

Anoka County 2015-2019 Community Health Improvement Plan (revised)

February 27, 2019



**Anoka County Public Health &
Environmental Services**



ANOKA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2015-2019

LETTER FROM THE DIRECTOR

Dear Colleagues and Community Members,

Community Health Boards (CHBs) assure that community health assessments and plans are completed on a regular cycle, at least every five years. The Anoka County Public Health and Environmental Services (PHES) Department completed the 2015-2019 assessment and plans, including the Community Health Improvement Plan (CHIP) in October 2014. As part of a performance related accountability requirement PHES must monitor the CHIP annually, identifying tasks and timelines for progress, and develop revisions in collaboration with partners and stakeholders. Through the CHIP, community health needs are prioritized in a manner that involves community participation; and needed public health services are developed and implemented. The Anoka County CHIP is intended to be used by the community as a guide for addressing some of the most important health priorities facing the community. Within the plan are goals and objectives to help community members live better, healthier lives. Five of the top health priorities are included in the CHIP. They are as follows:

1. Mental Health: promote healthy communities by promoting mental health prevention, education, and access to services in Anoka County.
2. Violence and Safety: assure coordination and education of violence prevention programs and activities for Anoka County residents and community members.
3. Obesity: participate in sustainable changes that contribute to the reduction of the number of individuals in Anoka County who are considered overweight and/or obese.
4. Affordable Housing: participate in county-based efforts to address homelessness and shortage of affordable housing.
5. Water Quality: maintain partnerships that lead to sources of safe drinking water for Anoka County residents.

The CHIP does not detail all Anoka County PHES partnerships in the community, but rather, those we will emphasize between 2015 and 2019.

The PHES Department continues to be committed to offering programs and services that protect the health and safety of community residents, promote healthy lifestyles and prevent diseases and disabilities which could adversely affect the current and future health of our community.

Sincerely,



Jonelle Hubbard, Director

Anoka County Public Health and Environmental Services

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EXECUTIVE SUMMARY

REVISED 2015-2019 COMMUNITY HEALTH IMPROVEMENT PLAN ANOKA COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES

The Anoka County Public Health and Environmental Services (PHES) Community Health Improvement Plan focuses on interventions that PHES will emphasize in 2015 through 2019 with its partners in the community. The plan's purpose is to provide guidance to PHES, its partners and stakeholders in improving the health of the population within Anoka County.

After completing an intensive assessment of the community's health status, incorporating the perceptions and opinions of the community at large (through a survey) and PHES partners and stakeholders (through key informant interviews) the Anoka County Community Health Advisory Committee (CHAC) identified Anoka County residents' ten most important health issues and opportunities. The Community Health Improvement Plan (CHIP) was completed in October 2014. PHES responsibilities include monitoring and revising the CHIP in collaboration with partners and stakeholders. The monitoring and revision process is completed annually.

The following are revised health improvement goals selected for 2015-2019 addressing issues through community-wide strategies:

CHIP Goal I: Promote healthy communities by promoting mental health prevention, education, and access to services in Anoka County.

CHIP Goal II: Assure coordination and education of violence prevention programs and activities for Anoka County residents and community partners.

CHIP Goal III: Participate in sustainable changes that contribute to the reduction of the number of individuals in Anoka County who are considered overweight and/or obese.

CHIP Goal IV: Participate in county-based efforts to address homelessness and shortage of affordable housing.

CHIP Goal V: Maintain partnerships that lead to sources of safe drinking water for Anoka County residents.

INTRODUCTION AND BACKGROUND

ANOKA COUNTY AS A PLACE AND ITS GOVERNANCE

Anoka County is located in the northwestern corner of the Twin Cities Greater Metropolitan area of Minneapolis and St. Paul, Minnesota. The population was 330,844 in the 2010 U.S. Census with 2013 estimates at 339,543 and a predicted annual growth rate of 9% by 2020. It currently is the fourth most populous county in the state of Minnesota. It is comprised of 20 cities and one township and covers approximately 440 square miles. [For a more detailed description, please see the companion document, *The Community Health Data Book*.]

Anoka County is governed by a seven-member Board of Commissioners, each elected to four-year terms. Their mission is "To serve citizens in a respectful, innovative, and fiscally responsible manner." The Board is responsible for transportation, property tax assessment, elections, record keeping, planning and zoning, solid waste management, environmental protection, parks and water management, law enforcement, and health and human services. The County Board of Commissioners is also the Community Health Board. It is responsible to protect and promote health and prevent disease and disability in its residents.

ANOKA COUNTY PUBLIC HEALTH & ENVIRONMENTAL SERVICES

The Anoka County Public Health & Environmental Services Department is the local public health department for Anoka County, Minnesota. The seven-member County Board of Commissioners serves as the county's Board of Health with significant operational authorities delegated to the county's Human Services Committee, which is comprised of three county commissioners.

Public Health & Environmental Services is one of five departments within the Anoka County Human Services Division. The others include: Community Corrections, Economic Assistance, Community Social Services and Behavioral Health, and the Job Training Center. For the purposes of PHES planning, these departments are viewed as key community partners external to PHES.

Anoka County has supported Public Health Nursing since the 1940's, established a health department in 1969, and has operated under a Community Health Board since 1991. Public Health and Environmental Services currently employs approximately 110 staff¹ under the leadership of the county appointed Public Health & Environmental Services Director, Jonelle Hubbard.

Through this workforce, the department fulfills the Community Health Board's obligations to assure the provision of essential public health services as mandated by Minn. Stat. Ch. 145A:

- Essential Service I: Assure an Adequate Local Public Health Infrastructure
- Essential Service II: Promote Healthy Communities and Healthy Behaviors
- Essential Service III: Prevent the Spread of Infectious Disease
- Essential Service IV: Protect Against Environmental Health Hazards
- Essential Service V: Prepare for and Respond to Disasters and Assist Communities in Recovery
- Essential Service VI: Assure the Quality and Accessibility of Health Services

Beyond meeting statutory requirements, public health departments at all levels have the broad mission "to [fulfill] society's interest in assuring the conditions in which people can be healthy."² The specific challenges to meeting this mission and the opportunities to advance it will vary from decade to decade. But one factor remains constant: "assuring the conditions" will always require the efforts of all segments of society working together. The remainder of this document describes the most recent community assessment and planning process implemented by Anoka County Public Health and Environmental Services and the resulting Community Health Improvement Plan (CHIP), which describes what issues PHES will focus on with its partners. The CHIP does not entail all of the services and programs provided by PHES, but rather describes issues that will be emphasized in the 2015-2019 planning cycle.

¹Currently (2018) this workforce provides a variety of programs and services in these broad areas: Correctional Health (provided through agreements with the Anoka County Sheriff's Department and Community Corrections); Public Health Nursing which provides home visits, Health Education and Promotion, Women, Infants and Children (WIC) supplemental food programs, Child and Teen Check-up for children 0-20 on medical assistance and Disease Prevention and Control, including communicable disease management and provision of immunizations; Public Health Emergency Preparedness; and, Environmental Services, including Food/Beverage, Lodging and Public Swimming Pool licensing and inspections, Hazardous Waste Generator and facility licensing and inspection, Solid Waste Facility licensing and inspection and Groundwater Protection activities.

²Committee for the Study of the Future of Public Health, (1988) *The Future of Public Health*. National Academic Press, Washington, D.C.

The 2016, 2017 and 2018 Minnesota Department of Health (MDH) performance related accountability requirement is: Monitoring and Revising the Community Health Improvement Plan (CHIP) – monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners. Community Health Boards must monitor the CHIP, identify tasks and timelines for progress, and develop revisions in collaboration with partners and stakeholders and report on progress made.

Public Health and Environmental Services has completed significant revisions to the CHIP. This includes updates to goals, developing SMART (specific, measurable, achievable, relevant and time-bound) objectives, as well as revising strategies related to the priority issues. PHES completed one of the CHIP goals – Goal 1: Raise community, parental, and educator’s awareness of drug abuse risk among Anoka County adolescents. The objectives and strategies for this goal were related to the Anoka County Children and Family Council Chemical Health Initiative grant completed in 2015, with successful outcomes. A new goal was developed based on health priorities identified in the 2015-2019 assessment and planning process related to mental health and prevention. The other four goals, while the priority issues have not changed, have been revised and updated.

Revisions align with PHES’ performance management system. PHES worked with other county departments and key community partners to make the revisions with the CHIP. PHES will work with partners annually to monitor and revise the CHIP as needed.

PLANNING REQUIREMENTS

PLAN COMPONENTS

Minn. Stat. Ch.145A requires that every five years local health departments carry out a comprehensive assessment of community health issues and opportunities. In order to prepare a community health improvement plan, a strategic plan, and a quality improvement plan, an assessment identifying issues and opportunities will be addressed; both by the local health department as well as with its community partners. While the community health assessment and a comprehensive plan were required since the inception of the statute in 1976, new requirements for the 2015-2019 cycle include three separate plans and a list of ten important community health issues derived from the community health needs assessment.

The Minnesota Department of Health (MDH) adopted the processes required by the national Public Health Accreditation Board (PHAB) to avoid duplication of efforts in the event a local health department applies for accreditation (a voluntary action). The required plan components are as follows:

an organizational assessment requires a local health department to compare its strengths and areas for improvement based on standards established by the Public Health Accreditation Board and identify three standards most in need of improvement;

a community health assessment systematically collects and analyzes local populations' socio-economic, environmental and other health related data within the local health department's jurisdiction and identifies the 10 most important community health issues;

a community health improvement plan (CHIP) provides guidance to the health department, its partners, and its stakeholders, on improving the health of the population within the health department's jurisdiction;

a strategic plan sets forth what an organization plans to achieve, how it will achieve it, and defines measurement for success. It is a guide for making decisions on resource allocation, actions to pursue, and identifying priorities;

a quality improvement (QI) plan is a basic guidance document describing how a local health department will adopt and maintain ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, and outcomes of processes (i.e. programs and services) implemented to achieve equity and improve the health of the community.

