



# Community Health Needs Assessment and Implementation Plan 2017-2019



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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

Mercy Hospital is a 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 Mercy Hospital (which includes Unity Campus) located in Anoka 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 process that identified the following priority areas for community health in the communities served by Mercy Hospital:

- 1. Mental health and addiction**
- 2. Chronic disease prevention and health management (includes violence and obesity prevention)**
- 3. Senior health**

In 2016, staff solicited community input, assessed existing resources and developed an implementation plan for 2017–2019 in order to 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.

**Mental health and addiction goal:**

Promote mental health and wellness services for individuals, youth and families in our communities.

**Chronic disease prevention and health management goal:**

Promote evidence-based strategies for prevention, detection, treatment and management of chronic disease.

**Senior health goal:**

Improve and/or maintain the health of seniors in our communities (in terms of functional, physical, mental, emotional and spiritual health).

# 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.

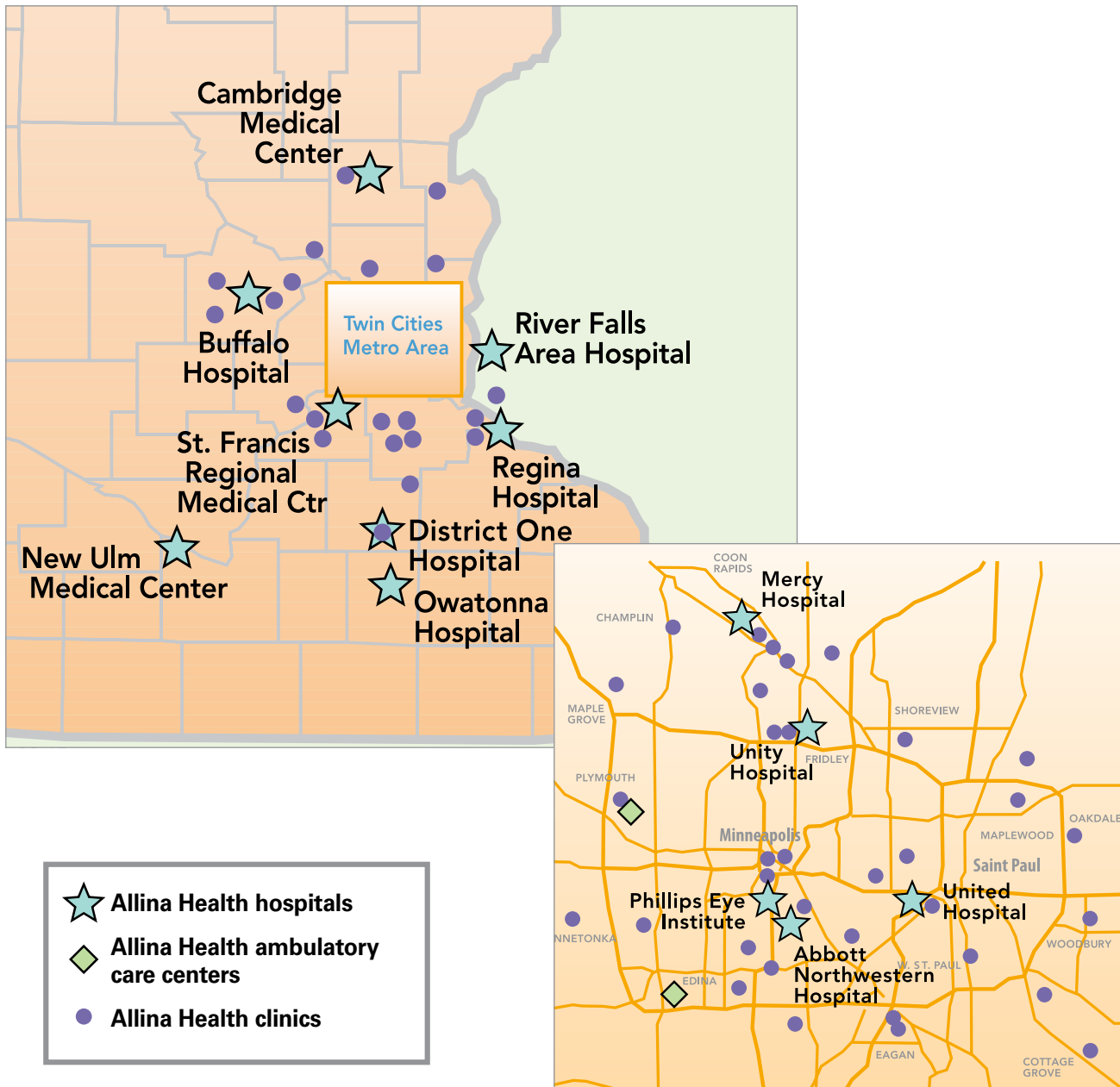
[Mercy Hospital](#) is part of Allina Health and has two campuses—Mercy in Coon Rapids and Unity in Fridley. The purpose of this report is to share the current assessment of community health needs most relevant to the community served by Mercy Hospital and its implementation plan to address these needs 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



