

Anoka County 2020 – 2022 Community Health Improvement Plan

A plan to improve the health of Anoka County residents
by addressing the community's top health priorities

Prepared by Anoka County Public Health and
Environmental Services

December, 2019



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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 (PHES) is committed to the Vision of “optimal health for all people, communities, and environments in Anoka County.” We work in partnership with our community to achieve this goal by understanding the unique health needs of our community and utilizing our assets to address those needs. Local public health departments in Minnesota are required to regularly lead a collaborative Community Health Assessment process that leads to a Community Health Improvement Plan, or CHIP. Although Anoka County PHES staff coordinate the CHIP’s activities, this plan is owned by the community. It describes health improvement goals and activities that can reasonably improve community health, and it is meant to be used and reviewed often.

The recent Community Health Assessment (CHA) was completed in partnership with Allina Health – Mercy Hospital to better understand health issues in the community. Such a thorough CHNA could not have been possible without contribution from community members through surveys, focus group interviews, and stakeholder questionnaires from non-profit organizations, local schools, elected officials, law enforcement, local businesses, and other key informants.

The following CHIP document is the result of collaboration with partners to develop health improvement action steps over the next three years. Readers will better understand the priority issues facing our community and what strategies are planned to address them. The health issues are not unique to our community, but contribution from local partners is critical to making positive health achievements in the community. Thank you to all who made this collaborative effort possible.

Sincerely,



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

Acknowledgements

2019 Anoka County Board of Commissioners

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Lead Staff

The following Anoka County Public Health and Environmental Services staff were instrumental in producing the Community Health Improvement Plan:

Justin Navratil – Health Program Planner/Policy Analyst

Katherine Cole – Program and Budget Manager

Jonelle Hubbard – Director

About this Report

The CHIP is reviewed and revised (as needed) yearly, and the most current version can be accessed on the Anoka County website at:

<https://www.anokacounty.us/2212/Community-Health-Reports>.

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Executive Summary

Anoka County's 2020 – 2022 Community Health Improvement Plan (CHIP) includes activities to address priority health issues and improve the health of Anoka County residents. Though Anoka County Public Health and Environmental Services staff coordinate the CHIP, many activities rely upon community partners to implement strategies in the plan. Recently, community leaders reviewed comprehensive health data, discussed specific issues, and ultimately identified four broad issues as priorities. Priority issues are listed alphabetically below, followed by specific issues and overviews of CHIP strategies.

Chronic Diseases and Health Habits: Overview of Strategies

- Adult and Child Obesity – Overview of Strategies
 - Work with community partners to increase physical activity opportunities, access to healthy foods, and other basic needs to support healthy living.
 - Continue evidence-based programming through Women, Infants, and Children (WIC) programming and Family Home Visiting for low-income families with young children.

Drugs and Substance Use

- Opioid Abuse – Overview of Strategies
 - Promote drug take-back through local law enforcement and safe sharps disposal through the household hazardous waste program.
 - Utilize a Chemical Health Collaborative to raise awareness and promote local resources.
- Electronic Nicotine Delivery Systems (aka e-cigarettes or vaping) among Youth
 - Provide awareness and education for youth through local schools.

Mental Health

- Children's Mental Health and Adverse Childhood Experiences (ACEs)
 - Integrate primary care and behavioral health care services to improve the referral process, promote community resources, and provide school awareness-raising events.
- Access to Mental Health Services
 - Provide community education through various mental health groups and programs.
 - Improve the mental health system through integration of services, stigma reduction, and addressing housing issues through the North Metro Roundtable on Mental Health.

Violence

- Bullying in Schools
 - Work with local schools to educate staff and students about bullying and policies to reduce bullying in all forms.
- Domestic Violence
 - Promote and build upon Alexandra House's services for victims of domestic violence and violence prevention efforts in the community.
 - Establish an Anoka County Violence Roundtable of community partners to address violence prevention and services for victims through community-based solutions.

Background

Places, People, and Opportunities for Health in 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 351,651 (U.S. Census Bureau, American Community Survey, 2017). The figure to the right shows a map of Anoka County.



CHIP Planning Process: The MAPP Model

Mobilizing for Action through Planning and Partnership (MAPP) is highly regarded as an effective model for conducting Community Health Assessment and developing Community Health Improvement Plans. MAPP was developed by the National Association of County and City Health Officials (NACCHO), and 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.

