



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

Owatonna 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 Owatonna Hospital located in Steele 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 Owatonna Hospital:

- 1. Mental health and addiction**
- 2. Chronic disease prevention and self-management**
- 3. Healthy aging: Over 50**

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:

Improve access to quality, comprehensive mental health and addiction care and services;
Reduce social stigma of mental health conditions and addiction.

Chronic disease goal:

Increase knowledge of and adherence to evidence-based community resources related to the prevention and self-management of chronic diseases; Support policy, system and environmental changes aimed at the prevention of chronic disease.

Healthy aging goal:

Improve the health, function and quality of life for older adults ages 50 and older.

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:

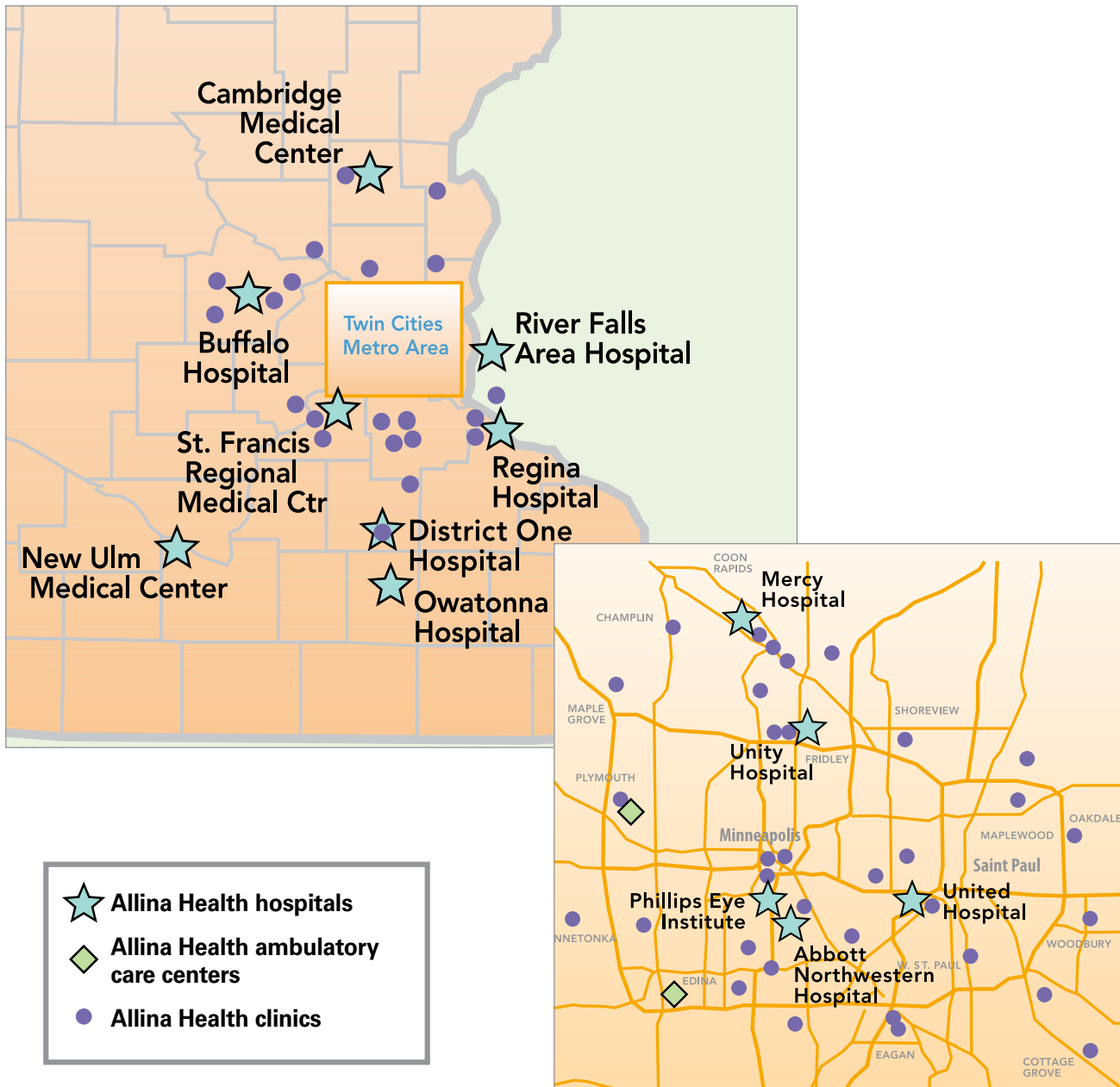
- Better understand the health status and needs of the communities we serve by considering the most recent health and demographic data as well as gathering direct input from community members.
- Gather perspectives from individuals representing the interests of the community, including those who have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

