



Community Health Needs Assessment and Implementation Plan 2017-2019

AlinaHealth 

NEW ULM
MEDICAL CENTER

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The mission of Allina Health is to serve our communities by providing exceptional care as we prevent illness, restore health and provide comfort to all who entrust us with their care.

Executive Summary

New Ulm Medical Center (NUMC) is part of Allina Health, a not-for profit health system dedicated to the prevention and treatment of illness in Minnesota and western Wisconsin. This report describes the current community health needs assessment (CHNA) process and results for NUMC located in Brown County, Minnesota.

Every three years, Allina Health conducts a CHNA for each of its hospitals to systematically identify and analyze health priorities in the community and create a plan for how to address these priorities. The CHNA process is conducted in partnership with local public health departments, other hospitals and health systems and many other community partners. Through this process, Allina Health engages with community stakeholders to better understand the health needs of the communities it serves, identifies internal and external resources for health promotion and creates an implementation plan that leverages those resources to improve community health.

In late 2015, community members, community organizations, local public health and hospital/health system staff participated in a phased process that identified the following priority areas for community health in the communities served by NUMC:

1. **Healthy lifestyles across the lifespan**
2. **Mental health**
3. **Addiction and risky use of substances**

In 2016, NUMC solicited community input, assessed existing resources and worked with the Heart of New Ulm Project to jointly develop an implementation plan for 2017–2019 that will address these priorities. This plan includes the following goals, each of which is supported by multiple objectives and will be implemented through a variety of strategies monitored for progress and outcomes over time.

Healthy lifestyles goal:

Support educational programs, activities and policies that help individuals increase access to physical activity and healthful foods, as well as support eating well and active living.

Mental health goal:

Reduce the burden of mental health by reducing stigma, improving early identification of and offering resiliency programming focused on mental health conditions.

Addiction goal:

Support educational programs, activities and policies that increases awareness regarding addiction and the misuse of legal and use of illegal substances.

Introduction

The mission of Allina Health is to serve our communities by providing exceptional care as we prevent illness, restore health and provide comfort to all who entrust us with their care. Every three years, Allina Health conducts a community health needs assessment (CHNA) for each of its hospitals to systematically identify and analyze health priorities in the community and plan how we will address these priorities, including in partnership with local public health departments, other hospitals and health systems and many other community partners. The Internal Revenue Service provides guidelines for 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.

Through this process, Allina Health aims to:

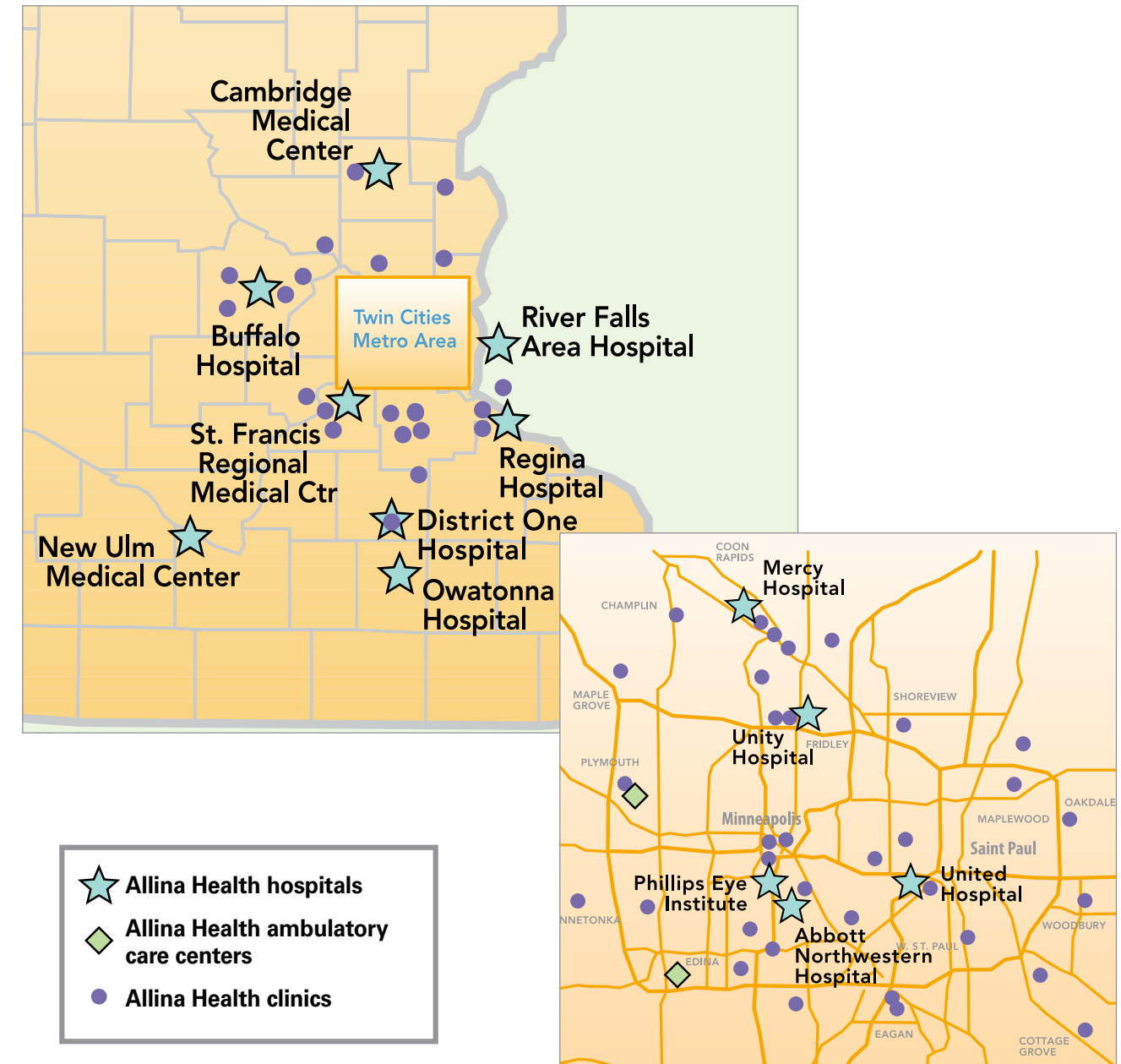
- Better understand the health status and needs of the communities we serve by considering the most recent health and demographic data as well as gathering direct input from community members.
- Gather perspectives from individuals representing the interests of the community, including those who have 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 Allina Health 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.

