

2019

Community Health Assessment

A report to the community
on the health status and
health priorities of Anoka
County residents

Anoka County
Public Health and
Environmental Services



Anoka County
MINNESOTA

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Message from the Director of Public Health and Environmental Services

Dear Colleagues and Community Members,

Anoka County Public Health and Environmental Services is committed to serving the community through the Core Functions of Public Health: Assessment, Policy Development, and Assurance. Assessment is the first step in providing successful Public Health services because it allows us to understand the unique assets and health needs facing the community. In order to address health issues, we first need to understand them, which is why assessment is so important.

Understanding the health needs of a community is hard work, and it cannot be done alone. It takes a shared commitment to the vision of a healthier community. That's why we engage with community members and key partners throughout the assessment process. Anoka County is grateful for everyone who participated in the assessment, especially the dedicated staff at Allina Health – Mercy Hospital. By working side by side in an innovative partnership, Anoka County and Mercy Hospital leaders developed a more thorough assessment of the community's health needs. I also want to specifically thank the Anoka County residents who completed surveys or participated in focus group interviews to help us understand health issues in the community. I hope all who read this report find value in the information provided here. On behalf of Anoka County and our partners, I wish you good health!

Sincerely,



Jonelle Hubbard – Director, Anoka County Public Health and Environmental Services

Acknowledgements

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The Board of Commissioners serves as the Community Health Board for Anoka County

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About this report

The most recent Community Health Assessment report can be found on the Anoka County

website at: <https://www.anokacounty.us/2212/Community-Health-Reports>. For more information, please contact us by email at Public.Health@co.anoka.mn.us or by phone at 763-324-4200.

Staff and Partners

The following Anoka County staff and community partners were instrumental in producing the Community Health Assessment report:

Justin Navratil – Health Program Planner / Policy Analyst

Katherine Cole – Program and Budget Manager

Jonelle Hubbard – Director of Anoka County Public Health and Environmental Services

Craig Malm – Director of Community Engagement: Allina Health – Mercy Hospital

Christy Dechaine – Manager of Community Benefit and Evaluation: Allina Health

Ann Kinney – Minnesota Department of Health

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Introduction

Joint Community Health (Needs) Assessment

The 2019 Anoka County Community Health Assessment (CHA) is a collaborative effort to better understand health issues facing the community. All local public health departments in Minnesota are required to undergo an assessment and planning cycle at least once every five years. Similarly, non-profit hospitals are required by federal law to undergo a Community Health Needs Assessment (CHNA) at least every three years (the terms CHA and CHNA are interchangeable). Anoka County and Allina Health – Mercy Hospital are both due to complete an assessment by the end of 2019, so the two agencies collaborated closely in this project for a combined CHA.

The MAPP Model: Mobilizing for Action through Planning and Partnership

Mobilizing for Action through Planning and Partnership (MAPP) is highly regarded as an effective model for conducting Community Health Assessment. MAPP was developed by the National Association of County and City Health Officials (NACCHO) and MAPP is often the preferred model for local public health assessment and planning. The image to the right shows the basic MAPP steps, which includes organizing and developing partnerships, crafting a shared vision, conducting the four MAPP Assessments, prioritizing health issues, developing goals, and implementing plans to address the priority health issues.

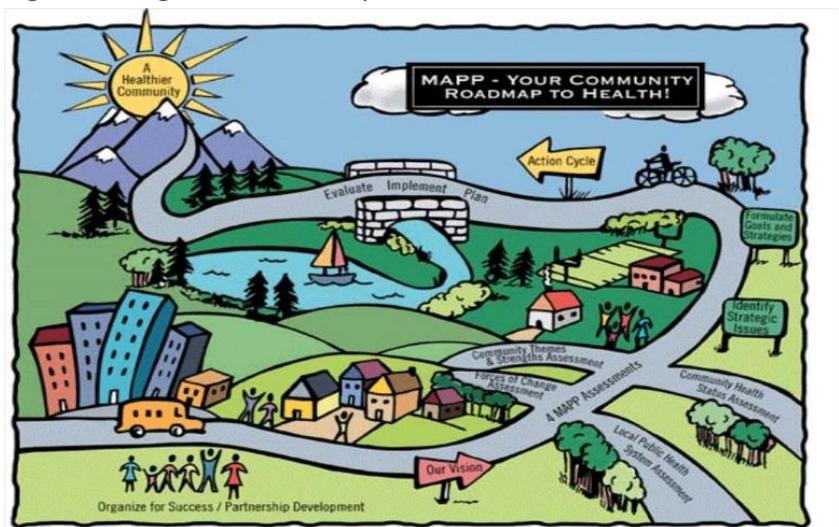


Figure 1 – the MAPP Model⁹

Community Health Assessment Timeline

Anoka County and Mercy Hospital leaders formed the core membership of a Steering Committee, which began planning CHA activities in January 2018. Over the next several months, the Steering Committee reached out to a broad range of community partners (see Appendix A for a full list) to assemble the MAPP Committee. This group of community representatives first met in August 2018 to develop a shared vision for the community's future. The group produced this Vision Statement:

"We envision a safe, welcoming, and engaged community where basic needs are met, people have opportunities for employment and active living, and all individuals and families have access to preventive health resources and quality care."

The group also identified a list of core values: collaboration, commitment, communication, community engagement, inclusiveness, innovation, leadership, respect, transparency, and trust. The Vision and Values served to guide the work of the MAPP Committee throughout the CHA process as the group continued to meet during the fall and winter of 2018 – 2019 to review data and discuss health priorities. After prioritizing health issues (described in more detail later), MAPP Committee members worked in smaller group settings to set goals and identify strategies to address the priority health issues.

Health Indicators, Data Sources, and Limitations

The MAPP Committee used many sources of information to better understand health in Anoka County. Described in detail below, these sources provided the foundation for the CHA's completion.

Adult Health Survey

Early in the CHA process, Anoka County PHES staff began development of a large-scale health survey of adult residents in Anoka County. PHES worked with Wilder Research to design the 8-page, 53-question survey, which was mailed to 4,000 randomly selected households in Anoka County. One adult per household was invited to complete the survey. The survey featured questions about health behaviors and history, access barriers, demographics, and opinions about community concerns. With a response rate of about 22%, the results provide valuable insight into the health of community residents.

Minnesota Student Survey

The Minnesota Student Survey is conducted every three years in public schools that choose to participate. Typically, 5th, 8th, 9th, and 11th graders are surveyed on a wide range of health and well-being topics. This CHA used data from recent surveys to better understand the health needs of youth.

Public Data Sources

The team used a variety of publicly available data sources for the CHA, including Vital Records data, Minnesota Department of Education data, Minnesota County Health Tables, the U.S. Census Bureau - American Community Survey, County Health Rankings, and others.

Aggregated Electronic Medical Record Data and Emergency Medical Service Data (Allina Health)

As a primary partner in the CHA, Allina Health – Mercy Hospital offered aggregated data on patient populations to help describe clinical care needs and trends in the community. Allina Health also offered information about the use of emergency services utilized by Anoka County residents.

Health Equity Data Analysis – Mental Health

In 2017 – 2018, Anoka County Statewide Health Improvement Partnership (SHIP) staff reviewed quantitative and qualitative data to better understand mental health needs in the community and barriers to receiving care among low-income adults (see Appendix B for the full HEDA report).

Key Informant Interviews and Questionnaires

As part of the four MAPP Assessments, Anoka County staff conducted interviews and questionnaires of MAPP Committee members to better understand the local public health system, assets and gaps, and forces of change relevant to the health of Anoka County residents.

Community Conversations and Focus Groups

After the priority health issues were identified, Anoka County and Mercy Hospital staff conducted community dialogues and focus group interviews with community members to better understand priority health issues, including causes and effects of the issues (see Appendix C for a summary report).

Data Limitations

Many other data sources, too numerous to mention individually, contributed to the CHA. It is important to note that the data sources described above utilize the best data available, but each data source has limitations due to differences in sample, methods, timing, thoroughness, or other factors.

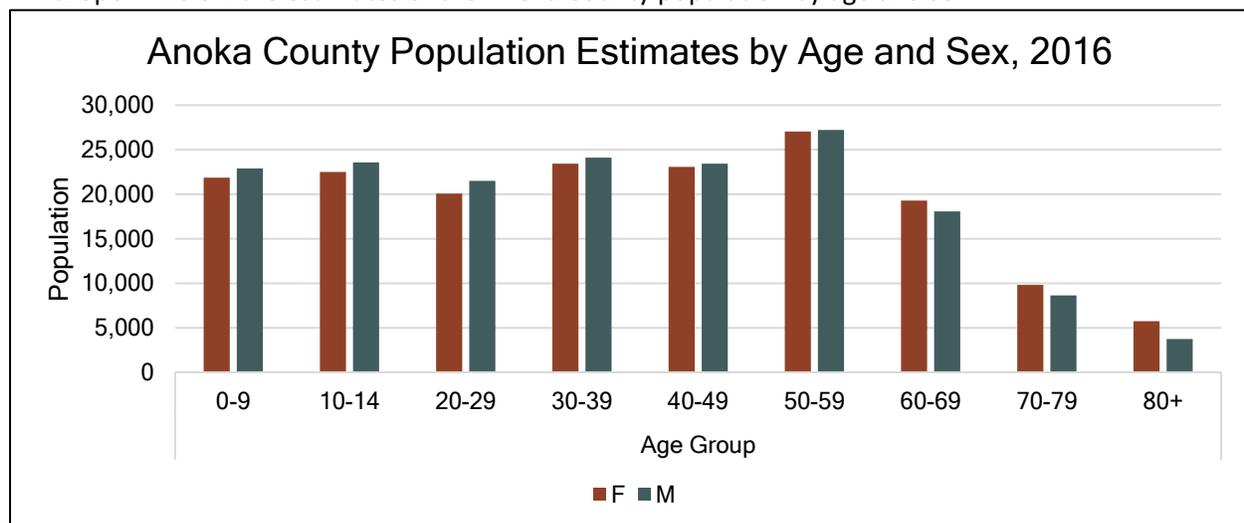
Anoka County and Its People

Profile of Anoka County

Anoka County is in the northern area of the Twin Cities Greater Metropolitan area of Minneapolis and St. Paul, Minnesota. The county seat is the City of Anoka, which sits at the confluence of the Rum River and the Mississippi River. Anoka County was established in 1857 in the Minnesota Territory, and is now comprised of 20 cities and one township. It is the fourth most populous county in the state of Minnesota (after Hennepin, Ramsey, and Dakota), with an estimated population of 351,651¹. The figure to the right shows a map of Anoka County, including cities and townships.



The most common industries for employment among residents are Manufacturing and Health Care and Social Assistance, each with 15% of the labor force³. Median household income is \$76,796, which is slightly higher than the State of Minnesota (\$68,388) and Twin Cities Metro (\$73,043) household median incomes³. 6.6% of residents have an income below poverty³. The rate of students graduating from high school on time is 80.2%, and 94% of adults 25 and older have at least a high school graduate level of education³. Additionally, 81.3% of residents are White, while 6.5% are Black or African American, 4.8% are Asian or Pacific Islander, 2.8% are of two or more races, and 4.6% are Hispanic or Latino (of any race). About 8% of residents are born in a foreign country, with 33% born in Asia, 24% born in Africa, 23% born in Latin America, and 17% born in Europe¹. Below are estimates of the Anoka County population by age and sex¹.



