



# **ANOKA COUNTY COMMUNITY HEALTH PRIORITY INTERVENTIONS PLAN 2010-2014**

**COMMUNITY HEALTH & ENVIRONMENTAL SERVICES DEPARTMENT**  
**Anoka County Government Center**  
**2100 Third Ave., Suite 600**  
**Anoka, MN 55303-5041**  
**763-422-7030**  
<http://www.anokacounty.us/>



# COMMUNITY HEALTH PRIORITY INTERVENTIONS PLAN FOR ANOKA COUNTY 2010-2014

A. Community Health Priority:

**Children and adults who are obese and overweight are at risk for chronic diseases caused by physical inactivity, poor nutrition, unhealthy eating habits, and other unhealthy behaviors.**

Area of Public Health Responsibility:

Promote healthy communities and healthy behavior.

Goal:

Develop and implement strategies and interventions that promote chronic-disease prevention—through positive behavior choices related to physical activity, nutrition, and reduction in the rate of obesity in Anoka County, through the Statewide Health Improvement Program (SHIP) grant.

Target Populations in Anoka County:

- Employees at worksites in Anoka County.
- Residents of targeted communities in Anoka County.
- Students, staff and visitors at post-secondary schools in Anoka County.
- Students at schools in Anoka County participating in a federally funded school-meal program.
- Community leaders.
- People who visit Anoka County libraries.
- Health care providers.
- Newly pregnant and post-partum women in the Maternal Child Health (MCH) program, and the Women, Infants & Children (WIC) program.

Action Plans:

The strategies and interventions follow the Minnesota Statewide Health Improvement Program (SHIP) Initiative.

- Continued leadership and facilitation with the Anoka County Partnership for Better Health.
- Implement comprehensive nutrition policies in schools, and promote fewer processed foods.
- Provide better access to fruits and vegetables for families and students in schools.
- Promote the benefits of breastfeeding, as it relates to disease prevention and reduced risk of obesity.
- Implement policies and practices that create active communities by increasing opportunities for non-motorized transportation and access to community recreation facilities and play areas.

***(Continued)***

### ***Community Health Priority “A” –continued***

- Develop relationships and resources among health care providers and community leaders regarding the promotion of physical activities in places that are safe and inexpensive.
- Implement comprehensive employee wellness initiatives at worksites in Anoka County.

#### Outcomes:

- Short term–Community engagement and increased awareness, knowledge and interest in promoting and making healthy lifestyle choices.
- Intermediate–Increased participation in physical activity, and improved nutritional intake.
- Long-term–Reduction in the incidence of chronic diseases in children, and reduction of health care costs.

#### Evaluation:

- Develop and collect baseline data.
- Set targets for accomplishment (as stipulated in the Statewide Health Improvement Program grant proposal).
- Document activities with project partners and recipients.
- Self-reported behavior change as reflected in the Behavioral Risk Factor Surveillance Survey (BRFSS) and grant reports.
- Work with the Minnesota Department of Health related to identifying cost savings and monitoring health care expenditures over the savings for 10 years.

#### Indicators:

- Increase the number of implemented school health policies.
- Increase the number of worksites with implemented employee wellness programs.
- Reduce the proportion of residents classified as overweight/obese.

The Community Health and Environmental Services Department will provide leadership, coordination and expertise, as well as assisting with training and coordination of educational resources.

B. Community Health Priority:

**The health and well-being of families are at risk due to a variety of socio-economic conditions including: financial hardship, violence, and stress; as well as the lack of: health insurance, knowledge of community resources, family support, parenting skills, affordable housing, child and elder care.**

Area of Public Health Responsibility:

Promote healthy communities and healthy behavior.

Goal:

Develop community-based strategies and interventions for resolving these issues, as well as providing information and access to human services programs; facilitate community services for children and families in unstable environments.

Target Populations:

- Community and neighborhood groups and organizations.
- Providers of services to families, including Human Services resources and financial aid resources.
- Families and individuals in need of financial services and other supportive services, due to current economic hardships.
- Single, teenage mothers, first-time parents and other family caregivers of children.
- People from diverse populations and cultural groups experiencing hardships.

Action Plans:

- Facilitate a gathering of community organizations to restructure ways to innovatively address emerging issues of new populations in need.
- Identify and promote new opportunities and outreach for families in need to receive information on services in the community.
- Expand the amount of supportive information available via Web sites.
- Continue to foster partnership efforts with the Alliance for a Violence-Free Anoka County.
- Work with community partners to increase opportunities for parents to receive parenting education and support, especially during after-school hours, after-work hours, evenings and weekends with the possibility for provided child care.
- Maintain prevention services and community support services.
- Develop and implement a health component in the Coming Home Anoka (Veterans) Program.

***(Continued)***

## ***Community Health Priority “B” –continued***

### Outcomes:

- Short-term–Improved access to information and knowledge about available services.
- Intermediate–Expansion of current community-based strategies for serving stressed families in need of support and skill building.
- Long-term–Improved ability of parents and family caregivers to enhance the well-being of their families.

### Evaluation:

- Develop and collect baseline data.
- Set targets for accomplishments.
- Document community activities.
- Reports from agencies/organizations serving families.
- Self-reporting mechanism for evaluating the clients’ knowledge of services.

