shared the negative care outcomes and costs related to providing emergency dental care. In this process, the hospitals determined the best solution for meeting the identified dental care needs was to bring a not-for-profit dental clinic to Wright County.

After much discussion and assessment, the dental health workgroup identified and recommended Community Dental Care clinic as a partner for this work. Community Dental Care has four other locations in the state and are well-positioned to provide the level of dental care that has been identified as a need for members of our community. Community Dental Care became an active member of the Dental Health Workgroup and have assisted with bringing this resource to Wright County. Led by the Dental Health Workgroup, state bonding for the project was secured, a location in the new Wright County Government Center was identified, education and fundraising occurred in the community, and this dental clinic resource for Wright County became a reality. Through the subcommittee’s efforts, grants were obtained for Wright County Public Health to hire a dental health coordinator to manage and coordinate the work of the dental clinic. This position also supports dental access and education efforts in Benton, Sherburne and Stearns Counties. A critical component in all this work is how we continue strengthening relationships with local resources and providers.



The Wright County Government Center opened in March 2022, and the Dental Clinic opened to the public in September of 2022. This not-for-profit clinic is available for anyone to use as their dental home and receive full service dental care. The clinic accepts private insurance, state-funded insurance programs and has a sliding scale for those in need of scholarships. Community Dental Care has four other locations in the state and are well-positioned to provide the level of dental care that has been identified as a need for members of our community. The clinic is conveniently located near both WCCHC member hospitals and will serve people of all ages in and around the Wright County area.

INDIVIDUAL WCCHC MEMBER ACTIVITIES

Buffalo Hospital, part of Allina Health

Goal one: Reduce the rate of mental health care delay and the number of “not good” mental health days in Wright County.

Due to the tragic attack on our Allina Health Crossroads Clinic in 2021, Allina Health participated in the creation of Buffalo Strong, a community collaborative to support community wellness in partnership with various community groups. Buffalo Strong Collaborative has been an on-going resource to promote and support mental wellness and provide resources and tools for all to use through “caring, connecting and continuing.” In February 2022, at the one-year anniversary of the clinic attack, this group hosted a community-wide event at Buffalo High School. The event featured a local mental health resource fair, a meal and a national speaker to discuss issues such as mental health, substance use and resilience. The Buffalo Strong Collaborative goal is to have an annual event like this each February.

In addition to representation on the Buffalo Strong Collaborative, Buffalo Hospital representatives have also been part of the Buffalo Safe Schools and the Wright County Mental Health Collaborative. The Mental Health Collaborative has hosted three community symposiums at area schools to provide families with tools and local resources to deal with mental health issues and decrease the stigma related to them.

Additionally, Buffalo Hospital provided more than \$40,000 in charitable contributions to community partners who provide support for mental wellness. One example is the annual Emotions In Motion 5K in Buffalo, which Buffalo Hospital supported with a charitable contribution of \$2,500 each year. The event is hosted by Suicide Awareness Voices of Education (SAVE), a nonprofit agency who provides support, education, and resources for those affected by suicide.

Buffalo Hospital holds a bi-monthly mental health committee meeting consisting of representatives from Buffalo Hospital, area clinics, law enforcement, mental health professionals, Wright County Health and Human Services and the four-county crisis team. The goal of the committee is to bring together organizations working with mental health concerns to develop county-wide collaborative solutions.

Buffalo Hospital has long been a host for an annual retreat for women in treatment or surviving cancer. The event typically provides a variety of tools to help deal with stress and anxiety and provides information on resilience, health and social connections. Due to COVID-19 restrictions and concerns about in-person gatherings, this event was canceled in 2020 and 2022 and held as an afternoon virtual tea party in 2021.

Buffalo Hospital provides ongoing individual and group behavioral modification health coaching free of charge. These activities were made telephonic during the pandemic. The “Let’s Talk Wellness” program for community groups and businesses is also complimentary and now provides a virtual option. In 2020–2022, “Let’s Talk Wellness” program had 866 encounters with community members. Examples of topics available include mindfulness, meditation, relaxation, and stress management. Tele-psychiatry is available to the patients in our emergency department, along with promotion of the 24/7 mental health and addiction resource phone number.

Goal two: Reduce the rate of dental care delay in Wright County.

A representative from Buffalo Hospital has been an active participant on the Wright County Public Health Taskforce and the Dental Care subcommittee. The accomplishments of this subcommittee are described above. Allina Health also provided \$70,000 in charitable contributions from 2020–2022 to support the building of the Community Dental Care clinic and patient scholarships.

Buffalo Hospital staff promoted resources to community groups, such as Chamber of Commerce, rotary and schools, to educate individuals on basic dental issues and current and planned activities. Additionally, Allina Health patient education literature on dental hygiene and available community resources was created and stocked in Buffalo Hospital Emergency Department. These materials are available for all to use across Allina Health and are the first dental care education piece in Allina Health’s patient education catalog.

Goal three: Substance use and abuse.

The Allina Health Change to Chill (CTC) program has a variety of lessons related to issues of substance use and abuse. These have been rolled out to partner schools along with many community groups interested in this issue. Change to Chill was also part of the ‘Escape the Vape’ video contest. This program asked Minnesota middle and high school students to create and submit a 30-second public service announcement video to educate their peers on the dangers of vaping. The contest, now in its second year, is a collaboration between the Minnesota Department of Health; Masonic Cancer Center, University of Minnesota; Tobacco-Free Alliance; CCF Advertising; Medtronic; the Minnesota Youth Council; and Allina Health’s Change to Chill. In 2022, the 1st place state winner for Middle School was Princess Hart, 8th Grader, Buffalo Community Middle School. This school is one of our local CTC school partners.