## Hospital description and service area

Mercy Hospital consists of two campuses in Anoka County—the Mercy campus in Coon Rapids and the Unity campus in Fridley. Prior to 2016, the two campuses operated under separate licenses, but merged in 2016 to reduce duplication of services. Both have delivered exceptional medical care in the Twin Cities north metro for nearly 50 years. Mercy Hospital offers a wide range of specialty services including, but not limited to, award-winning cancer care through the Virginia Piper Cancer Institute®, women’s and children’s services through the Mother Baby Center, mental health care, emergency services, surgical services and top-rated cardiovascular care through the hospital’s nationally known Heart & Vascular Center. Additionally, the hospital was named one of the nation’s 100 Top Hospitals® and 50 Top Cardiovascular Hospitals® by Truven Health Analytics. The Unity campus is recognized as one of the two Nurses Improving Care for Healthsystem Elders programs (NICHE) in Minnesota—an international nursing program designed to help hospitals improve the care of older adults. The hospital also has a long history of working to improve health in the community it serves through charitable giving by the Mercy & Unity Hospitals Foundation and direct programming efforts which address health needs in the community.

## Community served and demographics

Together, the two Mercy Hospital campuses operate 447 beds and serve over 100,000 patients and their families annually. Though the hospital serves patients from a wide geographic area, its primary service area is Anoka County—a suburban area in the Twin Cities’ north metro. Anoka County was also the focus of inquiry for Mercy Hospital’s CHNA.

According to the [U.S. Census Bureau’s](#) Decennial Census, a total of 344,151 residents live in the 422.90-square-mile area occupied by Anoka County. The area’s population density, estimated at 813.8 persons per square mile, is greater than the national and Minnesota average. The median age in Anoka County is 37 years and approximately 23% of its total population is under age 18. As with Minnesota as a whole, Anoka County’s racial and ethnic diversity has increased in the past few years. Approximately 16% of area residents are people of color—primarily Black (5.6%), Asian (4.5%) or Hispanic or Latino (4.2%). In 2014, 13.1% of residents were foreign born and nearly 4% had limited English proficiency (U.S. Census Bureau, American Community Survey (ACS), 2010–2014, 5-year estimates). The median income in 2014 was \$70,464, with 7.6% of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, 2014 Small Area Income and Poverty Estimates).

Anoka County residents face many of the same health concerns common across the United States. Although more people are insured than in the past, over 25% self-report that they do not have a regular doctor. Further, the region has a 941:1 ratio of mental health providers to residents compared with Minnesota’s overall mental health provider ratio of 529:1 ([County Health Rankings](#), 2015). Additionally, approximately 65% of area adults are overweight or obese and 11.6% report poor general health (U.S. Census Bureau, ACS, 2009–2013, 5-year estimates). Additional information about Anoka County can be found online at [Minnesota Compass](#).