ORGANIZATIONAL ASSESSMENT

In July 2013, eighteen PHES managers, supervisors, and coordinators completed an online version of an organizational self-assessment instrument prepared by the MDH and based on the Public Health Accreditation Board's (PHAB) domains. [See Appendix A for list of participants.] There are twelve domains with 32 standards.

PUBLIC HEALTH ACCREDITATION BOARD DOMAINS

1. Conduct and disseminate assessments focused on population health status and public health issues facing the community.
2. Investigate health problems and environmental public health hazards to protect the community.
3. Inform and educate about public health issues and functions.
4. Engage with the community to identify and address health problems.
5. Develop public health policies and plans.
6. Enforce public health laws.
7. Promote strategies to improve access to health care.
8. Maintain a competent public health workforce.
9. Evaluate and continuously improve processes, programs, and interventions.
10. Contribute to and apply the evidence base of public health.
11. Maintain administrative and management capacity.
12. Maintain capacity to engage the public health governing entity.

At the management group's August 2013 meeting, the three standards deemed most in need of improvement were identified:

Domain 9, Standard 1: Use a performance management system to monitor achievement of organizational objectives.	Domain 9, Standard 2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.	Domain 11, Standard 1: Develop and maintain an operational infrastructure to support the performance of public health functions.
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COMMUNITY HEALTH ASSESSMENT PROCESS

As defined by the MDH and the Public Health Accreditation Board, *Community Health Assessment (CHA)* is “a process that identifies and describes factors that affect the health of a population and the factors that determine the availability of resources within the community to adequately address health concerns.”

Anoka County PHES initiated its assessment by collecting, organizing, and analyzing data that describe Anoka County as a physical, social, and economic place: factors known collectively as “determinants of health” that impact an individual’s or family’s ability to achieve their best possible health status. These are factors that can serve as either barriers or promoters of good health. In general, Anoka County PHES assessment factors are organized similar to the “Health of Minnesota: 2012 Statewide Health Assessment” produced by MDH and available on the MDH website. Anoka County PHES’ complete *Community Health Data Book, 2014* is available on the website at: www.anokacounty.us

TWO OTHER SOURCES OF DATA WERE CONSIDERED

1. Between November 2013 and January 2014, 1,171 Anoka County residents responded to a 25-item survey exploring the question, “What do you think are the main health issues in Anoka County?” The survey was available at numerous sites across the county and could be completed either online or as a paper copy. The survey was available in five languages. [See Appendix B for discussion of the survey and results.]

LIST OF COMMUNITY HEALTH ISSUES RATED BY SURVEY PARTICIPANTS AS MAJOR CONCERNS.

- Tobacco use by youth
- Alcohol use by underage youth
- Use of illegal drugs (cocaine, heroin, methamphetamine)
- Distracted driving (texting, talking on phone)
- Driving under the influence of alcohol or other drugs
- Violence in schools
- Mental health issues among youth
- Obesity in children

2. Key informant interviews were conducted with 45 individuals, either in groups or one-on-one external to PHES and representing important service provider organizations with missions complementing PHES’. [See Appendix C for complete list.] In addition, focus interviews were conducted with staff from PHES’ three sections: Public Health Nursing, Correctional Health, and Environmental Services and asked the following question: *In your view, what are the most pressing health issues facing Anoka County residents and the ability to achieve their best health status?*

FINDINGS FROM PHES FOCUS GROUPS:

Lack of affordable safe housing: Rent often consumes 75% of monthly income	Lack of transitional housing & homeless shelters for families, adults and youth
Homelessness: Couch hopping and over-crowded living arrangements	Substance abuse, especially prescription drugs Inconvenient transportation options
Isolation, especially among new American women	Mental health issues, especially depression and lack of timely appointments
Food shelves lack ethnically diverse food options	Lack of affordable day care

FINDINGS FROM COMMUNITY GROUPS:

Leaders of PHES' key partners and other organizations in the community whose mission contributes to improved population health were interviewed either individually or in groups. This included Anoka County Commissioners, hospital administrators and their key staff, the Northwest Community Health Council, Anoka County Children and Family Council, county social services, community action council and staff, corrections staff, school district superintendents and district nurses, and 20 other individuals in the community. While all had some issues particular to their populations or clientele, the following issues were cross-cutting:

Poverty	Safe affordable housing
Transportation	Violence in schools and families
Mental Health	Homelessness, both families and youth
Obesity and lack of physical activity, especially among children	Drug use, especially the demand for illegal drugs

TEN MOST IMPORTANT COMMUNITY HEALTH ISSUES

In May 2014, PHES' Community Health Advisory Committee (CHAC) met to review the results of the data analysis, the community survey, the key informant findings, and the results of the Organizational Assessment, to select those issues and opportunities considered most important to improve and protect the health of Anoka County residents. The list is presented in no particular order of priority. (Please see a more detailed discussion of the issues in the companion document, Anoka County *Ten Most Important Community Health Issues*.)

SOCIAL DETERMINANTS

- Poverty Education, Unemployment and their Inter-relationship
- Growing Diversity
- Housing Affordability
- Transportation/Transit

HEALTH ACCESS/QUALITY

- Mental Health

HEALTHY COMMUNITIES/BEHAVIORS

- Violence and Safety, all ages but especially senior exploitation
- Obesity across all age groups and especially amongst 18-64-year old's related to especially poor nutritional behaviors and lack of physical activity
- Tobacco, Alcohol and Other Drug use among teens and young adults, especially abuse of prescription drugs and other illegal drugs

INFECTIOUS DISEASE

- Low Vaccination Rates among young children and elderly

ENVIRONMENTAL HEALTH

- Water Quality and Sustainable Drinking Water

COMMUNITY HEALTH IMPROVEMENT & STRATEGIC PLAN

A committee of managers, supervisors, and coordinators met five times throughout June and August 2014 to develop PHES' required plans. The purpose was to strengthen the department's effectiveness in carrying out its public health functions with the engagement of community partners to improve population health as well as design the Community Health Improvement Plan (CHIP). PHES' Community Health Advisory Committee (CHAC), a long-standing group valued by the Community Health Board (CHB) for its membership linkages to vital community health stakeholders, vetted all documents associated with this planning cycle prior to their submission to the Human Services Board and, ultimately, the CHB for final approval. [See Appendix D for member list.]

Mission: To protect and promote the health and safety of the community.

Purpose: To protect the health and safety of community residents, promote healthy lifestyles and prevent disease and disabilities which could adversely affect the current and future health of our community.

Values: To serve Anoka County residents in a respectful, innovative, and fiscally responsible manner.

The committee also conducted a strengths - weaknesses - opportunities - threats (SWOT) analysis detailing how the department currently addresses the ten most important problems identified by the CHAC. At the second meeting, the membership broke into action teams to begin the development of action plans focusing on PHES' strategic and community health improvement 2015-2019 goals. Subsequent meetings refined the plans as they were developed. This committee developed both plans with the data driving the process. These plans reflect significant community input collected via the key informant interviews, the community survey, and the vetting by the CHAC.

ANOKA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Anoka County Public Health and Environmental Services has a long history of creating and participating in community partnerships to address population health issues. One of the questions asked of the key community informants interviewed for this plan was, “In your view, how could we [PHES] better partner with you and other community organizations to address the issues?” Informant responses were strongly favorable regarding the extent to which PHES already partners with others in the community. The one suggestion for improvement was to foster methods for sharing information among the community partners more quickly and efficiently.

The PHES director, managers, supervisors, and coordinators either lead or participate in numerous community collaborations and coalitions. Key among these is the director’s standing membership on the Anoka County Children and Family Council (ACCFC) and the Northwest Community Health Council (NWCHC). The ACCFC is a family service collaborative with membership comprising of representatives from:

- Anoka County Human Services Division Departments (including PHES)
- Seven school districts
- Anoka County Community Action Program (ACCAP)
- Three appointed community agencies
- Parent representation

Through a joint powers agreement, the ACCFC participates in a Local Collaborative Time Study, which qualifies it to draw upon federal funds to maximize the coordination of services to support families and prevent unstable situations or crisis.

The Northwest Community Health Council is an Allina Health-driven coalition of invited organizations and providers operating in the geographic area of the two Allina hospitals in Anoka County, Mercy and Unity, and the five primary care and ten specialty clinics located in the county. The two hospitals completed their required community needs assessment in fall, 2013; PHES representatives participated in this process by sharing relevant data from the local health department’s (LHD) community assessment process that was underway but not completed at the same time.

PRIORITIES, GOALS, OBJECTIVES AND STRATEGIES

REVISED COMMUNITY PRIORITIES

The following section utilizes a revised format for the priority description. This includes a summary of why the health issues are a priority and describes community level strategies to ultimately improve the status of the issues in Anoka County.

Within each health issue summary, the following is described:

- Why is this a priority issue?
 - Local, current data for each priority
 - Priority alignment with National Objectives and Essential Services
- What do we know?
 - Why the issue is important to the health of the general community

Community level strategies are broadly described and include:

- Goals
 - Desired long-term result for community priority
- Objectives
 - Overall long-term intended effect from strategies to measure improvement in priority health status
- Strategies
 - Broad community plan of action designed to achieve progress towards health priority objectives and goals
- Policy changes needed
 - Potential policy, system or environmental changes needed to implement strategies

Action and Evaluation Plans for each strategy include:

- Community Health Priority
 - Health priority determined through the community health assessment process
- Goal
 - Desired long-term result for community priority
- Target Population
 - The individuals, groups and/or organizations for which the goal is being developed
- Partners
 - Those who have a role to play in advancing the goal
- Timeframe
 - Expected implementation period
- Strategy
 - Broad community plan of action designed to achieve progress toward health priority objectives and goals

- Objective
 - Overall long-term intended effect from strategies to measure improvement in priority health status
- Performance Measure
 - A measure of how well the strategy is working
- Measure Source
 - Where the data for the performance measure will come from
- Milestones
 - Key indicators of progress

HEALTHY COMMUNITIES/BEHAVIORS – MENTAL HEALTH

WHY IS THIS A PRIORITY ISSUE?

In Anoka County, Mental Health issues continue to be of concern, especially for our youth. According to the 2013 Minnesota Student Survey, 31% of Anoka County students that were surveyed (8th, 9th and 11th graders) reported significant problems in the last 12 months feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future. Of this same group, 11.7% seriously considered attempting suicide and 3.5% attempted suicide.