Buffalo Hospital also has a representative on the Mentorship, Education and Drug Awareness in Wright County MN (MEADA) Board of Directors and community coalition. MEADA was formed in 2004 when community and county partners joined forces to help address the local methamphetamine epidemic Wright County was dealing with. For the past several years, the Coalition’s focus has broadened to include awareness of other substances and an increased focus on mentoring programs for youth. Wright County Public Health was awarded a Drug Free Community (DFC) grant in 2020 and a coordinator was hired to lead this work. MEADA and the DFC coordinator work together and are present at various community events to provide education and information about substance use and related issues. For example, in the summer of 2021, an event called, ‘In Other Words’ was held at Buffalo High School. The speaker, Dr. Alena Balasanova, presented information about ‘Transforming Culture and Reducing Stigma through Language Change’. The talk focused primarily on substance use disorders and was followed by small group discussions to answer questions about how stigma and substance use impacts the Buffalo community and ideas for how to overcome this. Members of MEADA lead the table discussion.

An Allina Health employee attended a positive community norms training provided by the Montana Institute in 2021. The positive community norms approach is an evidence-based perspective highlighting what’s going well in a community and encouraging that behavior vs. a focus on negative actions. Due to COVID-19, this training was held virtually. The goal is to roll out a county-wide positive community norms campaign directed at youth in partnership with a local area youth advisory committee.

CentraCare – Monticello

Goal: Reduce the rate of mental health care delay and the number of “not good” mental health days in Wright County.

With support from the CentraCare Foundation, CentraCare — St. Cloud Hospital opened a new Emergency Psychiatric Assessment, Treatment, and Healing Unit (EmPATH Unit) that serves patients from all its local communities, including Wright County. This unique and comforting setting allows a faster assessment for those dealing with mental health issues to transition away from the sometimes-chaotic environment of the emergency department into a welcoming and calming setting where they can be assessed, observed and receive a tailored

treatment plan during their time of crisis. The goal is for patients to get the help they need to resolve an acute crisis and return to their lives in the community with the least disruption.

“Make It OK” is a campaign to reduce the stigma of mental illnesses. CentraCare has pledged its commitment to change hearts and minds related to mental illness misperceptions by encouraging open conversations and education on the topic. Employees were encouraged to learn more, and several were trained to offer presentations to fellow staff and community members.

In the area of suicide awareness and prevention, CentraCare — Monticello hosted a psychiatrist-led lunch-and-learn for employees, installed a computer screen saver system wide that displayed crisis line information and hosted a community gathering showing of the film “My Ascension” with post-film discussion on increasing awareness of suicide prevention.

There was further work to promote mental wellness through the initiative Bounce Back Project. This community-wide resiliency project works with individuals, schools, businesses, and organizations to promote health through happiness. Bounce Back Project introduces various tools and campaigns throughout the year to promote gratitude, social connections, random acts of kindness, three good things, purpose, mindfulness and self-care. In 2020–2022, 138 in-person presentations and “train-the-trainer” sessions were held, as well as transitioning to virtual opportunities as needed, to share the message of resiliency. Other offerings include a virtual humor night for families, a virtual book read and partnering with school districts to create “Be Boxes” for classrooms as a tool for student well-being.

Bounce Back Project’s collaboration with Monticello, Becker, and Big Lake school districts, as well as grant funding support from CentraCare — Monticello Foundation, afforded a successful 2022 community event *Better Together: A Day of Wellness*. This event, attended by more than 1,500 community members, showcased the talent of children’s musical guest Koo Koo Kanga Roo, along with several community mental well-being resources and take-and-make stations.

Bounce Back Project and CentraCare — Monticello Foundation continue to partially support a school liaison in the Monticello School District. This school social worker spreads resiliency training and support throughout the district’s staff, students, and families. As COVID-19 surged in our communities, staff and student resiliency was a priority.



Goal: Reduce the rate of dental care delays in Wright County.

The Wright County Public Health Task Force began the search to understand more about dental access for all residents many years ago. With renewed and continued interest, a dental access workgroup was formed and CentraCare — Monticello has their community health and wellness specialist as a representative on both committees. Much work has been done since prioritizing dental care in the 2019 community health needs assessment and implementation plan. In addition to attending monthly meetings for these local committees, CentraCare — Monticello’s representative also attends the St. Cloud area dental access work group in an effort to share Wright County’s successes and programs and to work collaboratively to identify additional resources in greater central Minnesota.

CentraCare — Monticello Foundation approved a grant request for \$20,000 to be donated to Community Dental Care, the new clinic’s service provider, to offer dental care grants for those community patients that have limited or no resources to pay for their dental services. The great news of this clinic was shared by the community health and wellness specialist at a Monticello Rotary meeting and with several community coalitions and advisory committees.

With a grant from Blue Cross Blue Shield, a Dental Innovations Coordinator was hired to serve the counties of Benton, Sherburne, Stearns, and Wright. CentraCare — Monticello works closely with the coordinator to supply dental resources and education to local schools, children’s dental service days in local schools, and resource information with CentraCare emergency department staff and patients.

Throughout CentraCare health system’s regional communities, additional dental resources are being offered. In collaboration with Children’s Dental Services, dental days are being held in St. Cloud at the Community Outpost (COP House) and connections are currently in place to increase access with CentraCare — Melrose in their region.