New Ulm Medical Center (NUMC) is part of Allina Health. The purpose of this report is to share the current assessment of community health needs most relevant to the community served by NUMC and its implementation plan to address these needs in 2017–2019. This report also highlights activities conducted during 2014–2016 to address needs identified in the previous 2013 assessment.

Allina Health Description

Allina Health is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. A not-for-profit health care system, Allina Health cares for patients from beginning to end-of-life through its 90+ clinics, 13 hospitals, 13 retail pharmacies, specialty care centers and specialty medical services that provide home care, senior transitions, hospice care, home oxygen and medical equipment and emergency medical transportation services.

Allina Health Service Area



- ★ Allina Health hospitals
- ◇ Allina Health ambulatory care centers
- Allina Health clinics

Hospital description and service area

New Ulm Medical Center (NUMC) is a nonprofit hospital and clinic serving the region in and around Brown County located in south central Minnesota. The hospital offers an extensive range of care options with over 30 affiliated physicians and a full complement of visiting specialists. NUMC is an integrated health care organization, the result of a merger between Sioux Valley Hospital and the New Ulm Medical Clinic in 1996. This integration culminated many years of close cooperation between the two facilities. Today, primary care services are provided to residents in a 25-mile radius of New Ulm, including the communities of Sleepy Eye, Searles, Courtland, Nicollet, Klossner, Lafayette, Hanska and Winthrop. Many patients drive 60 to 80 miles to receive specialty services such as orthopedics, general surgery, obstetrics and gynecology, psychiatry and pediatrics. NUMC also has a long history of working to improve health in the community it serves through both charitable giving by the New Ulm Medical Center Foundation and direct programming efforts which address health needs in the community.

Community served and demographics

NUMC operates 45 inpatient beds; 25,000 patients rely on its health services every year. Its primary service area is Brown County—a community located in southern Minnesota. Brown County was also the focus of inquiry for NUMC's CHNA.

According to the U.S. Census Bureau's Decennial Census, a total of 25,313 residents live in the 610.93-square-mile area occupied by Brown County. The area's population density, estimated at 41.43 persons per square mile, is less than

the national average. The median age in Brown County is 43 years. Approximately 22% of the total population is under age 18 and 20% is age 65 years or older. Approximately 5.6% of area residents are people of color—primarily Hispanic or Latino (4.1%), Asian (0.7%) or Black (0.4%). In 2014, 1.4% of residents were foreign born and 1.7% had limited English proficiency (U.S. Census Bureau, American Community Survey (ACS), 2010–2014, 5-year estimates). In 2014, the median income was \$52,272 with 8.9% of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, ACS, 2010–2014, 5-year estimates).