In 2015, the Children’s Mental Health Unit (Community Social Services) provided informal early intervention services to 131 families while an additional 274 children received formal case management services.

Mental Health Early Intervention Screening is completed for all Anoka County youth entering all programs at the Anoka County Juvenile Center. In 2015 840 youth were screened.

Mental Health is a problem with the adult population as well. The Adult Mental Health case management team (Community Social Services) worked with 479 individuals in 2015. The 2013 Anoka County Adult Health Survey found that 10% of adults had at least ten days or more during the last month in which they struggled with stress, depression, or problems with emotions.

Efforts throughout Anoka County to address mental health align with the Mental Health and Mental Disorders Objectives 6 and 9 of Healthy People 2020: 6) Increase the proportion of children with mental health problems who receive treatment; 9) Increase the proportion of adults with mental health disorders who receive treatment; as well as Essential Service: Promote Healthy Communities & Healthy Behaviors.

WHAT DO WE KNOW?

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.¹

When parents are depressed there are significant impacts for the parent-child relationship such as the inability for the parent to be emotionally available to their infant, assist with physical and emotional regulation (read cues and respond in a timely and sensitive manner) and provide intellectual stimulation. Screening for depression during the prenatal and postnatal periods allows parents to become aware of the depression and assists in helping to determine if there are depressive issues needing to be addressed by a clinician.²

Mental health and physical health are closely connected. Mental health plays a major role in people’s

¹ Healthy People 2020 website <https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

² 2014-2017 Healthy Families America (HFA) Best Practice Standards – Standard 7-5, Prevent Child Abuse America April 2015

ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.³

³ Lando J, Marshall Williams S, Sturgis S, et al. A logic model for the integration of mental health into chronic disease prevention and health promotion. *Prev Chronic Dis.* 2006 April;3(2):A61.

CHIP GOAL I: PROMOTE HEALTHY COMMUNITIES BY PROMOTING MENTAL HEALTH PREVENTION, EDUCATION, AND ACCESS TO SERVICES IN ANOKA COUNTY

OBJECTIVES

I. Anoka County staff and community partners starting in 2015 will collaborate to coordinate and support the increased availability of mental health services for at risk individuals and families through increased access to early intervention services.

II. Contribute to community-based prevention strategies to help reduce stigma in mental health.

STRATEGY A: ASSURE THE COORDINATION AND IMPLEMENTATION OF ANOKA COUNTY CHILDREN AND FAMILY COUNCIL (ACFC) GRANT

PHES staff will partner with Anoka County Children's Mental Health/Social Services and Corrections staff, Family Innovations, and Columbia Heights School District to meet *Student and Family Engagement* grant goals. The goals are focused on helping to establish a safe, stable learning and home environment for children who have experienced trauma in their lives.

STRATEGY B: CONTRIBUTE TO COMMUNITY-BASED MENTAL WELLNESS COMMITTEES AND PROJECTS

PHES staff will serve as a representative on the Board of the Mental Wellness Campaign of Anoka County and on the Early Childhood Mental Health Committee and assist with community-based projects as appropriate. Current projects include promoting Happy Hour Training and the Annual Walk for Mental Health.

STRATEGY C: EARLY AGE/EARLY ACCESS

Improve early identification and intervention to increase access to mental health services through Public Health Nurse Family Home Visiting and Child and Teen Checkup screenings.

STRATEGY D: CRISIS INTERVENTION TRAINING FOR STAFF IN THE ANOKA COUNTY SHERIFF'S OFFICE

Anoka County Social Services and Behavioral Health are partnered with the Anoka County Sheriff's Office for Crisis Intervention Training for law officers in the community. The training will teach officers how to deal with people with mental health issues and how to de-escalate situations.

STRATEGY E: JAIL MENTAL HEALTH

PHES correctional health nurses will develop a tool that will measure inmate chief complaints upon admission to the Jail and establish a baseline for mental health issues.

Community Health Priority	Healthy Communities/Behaviors
Goal	Promote healthy communities by promoting mental health prevention, education, and access to services in Anoka County.
Target Population	Anoka County children and families
Partners	Anoka County, Family Innovations, and Columbia Heights School District
Time Frame	January 2015 - December 2019
Strategy	Objectives
<p><u>A. Assure the coordination and implementation of Anoka County Children and Family Council (ACCFC) grant</u></p> <p>PHES staff will partner with Anoka County Children’s Mental Health/Social Services and Corrections staff, Family Innovations, and Columbia Heights School District to meet Student and Family Engagement grant goals. The goals are focused on helping to establish a safe, stable learning and home environment for children who have experienced trauma in their lives.</p>	<p>I. Anoka County staff and community partners starting in 2015 will collaborate and support the increased availability of mental health services for at risk individuals and families through increased access to early intervention services.</p>
Performance Measure	
ACCFC grant implemented and executed for grant year 9/1/16-8/31/17.	
ACCFC grant implemented and executed for grant year 9/1/17-8/31/18.	

Community Health Priority	Healthy Communities/Behaviors
Goal	Promote healthy communities by promoting mental health prevention, education, and access to services in Anoka County.
Target Population	Anoka County citizens
Partners	Anoka County, Anoka County Mental Wellness Campaign and Early Childhood Mental Health Committee.
Time Frame	January 2015 - December 2019
Strategy	Objectives
<p><u>B. Contribute to community-based mental wellness committees and projects</u></p> <p>PHES staff will serve as a representative on the Board of the Mental Wellness Campaign of Anoka County and on the Early Childhood Mental Health Committee and assist with community-based projects as appropriate. Current projects include promoting Mental Health First Aid workshops in partnership with National Alliance on Mental Illness (NAMI), Happy Hour Training and the Annual Walk for Mental Health.</p>	<p>II. Contribute to community-based prevention strategies to help reduce stigma in mental health.</p>
Performance Measure	
<p>Number of Mental Health First Aid workshops and Happy Hour Trainings.</p>	
<p>Number of walkers at Annual Walk for Mental Health.</p>	

Community Health Priority	Healthy Communities/Behaviors
Goal	Promote healthy communities by promoting mental health prevention, education, and access to services in Anoka County.
Target Population	Anoka County children and families
Partners	Anoka County staff, Prepaid Medical Assistance health plans, Health Care providers
Time Frame	January 2015 - December 2019
Strategy	Objectives
<p><u>C. Early age/early access</u> Improve early identification and intervention to increase access to mental health services through Public Health Nurse Family Home Visiting and Child and Teen Checkup screenings.</p>	<p>I. Anoka County staff and community partners starting in 2015 will collaborate and support the increased availability of mental health services for at risk individuals and families through increased access to early intervention services.</p>
Performance Measure	
Meet the expected Family Home Visiting depression screening benchmarks (Federal, MN Dept. of Health, Evidence-based models).	
Increase the number of C&TC health care provider informational contacts related to mental health (face-to-face, newsletter, e-mail updates).	
Increase the number of C&TC Outreach contacts related to mental health topic of the month.	

Community Health Priority	Healthy Communities/Behaviors
Goal	Promote healthy communities by promoting mental health prevention, education, and access to services in Anoka County.
Target Population	Anoka County citizens
Partners	Anoka County staff
Time Frame	January 2015 - December 2019
Strategy	Objectives
<p><u>D. Crisis Intervention Training for staff in the Anoka County Sheriff's Office</u></p> <p>Anoka County Community Social Services and Behavioral Health are partnered with the Anoka County Sheriff's Office for Crisis Intervention Training for law officers in the community. The training will teach officers how to deal with people with mental health issues and how to de-escalate situations.</p>	<p>II. Contribute to community-based prevention strategies to help reduce stigma in mental health.</p>
Performance Measure	
Number of trainings held.	
Maintain 100% of Full-Time Correctional Staff trained.	
Number of Corrections staff trained as trainers.	

Community Health Priority	Healthy Communities/Behaviors
Goal	Promote healthy communities by promoting mental health prevention, education, and access to services in Anoka County.
Target Population	Anoka County citizens
Partners	Anoka County staff
Time Frame	January 2015 - December 2019
Strategy	Objectives
<u>E. Jail Mental Health</u> PHES correctional health nurses will develop a tool that will measure inmate chief complaints upon admission to the Jail and establish a baseline for mental health issues.	I. Anoka County staff and community partners starting in 2015 will collaborate and support the increased availability of mental health services for at risk individuals and families through increased access to early intervention services.
Performance Measure	
Tool created, and baseline established for Jail inmates with mental health issues.	

HEALTHY COMMUNITIES/BEHAVIORS – VIOLENCE AND SAFETY

WHY IS THIS A PRIORITY ISSUE?

In Anoka County, measures of violence across the age span continue to be a concern. In 2015 Anoka County Child Protection Intake had over 2,800 reports screened, and 1,036 child maltreatments reports were investigated. In 2014, 164 women were seen in a hospital for inter-personal violence which includes abuse, maltreatment, intimate partner violence, and sexual violence; 65% were women under the age of 30. None were fatal. Twenty-three men were also reported as being seen for inter-personal violence.⁴ There were 1,053 cases of alleged abuse (emotional, physical, sexual, caregiver neglect and self-neglect) of elderly persons (65+) in 2014.⁵

Adverse Childhood Experiences (ACEs) are potential traumatic events that can have negative, lasting effects on health and well-being. Studies of adults who experienced multiple adverse experiences in their youth have found increased risk for poor mental and physical health outcomes, such as obesity, alcoholism, depression, diabetes, and heart disease. According to the 2013 MN Student Survey, a little over 37% of youth in Anoka County have one ACE or more.

Efforts throughout Anoka County to address violence and safety for all ages align with the Injury and Violence Prevention Objectives 34-35, 38, and 39.1 of Healthy People 2020: 34-35) Reduction of violence among adolescents; 38) Reduction of non-fatal child maltreatment; 39.1) Reduction of physical violence by current or former intimate partners; as well as Essential Service: Promote Healthy Communities & Healthy Behaviors.

WHAT DO WE KNOW?