[Owatonna Hospital](#) is part of Allina Health. The purpose of this report is to share the current assessment of community health needs most relevant to the community served by Owatonna 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

Owatonna Hospital has a long tradition of providing quality health care to people living in Steele County and its surrounding communities. It's grown from a small city hospital nearly 110 years ago to a comprehensive, high-quality regional medical facility that offers a full spectrum of services. The hospital has specialties in surgery and trauma care and a comprehensive array of outpatient rehabilitation services including physical therapy, occupational therapy, speech therapy and cardiac rehabilitation through Courage Kenny Rehabilitation Institute-Owatonna. The two-story hospital is physically connected to Mayo Clinic Health System-Owatonna Clinic and Koda Living Community, an 80-bed long- and short-term care facility. The Owatonna Health Care Campus bridges inpatient and outpatient services within the same medical disciplines to create a seamless approach to patient care. Additional affiliated clinics include Allina Medical Clinic-Faribault and Allina Medical Clinic-Northfield. The Hospital also has a long history of working to improve the health of the communities it serves through charitable giving and direct community health improvement programming.

Community served and demographics

Owatonna Hospital serves over 20,000 patients and their families each year. Its primary service area consists of Steele and Dodge counties—two rural counties located in southern Minnesota. Steele and Dodge counties were the focus of inquiry for Owatonna Hospital's CHNA.

According to the [U.S. Census Bureau's Decennial Census](#), a total of 57,119 residents live in the 868.69-square-mile area occupied by Steele and

Dodge County. The area's population density, estimated at 65.8 persons per square mile, is less than the national average. The median age in Steele County is 39.4 years and in Dodge County is 37.2 years. Approximately 27% of their total population is under age 18. Approximately 10.5% of area residents are people of color—primarily Hispanic or Latino (6.6%), Black (2%) or Asian (0.8%). In 2014, 8.5% of residents were foreign born and 2.3% had limited English proficiency (U.S. Census Bureau, American Community Survey (ACS), 2010–2014, 5-year estimates). In 2014, the area's mean income per capita was \$27,916, with 9.3% of residents living in households with income below the Federal Poverty Level (U.S. Census Bureau, ACS, 2010–2014, 5-year estimates).

Steele and Dodge County residents face many of the same health concerns common across the United States. Although more people are insured than in the past, 24% self-report that they do not have a regular doctor. Further, the region has an average 2869:1 ratio (Steele County 651:1/Dodge County 5,087:1) of mental health providers to residents compared with Minnesota's overall mental health provider ratio of 529:1 ([County Health Rankings](#), 2015). Additionally, approximately 62% of area adults are overweight or obese and approximately 7.2% report poor general health (U.S. Census Bureau, ACS, 2009–2013, 5-year estimates). Additional information about Steele County and Dodge County can be found online at [Minnesota Compass](#).

