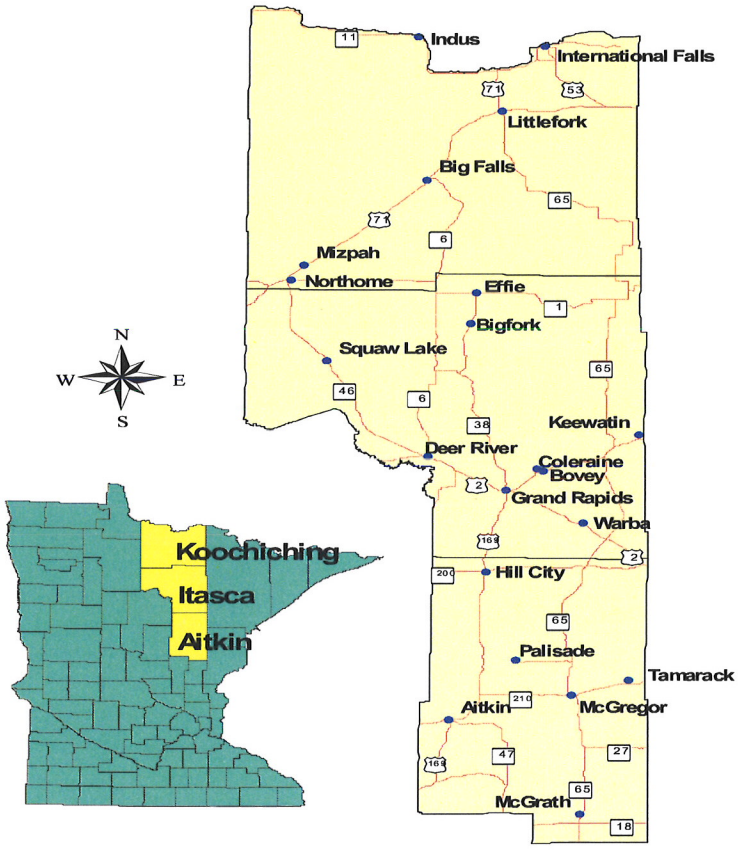
Aitkin-Itasca-Koochiching

Community Health Improvement Plan

2014



Map of Aitkin-Itasca-Koochiching
Community Health Services Area

June 2014-December 2014

Acknowledgments

- Advocates Against Domestic Abuse
- Aitkin City Council
- Aitkin County CARE
- Aitkin County Environmental Services Department
- Aitkin County Growth
- Aitkin County Health & Human Services
- Aitkin County Road & Bridge Department
- Aitkin County Sheriff's Department
- Aitkin County Veteran's Services
- Aitkin Independent Age
- Aitkin School District
- American Red Cross, Northern MN Chapter
- ANGELS of McGregor
- Backus Community Center
- Betsy Johnson, U of M Extension Services
- Brian Napstad, Aitkin County Commissioner
- Cathy Gordon, U of M Extension
- City of Hill City
- concerned citizens of Koochiching County
- Crisis Line & Referral
- Dale Lueck
- Don Niemi, Aitkin County Commissioner
- Eldercircle
- Ellen Pillsbury, ARDC
- Essentia Hospital-Deer River
- Falls Hunger Coalition
- Friends Against Abuse
- Good Samaritan Society
- Grand Itasca Clinic & Hospital
- International Falls Public Library
- Itasca County Committee on Aging
- Itasca County Public Health & Human Services
- Itasca County Schools Nursing Staff
- Itasca Get Fit/SHIP Staff
- Janelle Schroeder, MDH
- Joe Radinovich, former State House of Representatives
- Koochiching Aging Options
- Koochiching County Board of Commissioners
- Koochiching County Public Health & Human Services
- Koochiching Family Planning
- KOOTASCA Community Action
- Laurie Westerlund, Aitkin County Commissioner
- Long Lake Conservation Center
- McGregor Community Education
- McGregor School District
- Nashwaik-Keewatin Wellness Team
- Northland Counseling Center
- Occupational Developmental Center
- Paper Makers Place
- Rainy Lake Medical Center
- Rainy River Community College
- Ranier Roost
- Riverwood Healthcare Center
- Senior LinkAge Line

Community Health Improvement Plan Review Checklist: [A-I-K CHS]

For more information about this checklist, including references for each item, refer to the website; www.health.state.mn.us/lphap.

Review Characteristics [1]	On Which Page(s) is this Found?	Not Found (X)	Notes
Dated within past five years	1		Date:
Includes full name of CHB or LHD on cover	1		
Describes jurisdiction for which the plan is created	6		
Describes health inequities in the jurisdiction for which the plan is created	13-15, 17, 20-21		
Names (e.g. MAPP[2]) and/or describes process used to complete planning	7		Process Used: MAPP
Lists community stakeholders who participated in planning process [3]	2, 9		

[1] References for the review characteristics include PHAB Standard 5.2 [http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf], NACCHO Recommended CHA/CHIP Characteristics Checklist [http://www.naccho.org/topics/infrastructure/chaip/chachip-online-resource-center.cfm] and MDH Local Assessment and Planning Guidance [http://www.health.state.mn.us/lphap].

[2] Models suggested in PHAB include: MAPP [http://www.naccho.org/topics/infrastructure/Mapp/index.cfm] and Healthy Cities/Communities [http://ctb.dept.ku.edu/en/assessing-community-needs-and-resources]. Other tools that could be adapted include Community Asset Mapping, MDH Model, NPHPSP, Healthy People 2020, or PACE-EH. CHBs may use a blend of these or a process of their own design.

[3] At least three sectors, in addition to public health, should be identified. Collaboration with hospitals that are now required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy is strongly encouraged [http://www.naccho.org/topics/infrastructure/Mapp/chahealthreform.cfm].