Goal: Support local prevention efforts and advocate for policy changes to address substance abuse in Wright County.

CentraCare — Monticello and CentraCare’s Feeling Good MN initiative were strong advocates for the successful passing of the Tobacco 21 law that will ensure implementation, compliance, and enforcement of commercial tobacco sales for only those over 21 years old. A Letter of Support was submitted to Wright County to support local efforts.

Additionally, CentraCare — Monticello’s community health and wellness specialist is a member on Wright County’s Mentorship, Education, and Drug Awareness (MEADA) coalition, Sherburne County’s Substance Use Prevention (SUP) coalition and Big Lake School District’s Substance Prevention Coalition (BLSPC). Parent education and resource sharing are a large part of each coalition’s mission. CentraCare took part in a videotaped series on “Awkward Conversations” between parents and their children to promote connection and supportive dialogue. SUP resources on vaping were shared with local CentraCare clinics in Becker and Big Lake to bring awareness to the issue. Additionally, Detera Drug Deactivation kits from SUP were shared with CentraCare — Monticello’s surgery department to give another option for safe opioid medication disposal to post-operative patients.

CentraCare — Monticello’s President and Chief Medical Officer is a representative on Wright County’s Opioid Action Team and supports efforts locally. Our CentraCare — Monticello Social Services team supports patients and residents in accessing readiness for services, resources for substance use disorder treatment, partnering with Sobriety First (Monticello) and Northstar Regional Treatment (Otsego) for further programming and working with a peer support specialist to provide patients with a peer contact who is in recovery and will help guide them in their own recovery journey.

Wright County Public Health

Wright County Public Health (WCPH) has initiated key activities and strategies to promote mental well-being throughout Wright County in partnerships with its community individuals and organizations. Below is a list of mental well-being accomplishments that Wright County Public Health was involved with from 2020–2022.

Mental well-being presentations

WCPH administered and coordinated more than 12 mental well-being presentations to different audiences throughout Wright County such as schools, community centers, businesses, health staff and committees. Topics included suicide prevention, Purpose-Resiliency-Social Connection, and 8 Dimensions of Wellness.

Community movement to promote mental well-being

Statewide Health Improvement Partnership (SHIP) staff at WCPH connected to help facilitate and bring strategic resources toward a system change in the Buffalo community. In response to our law enforcement, health care, and community leaders’ concerns, Buffalo Strong Collaborative, in collaboration with SHIP staff, has continued to exist as a community foundation dedicated to serving the mental health and wellness needs of Wright County.

Buffalo Strong Collaborative and SHIP staff have facilitated events, projects, classes and resources that have supported the mental well-being and connectedness of all Buffalo Citizens — starting with Buffalo Strong Day on February 9th, 2022.

The Buffalo Strong Collaborative community group continues to meet on exploring more initiatives to spread the mental well-being movement. The next steps for Buffalo Strong Collaborative are to continue the work toward sustainable mental health promotion strategies, promote activities and events, and help connect through a caring community.

Wright County community mental well-being request of proposals

The Wright County Health and Human Services Department recognizes that trauma, injustice, health inequities and other systemic forces create persistent barriers to individual and community well-being. In addition, the COVID-19 pandemic, community unrest and social isolation have created increased stress in our communities. In response, multiple sectors (such as businesses, faith communities, health care and social services) are implementing innovative strategies to improve community well-being. With this request for proposals, Wright County Health and Human Services looked for ways to support efforts with funding for projects to support community well-being.

Wright County, Health and Human Services Department Public Health Division used Minnesota Department of Health (MDH) SHIP funding to support community well-being projects in Wright County. Wright County Health and Human Services evaluated these projects funded through this RFP to guide its future work to support community well-being. The purpose of this RFP was to identify qualified individuals and/or organizations to implement projects that work towards changing policies, systems, or environments to improve community mental well-being. A policy change may be at the local, organizational, or institutional level. A systems change is a change in the way things are “typically done.” An environmental change is a change in the physical or built environment. The goal of this approach was to go beyond a singular event to implement projects that provide ongoing support for communities.

The mental well-being accomplishments for 2021–2022 are only the start toward a movement to promote mental well-being, normalize mental health, and destigmatize mental health illness. The continuation and growth of partnerships throughout Wright County will help this movement grow in communities and sustain a purposeful wellness action.

Substance abuse

Mentorship, Education and Drug Awareness (MEADA) membership has increased to 33 members since becoming a Drug-Free Communities (DFC) grant recipient in December 2020. The coalition continues to meet formally every other month, but now holds an informal workshop on the alternate month. The DFC grant is a five-year grant, \$125,000/year. It aims to expand coalition work and reduce youth substance use and requires a 12-sector representation. Included in those sectors is law enforcement, parents, youth, healthcare, schools and religious/fraternal organizations. Together, the coalition developed community logic models, used data and environmental scanning to identify baseline community problems, root causes and local conditions. With these, MEADA has increased its collaboration with other community organizations, expanded parent outreach efforts, and began several youth focus groups.

Dental care

Partners recognized the timing may be right to build a local dental clinic and explored the possibility of it being housed in the new Wright County Government Center. A formal request was made to use state bonding money to help build the dental clinic. This request was included in the legislative bonding package in May/June of 2020 and, in October 2020, the state awarded the project \$1.4 million to be used for a dental clinic that would serve uninsured or underinsured patients at the new Wright County Government Center. Efforts are ongoing to raise remaining funds and a video was made highlight the project, [Wright Smiles for Central Minnesota](#).

