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

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-Virginia 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 Iron Range 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 the community.
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. Behavioral Health
2. The Social and Economic Barriers to Health and Wellness
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: Behavioral Health**

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

Strategy #1: Promote emotional and physical health to prevent or delay the onset of and complications from substance abuse, mental illness, and chronic illness.

Strategy #2: Foster integration between behavioral health and health care, social support, tribal nations and prevention systems.

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

Objective #2: Reduce the stigma, prejudice and discrimination about mental illness.

**Tactics:**
- Explore evidenced-based practices for the prevention of mental illness and substance abuse, including stress reduction and trauma-informed approaches/interventions.
- Support efforts in the community to educate about mental health and promote resiliency.
- Work with partners and stakeholders to develop and deploy a community wide campaign/initiative related to mental wellbeing.
- Develop baseline measures for attitudes and stigma surrounding mental illness.
- Increase the proportion of homeless adults and youth who are connected to a health system and health care team, in order to increase integrated behavioral health participation and reduce emergency department use.

**Potential Partners**

**Priority Population(s)**

**Sources of Measuring Outcomes**

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<tr>
<th>Potential Partners</th>
<th>Priority Population(s)</th>
<th>Sources of Measuring Outcomes</th>
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<tbody>
<tr>
<td>Members of the Iron Range Mental Health Task Force &amp; Youth Behavioral Health Task Force, Public Health, Tribal Nations, NAMI and other statewide prevention agencies, K-12 Schools</td>
<td>Low-income, Homeless, Youth, LGBT community, Native American</td>
<td>Bridge to Health Survey, Rainbow Health Initiative, Minnesota Student Survey, Substance Abuse and Mental Health Services Administration, National Institute of Mental Health</td>
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**Goal #2: Promote tobacco use cessation among adults and youth.**

Strategy #1: Increase community awareness of existing tobacco cessation resources.

Strategy #2: Increase community capacity to address tobacco use.

Strategy #3: Increase community awareness of the negative health effects of tobacco.

Objective #1: Increase referrals to existing tobacco cessation services.

Objective #2: Increase the number of available Certified Tobacco Treatment Specialists.
Tactics:
- Create an inventory of existing tobacco cessation resources and communication strategy to inform residents of available services.
- Identify community provider(s) best suited to becoming trained as Certified Tobacco Treatment Specialist and assess ability to get an individual(s) 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.
- Work with partners and stakeholders to identify opportunities to reduce tobacco use in priority populations.
- Explore opportunities to address tobacco use including e-cigarettes in youth.

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<td>K-12 Schools, Public Health, American Lung Association, other healthcare organizations, behavioral healthcare organizations, social service agencies, housing</td>
<td>Low income, Native American Pregnant women, Residents experiencing mental illness/addiction, Youth</td>
<td>Minnesota Student Survey (MDH), Teens and Tobacco Survey (MDH), Tribal Tobacco Survey, Minnesota Adult Tobacco Survey (MDH), Bridge to Health Survey</td>
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**Priority Area: Social and Economic Barriers to Health and Wellness**

**Goal #1: Improve the quality of life in low-income neighborhoods on the Iron Range.**

**Strategy #1:** Increase engagement with local residents, coalitions and community development leaders from a variety of sectors to address the social determinants of health.

**Objective #1:** Work with community partners to increase food access and affordability.

**Objective #2:** Increase awareness of existing social resources in the community.

**Tactics:**
- Identify barriers to achieving an improved quality of life in low-income neighborhoods on the Iron Range.
- Identify and partner with existing initiatives, such as the Rutabaga Project, to improve quality of life for priority populations.
- Conduct inventory of resources and conduct a community wide awareness campaign focused on social resources that exist in the community.
- Explore ways to address the social determinants of health from within the healthcare organization in order to best connect patients to needed resources.
- Identify opportunities to incorporate residents of low-income neighborhoods into other priorities and goals of the CHNA.

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<td>Rutabaga Project, other healthcare organizations, social service agencies, local non-profits, local churches, shelters, food shelves</td>
<td>Low-income neighborhoods within the Quad Cities, Youth, Native American</td>
<td>Bridge to Health Survey, Minnesota Homeless Study, Minnesota Department of Health</td>
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