Evaluation of 2014-2016 Implementation Plans

During 2014–2016, Owatonna Hospital addressed needs identified in the [2013 assessment](#): obesity (physical activity and nutrition), depression and oral health. Some initiatives were led by the hospital, 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 systemwide priorities by Allina Health. Thus, 2014–2016 systemwide community health activities focused on those two priority areas:

Change to Chill

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

Be the Change

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

Neighborhood Health Connection

[Neighborhood Health Connection™](#) (NHC) is a community grants program that aims to improve the health of communities by building social connections through healthy eating and physical activity. Each year, Allina Health awards over 50 Neighborhood Health Connection grants, ranging in size from \$500–\$10,000, to local nonprofits and government agencies in Minnesota and western Wisconsin. Activities offered in 2014 and 2015 reached over 2,500 participants both years and a similar reach is expected in 2016. Evaluations of the NHC program find that the majority of people who participate in NHC-funded programs increase their social connections and make positive changes in their physical activity and healthy eating behavior. Further, 2014 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: Increase physical activity through policy, system and environmental changes.

Owatonna Hospital has been engaging in work on this goal through participating in two statewide improvement programs (SHIP) and supporting community events and programs designed to make physical activity more safe and accessible to the community. For example, the hospital supported worksite wellness initiatives within the hospital and in the community. To this end, Owatonna Hospital partnered with the Steele County Worksite Wellness Coalition and has also started work on a menu of services available through Allina Health that can be promoted to local employers. Additional hospital activities related to this goal include providing: charitable contributions and Neighborhood Health Connection grants to local non-profits, athletic training to local schools and employers through the Courage Kenny Rehab Institute and assistance with the coordination of two different run/walk events in the community.

Goal 2. Healthy Eating. Increase the consumption of fruits and vegetables. Decrease consumption of less healthy options. Increase breastfeeding education and supports in the community.

The activities the hospital has been engaged in under this goal have included work with local policy makers, support of community gardens and other groups that promote healthy eating and creating a new breastfeeding coalition. The hospital has continued its involvement with SHIP community leadership teams to advocate for the reduction of unhealthy choices in school cafeterias and vending machines. Also, through membership in the Owatonna Healthy Eating Work Group, a mobile farmer's market model is being developed which will distribute CSA shares to low-income neighborhoods. Charitable contributions and Neighborhood Health Connection Grants have also been made available to local groups supporting healthy eating and for the development of community and school gardens. To increase the use of farmer's markets, Allina Health Bucks were distributed to local non-profits and at Allina sites. These Allina Health Bucks allow families to purchase healthy options from the farmers markets and increase the economic benefits for farmers to participate in the markets. Finally, the Southeast Minnesota Breastfeeding Coalition was formed, including a Facebook page, logo, mission statement and a flyer. This group includes engagement from Steele, Rice, Dodge, and Waseca counties.

Goal 3. Depression. Reduce negative social stigma associated with mental health conditions, specifically depression. Increase knowledge of evidence-based interventions for treating depression. Increase knowledge of the symptoms and treatment of depression, including postpartum depression.

The hospital has been increasing efforts to provide better mental health care and to support the mental wellness of families and mothers. A grant through the South Country Health Alliance has allowed for expansion of the In Reach and Care Transitions Integration programs. These expansions were specifically targeted at providing referrals and care management for patients with a mental health condition. An emergency diaper bank was also established in Steele County for families in crisis, as research has shown a correlation between a lack of ability to provide diapers and mental health concerns. Through the My Baby and Me initiative, the hospital has been working to create an active referral system and support network for moms experiencing postpartum depression.

Goal 4: Oral Health. Reduce oral disease burden and disability, especially in poor and marginalized populations. Promote healthy lifestyles and reduce risk factors to oral health that arise from environmental, economic and behavioral causes. Increase access to oral health care services in schools and communities.

The hospital partnered with Wottreng Family Dental to put on a Halloween candy buy back event. This event was attended by 150 parents and children. Oral health care information, toothbrushes and toothpaste were provided to all who attended this event.