ALLINA SYSTEMWIDE ACTIVITIES

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.

In addition to the local Buffalo Hospital activities described above, 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. We 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. Buffalo Hospital specifically supported five schools via continued partnership with Buffalo Middle School and Buffalo, Maple Lake, Monticello, and Rockford High Schools. Buffalo also supported two new partnerships with Dassel Cokato Middle and High Schools. In total, these efforts reached approximately 6,882 students and 110 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 three 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 importance of social connections to health, 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, including \$15,500 in the Buffalo 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 4-5 pounds 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 (Wright County: 31 percent). The most frequently identified needs were food insecurity and housing instability. Patients with needs were more likely to be female; report a race of Black/African American, Multi-racial, or Native American/Alaska Native; report Hispanic ethnicity; and be younger than those without needs. Patients who use both Medicare and Medicaid insurance (“dual-eligible”) were the most likely to report a need (46 percent) while those with only Medicare were least likely to report a need (14 percent). Every county demonstrated racial and ethnic disparities in need rates. In Wright County specifically, 37 percent of equity patients identified a need compared to 30 percent in the comparison population. Allina Health defines its equity population as any patient who does not identify as white, non-Hispanic, U.S.-born, or note English as their preferred language (i.e., the “comparison population”).

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

COVID-19 vaccine clinics

To promote equitable health care access, Allina Health partnered with community organizations from February through July 2021 to host free COVID-19 vaccine clinics. The clinics were located in and aimed at serving 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. Non-white and non-English speaking patients were well-represented. 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 underutilizing healthcare 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 is able to improve the health of our communities, while ensuring investments are equitable and aligned to our guiding principles and values.

2021–2022 CHNA process and timeline

To respond to local needs and resources, WCCHC conducted a joint community health needs assessment, which occurred in three steps: data review and prioritization, community input and the development of a three-year implementation plan which includes both individual and collaborative activities. The impact of these efforts will be tracked and evaluated over the three-year cycle.

WCCHC serves community that is culturally, racially and socio-economically diverse. We know systemic inequity and structural racism have led to variation in community health status based on factors such as race, ethnicity, income, gender, current ability and more. To advance and improve health for all, WCCHC member organizations prioritize investments in local populations facing the greatest need. To support these efforts, in 2022 WCCHC prioritized communities in addition to health topics.

Each CHNA builds on the learnings and changes from the previous cycle. The 2020–2022 CHNA priorities adopted by WCCHC were mental health and wellness, dental care and substance use and abuse. 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.

To efficiently conduct the CHNA and reduce community burden, WCCHC integrated its CHNA process into existing assessment and community input processes. WCCHC members provide services in a community in which government agencies, institutions and community-based organizations independently and collectively address pressing issues affecting communities. WCCHC member organizations' staff are engaged in ongoing learning and dialogue with community and multiple community-based coalitions that conduct processes similar to the CHNA. Staff augmented these collective activities with their own data review and prioritization sessions, key informant interviews, and focus groups to ensure it captured multiple voices from the community.

All governing bodies of the WCCHC member organizations received and approved the implementation plan.

2021–2022 WCCHC CHNA timeline

TIMING	STEPS
March–July 2021	INITIAL PLANNING Local WCCHC members 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 and share results from current implementation strategy, as appropriate
October 2021–January 2022	LOCAL WRIGHT COUNTY SURVEY IS DEPLOYED
January–February 2022	DRAFT CHNA PRIORITIES Group reviews the process and previous cycle priorities and collective impact work to summarize themes. DESIGN COMMUNITY INPUT Identify specific methods and audiences for community input on strategies, including process and questions/topics.
April–May 2022	CHNA DATA REVIEW AND COMMUNITY FEEDBACK 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 WCCHC report writing and share results and action plans with key stakeholders.
August–December 2022	SEEK FINAL APPROVAL Present for final approval to CentraCare Board of Directors in August and the Allina Health Board of Directors in December.

Data review and issue prioritization

WCCHC staff reviewed select Allina Health and CentraCare medical records data and local public health survey data provided by Wright County Public Health staff.

For medical records data, the indicators were chosen based on priorities defined by the Center for Community Health, and 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 and CentraCare facilities. Examples of indicators reviewed include, but are not limited to:

- Volume of Allina Health EMS ambulance runs by cities served in Wright County
- Patient and public health data by county of residence (Wright): demographic data (including race, ethnicity, language, age and insurance type), 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
- Tobacco use among adults and youth
- Rates of overweight and obesity
- Colorectal cancer screening rates
- Market analysis of how demand for mental health and addiction services will change

Secondary state and local data resources available for Wright County were also reviewed such as the 2019 Minnesota Student Survey, Minnesota Housing Partnership (MHP) County Housing Profiles and the 211 dashboard. In total, data included more than ten indicators related to demographics, social and economic factors, health behaviors, prevalence of health conditions and health care access.