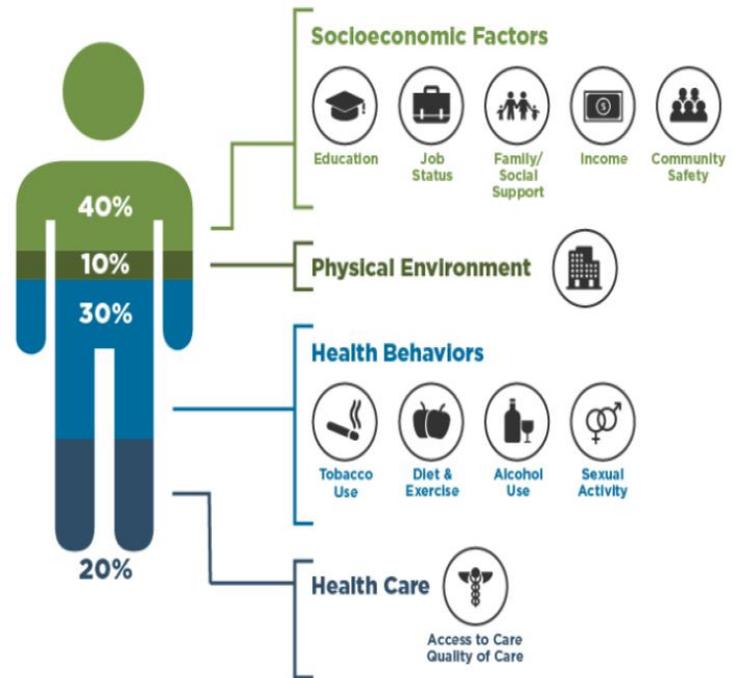
Health Equity and Social Determinants of Health

One of the core values of Anoka County Public Health and Environmental Services is “Health Equity and Environmental Justice,” which means that every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of socioeconomic or environmental conditions⁴. The figure to the right shows that a person’s health is largely determined by socioeconomic factors (like education, income, and safety) and health behaviors (like physical activity, drug use, and diet). These factors often vary among groups of people, causing health inequities.

Throughout the CHA process, leaders and partners recognized these important factors and the importance of addressing health inequities where they exist. That is why many indicators and data sources are examined through a “health equity lens,” which means that for each health outcome or issue discussed, we look for meaningful differences in health between population groups. These differences, or inequities, are given special consideration because they often represent the areas where the most positive impact can be made for improving health. They also represent issues of social justice, often perpetrated by systems that favor the privileged over the less fortunate. Public Health as a discipline seeks to ensure that all people, regardless of social or economic factors like race/ethnicity, income, or education, have the opportunity to achieve their highest possible level of health.

The diagram to the right shows the difference between Equality: providing each group with the same product or service, and Equity: providing groups with the product or service that best fits their unique needs⁸. This concept is illustrated by the difference between a standard, one size fits all bicycle (equality), versus a range of sizes and styles of bicycle (equity) to reflect each person’s unique needs and abilities. Similarly, different groups and individuals have unique needs to help them reach their highest possible level of health.

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

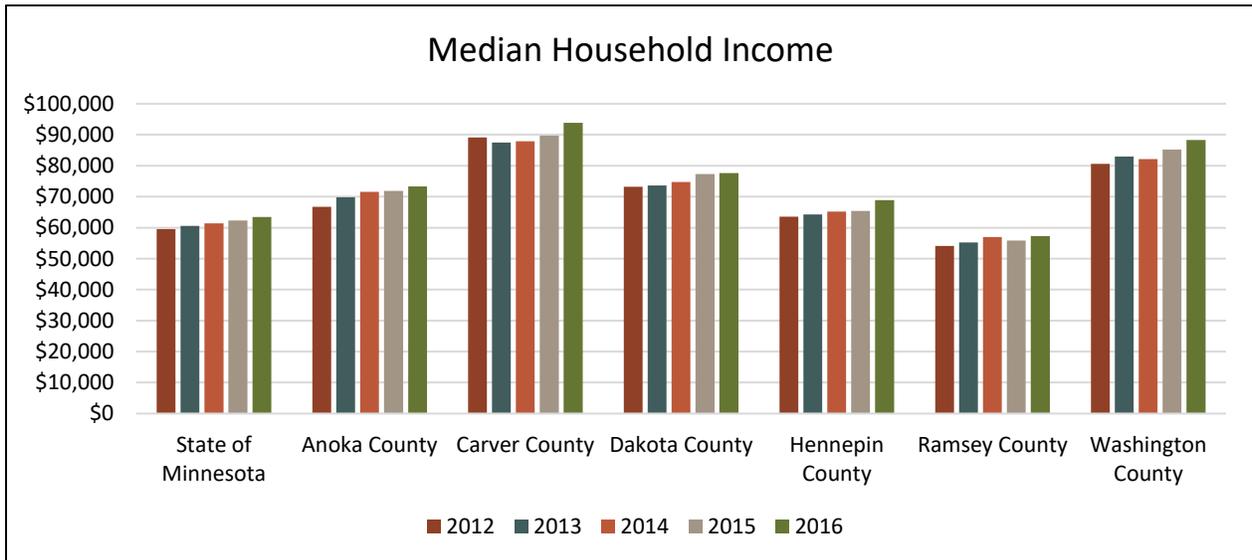


Figure 2 – Equality vs. Equity⁸

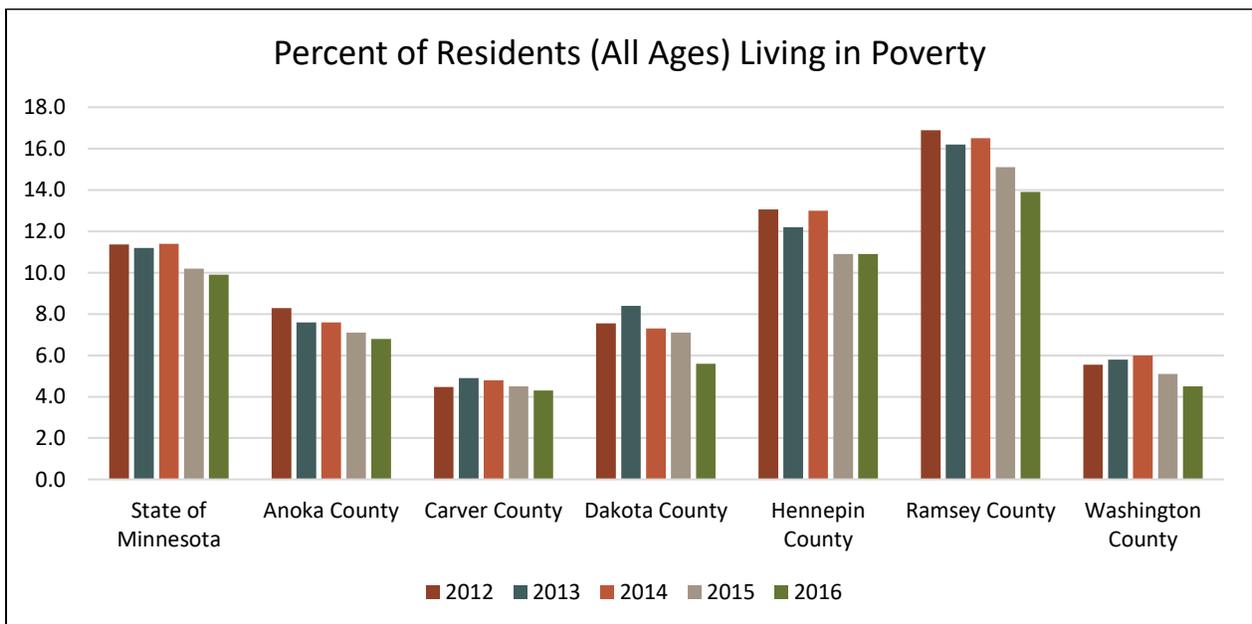
Community Health Status Assessment

Select Population Data from Secondary Sources

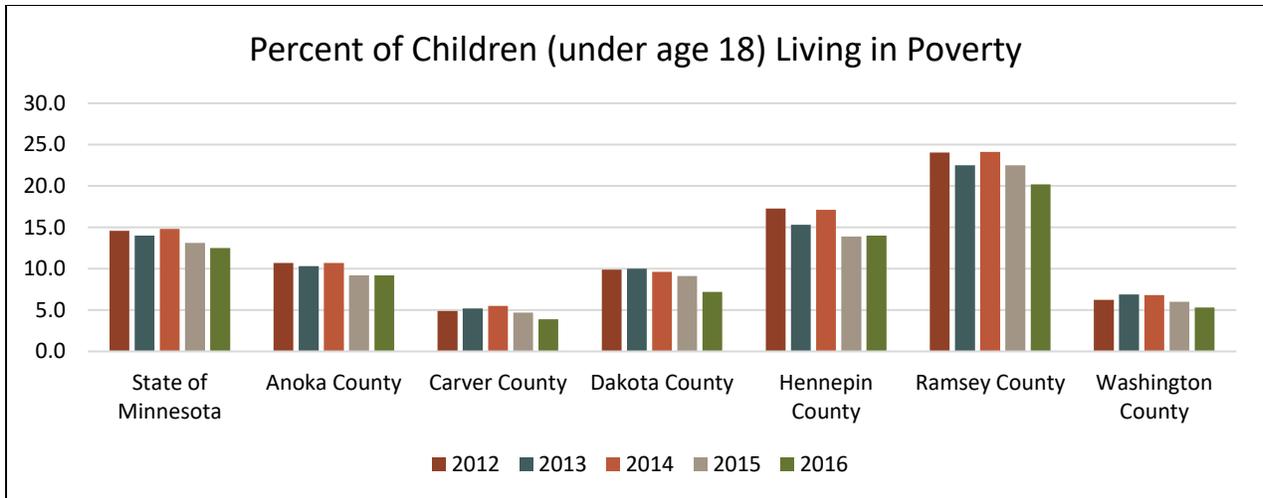
Following are selected indicators from data sources including the U.S. Census Bureau⁽¹⁾, Minnesota County Health Tables⁽⁵⁾, Minnesota Vital Statistics⁽⁶⁾, and the Minnesota Student Survey⁽⁷⁾.



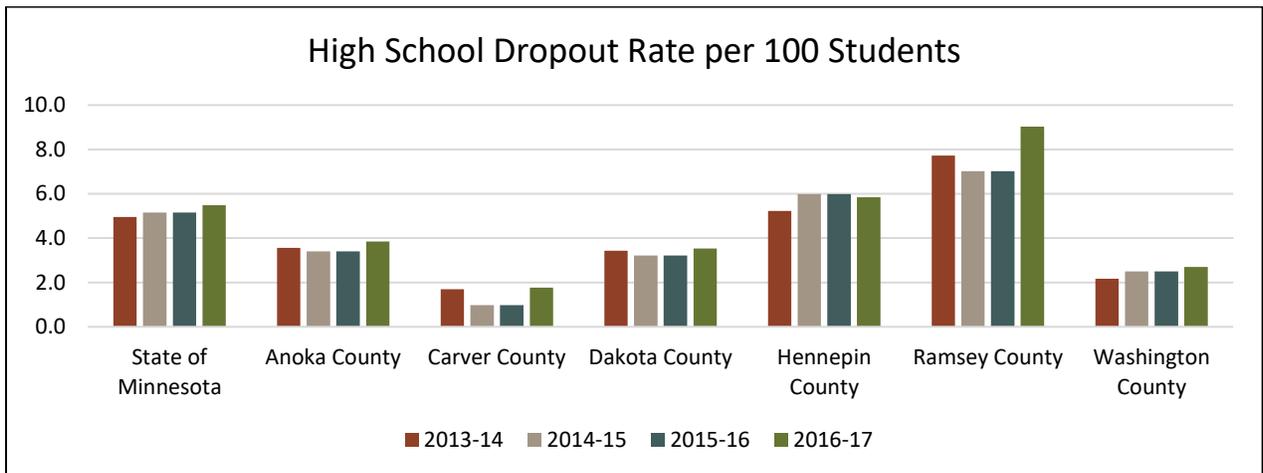
Median household income in Anoka County reflects most other metro communities and is slightly higher than the state average. Household income is generally rising over the last several years.