Brown County residents face many of the same health concerns common across the United States. Although more people are insured than in the past, 10.5% self-report that they do not have a regular doctor. Additionally, approximately 67.5% of area adults are overweight or obese and 9.6% report poor general health (U.S. Census Bureau, ACS, 2009-2013, 5-year estimates). Additional information about Brown County can be found online at Minnesota Compass.

Evaluation of 2014-2016 Implementation Plans

During 2014–2016, NUMC addressed needs identified in its 2013 assessment: obesity, substance abuse and mental health. Some initiatives were led by the hospital on its own while others were part of coordinated activities across the health system. The following describes significant initiatives and their outcomes.

Systemwide activities

In 2013, two needs, obesity and mental health, were identified as systemwide priorities by Allina Health. Thus, 2014–2016 systemwide community health activities focused on those two priority areas:

Change to Chill

Change to Chill™ (CTC) is a free, online resource that provides stress reduction tips, life balance techniques and health education services for teens. Since its launch in 2014, CTC has served more than 40,000 people, including teachers who use it in their classrooms, teens who use it in social groups and parents looking for ways to help their child stress less. In 2016, Allina Health piloted an in-person delivery model of the CTC program in a total of 11 middle schools, high schools and alternative learning centers throughout five communities Allina Health serves. Fifteen different groups of students participated in the project, representing a total of 253 student participants. Overall, the program was well-received by both participants and school liaisons. Many participants reported they intended to use what they learned and gave specific examples of how the program helped them. Participants also showed an increase in knowledge about basic concepts related to stress and resiliency skills.

Be the Change

As the largest provider of mental health and addiction care in the state, Allina Health believes it should lead the way in eliminating stigma within the industry. To this end, the recently launched internal program, Be the Change, is an effort to eliminate stigma around mental health conditions and addiction at Allina Health and ensure that all patients receive the same consistent, exceptional care. More than 500 Allina Health employees volunteered to lead this effort as trained Be the Change Champions and help educate and generate awareness among their colleagues about mental health conditions and addictions. The formal campaign extended from January–May 2016. During this time Champions presented at 492 meetings throughout the organization and reached 10,260, or 38%, of employees. While the formal campaign has come to an end, the work is ongoing and the campaign's goal is to reach all Allina Health employees.

Neighborhood Health Connection

Neighborhood Health Connection™ (NHC) is a community grants program that aims to improve the health of communities by building social connections through healthy eating and physical activity. Each year, Allina Health awards over 50 Neighborhood Health Connection grants, ranging in size from \$500–\$10,000, to local nonprofits and government agencies in Minnesota and western Wisconsin. Activities offered in 2014 and 2015 reached over 2,500 participants both years and a similar reach is expected in 2016. Evaluations of the NHC program find that the majority of people who participate in NHC-funded programs increase their social connections and make positive changes in their physical activity and healthy eating behavior. Further, 2014 follow-up data revealed that these positive changes were maintained six months later and nearly 80% of grantees continued to offer their activity after the grant period ended.

Health Powered Kids

Health Powered Kids™ (HPK), launched in 2012, is a free community education program designed to empower children ages 3 to 14 years to make healthier choices about eating, exercise, keeping clean and managing stress. In 2015, approximately 9,500 people visited the HPK website and more than 5,500 children were reached by the program. In addition, 87% of respondents to a user survey described HPK as helpful, very helpful or essential to improving health at their home, school or organization. These results were similar to those achieved in 2014.

Choose Healthy

At the beginning of 2016, Allina Health removed sugar-sweetened beverages and deep-fried foods and increased healthy offerings in its facilities to model and support the dietary changes recommended by providers. Additionally, in May 2016, Abbott Northwestern Hospital removed a fast food restaurant from its campus. These changes support the health of Allina Health patients, visitors and employees

Hospital-specific activities

Goal 1: Reduce obesity and increase physical activity.

Through the Heart of New Ulm (HONU), many healthy lifestyle programs and changes were implemented to support individuals in making healthy decisions including, but not limited to: screening 1,600 community members for heart disease risk factors, improving walkability in the community, offering a community-wide health challenge and producing healthy cooking shows. A partnership with the University of Minnesota provided NUMC with data and recommendations for implementing programs that support family-based and design approaches to addressing health in the community.

NUMC has also been creating and supporting programming that combines educational, environmental and behavioral activities at worksites and in the community. Quarterly presentations providing wellness education have been given in the community, and NUMC partners with over 30 industries on worksite wellness.