Violence is recognized as a public health problem. Violence can take many forms and is often interrelated with social problems and community/family/individual relationships. Research has shown the impact of violence can have long-term effects on the health and well-being of individuals who have been touched by it.

Violence is a learned behavior; it can be unlearned. Public health is charged with educating and supporting the community to change behaviors detrimental to health, such as smoking and obesity. This same approach can be utilized to address violence in our communities.

⁴ MDH/Minnesota Injury Data Access System

⁵ 2014 Minnesota DHS Vulnerable Adult Report

CHIP GOAL II: ASSURE COORDINATION AND EDUCATION OF VIOLENCE PREVENTION PROGRAMS AND ACTIVITIES FOR ANOKA COUNTY RESIDENTS AND COMMUNITY PARTNERS

OBJECTIVES

- I. PHES staff will work with community partners to educate school and healthcare professionals, county staff, and the public on ACEs and resiliency in children by 2020.*
- II. PHES staff and community partners will provide educational support of the Bystander principals and/or Green Dot program overview in 3 Anoka County schools and 2 Anoka County faith/community organizations by 2020.*
- III. PHES staff, in collaboration with partners in Fridley, will promote, via website, methods for implementing the Coaching for Change learning course through 2019.*

STRATEGY A: PROMOTE EDUCATION ON ACES AND STRATEGIES FOR RESILIENCY IN CHILDREN

PHES staff will seek partnerships, implement education strategies/trainings and collate available resources for the promotion of resiliency in children.

STRATEGY B: PROVIDE OUTREACH TO SCHOOLS AND COMMUNITY PARTNERS TO INFORM OF BYSTANDER PRINCIPLE TRAINING OPPORTUNITIES

PHES staff will work with interested schools and community organizations to provide Bystander principle overview and/or Green Dot training. Green Dot is an evidence-based training for bystanders to intervene in interpersonal violence situations – bullying, partner violence, teen dating, and sexual harassment.

STRATEGY C: PROMOTE INTERACTIVE ON-LINE LEARNING COURSES FOR COACHES

Courses will be for high school and community coaches to help them understand the dynamics of interpersonal violence, cultural influences, and strategies and resources they may use to promote healthy pre-teen and teen relationships with their athletes.

POTENTIAL POLICY CHANGES RELATED TO VIOLENCE AND SAFETY INCLUDE:

- Research and implement evidence-based practices around ACEs.

Community Health Priority	Healthy Communities/Behaviors
Goal	Assure coordination and education of violence prevention programs and activities for Anoka County residents and community partners.
Target Population	Anoka County citizens
Partners	Anoka County, Allina Health, Columbia Heights School District, Family Innovations, Anoka County Children's Mental Health, Alexandra House, Action Team Members (Private, public agencies & community members)
Time Frame	January 2015 - December 2019
Strategy	Objectives
<p><u>A. Promote education on ACEs and strategies for resiliency in children</u></p> <p>PHES staff will seek partnerships, implement education strategies/trainings, and collate available resources for the promotion of resiliency in children.</p>	<p>I. PHES staff will work with community partners to educate school and healthcare professionals, county staff, and the public on ACEs and resiliency in children by 2020.</p>
Performance Measure	
Develop partnership with Allina around ACES training.	
Develop an online training for Anoka Staff and the number of times the training is taken.	
Number of trainings on ACEs developed and/or implemented in Anoka County.	

Community Health Priority	Healthy Communities/Behaviors
Goal	Assure coordination and education of violence prevention programs and activities for Anoka County residents and community partners.
Target Population	Anoka County citizens
Partners	Anoka Hennepin Community Anti-Bullying/Anti-Harassment Task Force, Blaine High School, Fridley High School, Alexandra House, Anoka County Parks, community organizations, schools and churches in Anoka County
Time Frame	January 2015 - December 2019
Strategy	Objectives
<p><u>B. Provide outreach to schools and community partners to inform of Bystander principle training opportunities</u></p> <p>PHES staff will work with interested schools and community organizations to provide Bystander principle overview and/or Green Dot training. Green Dot is an evidence-based training for bystanders to intervene in interpersonal violence situations – bullying, partner violence, teen dating, and sexual harassment.</p>	<p>II. PHES staff and community partners will provide educational support of the Bystander principals and/or Green Dot program overview in 3 Anoka County schools and 2 Anoka County faith/community organizations by 2020.</p>
Performance Measure	
3 Schools and 2 faith/community organizations received education in Bystander principals and/or Green Dot program.	

Community Health Priority	Healthy Communities/Behaviors
Goal	Assure coordination and education of violence prevention programs and activities for Anoka County residents and community partners.
Target Population	Anoka County citizens
Partners	High School coaches & activities directors, Parks & Recreation, Community Sports Associations, and MN Youth Athletic Services.
Time Frame	January 2015 - December 2019
Strategy	Objectives
<p><u>C. Promote interactive on-line learning course for coaches</u></p> <p>Courses will be for high school and community coaches to help them understand the dynamics of interpersonal violence, cultural influences, and strategies and resources they may use to promote healthy pre-teen and teen relationships with their athletes.</p>	<p>III. PHES staff, in collaboration with partners in Fridley, will promote, via website, methods for implementing the Coaching for Change learning course through 2019.</p>
Performance Measure	
Fridley Coaching for Change press release and program overview posted on PHES website.	

HEALTHY COMMUNITIES/BEHAVIORS – OBESITY

WHY IS THIS A PRIORITY ISSUE?

Concern continues for the impact of obesity and overweight across all age groups but particularly among those 18-64 where obesity remains a significant contributor to development of chronic diseases and diseases known to cause premature death in this age group (cancers and heart disease).

Data from the 2012 Centers for Disease Control's Behavior Risk Factor Surveillance System (BRFSS) indicate that 25.7% of Minnesota adults were obese, compared to 34.9% nationally. For Anoka County adults participating in the survey, 63.2% were either overweight or obese [36% overweight (BMIs 25-29.9) and 27.2% were obese (BMIs >30)]. Compared to the composite data from the 16 counties participating in this survey, Anoka had a greater total percentage of adults that are overweight or obese when compared to the overall percentage of 60.9% (37% overweight, 23.9% obese).

The 2011/2012 National Survey of Children's Health found that in Minnesota 27.2% of children aged 10-17 were overweight or obese, compared to 31.7% nationally. A national study found that the prevalence of obesity among children aged 2 to 5 years decreased from 14% in 2003-2004 to just over 8% in 2011-2012.⁶ An analysis of 2-5-year olds enrolled in Anoka County's Women, Infants, and Children (WIC) program in 2015 showed that approximately 26.7% were obese or overweight (16.4% overweight, 10.3% obese).⁷ This is a 8.9% decrease from 2013.

The link between poverty and obesity is a well-established health inequity that is linked to numerous chronic diseases. While Anoka County is in line with state averages, there are pockets with elevated levels of poverty. By addressing this priority issue, the hope is to reduce the inherent health inequities connected with poverty and obesity. Through the work of the Statewide Health Improvement Program (SHIP) grant, Anoka County will address this specific health inequity by making the healthy choice the easy choice with community partners in the following settings: Workplace, School, Communities, and Healthcare.

Efforts throughout Anoka County to address obesity across all age groups align with the Nutrition and Weight Status Objectives 9 and 10 of Healthy People 2020: 9) Reduce the proportion of adults who are obese; 10) Reduce the proportion of children and adolescents who are considered obese; as well as Essential Service: Promote Healthy Communities & Healthy Behaviors.

WHAT DO WE KNOW?

Overweight and obesity are associated with numerous chronic diseases such as cancer, heart disease, stroke, and diabetes, leading to over 50% of deaths among Minnesotans in 2010 and creating a financial burden in the billions of dollars.⁸ A greater proportion of children and adults achieving normal weight status will have significant impact on not only personal and population health but also economic factors.

⁶ Ogden, C., Carroll, D., Kit, B., Flegal, K. (2014) Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA* 311(8): 806-814.

⁷ Minnesota Department of Health/WIC Program and CSFP (2015) Weight Status of Minnesota WIC Children Ages 2-5 by County of Residence, 2015. www.health.state.mn.us/divs/fh/wic/statistics/wtstatus/wtbycountyres.pdf

⁸ Minnesota Department of Health. Obesity. <http://www.health.state.mn.us/obesity/>

The Guide to Community Preventive Services provides evidence supporting that a sustained multi-layered approach involving both provider-oriented and community-based interventions are needed to create the change desired.⁹

⁹ The Community Preventive Services Guide. Obesity Topic. www.thecommunityguide.org/obesity/index.html

CHIP GOAL III: PARTICIPATE IN SUSTAINABLE CHANGES THAT CONTRIBUTE TO THE REDUCTION OF THE NUMBER OF INDIVIDUALS IN ANOKA COUNTY WHO ARE CONSIDERED OVERWEIGHT AND/OR OBESE

OBJECTIVES:

I. Support Community Partners to implement at least 610 policy, system and environmental changes to increase physical activity and/or increase access to fruits and vegetables for Anoka County residents by 2020.

II. Support WIC families with children whose Body Mass Index (BMI) is greater than or equal to 95th percentile by maintaining at least 85% of follow-up visits provided by a Registered Dietitian by 2020.

STRATEGY A: ANOKA COUNTY SHIP WORKPLACE PARTNERS (BUSINESSES AND ORGANIZATIONS) WILL UTILIZE EVIDENCED-BASED ACTIVITIES TO IMPROVE HEALTHY EATING, INCREASE PHYSICAL ACTIVITY, AND PROVIDE BREASTFEEDING SUPPORT THROUGH POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES.

- Healthy Eating: Improving access to healthy food in cafeterias, catering, vending, snack stations and during meetings/events.
- Physical Activity: Improving access to physical activity opportunities through access to facilities, active commuting, and flexible schedule.
- Breastfeeding Support: Increasing mother's access to lactation spaces, support from all levels of staff within workplace, and implementing policies.

STRATEGY B: ANOKA COUNTY SHIP SCHOOL PARTNER SITES WILL IMPLEMENT EVIDENCE-BASED ACTIVITIES AROUND HEALTHY EATING AND PHYSICAL ACTIVITY IN SCHOOLS THROUGH POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES.