### Indicators:

- Increase in the number of people utilizing Family Health programs, as well as other community organizations and agencies that serve families.
- Usage of community closets and food shelves.
- Outreach from faith-based organizations.

The Community Health and Environmental Services (CHES) Department will provide leadership, coordination and expertise. CHES will provide information for strategies, based on research and best practices. CHES will also assist and promote access to human services programs, along with other community services for children and families in unstable environments.

C. Community Health Priority:

**The quality and accessibility of Health Services are being challenged due to increasing demand and limited, affordable community resources—especially for diverse populations, people with mental health needs, and senior adults.**

Area of Public Health Responsibility:

Assure quality and accessibility of health services.

Goal:

Identify barriers and improve information about access to preventative, culturally competent, and appropriate personal health services.

Target Populations:

- Residents of color, non-English speaking clients and those with new and unfamiliar customs and traditions.
- Children, youth and adults who are experiencing mental health issues.
- Senior adults in need of community-based services.
- Individuals and families experiencing new and unfamiliar needs for services due to economic hardship.
- Homeless families.
- Health care providers.

Action Plans:

- Work with other community initiatives to facilitate effective program planning and policy development.
- Identify possible resources to develop new, appropriate informational and educational materials to reach an expanded group of residents in need of information. This could include expanded languages, age-related language and approaches, new non-maternal caregivers, unemployed people, etc.
- Continue to identify critical missing data sets.
- Work with educators to incorporate health literacy in the English Language Learner (ELL) curriculum.
- Coordinate with the Cultural Coordinator staff person at Anoka County and with the Anoka County Human Services Diversity Committee.
- Require CHES staff to complete a “cultural competency” training during employee orientation.
- Work with Minnesota Department of Health (MDH) initiatives and identified recommended interventions to address local issues.
- Continue to support cultural competency of Community Health and Environmental Services staff.

***(Continued)***

## ***Community Health Priority “C” –continued***

### Outcomes:

- Short-term–Increased access to information and knowledge about public services available in Anoka County. Maintain appropriate training to enhance the knowledge of health care needs for diverse populations and adults.
- Intermediate–Development of new data information and new, appropriate materials.
- Long-term–Reduce barriers for accessing appropriate health care services. Reduce health care disparities in minority populations, especially for women of color.

### Evaluation:

- Monitor and report on key indicators annually.
- Tabulate the number of medical/behavioral health trainings conducted or promoted by the Community Health and Environmental Services Department each year.
- Identify new funding resources.
- Develop new materials.
- Develop coordinated community efforts to address accessibility issues.
- Document activities done through the Anoka County Human Services Diversity Committee.
- Self-reporting mechanism for evaluating the clients’ knowledge of services.

### Indicators:

- Incorporation of health literacy into the English Language Learner (ELL) curriculum.
- Percentage of refugees referred to primary care clinics for refugee health assessment.
- Count of trainings.
- Identification of resources.

The Community Health and Environmental Services Department will provide training, expertise, primary coordination and/or partnership coordination of educational resources and outreach.

D. Community Health Priority:

**Alcohol and prescription drug abuse and dependency, tobacco use, and illegal drug use result in health and safety concerns for adolescents, adults, and families.**

Area of Public Health Responsibility:

Promote healthy communities and healthy behaviors.

Goal:

Encourage and support community acceptance, practices and policies that will reduce the risks associated with the use and abuse of tobacco, alcohol and illegal drugs.

Target Populations:

- Youth.
- Young adults.
- Parents of children and youth.
- Pregnant women.

Action Plans:

- Provide appropriate information, education and referrals for services to the clients of Family Health and Women, Infants and Children (WIC) programs.
- Work with schools, colleges and other community agencies to identify evidence-based, culturally sensitive programs. Disseminate materials to providers, educators and staff of youth organizations.
- Work with post-secondary schools on tobacco-cessation activities.
- Inform and educate different audiences who can impact the development of policies and programs which address prevention of alcohol/prescription drug abuse, and abuse of illegal drugs.

Outcomes:

- Short term—Increase community engagement and commitment to address the issues.
- Intermediate—Increase in the number of efforts to promote prevention activities, including those directed at Family Health clients.
- Long-term—Decrease in the number of adults and students who reportedly engage in risky alcohol consumption and the use of illegal drugs.
- Increased numbers of residents who live tobacco-free.

***(Continued)***

**Community Health Priority “D” –continued**

Evaluation:

- Document activities with project partners.
- Self-reported behavior change as reflected in the Behavioral Risk Factor Surveillance Survey (BRFSS) and the Minnesota Student Survey, which is given every third year to school students in grades 6, 9 and 12.
- Increase in the number of evidence-based, culturally appropriate educational efforts.
- Self-reporting mechanism for evaluating the clients’ knowledge of services.

Indicators:

- Numbers/percentages of adults and students reporting decrease in risky alcohol consumption, abuse of prescription drugs, and use of illegal drugs.
- Increase in the use of evidence-base, culturally appropriate educational programs.

The Community Health and Environmental Services Department will work with other agencies and organizations in an integrated community health intervention framework, providing expertise, materials and other resources as identified.

---

SELECT ISSUE:

**The protection of Anoka County groundwater and surface water through water resource management assessment and planning, for ensuring long-term water quality and quantity.**

*Revised: 10/07/09*