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"> ESTABLISH PLANNING TEAMS and COLLECT DATA <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"> REVIEW DATA and PRIORITIZE ISSUES <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"> DESIGN COMMUNITY INPUT <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"> GATHER COMMUNITY INPUT and DEVELOP IMPLEMENTATION PLAN <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"> PREPARE REPORTS AND SEEK INTERNAL SUPPORT/APPROVAL <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"> SEEK FINAL APPROVAL <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 Steele and Dodge counties, 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.

In November and December 2015, the Community Engagement Lead for the South Region met with representatives of Steele County Public Health Nursing and Steele-Dodge Community Health Board to review the data and identify a list of prioritized health issues. The review process included a formal prioritization process known as the Hanlon method, which ranks health priorities based on three primary criteria: the size of the problem, including projection of future trends; the seriousness of the problem, including disparate health burdens within the population; and the effectiveness and feasibility of interventions on the part of health care.

Final priorities

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

- 1. Mental health and addiction**
- 2. Chronic disease prevention and self-management**
- 3. Healthy aging: Over 50**

Needs not addressed in the CHNA

Other prioritized health issues identified through the process but not included among the top three priorities include obesity, violence and connecting clinical and community care (including use of health care resources such as the Emergency Department and preventing readmissions). Obesity can be addressed in part through the chronic disease priority which will emphasize strategies around healthy eating and active living. The other two identified health issues did not rank as highly as the other issues, but will continue to be addressed through other initiatives.

Community Input

Once priority issues were identified by the stakeholder team, Owatonna Hospital solicited broad feedback from the community on the appropriateness of the identified priority areas as well as how the 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.

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?

One community dialogue for Owatonna Hospital was held in Owatonna, MN on April 12, 2016. A total of 25 people attended including participants such as mental health-service providers, local business representatives, local public health employees, city government employees and private citizens.

Organizations represented at the community dialogue included: Allina Health, South Central Human Relations Center, City of Owatonna, Mayo Clinic Health System, Federated Insurance, Owatonna Public Schools, University of Minnesota-Extension, City of Medford, Steele County Food Shelf and Steele-Dodge Community Health Services.

Community dialogues/ focus groups results

Mental health and addiction

Vision for health

Participants envisioned a community with more awareness and acknowledgment of mental health. This includes integrating more education about mental health across the community, which leads to eliminating the stigma of mental health conditions. In addition, the community has enough mental health professionals to meet demand and therapy and crisis services are available for people in need.

Existing strengths

Owatonna participants shared that strengths for the community include partnerships across community providers. For example, social workers have a strong presence in the Emergency Department and Birth Center to help connect people with public health, mental health providers and others who can address mental wellness needs. Allina Health programs such as Be the Change and Change to Chill were also cited as positive resources for the community. Continued awareness and education efforts in the community around topics like suicide prevention were also noted as promising programs for addressing the priority area.

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:

- Promote and expand existing programs such as Be the Change and Change to Chill.
- Hold education or training sessions for community members about how to identify and respond to symptoms of mental health conditions.
- Continue training with health professionals about identifying mental health conditions and addiction to help address patients' needs.
- Support early mental health intervention and mental health screenings in schools.
- Partner with the school system to help address bullying and the stigma of mental health conditions and depression among youth.
- Screen for mental health concerns during primary care visits.
- Increase access to care by expanding clinic hours and recruiting more mental health professionals.

Prevention and management of chronic disease

Vision for health

Participants envisioned that the community has proactive prevention education and resources for all ages. This might include increased awareness and marketing about existing classes and programs available in the community for chronic conditions like diabetes. Participants also said that having free clinics to reach populations that are not typically reached would be a great resource.

Existing strengths

The Owatonna area has many educational opportunities to support community members in the prevention and management of chronic disease. Big Brothers Big Sisters has a fun activity night for adults and children with education about health eating. The Mayo Clinic has a week-long class specifically for those living with fibromyalgia. Care coordination for individuals living with chronic disease is available through Medicare and Medical Assistance. People receiving this service get a care plan and regular check-ins, which help overcome barriers to treatment.