Youth wellness was targeted through existing Allina Health programs and new work with local schools. NUMC staff conducted four community presentations about Allina Health's Health Powered Kids program, 350 bikes were distributed to local children in a partnership between Free Bikes for Kidz and Sertoma's Santa's Closet and 400 students received athletic

shoes through New Shoes, Healthy Kids. Additionally, the Food Explorers program at Lafayette Charter School provided education and hands-on activities related to healthy foods. To promote non-motorized transportation for kids to and from school, new arrival and dismissal procedures were piloted, a walking map for children and families was created and a student/parent survey was conducted.

Goal 2: Support programs and provide education in the community addressing substance abuse.

To decrease access to prescription drugs, NUMC has been supporting and promoting resources for prescription drug drop-off and disposal sites. The hospital also supported educational programs aimed at increasing awareness of misuse of drugs at worksites, in the community and among youth. For example, the Reasonable Suspicion Program, which is targeted at worksites, was attended by 40 participants from a variety of industries, Insight training was offered to community members to help them identify signs of substance abuse in themselves or in other community members; and integrative workshops focused on how to address substance abuse among children and adolescents were offered to parents and educators. Additionally, hospital support continued for the Underage Substance Abuse Coalition to continue vital programming and staff training was provided to nurses to increase awareness of new drug trends in the community

Goal 3: Improve access to mental health-related resources in the community and address stigma related to mental health conditions

Presentations on depression, stress and anxiety were given to 100 participants at three worksites, and a screening tool was provided to all participants. Free depression screening and counseling was also provided on National Depression Day. Allina Health's Change to Chill programming, which targets stress management and mental health in children and adolescents, was promoted through numerous presentations to schools and an email sent to community members. Additionally, seven NUMC staff attended a training on adverse childhood experiences to learn about the origin of mental and physical health issues related to adverse childhood events. NUMC has also been actively engaging providers in public discussions around mental health and mental illness with the goal of decreasing stigma. To this end, a community-wide Make It Okay awareness campaign was conducted with Brown County Public Health.

2015-2016 CHNA Process and Timeline

Allina Health designed a process that engaged community stakeholders throughout and included both review of existing secondary data and collection of primary data through community dialogues.

The Community Benefit and Engagement department guided this process on behalf of the Allina Health system. Centralized System Office staff provided leadership for the process and community engagement staff in nine regions

throughout the Allina Health system led each of the hospitals through a process designed to identify unique needs and develop localized action plans, while also identifying common themes for action systemwide.

Hospital leadership teams and, where appropriate, regional hospital boards received and approved individual hospital plans followed by final approval by the Allina Health Board of Directors.

TIMING	STEPS
JULY – SEPTEMBER 2015	<ul style="list-style-type: none"> ESTABLISH PLANNING TEAMS and COLLECT DATA Staff identify and invite stakeholder groups for each hospital; share initial results from 2014–2016 implementation plan. Develop and distribute guidance and data packets and schedule local stakeholder meetings.
OCTOBER – JANUARY 2016	<ul style="list-style-type: none"> REVIEW DATA and PRIORITIZE ISSUES Review data with stakeholders and complete formal prioritization process, using Hanlon method. Review prioritized issues and summarize themes for the system.
FEBRUARY 2016	<ul style="list-style-type: none"> DESIGN COMMUNITY INPUT Identify specific methods and audiences for community input on strategies, work with vendor to design process and questions/topics and recruit participants.
MARCH – JUNE 2016	<ul style="list-style-type: none"> GATHER COMMUNITY INPUT and DEVELOP IMPLEMENTATION PLAN Conduct focus groups or community health dialogues to solicit action and implementation ideas related to priority areas. Local teams develop action plan, metrics and resource inventory.
JULY – SEPTEMBER 2016	<ul style="list-style-type: none"> PREPARE REPORTS AND SEEK INTERNAL SUPPORT/APPROVAL Share results and action plans with key stakeholders systemwide. Present plans to local boards/committees/leaders for approval.
OCTOBER – DECEMBER 2016	<ul style="list-style-type: none"> SEEK FINAL APPROVAL Staff present plan to Allina Health Board of Directors for final approval.

Data Review and Issue Prioritization

Allina Health Community Benefit and Engagement staff used the most recent secondary data available via the CHNA toolkit—a free, web-based platform hosted by Community Commons—as well as additional state and local data resources available for Brown County such as the Minnesota Student Survey or the Minnesota Health Access Survey. Data for Minnesota and the United States were also provided for comparison and context. The data included approximately 75 indicators relating to demographics, social and economic factors, health behaviors, physical environment, health conditions and health care access.

Approximately 18 stakeholders representing broad interests of the community attended at least one of two meetings in October and November 2015 to review data together and discuss pertinent issues for Allina Health to address through this needs assessment and action plan. Agencies represented at these meetings include:

- Brown County Family Services
- Brown County Probation
- Brown County Public Health
- Heart of New Ulm Project
- New Ulm City Council
- New Ulm Medical Center
- New Ulm Parks and Recreation
- Physician Group of New Ulm
- United Farmers Cooperative
- United Way of Brown County

The review process included a formal prioritization process known as the Hanlon method, which ranks 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.