# Evaluation of 2014-2016 Implementation Plans

During 2014–2016, Mercy and Unity Hospitals addressed needs identified in their [2013 assessments](#): chronic disease prevention and management and childhood obesity. Some initiatives were led by the hospitals, while others were part of coordinated activities across the health system or conducted in partnership with local public health. The following describes significant initiatives and their outcomes.

## Systemwide activities

In 2013, two needs, obesity and mental health, were identified as priorities by all Allina Health hospitals. 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 and 2015 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: Promote effective strategies for prevention, detection, treatment and management of chronic disease.*

A total of 57 community health screenings and 41 free flu vaccination clinics were held in the community. These provided opportunities to present health education to community members that are difficult to reach, in addition to providing screenings and vaccinations. In total, 1,727 people were served at the health screenings, and 1,034 at the vaccination clinics. A partnership with the YMCA was also developed, which aims to increase health and health knowledge among older adults.

Additionally, health clinics for the homeless were started in collaboration with Stepping Stone Homeless Shelter. These included resource and lifestyle info from physicians, nurses, pharmacists and chemical dependency/mental health counselors. These clinics have been ongoing and a total of 148 people have been served.

*Goal 2. Reduce risk factors for childhood obesity.*

Partnerships with local schools helped target youth obesity. For example, work aimed at increasing healthy eating and healthy-student activities was conducted at Park Brook Elementary. In the local high schools' Student Partnership Program, education-focused health screenings were conducted which include BMI and weight-management education. Additionally, 2,550 students were reached through expanding the scope of the Family Power Youth Obesity Program, which targets youth with an abnormally high BMI, and promoting Allina Health's Health Powered Kids in the community.

Mercy Hospital was also awarded a State Accountable Communities for Health grant, for years 2015 and 2016. Through this grant the hospital was able to expand the number and type of health screening available in local schools, as well as the level of follow-up available to families. Finally, Allina Health's Faith Community Nurse program and Wellness Program added a youth-obesity focus to their activities to help target the issue.

# 2015-2016 CHNA Process and Timeline

Allina Health designed a process that engaged community stakeholders and included review of existing secondary public health 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"> <li>ESTABLISH PLANNING TEAMS and COLLECT DATA</li> </ul> <p>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.</p>
OCTOBER – JANUARY 2016	<ul style="list-style-type: none"> <li>REVIEW DATA and PRIORITIZE ISSUES</li> </ul> <p>Review data with stakeholders and complete formal prioritization process, using Hanlon method. Review prioritized issues and summarize themes for the system.</p>
FEBRUARY 2016	<ul style="list-style-type: none"> <li>DESIGN COMMUNITY INPUT</li> </ul> <p>Identify specific methods and audiences for community input on strategies, work with vendor to design process and questions/topics and recruit participants.</p>
MARCH – JUNE 2016	<ul style="list-style-type: none"> <li>GATHER COMMUNITY INPUT and DEVELOP IMPLEMENTATION PLAN</li> </ul> <p>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.</p>
JULY – SEPTEMBER 2016	<ul style="list-style-type: none"> <li>PREPARE REPORTS AND SEEK INTERNAL SUPPORT/APPROVAL</li> </ul> <p>Share results and action plans with key stakeholders systemwide. Present plans to local boards/committees/leaders for approval.</p>
OCTOBER – DECEMBER 2016	<ul style="list-style-type: none"> <li>SEEK FINAL APPROVAL</li> </ul> <p>Staff present plan to Allina Health Board of Directors for final approval.</p>

# 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 Anoka 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 30 stakeholders representing broad interests of the community attended at least one of two meetings 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:

- African Immigrant Services
- Alexandra House
- Allina Health Penny George Institute, Occupational Health, Home care
- Anoka County Community Health and Environmental Services
- Anoka County Human Services
- Anoka Technical College
- Coon Rapids YMCA
- Fridley, Anoka-Hennepin, Columbia Heights and Spring Lake Park School Districts
- Head Start
- Liberian Health Initiative
- Mercy Hospital Auxiliary
- Mercy Hospital—Mercy and Unity campus' Faith Community Nurse Program, Community Pharmacy, Trauma Services, Addiction Services, Sexual Assault Nurse Examiner Program and primary care clinics

- Northwest Alliance
- Nucleus Clinic
- St. Matthew's church
- United Methodist Church of Fridley

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 healthcare.