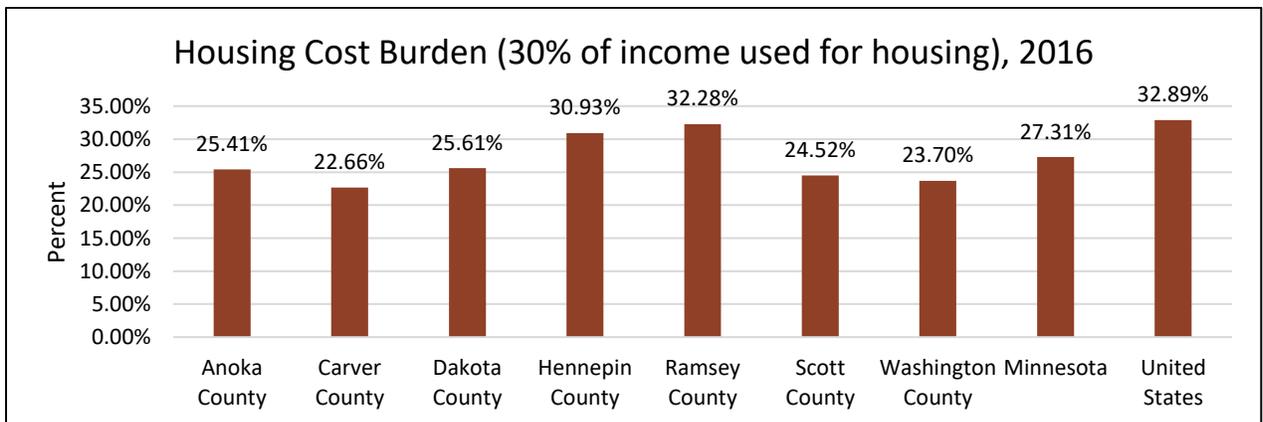
Overall poverty has been declining over the last several years. Anoka County's poverty rate is lower than the state average, but higher than some metro communities of comparable size and composition.



Although poverty has been declining for children in Anoka County, rates are still higher than some comparable metro counties, such as Washington, Dakota, and Carver.

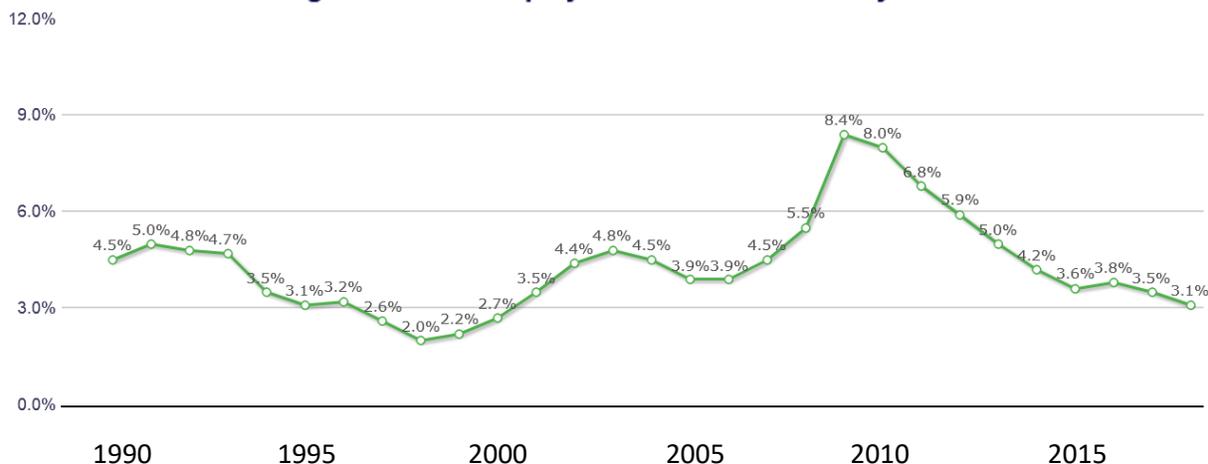


The high school dropout rate of Anoka County students reflects the rates of other metro communities, and is slightly lower than the state average.



Anoka County is comparable with the Twin Cities metro area for housing costs relative to income.

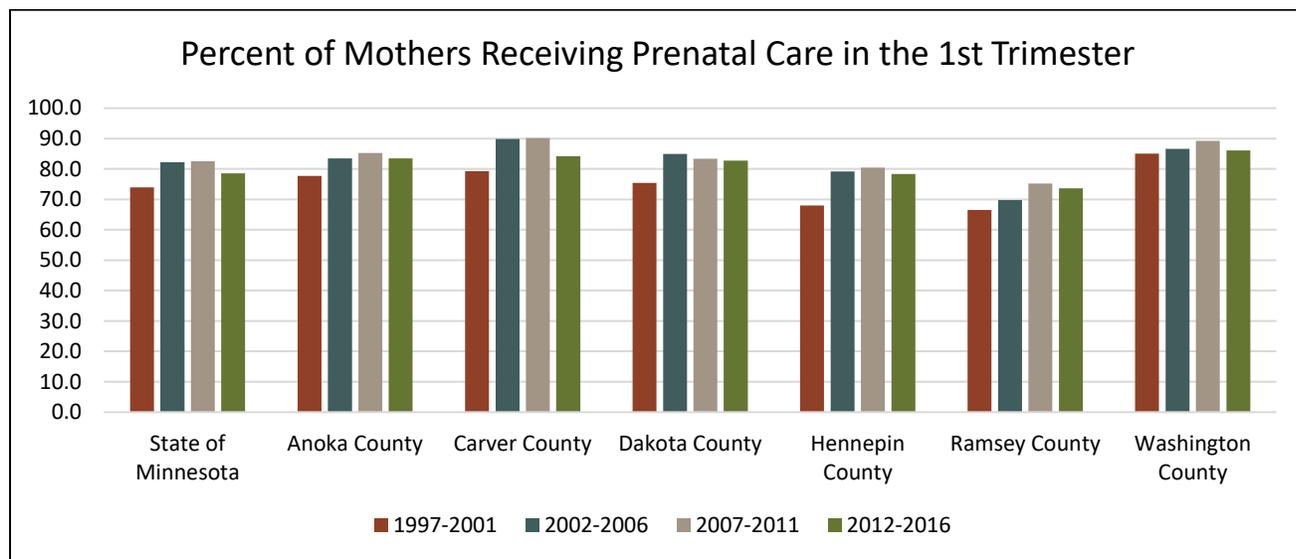
Average Annual Unemployment for Anoka County Residents



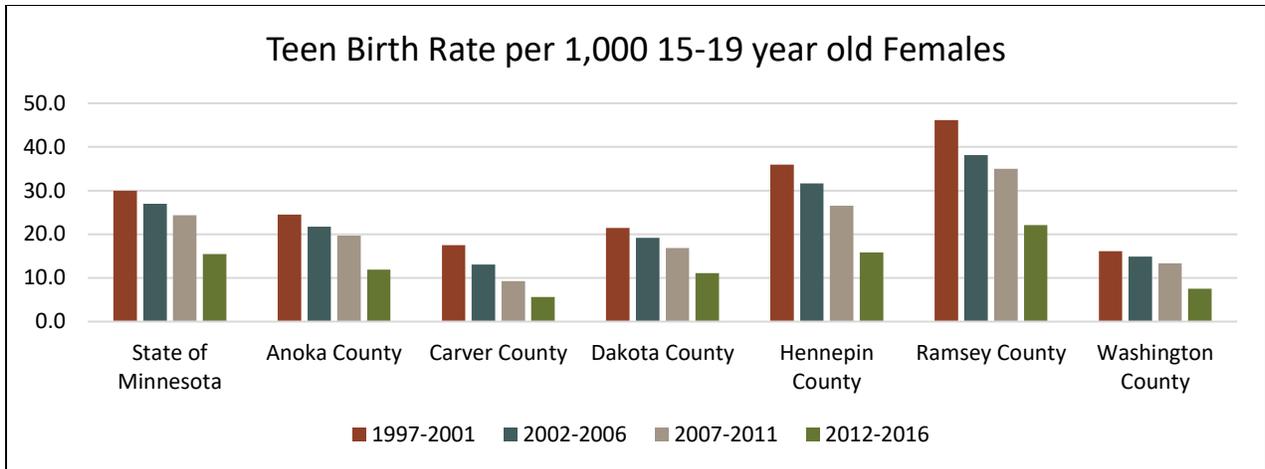
After the Great Recession of 2008/2009, unemployment has been steadily declining. The latest estimates put unemployment in Anoka County at 3.1% in 2018. From Local Area Unemployment Statistics, Minnesota Department of Employment and Economic Development.

Select Population Health Data

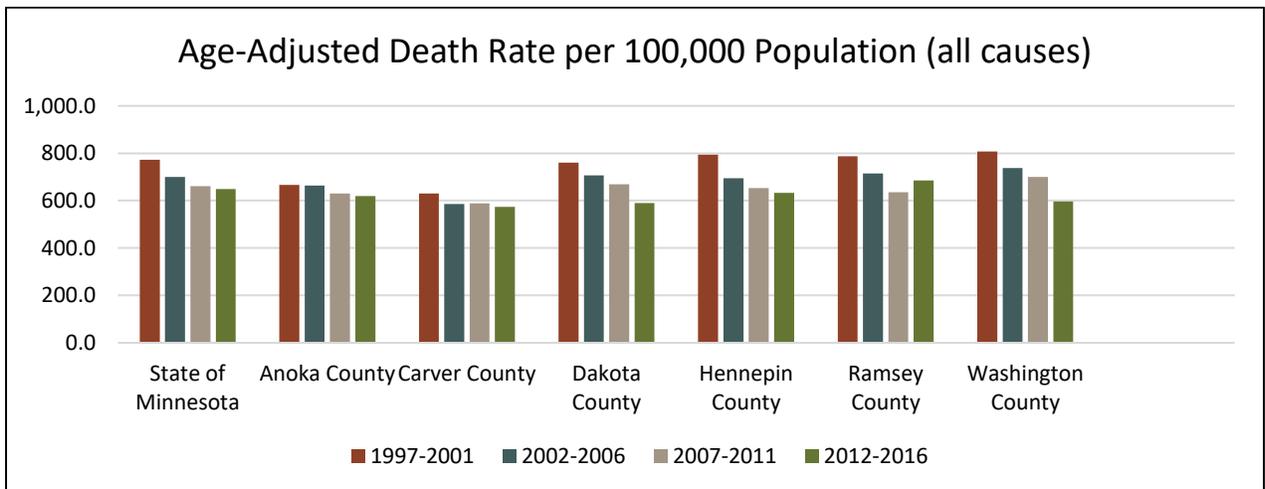
Following are health indicators to describe the overall health and well-being of Anoka County residents.



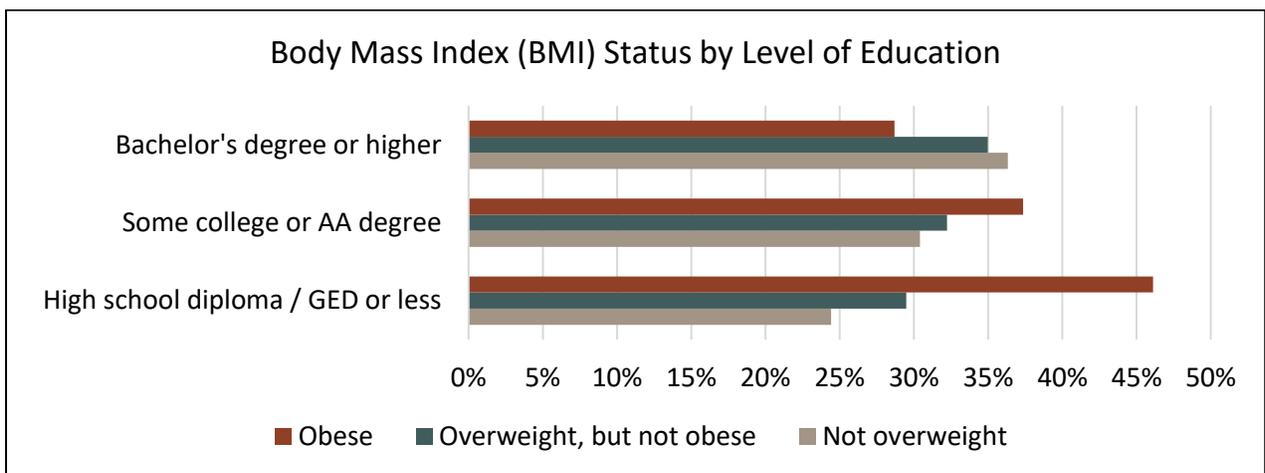
Anoka County pregnant women receive 1st trimester prenatal care at about the same rate as other metro communities.



