



COMMUNITY HEALTH NEEDS ASSESSMENT

Greater Staples and Motley Community

**2026 - 2028 Community Health
Implementation Strategy Plan**



COMMUNITY HEALTH IMPLEMENTATION STRATEGY PLAN

Top Three Priority Areas

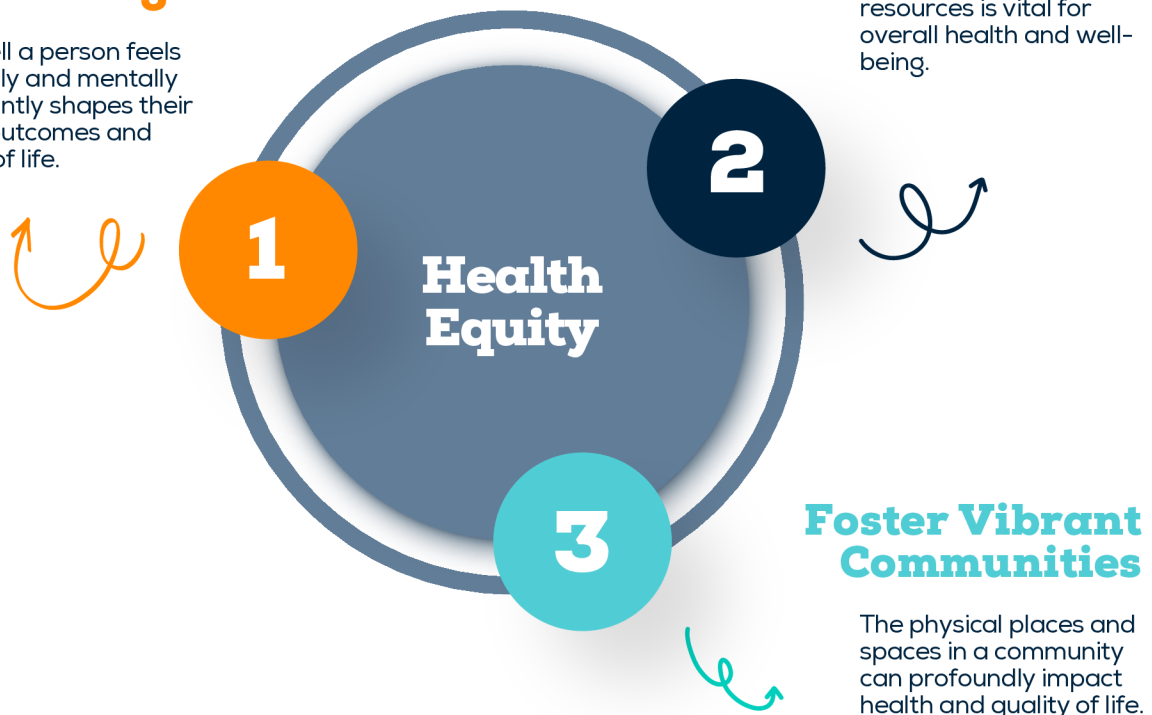
The Community Health Needs Assessment (CHNA) process systematically identified the community's most significant health needs. The analysis of these findings culminated in the selection of the top three priority areas, which now form the basis of Lakewood Health System's 2026–2028 Community Health Implementation Strategy Plan.

Elevate Community Well-Being

How well a person feels physically and mentally significantly shapes their health outcomes and quality of life.

Ensure Access to Resources and Care

Access to healthcare, insurance, and public resources is vital for overall health and well-being.



Integrate Health Equity in the Implementation Strategy Plan

Lakewood Health System is committed to reducing health disparities by achieving the highest possible standard of health for all people. Developed in partnership with the community, this implementation strategy plan will focus on specific populations and geographies most impacted by unmet needs to ensure targeted and effective improvements.

Lakewood Health System intends to:

- Collect and analyze data stratified by race, ethnicity, and other demographics to identify specific disparities.
- Ensure care is tailored to the needs and preferences of all populations.
- Collaborate with partner and community members to address SDOH.
- Increase representation from diverse backgrounds to ensure that equity is embedded in decision-making and strategic planning.
- Design interventions that are tailored to the specific culture and needs of the populations being served

COMMUNITY HEALTH IMPLEMENTATION STRATEGY PLAN

2026-2028 Community Health Implementation Strategy Plan Disclaimer

This 2026-2028 Community Health Implementation Strategy outlines the priorities and planned actions that Lakewood Health System will undertake to address the most significant health needs identified in the 2025 Community Health Needs Assessment (CHNA). While this plan focuses on the top priority areas, it is not exhaustive of our community benefit commitment.