Review Characteristics [1]	On Which Page(s) is this Found?	Not Found (X)	Notes
Documents that CHA information was shared with participants	9, 10		
Lists issues and themes identified by stakeholders	10		
Describes how community was engaged throughout the planning process	9, 10		
Describes the prioritization process used to identify the primary issues (from the CHA) that will be included in the CHIP	10, 11		
Lists the top community health needs or priorities	12		
Includes justification for why each issue is a priority	13-23		
Includes at least one priority aimed at addressing a social determinant of health that arose based on health inequities that were identified in the jurisdiction	17		
Includes evidence-based or promising practices in the selected strategies[4]	18		Healthy Families America
References state-of-the-art guidance in the strategy descriptions [5]	14		Healthy Minnesota 2020
Includes policy changes needed to accomplish health objectives	16, 19, 23		

[4] NACCHO Resource Center for Evidence-Based Prevention and Cross-Sector Approaches [http://www.ebprevention.org] and Community Guide [http://www.naccho.org/topics/HPDP/commguide/index.cfm].
[5] National state-of-the-art guidance noted in PHAB includes the National Prevention Strategy [http://www.surgeongeneral.gov/initiatives/prevention/strategy/] or Healthy People 2020 [http://www.healthypeople.gov/2020/default.aspx].

Review Characteristics [1]	On Which Page(s) is this Found?	Not Found (X)	Notes
Identifies individuals or organizations, beside public health, responsible for strategy implementation	29-41		
Identifies measurable health outcomes or indicators of progress [6]	15-16, 18-19, 21-23		
Notes existing community assets and resources	29-41		
Describes alignment with state and national priorities	15-16, 18-19, 21-23		MN Statewide Local Public Health Objectives

[6] For example, "More students from every population group graduate from high school within four years." Documented by Minnesota Compass (http://www.mncompass.org/education) based on high school on-time graduation rates from the Minnesota Department of Education.

What is a Community Health Improvement Plan?

The 2014 Aitkin-Itasca-Koochiching Community Health Services (A-I-K CHS) Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health priorities identified during the Community Health Assessment (CHA) and health improvement processes. The CHIP will be used by the A-I-K CHS along with community partners to set priorities, coordinate resources, develop policies, and define actions to target efforts that protect and promote health.

A CHIP is developed through a collaborative process, and defines a vision for the health of the community. In Minnesota, plans are developed for the geographic regions covered by the local health department. Community health improvement planning is a foundational practice of public health as well as a national standard for all public health departments. Since the passage of the Local Public Health Act in 1976, Minnesota local health departments have been required to engage in a community health improvement process, beginning with a CHA. As part of Minnesota's Local Public Health Assessment and Planning process, every health department must submit a CHIP dated within five years to the Minnesota Department of Health.

> **Public Health** *is what we, as a society, do collectively to assure the conditions in which people can be healthy.*
>
> – Health Resources and Services Administration (HRSA)

A snapshot of people and place

The three counties in this CHS are in a line from south to north: Aitkin, Itasca, and Koochiching. These counties cover a considerable area: 8,077 square miles. In fact, Koochiching and Itasca are the 2nd and 3rd largest counties in Minnesota (after St. Louis County). Our CHS is decidedly rural with a population of only about 74,000. We live among valuable natural resources, beautiful nature, and opportunities for recreation.

Community Health Improvement Planning Process

Organize

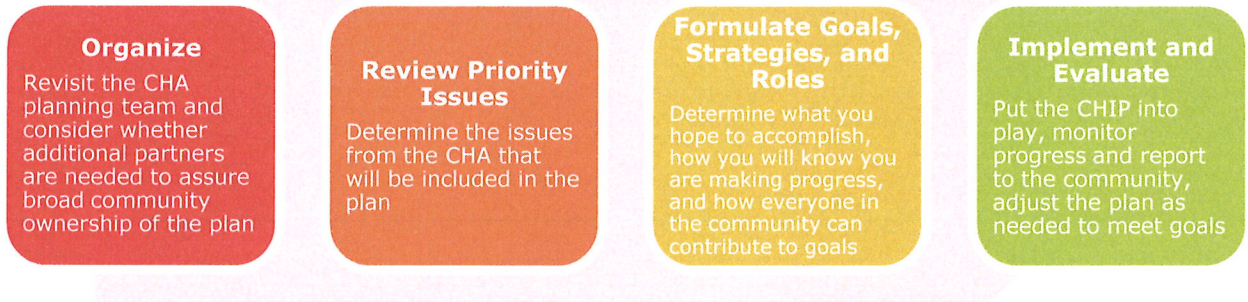
The CHIP is the link between assessment and action; it will be used by A-I-K CHS along with our community partners to define how we will work together to improve the health of the community. The CHIP outlines goals, objectives and strategies that A-I-K CHS and its partners will address beginning in 2015, for the next five years. The plan also includes activities and measures to ensure progress towards these goals. The CHA and CHIP play an important role in local health departments aligning with National Public Health Standards. Public Health departments that meet these standards are better equipped to promote and protect the health of the public by advancing the quality and performance of all health departments.

Stakeholder engagement

Community engagement is essential to creating a CHIP that ensures effective, sustainable solutions. Stakeholders were engaged in three substantial ways: listening sessions, key stakeholder interviews and a community health summit.

Planning framework

To conduct the CHA, the A-I-K CHS applied elements of the *Mobilizing for Action Through Planning and Partnerships* (MAPP) framework in combination with the Minnesota Department of Health (MDH) community health improvement planning process. MAPP is a community-driven strategic planning process for improving public health.[1] The framework provided a structure and best practices to help the steering committee prioritize public health issues, identify resources for addressing them, and take action. Upon identification of the community health priorities, the MDH community health improvement planning process (outlined below) was applied. As the A-I-K CHS transitioned from the assessment to the planning phase, the following process was used to develop goals and strategies, assign roles, and take the necessary actions to put the CHIP into play.



MDH Community Health Improvement Planning Process Diagram

Data collection

Primary and secondary data from a variety of sources was used to complete the CHA.

Secondary data

Secondary data, or data not collected directly by A-I-K CHS, included: federal, state, and local data; hospitals and health care providers; local schools; academic institutions; other departments of government; and nonprofit organizations. Many sources of data for this health assessment are government agencies, such as the Minnesota Department of Health. Other data originate from nonprofit research organizations such as Wilder Research, and other public and private data such as Minnesota Hospital Association data. The categories of secondary data used include:

Disease and Injury

Healthy Living

Opportunities for Health

People and Place

Primary data

A-I-K CHS collects primary data for the purpose of incorporating the values and priorities of county residents into health improvement decisions.