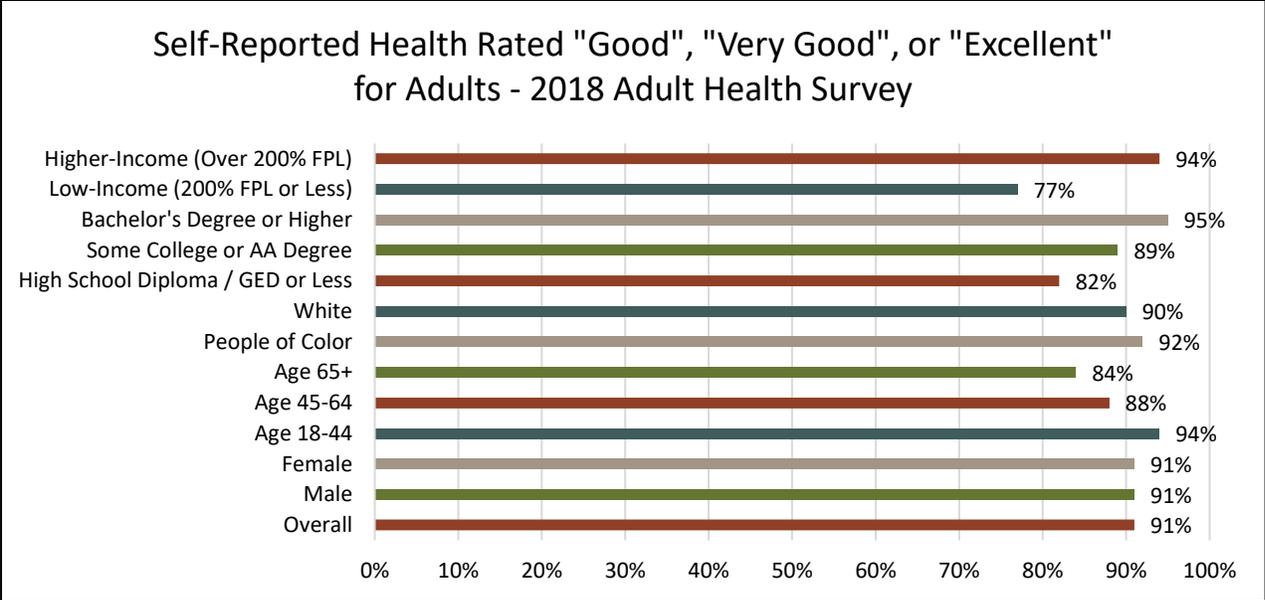
Anoka County is in line with the state average for births from teenage mothers, which is declining.



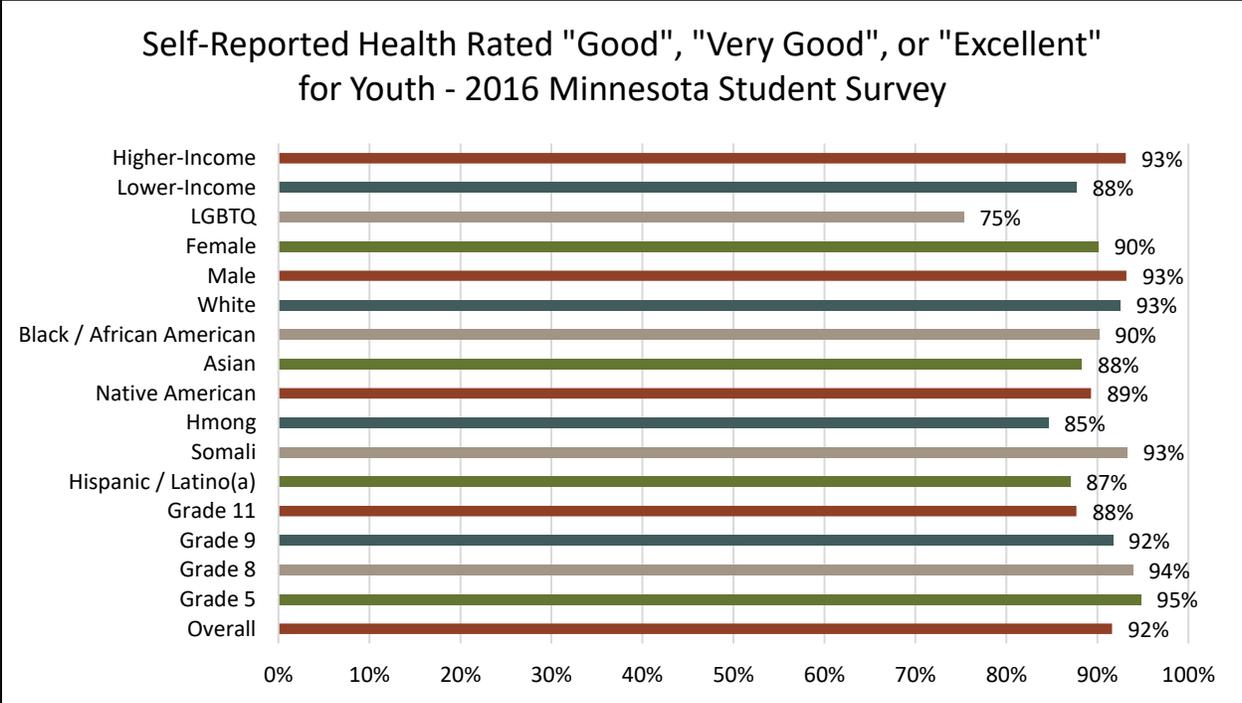
Anoka County's rates are slightly higher than metro counties of similar size (Dakota and Washington).



Anoka County residents (from the 2018 Adult Health Survey) report higher rates of obesity (Body Mass Index of 30 or higher) in lower education groups than those with higher levels of education.



Anoka County adults largely rated their individual health as “good” or better (good, very good, or excellent) as indicated by the latest adult survey results (91% rated health as “good” or better overall). Groups that showed lower self-reported health status were lower-income (77%), lower education level (high school diploma or GED only: 82%), and seniors (65+ age range: 84%).



Self-reported health for youth was lower for certain groups, including lower-income (88% rating health as good or better), LGBTQ (75%), and some racial/ethnic groups (Hmong: 85%, Hispanic/Latino(a): 87%).

Community Themes and Strengths, Local Public Health System, and Forces of Change Assessments

Anoka County staff conducted interviews and questionnaires with all MAPP Committee members. These individuals represent key community stakeholders. The following questions sought to better understand the community we serve through the remaining MAPP Assessments. Under each question is a summary of key themes that came out of interviews and questionnaires.

Question 1: In your experience, what are some of the community’s greatest assets considering its ability to maintain health and prevent illness?

Key Themes:

- Collaboration among organizations participating in the local public health system
- A strong healthcare system with committed providers
- Representatives from local hospital systems, mental health providers, and clinics are committed to broader community health, rather than just their patient / client populations
- Strong public services: social services, public health, early childhood programs, and schools.

Question 2: What are some of the main factors influencing quality of life in the community?

Key Themes:

- Access and affordability of healthcare, including mental health care
- Social needs like housing, physical activity opportunities, access to nutrition, employment, transportation, education, and social connectedness.



Social determinants of health: the conditions in which we live, work, learn, and play; are crucial to community health

Question 3: What are some of the most important health issues facing the community right now?

Key Themes:

- Mental health needs and access to mental health services
- Poverty and financial barriers
- Access to healthcare services
- Chronic diseases, substance abuse / addiction, and violence.



Access to health care services is a common theme regarding influences on community health and well-being

Question 4: What are the major barriers to accessing healthcare and health services in the community?

Key Themes:

- Health insurance and the high cost of care
- Healthcare system navigation and language / cultural barriers

- Transportation, accessible and timely healthcare services, and stigma were also mentioned

Question 5: Do you feel the community lacks any critical services for achieving optimal health? If so, what services are lacking?

Key Themes:

- Culturally appropriate healthcare policies, services, and providers.
- Financial assistance and affordable or free services available.
- Transportation services.
- Adequate capacity for mental health care, especially residential care for pediatrics, outreach, and surveillance.
- Legal services for those needing an attorney, especially vulnerable adults and victims.



Accommodating diverse cultural backgrounds emerged as a potential improvement for the local public health system.

Question 6: We have little control over long-term societal trends, but these trends still affect health and the way we live. Some examples of trends include rapidly developing technology, business practices, increasing diversity in our communities, changing laws and policies, and other factors. Considering these and similar forces of change, what are the most critical factors to consider when working to maintain and improve health in the community?

Key Themes:

- Health equity, and embracing diversity and inclusion
- Communication and partnerships among key groups
- Adaptability: being able to utilize change and being willing to change
- Awareness and education regarding health issues, stigma, etc.
- Improving access to healthcare services
- Ensuring social needs are met, especially affordable housing
- Interaction with technology, especially younger generations

Question 7: Considering your response to the previous question, what specific health opportunities or threats to health resulting from these factors should be considered in community health improvement planning?

Key Themes:

- Population demographic characteristics
- Health education with attention to health equity
- Engaging with the community proactively

Conclusion of the MAPP Assessments

The information provided from the four MAPP Assessments were used to guide conversations leading to the prioritization of Anoka County's community health issues, as detailed below.

Health Issue Prioritization

Prioritization Process

Reviewing data, discussing community assets and challenges, and developing a shared vision lead a community to a critical step: prioritizing health issues. Prioritization is important because of the large number of health issues facing any community. Since resources are limited, it is necessary to determine priority issues in the current environment so time and energy can be used most effectively for health improvement activities.

The prioritization process started in December 2018 after reviewing data from a wide variety of sources, including the recently available results of the 2018 Anoka County Adult Health Survey. MAPP Committee members were asked to take an online survey rating 11 main health issues (general topics) and 4 – 9 sub-issues (more detailed health topics) within each of the main health issues. Results from this survey were combined with the Community Concerns results from the Adult Health Survey, which allowed randomly selected adult residents to identify top health concerns based on their opinion. The resulting combination led to a list of 8 main health issues, and the top two sub-issues from each were included in the final prioritization step. These 16 sub-issues were the subject of the Hanlon Method for prioritization: the final step in the CHA prioritization process.

The CHA Steering Committee facilitated a prioritization event with the MAPP Committee using the Hanlon Method for prioritization. This tool allows participants to rate health issues using standard criteria: Size of the health issue, Seriousness of the health issue, and Effectiveness of potential interventions. Participants discussed each issue in small groups, assigning a group rating for each issue from 1 (very low) to 10 (very high) on each of the prioritization criteria. A formula is used to assign a value for each health issue, which is then rated from highest to lowest. Therefore, CHA leaders were able to identify the following Priority Health Issues (in no particular order) and Sub-Issues within them:

- Chronic Diseases and Health Habits
 - Obesity in Adults
 - Obesity in Children
- Drugs and Substance Use
 - Opioid Abuse
 - Electronic Nicotine Delivery System (ENDS) Use in Youth
- Mental Health
 - Access to Mental Health Services
 - Children’s Mental Health
- Violence
 - Domestic Violence
 - Bullying in Schools

Hanlon Method for Health Issue Prioritization				
		Issue Size	Issue Seriousness	Effectiveness of Interventions
Health Issue A	Sub-issue 1	1-10	1-10	1-10
	Sub-issue 2	1-10	1-10	1-10
Health Issue B	Sub-issue 3	1-10	1-10	1-10
	Sub-issue 4	1-10	1-10	1-10

The figure above shows a blank template of a worksheet used to prioritize community health issues through the Hanlon Method for Prioritization.

After prioritization, the MAPP Committee and Steering Committee began the next phase of the CHA, which involves developing plans to address the priority health issues and sub-issues. Subsequent sections of this report provide detailed information about these issues and their unique facets in the Anoka County community.

Health Priority: Chronic Diseases and Health Habits

Introduction

Obesity is one of the nation’s top health priorities. It is common, with a national prevalence of 39.8%, according to the Center for Disease Control and Prevention (CDC)¹⁰, 2015-2016 estimates from the National Center for Health Statistics. Additionally, some demographic groups are more likely to experience obesity, namely Hispanics (47%) and non-Hispanic blacks (46.8%). The CDC leads the development of nationwide goals for health improvement through the “Healthy People 2020” initiative¹¹. One of the Healthy People 2020 Goals is to “promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.”