Lakewood Health System is dedicated to addressing the health and well-being of the community as a whole. As such, the healthcare system will continue to provide a range of community benefit programs, activities, and services that address other identified health needs, including some that were not prioritized in this document. These ongoing efforts are in alignment with our mission and recognize the diverse and evolving needs of the Staples-Motley community and the three-county region.

The prioritization of certain needs over others is based on a structured process that considers factors such as severity of need, organizational capacity, potential for impact, and available community partnerships. This strategic focus allows Lakewood Health System to use resources effectively and achieve a measurable impact on the health of the community. However, ongoing, broader commitment to community health remains unwavering.

This Community Health Implementation Strategy Plan should be viewed as a guiding document, not as a complete inventory of all community benefits provided by Lakewood Health System.



Official Adoption:

The Lakewood Health System Board of Directors approved the 2026-2028 Community Health Implementation Strategy Plan on December 18, 2025.

COMMUNITY HEALTH IMPLEMENTATION STRATEGY PLAN

Priority Area #1: Elevate Community Well-Being

Strategies

1a: Partnerships

- Expand a network of cross-sector partners including nonprofits, healthcare providers, schools, and businesses to increase the reach of mental health services.
- Work alongside partners and the community to reveal and respond to the most pressing mental health challenges, building a more resilient and supportive environment for everyone.
- Promote existing partner services through clear and accessible communication to ensure individuals know where to find support.
- Foster new collaboration opportunities to develop innovative solutions and address unmet community needs.

1b: Evidence-Based Programs and Practices

- Offer and promote effective, evidence-based or promising mental health programs and services for patients and community members.
- Focus on programs that have demonstrated success in improving mental well-being.

1c: School-Based Collaboration

- Advocate for and implement strategies that provide school districts with access to valid and reliable health information, products, and services, fostering a healthier and more supportive environment for students.
- Provide targeted outreach and support to high-risk school-age children and their families.

1d: Suicide Care Pathways

- Integrate the Zero Suicide framework in clinical and emergency care settings, focusing on collaborative care, cultural change, and safe transitions for people at risk of suicide.
- Participate in a comprehensive, connected system that addresses social and economic risk factors, and educates and empowers the community.

1e: Opioid Epidemic

- Participate in the Todd County Opioid Settlement Advisory Council.
- Leverage the council to help guide the spending of settlement funds to reduce the negative impacts of opioid use disorders.

1f: Health and Well-Being Activities

- Integrate activities and interventions into community sectors, such as programming at the Lakewood Farmers Market and at The Nest (Staples-Motley School District).
- Empower patients and community members with personalized, accessible health education and resources that enable informed decisions, proactive self-management, and measurable improvements in their overall health and well-being.
- Prioritize infrastructure projects that intentionally integrate public health considerations to improve community well-being and combat social isolation.

1g: Community Benefit Grant Program

- Continue to facilitate the investment process to award grants to community projects that strengthen the mental well-being of residents in rural communities.
- Ensure community projects align with CHNA priorities, particularly those that elevate community well-being.

Goal

"To cultivate a thriving community where every individual has the resources and opportunities to achieve holistic well-being through improved physical health, robust social connections, and enhanced mental resilience."

COMMUNITY HEALTH IMPLEMENTATION STRATEGY PLAN

Priority Area #2: Ensure Access to Resources and Care

Strategies

2.a: Partnerships

- Leverage the combined knowledge and data of all partners to continuously assess social and economic needs and identify gaps in services.
- Form collaborative partnerships with social service agencies, public health departments, food banks, housing groups, corporations, and philanthropies to collectively address the various factors that influence community health.
- Engage individuals from diverse and underserved communities in the planning and evaluation of programs to ensure they are culturally sensitive and address real needs.

2.b: Food and Nutrition Security Programs

- Partner with local food systems to offer tailored meals or produce prescriptions for patients experiencing food insecurity or diet-related health conditions.
- Enhance and invest in integrated referral and navigation systems to increase enrollment for eligible individuals and families in state and federal programs (e.g., SNAP and WIC), and Lakewood Health System's food security programs, including Food Farmacy, Fresh Delivered, Recovery Meals, and Cardinal PAX.
- Enhance current programs and establish new interventions to address food and nutrition insecurity.
- Ensure distribution locations are accessible for people with disabilities or limited transportation.