The healthy eating goal is to increase fruit and vegetable consumption, decrease sodium, decrease saturated fat, and decrease added sugars in foods and beverages available and sold. Physical activity in the schools focus on increasing physical activity opportunities throughout the school day. Evidence-based activities to reach these goals may include:

- Farm to School activities aim to increase the number of fruits and vegetables children consume during the school day.
- School-Based Agriculture aims to increase the number of fruits and vegetables children consume.
- Healthy Snacks During the School Day and Outside of the School Day involves implementation of policies and practices that increase access to healthy snacks and beverages and limit unhealthy snack and beverage choices.
- Smarter Lunchrooms that utilize sustainable research-based practices to promote healthful eating to improve children's eating behaviors.
- Active Classroom implementing best practices to increase physical activities opportunities in the classroom.
- Active Recess implementation of best practices at the elementary level to increase physical activity opportunities on the playground.

- Quality Physical Education implementation of best practices to provide students with the opportunity to learn knowledge and skills needed to establish and maintain active lifestyles throughout childhood and into adulthood.

STRATEGY C: ANOKA COUNTY SHIP COMMUNITY PARTNER SITES WILL INCREASE AVAILABILITY OF HEALTHIER FOOD OPTIONS THROUGH POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES, COUPLED WITH THE KNOWLEDGE NEEDED TO MAKE AN INFORMED CHOICE, ESPECIALLY FOR THOSE WHO HAVE THE GREATEST BARRIERS TO ACCESSING HEALTHY AND SAFE FOOD.

- Increasing access, availability and selection of healthier foods provided through emergency food programs by creating guidelines, increasing knowledge of healthier choices, connecting with local producers, increasing storage, and displays of produce.
- Increase access for priority populations to locally grown foods by increasing the number of community-based agriculture projects and the number of people participating in community-based agriculture.
- Increase the number of community congregate dining sites displaying nutrition information and increasing the number of healthy options available.

STRATEGY D: ANOKA COUNTY SHIP HEALTHCARE PARTNER SITES WILL INCREASE CLINIC-COMMUNITY LINKAGES THAT ARE EQUITABLE THROUGH POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SUPPORT ACCESS TO EVIDENCE-BASED PREVENTION RESOURCES IN THE COMMUNITY.

- Increase the number of providers who use Screen, Counsel, Refer and Follow-up to support healthy eating and physical activity.
- Increase the number of patients who utilize the community resources through referral by providers.

STRATEGY E: ANOKA COUNTY PHES WIC PROGRAM WILL PRIORITIZE REGISTERED DIETITIAN STAFF AVAILABILITY TO MEET WITH FAMILIES OF CHILDREN WITH A BMI GREATER THAN OR EQUAL TO 95TH PERCENTILE AT THEIR FOLLOW-UP NUTRITION EDUCATION VISIT.

POTENTIAL POLICY CHANGES RELATED TO OVERWEIGHT/OBESITY INCLUDE:

- Worksite wellness policies will support physical activity, healthy eating, and tobacco free living.
- School partners will strengthen the physical activity and healthy eating areas of the student wellness policies.
- Community partners will adopt healthy eating policies.
- Healthcare site partners will add Screen, Counsel, Refer and Follow-up policy into their intake procedures.

Community Health Priority	Healthy Communities/Behaviors
Goal	Participate in sustainable changes that contribute to the reduction of the number of individuals in Anoka County who are considered overweight and/or obese.
Target Population	Anoka County residents who are considered to be at risk for overweight/obesity.
Partners	Stepping Stone, Achieve, Anoka County Community Action Program, Columbia Heights Public Schools, Fridley Public Schools, Lee Carlson Center, Alexandra House
Time Frame	January 2015 - December 2019
Strategy	Objectives
<u>A. Work sites</u> Anoka County SHIP Workplace Partners will utilize evidenced-based activities to improve healthy eating, increase physical activity, and provide breastfeeding support through policy, system, and environmental changes.	I. Support Community Partners to implement at least 610 policy, system and environmental changes to increase physical activity and/or increase access to fruits and vegetables for Anoka County residents by 2020.
Performance Measure	
Number of policy, system and environmental changes implemented by Workplace partners to support increased physical activity or healthy eating.	

Community Health Priority	Healthy Communities/Behaviors
Goal	Participate in sustainable changes that contribute to the reduction of the number of individuals in Anoka County who are considered overweight and/or obese.
Target Population	Anoka County residents who are considered to be at risk for overweight/obesity.
Partners	Fridley School District, Columbia Heights School District, Anoka-Hennepin Schools, Spring Lake Park Schools
Time Frame	January 2015 - December 2019
Strategy	Objectives
<u>B. School sites</u> Anoka County SHIP School Partner sites will implement evidence-based activities around Healthy Eating and Physical Activity in Schools through policy, system, and environmental changes. The healthy eating goal is to increase fruit and vegetable consumption, decrease sodium, decrease saturated fat, and decrease added sugars in foods and beverages available and sold. Physical activity in the schools focus on increasing physical activity opportunities throughout the school day.	I. Support Community Partners to implement at least 610 policy, system and environmental changes to increase physical activity and/or increase access to fruits and vegetables for Anoka County residents by 2020.
Performance Measure	
Number of policy, system and environmental changes implemented by School partners to support increased physical activity or healthy eating.	

Community Health Priority	Healthy Communities/Behaviors
Goal	Participate in sustainable changes that contribute to the reduction of the number of individuals in Anoka County who are considered overweight and/or obese.
Target Population	Anoka County residents who are considered to be at risk for overweight/obesity.
Partners	Fridley Senior Center, Columbia Heights Senior Center, Parkview Villa, Faith Communities Family Tables, Foster Care Providers, Youth First Community of Promise, Hope 4 Youth, Stepping Stone, North Anoka County Emergency Food Shelf (NACE), Centennial Community Food Shelf, Summer Learning Program, Anoka CAN Connect and Nourish
Time Frame	January 2015 - December 2019
Strategy	Objectives
<p><u>C. Community sites</u></p> <p>Anoka County SHIP Community Partner sites will increase availability of healthier food options through policy, system, and environmental changes, coupled with the knowledge needed to make an informed choice, especially for those who have the greatest barriers to accessing healthy and safe food.</p>	<p>I. Support Community Partners to implement at least 610 policy, system and environmental changes to increase physical activity and/or increase access to fruits and vegetables for Anoka County residents by 2020.</p>
Performance Measure	
Number of policy, system and environmental changes implemented by Community partners to support increased physical activity or healthy eating.	

Community Health Priority	Healthy Communities/Behaviors
Goal	Participate in sustainable changes that contribute to the reduction of the number of individuals in Anoka County who are considered overweight and/or obese.
Target Population	Anoka County residents who are considered to be at risk for overweight/obesity.
Partners	Lee Carlson Center, Therapeutic Services Agency, Nystrom & Associates, North Suburban Counseling Services, Bridgeview Drop-in Center, Behavioral Health Director's Network
Time Frame	January 2015 - December 2019
Strategy	Objectives
<u>D. Healthcare sites</u> Anoka County SHIP Healthcare Partner sites will increase Clinic-Community Linkages that are equitable through policy, system and environmental changes that support access to evidence-based prevention resources in the community.	I. Support Community Partners to implement at least 610 policy, system and environmental changes to increase physical activity and/or increase access to fruits and vegetables for Anoka County residents by 2020.
Performance Measure	
Number of policy, system and environmental changes implemented by Healthcare partners to support increased physical activity or healthy eating.	

Community Health Priority	Healthy Communities/Behaviors
Goal	Participate in sustainable changes that contribute to the reduction of the number of individuals in Anoka County who are considered overweight and/or obese.
Target Population	Anoka County residents who are considered to be at risk for overweight/obesity.
Partners	Anoka County PHES WIC program and participants
Time Frame	January 2015 - December 2019
Strategy	Objectives
<u>E. WIC program</u> Anoka County PHES WIC program will prioritize Registered Dietitian staff availability to meet with families of children with a BMI greater than or equal to 95th percentile at their follow-up nutrition education visit.	II. Support WIC families with children whose Body Mass Index (BMI) is greater than or equal to 95th percentile by maintaining at least 85% of follow-up visits provided by a Registered Dietitian by 2020.
Performance Measure	
Percentage of follow-up visits performed by a Registered Dietitian with families of children with a BMI greater than or equal to 95 th percentile.	

SOCIAL DETERMINANTS OF HEALTH – HOUSING AFFORDABILITY

WHY IS THIS A PRIORITY ISSUE?

The Comprehensive Housing Needs Assessment, completed for Anoka County Community Development in 2010, concluded that projected changes in population growth, demographic characteristics, and housing preferences would create demand for over 22,500 housing units in Anoka County from 2010 to 2030. This included demand for 4,405 senior housing units and 3,360 rental units; 2,200 of which would be for low and moderate-income households. For low-income individuals and families, the demand for affordable housing far exceeds supply.

When demand exceeds supply, rental costs may rise. Based on the 2010-2014 American Community Survey 5-year estimates in Anoka County, median rent paid was \$957. The only metro counties with more expensive median rents were Scott (\$1,000) and Washington (\$1,125). Median range within Anoka County was as low as \$679 in Hilltop and as high as \$1,567 in Linwood Township.

Rental vacancies in Anoka County were 4.3% compared to the state's overall rate of 4.6%. Among the metro counties, only Carver County had higher vacancy rates (5.5%). Within Anoka County, many cities have no vacancies; the highest vacancy rates were in Circle Pines (13.4%), Lexington (11.9%), and Hilltop (11.4%) but the median rent in Circle Pines was higher (\$1,103). Hilltop has the highest percentage of mobile homes (65.9%) and also the lowest median rent (\$679).

Households paying more than 35% on rent within Anoka County equated to 42.9%, with no other metro counties showing greater percentages. Within Anoka County the range was from a low of 10.6% in Linwood Township to 78% in Centerville and Bethel.

When rental costs reach or exceed 35% of monthly household income, a family is assumed to be hard-pressed to meet the other costs of daily living.¹⁰ This leads to difficulty in maintaining stable housing with frequent evictions, frequent changes in schools for school-aged children, "couch hopping," crowded living conditions, and worse, homelessness.