Quantitative Data

To the right are data points describing obesity and health habits for adults who participated in the 2018 Anoka County Community Health Survey. Overall obesity rates increased from 29% in 2013 to 35% in 2018. Furthermore, the Anoka County obesity rate is higher than that of the statewide average of 28% (from the Behavioral Risk Factor Surveillance System 2017 data). Respondents with lower education levels (high school diploma / GED or less) showed higher levels of obesity at 46% from the survey.

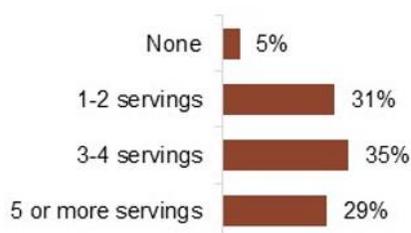
BODY MASS INDEX (BMI)

	Anoka County 2013 (N=543)	Anoka County 2018 (N=820)	Minnesota overall 2017 (N=15,445) ^a
Not overweight	34%	32%	35%
Overweight, but not obese	37%	33%	37%
Obese	29%	35%	28%

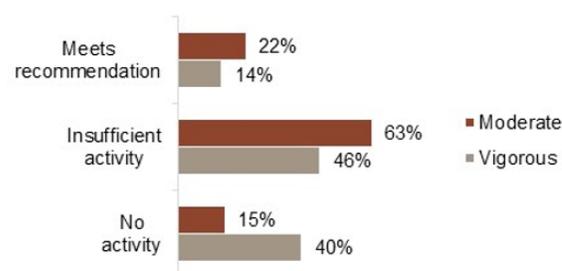
^a Behavioral Risk Factor Surveillance System (BRFSS) 2017

Obesity is largely linked to health habits like exercise and diet. The health survey also asked about these factors, revealing that only 22% of adults meet the recommended physical activity level for moderate exercise, and only 14% of adults meet the vigorous exercise recommendations (see below). Additionally, only 29% of adults indicated that they meet the recommended fruit and vegetable consumption rate of 5 or more per day.

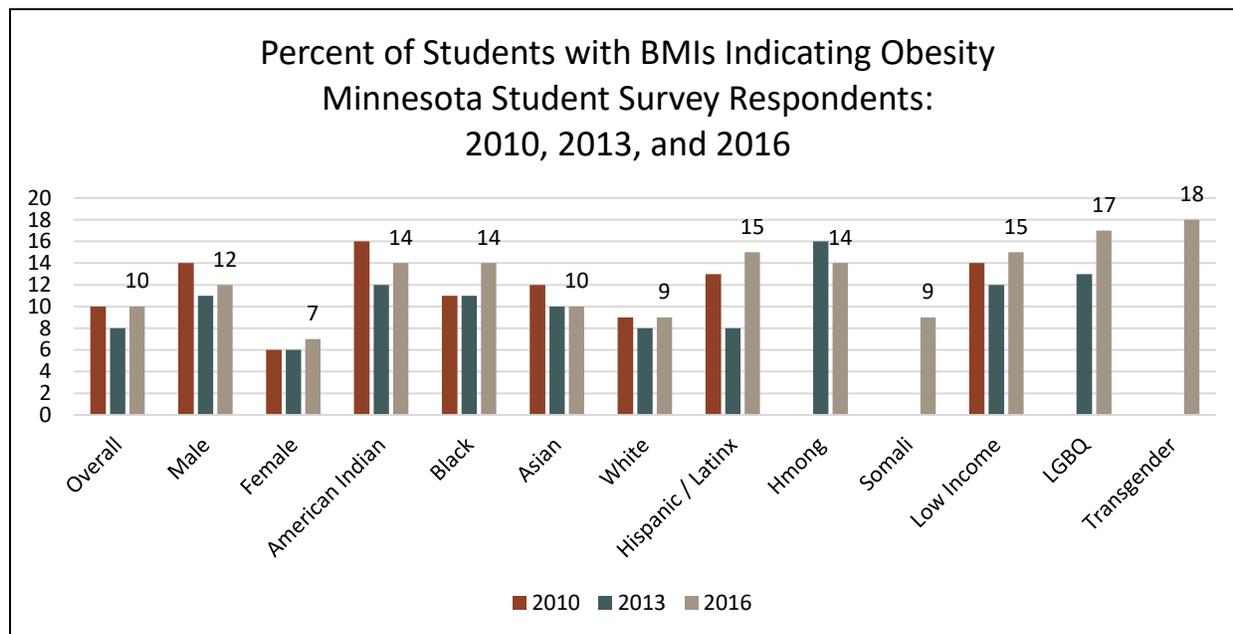
TOTAL SERVINGS OF FRUITS AND VEGETABLES YESTERDAY (N=829)



PERCENTAGE OF RESPONDENTS MEETING RECOMMENDED MODERATE OR VIGOROUS PHYSICAL ACTIVITY RECOMMENDATIONS (N=834-837)



Good health habits start in childhood, so it's important to understand how youth experience chronic diseases like obesity. Results from the previous three Minnesota Student Surveys (2010, 2013, and 2016, shown below) indicate that obesity is an issue even for school-aged children. Some groups experience obesity at higher rates than the general population (10%), such as Native American and Black students (14% each), Hispanic / Latino(a) (15%), Hmong (14%), low income (15%) and LGBTQ youth (17-18%). Some demographic questions were only recently added to the student survey, making trend comparisons across time unavailable (for example, Transgender was asked only in the 2016 survey).



Qualitative Data

After determining the priority health issues, the CHA Steering Committee arranged a series of focus group interviews and community dialogues to better understand how the health issues affect community members (see Appendix C for the Summary Reports for all priority issues). Several questions about Chronic Diseases and Health Habits revealed common themes regarding physical activity and nutrition barriers, including: transportation / location of facilities and healthy food sources, life being too busy, the cost of health club memberships and healthy foods, and a lack of age-appropriate programming and childcare services. When asked how community leaders can help support healthy lifestyles to prevent chronic diseases like obesity, community members mentioned improving convenience and accessibility of low-cost healthy foods, educating the community on the importance of physical activity and a healthy diet, providing resources for finding and preparing healthy foods, and including culturally informed proposals for improving health habits based on unique needs.

Next Steps and Conclusion

As Anoka County staff develop the 2020 – 2022 Community Health Improvement Plan (CHIP), community partners play a large role in assuring conditions for adults and children to achieve health and prevent serious chronic diseases like obesity and diabetes. Several strategies are in development to work with healthcare providers, fitness clubs, food resources, parks and recreation, and evidence-based programming partnering to serve at-risk populations so all can achieve a healthy weight and lifestyle.

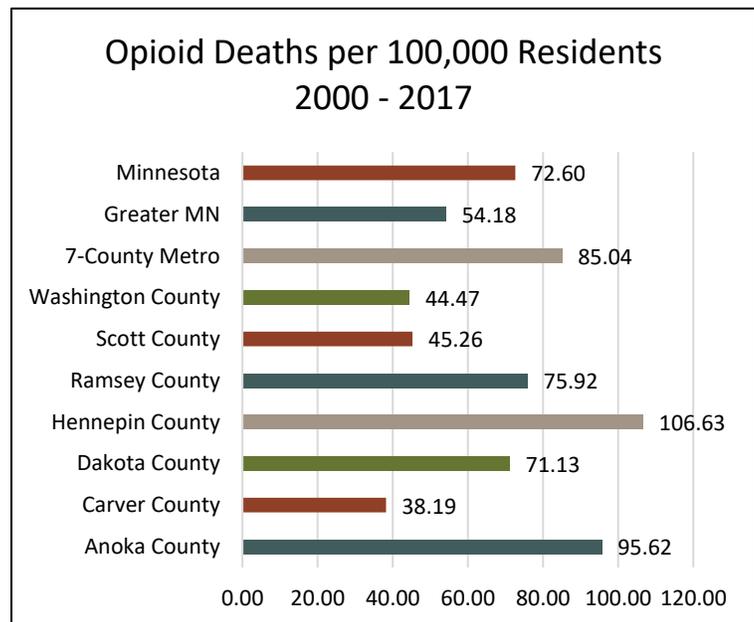
Health Priority: Drugs and Substance Use

Introduction

Substance abuse is detrimental to the health of individuals and communities, and it is therefore another important priority nationally and locally. In 2005, about 22 million Americans struggled with a drug or alcohol problem, and almost 95% of these individuals were considered unaware of their problem¹¹. Not only can the life of the user be permanently altered by addiction, but the ripple effects of abuse spread to family members, the healthcare delivery system, and the local community. Anoka County aligns with the Healthy People 2020 goal of “reducing substance abuse to protect the health, safety, and quality of life for all, especially children.” The two priority sub-issues within “Drugs and Substance Use” focus on the opioid crisis and the emerging popularity of Electronic Nicotine Delivery Systems (ENDS), also known as e-cigarettes or vaping products. In 2014, e-cigarettes became the most commonly used tobacco products in the U.S. among middle and high school students¹¹.

Quantitative Data

According to the Minnesota Department of Health Opioid Dashboard¹², Anoka County has a higher rate of opioid deaths over the last 18 years than other Minnesota communities, and the second highest rate in the Twin Cities Metro Area, next to Hennepin County. Many communities across the nation have been struck by the opioid crisis in the past several decades, and Anoka County is no exception. These opioids include prescription drugs like Oxycontin or illegal drugs like Heroin. Synthetic opioids like Fentanyl have become more prevalent in recent years, and these are found to be quite dangerous since they are very potent and are often combined with other drugs like methamphetamines.



ENDS use among youth has risen dramatically in recent years, with over 19% of Minnesota high schoolers indicating that they used e-cigarettes in the past 30 days, compared to 9.6% saying they used traditional cigarettes in the past 30 days (2017 Minnesota Youth Tobacco Survey¹³). In addition, the Minnesota Youth Tobacco Survey found that students were more likely to try e-cigarettes if they were exposed to advertising, lived with someone who vapes, or had a friend that used e-cigarettes.

According to the 2016 Minnesota Student Survey, 13.7% of 9th graders in Anoka County said that they had used e-cigarettes at least once in the past 30 days. 11th graders use e-cigarettes at the highest rates, but many students start using e-cigarettes between 8th and 9th grades.

Percent of Anoka County students who used ENDS in the past 30 days		
8 th grade	9 th grade	11 th grade
7.7%	13.7%	21.4%

Qualitative Data

After conducting focus groups and community dialogues, several common themes emerged to help understand why youth are more attracted to e-cigarettes. These include their attractive appearance, flavors that are often targeted to young children, influence from friends and peers, and the false belief that e-cigarettes are healthier than traditional nicotine products like cigarettes. Ideas offered by community members for combating drug use included educating youth on the dangers of e-cigarettes and drugs, educating parents on risks and marketing strategies, providing more resources to support a preventive approach, limiting access through enforcement of drug laws, and encouraging action from community leaders like schools, businesses, and faith communities to eliminate drug use.



ENDS are often marketed toward youth, featuring attractive colors and designs

Next Steps and Conclusion

Community partners play an important role in reducing the use of opioids and e-cigarettes. Law enforcement agencies, healthcare providers, and local school districts are particularly critical for reaching vulnerable individuals, providing resources to prevent drug use, and treating addiction. Promising strategies include using media outlets to raise awareness about the dangers of drug abuse, expanding resources that remove dangerous drugs from the home, and working with local businesses to limit access to harmful drugs and devices.

Health Priority: Mental Health

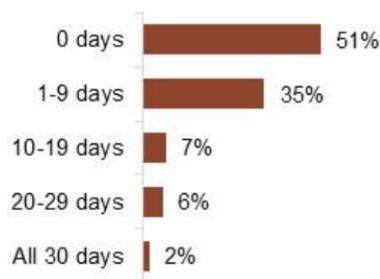
Introduction

The World Health Organization¹⁴ defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” Mental health is not just the absence of mental illness, which is a disorder of the brain or thought processes that substantially affect our ability to function. The Healthy People 2020¹¹ Goal of “improving mental health through prevention and by ensuring access to appropriate, quality mental health services” resonates with the Anoka County community, as access to mental health services and prevention of mental health crises are important issues to address.

