2020–2022

Community Health Needs Assessment and Implementation Plan

St. Francis Regional Medical Center

TABLE OF CONTENTS

INTRODUCTION

St. Francis Regional Medical Center (St. Francis) is jointly owned by Allina Health, Health Partners/Park Nicollet Health Services and Essentia Health Critical Access Group, and sponsored by the Benedictine Sisters of St. Scholastica Monastery in Duluth. Its mission is to work together to provide all people the healing experience we would expect for ourselves and our families. As part of this mission, St. Francis conducts a Community Health Needs Assessment (CHNA) every three years. This process includes systematically identifying and analyzing community health priorities and creating a plan for addressing them.

Although jointly owned, St. Francis carries out the CHNA process as part of Allina Health. As part of its mission to serve its communities, Allina Health conducts a CHNA in partnership with local public health departments, other hospitals and health systems, community organizations and residents. The Patient Protection and Affordable Care Act of 2010 requires 501(c)(3) nonprofit hospitals to conduct an assessment at least every three years. The Internal Revenue Service provides guidelines for meeting this obligation.

Through the CHNA process, Allina Health aims to:

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

The purpose of this report is to share results from the current assessment of health needs in the community served by St. Francis and the implementation plan to address them in 2020–2022. This report also highlights the hospital's 2017–2019 activities to address needs identified in the 2016 assessment.