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 and market programs that provide education for those already managing a chronic condition in addition to existing programs that focus on prevention.
- Provide education in the community to help people develop the skills to make healthy choices.
- Integrate healthy goals into primary care visits for all individuals, not just those with a serious health issue.
- Offer cooking classes and educational opportunities at community locations and care facilities; include information about other Allina Health programs during classes.

Healthy aging: Over 50

Vision for health

Participants envisioned that seniors in the community have easy access to preventive care and programs. In addition, seniors have more opportunities to participate in activities such as walking on trails or indoors, pickleball and social happenings in the community. Outreach helps inform senior communities about programming and facilities, and transportation is provided to access these resources. In addition, telemedicine and gerontology are available at the local hospital.

Existing strengths

The Owatonna area has several options to support healthy aging. The local senior center and community-based programs and organizations like “Healthy Seniors” and “Grandparents for Education” were mentioned as helpful resources. Classes and educational opportunities about staying healthy are available to seniors through community-based organizations.

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 programming and activities in places seniors are already gathering such as the senior centers, churches and neighborhood sites.
- Create a mobile unit to bring health screenings and referral programs to seniors.
- Develop a care coordination system to help seniors navigate Allina Health and community-based resources.
- Increase outreach into the community about existing programs and resources.

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 Owatonna Hospital: 11

Rank of Priorities:

1. Mental wellness (1.36 mean score)
2. Chronic disease prevention and management (1.64 mean score)
3. Healthy aging (1.82 mean score)

Mental wellness:

- Allina Health's role (top 3):
 1. (tie) Offer classes or support groups related to health issues
 1. (tie) Make it easier to use our health care services
 3. (tie) Share information about health through seminars, meetings or websites
 3. (tie) Help create environments that make the healthy choice the easy choice
- Most important thing to do:
 - Hire more mental health providers
 - Have a place, other than the ER, for individuals in crisis or struggling with mental health conditions to seek help
 - Educate
- Comments:
 - Have more resources available and accessible
 - Have more beds for patients
 - Have a doctor at the same day clinic

Chronic disease prevention and management:

- Allina Health's role (top 3):
 1. Make it easier to use our health care services
 2. Share information about health through seminars, meetings or websites
 3. Offer classes or support groups related to health issues
- Most important thing to do:
 - Offer free support groups
 - Use fewer unnecessary medications to treat chronic diseases
- Comments:
 - Physicians need to have real conversations about lifestyle changes with chronic disease patients

Healthy aging:

- 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. (tie) Share information about health through seminars, meetings or websites
 3. (tie) Offer classes or support groups related to health issues
- Most important thing to do:
 - Limit use of technology, use mailings to communicate with the elderly
 - Have a doctor make rounds at assisted living/nursing facilities
 - Provide ways for the elderly to continue to play a role/have a part in the community
- Comments:
 - Have healthier choices for food and more options for physical activity

Additional comments:

- Learn from the community, ask what they want
- Educate on proper nutrition and exercise

Implementation Plan

Overview of process

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

The Community Engagement Lead for the South Region convened a meeting in June 2016 to draft an implementation plan. Attendees included Steele-Dodge Community Health Services and Steele County Public Health SHIP and United Way of Steele County. Several evidence-based strategies were discussed at the meeting and existing resources and community partners were reviewed. Based on these discussions, a draft implementation plan was developed for Owatonna Hospital.