2.c: Clinic-Based Screenings and Referrals

- Leverage health information technology to enhance clinic workflows that systematically screens all patients for social and economic needs and allows for care teams to generate referrals.
- Improve seamless care coordination by clearly defining roles and responsibilities for staff members involved in the referral process.
- Implement a bidirectional referral system that connects patients to both internal programs and community-based initiatives, tracking patient progress and ensuring a closed loop to determine if the referral successfully addressed the need.
- Provide ongoing training to clinical staff on how to screen patients for social and economic needs in a compassionate and trauma-informed way.
- Continuously audit resource databases to ensure that contact information for community organizations is accurate and current.

2.d: Child and Teen Check-Up (C&TC)

- Enhance C&TC outreach by building relationships with families and helping them navigate the healthcare system.
- Integrate comprehensive health education and anticipatory guidance for both parents and children into every check-up, as suggested by the MN Dept. of Health.
- Enhance patient engagement by promoting the use of MyChart, which allows parents to schedule appointments, view test results, and communicate securely with providers and care teams.
- Implement automated text messaging services to send proactive and preventive reminders for well-child visits.

Goal

"To champion improved access to high-quality healthcare and community resources by addressing the social determinants of health that impacts the community and ensures that all residents have a fair opportunity to achieve their best possible health, regardless of geographic location, socioeconomic status, or background."

COMMUNITY HEALTH IMPLEMENTATION STRATEGY PLAN

Priority Area #2: Ensure Access to Resources and Care

2.e: Lakewood Health System Cancer Center

- Integrate clinic-based screenings and referral workflows into Lakewood Health System's Cancer Center processes to identify and address patients' social and economic needs.
- Establish referral pathways to Community Health to address additional social and economic needs.
- Build strong relationships with social services agencies, public health departments, and local community organizations to increase the availability and accessibility of social care resources for patients.
- Implement food and nutrition security programs to ensure patients have access to nutritious food during and after treatment.
- Connect patients with financial navigators and social workers who can provide assistance with treatment costs, insurance, and assistance programs.

2.f: Culturally Competent Care

- Promote and support diversity in the healthcare workforce to better reflect the communities being served.
- Ensure professional interpretation services are available for patients with limited English proficiency and provide translated materials.
- Provide training on implicit bias and cultural humility for all healthcare providers and administrative staff.

2.g: Social Determinants of Health

- Routinely screen patients for health-related social and economic needs, such as housing instability, transportation issues, and financial strain.
- Deploy a team of Community Health specialists to connect patients with unmet social needs to vital community and government resources, such as SNAP, Medicaid, and housing assistance.
- Refer patients to partners who have expertise in addressing non-medical issues like housing, financial strain, and mental health support.
- Clearly communicate financial assistance options and policies to patients, ensuring the information is accessible, culturally sensitive, and easy to understand.

2.h: MNsure Navigation

- Employ and maintain trained MNsure navigators to assist patients with MNsure enrollment and renewals.
- Incorporate enrollment assistance into patient intake, check-in, and case management processes.

2.i: Hospital and Clinical Interventions

- Provide case management for patients with complex chronic conditions to ensure they receive the care they need after discharge.
- Support for a patient's transition to a community setting by providing non-medical resources that help patients live safely in the community, such as connecting them with social services or assisting eligible individuals with enrolling in Medicaid or other public programs.

2.j: Community Benefit Grant Program

- Provide grants to non-profit and community-based organizations to expand programs that address SDOH and strengthen their capacity to deliver local services effectively.
- Ensure community projects align with CHNA priorities and ensures equitable access to resources and care.



COMMUNITY HEALTH IMPLEMENTATION STRATEGY PLAN

Priority Area #3: Foster Vibrant Communities

Strategies

3.a: Partnerships

- Partner with local government, economic development, businesses, educational institutions, community organizations, and faith-based groups to share resources, knowledge, and support for joint projects.
- Involve community members in decision-making processes to foster a sense of ownership and commitment.

3.b: Advocate to Revitalize Rural Communities

- Meet with local, state, and federal elected officials to explain the unique challenges and opportunities facing the Staples-Motley community and the three-county region.
- Connect with and support organizations that work on rural policy issues at the state and federal level.