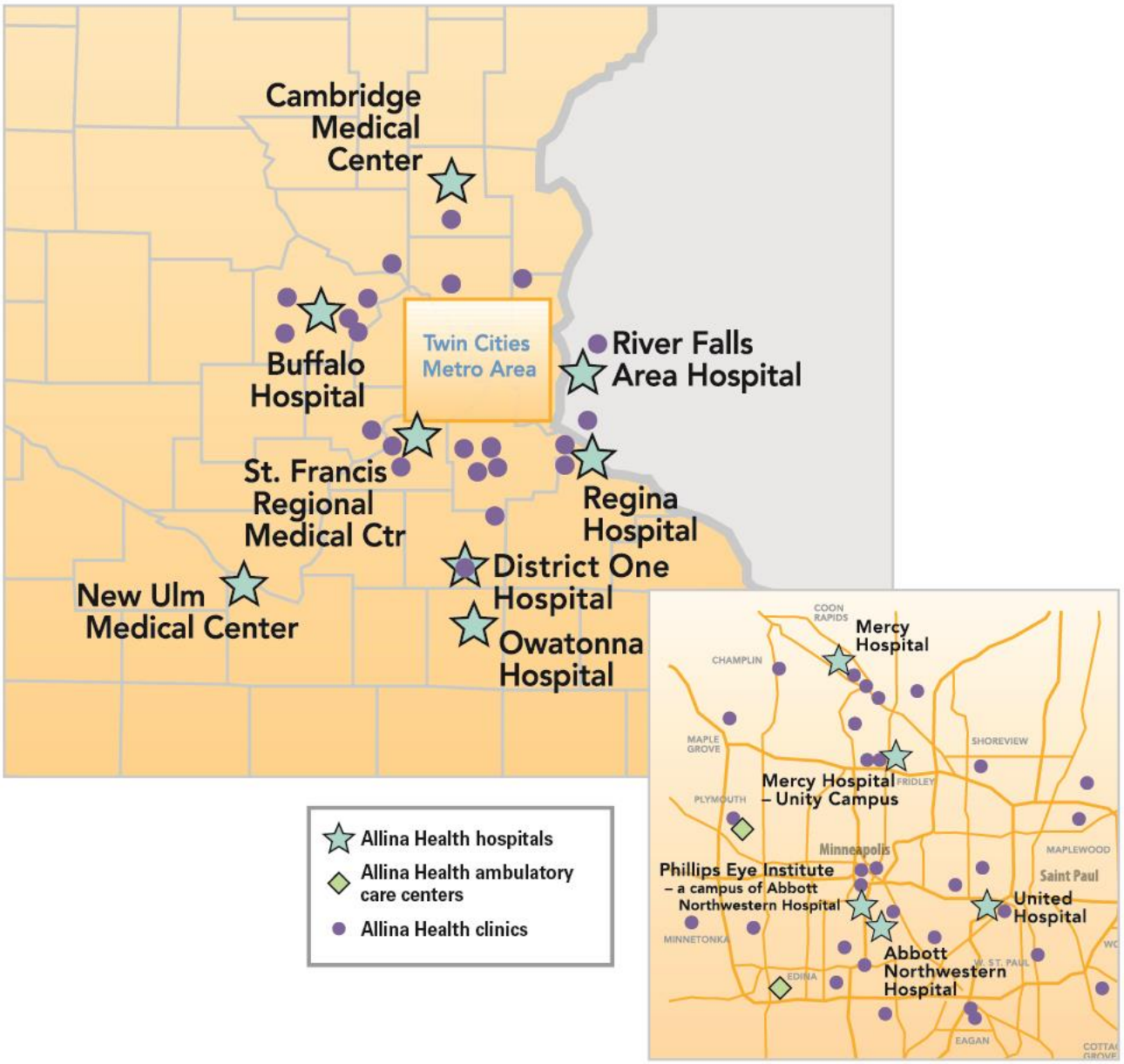
ALLINA HEALTH DESCRIPTION

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 nonprofit health care system, Allina Health cares for patients from beginning to end-of-life through its 90+ clinics, 11 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.

MISSION

At St. Francis, we work together to provide all people the healing experience we would expect for ourselves and our families.

ALLINA HEALTH SERVICE AREA



HOSPITAL DESCRIPTION AND SERVICE AREA

St. Francis annually serves more than 170,000 patients and their families. Its primary service area (and the focus of the CHNA) is Scott County and eastern Carver County—suburban areas located in the southern Twin Cities metro.

As previously described, St. Francis is jointly owned by Allina Health, Essentia Health Critical Access Group and Health Partners/Park Nicollet Health Services. This structure uniquely positions the hospital to combine the caring and compassion of a community hospital with the modern medical technology, specialties and services found in larger metro areas.

St. Francis ranks in the top 10 percent of hospitals nationwide for care and quality and has been recognized for its excellent patient experience, particularly in emergency care. The hospital provides a full range of inpatient, outpatient and emergency care services on a collaborative medical campus with more than 30 other clinics and health care providers. Allina Health clinics currently in this region include: Burnsville, Chaska, Dean Lakes, Lakeville, Savage and Shakopee. Additional St. Francis services include St. Francis Health Services in Jordan, Urgent Care Clinics in Shakopee and Express Care Clinics in Shakopee and Savage. Health Partner Clinics in the region are located in Shakopee, Prior Lake, Chanhassen and Burnsville. St. Francis has a long history of working to improve the health of the communities it serves through charitable investment and programs that address community health needs.

COMMUNITY DEMOGRAPHICS

According to the U.S. Census Bureau, a total of 240,462 residents live in the 744-square mile area occupied by Scott County and Carver County—the fastest growing counties in Minnesota. The area's population density, estimated at 322 persons per square mile, is greater than the national and Minnesota average. The median age in Scott County is 36 years and in Carver County is 37.2 years; about 28 percent of the total population is under age 18. Similar to Minnesota as a whole, Scott County and Carver County's racial and ethnic diversity is increasing. Approximately 14 percent of residents are people of color—primarily Hispanic or Latino (4.5 percent), Asian (4.3 percent) or Black (2.5 percent). In 2017, 6.6 percent of residents were foreign-born and 3.5 percent had limited English proficiency. The median household income in 2017 was $93,123, with 4.8 percent of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, 2013–2017 American Community Survey 5-Year Estimates).

Scott County and Carver County residents face many of the same health concerns that are common across the United States. For example, Feeding America estimates 13,760 people in these counties (5.7 percent) experienced food insecurity in 2017. Additionally, many residents struggle to access health care. Although more people are insured than in the past, four percent of residents are uninsured. Further, the region has a 915:1 ratio of residents to mental health providers compared with Minnesota's overall mental health provider ratio of 430:1. Approximately 28 percent of area adults are obese (County Health Rankings, 2019). Additional information about Scott and Carver counties can be found at Minnesota Compass.

EVALUATION OF 2017–2019 IMPLEMENTATION PLAN

In its 2017–2019 Community Health Needs Assessment and Implementation Plan, St. Francis adopted teen resilience and mental wellness, obesity and health care access for the uninsured as its health priorities. It addressed these priorities between 2017 and 2019 through local and systemwide activities. Because obesity or healthy eating/active living and mental health were identified as priorities for the entire service area, Allina Health also adopted them as 2017–2019 systemwide priorities.

SYSTEMWIDE ACTIVITIES

Allina Health provided each of its hospitals with resources to address obesity and mental health through the following strategies:

Change to Chill

Change to Chill™ (CTC) is a free, online resource that provides stress reduction tips, life balance techniques and resiliency building skills for teens. More than 30,000 unique users, including teachers, teens and parents, visit the CTC website each year.