Final priorities

Through this process, three priorities were identified for action in 2017–2019:

1. **Healthy lifestyles across the lifespan**
2. **Mental Health**
3. **Addiction and risky use of substances**

Needs identified but not included in the CHNA:

Two populations, the elderly and individuals who are low-income, were identified as being high-need during the issue-prioritization process and the aging population was initially identified as a fourth priority. However, time and other resources necessitate that only three top priorities be chosen for the 2017–2019 community health workplan. The elderly and individuals who are low-income will be considered priority populations as action plans for the three priority areas are developed and implemented. Community input data collected on the aging population will help tailor CHNA action plans and activities for this group.

Community Input

Once priority issues were identified with the stakeholders, NUMC solicited broad feedback from the community on the appropriateness of the identified priority areas as well as how NUMC could most effectively address the needs. Community input was primarily gathered via community dialogues and/or focus groups (with an online survey option if interested persons could not attend) and via an online survey of Allina Health employees.

Community dialogues/ focus groups

Allina Health partnered with The Improve Group to design, plan and facilitate a total of 22 community health dialogues and focus groups between March and April 2016. The dialogues were open to all members of the community. The meetings were facilitated by The Improve Group and Allina Health staff and used a World Café methodology. Participants had a chance to engage in discussion about all topics during three, 20-minute rounds. When the group of participants was fewer than 15, the conversation was conducted as a focus group with one facilitator from The Improve Group. 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.

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

- Does the community concur with/confirm our top priorities for the hospital?
- What specific aspect or components of the broad priorities should Allina Health work to improve?
- What strategies and partnerships should Allina Health implement in order to address the priorities?

Two community dialogues for NUMC were held in New Ulm, MN on March 16 and 17, 2016. A total of 32 people attended, including participants from local government, law enforcement, non-profit organizations, area businesses, advocacy groups and community members. An online survey was offered to people who could not attend the community dialogues but wanted to provide input on the assessment. Fifteen people completed the survey.

Community dialogues/ focus groups results

Mental health and addiction (later divided into separate priorities)

Vision for health

Participants envisioned a community where there is no stigma around mental health conditions. In 2019, they said people feel safe talking about mental health conditions and addiction, and individuals have better access to the care they need. They also imagined changing social norms around alcohol consumption, including less overconsumption at sporting events and festivals and fewer events that revolve around drinking.

Existing strengths

The New Ulm area has programs in place to help address the community's mental health and addiction needs. The "Make It OK" program is working to reduce the stigma of mental health conditions by treating mental health like other health concerns. The Youth Summit and Students Performing on Tough Situations (SPOTS) provide education about mental health and risky use of substances for youth and adults. Brown County Social Services provides emotional benchmark screenings for children as young as 12-months to allow for early intervention for mental health conditions.

Allina Health's role and opportunities

During the community dialogues, participants discussed ways Allina Health could help address the priority area. Ideas that came out of the session include:

- Offer education to help community members identify mental health conditions and provide support for people in crisis. For example, offer specialized training for school staff, emergency department staff and law enforcement.
- Train mental health advocates to help intervene in mental health crisis situations.
- Work with police to divert people in crisis to treatment instead of jail; help lower the cost to police departments for providing mental health crisis intervention training for law enforcement.
- Offer support groups and after-care for individuals struggling with mental health conditions and/or addiction and their families.
- Screen for mental health conditions and risky use of substances during primary care visits; offer referrals and resources to at-risk patients.
- Improve access to care by increasing the number of mental health providers, adding more in-patient supports and promoting a crisis line.
- Work with community partners to promote conversations in the community about addressing mental health conditions and addiction; for example, promoting responsible alcohol consumption.

Obesity: Adult, child and teen (later changed to “Healthy lifestyles across the lifespan”)

Vision for health

Participants envisioned a community where nutritious food is affordable and accessible. Community gardens are at full capacity, there are more Community Supported Agriculture (CSA) programs and the farmer’s market is an inviting and family-friendly event. Participants also envisioned an active community where parks are full, more people are walking and biking for transportation and people have access to free outdoor recreation activities. They imagined that in 2019 there are more resources to support wellness, fewer people dealing with weight issues and healthier festivals with less of a focus on alcohol and more healthy food options.