3.c: Invest in Community Assets for Health and Economic Vitality

- Continue to operate the Lakewood Farmers Market on Lakewood Health System's hospital campus to improve the accessibility, affordability and availability of fresh, local foods, directly addressing food insecurity and promoting public health.
- Maintain and enhance the Lakewood Community Park, aka Dino Park, and facilities to provide a safe, inclusive, and well-maintained space for diverse physical activities and social gatherings.
- Support the growth of local businesses by providing accessible retail space and resources for emerging entrepreneurs, thereby boosting the local economy.
- Construct a range of affordable housing units to meet pressing community needs, ensuring stable living conditions for residents and attracting new families to the area.

3.d: Support Public Places and Spaces

- Collaborate with local government and partners to secure essential funding for projects such as recreation and wellness facilities, and parks and trails.
- Serve as a core investor in vital community projects that drive local economic growth and improve quality of life.
- Champion initiatives that create healthy public spaces, including improved air quality, access to affordable, nutritious food, and high-quality public amenities like parks and school wellness facilities.
- Support the Staples-Motley School District's efforts to bridge intergenerational opportunities.

3.e: Community Benefit Grant Program

- Provide grants to non-profit and community-based organizations to improve public places and spaces.
- Ensure community projects align with Community Health Needs Assessment (CHNA) priorities that fosters vibrant communities.

Goal

"To foster vibrant, healthy, and resilient communities by strengthening local assets, promoting health and well-being, and driving sustainable economic vitality for all residents."



COMMUNITY HEALTH IMPLEMENTATION STRATEGY PLAN

Planned Collaboration

Lakewood Health System will collaborate with the following partners to accomplish strategies within each priority area.

Priority Area #1: Elevate Community Well-Being

- Lakewood Health System Behavioral Health Home
- Lakewood Health System Community Health Leadership, Engagement, Advocacy, and Positiveness (LEAP)
- Minnesota Department of Health - Zero Suicide Learning Collaborative
- Minnesota Department of Human Services - Integrated Health Partnerships
- Morrison-Todd-Wadena Community Health Board (CHB)
- Region V+ Adult Mental Health Initiative
- Staples Motley Beyond Poverty
- Staples-Motley Independent School District
- Todd County Family Services Collaborative
- Todd County Local Advisory Council
- Todd County Opioid Settlement Advisory Council
- Wadena County Suicide Prevention Collaborative

Priority Area #2: Ensure Access to Resources and Care

- Catholic Charities of St. Cloud
- Central Lakes College
- Central MN Council on Aging
- Hilltop Regional Kitchen
- Lakewood Health System Clinics
- Lakewood Health System Community Health LEAP
- Local Public Health and Human Services
- Long Prairie Chamber of Commerce
- Minnesota Department of Human Services - Integrated Health Partnerships
- MNSure's Assister Network
- Morrison-Todd-Wadena CHB
- Second Harvest Heartland
- Sourcewell
- Staples Motley Beyond Poverty
- Staples-Motley Independent School District
- The Food Group
- Todd County Public Health
- Traditions Prepared Meals
- WAVE Saludos

Priority Area #3: Foster Vibrant Communities

- American Association of Retired Persons (AARP) Network
- Central MN Council on Aging
- City of Staples
- Compeer Financial
- Lakewood Health System Community Health LEAP
- Local Chamber of Commerce
- Local Growers and Farmers
- Magic Forest Childcare Center and Preschool
- Minnesota Department of Health
- Minnesota Department of Transportation
- Staples Lions Club
- Staples-Motley Independent School District
- The Food Group
- U.S. Department of Agriculture

COMMUNITY HEALTH IMPLEMENTATION STRATEGY PLAN

Evaluation Framework

Lakewood Health System will systematically monitor and evaluate the strategies and activities outlined in this plan. The short- and long-term impact on the health and well-being of individuals, youth, families, and the community will be assessed over a three-year period using defined metrics and outcomes to measure progress and inform future initiatives.

Lakewood Health System maintains a comprehensive framework for measuring performance, ensuring its initiatives effectively address community health needs. The organization monitors key metrics, including:

- **Reach and Service Delivery:** The total number of individuals receiving support and services.
- **Access to Care:** The quantity of patient referrals to internal and external resources.
- **Program Effectiveness:** The number of interventions and programs successfully implemented.
- **Strategic Impact:** Investments allocated to high-priority initiatives and efforts to advance system goals.
- **Community Engagement:** Collaborative efforts with partners that help address health needs.

Through active and regular analysis, Lakewood Health System will evaluate its strategies to confirm that processes and outcomes are achieving favorable results and effectively engaging specific target populations.

An evaluation of Lakewood Health System's strategies to address identified health needs, and subsequent accomplishments, will be detailed in the 2028 Community Health Needs Assessment report.

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