In 2017 and 2018, Allina Health delivered an in-person model of CTC, reaching more than 2,300 students in high schools, middle schools and alternative learning centers across its service area. A pre/post participant survey showed an increase in students' knowledge of and ability to use healthy coping techniques. Additionally, in 2018, approximately 250 school and community professionals (86 from St. Francis' service area) participated in a train-the-trainer model aimed at equipping community members to engage with teens, parents and guardians using the CTC program and materials.

To support a culture of mental well-being in local high schools, Allina Health launched the Change to Chill School Partnership (CTCSP) during the 2018–2019 school year. At nine high schools, CTCSP reached more than 10,000 students through focus groups, peer mentoring and a designated space called "Chill Zone" to practice self-care. Staff training and messages for parents were also provided. St. Francis supported Shakopee High School, reaching 1,800 students. Initial systemwide evaluation results demonstrate that students who participated in components of Change to Chill™ showed increased confidence in their ability to cope with stress. In the 2019–2020 school year, Allina Health will provide technical support and funding to 16 high schools and 34 CTC student interns, as well as ongoing financial support to its previous CTCSP schools.

Be the Change

In 2016, Allina Health launched Be the Change, a six-month, internal campaign to eliminate stigma around mental health conditions and addiction and to ensure that all patients receive consistent, exceptional care. More than 500 Allina Health employees volunteered to serve as Be the Change champions, providing presentations and events to 18,140 of their colleagues (approximately two-thirds of all Allina Health employees). Employee surveys reveal that the campaign improved employees' perception of Allina Health's support of people with mental health or addiction conditions, their comfort interacting with people with mental health or addiction conditions and their knowledge of mental health resources. Between 2017 and 2019, Allina Health continued supporting Be the Change champions with ongoing communication and educational opportunities. Over 30 St. Francis Be the Change champions implemented awareness-raising activities for their co-workers.

Neighborhood Health Connection

Neighborhood Health Connection™ (NHC) is a community grants program that aims to improve health by building social connections through healthy eating and physical activity. Each year, Allina Health awards over 50 Neighborhood Health Connection grants (ranging from $500 to $10,000) to local nonprofits and government agencies in Minnesota and western Wisconsin. Between 2017 and 2018, NHC-funded organizations reached 2,831

and 3,467 participants, respectively, with similar reach expected in 2019. Evaluations of the NHC program found that most participants increased their social connections, made positive changes in physical activity and healthy eating and maintained these changes for at least six months. St. Francis awarded $90,000 in NHC grants to 20 local organizations from 2017–2019 in its region.

Health Powered Kids

Health Powered Kids™ (HPK) 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. Between 2017 and 2018, Allina Health added 16 lessons, mostly focused on mental well-being (e.g., Gratitude: Overlooked Blessings), and more than 100,000 people visited the HPK website. In a 2017 user survey, 90 percent of respondents rated HPK as "helpful" to "essential" in improving health at their home, school or 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 more than $400,000 to healthy eating initiatives across its service area between 2017 and 2018, including $26,350 in St. Francis' region. Additionally, through three annual "Give Healthy Food Drive" events, Allina Health employees collected 28,348 pounds of food that were distributed to 250 food shelves. In 2018 and 2019, Allina Health also offered coupons to Fare for All, a program of The Food Group, to community members at 52 clinics. Fare for All offers fresh produce and frozen meats at a low cost. Through this partnership, residents purchased nearly 1,200 boxes of fresh food. This partnership was initially piloted in St. Francis' service area, and more than 100 boxes were purchased through support from St. Francis' affiliated clinics. St. Francis employees also volunteer weekly at Fare for All's Chaska site.

Accountable Health Communities model

Because social conditions, such as food and housing instability, inhibit access to care and contribute to mental health conditions, obesity and chronic diseases, 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 screen 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 identify needs, the care team provides a list of community resources tailored to their needs. Some high-risk patients receive assistance navigating the resources. From June 2018 through June 2019, more than 97,000 patients completed an AHC screening with 22 percent identifying at least one need. The most frequently identified needs were food insecurity and housing instability, identified by 60 percent and 47 percent of patients with needs, respectively.

LOCAL ST. FRANCIS ACTIVITIES

Goal 1: Support the mental health and wellness of teens.

To increase access to community-based mental health services, St. Francis joined with other community leaders in advocating for an intensive residential treatment facility in Scott County, and donated $100,000 toward building the new facility.