Community input was collected as part of the CHA process between June 2013 and June 2014 in an effort to create a picture of the community's beliefs and perceptions regarding health in the community. A special emphasis was made to reach out to community members from across the A-I-K CHS to hear health concerns directly from them. The goals of collecting community input were to:

- gather broad, representative perspectives regarding current health issues in A-I-K CHS;
- discover resident information both about what is healthy and what is unhealthy in their community;
- provide a variety of options for input; and
- engage traditionally under-represented groups.

Listening sessions

Listening sessions were conducted in June 2013 by A-I-K CHS staff in partnership with Rainy Lake Medical Center, Grand Itasca Clinic and Hospital, and Essentia Deer River Hospital. These sessions collected knowledge from those who live and work in the A-I-K CHS about health issues from a community standpoint. Key findings from the information data tables were presented to the participants, who then engaged in small group discussions generating top health themes and ranking them in order of importance.

Key Stakeholder interviews

In-depth key stakeholder interviews were conducted in 2013 and 2014 with select individuals based on their specific knowledge or experience with health issues in the A-I-K CHS. Participants provided a unique perspective about current and emerging health issues in the communities they work with. Key stakeholder interviews were conducted with individuals from the following settings:

- non-governmental community organizations, groups or coalitions (including food shelves, homeless services, non-profits, minority groups, disabled, and senior services);
- clinical professional (including hospital administrators, dentists, pediatricians, pharmacists, and nurses);
- professionals working with or serving youth; and
- governmental administrators or representatives from city or county services

Community Health Summit

In June 2014 the Aitkin County Health & Human Services Public Health Unit hosted a Community Public Health Summit for eighty-five community stakeholders. It was promoted through local newspapers, social media, emails to key contacts and collaboratives, promotional postcards and invitations. Data was shared from the four categories of secondary data. Those in attendance participated in four feedback sessions: individual prioritization, impact effort matrix, dot based ranking, and identifying the three most important issues. Key themes that emerged from the summit included: Access, Outreach and Education for Early Childhood, Obesity in Children, Access, Outreach and Education for Seniors, Increasing Access to Fresh Fruits and Vegetables, Alcohol, Tobacco and Other Drug use amongs Adolescents and Young Adults and Opportunity for Physical Activity across the Lifespan.

Review of priority issues

A-I-K CHS Leadership Team met on June 25, 2014, and used the CHA results to identify community health priorities in A-I-K CHS. Community health priorities are those issues critical to achieving the vision of the CHIP. A-I-K CHS Leadership Team completed a ranking exercise for the top 10 categories of health issues:

- Access to Services for Seniors;
- Access/Uninsured and/or Underinsured;
- Chronic Disease;
- Eating Habits;
- Healthy Start for Children-Adolescents;
- Mental Health/Wellbeing;
- Obesity;
- Other-ATOD;
- Parenting-Family Systems (lack of family stability);
- Physical Activity

A-I-K Leadership Team consisted of: Local Public Health Leaders, Health Educators, CHS Grants Manager and NE Public Health Nurse Consultant.

The three community health priorities identified were:

1. Eating Habits
2. Parenting-Family Systems (lack of family stability)
3. Healthy Start for Children-Adolescents

Additionally, the Leadership Team decided to incorporate Mental Health across all three priority health issues.

Steps of the prioritization process included:

- sharing of county specific priorities;
- common themes among counties were identified which resulted in more than 10 priorities in the A-I-K CHS;
- a discussion of tangible and intangible A-I-K CHS assets and resources guided the process; assets included people, physical structures, relationships, and organizations.

In order to reach consensus on which issues to move forward with and assist in the prioritization process, the Leadership Team decided to align priorities with the 2015 Planning and Performance Measurement Reporting System (PPMRS). The Leadership Team then completed a second simple ranking determining the top three community health priorities to address in the CHIP.

Formulate goals and strategies

Once the Leadership Team identified the top three priorities, the group moved forward with formulating goals and strategies for each.

For priority issue #1 (Eating Habits) the Leadership Team was able to align CHIP goals with the Statewide Health Improvement Program (SHIP) goals and activities.

For priority issues #2 and #3 (Parenting/Family Systems and Healthy Start for Children-Adolescents) the Leadership Team was able to align CHIP goals with evidence based home visiting objectives and strategies. Across all priority issues, goals and strategies were created with both national and state goals in mind, and will use evidence-based strategies for implementation.

Eating Habits – taking action through SHIP

SHIP was established in 2009 by the Minnesota Legislature as part of the state's Health Care Reform Initiative. SHIP succeeds by encouraging and supporting healthy living and addressing health disparities through community engagement, local decision-making and sustainable, evidence based strategies. [2] Initially, all local health departments in the state received two years of significant funding to address obesity and tobacco use. After those first two years, funding was greatly reduced and only a few local health departments continued with funding. Throughout this period, the A-I-K CHS retained its SHIP funding. In 2013, the Minnesota Legislature restored the funding and A-I-K CHS has been awarded funding through 2015.

Parenting/Family Systems and Healthy Start for Children-Adolescents – taking action through Evidence Based Home Visiting

Maternal, Infant, and Early Childhood Home Visiting supports pregnant women and families and helps parents of children from birth to age 5 tap the resources and develop the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn. A-I-K CHS is committed to developing and implementing voluntary, evidence-based home visiting programs using models that are proven to improve child health and to be cost effective. These programs help to prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. Each county within the A-I-K CHS will choose the home visiting models that best meet the needs of its own at-risk communities, then supports local agencies in providing the home visiting services to families in their own communities.

Community Health Priorities

The A-I-K Leadership Team identified the following community healthy priorities:

Community Health Priorities Table
1. Eating Habits
2. Parenting/Family Systems
3. Healthy Start for Children-Adolescents

Additionally, the Leadership Team decided to incorporate Mental Health across all three priority health issues.

The following sections describe each community health priority, including:

Why do we care?
Describes the issue at hand and links to state and national priorities.

What do we know?
Provides relevant health data from A-I-K CHS on each priority.

Where do we want to be?
Describes the goals, objectives and strategies.

What needs to happen?

Discusses potential policy, system or environmental changes. Additional policy changes may be identified over time.

It is important to note that while the CHIP will guide important work related to these community health priorities, A-I-K CHS will continue to work both internally and with partners on other public health and environmental health issues as need arises, and as part of our state mandated work. This includes, but is not limited to, disease prevention and control, WIC and breastfeeding promotion, emergency preparedness, Child and Teen Checkups Outreach, rising cases of tick borne illnesses, as well as other environmental health related issues.