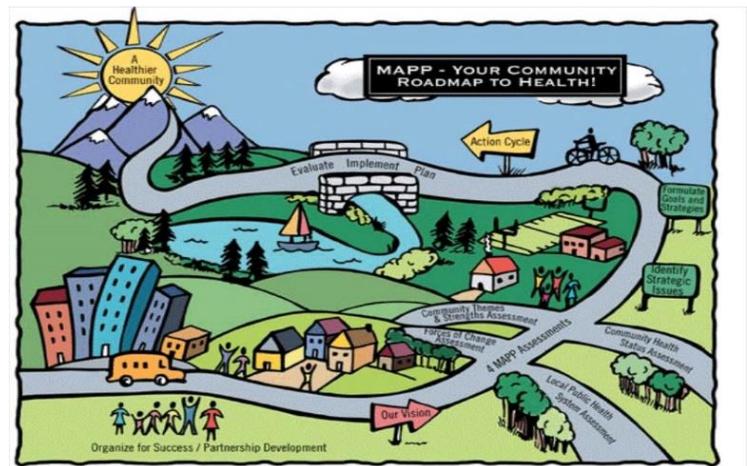


Figure 1 – the MAPP Model

Collaborative Partners

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.

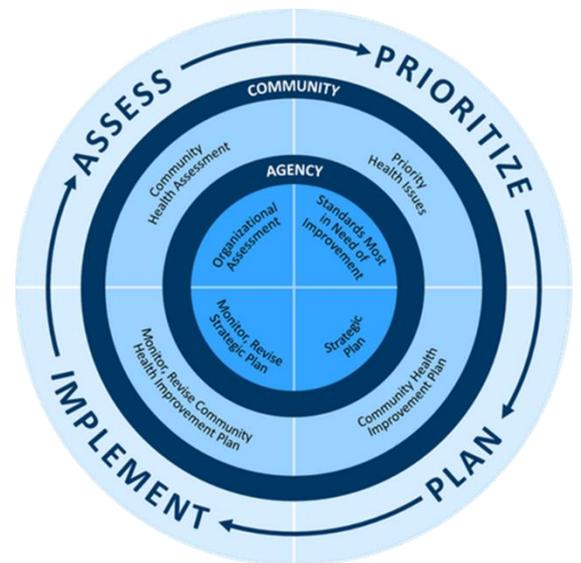
Community Engagement

CHA leadership engaged with community members throughout the assessment and planning process through a variety of venues. The MAPP Committee included representatives from key stakeholders and organizations and community members participating in other advisory groups. Anoka County Public Health reports quarterly to a group of health stakeholders (including a county commissioner) and community members appointed by county commissioners. This Community Health Advisory Committee was updated throughout the process, and feedback was incorporated into the MAPP Committee’s work. Allina Health – Mercy Hospital reports to a similar group called the Northwest Community Health Advisory Council, which serves to advise Mercy Hospital’s community activities.

Community voices were gathered directly in several other ways. The 2018 Adult Health Survey asked survey respondents to comment on a wide-ranging list of community health issues, specifying which issues were concerns. This information provided a crucial perspective, which was incorporated into the health issue prioritization process. Finally, after prioritization was completed by the MAPP Committee, CHA leaders from Anoka County and Allina Health – Mercy Hospital conducted a series of focus group interviews and community dialogues to better understand the identified health priorities.

Guidance from State and National Organizations

Public health departments receive guidance on best practices standards developed by the Public Health Accreditation Board (PHAB), a national non-profit organization that reviews and awards accreditation for state, local, and tribal health departments in the U.S. Along with PHAB, the Minnesota Department of Health (MDH) provides clear requirements for local public health departments for conducting a CHA and CHIP. Requirements include collaboration with various community partners, a regular timeline of at least every five years, the inclusion of health equity and social determinants of health considerations, and a connection to the public health department’s Strategic Plan. An agency’s Strategic Plan outlines the goals and objectives of a health department over a period of several years. A link between the CHIP and the Strategic Plan is considered a best practice standard, and this CHIP contains links with the Strategic Plan described in more detail in the CHIP portion.



Local Public Health Assessment and Planning Cycle

The Community Health Assessment Summary

The Community Health Assessment (CHA) of 2019 was completed collaboratively through a community-driven process. Community representatives, acting as the MAPP Committee, reviewed data from a variety of sources to identify top health needs. Key data sources are listed below with brief descriptions.

Adult Health Survey

In 2018, Anoka County PHES developed a 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 a wide range of health topics. With a response rate of about 22%, the results provided valuable insight into the health status of adults in the community.

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 data sources contributed to the CHA, and each one has limitations. Reviewing data collectively provides a more complete picture of community health by looking at issues from multiple perspectives.