To improve mental health services offered to its patients, St. Francis implemented telehealth in the emergency department and inpatient settings, contributing to St. Francis' designation of having the highest telehealth utilization within the Allina Health system.

St. Francis continued support for the Choose Not to *Use* K–12 curriculum in all Scott County school districts to help students develop skills for refusing alcohol, tobacco and other substances. St. Francis

also worked to eliminate mental health stigma by partnering with NAMI Super Saturday, an event that provided participants with information about local resources and skills for responding to child and adolescent mental health situations.

From 2017–2019, St. Francis and Allina Health provided employee volunteers and $13,000 of charitable contribution to Let's Go Fishing, a program that provides free fishing and boat outings on Cedar Lake. Let's Go Fishing serves over 1,000 seniors, veterans and people with disabilities each summer who report that their participation reduces loneliness, isolation and depression.

Goal 2: Improve the health of people living in our community by encouraging physical activity, promoting nutrition and reducing barriers to healthy living.

To improve access to healthy food among people with limited income, St. Francis held annual Healthy Food Drives, donated produce grown in its onsite community garden and made charitable donations during March Food Share Month.

For youth, St. Francis supported Good to Go Kids, which provides 325 low-income students in the Shakopee School District with food for weekends during the school year. As major funders of the program, St. Francis and Allina Health provided more than $60,000 to Good to Go Kids from 2017–2019.

St. Francis was also a major contributor to Camp Esperanza, a summer program developed by local Latinx community leaders. Through multiple community partnerships, the summer camp offers literacy, STEM programming, water-safety and gardening projects, reaching over 250 children each year. With St. Francis funding, the River Valley YMCA provided 40 middle school students with Y Start programming that included activities related to nutrition, mental health and physical activity. The hospital also provided three years of charitable contributions to the Burnsville Young Men's Soccer program for Somali youth.

St. Francis also provided $5,000 to the Community Action Partnership (CAP) Agency Mobile Food Shelf, which visits senior congregate dining sites throughout Carver, Scott and Dakota counties. An Allina Health dietician volunteers with the mobile food shelf to provide nutrition education to residents.

Goal 3. Meet community health care needs by increasing capacity and improving collaboration among community safety net providers.

The hospital has been a long time partner and major funder of St. Mary's Health Clinic in Shakopee and the River Valley Nursing Center (RVNC), which together serve over 1,000 uninsured or underinsured people each year. St. Francis provided clinic space, supplies and employee volunteers, and contributed $25,000 annually to St. Mary's Health Clinic. It also provided an average of $45,000 each year to RVNC during 2017–2019.

St. Francis supported Project Community Connect, an annual event hosted by Scott County and Carver County agencies that provide a one-stop location for direct services to people who are homeless or at risk of becoming homeless. St. Francis provided $5,000 annually to help defray the cost of medications provided to people at this event.

Additionally, St. Francis staff participated in the Scott County Health Care System Collaborative, which created an Oral Health Collaborative to provide oral health education to families and increase children's access to professional dental care.

To ensure local safety net organizations are aware of its charity care programs and discounts, St. Francis promoted Allina Health Partners Care program's discounts to the Scott County Health Care System Collaborative and a local Hispanic/Latino Leadership Group.

2018–2019 CHNA PROCESS AND TIMELINE

St. Francis provides services in a community in which government agencies, institutions and community-based organizations independently and collectively address pressing issues affecting communities. Hospital staff are engaged in multiple community-based coalitions that conduct processes similar to the CHNA. Therefore, to efficiently conduct this year's CHNA, St. Francis integrated its CHNA process into existing assessment and community input processes. It augmented these collective activities with its own key informant interviews to ensure it captured multiple voices from the community.

Allina Health Board of Directors received and approved the hospital plan. St. Francis Regional Hospital Board of Directors gave final approval.

TIMING	STEPS
July–September 2018	**ESTABLISH PLANNING TEAMS and COLLECT DATA** Staff establish initial assessment plans, compile learnings from local assessments, identify stakeholder groups for each hospital and share results from current implementation strategy, as appropriate.
October 2018–January 2019	**DATA REVIEW and PRIORITIZE ISSUES** Data review teams are convened, using locally available data and working closely with public health. Teams prioritize issues using locally-agreed upon criteria.
February 2019	**DESIGN COMMUNITY INPUT** Local teams identify specific methods and audiences for community input on the priorities and strategies for action.
March–June 2019	**GATHER COMMUNITY INPUT and DEVELOP IMPLEMENTATION PLAN** Dialogue with community stakeholders to solicit action and implementation ideas related to priority areas. Local teams develop action plan, metrics and resource inventory. Learnings are shared systemwide to identify commonalities and develop Allina Health systemwide action plan.
July–September 2019	**PREPARE REPORTS and SEEK INTERNAL SUPPORT/APPROVAL** Share results and action plans with key stakeholders systemwide.
October 2019	**SEEK FINAL APPROVAL** Staff present plan to St. Francis Regional Medical Center Board of Directors for final approval.