Eating Habits

Why do we care?

Many health benefits or problems stem directly from what and how much we eat. We feel and function better when we eat well. Eating has an effect on a child's brain development and academic success. By eating healthier and having access to nutritious food, we hope that the residents of the A-I-K CHS will experience less chronic disease.

Eating Habits The term *eating habits* (or *food habits*) refers to why and how people eat, which foods they eat, and with whom they eat, as well as the ways people obtain, store, use, and discard food. Individual, social, cultural, religious, economic, environmental, and political factors all influence people's eating habits.[3]

What do we know?

- There are areas in the A-I-K CHS that are considered food deserts due to lack of access to fresh fruits and vegetables. Even people who live within walking distance of a grocery store, garden, or orchard may prefer to buy more of lower quality packaged foods because quantity is most important to them due to lack of financial resources. Fresh produce can be expensive, especially when you consider that some of it may spoil before it gets eaten; this most likely happens in a family where fruits and vegetable are not part of the usual diet.
- We know that increasingly the population, children and adults, is overweight or obese. We know that being overweight and obese leads to many chronic health problems.
- In 2010 food scarcity throughout the A-I-K CHS was measured at 14.3%.
- According to the 2014 Minnesota County Health Rankings for Health Factors, out of 85 counties Aitkin ranks lowest at number 80, Itasca at 69 and Koochiching ranking 74.

- Regarding the WIC population, ages two to five, the 2007 Minnesota WIC Program Pediatric Nutrition Surveillance Report measured obesity of this population for the A-I-K CHS at 10.5%. Overall Minnesota's rate for the same population was 13.3%. Individually, Aitkin reported 9.2%, Itasca 11.8% and Koochiching 7.2%. The 2010 data indicates a general increased rate in obesity throughout the A-I-K CHS measuring at 11.4%. Aitkin and Koochiching reported measurable increases with 13.7% and 11.4% respectively. However, Itasca County reported a decrease to 10.6%.
- According to the U.S. Census 2007-2011 America Community Survey, poverty status amongst children (<18 years of age) throughout the A-I-K CHS are consistently higher than the state average of 14.0%. Aitkin has the hightest percentage at 19.4%, Itasca at 14.7% and Koochiching at 15.1%.
- Between 2007 and 2010, the U.S. Department of Commerce, Bureau of Economic Analysis, reported a significant increase in the unemployment rate throughout the A-I-K CHS from 7.2% to 9.5%. Each county also experienced a substantial fluctuation in their rates with Aitkin jumping from 6.9% to 9.7%, Itasca increasing from 7.3% to 9.7% and Koochiching rising from 7.1% to 8.6%.
- Stated in the December 2010 final report, the prevention and reduction of obesity is a MN Statewide Local Public Health Objective including the following key indicator: Percentage of children ages 2 to 5 years, receiving WIC services, with a Body Mass Index (BMI) at or above the 85th percentile.[5]
- The Healthy Minnesota 2020 report stated the following indicator: By 2020, fewer Minnesota households will experience food insecurity. Why this indicator? Food security means having enough to eat, and being able to make healthy food choices. Adequate nutrition is particularly important for children, as it affects their cognitive and behavioral development. Children from food insecure, low-income households are more likely to experience irritability, fatigue, and difficulty concentrating on tasks, especially in school, when compared to other children.[6]
- The Healthy Minnesota 2020 report also stated the following indicator: By 2020, more Minnesota children are exclusively breastfed for six months. Why this indicator? Breastfeeding conveys important protective factors for infants, such as boosting immune system response and preventing obesity. Children who are breastfed are less likely to develop diabetes than those who were fed formula or introduced early to solid foods. Breastfeeding also promotes the development of healthy relationships through maternal-infant

Food Desert urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. Instead of supermarkets and grocery stores, these communities may have no food access or are served only by fast food restaurants and convenience stores that offer few healthy, affordable food options. The lack of access contributes to a poor diet and can lead to higher levels of obesity and other diet-related diseases, such as diabetes and heart disease.[4]

bonding, has health benefits for the mother, decreases absenteeism for both mother and child, and reduces health care costs.[7]

Where do we want to be?

Goal: Decrease the percent of children in the A-I-K CHS who are obese

Objective: Obesity rates for A-I-K CHS WIC children (ages 2-5 years) will be reduced from 11.4% to 9% or less by 2020.

Strategy 1: Education
Parents and children will receive education regarding nutrition, how to get assistance buying fresh produce when applicable (WIC benefits, food shelf options, etc.), how to utilize benefits to their fullest extent and a movement toward community vegetable gardens.

Strategy 2: Accessibility
Make healthy options more accessible through business development in food deserts, and transportation to existing grocery stores if business development does not happen.

Goal: Increase food security

Objective: By 2020, A-I-K CHS will work to decrease food insecurity by 3%.

Strategy 1: Education regarding Farmer's Markets.
Provide information by promoting and sharing the MN Grown publication in each county. Work with local Farmer's Markets to ensure research, planning and implementation for the acceptance of EBT and WIC vouchers is being considered.

Strategy 2: Educate about eligibility for food and nutrition programs.
Provide education regarding eligibility for food and nutrition programs. Provide outreach to increase participatation in food and nutrition programs.

Strategy 3: Accessibility*
The A-I-K CHS will support ongoing efforts and new partnerships to increase accessibility to healthy and nutritious foods with a specific focus on the food deserts identified within the A-I-K CHS by strengthening linkages between existing transportable meal providers and nutritious food suppliers in order to incorporate more fresh deliverable options.

*A food desert is defined by the USDA a food desert is a 10-mile radius without ready access to fresh, healthy and affordable food.

Strategy 4: Gaps in Services
Survey A-I-K CHS residents to determine gaps in services and resources related to obtaining healthy food and nutrition.

Goal: Increase healthy eating in youth

Objective: Increase in the number of youth who eat fruits and vegetables 3 times or more per day from 5% to 8% by 2020.