2021 Community Health Survey Background

In addition to the indicators above, in October 2021 a community health survey was mailed out to 8,000 random adults across Wright County. The survey is done in partnership with Buffalo Hospital, CentraCare — Monticello, Wright County Community Action and Wright County Public Health. The first mailed survey focused on residents' health began in 2012 and we have conducted a mailed survey since every three years. Having a variety of health indicators representing our local population helps health professionals better understand the health of our residents and communities. Survey results were reviewed and a comparative analysis inclusive of the two survey cycles was completed. Below is an example of how residents' behaviors and attitudes have changed over the years:

- Smoking has decreased over time. The percent adult smokers dropped from 11.5 percent in 2015 to 7.8 percent in 2021.
- 53.6 percent of adults reported having at least one 'not good' mental health day in the past 30 days in 2021 (35.6 percent in 2015 and 32.8 percent in 2018).
- More adults are seeking mental health care when needed (17.9 percent delayed seeking care in 2021 versus 23.7 percent in 2018).
- 41 percent of adults have reported texting and driving sometimes and/or often in 2021 (43 percent in 2015 and 42 percent in 2018).

Key 2021 survey results are presented on the next page.

2021 COMMUNITY HEALTH SURVEY RESULTS

2021 - Top 5 Issues in Wright County – Adults Opinion – Moderate or serious issue

1. Distracted driving	73%
2. Obesity	72%
3. Other mental health issues such as anxiety, panic attacks, memory loss, Alzheimer’s, or another form of dementia, etc.	59%
4. Use of e-cigarettes/vaping of nicotine products	58%
5. Depression among adults	57%

“Foregone Care” during past 12 months

Medical Care	25% delayed or did not get needed Medical Care <i>Most common reason: Not serious enough (44%)</i>
Dental Care	18% delayed or did not get needed Dental Care <i>Most common reason: Cost too much (42%)</i>
Mental Health Care	15% delayed or did not get needed Mental Health Care <i>Most common reason: Not serious enough (47%)</i>

Top 5 Answers - Adults experiencing any loss related to COVID-19

1. Social connectedness	40%
2. None	36%
3. Recreation or entertainment	35%
4. Exercise opportunities	18%
5. Regular school routine	17%

General Health Status and Behaviors

- 92% of adults reported their health as good/very good/excellent
- 8% of adults reported being smokers
- 60% of adults reported brushing their teeth each day during the last week for 2 times a day for 2 minutes.
- 71% of adults reported any alcohol use in the past 30 days
- 36% of adults reported any binge drinking in the past 30 days
- 29% recalled ever being told by a doctor that they had any mental health problem
- 54% reported at least one day of not good mental health in the past 30 days
- 15% of adults reported that they worried about food running out during the past 12 months
- 37% reported consuming 5 or more servings of fruits/vegetables day yesterday
- 26% reported 30 minutes or more of moderate exercise 5-7 days per week
- 65% of adults reported getting at least 7 hours of sleep on average each night

Distracted Driving

Ranked as #1 issue for third survey in a row. Many adults continue to acknowledge they engage in distracting activities while driving (sometimes and often).

- 41% report reading or sending texts
- 76% report making or answering a phone call
- 41% report they do other activities such as eat, read, apply makeup or shave

PRIORITIZATION PROCESS AND FINAL PRIORITIES

The review process included a formal prioritization tool known as the Hanlon method, which includes ranking health priorities based on three primary criteria: the size of the problem, including projection of future trends; the seriousness of the problem, including disparate health burdens within the population; and the effectiveness and feasibility of interventions on the part of health care.

Rather than embark on new priority areas and leave previously identified work unfinished, the Collaborative decided to do a “refresh” for 2023–2025 to allow work that had begun prior to COVID-19 to continue and a larger impact to be potentially gained. Through this process, WCCHC chose to continue to prioritize the areas identified in the 2019 CHNA for action:

- Mental Health and well-being
- Dental care
- Misuse of alcohol, tobacco and other substances

Although this was not the typical approach to a new CHNA cycle, the Collaborative felt certain that their communities would support this decision.

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

- Individuals living with disabilities.
- Individuals and families living with financial constraints.
- Individuals who are underinsured or uninsured.

NEEDS NOT ADDRESSED IN THE CHNA

WCCHC highlighted three health priorities that were been identified but weren't selected as 2023–2025 priorities. The 2021 community survey identified distracted driving and obesity as ongoing issues of importance. Resources are being invested to address the issue of distracted driving by a local coalition, Safe Communities of Wright County. Safe Communities has a large, cross-sectional group of partners across the county working to address traffic safety. Distracted driving has been an integral part of their education and prevention tactics. WCCHC will continue to support Safe Communities by attending board meetings and community events as applicable. Similarly, the state continues to provide communities with financial support through the Statewide Health Improvement Partnership to reduce obesity through policy, systems, and environmental changes. Since 2009, this framework has been in place to address community level problems that lead to our residents being overweight and obese. Data on adults' physical activity levels, healthy eating habits and obesity rates is gathered through our local survey.

Injury caused by falls were also an issue discussed by the collaborative. The issue of falls isn't necessarily new. However, during the data review process and discussions with community partners, WCCHC members recognized the continued increase in falls, the strain it is putting on emergency medical services and the opportunity to address this health issue in different ways. In reviewing the top reasons for 911 calls and transports, falls ranked number one. However, there are community partners and groups working to address the issue of falls and falls prevention. WCCHC plans to work together and with community partners, to identify possible solutions to reducing falls. That work will just not be specifically part of this implementation plan.

Community input

Developing a healthy community does not just happen; it requires a conscious and careful approach. The model WCCHC has chosen to use is Mobilizing for Action through Planning and Partnership (MAPP); “this framework helps communities prioritize public health issues, identify resources for addressing them and take action to improve conditions that support healthy living. MAPP is generally led by one or more organizations and is completed with the input and participation of many organizations and the individuals who work, learn, live and play in the community” (NACCHO web site, MAPP Framework).