DATA REVIEW AND ISSUE PRIORITIZATION

St. Francis developed a CHNA in partnership with Scott County Public Health, which was simultaneously leading its Community Health Improvement Planning (CHIP) process. The process was also influenced by staff's participation in the Scott County Health Care System Collaborative, Scott County Health Improvement Partnership's Community Leadership Team, the Carver County Public Health CHIP process and other community efforts. These groups included community members and representatives from:

- Scott County Public Health
- Scott County Attorney's Office
- Health systems and foundation, including Health Partners/Park Nicollet, Allina Health, Fairview Ridges Hospital in Burnsville and Mayo Clinic Health System in New Prague
- Safety-net organizations, including St. Mary's Health Clinics, Open Door Health Clinics and River Valley Community Partnership
- River Valley Nursing Center
- Esperanza at New Creation Lutheran Church
- Shakopee Public Schools
- Jordan Public Schools
- Blue Cross Blue Shield
- River Valley YMCA
- City of Prior Lake
- Shakopee Diversity Alliance
- Three Rivers Parks System
- WHG Group, LLC
- Carver-Scott-Dakota County Community Action Partnership (CAP) Agency
- UCare

As part of this process, the Scott County Health Care Collaborative hosted a primary data collection event in October 2017 that was heavily promoted to ensure attendance by a broad cross-section of community. Approximately 140 residents participated. Half of participants identified as indigenous or people of color. A wide range of ages were represented: almost 25 percent of participants were youth under age 24 years, and 39 percent of participants identified as Generation X. The event included an engagement process called Intentional Social Interaction, which consists of focused conversations about Scott County assets, cultural wellness traditions and gaps in care. Community feedback was recorded on note sheets by event participants, and then transcribed, aggregated and de-identified for reporting purposes. Questions receiving the greatest number of responses were marked on the final report as a loose measurement of important themes and concepts.

As part of the prioritization process conducted by Scott County Public Health, St. Francis staff participated with the Scott County Health Care System Collaborative and Scott County Health Improvement Partnership's Community Leadership Team to review state and local secondary data resources, such as Health Issue brochures prepared by Scott County Public Health, Scott County responses on the Minnesota Student Survey, Scott County Chronic Disease Dashboard and Scott County 10-Year Death Data. These data sources included demographics, social and economic factors, health behaviors, prevalence of health conditions and health care access. Additionally, the Scott County prioritization group reviewed select Allina Health patient data, chosen based on priorities defined by the Center for Community Health and Allina Health equity priorities:

- Volume of Allina Health EMS ambulance runs by cities served in Scott County
- Patient data by county of residence (Scott and Carver): demographic data (including race, ethnicity, language, age and insurance type), health-related social needs and select conditions
- Top three reasons for emergency room visits
- Tobacco use among adults and youth
- Rates of overweight and obesity

- Colorectal cancer screening rates

Additionally, Scott County Public Health conducted a community input survey, created in partnership with St. Francis and Health Partners/Park Nicollet Foundation. In the summer of 2018, staff distributed English and Spanish versions of the survey at events, such as the Shakopee International Festival, Scott County Fair, Vision 2040 pop-ups and community areas like laundry mats, ethnic grocery stores and the Department of Motor Vehicles. The survey asked community residents to list their top three community health concerns from a list that included experiences with trauma and health conditions, behaviors and perceptions. A total of 1,125 community members completed the survey. Staff analyzed the survey results by community and demographic indicators, including gender, race, ethnicity, age and income.