The following implementation plan is a three-year plan depicting the overall work that Owatonna 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: Several important resources to support mental health and wellness exist at Owatonna Hospital, including In Reach and the In-patient Mental Health Services Unit. Important resources outside of the hospital include: National Association of Mental Illness (NAMI), South Central Human Relations Center, Fernbrook, Mayo Clinic, social workers, school counselors and nurses, Employee Assistance Programs at local worksites (particularly counseling), private providers, Children's Mental Health Collaborative, Yellow Ribbon Campaign, Mental Health Crisis Hotline, Steele County Crisis Resource Center, 9-1-1 Law Enforcement Center, Public Health (home visits), South Country Health Alliance and the My Baby and Me group.

Goal: Increase access to quality, comprehensive mental health and addiction care and services; Reduce social stigma of mental health conditions and addiction.

Objectives:

1. Increase assets in individuals and the community which provide protective barriers and resilience for a positive quality of life and decreased risk of disease.
2. Offer classes or support groups related to mental health conditions and addiction.
3. Increase knowledge of the symptoms, treatments and resources for mental health conditions and addiction.

Priority 2: Chronic disease prevention and management

Resources: Beyond Owatonna Hospital and Allina Health, other community resources include: Mayo Clinic, Steele-Dodge County Public Health (home health, long term care, family planning, refugee health, immunizations, SHIP), social services (MM Prairie, Medical Assistance, waiver programs, SNAP), MNSure & other health insurance providers, Centro Campesino, public transportation, Senior Center, United Way of Steele County, schools and other non-profit community based programs and agencies, South Country Health Alliance, U of M Extension, Southeast Minnesota Area Agency on Aging, city Parks and Recreation, city and county elected officials and the HyVee dietitian.

Goal: Increase knowledge of and adherence to evidence-based community resources related to the prevention and self-management of chronic diseases; Support policy, system and environmental changes aimed at the prevention of chronic disease.

Objectives:

1. Collect and share information about chronic disease concerns through regular seminars, meetings or websites.
2. Offer classes or support groups related to health issues; Make it easier to access Allina Health and community-based services.

Priority 3: Healthy aging: Over 50

Resources: In addition to Owatonna Hospital and Allina Health, other resources include Mayo Clinic, Public Health, Senior Centers, Parks and Recreation, Steele County Free Clinic, senior living centers, private fitness centers, churches, and other local non-profit programs, Southeast Minnesota Area Agency on Aging, Healthy Seniors, community volunteer groups (such as Grandparents for Education), Semcac senior dining, AARP, the “Engaged for Life”-event, Steele County Fair (senior day), Flu Shot Clinics, pharmacies, restaurants (e.g. Kernel, Perkins) and grocery stores.

Goal: Improve the health, function and quality of life for older adults ages 50 and older.

Objectives:

1. Increase awareness of resources and offer classes or support groups related to healthy aging issues.
2. Make it easier to access community-based resources and Allina Health services.

Resource commitments

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

Evaluation of objectives

Throughout the implementation phase, specific metrics will be tracked to document progress toward meeting goals and objectives and make adjustments to the implementation plan as needed. Specific evaluation plans will be established or continued for programs and initiatives as appropriate. Monitoring of population-level metrics and systemwide metrics will also provide context for the health status of the communities which Allina Health serves and the work of Allina Health overall (see Appendix).

Acknowledgments

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

- Individual community members who offered their time and valuable insights;
- The Improve Group, who facilitated our community conversations;
- Partner organizations that met to review and prioritize data and develop implementation plans, and the individuals who contributed their expertise and experience to ensure a thorough and effective outcome;
- Allina Health and Owatonna 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:

- [Natalie Ginter](mailto:Natalie.Ginter@allina.com), Community Engagement Lead for South region at *Natalie.Ginter@allina.com* or
- [Debra Ehret Miller](mailto:Debra.EhretMiller@allina.com), Community Benefit and Evaluation Manager at *Debra.EhretMiller@allina.com*

Copies of this plan can be downloaded from our website:

allinahealth.org/About-Us/Community-involvement/.

Appendix

Allina Health Systemwide Performance Indicators

Population Health Metrics

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

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

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

Systemwide Metrics

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

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



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