FY 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

Essentia Health-Sandstone
2016 Community Health Needs Assessment
Implementation Plan: Essentia Health Sandstone

The full Community Health Needs Assessment conducted by Essentia Health and can be found online at www.essentiahealth.org/main/community-benefit-chna.aspx

Essentia Health Sandstone has designed an implementation strategy with internal stakeholders as well as additional external partners and stakeholders who represent the existing healthcare facilities and resources within the community that are available to respond to the health needs of the community as identified in this assessment.

This implementation strategy will be reviewed and approved by the hospital’s board of directors prior to November 15, 2016.

2016 COMMUNITY HEALTH NEEDS ASSESSMENT OBJECTIVES
In conducting the 2016 Community Health Needs Assessment, Essentia Health has collaborated with community partners to work towards a healthier Sandstone and surrounding service area and embraced these guiding principles:

• Seek to create and sustain a united approach to improving health and wellness in our community and surrounding area;
• Seek collaboration towards solutions with multiple stakeholders (e.g. schools, work sites, medical centers, public health) to improve engagement and commitment focused on improving community health; and
• Seek to prioritize evidence-based efforts around the greatest community good that can be achieved through our available resources.

The goals of the 2016 Community Health Needs Assessment were to:
1. Assess the health needs, disparities, assets and forces of change in Essentia Health Sandstone
2. Prioritize health needs based on community input and feedback.
3. Design an implementation strategy to reflect the optimal usage of resources in our community.
4. Engage our community partners and stakeholders in all aspects of the Community Health Needs Assessment process.

COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES
The in depth assessment and community focus groups resulted in the identification of two (2) community health priorities. The needs were prioritized as follows:
1. Healthy Lifestyle Choices
2. Mental Health
IMPLEMENTATION PLAN METHODOLOGY

In order to formulate an implementation plan that would work to address the above priorities, the hospital worked to create a plan would include the following for each priority area:

1. Overarching goal(s)
   a. Targeted strategies
   b. Clear objectives
   c. Tactics where necessary
2. Priority Population(s)
3. Potential Partners
4. Metrics

Therefore, the following implementation plan will outline the goals, priority populations, metrics and as able will begin to identify the tactics to be included in meeting the goals. Additional tactics and resources needed will be added to this plan as necessary.

This implementation plan will be reviewed on a biannual basis, progress will be shared with hospital leadership and the board of directors.
### Priority Area: Healthy Lifestyle Choices

#### Goal #1: Increase healthy food access for all.

<table>
<thead>
<tr>
<th>Strategy #1:</th>
<th>Increase opportunities to learn food skills at schools, worksites, community education classes, hunger relief programs and food stores.</th>
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<tbody>
<tr>
<td>Strategy #2:</td>
<td>Connect community members to relevant community food resources.</td>
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<tr>
<td>Strategy #3:</td>
<td>Partner with community stakeholders to make healthy foods more available and affordable throughout the entire community.</td>
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**Objective #1:** Residents will have the food skills they need to select and prepare healthy foods for themselves and their families.

**Objective #2:** Reduce household food insecurity.

**Tactics:**
- Complete SHIP Workplace Assessment to identify gaps and opportunities in healthy foods worksite strategies.
- Collaborate with the University of Minnesota Extension, K-12 Schools, and Community Education to provide healthy cooking classes to students after school.
- Implement food insecurity screening tool for hospital inpatient and emergency departments. Create a referral process to connect the person experiencing food insecurity with Lakes and Pines CAC.
- Explore ways that other community stakeholders could be involved with screening for food insecurity and connecting residents to food assistance resources.
- Identify key partners and stakeholders related to healthy food access.
- Create inventory of existing community food resources and communication strategy to inform residents of these available resources.
- Work collaboratively with identified partners to increase access to and consumption of fruits and vegetables through farmers markets, healthy corner store initiatives and other community-based healthy eating strategies.