PRIORITIZATION PROCESS

Based on the data review and community feedback, Scott County Public Health CHIP participants generated a list of 16 health issues for final review. In November 2018, Scott County Public Health hosted a prioritization meeting in which participants voted on their top three local health priorities. This voting process resulted in the following needs being identified for Scott County:

- Alcohol and drug use by youth
- Obesity
- Mental health concerns

FINAL PRIORITIES

To build on previous work and due to the overlap in priorities identified through the Scott County Public Health assessment process with those identified for St. Francis' 2016 CHNA, St. Francis chose to continue its existing priorities for action in 2020–2022:

- Mental wellness and substance abuse
- Obesity
- Access to care

NEEDS NOT ADDRESSED IN THE CHNA

The topics identified in the Scott County Public Health prioritization meeting will be addressed in St. Francis' CHNA priorities. Alcohol and drug use by youth will be addressed under the mental wellness priority. Additionally, the group discussed pre-diabetes, stress management and transportation as they relate to access to care, but did not select them as final priorities due to overlap with the selected priorities. For example, stress management is a component of the mental health and access to care priorities. Pre-diabetes is closely connected to healthy weight and food access strategies. Transportation is related to access to care.

COMMUNITY INPUT

St. Francis solicited additional feedback from community members to understand their perspectives and ideas for addressing the identified priorities. St. Francis conducted two community dialogues with approximately 20 members of the Shakopee Hispanic/Latino Leadership Group in January and February 2019 and one with 20 Shakopee High School students in March 2019. Hospital staff facilitated the Shakopee High School dialogue using the World Café methodology, which provided the opportunity for participants to talk about each priority during three, 20-minute rounds of discussion.

St. Francis also gathered community input through three key informant interviews with Scott County community members representing the Russian, Somali and American Indian communities. To learn more about substance use issues, staff interviewed an adolescent chemical health specialist who works with Shakopee High School, local middle schools and Shakopee's Alternative Learning Center.

Through the interviews and community dialogues, St. Francis explored the following questions:

- What problems and gaps exist related to each priority?
- What resources exist to address each health priority, and what is working well?
- What ideas and strategies could St. Francis and others purse to address the priorities?

COMMUNITY INPUT RESULTS

Access to care

Existing gaps

Community dialogue participants and key informants shared that transportation challenges and lack of health insurance were barriers to accessing health care. They also mentioned that despite many options for navigating health care through web-based platforms, these tools are irrelevant for many elderly patients. In some historically underserved communities, lack of trust was cited as a barrier to care, especially in the American Indian community, which described challenges with the Indian Health Service. In immigrant communities, language barriers were often cited. Specifically, some people shared that there are not enough interpreters to meet patients' needs. And, in some cultures, people are less likely to understand or seek preventive care.

Community resources

Participants cited the hospital, teen clinics and services in schools as helpful resources. A member of the Somali community mentioned that St. Francis' presence at quarterly meetings with Somali Community of Care contributes to a positive relationship.

Ideas and opportunities

Participants indicated that more interpreters and better transportation options to health care facilities would be helpful.

Obesity

Existing gaps

Participants shared many barriers related to being physically active and eating healthy. The easy availability, lower cost and advertising of fast food contribute to unhealthy diets while higher prices of healthy food are a barrier to eating nutritious food. A shortage of free or affordable exercise opportunities make it difficult for people to be physically active, especially for elderly immigrants who do not drive.

Community resources

When asked about existing programs that help people maintain healthy weight, participants cited government assistance programs, such as EBT and free and reduced lunch and food donation programs through Cub Foods. They also indicated there are opportunities to be active at the YMCA, community center and a high school gym.

Ideas and opportunities

Community members indicated that more physical activity opportunities for the elderly and transportation to the YMCA and other community sites would be helpful. A nutrition club, increased promotion of healthy foods and a grocery delivery service were also suggested.

Mental wellness and substance abuse

Existing gaps

The lack of nearby substance use treatment services and transportation options makes it difficult for people to access mental health and treatment services. Participants also indicated there is too little information or assistance to help parents address their children's mental health and substance use needs. Additionally, participants said there is a lack of providers who speak their language and understand their culture. A representative from the Russian community shared a need for more written materials about mental health in Russian.

Community resources

Participants cited many community resources to help young people and adults address mental health and substance use. The high school offers a Saber Pause program, a Chill Zone, mental health therapists and chemical dependency specialists. They also said there is increasing awareness and dialogue about mental health issues, especially among pastors in some communities.

Ideas and opportunities

Across various cultural groups, participants envisioned more culturally specific mental health care providers and services and opportunities for social connections as strategies for improving mental health. Participants suggested that providing more education and using social media to share information could help parents to learn more and communicate with each other. They also suggested substance abuse mentors in the schools and strategies to prevent youth access to tobacco and alcohol, such as higher taxes and underage compliance checks.

2020–2022 IMPLEMENTATION PLAN

After confirming St. Francis' top three priorities with community residents and gathering ideas for action, the final phase of the CHNA process was to develop an implementation plan that included goals, strategies, activities and indicators of progress.