## Final priorities

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

- 1. Mental health and addiction**
- 2. Chronic disease prevention and health management (includes violence and obesity prevention)**
- 3. Senior health**

## Needs not addressed in the CHNA

Other prioritized health issues identified through the process but not included among the top three priorities include access to care, tobacco use, sexual and reproductive health and coordination of care for vulnerable populations. These needs will likely be addressed in part through the priorities selected for the CHNA and through other collaborative efforts.

# Community Input

Once priority issues were identified by the stakeholder team, Mercy Hospital solicited broad feedback from the community on the appropriateness of the identified priority areas as well as how Mercy Hospital 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. In addition, a focus group with health equity care guides employed by Allina Health and assigned to specific geographic areas and primary care clinics within the system provided insight into communities that experience health inequity (See Appendix A).

## 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 were held for Mercy Hospital—one in Anoka, MN on April 1, 2016 and one in Columbia Heights, MN on April 6, 2016. A focus group was held with Liberian immigrants in Brooklyn Park, MN on March 18, 2016. A total of 67 people attended the events, including participants from local government, county public health, faith communities, schools, non-profit organizations, area businesses, advocacy groups and community members.



## Community dialogues/ focus groups results

### Mental health and addiction

#### *Vision for health*

Participants envisioned a community where people of all cultures talk openly about mental health conditions and there is no stigma attached to mental illness. Mental health education is embedded in school curriculum and kids learn ways to manage stress and coping strategies. Mental health services are available in all schools and teens can attend forums or group meetings to discuss mental health issues. Participants also imagined a health care system that provides holistic care for families, conducts mental health screenings during primary care visits and includes clinics where physicians work with mental health and addiction counselors. Liberian community members stressed the importance of involving spiritual leaders and native doctors in providing care.

#### *Existing strengths*

Participants said police in Columbia Heights are well-trained in de-escalation skills which allow them to properly respond to community members experiencing mental health crises. Support groups are available for people dealing with mental health conditions and addiction. Participants highlighted Allina Health's Change to Chill program as a strength, and said more work should be done to promote the resource and let more people know about it. Participants also shared that National Alliance for the Mentally Ill (NAMI) is active in the area and is working on efforts to eliminate the stigma of mental illness.

#### *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:

- Provide educational forums where community members can learn about different types of mental health conditions and treatment options.
- Develop marketing to increase awareness of available services; include role models from cultural communities in marketing materials.
- Increase the diversity of Allina Health staff by hiring people from different cultural groups to be community health workers; offer education to providers on delivering culturally-appropriate care.
- Continue to host dialogues where community members can voice their opinions and offer suggestions to improve the health care system.
- Partner with spiritual leaders in community and allow them to be included in treatment of mental health conditions.
- Provide de-escalation training for law enforcement and additional training for emergency room staff to deal with mental health conditions and addiction.
- Offer alternative therapy for mental health conditions such as yoga and meditation.
- Create drop-in centers and free support groups programs for the family members and caregivers of people with mental health conditions.

# Chronic disease prevention and health management

## *Vision for health*

Participants envisioned a community in which people can easily access health professionals to learn about disease management and prevention. They said community members are aware of the services that are offered in their area, and new programs are continually implemented to fill service gaps. Participants imagined a community that not only educates people about how to exercise and eat healthier, but also moves towards changing policies and environments to encourage healthy living. They shared that there would be good coordination of care between the county, hospitals and other organizations so referrals are made quickly and easily. There is less bureaucracy and more support for grassroots programs to make policy changes.