<table>
<thead>
<tr>
<th>Potential Partners</th>
<th>Priority Population(s)</th>
<th>Sources of Measuring Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Minnesota Extension, K-12 Schools, Social Service Agencies, Public Health, Community Education</td>
<td>Low income residents, Essentia Health Employees</td>
<td>Bridge to Health Survey, Minnesota Student Survey</td>
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</tbody>
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#### Goal #2: Increase healthy behaviors in adults and youth, specifically 1) reduce tobacco use, 2) prevent and reduce underage drinking, 3) increase physical activity and healthy eating.

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<tr>
<th>Strategy #1:</th>
<th>Increase community awareness of existing tobacco cessation resources.</th>
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<tr>
<td>Strategy #2:</td>
<td>Increase community capacity to address tobacco use.</td>
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<tr>
<td>Strategy #3:</td>
<td>Collaborate with partners and stakeholders in Pine County to learn about current</td>
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</table>
programming related to alcohol use for area youth.

Strategy #4: Create social and physical environments that promote good health for all.

Objective #1: Increase referrals to existing quit plan services.

Objective #2: Increase the number of available Certified Tobacco Treatment Specialists in Pine County.

Objective #3: Reduce the number of students reporting having consumed alcohol in the past 30 days.

Objective #4: Increase awareness and engagement in healthy eating and physical activity.

Tactics:
- Create an inventory of existing tobacco cessation resources and communication strategy to inform residents of available services.
- Identify community provider best suited to becoming trained as certified Tobacco Treatment Specialist and assess ability to get an individual certified.
- Promote opportunities for pregnant women and post-natal women to quit smoking
- Raise community awareness of the negative health effects of tobacco, including e-cigarettes.
- Complete SHIP Workplace Assessment to identify gaps and opportunities in healthy foods and physical activity and worksite strategies.
- Establish a wellness committee to oversee and develop workplace wellness strategy.
- Collaborate with Planning and Implementation Grant Coordinator for the local public schools.
- Advise community planning committee on walking and biking accessibility in community

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<td>Other healthcare organizations including tribal health, Public Health, K-12 Schools, American Lung Association, local gyms, city government, local service organizations and clubs</td>
<td>Youth, Pregnant women, American Indian, Essentia Health Employees</td>
<td>Minnesota Student Survey (MDH), Teens and Tobacco (MDH), Tribal Tobacco Survey, Minnesota Adult Tobacco Survey (MDH), Bridge to Health Survey</td>
</tr>
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Priority Area: Mental Health

Goal #1: Improve mental health and wellbeing, with an emphasis on prevention/early intervention.

Strategy #1: Promote effective programs and practices that promote physical, mental, emotional and spiritual wellness and social connectedness to improve mental wellbeing and increase protection from suicide risk.

Strategy #2: Reduce the stigma, prejudice and discrimination about mental disorders and suicide.

Strategy #3: Increase knowledge of the warning signs for suicide and of how to connect individuals in crisis with assistance and care.

Objective #1: Increase awareness of current mental health resources within the community

Objective #2: Reduce the number of people who delay obtaining mental health care due to being too nervous, afraid or uninsured.

Objective #3: Reduce the incidence of suicide among those at highest risk.

Tactics:
- Identify community partners and stakeholders working to improve mental health and wellbeing.
- Work with partners and stakeholders to promote current mental health resources within the county.
- Partner with organizations to provide education on mental illness, resiliency, and mental wellbeing to community.
- Research evidence based programs for suicide intervention trainings.
- Continue to enroll patients in MNsure program.
- Collaborate with Planning and Implementation Grant Coordinator for the local public schools.

Potential Partners
- Public Health, Social Services, Behavioral healthcare facilities, other healthcare organizations, K-12 Schools

Priority Population(s)
- Youth
- Homeless
- Low-income

Sources of Measuring Outcomes
- Bridge to Health Survey
- Minnesota Department of Health
- Minnesota Student Survey