Existing strengths

The New Ulm area has many opportunities to be active, including local and state parks, Vogel Arena, physical activity programming and a variety of fitness centers. The Heart of New Ulm Project (HONU) helped to develop community support for wellness activities including health screenings, healthy menu options and calorie counts at restaurants and active community events. Several local businesses also have workplace wellness teams to help make it easier for employees to live healthier lifestyles.

Allina Health’s role and opportunities

During the community dialogues, participants discussed ways Allina Health could help address the priority area. Ideas that came out of the session include:

- Support policies to improve access to healthier food and beverages including healthy vending machines, eliminating soda and energy drinks in schools and healthy concessions at sporting events and festivals.
- Increase the availability of healthy food by supporting Community Supported Agriculture, community gardens and the local co-op.
- Support community and neighborhood activities that are accessible and can be led by community members including non-league sports, square dancing, open gym nights and family activities.
- Work with local governments to expand bike trails, including adding routes, connecting trails to neighboring communities and adding trails in parks.
- During doctor’s appointments, offer education about making healthy choices.
- Promote prevention by offering discounts or incentives for healthy behavior.
- Offer support groups that encourage healthy eating, physical activity and healthy coping skills.

Aging population (later removed as a priority)

Vision for health

Participants envisioned a community where aging adults are active and engaged in the community. They described a community where there is no stigma related to aging, there are connections between the aging population and younger generations and where there are safe places for community members to walk. Participants said this would be achieved by providing volunteer activities, continuing education and changes to buildings and infrastructure that allow residents to stay in their homes as they grow older.

Existing strengths

New Ulm has many opportunities for older adults to stay active and engaged including programs through the New Ulm Parks and Recreation Department, events and activities offered through Community and Seniors Together (C.A.S.T.) and private fitness centers. Senior dining and in-home services are available for aging adults who want to remain in their homes and assisted living and senior housing is perceived to be affordable and high-quality. Participants said the Brown County Area Senior Services Directory and the Senior Linkage Line are good resources for connecting aging adults and their families to services.

Allina Health’s role and opportunities

During the community dialogues, participants discussed ways Allina Health could help address the priority area. Ideas that came out of the session include:

- Offer supports to help aging adults remain in their homes including accessible and flexible transportation options, friendly visitor programs, in-home medical care for elderly patients and respite support for caregivers.
- Offer classes and programs that train community members on supporting older adults when they stay at home.
- Offer support groups for seniors to help navigate resources.
- Offer healthy activities for older adults such as gardening groups, volunteer opportunities, social activities, walking and birding clubs.
- Host a new retiree conference to help people transition into retirement.
- Offer programs to aging adults and their families that promote end of life planning and advanced care planning.
- Partner with the faith community, C.A.S.T., Community Education and the Parks & Recreation department to help address the concerns of the aging population.

Employee survey results

Employees were asked to give their home address zip code and then rank the hospital's identified priorities. The most important priority was coded to a score of 1, so a lower average score indicates a higher priority to the employees. Respondents were then asked to select from among pre-identified options for the role that Allina Health could play in each priority area and were given an opportunity to share the most important thing Allina Health can do and offer any other comments.

Total Number of Respondents New Ulm Medical Center: 48

Rank of Priorities:

1. Mental health (1.79 mean score)
2. Obesity (1.96 mean score)
3. Substance abuse (Addiction) (2.02 mean score)
4. Aging population (2.32 mean score)

Mental health:

- Allina Health's role (top 3):
 1. Share information about health through seminars, meetings or websites
 2. Offer classes or support groups related to health issues
 3. Make it easier to use our health care services
- Most important thing to do:
 - Increase education to reduce mental health stigma
 - Expand mental health care access/services
 - Increase number of mental health care providers
- Comments:
 - There is a need for more treatment centers and providers

Obesity:

- Allina Health's role (top 3):
 1. Help create environments that make the healthy choice the easy choice
 2. (tie) Share information about health through seminars, meetings or websites
 2. (tie) Offer classes or support groups related to health issues
- Most important thing to do:
 - Have a gym at a reduced cost for employees
 - Offer education on healthy eating and physical activity, especially target the schools
 - Create an environment where making a healthy choice is the easy choice
- Comments:
 - Have a bariatric clinic
 - Offer support for families who cannot afford to have their children in sports

Substance abuse:

- Allina Health's role (top 3):
 1. Share information about health through seminars, meetings or websites
 2. Help create environments that make the healthy choice the easy choice
 3. Make it easier to use our health care services
- Most important thing to do:
 - Educate, target schools
 - Continue to support individuals struggling with substance abuse
 - Increased community awareness

Aging population:

- Allina Health's role (top 3):
 1. Make it easier to use our health care services
 2. (tie) Share information about health through seminars, meetings or websites
 2. (tie) Offer classes or support groups related to health issues
- Most important thing to do:
 - Work on programs to keep seniors active
 - Offer more community programs for seniors
 - Have better/easier access to care for seniors
- Comments:
 - Have nurses or nurse practitioners go to nursing homes/assisted living homes so residents with decreased mobility can receive care
 - More respect towards the elderly
 - Have staff help the elderly understand the process or why they need certain care

Additional comments:

- Offer free/reduced cost gym memberships to employees

Implementation Plan

Overview of process

After confirming the hospital's top three priorities with the community and gathering community ideas for action, NUMC developed an implementation plan based on the input. This plan outlines the set of actions that the hospital will take to respond to the identified community needs including: goals, objectives, and process and outcome indicators with which the actions will be assessed. Existing community resources that address the issue are also listed so as to reduce duplication and identify possible partners.

The Community Engagement Lead for the Southwest Region convened two vital teams to engage in creating the community health implementation plan, which included the Community Engagement Council and the Heart of New Ulm Leadership Team. The teams are comprised of individuals and organizations that are committed to the priorities and the implementation plan.

The following implementation plan is a three-year plan depicting the overall work that NUMC and the HONU will conduct to address the priority areas. Annual work plans will be developed to provide detailed actions.

Priority 1: Healthy lifestyles across the lifespan

Resources: In addition to NUMC and HONU, the primary community resources that support this priority area include: Minnesota Department of Health (MDH) grants, New Ulm Park and Rec, ISD88 Community Education, Springfield Wellness Taskforce, fitness centers (e.g. Anytime, Curves, Snap Fitness, Dungeon), weight loss programs (e.g. Weight Watchers and Overeaters Anonymous), chiropractors, local restaurants, Safe Routes to School, local schools, community youth sports/activities, Brown County Public Health, local employers, Community Supported Agriculture (CSA) programs, Farmer's Markets, state and city parks (including bike trails, BMX trails, BC Trails Coalition and the DNR), Brown County Extension (WIC and offers cooking classes) and local grocery stores (e.g. Hy-Vee's dietician)

Goal: Support educational programs, activities and policies that help individuals increase access to physical activity and healthful foods, as well as support eating well and active living.

Objectives:

1. Maintain and support the worksite wellness action team to provide quarterly networking/training opportunities by December 2019.
2. Maintain and support the Coalition for Active, Safe and Healthy Streets and the Safe Routes to School Action teams to continue to make improvements to the built environment in New Ulm by December 2019
3. HONU Leadership Team will develop and support an action team that improves nutrition policies/practices in various venues throughout the community by December 2019.
4. Support and promote educational and funding opportunities to increase physical activity and improve nutrition through community education, SHIP, NUMC programs and other partnering organizations in Brown County.
5. Embed community health challenges within community organizations to provide annual challenges to engage community and business partners in a community wide challenge by December 2019.

Priority 2: Mental health—Adult and youth

Resources: In addition to NUMC, resources available to the community to address this priority include numerous community nonprofits and local public health such as: Sioux Trails, Brown County Family Services, Brown County Public Health (specifically post-partum, prenatal and children's services), Greater Minnesota Family Services (adolescent group homes, home-based services), Emotions Anonymous, Yellow Ribbon Program, Bridge on Center, Beyond Yellow Ribbon (targeted at troops), Committee Against Domestic Abuse (CADA) House, Healthy Communities Healthy Youth New Ulm (including SPOTS), other County Counselors, local law enforcement and community pharmacies.

Goal: Reduce the burden of mental health by reducing stigma, improving early identification and offering resiliency programming focused on mental health conditions.

Objectives:

1. NUMC and HONU will partner and lead efforts to provide educational opportunities that increase awareness and understanding related to mental health by December 2019.

Priority 3: Addiction and risky use of substances

Resources: In Brown County, resources to address this issue include, but are not limited to: local media, Underage Substance Abuse Coalition, Healthy Communities Healthy Youth, Brown County Teen Center, Drug Court—Juvenile & Adult, 12-Step Program, School Counselors, Brown County Family Services, community employers, detox facilities, local law enforcement, local parents and community pharmacies.

Goal: Support educational programs, activities and policies that increases awareness regarding addiction and use of legal and illegal substance use.

Objectives:

1. The HONU/NUMC Leadership Team will partner with SHIP, Park and Recreation Commission, Brown County Public Health and other interested partners to implement tobacco use prevention policies in Brown County by December 2019.
2. HONU/NUMC Leadership Team will partner with organizations to increase the awareness and availability of tobacco cessation services by December 2019.
3. HONU/NUMC Leadership Team will partner with organizations to decrease alcohol, drug use and tobacco use amongst youth by December 2019.