## *Existing strengths*

The northwest metro has many resources and programs to help people prevent and manage chronic diseases. The local YMCA offers a variety of beneficial programs for the community that help prevent chronic diseases and encourage healthy living, including diabetes prevention classes for elders and caregivers, the Eat Well/Live Well program, and programs that promote physical activity for families. Classes on cooking skills and movement exercises are available in the community, and Allina Health offers nutrition programs in schools. Programs and information on managing and preventing diabetes are available at an annual Diabetes Expo in Fridley.

## *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 educational opportunities to help community members understand and access the resources available to help prevent and manage chronic disease, preferably in a community setting.
- Offer nutrition and cooking classes that focus on making healthier versions of traditional or cultural foods.
- Train community members to do outreach about health topics and to facilitate community conversations about health issues.
- Make it easier for people to attend classes and programs by offering programs in community spaces such as churches and schools and at different times in the day.
- Provide comprehensive screenings for disease exposure for people who regularly travel to countries outside of the United States.
- Create opportunities to learn about diabetes prevention and management by hosting local diabetes expos or seminars.
- Expand access to diabetes classes and support groups by offering grants to attend programs at the YMCA or other community settings.

## Senior health

### *Vision for health*

Participants envisioned a community where seniors can easily access the medical services they need, either by having them delivered directly to their homes or through telemedicine. Transportation services are more readily available and have fewer restrictions regarding who could use them. Participants imagined a healthcare system that focuses on prevention rather than management of health issues. Service providers coordinate with one another, and patients receive individualized care guides to help them navigate the different systems. Participants also envisioned a community where seniors are not isolated and have multi-generational connections.

### *Existing strengths*

The north metro has seen increased promotion of senior health in recent years and greater emphasis on preventative medicine. The YMCA offers classes specifically geared toward seniors to educate them on nutrition, exercise, and living healthier lifestyles. The senior dining program at Fridley Community Center allows seniors to socialize and avoid isolation. Seniors who are living at home have access to services such as visits from parish nurses, Meals on Wheels, and the LifeCourse program through Allina Health.

### *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:

- Develop culturally competent care teams and translators to help non-English speakers feel comfortable and have a better understanding of issues pertaining to their health.
- Continue to host community meetings about senior health in community centers and spaces where seniors gather.
- Offer individualized health coaching and life transition supports for seniors and caregivers.
- Offer home visiting services, friendly visitor programs, and support groups for seniors to prevent isolation.
- Make health education fun for seniors by combining education with social activities like bingo.
- Prevent isolation by providing support for visitor and mentor programs and support groups.
- Create a crisis line for seniors who need immediate support that helps connect them to resources or schedule appointments for care.

## 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 Mercy Hospital: 173**

### **Rank of Priorities:**

1. Mental health and addiction (1.46 mean score)
2. Chronic disease prevention and health management (1.72 mean score)
3. Senior health (2.02 mean score)

### **Mental health and addiction:**

- Allina Health's role (top 3):
  1. Make it easier to use our healthcare services
  2. Offer classes or support groups related to health issues
  3. Help create environments that make the healthy choice the easy choice
- Most important thing to do:
  - Increased access to mental health services and physicians
  - Hire more mental health/addiction physicians
  - Educate the community on resources and programs available, target teens and schools too
  - Create a better/safer mental health environment
- Comments:
  - Allina should build a hospital dedicated to mental health and addiction in the metro
  - Mental health needs to be a part of care for every patient
  - Increased mental health services for teens

### **Chronic disease prevention and health management:**

- Allina Health's role (top 3):
  1. Make it easier to use our health care services
  2. Help create environments that make the healthy choice the easy choice
  3. Offer classes or support groups related to health issues
- Most important thing to do:
  - Educate individuals and provide resources on how to improve their health
  - Offer incentives for patients to manage their chronic diseases
  - Increase availability and affordability of healthy eating and exercise and consider socioeconomic status
  - Partner with schools to teach health and wellness
- Comments:
  - Support activities in the community targeted towards healthy/active lifestyles
  - Focus on prevention and education
  - Improve access and cost of gym memberships