Strategy 1: Healthy School Food*
Partner with local school districts to implement nutrition initiatives such as healthy breakfast promotion, healthy lunch and snacks, alternatives to classroom celebrations, incentives, and fundraising, healthy choice concessions or vending, school gardens and Farm-To-School initiatives. (Healthy School Foods SHIP Initiative)

Strategy 2: Child Care
Provide training and resources to develop policies and practices to improve healthy eating, physical activity and support for breastfeeding or nursing moms in licensed childcare homes, centers and pre-school settings.

Stragegy 3: Education
Increase breastfeeding training opportunities for A-I-K Public Health staff.

* For school-related goals, an emphasis will be put on working with schools identified with higher eligibility rates for free and reduced lunch.

What needs to happen?

Potential policy changes related to eating habits include:

- school nutrition policies to increase fruits and vegetables, decreasing sodium, saturated fat, and added sugar;
- child care nutrition and breastfeeding practices to improve healthy food options and support breastfeeding;
- increased use of benefits to purchase healthy foods;
- increase in business development in food desert areas
- increased participation in food and nutrition programs
- increase in breastfeeding training opportunities for A-I-K Public Health staff
- comprehensive survey of A-I-K residents to determine gaps in services and resources related to obtaining healthy food and nutrition
- strengthening linkages between existing transportable meal providers and nutritious food suppliers in order to incorporate more fresh deliverable options

A-I-K CHS consumers and their families, social service agencies and referral source personnel often cannot get clear, basic information such as treatment options, the full range of available services, payment mechanisms, or how to access the services. Additionally, basic information, communications, and linkage systems are lacking, particularly for individuals that are uninsured or have Medicaid or Medicare.

Parenting/Family Systems

Why do we care?

Throughout the community health assessment and planning process, community members and collaborators repeatedly stated how difficult it is for individuals affected by behavioral health problems to talk about it.

We care because these are our clients. They may not have seen positive parenting role models or examples of healthy families, and are thus perpetuating unhealthy behaviors in their own families. Research shows that inconsistent parenting and responsiveness leads to attachment issues of the child and possibly brain development concerns as well as higher level costs such as child protection involvement, out of home placement, special education services, mental health concerns, delinquency – costs to all of us in society. We want across the age continuum for families to be less stressed and more self reliant.

What do we know?

- Between 2006 and 2010 in the state, 24.7% of children less than 18 years old lived in single parent households. Similar to the state, the CHS reported at 24.4%. Individually, Aitkin reported 30.3%, Itasca 21.5% and Koochiching 27.5%.
- Throughout the state and in the CHS, the unemployment rate increased between 2007 and 2010. The state increased from 4.6% to 7.3% while the CHS documented an increase from 7.2% to 9.5%. Aitkin had the highest increase from 6.9% to 9.7%. Itasca reported from 7.3% to 9.7% and Koochiching from 7.1% to 8.6%.
- In 2009-2010, the CHS high school graduation rate was across the board higher than the state average of 75.9%. Aitkin had the highest at 81.0%, Itasca at 78.0% and Koochiching reporting 80.5%.
- In attaining a bachelor's degree or higher from 2006 to 2010, the CHS is consistently below the state average of 31.4%. Reporting the lowest was Aitkin at 14.4%, Itasca reported at 20.8% and Koochiching at 16.3%.
- In March of 2012, the MN Department of Health Office of Rural Health declared the A-I-K CHS a service area with a shortage of mental health practitioners.
- Stated in the December 2010 final report, the promotion of optimum mental health is a MN Statewide Local Public Health Objective with the following key indicator: percentage of MN children birth to 5 enrolled in Medicaid who received a mental health screening using a standardized instrument as part of their Child and Teen Checkup (C&TC) visit.[8]

Where do we want to be?

Goal: Families in the A-I-K CHS will have increased awareness of and access to healthy parenting resources and education to reduce health inequities

Objective: Increase partnerships and collaborations with healthy parenting providers in the A-I-K CHS by 1%.

Strategy 1: Resource identification
Identify healthy parenting education resources for parents and/or caregivers that target health inequities for families.

Strategy 2: Guide
Develop a community-wide healthy parenting resources guide with a health equity focus.

Strategy 3: Outreach
Actively refer families to and encourage utilization of the developed healthy parenting resources guide.

Goal: Increase opportunities for and access to parent education

Objective: Increase the number of nutrition class offerings to families by 1%.

Strategy 1: Offer classes
Offer classes to families, promoted through Head Start, WIC or other partnering organizations on healthy eating, exercise and food preparation skills.

Goal: Maintain opportunities for and access to parent education

Objective: Maintain and/or increase parental education opportunities on promoting positive mental health in young children by 1%.

Strategy 1: Evidence based programming
Support evidence-based programming for services that serve families such as Healthy Families America.

Strategy 2: Training for professionals and community
Provide infant mental health and attachment training for professionals and community.

Strategy 3: Training in schools and existing services
Incorporate infant mental health into school districts, child birthing classes, and other parent education centered services.

Strategy 4: Child and Teen Check Ups
Promote universal mental health screening at C&TC check-ups.

Goal: Increase access to health services for people facing behavioral health issues

Objectives:

- ***Reduce total A-I-K CHS self-directed violence deaths from 55 to no more than 50 between 2015-2020.***
- ***Explore ways to increase the capacity of primary care providers to provide mental health services by 1%.***

Strategy 1: Rethink the collaborative "landscape"
Implement a series of conversations among existing partnerships and collaboratives in the A-I-K CHS to assess capacity and opportunity for shared work. Complete an environmental scan of programs, services, and initiatives in the A-I-K CHS. Determine shared messaging to promote awareness of the inventory.

Strategy 2: Strengthen clinical-community linkages
Strengthen relationships among health care providers and community organizations within each respective county. Build partnerships to support evidence-based clinical behavioral health practices and referral systems, and increase access to lifestyle change, prevention or self-management programs.

What needs to happen?

Potential policy changes related to behavioral health include:

- Follow legislative and industry standards
- Research and implement evidence-based practices for behavioral health improvement

Healthy Start for Children-Adolescents

Why do we care?

Children pay for and will continue to be negatively affected because of the faults and failures of their parents and modern society. They are growing up in a hyper-accessible world with more exposure and fewer boundaries than any previous generations. Not only is there more danger but fewer tools for our youth to deal

with it. Many of these children are lonely and insecure: their parents may give them everything in the material sense (if they are able) but not really spend quality time with them.

What do we know?