Resource commitments

Allina Health will commit both financial and in-kind resources during 2017–2019 to ensure effective implementation of its planned activities to meet the goals and objectives identified. Resources may include specific programs and services offered by the hospital, staff time devoted to collaborations with others to advance collective work, charitable contributions and employee volunteerism.

Evaluation of objectives

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 systemwide metrics will also provide context for the health status of the communities which Allina Health serves and the work of Allina Health overall (see Appendix).

Acknowledgments

Staff at Allina Health would like to thank many partners who made this assessment and plan possible:

- Individual community members who offered their time and valuable insights;
- The Improve Group, who facilitated our community conversations;
- 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;
- Allina Health and New Ulm Medical Center staff who provided knowledge, skills and leadership to bring the assessment and plan to fruition; and
- Allina Health System Office staff and interns who supported the process throughout, including Christy Dechaine, Sarah Bergman, Brian Bottke and Axmed Siciid

Conclusion

Allina Health 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:

- Jen Maurer, Community Engagement Lead for Southwest region at Jennifer.Maurer@allina.com or
- Debra Ehret Miller, Community Benefit and Evaluation Manager at Debra.EhretMiller@allina.com.

Copies of this plan can be downloaded from our website: allinahealth.org/About-Us/Community-involvement/

Appendix

Allina Health Systemwide Performance Indicators

Population Health Metrics

The following population-level indicators will be used to provide context and to monitor the community's status related to the identified priorities. Data will be analyzed at the county-level to match the hospital's defined community/communities in the CHNA process.

Healthy Eating and Active Living/Physical Activity		
Adult physical activity	Percentage of adults engaging in no leisure time physical activity	National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Youth physical activity	Percentage of 9th graders who were physically active for 60 minutes or more on at least five of the last seven days	Minnesota Student Survey (MSS)
Adult fruit and vegetable consumption	Percentage of adults eating less than five servings of fruit and vegetables daily	Behavioral Risk Factor Surveillance System (BRFSS)
Youth fruit and vegetable consumption	Percentage of 9th graders consuming at least one serving of a) fruit and b) vegetables daily	MSS
Adult BMI	Percentage of adults who are overweight or obese	BRFSS
Mental Health and Wellness		
Youth suicidal thoughts	Percentage of 9th graders with suicidal thoughts in the past year	MSS
Adult mental distress	Percentage of adults reporting more than 14 days of poor mental health per month	BRFSS
Addiction		
Adult binge drinking	Percentage of adult males having five or more drinks on one occasion and females having four or more drinks on one occasion	BRFSS
Youth drinking	Percentage of 9th and 11th grade students who reported using alcohol within the past 30 days	MSS
Youth illicit drugs	Percentage of 9th and 11th grade students who reported using any illicit drugs (not alcohol or tobacco) during past 12 months	MSS
Adult current smokers	Percentage of adults who currently smoke cigarettes some days or every day	BRFSS
Youth smoking	Percentage of 9th graders who smoked one or more cigarettes, past 30 days	MSS

Aging		
Fall related deaths, 65+	Number of adults age 65 and older who die as a result of a fall related injury (ICD10 codes W00 to W19)	Center for Disease Control and Prevention Wide-ranging Data for Epidemiologic Research (CDC WONDER)
Chronic Conditions prevalence, 65+	Percent of adults age 65+ with a chronic condition	Minnesota Department of Health (MDH)
Access to Care		
Uninsured	Percentage of population without health insurance coverage	MN Access Survey, MN Compass (Rice, Steele and Brown Counties)
Lack of consistent primary care	Percentage of adults who self-report that they do not have a primary care provider	BRFSS

Systemwide Metrics

The following process indicators will be used to monitor Allina Health progress across the health system during 2017–2019 CHNA implementation phase. These metrics will be pulled from Allina Health records by System Office staff as needed.

Mental Health and Wellness	
Employee volunteerism	Total number of volunteer hours tracked systemwide by Allina Health employees in community on projects and programs related to mental health and wellness.
Charitable contributions	Percent of all charitable contribution dollars given by the Allina Health system to organizations addressing mental health and wellness.
Healthy Eating and Active Living/Physical Activity	
Employee volunteerism	Total number of volunteer hours tracked systemwide by Allina Health employees in community on projects and programs related to healthy eating and/or active living
Charitable contributions	Percent of all charitable contribution dollars given by the Allina Health system to organizations addressing healthy eating and/or active living.
Access to Care	
Charitable contributions	Percent of all charitable contribution dollars given by the Allina Health system to organizations addressing health care access. (Reported for hospitals with health access as a priority in the CHNA).



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