**Senior health:**

- Allina Health's role (top 3):
  1. Make it easier to use our health care services
  2. Offer classes or support groups related to health issues
  3. Share information about health through seminars, meetings or websites
- Most important thing to do:
  - Make it easier for seniors to utilize our services (e.g. transportation, lack of medical literacy, financial stress)
  - Bring services to senior homes/communities/centers etc.
  - Increase senior education and support groups on the medical world (e.g. Insurance)
- Comments:
  - Get involved with community groups that provide activities for seniors
  - Make facilities/clinics for accessible for individuals with decreased mobility

**Additional comments:**

- Have more free education/classes
- Keep health disparities and socioeconomic status in mind when offering advice/solutions

# Implementation Plan

## Overview of process

After confirming the hospital's top three priorities with the community and gathering community ideas for action, Mercy Hospital 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.

After creating a draft implementation plan, the Community Engagement Lead for the Northwest Metro reviewed with plan with the NW Metro Community Health Advisory Council, the Allina NW Metro Community Engagement Team, leadership of the NW Alliance, members of the Mercy Community Engagement Department and the Anoka County Department of Community Health and Environmental Services.

The following implementation plan is a three-year plan depicting the overall work that Mercy Hospital will conduct to address the priority areas. Yearly work plans will be developed to provide detailed actions.

## Priority 1: Mental health and addiction

**Resources:** Allina Mental Health Clinical Service Line and Community Benefit and Engagement already work to address mental health and wellness in the community. In addition in Anoka County, there are many resources to support mental health and wellness, many of whom are current partners for Allina Health. These include but are not limited to: Anoka County Human Services, Anoka County Mental Health Crisis Alliance, local school districts, Lee Carlson Center, Nystrom & Associates, Canvas Health, Peoples Inc., NAMI, Recovery MN and the Faith Community Nurse Program.

**Goal:** Promote mental health and wellness services for individuals, youth and families in our communities.

### **Objectives:**

1. Advocate for and partner with communities to develop a comprehensive and reliable continuum of mental health and addiction care, including identifying and eliminating gaps in service.
2. Develop, promote and improve access to community and school-based activities that address adolescent mental health and resiliency.
3. Reduce the stigma associated with mental health.



## Priority 2: Chronic disease prevention and health management

**Resources:** In addition to Allina Health resources such as primary care clinics, Community Benefit and Engagement and the Penny George Institute for Health and Healing, other community resources and partners who address chronic disease prevention and health management include Health Partners Clinics and the Northwest Alliance, Anoka County Public Health, Alexandra House, Mercy & Unity Hospitals Foundation, Faith Community Nurse Program, Family Power Program, Healthy Student Partnerships (including an Accountable Communities for Health grant process currently underway) and community education through School Districts.

**Goal:** Promote evidence-based strategies for prevention, detection, treatment and management of chronic disease.

### **Objectives:**

1. Increase awareness of adults and youth regarding their own health and increase awareness of, and access to, credible health resources.
2. Improve the health of those who currently face health inequity due to race/ethnicity, income and other factors
3. Provide educational opportunities on the health impacts of violence for community members and health care providers.
4. Reduce prevalence of Risk Factors for Childhood Obesity.

## Priority 3: Senior health

**Resources:** In Anoka County, senior health is a component of the work done by entities such as Anoka County Public Health, Unity Hospital Senior Programs, Stepping On, Metropolitan Area Agency on Aging & Matter of Balance, YMCA, Anoka County Attorney's Office,

Law Enforcement, City Senior Centers, Faith Community Nurse Program, Area Churches, MN Elder Initiative, and Meals on Wheels Programs. In addition, Allina primary care clinics, Transportation, Home and Community Services and Community Benefit and Engagement all play a role in addressing senior health.

**Goal:** Improve and/or maintain the health of seniors in our communities (in terms of functional, physical, mental, emotional and spiritual health).