On the most recent count of homeless in Anoka County conducted by the Wilder Research Foundation (October 22, 2015) 99 people in families (including 61 children) and 123 individuals not in families (222 total) were found to be homeless. Of these, 149 were in shelters and 73 were not.

Efforts throughout Anoka County to address housing affordability align with the Social Determinants of Health objective 4 of Healthy People 2020: 4) Proportion of households that experience housing cost burden; as well as Essential Service: Promote Healthy Communities & Healthy Behaviors.

WHAT DO WE KNOW?

Lack of affordable housing for families leads to transiency, high-density living situations, and homelessness. In addition, there is limited shelter space for homeless families and adolescents.

¹⁰ Schwartz, M., Wilson, E. (2008) Who can Afford to Live in a Home? A Look at Data from the 2006 American Community Survey. US Census Bureau. Accessed at: <http://www.census.gov/hhes/www/housing/special-topics/files/who-can-afford.pdf>

Historically, The Anoka County Community Development Department has been responsible for many aspects of housing and homelessness in Anoka County. On September 8, 2014, the duties and responsibilities regarding Continuum of Care, the Family Homeless Prevention and Assistance Program (FHPAP), and the Coordinated Entry Process was transferred to the Anoka County Social Services and Behavioral Health Department. Coordinated Entry streamlines the process for those seeking housing assistance and obtain data on the nature of housing needs. Anecdotal information collected from clients suggests a significant issue and the project will facilitate the collection of more objective data.

CHIP GOAL IV: PARTICIPATE IN COUNTY BASED EFFORTS TO ADDRESS HOMELESSNESS AND SHORTAGE OF AFFORDABLE HOUSING

OBJECTIVES

- I. Anoka County staff and community partners will increase the number of Anoka County residents receiving emergency shelter and street outreach, who are experiencing homelessness or are at risk for homelessness, by 20% by 2020.*
- II. Anoka County staff and community partners will divert and prevent Anoka County households from becoming homeless by 30% by 2020.*
- III. Anoka County staff and community partners will increase the number of available homeless housing subsidies in Anoka County by 20% by 2020.*
- IV. Anoka County staff will support community partners to increase the number of available affordable housing units by 10% in Anoka County by 2020.*

STRATEGY A: INCREASE SUPPORTIVE HOUSING OPPORTUNITIES AND SUPPORTS FOR THOSE EXPERIENCING HOMELESSNESS, DOUBLED UP/COUCH HOPPING, OR AT RISK FOR HOMELESSNESS

- Utilize state Projects for Assistance in Transition from Homelessness (PATH) funds to conduct outreach to homeless adults with mental health symptoms on the street and in shelters. PATH outreach collaborates closely with service providers, connects to mainstream resources, and the Coordinated Entry System (CES).
- Increase youth homeless outreach efforts. HOPE 4 Youth conducts street outreach through Streetworks: a collaboration of 10 youth non-profit agencies meeting the needs of homeless youth. Outreach workers connect youth to mainstream resources and participate in the CES.
- Continuous evaluation of CES, ensuring appropriate referrals to agencies so households are served quickly. Review program eligibility criteria to lower barriers to housing, allowing for shortened wait times for households in need.
- Develop a training and assessment tool for staff to prevent or divert a household from entering into homelessness.
- Add additional housing providers and homeless housing assistance programs into the CES (long-term homeless programs, youth housing subsidies, rapid re-housing).
- Support and encourage social service and Public Health (Child and Teen Checkup Outreach, Family Home Visiting, WIC) providers to adopt Housing First strategies, provide housing search activities, and tenancy supports once stably housed.

STRATEGY B: INCREASE THE AVAILABILITY OF AFFORDABLE HOUSING AND SUPPORTS FOR LOW INCOME HOUSEHOLDS THROUGH PARTNERSHIP WITH COMMUNITY RESOURCES

- Increase referrals through training and outreach to Anoka County staff and non-profit agencies:
 - to mainstream housing assistance for seniors and disabled adults such as Group Residential Housing, MSA, and waived programs.

- to mainstream resources to help households increase income such as SNAP, Social Security, Workforce, etc.
- to time limited emergency housing assistance resources such as FHPAP, Emergency Assistance, and Crisis Emergency Funds.
- Ensure residents have knowledge about mainstream resources. Promote Anoka County Basic Needs and Minnesota Assistance websites as an available resource tool.
- Increase the number of affordable housing units:
 - Permanent Supportive Housing for disabled and homeless households
 - Section 42 Housing for working families and adults
 - Senior Housing

STRATEGY C: INCREASE COMMUNITY PARTICIPATION EFFORTS TO ADDRESS HOMELESSNESS AND AFFORDABLE HOUSING THROUGH PREVENTION AND OUTREACH ACTIVITIES

- Develop partnerships with Public Health Nurses, law enforcement, mental health crisis teams, social workers, and school liaisons to help identify households who become homeless as early as possible. Educate providers and community members about possible housing programs and support services.
- Increase landlord engagement, explore mitigation funding, and landlord/tenant mediation services to help increase available rental units.

POTENTIAL POLICY CHANGES RELATED TO HOUSING AFFORDABILITY INCLUDE:

- The ability to bill case management housing services through Medicaid.

Community Health Priority	Social Determinants of Health
Goal	Participate in county-based efforts to address homelessness and shortage of affordable housing.
Target Population	Low-income Anoka County individuals and families.
Partners	Heading Home Anoka, community partners, and residents
Time Frame	January 2015 - December 2019
Strategy	Objectives
A. Increase supportive housing opportunities and supports for those experiencing homelessness, doubled up/couch hopping, or at risk for homelessness	I. Anoka County staff and community partners will increase the number of Anoka County residents receiving emergency shelter and street outreach, who are experiencing homelessness or are at risk for homelessness, by 20% by 2020.
Performance Measure	
Increase the number of residents receiving emergency shelter and street outreach, who are experiencing homelessness or are at risk for homelessness by 20%.	

Community Health Priority	Social Determinants of Health
Goal	Participate in county-based efforts to address homelessness and shortage of affordable housing.
Target Population	Low-income Anoka County individuals and families.
Partners	Heading Home Anoka, community partners, and residents
Time Frame	January 2015 - December 2019
Strategy	Objectives
B. Increase the availability of affordable housing and supports for low income households through partnership with community resources	III. Anoka County staff and community partners will increase the number of available homeless housing subsidies in Anoka County by 20% by 2020.
	IV. Anoka County staff will support community partners to increase the number of available affordable housing units by 10% in Anoka County by 2020.
Performance Measure	
Increase the number of available homeless housing subsidies by 20%.	
Increase the number of available affordable housing units by 10%.	

Community Health Priority	Social Determinants of Health
Goal	Participate in county-based efforts to address homelessness and shortage of affordable housing.
Target Population	Low-income Anoka County individuals and families.
Partners	Heading Home Anoka, community partners, and residents
Time Frame	January 2015 - December 2019
Strategy	Objectives
C. Increase community participation efforts to address homelessness and affordable housing through prevention and outreach activities	II. Anoka County staff and community partners will divert and prevent Anoka county households from becoming homeless by 30% by 2020.
Performance Measure	
Divert and prevent households from becoming homeless by 30%.	

ENVIRONMENTAL HEALTH-WATER QUALITY AND SUSTAINABLE DRINKING WATER

WHY IS THIS A PRIORITY ISSUE?

Water supply remains a priority of Anoka County and its communities. The sustainability of local water resources is a growing priority of communities on a local, regional and state scale. Determining the water-sustainability balance between withdrawing water to supply residents and businesses while maintaining natural resources and ecosystems is the newest challenge and priority.

Groundwater is readily available supplying public and private water systems throughout Anoka County. Columbia Heights and Hilltop municipal systems obtain their water from the Mississippi River through their connection to the Minneapolis Water Works. Increasing water demand may potentially exceed the sustainability of locally available groundwater supplies in some areas of the County.

The Minnesota Geological Survey has determined that Anoka County's central and northern communities lack a major groundwater aquifer (Prairie du Chien-Jordan) that supplies much of the developed metropolitan region's municipal water systems. The Minnesota Department of Natural Resources has expressed concern that local groundwater resources in transitional communities may not be sufficient to support water demand typically associated with full development.

Efforts throughout Anoka County to address water quality and sustainable drinking water align with the Environmental Health objectives 4 and 6 of Healthy People 2020: 4) Increase the proportion of persons served by community water systems that receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act; 6) Reduce per capita domestic water withdrawals with respect to use and conservation; Essential Service: Protect Against Environmental Hazards;

WHAT DO WE KNOW?

Over the past five years, Minnesota statutes and rules have been modified to address water resources. The focus for State water program modifications has been to ensure that the use of groundwater is sustainable and does not adversely impact aquifers and surface water features or water quality. Sustainable water resources have become a focus of Minnesota's approach to water management.

Oversight is key in maintaining local water resources that are adequate to support a healthy community and strong economy. The County's oversight is achieved by monitoring water resources and maintaining a collaborative approach to management with state and local agencies. State programs establish water management priorities and goals. Local agencies play a significant role in achieving local water management goals by managing development, land use, environmental protection and natural resources. In all respects, local agencies support the County's goal of maintaining an environment that benefits the public's health, safety and welfare. The Anoka County Water Resources and Supply Management Task Force (Task Force) provides community participation and was critical in the development of the Water Resources Report 2014 as well as developing the recommendations included in the strategies below.

CHIP GOAL V: MAINTAIN PARTNERSHIPS THAT LEAD TO SOURCES OF SAFE DRINKING WATER FOR ANOKA COUNTY RESIDENTS.

OBJECTIVES

- I. Host at least two Water Task Force meetings per year in Anoka County through 2019.*
- II. Provide a safe drinking water education event yearly for Anoka County residents.*

STRATEGY A: WATER TASK FORCE

A Water Task Force will be maintained to monitor current and emerging resource issues to identify collaborative opportunities.

STRATEGY B: SAFE DRINKING WATER EDUCATION

Continue to participate in the annual Children's Water Festival.