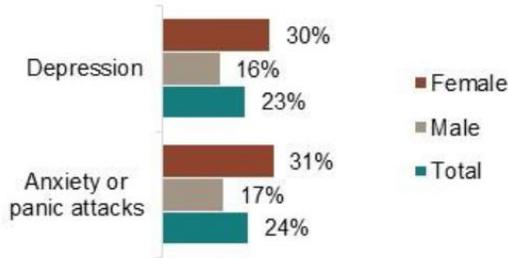
Quantitative Data

The 2018 Adult Health Survey asked a series of questions about mental health. About 15% of respondents indicated that they felt sad or depressed at least 10 of the past 30 days. A higher proportion of low-income respondents (income below 200% of the federal poverty level) reported being sad or depressed for 10 or more of the past 30 days, at a rate of 24%. This may suggest the stress of living close to poverty contributes to mental health problems. It may also suggest that lower income families are not able to access mental health services at an adequate level.

NUMBER OF DAYS DURING THE PAST 30 DAYS RESPONDENT FELT SAD OR DEPRESSED (N=797)



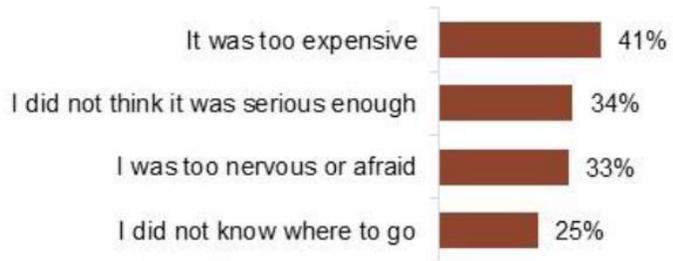
EVER BEEN TOLD BY A HEALTH PROFESSIONAL RESPONDENT HAS DEPRESSION/ANXIETY, BY GENDER (N=850-852)



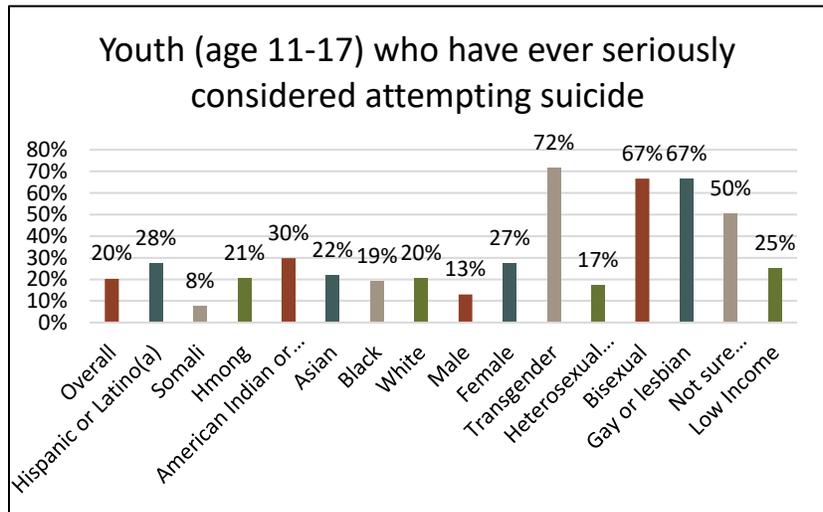
Mental health issues may affect men and women at different rates. The figure to the left shows that females were more likely than males to report ever being told by a health professional that they have depression or anxiety. Females experienced these conditions at almost twice the rate of males participating in the survey.

When asked whether participants delayed or went without needed mental health care in the past 12 months, 20 percent of respondents indicated that they did. The most common reasons (at right) were cost, not thinking it was serious, and being too nervous or afraid. This last reason highlights the issue of stigma around mental illness and mental health. Many people are influenced by media and peers to believe that mental problems are their fault, when in fact mental illness can affect anybody, and is usually treatable with professional care.

TOP REASONS FOR DELAYING OR NOT GETTING MENTAL HEALTH CARE (N=137)



In addition to adult mental health, valuable information is available from the 2016 Minnesota Student Survey around the mental health of youth in the Anoka County community. To the right is a summary of responses to the question on suicidal ideation: whether one has considered attempting suicide. Some groups experience higher rates of suicidal ideation, including Hispanic / Latino(a) ethnicity,



Native American, low income, and LGBTQ youth. Additionally, 25% of 17 year-old students said they had considered suicide at some point in their life, compared to 18% for 13 year-old students, suggesting that mental health issues get worse through the years of adolescence. About 7% of Anoka County students indicated that they have attempted suicide at some point in their life. 17% indicated that they have a long-term mental health, emotional, or behavioral problem lasting 6 months or more, and 17% also said that they felt sad or depressed at least half of the days in the past 2 weeks.

Qualitative Data

Community members shared thoughts about the mental health system through focus group interviews, community dialogues, and the 2018 Health Equity Data Analysis (HEDA) project focusing on mental health among low-income adults. Common themes from the focus groups regarding improving mental health access included reducing stigma, raising awareness around mental health for youth and adults, providing education for parents and loved ones to recognize the signs and symptoms of poor mental health issues, reducing the cost of mental health services, providing more convenient services like therapy in schools for children, and providing care after hours to accommodate work schedules.

Results from the HEDA also identified factors that help improve mental health and factors that make mental health more challenging, which are described in the graphic below.

ANOKA COUNTY RESIDENTS SAY...

Life experiences have an impact on their mental health.

HELPFUL EXPERIENCES

- Support person
- Previous connections to mental health providers
- Assistance in caregiving
- Stable employment
- Access to medication and/or same day services

CHALLENGING EXPERIENCES

- Difficulties at work or school
- Death or loss of a loved one
- Poor or unhealthy relationships
- Caregiver stress
- Substance use
- Barriers to accessing mental health services

Mental health care providers were involved in the HEDA project as well. Providers shared several observations, including the following.

ANOKA COUNTY MENTAL HEALTH PROVIDERS SAY...

Accessing mental health care is affected by housing, finances, and transportation.

The relationship between challenging life experiences & poor mental health can have a spiraling effect.

Provider self-care is necessary to provide quality patient care.

"If they don't have the money for the deductible, then their meds quit. Their meds quit, their job goes, their mental health goes, and it's just a spiral." - Professional

The quote shared above from a mental health provider illustrates the importance of social determinants of health, like income, housing, and transportation, when helping individuals achieve better mental health.

Residents and providers also identified common barriers to accessing mental health services, which are described below.

BOTH RESIDENTS AND PROVIDERS SAY...

Barriers to accessing mental health services include:

- Inadequate health insurance coverage
- Finding the right provider (i.e. provider fit)
- Maintaining continuity of service
- Availability of crisis services
- System barriers such as qualifying for services, wait lists, navigating the system, & costs
- Stigma and other self-imposed barriers

“The more ill you become, the less likely that you’re going to go out and get services. The more depressed you become, the more you retreat” - Anoka County Resident

The quote above, shared from a community member with a history of mental health issues, again highlights the spiraling effect that mental illness often produces. Mental health problems create stress, which causes other life problems that make the mental health condition even worse.

Next Steps and Conclusion

Anoka County Public Health and Environmental Services works with a range of community partners to assure conditions where community members can achieve optimal mental health. Through these coalitions and partnerships, the community aims to improve access to mental health services, secure social needs that create the foundation for health, reduce stigma, and address issues specific to youth around maintaining positive mental health and well-being.

Health Priority: Violence

Introduction

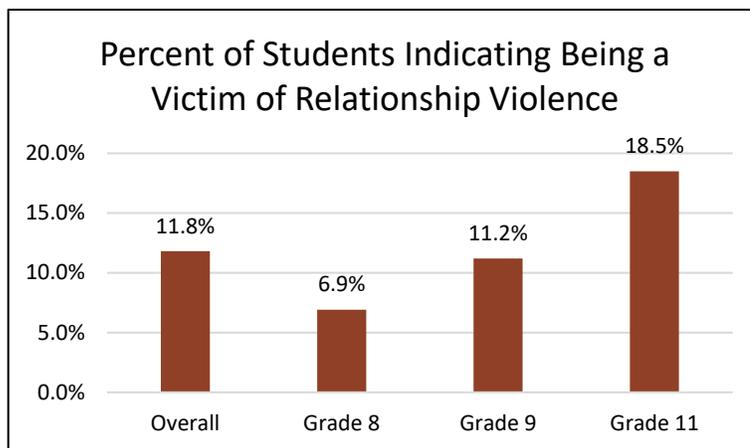
Anoka County aligns with the national goal, set forth by the Healthy People 2020¹¹ initiative, of “preventing unintentional injuries and violence, and reducing their consequences.” Violence is deeply connected to a myriad of health issues in addition to the injury resulting from the act of violence. The effects of violence extend beyond the victim to family members, friends, coworkers, and communities. Mental health effects particularly ripple through families and communities as a result of all kinds of violence: physical, emotional, sexual, or any other form. Anoka County prioritized Violence as a key community health issue for many reasons, including the community’s history of higher rates of relationship violence resulting in homicide than other neighboring communities. Although the past few years have seen progress, there are still opportunities for expanding violence prevention efforts and continuing to serve victims with compassion. The two sub-issues under the Violence priority are domestic violence, which includes relationship and sexual violence, and bullying in schools.

Quantitative Data

From the Adult Health Survey, 6% of respondents indicated that they are currently or have ever been in an abusive relationship. According to aggregated Allina Health Emergency Medical Service data, in 2016 there were 211 instances of violence in Anoka County that resulted in an Emergency Room visit and/or a hospital stay. In 2016, there were 701 cases of violence served by the Allina Health – Mercy Hospital Forensic Nurse Program, 430 of which were sexual assault cases. Additionally, the Anoka County

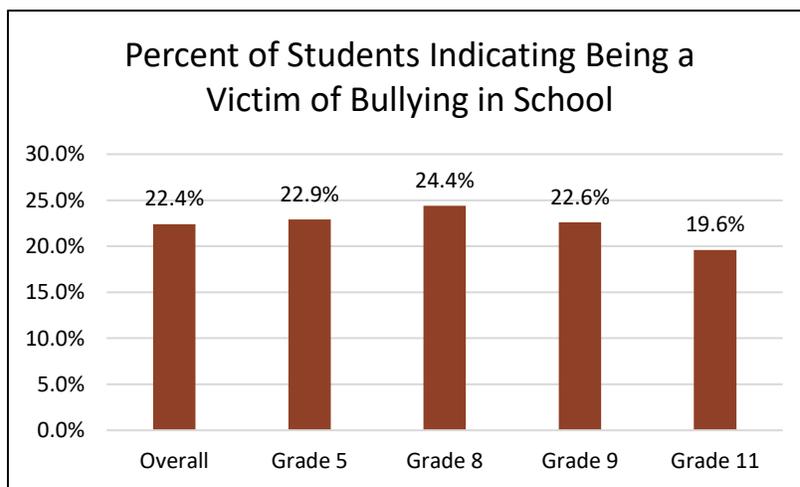
Lethality Assessment Program¹⁶ identifies high-risk victims of domestic violence to get them connected with community resources such as shelter and advocacy immediately after the incident. Local law enforcement, Alexandra House, and others contribute to this practice of assessing risk and connecting victims with services. In 2018 there were 602 domestic violence calls to participating law enforcement agencies, with 418 identified as high-risk victims.

The Minnesota Student Survey⁷ features a series of questions about relationship violence related to emotional/verbal abuse, physical abuse, and sexual abuse by an intimate partner. These questions are asked of 8th, 9th, and 11th graders, and the graph to the right shows that relationship violence becomes more common as youth get older and experience their first intimate relationships.



In addition, some racial/ethnic groups are more likely to experience relationship violence in adolescence, including Hispanic / Latino(a) (14.4%) and Native American (20.8%) students compared to the overall rate of 11.8%. Females also indicated higher rates of victimization than males (14.9% vs 8.5%) and LGBTQ youth showed the highest rates of relationship violence of any group at 31.1%. Lower income students were also more likely to be victims of relationship violence, with an overall rate of 15.4%.

Bullying is another concern within the violence health priority. The CHA team defines school bullying as repeated harmful behavioral towards another student or students. The Minnesota Student Survey asks a series of questions about bullying behavior, including physical, emotional/verbal, and cyberbullying among others. Unlike relationship violence, bullying victimization peaks around 8th grade and gradually declines through high school, as shown here.