Children who are treated considerately by people who they know love them and have high (but not unreasonably or pressure-inducing high) standards for them thrive. Children who are interacted with learn and grow at incredible rates. Children who eat well do better in many areas of life, not just physically.

Early childhood is such a crucial developmental window. A child should not experience far-reaching delays or losses because their parent was overwhelmed or didn't care.

- Between 2006 and 2010 in the state, 24.7% of children less than 18 years old lived in single parent households. Similar to the state, the CHS reported at 24.4%. Individually, Aitkin reported 30.3%, Itasca 21.5% and Koochiching 27.5%.
- Throughout the state and in the CHS, the unemployment rate increased between 2007 and 2010. The state increased from 4.6% to 7.3% while the CHS documented an increase from 7.2% to 9.5%. Aitkin had the highest increase from 6.9% to 9.7%. Itasca reported from 7.3% to 9.7% and Koochiching from 7.1% to 8.6%.
- In 2009-2010, the CHS high school graduation rate was across the board higher than the state average of 75.9%. Aitkin had the highest at 81.0%, Itasca at 78.0% and Koochiching reporting 80.5%.
- In attaining a bachelor's degree or higher from 2006 to 2010, the CHS is consistently below the state average of 31.4%. Reporting the lowest was Aitkin at 14.4%, Itasca reported at 20.8% and Koochiching at 16.3%.
- In March of 2012, the MN Department of Health Office of Rural Health declared the A-I-K CHS a service area with a shortage of mental health practitioners.
- Evidence-based research supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Prevention Framework suggests that initiatives that improve overall social and emotional wellbeing reduce the incidence of behavioral health problems.
- Stated in the December 2010 final report, improving birth outcomes is one of the MN Statewide Local Public Health Objectives with the following key indicator: percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.[9]
- Stated in the December 2010 final report, prevention and reduction of tobacco use is one of the MN Statewide Local Public Health Objectives with the following key indicator: percentage of youth in 9th grade who report smoking any cigarettes during the past 30 days. [10]

Reviews of more than 15 evaluation studies of Healthy Families of America (HFA) programs in 12 states produced the following outcomes:

- Reduced child maltreatment;
- Increased utilization of prenatal care and decreased pre-term, low weight babies;
- Improved parent-child interaction and school readiness;
- Decreased dependency on welfare, or TANF (Temporary Assistance to Needy Families) and other social services;
- Increased access to primary care medical services; and
- Increased immunization rates.

How To Read Your Baby (HTRYB) curricula are designed to support infant mental health by increasing the emotional availability of those caring for children. Research has shown that children who have emotionally available caregivers develop:

- Secure attachments
- School readiness
- Healthy emotional development
- Strong problem solving skills
- Emotional regulation

Where do we want to be?

Goal: Increase opportunities for and access to parent education

Objective: Increase the percentages of mothers receiving prenatal care in the first trimester by 3%.

Strategy 1: Clinical Partners
Work with clinical partners regarding the importance of prenatal care.

Strategy 2: Referral System
Establish a referral system between the clinics and local public health departments.

Strategy 3: WIC
Continue partnerships and referrals between WIC and local public health departments.

Goal: Increase community awareness around the effects of trauma on children.

Objective: Educate the community about the ACE (Adverse Childhood Experience) study by providing at least 1 annual opportunity.

Strategy 1: Schools
Provide educational opportunities for school personnel about the ACE study.

Strategy 2: Community Professionals
Provide education opportunities for community professionals (i.e. physicians, nurses, child care providers) about the ACE study.

Strategy 3: Families
Provide educational opportunities for parents, grandparents and guardians about the ACE study.

Goal: Decrease tobacco use in 11th grade youth

Objective: Decrease percent of 11th graders who use any tobacco products in the last 30 days from 36% to 31% by 2020.

Strategy 1: Other Tobacco Work
Develop relationship with tobacco vendors and clerks, high school and college health services staff and administrators, law enforcement and city and county administration. Build partnerships to promote new tobacco policies and offer resources for education, cessation, compliance and enforcement.

Strategy 2: SHIP Advocacy
Express strong support for SHIP funding which supports the prevention and control work of the American Lung Association including: preventing initiation of tobacco use among youth and young adults, reducing current tobacco use among youth and adults, eliminating nonsmokers' exposure to secondhand smoke, identifying and eliminating tobacco-related disparities, continuing to provide leadership on tobacco prevention and control in Minnesota and nationwide.

Goal: Increase social and emotional wellbeing.

Objectives:

- ***Maintain or increase the percentage of 5th-11th grade students who agree or strongly agree that the teachers at their school care about them from 71% to 80%.***
- ***Reduce suicide attempts in the last year among 9th grade students from 6% to no more than 3% by 2020.***

Strategy 1: Explore ways to integrate behavioral health into school wellness programs
Strengthen relationships between behavioral health staff and School Health/Wellness Committees in every school district throughout the A-I-K CHS.

Strategy 2: Establish a shared communication plan
Develop common messages around behavioral health issues that explore "upstream" ways to increase capacity for resilience for individuals, neighborhoods and communities. Promote community awareness that connectedness and social support makes everyone better off.

Strategy 3: Explore ways to strengthen social support and involvement among adults
Begin discussions among community partners about how to measure and improve social support and community involvement among adults. Make decisions about how to assess these data and who is willing to get involved in the process. This strategy may involve assessment, strategic planning, and further narrowing of target populations.

Goal: Reduce stigma related to behavioral health issues

Objective: By December 2020, reach a minimum of 500 people in the A-I-K CHS with the "Make it OK" or QPR "Question, Persuade and Refer" presentation by a trained presenter.

Strategy 1: Trainers
In collaboration with community partners, recruit two presenters for each county.

Strategy 2: Presentations
Support presentations throughout counties.

What needs to happen?

Potential policy changes related to behavioral health include:

- Follow legislative and industry standards
- Research and implement evidence-based practices for behavioral health improvement

Implement and Evaluate

Action and evaluation plans have been developed for each community health priority goal and objective, and are found in Appendix F. These priorities cannot be addressed by the county alone, but require the work and commitment of community partners. The action and evaluation plans include:

- the priority issue and goal
- SMART objective (specific, measureable, achievable, relevant, time frame)
- action steps, activities and deliverables
- resources needed
- status with dates
- lead person

Leadership, implementation, and action for the community health priorities of **eating habits, parent/family systems** and **healthy start for children-adolescents**, will continue through the A-I-K Leadership Team. SHIP is helping communities prioritize healthy living. Local public health agencies chose from a menu of evidence-based strategies to match their local needs.