All organizations involved in the Wright County Community Health Collaborative have been working together since 2017 using the MAPP model. Our collective commitment is to each other and our communities as we venture on this health and well-being journey as a team. Our ability to engage and meet with community members during the pandemic affected our ability to have community conversations about all the possible priority health issues in our communities. WCCHC did continue to collect and analyze data, which helped inform group’s collaboratives approach. WCCHC understands that emerging issues may have surfaced in the last few years, while issues that have been there for some time became front and center due to the pandemic. Going into this process of assessment and planning the WCCHC felt strongly for the need of this cycle to be a refresh. Group’s collaborative strategy will be focused on recommitment to the priority issues previously identified and working together to continue engaging the community in the process.

As part of the overall assessment process, on April 11, 2022, WCCHC conducted a conversation with community partners to share data on specific topics and priority areas, facilitate small group discussion and gather input that would further define potential priority health issue strategies. Data was gathered from a variety of sources and shared with the large group before breaking into smaller groups. The collaborative core group members asked this question “What are the activities/interventions you would recommend we explore related to these priorities?” and facilitated discussion among the attendees. Using the feedback gathered from the community conversation, WCCHC worked to create strategies to drive successful improvement in each priority area.

Community partners who participated in the conversation represented various local organizations:

- Allina Health Clinics
- Buffalo Hanover Montrose School District
- Buffalo Hospital-part of Allina Health
- Buffalo Hospital Board of Directors
- CentraCare-Monticello
- Central MN Mental Health Center
- Community members
- Love, INC (transportation, transitional housing, life skills programs for people living in or near poverty)
- Monticello School District
- Safe Communities of Wright County
- Rivers of Hope (essential crisis and supportive services to individuals seeking safety from domestic violence)
- Timber Bay (mentorship, support and programming for youth at risk and/or living in or near poverty)
- The Salvation Army
- Wright County Area United Way
- Wright County Commissioner
- Wright County Community Action
- Wright County Court Services
- Wright County Health and Human Services
- Wright County Public Health Task Force
- Wright County Sheriff’s Office

In addition to the community conversations that were held with the larger community group, WCCHC also identified people living with a disability and those with a lower social-economic level as diverse populations in Wright County. This allowed us to do a deeper dive related to health needs for those dealing with these issues. On April 11, 2022, WCCHC held a focus group with staff, clients and guardians at Functional Industries, Inc. Functional Industries is an organization in Wright County that has been providing vocational services to people with barriers to employment. Their mission is to create and promote innovative opportunities that reveal the natural potential of each person they serve.

Wright County Community Action also provided valuable information about the number and level of individuals and families living at or below the poverty level in our region. This brought to light the challenges people faced and how this impacted health and health outcomes.

These conversations were a good way to listen to how the audience viewed health, healthcare, social determinants of health and access to these areas of their lives. The information gleaned will be useful to incorporate into this upcoming CHNA and our response to the identified needs with this information in mind.

COMMUNITY INPUT RESULTS

After collecting feedback and conducting community conversations and dialogues, the collaborative shared the “refreshed” top three priorities with each organizations’ stakeholder groups. Each group consisted of key stakeholders, including senior leaders and managers. All four groups focused on defining why the health priorities are relevant to the population each organization serves, and how the population is affected by the gaps identified in the CHNA process. At each table, detailed discussions were led to answer questions on each of the current priorities.



The questions included:

- What are the activities and interventions you would recommend we explore related to these priorities?
- Who are we missing and need to hear from?
- How do we best connect to these communities/groups/partners?
- Which populations in Wright County are underserved for these needs?

Community/stakeholder conversations’ results

The results of these discussions included the agreement with a doing a refresh on the current CHNA for 2023-2025. Key themes that came forth for the priority areas included:

Mental Health and Well-being:

- Help community members navigate to the existing resources and partners that are in our community when they are in need of these services.
- Partner with more preventative and upstream tools to help avert mental health crises.
- Promote programs and provide training around dealing with emotions, wrap around services, loneliness, community connections, suicide prevention, and healthy aging.

Dental Care:

- Education around preventative care, having a dental home, needs during pregnancy and the connection between nutrition and dental issues.

- Seeing dental access as part of routine medical care and how oral hygiene impacts overall health. Not using the emergency healthcare system for dental emergencies. Working with Primary Care Providers to partner in this work.
- Access for all. This includes those with disabilities, insurance or financial issues, language barriers and transportation constraints.

Misuse of Alcohol, Tobacco and Other Substances:

- Youth prevention work needed in Wright County.
- How to better support those in recovery with wrap around services.
- Include people of all age groups in addressing related issues.
- Participate in the upcoming county opioid grant work – which is unknown at this time.

ALLINA HEALTH 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 effect 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 community-specific care and support navigating complex care systems. The participants identified 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 amount of providers that look like 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 the respect for their cultural background, beliefs and values.

Existing strengths

Participants identified strengths in their local community that are contributing 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 strong presence in the community services to help address HRSN; however, service availability varies greatly 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, WCCHC’s final phase of the CHNA process was to develop an implementation plan that includes goals, strategies, activities and indicators of progress.

WCCHC first developed an implementation plan based on actions and activities that were not able to be completed in the earlier cycle due to restrictions and interruptions caused by COVID-19 pandemic. Then, following the community dialogues and focus groups, a core group of staff from the four organizations participating in the collaboration worked through email, phone, virtual and in-person meetings to review and discuss the learnings and to further revise goals, strategies and planned activities for the 2023–2025 implementation plan. The three priorities and their respective goals and strategies were then communicated to the Community Benefit Advisory Council, hospital boards and leadership groups in the participating organizations, as well as any other interested community members.