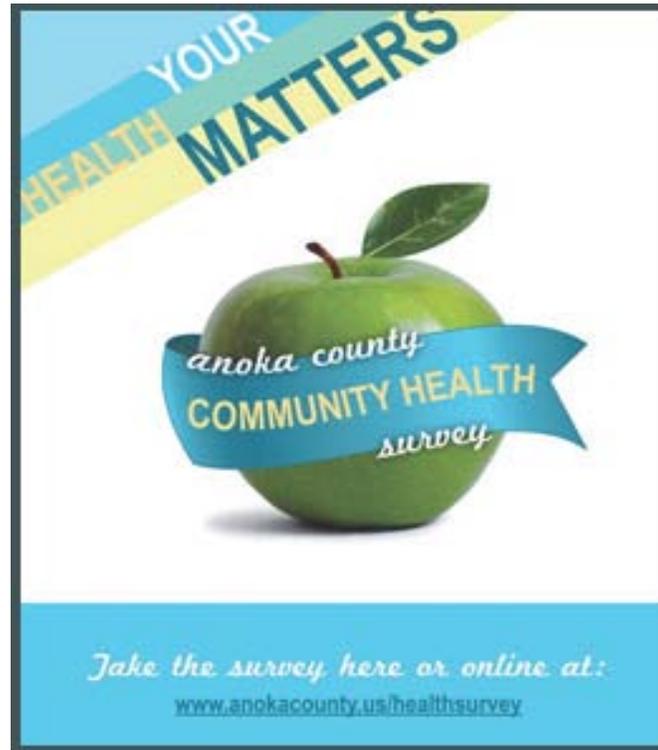
Community Health Priority	Environmental Health
Goal	Maintain partnerships that lead to sources of safe drinking water for Anoka County residents.
Target Population	Residents and non-residents that consume water from wells and public water supplies.
Partners	Anoka County staff, Anoka Conservation District, Anoka County municipalities and watershed organizations and citizen, business, and non-government organization representatives.
Time Frame	January 2016 - December 2016
Strategy	Objectives
<u>A. Water Task Force</u> A Water Task Force will be maintained to monitor current and emerging resource issues to identify collaborative opportunities.	I. Host at least two Water Task Force meetings per year in Anoka County through 2019.
Performance Measure	
Host at least two Water Task Force meetings per year.	

Community Health Priority	Environmental Health
Goal	Maintain partnerships that lead to sources of safe drinking water for Anoka County residents.
Target Population	Residents and non-residents that consume water from wells and public water supplies.
Partners	Anoka Conservation District education staff, public schools and community education staff, storm water pollution prevention program staff of local organizations
Time Frame	January 2015 - December 2019
Strategy	Objectives
<u>B. Safe drinking water education</u> Continue participation in the annual Children’s Water Festival.	II. Provide a safe drinking water education event yearly for Anoka County residents.
Performance Measure	
One safe drinking water education event provided per year.	

APPENDIX A: ORGANIZATIONAL ASSESSMENT PARTICIPANTS

Public Health & Environmental Services Director	Laurel Hoff
Program/Budget Manager	Rick Byzewski
Planner/Policy Analyst	Betsy Kremser
PHEP Coordinator	Cindy Tranby
Principal Admin. Secretary	Patricia Robinson
PH Nursing/Family & Community Health (F&CH) Manager	Laurie Brovold
PHN Supervisor (F&CH)	Rebecca Walden
PHN Supervisor (F&CH)	Laura Larson
PHN Supervisor (F&CH)	Nancy Bauer
PHN Supervisor (F&CH, DP&C)	Desiree Holmquist
Family Health Clinic Supervisor (WIC)	Diane Graske
WIC Clinic Coordinator	Kimberly Vickberg
Health Education Coordinator	Carla Pederson
PH Nursing/ Home and Community Health Care (HCHC) Manager	Amy Rewey
PHN Supervisor (HCHC)	Mary Ann Swanson
PHN Supervisor (HCHC)	Dana Erickson
PHN Supervisor (HCHC)	Rebecca Jones
Environmental Services Manager	Spencer Pierce
Environmental Services Coordinator	Stephanie Stark
Correctional Health Manager	Lindsay Sery
Correctional Health Supervisor	Chris Pace

(Revised July 2013)



HEALTH ISSUES IN YOUR COMMUNITY – RESULTS – ANOKA COUNTY COMMUNITY HEALTH SURVEY 2014

Between November 16, 2013 and January 13, 2014, Anoka County residents and people who work in the county responded to a 25-item survey that asked, “What do you think are the main health issues in Anoka County.” Participants could either respond online through a link on the county’s website (in English and Spanish) or complete a paper copy of the survey available at 53 sites around the county. Paper copies were available in English, Spanish, Russian, Somali, and Arabic. These could either be left at the site or returned by mail.

The survey’s availability was promoted through press releases and the county’s Facebook page and Twitter account. Most cities and school districts in the county published a link to the survey on their respective websites. The Allina Health System published a link to the survey in its employee newsletter in December 2013. In addition, clergy were requested to publish information about the survey and the link in their congregational newsletters and bulletins.

One-thousand one-hundred and seventy-one (1171) usable surveys were returned; 660 were online and 511 on paper. Ninety-eight percent (98%) of paper surveys and all but one online response were in English.

HEALTH ISSUES IN YOUR COMMUNITY – RESULTS – ANOKA COUNTY COMMUNITY HEALTH SURVEY 2014 (CONTINUED)

Demographics		
Age Distribution 18-24 years 8% 25-34 years 24% 35-54 years 41% 55-64 years 16% 65+ years 11%	Sex Distribution Female 79% Male 21%	Race/Ethnicity: Asian 3% Black 6% White 88% Am Indian 2% Other 1%
Ethnicity/Cultural Hispanic 4% Not Hispanic 96%	Income \$23,000 or less 21% \$23,001 - \$47,000 20% \$47,001 - \$79,000 23% > \$79,000 29%	Education High school or less 21% Some College 37% Bachelor or more 42%
Employment Employed for Wage 68% Self-employed 3%	Health Care Coverage Yes 84% No 15%	Marital Status Married/Committed 69% Single/Widowed 21% Separated/Divorced 11%

Participants were instructed to mark the response best reflecting their opinion. Options were: not a concern, minor concern, moderate concern, major concern, don't know.

Summary of responses with strong agreement that problems were a major concern:

- Tobacco use by youth
- Alcohol use by underage youth
- Use of illegal drugs such as cocaine, heroin, meth
- Distracted driving, such as texting
- Driving under the influence of alcohol or other drugs
- Violence in schools, such as bullying
- Mental health problems among youth
- Obesity in children

HEALTH ISSUES IN YOUR COMMUNITY – RESULTS – ANOKA COUNTY COMMUNITY
HEALTH SURVEY 2014 (CONTINUED)

1. TOBACCO, ALCOHOL AND OTHER DRUG USE

	Not a Concern	Minor Concern	Moderate Concern	Major Concern	Don't Know
A. Tobacco use by adults	16%	17%	35%	29%	3%
B. Tobacco use by youth	8%	7%	26%	55%	4%
C. Alcohol abuse among adults	10%	14%	35%	37%	4%
D. Alcohol use by underage youth	7%	5%	25%	59%	4%
E. Over-the-counter and prescription drug abuse	9%	9%	27%	49%	6%
F. Marijuana use	15%	16%	31%	32%	6%
G. Use of other illegal drugs (such as cocaine, heroin, meth)	8%	4%	18%	64%	6%

2. PHYSICAL ACTIVITY

	Not a Concern	Minor Concern	Moderate Concern	Major Concern	Don't Know
A. Lack of physical activity or exercise	7%	13%	40%	38%	2%
B. Spending too much time watching TV, using computers, playing video games	8%	12%	29%	49%	2%
C. Lack of parks, walking trails and bike paths that are both safe and convenient (near home or work)	24%	27%	26%	20%	3%
D. Lack of low-cost recreational facilities	14%	22%	32%	29%	3%

3. NUTRITION

	Not a Concern	Minor Concern	Moderate Concern	Major Concern	Don't Know
A. Poor eating habits	9%	14%	38%	37%	2%
B. Lack of healthy groceries at nearby store	33%	27%	21%	16%	3%
C. Inability to afford healthy food	12%	14%	31%	40%	3%
D. Infants not being breastfed	32%	21%	21%	14%	12%

HEALTH ISSUES IN YOUR COMMUNITY – RESULTS – ANOKA COUNTY COMMUNITY HEALTH SURVEY 2014 (CONTINUED)

1. SAFETY

	Not a Concern	Minor Concern	Moderate Concern	Major Concern	Don't Know
A. Motor vehicle crashes (including car, boat, motorcycle, ATV, or snowmobile)	9%	22%	40%	26%	3%
B. Vehicle crashes involving bicycles or pedestrians	9%	24%	36%	26%	5%
C. Distracted driving (such as cell phone texting)	5%	4%	18%	72%	1%
D. Driving under the influence of alcohol or other drugs	6%	6%	23%	63%	2%
E. Not using seatbelts when driving/ riding in a car	11%	21%	29%	36%	3%
F. Not correctly using child car seats/ booster seats	10%	18%	29%	39%	4%
G. Falls among older adults	10%	21%	33%	27%	9%
H. Home injuries (such as poisoning, choking)	14%	31%	28%	16%	11%
I. Lack of citizen preparedness for extreme weather natural disasters (extreme heat/cold, tornadoes, floods, etc.)	14%	26%	30%	17%	13%
J. Work-related injuries (such as back injury from lifting)	17%	33%	25%	15%	10%
K. Gun-related injuries	17%	25%	23%	27%	8%
L. Youth gang activity	12%	20%	25%	35%	8%
M. Violence in schools (bullying, fights)	7%	11%	27%	52%	3%
N. Abuse or neglect of children	7%	12%	28%	48%	5%
O. Abuse or neglect of adults unable to care for themselves	11%	16%	28%	40%	5%
P. Domestic violence (spouse or boyfriend/ girlfriend)	9%	14%	29%	43%	5%
Q. Rape/ sexual assault	9%	14%	26%	42%	9%
R. Not feeling safe in the community	14%	29%	27%	25%	5%
S. Violent crimes (such as hate crimes, assault, murder)	12%	24%	23%	34%	7%