Partners working toward health improvement in the A-I-K CHS will continually assess the value of measures and indicators utilized by stakeholders in the CHIP. Partners will consider the use of a tool, such as the Plan-Do-Study-Act (PDSA) Worksheet, for documenting improvement and change. The PDSA Cycle is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

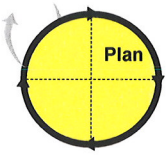
PDSA Cycle Worksheet

PDSA Cycle Diagram

Project Name: _____ **Date:** _____

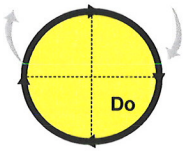
Objective of this Project: _____

❑CHB ❑Aitkin ❑Itasca ❑Koochiching ❑Accepted ❑Declined



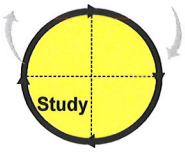
What change are we testing?

What predictions do we have?

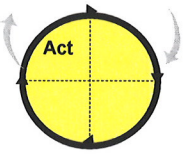


Plan for Change or Test: Who, What, When, Where?

What measure will you use to learn if this test is successful or has promise?



Describe the measured results. Do the results agree with the predictions made in the planning phase?



What action are we going to take as a result of this cycle (Adopt, Adapt or Abandon)? Are we ready to implement the change?

<u>What are the objectives of the next cycle?:</u>

Acronym Guide

A-I-K CHS—Aitkin-Itasca-Koochiching Community Health Services

ATOD—Alcohol, Tobacco and Other Drugs

CHA—Community Health Assessment

CHB—Community Health Board

- The Community Health Board is the legal governing authority for local public health in Minnesota, and CHBs work with MDH in partnership to prevent diseases, protect against environmental hazards, promote healthy behaviors and healthy communities, respond to disasters, ensure access to health services, and assure an adequate local public health infrastructure.
- CHBs have statutory responsibility under the Local Public Health Act and must address and implement the essential local public health activities.

CHIP—Community Health Improvement Plan

CHS—Community Health Services

- Minnesota's public health system can best be described as a state and local partnership. It was created with the passage of the Community Health Services Act (Minn. Stat. § 145A) in 1976, which was subsequently revised in 1987 and 2003. Now called the Local Public Health Act, the legislation delineates the responsibilities of the state (MDH) and city and county governments in the planning, development, funding, and delivery of public health services.
- This partnership, known as the Community Health Services (CHS) system, enables state and local governments to combine resources to serve public health needs in an efficient, cost-effective way. It is fundamental to the success of Minnesota's public health system because it is the infrastructure for nearly all public health efforts in Minnesota. The system is structured to be flexible so it can meet the different needs of communities around the state and promote direct and timely communications between state and local health departments. The CHS system relies on shared goals and a desire to work together to improve the lives of all Minnesotans. This partnership is the basis of Minnesota's public health system—one entity cannot function without the other.

CHS Public Health Leadership Team

- Key public health leaders in each of the A-I-K counties.

C&TC—Child and Teen Checkups Program

HFA—Healthy Families America

HTRYB—How To Read Your Baby

- A Colorado based non-profit that offers experiential curricula and training for professionals who work with parents and caregivers of young children

MAPP-Mobilizing for Action through Planning and Partnerships

MDH-Minnesota Department of Health

PDSA—Plan-Do-Study-Act

- The PDSA Cycle is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).
- The Plan-Do-Study-Act (PDSA) Worksheet is a useful tool for documenting a test of change.

PHAB-Public Health Accreditation Board

PH—Public Health

Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy

PPMRS-Planning and Performance Measurement Reporting System

SAMHSA-Substance Abuse and Mental Health Services Administration

SHIP-Statewide Health Improvement Program

TANF-Temporary System for Needy Families

WIC-Women, Infants and Children

References for A-I-K CHS

1. National Association of County and City Health Officials. MAPP User's Handbook. 2013.
2. Minnesota Department of Health. Statewide Health Improvement Program Website. 2014
3. See website www.diet.com
4. USDA
5. Statewide Local Public Health Objectives Work Group. MN Department of Health. A joint group of the State Community Health Services Advisory Committee and the Maternal and Child Health Advisory Task Force. Final Report December 2010.
6. Healthy Minnesota 2020 Statewide Health Improvement Framework, December 2012, MN Department of Health & Healthy Minnesota Partnership
7. Healthy Minnesota 2020 Statewide Health Improvement Framework, December 2012, MN Department of Health & Healthy Minnesota Partnership
8. Statewide Local Public Health Objectives Work Group. MN Department of Health. A joint group of the State Community Health Services Advisory Committee and the Maternal and Child Health Advisory Task Force. Final Report December 2010
9. Statewide Local Public Health Objectives Work Group. MN Department of Health. A joint group of the State Community Health Services Advisory Committee and the Maternal and Child Health Advisory Task Force. Final Report December 2010
10. Statewide Local Public Health Objectives Work Group. MN Department of Health. A joint group of the State Community Health Services Advisory Committee and the Maternal and Child Health Advisory Task Force. Final Report December 2010

CHIP: Action Plan Table

Priority Issue: Eating Habits		**Goal:** Decrease the percent of children in the A-I-K CHS who are obese.		
#**1 Objective:** Obesity rates for A-I-K CHS WIC children (ages 2-5 years) will be reduced from 11.4% to 9% or less by 2020.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Parents and children will receive education regarding nutrition, how to get assistance buying fresh produce when applicable (WIC benefits, food shelf options, etc.), how to utilize benefits to their fullest extent and a movement toward community vegetable gardens.		WIC departments Food shelves		
Make healthy options more accessible through business development in food deserts, and transportation to existing grocery stores if business development does not happen.				