Additionally, some groups experience bullying at higher rates than average, including Native American (30.6%), Black (26.5%), low income (26.3%), and LGBTQ (42.7%) students. Cyberbullying was the most common form of bullying from the 2016 survey, with 14.1% of students indicating that they had been the victim of cyberbullying at least once in the last 30 days.

Qualitative Data

When asking community members about ways to prevent violence and address violence in communities, participants highlighted the need to educate youth and families about all forms of violence. Regarding bullying, participants also noted the need to improve the capacity of schools and school leadership to prevent bullying and act appropriately when bullying occurs. Some parents noted the role of social media in cyberbullying among youth with smart phones and other devices, as the quote to the right illustrates.

“It’s somebody on the other side of a veil. There’s a perception that this (social media) isn’t the real world. There’s actual consequences with words.” – Focus Group Participant talking about cyberbullying

Regarding domestic violence, participants also urged victims to come forward and be heard. Sexual and domestic violence can come with stigma that makes it hard to seek help. Community members stressed the importance of raising awareness in the community that physical, emotional, sexual, or other forms of violence can affect anyone. Finally, acknowledging that violence is not normal behavior, and addressing the root causes of violence rather than just the symptoms, should be central to improving health through violence reduction.

Next Steps and Conclusion

Through the Community Health Improvement Plan, Anoka County PHES and community partners seek to address violence through its many facets. Raising awareness is important for reducing stigma, informing victims about available services, and educating youth about how to prevent violence. Awareness-raising will be done through the support and promotion of established events, as well as new initiatives to reach more community members. Serving victims is a second key component. Through coalitions like the Lethality Assessment Program and community non-profit organizations like Alexandra House, leaders can coordinate resources to better serve victims and ensure that needs are met. Finally, sustaining a community-based commitment to violence prevention is critical to success, so community leaders plan to convene regular Violence Roundtable meetings throughout the next several years. This group would guide the community through violence prevention and victim services action planning through discussion of local priorities and coordinating shared resources.

Conclusion

Assessing the health of a community is one of the most important responsibilities of a local public health department and its community partners. By reviewing health data, engaging community members / stakeholders, and prioritizing health issues, a community is better equipped to meet unique challenges facing its population than it was before the assessment. One major benefit of undergoing a thorough assessment process is laying the foundation for the development of a community health improvement plan. The CHA also provides valuable information to help community partners make decisions about programming, create new connections for collaborative work, and communicate with clients and community members to better understand key issues that affect their lives. Information provided through the CHA should be used freely to meet the needs of community members and partner organizations. This report serves as a summary of the CHA process and results, and staff with Anoka County PHES are available to answer more detailed questions as necessary. Thank you for your interest in the health and well-being of the Anoka County community.

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Appendices

Appendix A: List of MAPP Committee Membership

The Community Health Assessment (CHA) was made possible by the contributions of the following community health stakeholders and leaders. MAPP Committee members led the assessment through responding to key informant interviews / questionnaires, reviewing health data, and participating in the health issue prioritization process. Anoka County is grateful for their time and commitment to improving health in the community.

· Alison Boes, YMCA
· Arthur Biah, Liberian Health Initiative
· Bill Hugo, St. Matthew Lutheran Church
· Connie Moore, Alexandra House
· Cynthia Hiltz, Anoka-Hennepin Schools
· Dan Disrud, Anoka County Public Health and Environmental Services
· Denise Kirmis, Anoka County Community Social Services and Behavioral Health
· Dr. Joel Esmay, Community Health Advisory Committee, Anoka County Medical Consultant
· Jackie Kerfeld, Allina Health Maple Grove Clinic
· Jeff Lundgren, North Metro Pediatrics
· Jessica Milos, Anoka County Community Action Program
· Joan Mellor, Allina Health Emergency Medical Services
· John Kriesel, Anoka County Veteran Services
· Jonelle Hubbard, Anoka County Public Health and Environmental Services
· Justin Navratil, Anoka County Public Health and Environmental Services
· Katherine Cole, Anoka County Public Health and Environmental Services
· Kent Hanson, Anoka-Ramsey Community College
· Laurie Brovold, Anoka County Public Health and Environmental Services
· Leah Post-Ratliff, Anoka County Public Health and Environmental Services
· Lindsay Sery, Anoka County Public Health and Environmental Services
· Lisa Welter, Safe Families for Children
· Lyla Pagels, Allina Health – Mercy Hospital, Faith Community Nursing
· Lyn Stepaniak, Community Health Advisory Committee
· Michele Reid, Anoka County Community Social Services and Behavioral Health
· Mike Gamache, Anoka County Commissioner
· Patrick Lytle, Northwest Alliance – Allina Health and HealthPartners
· Paul Lenzmeier, Anoka County Sheriff's Office
· Peter Turok, Anoka Area Chamber of Commerce
· Rob Edwards, Lee Carlson Center for Mental Health and Well-Being
· Sara Rohde, Consultant for Anoka County Community Action Program

Appendix B: Anoka County Health Equity Data Analysis – Mental Health

Executive Summary

In November 2017, Anoka County Public Health and Environmental Services (PHES) partnered with The Improve Group to conduct a health equity data analysis to identify mental health disparities in Anoka County. Analysis of data from the 2013 Anoka County Adult Health Survey revealed disparities in mental health outcomes by gender, employment status, household income, physical health, homeownership, and mobility. Interviews with Anoka County residents and a focus group with Anoka County mental health professionals provided insight into life experiences, social and economic factors, and health system factors that contribute to, and in some cases, result from poor mental health including:

- Death or loss of a loved one
- Poor or unhealthy relationships
- Stress brought on by caregiving
- Challenges at work or school
- Substance use
- Immigration
- Incarceration
- Having a disability
- Unstable housing
- Financial stress

Findings from this study expand the understanding of what creates health by demonstrating connections between an individual's social, living, and working environment and health. Broadening the lens of what creates health reveals more opportunities for intervention to promote mental wellness in Anoka County residents. Opportunities might include creating partnerships with organizations that serve individuals in the diverse situations and contexts mentioned above. For example, Anoka County might consider creating partnerships with community organizations that provide re-entry services to formerly incarcerated persons, or with grief support groups. The finding that women are at greater risk of experiencing mental health disparities, which may be related to their experience caregiving or being in unhealthy relationships, suggests potential opportunities to partner with parenting support groups or domestic violence organizations. Partnerships may assist in aligning women with the needed resources to close this mental health gap.

Overview & Methodology

The Improve Group collaborated with Anoka County Public Health and Environmental Services staff to conduct a Health Equity Data Analysis (HEDA) to understand how mental health outcomes vary between population groups in Anoka County and to identify social and economic conditions that contribute to those differences. Results from this HEDA will be used to inform work related to supporting the mental health of all Anoka County residents.

This study followed the process outlined in the Minnesota Department of Health Guide for Conducting a Health Equity Data Analysis.¹ The following table outlines the data collection and analysis process in the order they occurred. All data collection occurred February through April 2018.

Data collection method	Data Source	Description
Secondary data analysis	2013 Anoka County Adult Health Survey (n=548)	Mail-based survey of adults in Anoka County to learn more about their health status and health behaviors. Quantitative survey data were analyzed to identify differences in mental health outcomes by demographic groups and social and economic characteristics.
Individual interviews	Anoka County residents with a history of experiencing poor mental health (n=15)	Differences in mental health outcomes identified through analysis of survey data were explored further through individual interviews (see Appendix A for interview protocol). Interview participants were recruited through community partners including RISE, Lee Carlson Center for Mental Health and Well-Being, and Anoka County Public Health Nurse Family Home Visiting. Staff from Anoka County PHES conducted the interviews, which ranged in length from 15 minutes to just over 1 hour. Interviews were audio recorded and transcribed for analysis. Transcripts were analyzed to identify patterns and themes.
Focus groups	Mental health professionals in Anoka County (n=12). Professionals worked in nonprofits (5), clinics (4), hospitals (2), and other settings (1).	Themes identified through individual interviews were further explored in focus groups with mental health professionals to better understand system level factors that contribute to population level differences in mental health outcomes (see Appendix B for focus group protocol).

Findings

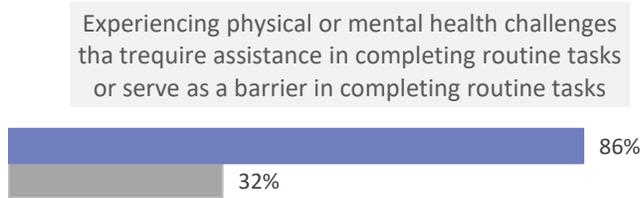
Differences in mental health outcomes by population groups:

Among Anoka County residents, women are more likely to report experiencing poor mental health.

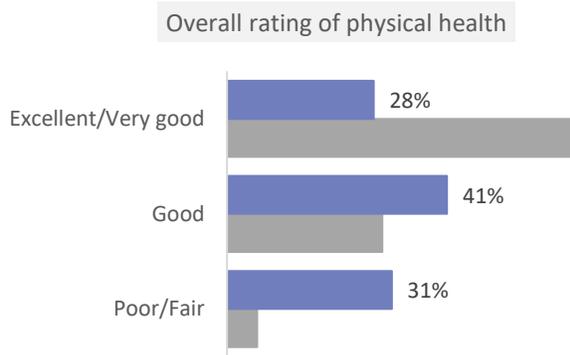
¹ Minnesota Department of Health Center for Health Statistics. (2017). *HEDA: Conducting a Health Equity Data Analysis A Guide for Local Health Departments in Minnesota* (Version 2). St. Paul, MN.

Among individuals who reported experiencing 10+ days of their mental health being “not good”, 70% were women, compared to those who experienced less than 10 days where the group was almost evenly split between men and women (52% male and 48% female).

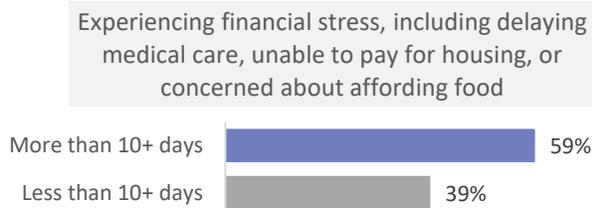
Poor mental health is often associated with poor physical health.



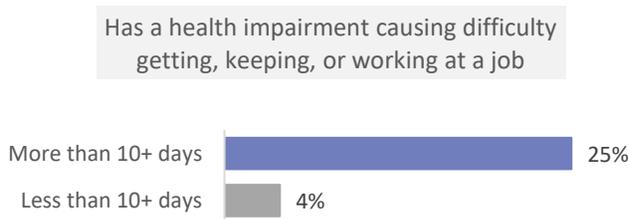
Just over eight in ten Anoka County residents experiencing poor mental health also experience challenges completing routine tasks.



Among Anoka county residents who report 10+ days of poor mental health in the past month, 31% rated their health as poor/fair compared to only 6% of residents who reported <10days of poor mental health in the past month.



Experiencing poor mental health is associated with financial and employment challenges



One quarter of individuals experiencing poor mental health have health impairments that create barriers to employment.

Life stress and mental health

Individuals experiencing mental health barriers and mental health professionals agree that life experiences which may stem from or lead to a mental health barrier become compounded once mental health needs are not addressed. Experiencing life stressors (detailed below) can lead to or stem from a mental health barrier, and untreated mental health symptoms often lead to experiencing additional life stressors which increase mental health barriers. Professionals describe this as creating a spiraling effect, explaining that something like loss of a loved one or an abusive relationship may create mental health barriers that make it difficult to maintain employment. Loss of employment due to mental health can then compound into financial stress, creating barriers to being able to afford services and housing. This

creates situations in which those who access services face complex, multifaceted crises which require coordinated services.

Life stressors including employment, loss of a loved one, and unhealthy relationships put people at risk of experiencing mental health challenges.

Difficulties at work or school

Interviewees stated that difficulties at work or school can both lead to and stem from their experience with mental health challenges. Poor mental health makes it difficult to maintain a job or go to school. Survey data also showed that 11% of Anoka County residents who reported experiencing 10 or more days of their mental health being “not good” in the past month were unable to work because of a disability compared to 2% of residents who experienced fewer than 10 days of poor mental health in the past month. Interviewees described getting trapped in a cycle of mental health challenges stemming from difficulties at work or school, which made it difficult to perform well. One interviewee shared,

“Yeah, it impacted my employment because I basically lost my job in a way because I couldn't perform. Work got so hard for me that I couldn't even stay at work, it bothered me too much...Because of the anxiety and the depression.”