2. MENTAL HEALTH

	Not a Concern	Minor Concern	Moderate Concern	Major Concern	Don't Know
A. Eating problems (bulimia/ anorexia)	14%	31%	31%	15%	9%
B. Mental health problems among adults (such as anxiety, depression, illness)	8%	13%	31%	43%	5%
C. Mental health problems among youth (such as anxiety, depression, illness)	7%	10%	32%	50%	1%
D. Autism	10%	21%	34%	27%	8%
E. Suicide and self-injury	9%	15%	31%	38%	7%

HEALTH ISSUES IN YOUR COMMUNITY – RESULTS – ANOKA COUNTY COMMUNITY HEALTH SURVEY 2014 (CONTINUED)

1. CHRONIC DISEASE & CONDITIONS

	Not a Concern	Minor Concern	Moderate Concern	Major Concern	Don't Know
A. People not getting needed dental care	10%	24%	31%	28%	7%
B. Obesity (overweight) among adults	7%	11%	34%	46%	2%
C. Obesity (overweight) among children	7%	8%	29%	55%	1%
D. Asthma (breathing problem)	10%	23%	37%	22%	8%
E. High blood pressure	10%	20%	38%	25%	7%
F. High cholesterol	9%	21%	37%	25%	8%
G. Diabetes	9%	16%	36%	33%	6%
H. Heart disease	9%	16%	34%	33%	8%
I. Stroke	10%	17%	37%	28%	8%
J. Cancer	8%	13%	33%	40%	6%
K. Alzheimer's disease (long-term loss of mental ability)	9%	16%	33%	34%	8%

2. INFECTIOUS DISEASES

	Not a Concern	Minor Concern	Moderate Concern	Major Concern	Don't Know
A. Diseases that are preventable through immunizations (such as whooping cough, chickenpox, mumps)	12%	25%	32%	26%	5%
B. Diseases transmitted from insects to humans (such Lyme disease or West Nile virus)	9%	24%	36%	26%	5%
C. Diseases transmitted through food or water (such as salmonella or E.coli)	9%	25%	32%	28%	6%
D. Sexually transmitted diseases (such as chlamydia or HIV/AIDS)	9%	22%	33%	28%	8%
E. Seasonal flu or complications due to pneumonia	10%	24%	37%	23%	6%
F. Tuberculosis	20%	33%	22%	16%	9%
G. Lack of citizen preparedness for a disease outbreak	14%	23%	29%	26%	8%

HEALTH ISSUES IN YOUR COMMUNITY – RESULTS – ANOKA COUNTY COMMUNITY HEALTH SURVEY 2014 (CONTINUED)

1. ECONOMIC AND SOCIAL FACTORS

	Not a Concern	Minor Concern	Moderate Concern	Major Concern	Don't Know
A. Students dropping out of school	8%	18%	34%	33%	7%
B. Lack of social or family support	7%	14%	33%	41%	5%
C. Unemployment	6%	13%	30%	48%	3%
D. Poverty	7%	14%	27%	48%	4%
E. Lack of health insurance	8%	14%	27%	48%	3%
F. Lack of options for older adults unable to live alone	9%	15%	30%	38%	8%
G. Lack of quality housing that is affordable	9%	13%	25%	48%	5%
H. Lack of public transit (bus, light rail) that is convenient (near home or work, good time schedule)	15%	19%	27%	34%	5%

2. AVAILABILITY OF HEALTH SERVICES

	Not a Concern	Minor Concern	Moderate Concern	Major Concern	Don't Know
A. Lack of medical services at low or no cost	10%	16%	32%	36%	6%
B. Lack of dental services at low or no cost	10%	17%	27%	41%	5%
C. Lack of mental health services at low or no cost	10%	13%	26%	45%	6%
D. Long wait times for access to mental health services	11%	13%	22%	44%	10%
E. Lack of transportation to and from medical care	13%	23%	30%	25%	9%
F. Language/communication barriers in accessing care services	19%	23%	25%	21%	12%
G. Lack of culturally appropriate health care service	21%	23%	23%	20%	13%

APPENDIX C: KEY INFORMANT INTERVIEWS

INDIVIDUALS/ORGANIZATIONS PARTICIPATING IN KEY INFORMANT INTERVIEWS

APPENDIX C: INDIVIDUALS/ORGANIZATIONS PARTICIPATING IN KEY INFORMANT INTERVIEWS - Page 1

KEY INFORMANTS	
Anoka County Commissioner District 1 Matt Look	Anoka County Commissioner District 2 Julie Braastad
Anoka County Commissioner District 3 Robyn West	Anoka County Commissioner District 4 Jim Kordiak
Anoka County Commissioner District 5 Carol LeDoux	Anoka County Commissioner District 6 Rhonda Sivarajah
Anoka County Commissioner District 7 Scott Shulte	Anoka County Attorney Tony Palumbo
Anoka County Human Services Department Director, Don Ilse	Community Social Service & Mental Health (CSS&MH) Director, Cindy Cesare
CSS&MH Child & Family Services Manager, Suzanne Tuttle	CSS&MH/Children's Mental Health Supervisor, Denise Kirmis
CSS&MH/Adult Mental Health Supervisor, Jerry Pederson	Anoka County Economic Assistance Director, Jerry Vitzthum
Anoka County Community Corrections Director, Dylan Warkentin	Anoka County Community & Government Relations Director, Karen Skepper
Anoka County Community Action Program (ACCAP) Director, Pat McFarland	ACCAP Senior Programs Director, Cathy Weidmann
ACCAP/Head Start Director, Jacqueline Cross and staff	Alexander House Executive Director, Connie Moore
Alexander House Program Development Director, Susan Redmond	Goodrich Pharmacy, owner and pharmacist, Steven Simonson
Mercy Hospital President, Sara Criger	Unity Hospital President, Helen Strike
Mercy & Unity Community Health Improvement Director, Craig Malm	Northwest Metro Alliance (Allina/HealthPartners ACO) Director, Dan Edlestein
Mercy & Unity Hospitals Social Services Department Director, Brenda Verbick	Mercy & Unity Hospitals Faith Community Nurse Program Coordinator, Lyla Pagels
Nucleus Reproductive Health Clinic Executive Director, Becky Fink	St Mary's Clinics Executive Director, Melissa Gatten
Anoka Ramsey Community College Student Counseling Director, John Hennen	Northwest Community Health Council Chair and Emma B. Howe YMCA Executive Director, Chad Lanners
Anoka County Children and Family Council co-chair (2013-2014), Dave Thacker, Centennial School District	Anoka-Hennepin School District Superintendent, Denny Carlson Cynthia Hiltz, School Health Services Coordinator
Centennial School District Superintendent, Brian Dietz Donna McKenny, District Health Services Coordinator	Columbia Heights School Superintendent, Kathy Kelly Nicole Halabi, Director of Student Services Joanne Larson, Health Services Coord.

INDIVIDUALS/ORGANIZATIONS PARTICIPATING IN KEY INFORMANT INTERVIEWS
(CONTINUED)

APPENDIX C: INDIVIDUALS/ORGANIZATIONS PARTICIPATING
IN KEY INFORMANT INTERVIEWS - Page 2

Fridley School District Superintendent, Dr. Peggy Flathmann Linda Synder, District Nurse	Spring Lake Park School Superintendent, Jeff Ronneberg Ann Bryz-Gornia, Lead School Nurse
St Francis Schools Health Services Program Supervisor, Lillian Levine	
CHES KEY INFORMANTS	
Community Health Advisory Committee Jerry Maeckelbergh	Medical Consultant Joel Esmay, MD
Anoka County Jail Medical Consultant, John Loes, MD	Healthy Families America Team Rebecca Walden, PHN Supervisor.
Nurse-Family Partnership Team Laura Larson, PHN Supervisor	Child & Teen Check-up and Outreach Team
Family Home Visiting Team Nancy Bauer, PHN Supervisor	WIC Team Diane Graske, Supervisor
Disease Prevention & Control Team Desiree Holmquist, PHN Supervisor	Correctional Health Team Lindsay Sery, Manager
Emergency Preparedness Team Cindy Tranby, Coordinator	Environmental Health Team Spencer Pierce, Manager
HCHC Assessment Team MaryAnn Swanson, PHN Supervisor	HCHC Intake, AC/EW/RSC 65+ Case Management Teams Dana Erickson, PHN Supervisor
HCHC <65 Case Management Team Rebecca Jones, PHN Supervisor	Laurie Brovold, PHN Manager Amy Rewey, PHN Manager

APPENDIX D: 2014 BOARDS AND MEMBERS

BOARDS AND MEMBERS (2014)

APPENDIX D: BOARDS AND MEMBERS (2014)

Anoka County Board of County Commissioners
Serving as the Community Health Board for Anoka County

District 1: Matt Look	District 2: Julie Braastad
District 3: Robyn West	District 4: Jim Kordiak
District 5: Carol LeDoux	District 6: Rhonda Sivarajah
District 7: Scott Schulte	

Anoka County Human Services Board

Commissioner Sivarajah
 Commissioner Kordiak
 Commissioner Braastad

Anoka County Community Health Advisory Committee

Commissioner District 1 Appointee..... Jim Nye
 Commissioner District 2 Appointee.....Karen Strauman
 Commissioner District 3 Appointee..... currently vacant
 Commissioner District 4 Appointee..... Cheryl Hanks (Chair)
 Commissioner District 5 Appointee..... Jerry Nelson
 Commissioner District 6 Appointee..... currently vacant
 Commissioner District 7 Appointee..... Barb Loe
 Commissioner Board Representative (ex officio)..... Carol LeDoux
 North Suburban Hospital Board..... Gerald Maeckelbergh
 Anoka County Community Action Program/Head Start..... Jacqueline Cross
 Law EnforcementLenny Austin, Columbia Heights Police
 Business..... John Hanson, Medtronic
 Mercy/Unity Hospitals.....Craig Malm
 Schools..... Chuck Holden, Anoka-Hennepin Schools
 Community Agency..... Rosemary Heins, U of MN Extension
 CHES Medical Consultant.....Dr. Joel Esmay