### **Objectives:**

1. Improve the physical mobility and nutritional intake of seniors in our community.
2. Increase awareness of, and access to mental health and addiction services for seniors

## 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 B).

# 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 Mercy Hospital 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:

- [Craig Malm](#), Community Engagement Lead for Northwest Metro region at [Craig.Malm@allina.com](mailto:Craig.Malm@allina.com) or
- [Debra Ehret Miller](#), Community Benefit and Evaluation Manager at [Debra.EhretMiller@allina.com](mailto:Debra.EhretMiller@allina.com)

Copies of this plan can be downloaded from our website:

[allinahealth.org/About-Us/Community-involvement/](http://allinahealth.org/About-Us/Community-involvement/).

# Appendices

## Appendix A: *Equity Care Guide Interview Notes, 3/31/16*

Three Allina Health equity care guides and their supervisor were interviewed regarding two priority areas identified across the Allina Health system during the data review and prioritization process.

### *Mental Health and Wellness*

#### **What is your vision for the community/patients you work with for mental health and wellness?**

- Shorter wait times to see providers
- Undocumented people are not afraid to get help and it's affordable
- Persons would be treated with dignity and respect in the community (e.g., Somali) and there would be in-depth education in the Somali community to help with this vision
- Learning materials are available in different languages
- System assesses patients when they come in and “do today's work today” so that a person who needs help gets it the same day and they are not let out the door without support
- We pay attention to stress and issues of daily life as well as specific “conditions” people might have

#### **What do you think is currently working well at Allina Health or in the community to address mental health and wellness?**

- Walk-in centers for counseling that exist in the community that do not require insurance
- Partners/resources such as CLUES and Neighborhood House
- NAMI
- Community paramedics—we can use them to assess and educate in the home/community
- Mental health integration with primary care
- Triage line
- Be the Change
- Patient representatives at clinics are available to help with billing questions; get people on Partner's Care

#### **What do you think Allina Health should do differently or support in the future to address mental health and wellness?**

- More education and prevention—changes in policy and programs
- Connect people better to resources we have, such as Partner's Care before bad debt and bills
- Better early case management—determine whether the need is for a care guide, social worker, etc.

- Greater visibility of mental health issues in the community
- Care guides specific to mental health
- Support for families of people who have mental health conditions/addiction
- Support (such as groups) for people with mental health conditions/addiction

### *Healthy Eating and Active Living*

#### **What is your vision for the community/patients you serve regarding healthy eating and active living?**

##### Healthy Eating:

- We refer and use the Nutritionists, Dieticians, and other experts in the system
- Healthy food would be accessible in neighborhoods like Cedar Riverside and around Abbott Northwestern
- There would be mobile markets where you can use food stamps
- There would be community gardens
- Programs would be culturally specific and focus on making changes for the whole family

##### Active Living:

- There would be inexpensive places to go close to home to be active
- Investments would be made in the community so that community members feel safe going outside and being active
- Insurance companies would give incentives to people for working out and/or going to their appointments

#### **What do you think is currently working well at in the community or at Allina Health to address healthy eating and active living?**

- Backpack programs that give kids food to take home during the weekend, such as Brainpower in a Backpack or Backpack Buddies
- Train-the-trainer models like the one used at VEAP
- Neighborhood House has inexpensive gym memberships. They also give fresh fruits and vegetables for individuals after an intake has been done.
- Health Partners Clinics are doing an incentive program related to healthy kid activities
- The local farmer's market at Abbott Northwestern

**What do you think Allina Health should do differently or support in the future to address healthy eating and active living?**

- We need to better connect patients to resources, specific ideas included:
  - Care navigation and more case management in the primary care environment, especially with chronic care management
  - Similar to the patient rep in a clinic, we should have someone specialized in mental health or diet in the clinics for immediate help
  - Assess patients' knowledge of resources and if they need help, give them resources
- Invest in neighborhood improvement initiatives
- Share recipes or materials with healthy meal ideas, or boxes of food and include recipes
- Incentivize people to make healthy choices
- Have Allina experts available to answer questions from staff or the community. For example, an “ask the expert” button at [Allinahealth.com](http://Allinahealth.com).

# Appendix B: 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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