St. Francis staff developed a draft implementation plan, and then in February and April 2019, its staff met with leaders from each of Allina Health's nine community engagement regions to discuss the results of each hospital's data review, prioritization and community input processes. Priorities and common themes for action were identified across all geographies. Together, they identified mental health (including substance use) and obesity caused by physical inactivity and poor nutrition as priority needs in all Allina Health geographies. They also identified social determinants of health, particularly access to healthy food and stable housing, as key factors contributing to health.

Based on this process, Allina Health will pursue the following systemwide priorities in 2020–2022:

- Mental health and substance use
- Social determinants of health
- Healthy eating and active living

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

St. Francis' final implementation plan incorporates Allina Health's systemwide strategies and activities, as well as local ones. It integrates community input, evidence-based strategies (i.e., strategies whose effect has been proven) and promising ideas with potential for addressing the priorities. The plan reflects programs and services available through other organizations in the community, St. Francis' available resources and Allina Health's systemwide contributions. To make progress in achieving health equity among residents in its service area, St. Francis will prioritize partnerships and activities that will engage populations that have been historically underserved and experience health disparities.

PRIORITY 1: MENTAL HEALTH AND SUBSTANCE USE

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

Strategies

- Increase resilience among school-age youth and other community members.
- Increase social connectedness and community-wide resilience efforts.
- Increase access and ability of St. Francis to care for patients experiencing mental health conditions in the emergency department.

Activities

- Offer Change to Chill™ in at least one high school each year, and continue supporting schools currently offering the program, as requested.
- Enhance and promote Health Powered Kids™ mental health and wellness programming to area schools.
- Contribute to Scott County Health Improvement Coalition's efforts to reduce youth use of alcohol, tobacco and other drugs.
- Provide financial and in-kind support to youth peer education and mentoring programs.
- Participate in the Scott County Coalition to End Child Abuse and Neglect.
- Support and make charitable contributions to community efforts to increase resilience and social connectedness, particularly among historically underserved communities.
- Support grassroots community-based efforts around resilience efforts, including social-connectedness.

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

Strategies

- Decrease stigma associated with seeking help for mental health and substance use conditions, with a particular focus on the experiences of racial and ethnic minorities and other historically underserved communities.
- Increase support of policy and advocacy efforts aimed at improving access to adolescent mental health and substance use services.

Activities

- Enhance the stigma elimination components in Change to Chill™, with a particular focus on the experiences of racial and ethnic minorities and other historically underserved communities.
- Promote stigma elimination education and messaging, particularly in May and October.
- Support NAMI MN's student and parent programming and support groups.
- Partner with local school chemical dependency staff, school resource officers and others to increase understanding of the importance of seeking help for mental health and substance use conditions.
- Serve on local mental health and addiction coalitions, such as Scott County Local Advisory Council on Mental Health and the Scott County Community Health Improvement Council.
- Support and advocate for local and state policies aimed at increasing number of and accessibility to mental health and substance use services.

Community partners

Area schools, public health, NAMI MN, Scott County ATOD Workgroup and other local coalitions.

PRIORITY 2: HEALTHY WEIGHT

Goal: Increase healthy eating and physical activity.

Strategies

- Improve access to healthy food.
- Increase opportunities for physical activity, especially for people from historically underserved communities and seniors.

Activities

- Partner with local park systems and Three Rivers Park District to explore new opportunities for park utilization.
- Support development and participation in community winter recreation activities.
- Donate produce from St. Francis' community garden to a local food shelf.
- Provide grant-making, charitable contributions and employee volunteer opportunities to healthy food-related activities and organizations.
- Actively contribute to and participate in community coalitions and partnerships related to healthy food and active living.

Community partners

St. Francis Wellness Coordinator, Good to Go Kids, YMCA and Esperanza, community education programs, parks and recreation departments, schools, public health, CAP Agency, food shelves, SHIP program and Three Rivers Park District.

PRIORITY 3: ACCESS TO CARE

Goal: Increase community members' access to the appropriate level of care.

Strategy

- Increase capacity of and collaboration between safety net providers to care for people who are uninsured.

Activities

- Foster connections between St. Francis and local community-based clinics and social service agencies.

- Promote St. Francis' charity care programs and discounts to local safety net organizations.
- Provide monetary and in-kind support to local safety net organizations.

Community partners
St. Mary's Health Clinics, River Valley Nursing Center, Scott County Mobile Medical Center and local public health departments.