CHIP: Action Plan Table

Priority Issue: Eating Habits		**Goal:** Increase food security		
#1 Objective: By 2020, A-I-K CHS will work to decrease food insecurity by 3%.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Provide information by promoting and sharing the MN Grown publication in each county. Work with local Farmer's Markets to ensure research, planning and implementation for the acceptance of EBT and WIC vouchers is being considered.		MN Grown publication		
Provide education regarding eligibility for food and nutrition programs. Provide outreach to increase participatation in food and nutrition programs.				
The A-I-K CHS will support ongoing efforts and new partnerships to increase accessibility to healthy and nutritious foods with a specific focus on the food deserts identified within the A-I-K CHS by strengthening linkages between existing transportable meal providers and nutritious food suppliers in order to incorporate more fresh deliverable options.				

Survey A-I-K CHS residents to determine gaps in services and resources related to obtaining healthy food and nutrition.				

CHIP: Action Plan Table

Priority Issue: Eating Habits		**Goal:** Increase healthy eating in youth		
#1 Objective: Increase in the number of youth who eat fruits and vegetables 3 times or more per day from 5% to 8% by 2020.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Partner with local school districts to implement nutrition initiatives such as healthy breakfast promotion, healthy lunch and snacks, alternatives to classroom celebrations, incentives, and fundraising, healthy choice concessions or vending, school gardens and Farm-To School initiatives. (Healthy School Foods SHIP Initiative)				
Provide training and resources to develop policies and practices to improve healthy eating, physical activity and support for breastfeeding or nursing moms in licensed childcare homes, centers and pre-school settings.				
Increase breastfeeding training opportunities for A-I-K Public Health staff.				

CHIP: Action Plan Table

Priority Issue: Parenting/Family Systems		**Goal:** Families in the A-I-K CHS will have increased awareness of and access to healthy parenting resources and education to reduce health inequities		
#**1 Objective:** Increase partnerships and collaborations with healthy parenting providers in the A-I-K CHS by 1%.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Identify all healthy parenting education resources for parents and/or caregivers that target health inequities for families.				
Develop a community-wide healthy parenting resources guide with a health equity focus.				
Actively refer families to and encourage utilization of the developed healthy parenting resources guide.				

CHIP: Action Plan Table

Priority Issue: Parenting/Family Systems		**Goal:** Maintain or increase opportunities for and access to parent education		
#1 Objective: Increase the number of nutrition class offerings to families by 1%.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Offer classes to families, promoted throughHead Start, WIC or other partnering organizations on health eating, exercise and food preparation skills.				
#2 Objective: Maintain and/or increase parental education opportunities on promoting positive mental health in young children by 1%.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Support evidence-based programming for services that serve families such as Healthy Families America.				
Provide infant mental health and attachment training for professionals and community.				
Incorporate infant mental health into school districts, child birthing classes, and other parent education centered services.				
Promote universal mental health screening at C&TC check-ups.				

CHIP: Action Plan Table

Priority Issue: Parenting/Family Systems		**Goal :** Increase access to health services for people facing behavioral health issues		
#1 Objective: Reduce total A-I-K CHS self-directed violence deaths from 55 to no more than 50 between 2015-2020.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Implement a series of conversations among existing partnerships and collaboratives in the A-I-K CHS to assess capacity and opportunity for shared work. Complete an environmental scan of programs, services, and initiatives in the A-I-K CHS. Determine shared messaging to promote awareness of the inventory.				
Strengthen relationships among health care providers and community organizations within each respective county. Build partnerships to support evidence-based clinical behavioral health practices and referral systems, and increase access to lifestyle change, prevention or self-management programs.				

CHIP: Action Plan Table

Priority Issue: Healthy Start for Children-Adolescents		**Goal:** Increase opportunities for and access to parent education		
#1 Objective: Increase the percentages of mothers receiving prenatal care in the first trimester by 3%			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Work with clinical partners regarding the importance of prenatal care.				
Establish a referral system between the clinics and local public health departments.				
Continue partnerships and referrals between WIC and local public health departments.				

CHIP: Action Plan Table

Priority Issue: Healthy Start for Children-Adolescents		**Goal:** Increase community awareness around the effects of trauma on children.		
#1 Objective: Educate the A-I-K CHS communities about the ACE (Adverse Childhood Experience) study by providing at least 1 annual opportunity.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Provide educational opportunities for school personnel about the ACE study.				
Provide education opportunities for community professionals (i.e. physicians, nurses, child care providers) about the ACE study.				
Provide educational opportunities for parents, grandparents and guardians about the ACE study.				

CHIP: Action Plan Table

Priority Issue: Healthy Start for Children-Adolescents		**Goal:** Decrease tobacco use in 11th grade youth		
#1 Objective: Objective: Decrease percent of 11th graders who use any tobacco products in the last 30 days from 36% to 31% by 2020.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Develop relationships with tobacco vendors and clerks, high school and college health services staff and administrators, law enforcement and city and county administration. Build partnerships to promote new tobacco policies and offer resources for education, cessation, compliance and enforcement.				
Advocate for SHIP funding which supports the prevention and control work of the American Lung Association throughout the A-I-K CHS.				

CHIP: Action Plan Table

Priority Issue: Healthy Start for Children and Adolescents		**Goal :** Increase social and emotional wellbeing		
#1 Objective: Maintain or increase the percentage of 5th-11th grade students who agree or strongly agree that the teachers at their school care about then from 71% to 80%.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
Strengthen relationships between behavioral health staff and School Health Councils in every school district throughout the A-I-K CHS.				
Develop common messages around behavioral health issues that explore "upstream" ways to increase capacity for resilience for individuals, neighborhoods and communities. Promote community awareness that connectedness and social support makes everyone better off.				
Begin discussions among community partners about how to measure and improve social support and community involvement among adults. Make decisions about how to assess these data and who is willing to get involved in the process. This strategy may involve assessment, strategic planning,				

and further narrowing of target populations.				
#2 Objective: Reduce suicide attempts in the last year among 9th grade students from 6% to no more than 3% by 2020.				
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/ dates**
Same as above				

CHIP: Action Plan Table

Priority Issue: Healthy Start for Children and Adolescents		**Goal :** Reduce stigma related to behavioral health issues		
#1 Objective: By December 2020, reach a minimum of 500 people in the A-I-K CHS with the "Make it OK" or QPR "Question, Persuade and Refer" presentation by a trained presenter.			**Status of Objective**	
Action Steps/Activities/Deliverables	**By When**	**Resources Needed**	**Lead Person**	**Status w/dates**
In collaboration with community partners, recruit two presenters for each county.				
Support presentations throughout counties.				