Death or loss of loved one

Death or loss of a loved one can trigger new or exacerbate existing mental health challenges. Individuals can become overwhelmed trying to navigate their grief while keeping up with life activities, such as maintaining employment or caregiving.

“I can say, maybe around this time last year, I had a miscarriage. And I didn't know how to deal with it. So I kind of shut down.”

Poor or unhealthy relationships

Abusive relationships, conflict with family, and social isolation all contribute to an individual’s experience with mental health challenges. Mental health challenges can stem from, be exacerbated by, or can lead to poor and unhealthy relationships. One interviewee shared,

“Being emotionally abused and physically abused and ... I don't know. I don't know, it changes everything.”

Stress brought on by caregiving

Female interviewees stated that their mental health suffered from stress brought on by parenting. They explained that having children led to lifestyle changes including less time for self-care and added stress related to caring for their children. This finding is supported both by focus groups with professionals and interviewees as well as by quantitative analysis of survey results. Survey participants who reported experiencing 10+ days of their mental health being “not good” in the past 30 days were 70% female. One female interviewee described,

“Home life, it's like I wasn't there. I would do the essentials, which, get my son to school, feed him, and that was about it. I was angry, so I didn't want to do anything because I would lash out, no matter what or who was around.”

Substance use

Mental health professionals who participated in focus groups as well as individuals who participated in interviews agree that using alcohol and drugs can be both a trigger and a coping mechanism for mental health challenges. Professionals explained that alcohol and other drugs are often less expensive and more widely available than prescription medication, and that patients may turn to alcohol and other drugs when financially stressed. One interviewee shared the following story,

“Well, my alcoholism just flourished with no help. I kept trying to change my mind. My mind was my enemy... The darkness was just like you felt like you just needed to die. It was a very real feeling. You didn't know why you weren't thriving.”

Immigration and incarceration

Formerly incarcerated persons and immigrants without legal documentation face unique barriers in accessing housing and employment. The experiences of immigration and incarceration can lead to and exacerbate mental health challenges. Additionally, immigrants without documentation face unique barriers in navigating the health care system, accessing services in their native language, and documentation barriers. Formerly incarcerated persons have limited housing and employment options, which can create stress and instability and create barriers to accessing care. One provider explained,

“At the top of the list generally, relocation, moving across country, moving to a new country, immigration, is inherently traumatic. It's gotten worse in the last year.”

Disability

Focus groups with mental health professionals and survey data suggest an association between having a disability and experiencing mental health challenges. Professionals described barriers to providing care for individuals with disabilities including challenges identifying accessible services and arranging transportation for care. Survey data showed that 86% of individuals who reported experiencing 10+ days of poor mental health in the past month had physical or mental health challenges that required assistance in completing routine tasks.

Unstable housing, financial stress, and lack of reliable transportation influence mental health and create barriers to accessing care.

Professionals explain that lack of stable housing and lack of steady income creates stress that may trigger mental health challenges. Lack of stable income creates financial barriers to accessing care and lack of stable housing creates barriers to care when having a residential address is a requirement for service. Lack of reliable, quality transportation also presents a barrier to accessing and maintaining care. Stable housing is key to being able to address and manage mental health challenges. Survey data show that 29% of Anoka County residents who reported 10+ days of poor mental health in the past month moved at least once in the past year compared to only 11% of residents who reported fewer than 10 days of poor mental health in the past month.

Barriers to accessing care and providing care

Barriers to accessing services include insurance coverage and costs, stigma, experiencing a crisis, and navigating the health care system.

Health insurance barriers

Both individuals and mental health professionals identify health insurance costs as a barrier to accessing and maintaining quality care. Patients are often unable to cover the costs of mental health services leading to inadequate service or no services at all. One finding from survey data was that 91% of Anoka County residents who reported experiencing 10+days of poor mental health in the past month said that they needed medical care in the past 12 months, but 33% of them delayed getting the care that they needed because of cost or lack of insurance. When individuals don't receive adequate service when needed, mental health challenges may escalate.

From an organizational perspective, professionals shared that their organizations bear the costs when health insurance does not cover the costs of care or misunderstandings exist about what services are covered by health insurance. A few professionals identified a gap between services needed to successfully care for individuals with mental health needs and insurance coverage for those services. This gap in insurance coverage leads to gaps in services provided, which does not set patients up for successful care. A few professionals also stated that health insurance policy changes have led to lower reimbursement rates for care provided. Therefore, professionals need to see more patients in the same amount of time to receive the same reimbursement they received in the past. One professional described consequences of insurance barriers to care saying,

"If they don't have the money for the deductible, then their meds quit. Their meds quit, their job goes, their mental health goes, and it's just a spiral."

Navigating care and services

Professionals shared that patients have difficulty navigating the health care and human services systems. Identifying, accessing, and paying for resources are barriers to patients having the support needed to work on their mental health. Additionally, professionals and individuals mentioned that coordination of care between professionals within the same services or between professionals across different services is a barrier to quality care. Professionals identified that having stable mental health is key to success in other areas of a patient's life, such as employment, but that services are often unavailable or have long waiting lists. Identifying resources needed to help an individual stabilize their lives to get the care needed is challenging for non-mental health professionals because they are uncertain of resources available or how to access them. One professional shared,

"[Patients] can call a place but if they don't ask the right questions, they're not given the right answers and they don't have someone who is willing to really look at what they have and give them some resources, how do they know where to go?"

Another professional shared,

"So when they come to me, they're supposed to be ready for employment, but we still have to deal with, you know, maybe they don't have a therapist, so we're helping them figure out a therapist, because without their mental health being stable, the employment's never gonna go anywhere."

Stigma and other self-imposed barriers

Professionals and individuals experiencing mental health challenges mentioned that stigma associated with mental health is a barrier to seeking out services. One provider explained,

“Now, there is a stigma for mental health illness that people carry around with themselves, but frequently it's from outside of the person too. Like in the news, you turn on the news, there's a shooting, and they say, "Mental illness was suspected." You know, so it's not just self-imposed.”

Professionals need to care for their own mental health to provide quality care to their patients.

Professionals experience secondary trauma and mental health barriers throughout their work.

Professionals need support from their employers and other professionals to overcome the stress and mental health challenges that they experience on the job. Some professionals stated that healthcare settings that treat patients with high intensity needs are often staffed by professionals who are new to the field. Newer professionals lack practical experience, have abnormally large caseloads, and are often under a high amount of stress. The confluence of these factors can negatively impact the patient experience.

“A lot of attention to the staff who are delivering services, care plans for them, keeping them aware of what the vicarious trauma could be and working with the situations that they work with and just keeping that right in the front burner.”

Suggestions for improving care of patients with mental health needs

Individuals and professionals suggest building networks of support, improving care coordination, and funding to cover insurance costs for mental health care.

Professional networks

Building professional networks and creating pathways for collaboration across settings can help mental health professionals navigate resources available and provide holistic support systems for patients. Some professionals referenced networks they built up over time that they can reach out to when a patient has additional needs.

Family networks

Creating support networks for families of individuals experiencing mental illness could help support patients and their families. Professionals stated that parents of children experiencing mental health challenges may benefit from additional community support and learning from other parents who have navigated the system.

Care coordination

Professionals suggested providing patients with care coordinators who could assist in coordinating resources and connecting patients to the services they need. A care coordinator could assist patients in navigating referrals and create connections between emergency and long-term services. Additionally, individuals in crisis would benefit from having a coordinator to turn to for identifying crisis services and coordinating the transition between crisis and long-term care.

Supplements for health care costs

Both professionals and individuals felt that supplemental funding to pay for health care costs not covered by insurance may alleviate agencies and individuals from bearing the burden of unpaid health care increase patient access to care and medication.

Discussion

Early intervention opportunities for preventing gender and economic disparities:

Strategies aimed at alleviating mental health disparities can be targeted at reaching individuals during life experiences identified as leading to or stemming from a mental health challenge. The current analysis suggests that women face mental health challenges at higher rates than their male counterparts. Efforts to target women at risk may include strategies to reach caregivers, survivors of domestic violence, or those experiencing grief. Partnerships with community organizations may create opportunities for early intervention to provide mental health services for women at risk before a mental health challenge leads to a major life disruption.

Additionally, immigrants without documentation and formerly incarcerated persons face barriers to accessing mental health services and maintaining positive mental health. Partnerships with community organizations working with these populations, such as legal services or re-entry programs, may assist in providing services prior to individuals entering a mental health crisis.

Mental health stems from and leads to challenges in the workplace and education settings. Consider partnerships with employers and education institutions to identify individuals at risk of experiencing mental health challenges and align them with needed resources before their mental health challenges become a major problem. Because employment and education are critical for financial and social stability, consider partnering with employers and educators to help create support systems to support employees and students experiencing mental health challenges while allowing them to maintain employment or their education.

Additional planning is needed to identify community partnerships that would be most feasible and effective. The hope is that this report will serve as a starting place for identifying potential partnerships and furthering conversation about how and where Anoka County can contribute to supporting the mental health and wellbeing of all residents.

Appendix C: Summary of Key Themes from Focus Group Interviews and Community Dialogues Regarding the Priority Health Issues

Summary of key themes for Chronic Diseases and Health Habits:

- Improve accessibility to convenient, free or low-cost community centers or family fitness centers. This includes childcare services, transportation, and age-appropriate activities.
- Time presents a big barrier to physical activity: improve conditions to facilitate healthy behaviors and make them part of normal life. This includes physical activity and nutrition education at school, work places, and residences.
- Improve convenience and accessibility for low-cost healthy foods.
- Educate the community on the importance of a healthy diet. Provide resources for accessing healthy foods and how to properly prepare them.
- Include culturally informed proposals for improving health habits; involve communities in developing proposals based on their unique needs.

Summary of key themes for Drugs & Substance Use:

- Educate youth on the dangers of e-cigarettes while combating misconceptions of e-cigarettes as a cool and low-risk way to do drugs.
- Limit youth access to e-cigarettes.
- Educate parents on the risks of e-cigarettes and how they are marketed to young people: i.e., shapes, colors, sizes and flavors.
- Provide resources to parents, schools, and the community to facilitate a more preventive approach.
- Encourage action from community leaders such as from faith communities and leaders in schools and businesses for eliminating e-cigarettes and drug use.
- Keep in mind cultural differences and substance use issues other than e-cigarettes and opioids that may be more pressing in certain communities.

Summary of key themes for Mental Health:

- Reduce stigma by increasing education, awareness, and acceptance of mental health as an important community issue: make it okay to reach out and seek help.
- Educate parents and school staff on how to recognize signs and symptoms of poor mental health and provide resources to help children in need of mental health services.
- Improve access to mental health services by meeting the needs of consumers.
 - For example, provide therapy in school for children who need it, and offer more services outside of normal business hours to accommodate working adults.

- Acknowledge cultural barriers and misperceptions about mental health through education and awareness, and support a diverse workforce that represents communities served.
- Reduce the cost of mental health services to make it more affordable.
- Improve trust among providers and the broader community.
- Help connect individuals with providers and acknowledge that provider fit is an important part of successful treatment.

Summary of key themes for Violence:

- Educate children on how to prevent, acknowledge, and report bullying, including cyber-bullying.
- Improve schools' ability to prevent, acknowledge, and act upon bullying, including following up with discipline when bullying occurs.
- Empower parents to be involved with kids lives, including communicating with schools when bullying is present.
- Increase awareness and education regarding healthy relationships and interpersonal violence at a young age.
- Destigmatize sexual assault and domestic violence: help victims reach out for help. Raise awareness that abuse can take many forms (emotional / physical) and can affect anyone.
- Acknowledge disparities in bullying and punishment among youth and adolescents in minority communities.
- Acknowledge cultural differences regarding perceptions of domestic violence in adults and intimate partner violence. Violence is not normal behavior. Work to address the root causes of violence.
- Encourage people of all ages to seek help if they are being victimized.