The following implementation plan is a three-year plan depicting the overall work that the collaborative will conduct to address the priority areas. Existing resources to address each issue are also listed to reduce duplication and identify possible partners. Detailed objectives including timelines and measures of success will be developed in detail by the workgroups that will convene over the course of the implementation period.

The members of the collaborative will commit to working as a group on at least one collective impact tactic for each identified priority over the course of the implementation period. Shared collective impact tactics will have measurable outcomes and involve mutually reinforcing activities with the backbone support of participating organizations. The collaborative is committed to continuous communication over the course of implementation period to implement collective impact tactics.

The collaborative will work to support current intervention efforts and prevent duplication while building new or strengthening existing relationships across the community. The collaborative believes our coordinated approach will have the greatest impact on addressing these priority health issues.

PRIORITY 1: MENTAL HEALTH AND WELL-BEING

Resources: Many partners exist in the community that have expertise in and work to support mental health initiatives. These include the community mental health providers, health clinics, Bounce Back Project, Mental Health Advisory Council, Community Adult Mental Health Initiative, Central MN Mental Health, Change to Chill, Hello4Health and Buffalo Strong.

Goal: Provide education on activities that protect mental wellness and build resilience and healthy coping skills.

MAPP Strategies

- Increase awareness of the importance of social connectedness to combat isolation and loneliness.
- Increase awareness of mental illness as a medical condition and decrease stigma related issues.
- Increase awareness of suicide related issues with a focus on suicide prevention.
- Share information about the mental well-being continuum presence in our communities (Ex: support systems, self-care resources, mental health therapy, and healthcare providers).

***Collective Impact Activity: Develop an awareness campaign to promote the suicide crisis line and other identified mental well-being resources for members of our communities**

PRIORITY 2: DENTAL CARE

Resources: Currently, many partners exist in the community that have expertise in and work to support dental health initiatives. These include the many dental clinics in Wright County, Children’s Dental Service, Apple Tree Dental, Give Kids a Smile, the Dental Health Work Group—part of the Public Health Task Force, Community Dental Care clinic staff and the Wright County Dental Innovations Coordinator with a focus on dental health and related needs in our communities.

Goal: Reduce the rate of dental care delay in Wright County.

MAPP Strategies

- Increase access to and utilization of dental care for all with the focus on underserved populations.
- Educate the community about the importance of regular dental care.

***Collective Impact Activity: Promote and provide resources to support the work and projects of the local Dental Innovations Coordinator and communicate the availability of Community Dental Care- Buffalo, as a resource intended for people in and around Wright County**

PRIORITY 3: MISUSE OF ALCOHOL, TOBACCO AND OTHER SUBSTANCES

Resources: Currently, many partners exist in the community that have expertise in and work to support prevention of substance use and abuse, such as Mentorship Education and Drug Awareness (MEADA) Coalition of Wright County and the Drug Free Community coordinator and grant, Opioid Action Team, Drug Court, treatment, and recovery services.

Goal: Support local prevention, treatment and recovery efforts and policy changes to address substance misuse and substance use disorders in Wright County.

MAPP Strategies

- Reduce stigma related to diagnosis and treatment of addictions and substance use disorders and the possible connection to mental health conditions.
- Offer education to increase awareness of opioid use and misuse.
- Share age-appropriate resources about the use and misuse of substances such as tobacco, vaping, alcohol, and other substances.

***Collective Impact Activities: Highlight local substance use treatment resources through various communication methods and partner to create awareness of services in our communities**

***Collective impact activities are done jointly with the Wright County Community Health Collaborative. Each member of the collaborative may have additional activities for each priority.**

RESOURCE COMMITMENTS

Wright County Community Health Collaborative, through its member organizations, will commit resources during 2022–2025 to ensure effective implementation of its planned activities to meet the goals and objectives identified. Resources may include specific programs and services, charitable contributions and employee volunteerism offered by individual organizations and staff time devoted to advancing collective work.

Although each organization participating in the collaborative will commit to its' own set of tactics and activities (appropriately aligned with the mission and defined organizational purpose of each member of the collaborative), the group will collectively work on at least one common tactic/activity under each of three defined priorities and commit to measurable outcomes for those tactics at the end of the three-year implementation cycle. The group will meet in-person, via phone or web-based services on a regular basis (no less than monthly) to track progress, identify gaps and work towards successful resolution of the identified challenges.

EVALUATION OF ACTIVITIES

Throughout the implementation phase, specific metrics will be tracked to document progress toward meeting goals and objectives and make adjustments to the implementation plan as needed. Specific evaluation plans will be established or continued for programs and initiatives as appropriate.

Monitoring of population-level metrics and system-wide metrics will also provide context for the health status of the communities Wright County Community Health Collaborative serves and the work of the collaborative group overall. Some of the evaluation sources include but are not limited to the Minnesota student survey, local Wright County survey (comparative data will be analyzed; the collaborative will strive to deploy new survey in 2024), treatment admissions, Electronic Medical Record (EMR) data, number of people reached through educational efforts and community presentations.