SOCIAL DETERMINANTS OF HEALTH

Across Allina Health's service area, hospitals indicated that addressing social determinants of health is essential to the success of improving identified health priorities. To this end, Allina Health identified a systemwide plan for addressing social determinants of health; St. Francis will participate in the plan's implementation.

Goal: Reduce social barriers to health for patients and communities.

Strategies
- Establish a sustainable, effective model to systematically identify and support patients in addressing their health-related social needs.
- Establish a sustainable network of trusted community organizations that can support patients in addressing their health-related social needs.
- Increase support of policy and advocacy efforts aimed at improving social conditions related to health.

Activities
- Support the successful implementation and evaluation of the Accountable Health Communities model at participating sites.
- Champion development of and support transition to an Allina Health systemwide strategy and care model to identify and address patients' health-related social needs.
- Implement a process to identify key community partners and support their sustainability with financial contributions, exploration of reimbursement models, employee volunteerism and policy advocacy.
- Design and implement a process with community organizations to facilitate tracked referrals that connect patients to community resources.
- Participate in and support community coalitions aimed at improving access to transportation, housing and food, including connecting Allina Health resources, expertise and data to these groups as appropriate.

RESOURCE COMMITMENTS

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

EVALUATION OF ACTIVITIES

St. Francis will develop specific work plans for implementing the activities outlined in the implementation plan. During the 2020–2022 CHNA period, it will monitor its progress on work plans by tracking process measures, such as number of programs delivered and people served, staff time dedicated and dollars contributed.

Allina Health will evaluate systemwide programs and initiatives (e.g., Change to Chill™) to assess effects on intermediate outcomes (e.g., resilience) that evidence shows are likely to lead to improvement on population health measures, such as mental health or obesity.

To assess the long-term effects of activities on such health measures, Allina Health will monitor population-level indicators related to Mercy and systemwide priorities. Where possible, data will be analyzed at the county-level to match the hospital's defined communities in the CHNA process. If county-level data are not available, data will be analyzed by region. Examples are shown in the Appendix.

CONCLUSION

St. Francis Regional Medical Center and Allina Health will work diligently to address the priority health needs identified 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: Tamara Severtson, Community Engagement Lead for South Metro region or Christy Dechaine, Community Benefit and Evaluation Manager.

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

ACKNOWLEDGEMENTS

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

- The many 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, especially local public health agencies;
- Allina Health System Office staff and interns who supported the process throughout, particularly Leah Jesser, Emma Wolf and Bri Wagner; and
- Other staff at Allina Health and St. Francis who provided knowledge, skills and leadership to the assessment and plan processes.

APPENDIX: ALLINA HEALTH SYSTEMWIDE PERFORMANCE INDICATORS

Health Priority	Example program-specific, intermediate outcomes	Long-term population health outcomes
Mental health and substance use	• Increase in coping self-efficacy among students exposed to CTC messaging. • Changes to state and local policies aimed at improving access to mental health and substance use services successfully implemented.	• Increased percent of Scott/Carver county adults reporting they receive the social and emotional support they need always or usually (Behavioral Risk Factor Surveillance System (BRFSS)). • Increased percent of Scott/Carver county students reporting they "find good ways to deal with things that are hard in [their] life" (Minnesota Student Survey (MSS)). • Increased ratio of population to mental health providers (County Health Rankings).
Social determinants of health	• Reduced percent of patients screening positive for one or more health-related social needs (food, housing, transportation, utility payment and safety). • Increased staff confidence in ability to support patients in addressing their health-related social needs.	• Reduced percentage of Scott/Carver county adults reporting they sometimes or often could not afford to eat balanced meals (BRFSS). • Reduced percentage of Scott/Carver county households (renters and homeowners) using more than 30 percent of income on housing costs (MN Compass).
Healthy eating and active living	• Specific measures in development.	• Reduced percentage of Scott/Carver county adults engaging in no leisure time physical activity (BRFSS). • Increased percentage of Scott/Carver county ninth graders who were physically active for 60 minutes or more on at least five of the last seven days (MSS). • Reduced percentage of Scott/Carver county adults eating less than five servings of fruit and vegetables daily (BRFSS). • Increased percentage of Scott/Carver county ninth graders consuming at least one serving of fruit and one serving of vegetables daily (MSS).
Access to care	• Improved care utilization (e.g. reduced ED utilization, readmissions and no-show rates) among patients receiving support in addressing their health-related social needs via the Accountable Health Communities model.	• Reduced percentage of Scott/Carver county adults who self-report that they do not have a primary care provider (BRFSS).