INDIVIDUAL MEMBER PLANS

In addition to working on the collective impact strategies described above, the members of the collaborative will maintain organization-specific work plans and pursue health priorities and activities in addition to those described in the Wright County Community Health Collaborative implementation plan. [Wright County Public Health](#) and [CentraCare](#) plans will be housed on organizations' websites. Allina Health system-wide plan can be found [here](#). Additionally, the CentraCare systemwide plan and Wright County Public Health planned activities are described below. Allina Health system-wide performance indicators can be found in the appendix.

CentraCare Central Minnesota System-wide Plan

In April 2018, the first meeting of the Central Minnesota Alliance was held. The members of this partnership include Benton County Human Services, Public Health; CentraCare; Sherburne County Health and Human Services, Public Health; and Stearns County Human Services, Public Health Division. These relationships have been building over time and as a result, a more formal structure of this partnership in community planning was developed. The group collectively decided to use the Mobilizing for Action through Planning and Partnerships (MAPP) process and to follow the hospital IRS requirement of a three-year timeframe for each CHNA cycle. The MAPP framework was utilized for the 2019–2022 CHIP.

In February 2021, the National Association of County and City Health Officials (NACCHO) announced a MAPP Evolution. This revised MAPP framework encompassed key focus areas where CMA members also wanted to explore: Equity, Community Power, Inclusion, Trusted Relationships, Strategic Collaboration and Alignment, Data and Community Informed Action, Full Spectrum Actions, improved flexibility, and the move to practice continuous improvement with a living improvement planning document. Despite a lack of tools for this new MAPP Revision, the CMA Partners agreed to utilize the existing community health improvement infrastructure and move forward with the guidance that was available. Three assessments were conducted to complete the CHNA: Community Status, Community Context, and Community Partners. All four CMA member agencies had staff involved in each of the assessment committees. The structure of the partnership involves layers of groups of people from each agency with differing levels of involvement.

Every three years, CentraCare is required to complete a CHNA and develop a Community Health Improvement Plan to address identified needs. At the same time, all Local Public Health Agencies in Minnesota are required to complete this same type of assessment and improvement plan every five years. Effective July 1, 2019, Local Public Health will align with CentraCare and complete this work, as a region, every three years.

This essential collaboration between hospitals and public health is important to address population health needs and to decrease the duplicative nature of these two separate assessment and planning requirements. Therefore, this document serves as the CHNA and Community Health Improvement Plan for CentraCare and serves as the Community Health Assessment and Community Health Implementation Plan for Benton, Sherburne, and Stearns Counties.

Furthermore, this work has not been conducted in isolation but in collaboration with the community. There have been and will continue to be opportunities for input into the process, the product, and future needs and changes to the document.

Central MN Alliance Continuing Community Priorities

Priority		Examples
1	Building Families	Individual/family intervention Child well-being Parenting skills
2	Mental Health	Awareness Access Well-being Addiction
3	Encouraging Social Connection	Across the age spectrum Building social connections Community intervention
4	Adverse Childhood Experiences (ACEs)	Awareness Cultural Preventative measures Leading to chronic disease
5	Tobacco/Nicotine Use	E-cigarettes Addiction
6	Health Care	Access Cost
7	Risky Youth Behavior	Education Trafficking Mental Health Homelessness Alcohol, tobacco, and other drugs Physical health Safety
8	Financial Stress	Living wage Unemployment Affordable living
9	Trauma	Across the lifespan
10	Educating Policy Makers and Key Community Stakeholders	Educating on emerging issues in the community

Wright County Public Health Activities

Wright County Public Health is a division of Wright County Health and Human Services. There are 17 Departments that provide unique and different services to our residents. Wright County has five county commissioners who are elected officials and with their decision making sets the course for our local government entity to serve the public. As part of the county government structure, we want to acknowledge the resources, support, and relationships we have with county departments.

One important way the county works together with the community is to serve on several committees (Safe Schools), coalitions (MEADA and Safe Communities) and advisory boards (Emergency Medical Services).

As the county continues to grow and change, we will do our best to adapt to serve residents to the best of our ability. We encourage residents to join us as we work with our internal and external partners to continue improving where people live, learn, work and play.

Conclusion

Wright County Community Health Collaborative will work diligently to address the identified needs prioritized in this process by taking action on the goals and objectives outlined in this plan. For questions about this plan or implementation progress, please contact a member of the CHNA core steering team:

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- Individual community members who offered their time and valuable insights;
- Partner organizations that met to review and prioritize data and develop implementation plans and the individuals who contributed their expertise and experience to ensure a thorough and effective outcome;
- Member organization’s staff who provided knowledge, skills and leadership to bring the assessment and plan to fruition;
- Members of the CHNA steering team, representing the two hospitals, public health department and community action organization all serving the population of Wright County.



Appendix: Allina Health systemwide performance indicators

Health Priority	CHNA Goals	Example progress indicators	Example program-specific, intermediate outcomes
Mental health and wellness	Increase resilience and healthy coping skills.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Changes to Allina Health, state and local policies aimed at improving access to mental health and substance use services successfully implemented 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Number of people reached via CTC, HPK and/or Hello4Health substance use content 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> Number of patients served via tracked referral partnerships Qualitative feedback from key community partners Estimated resource saturation in CHNA counties 	<ul style="list-style-type: none"> Reduced HRSN rate among Allina Health patients
	Improve the long-term social, physical and economic conditions in the communities served by Allina Health.	<ul style="list-style-type: none"> Percent Impact Portfolio dollars invested 	
Access to culturally responsive care	Increase access to care, services and programs that are culturally specific, honoring and appropriate.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Outcome measure to be determined