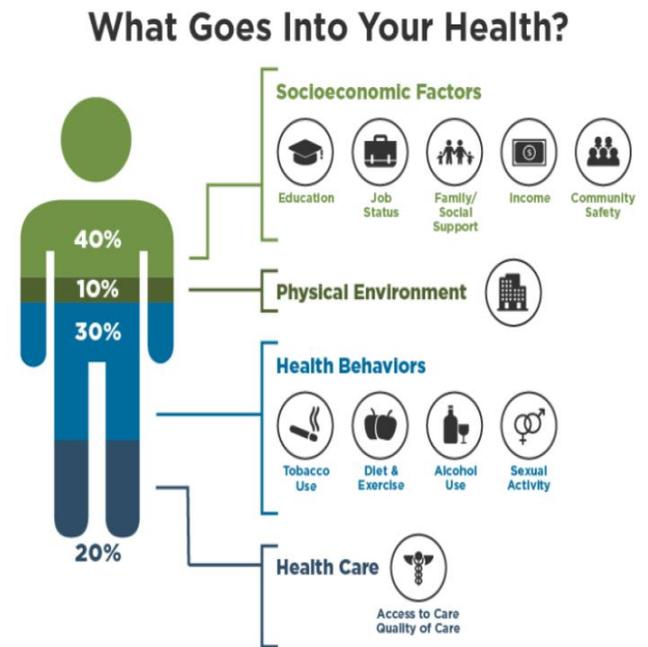
Description of Health Inequities

Through the examination of health data as part of the CHA, several health inequities emerged. These are given high priority in the identification of community health priorities because of their unjust and preventable nature. The information below helps provide a basic understanding of health equity and related concepts.

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 conditions. 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 recent Community Health Assessment (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 each person, 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 needs. 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. That way each person can participate in behaviors (in this case riding a bike) to contribute to a healthy lifestyle. Similarly, different groups of people have unique circumstances that need to be considered to help them reach their optimal level of health.

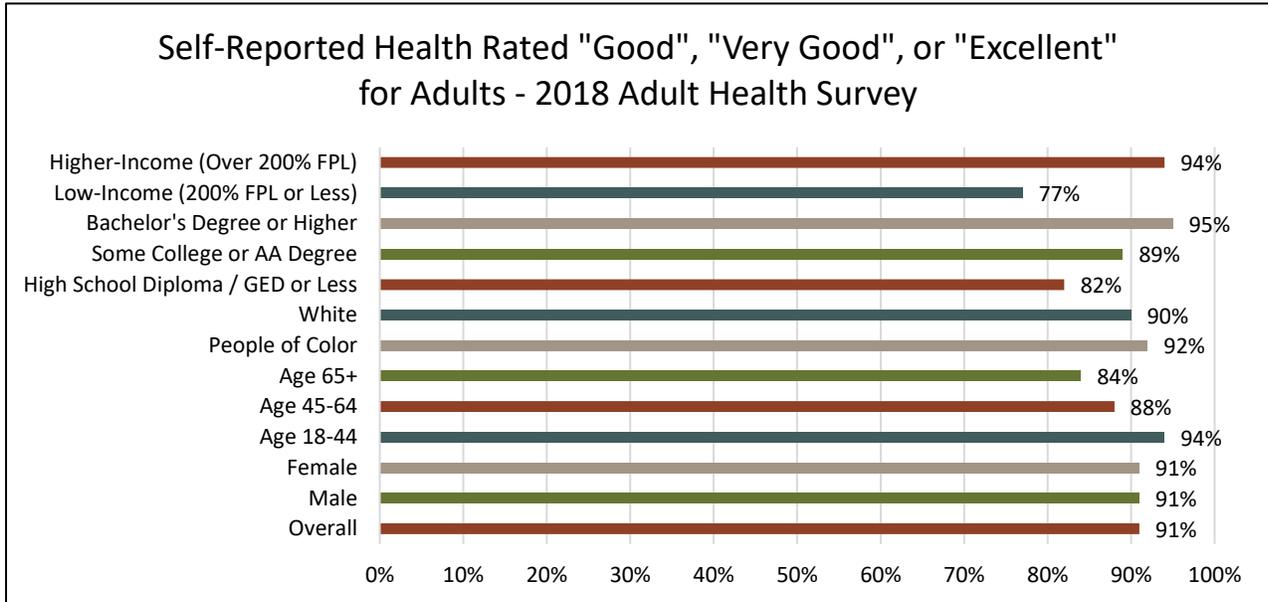


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

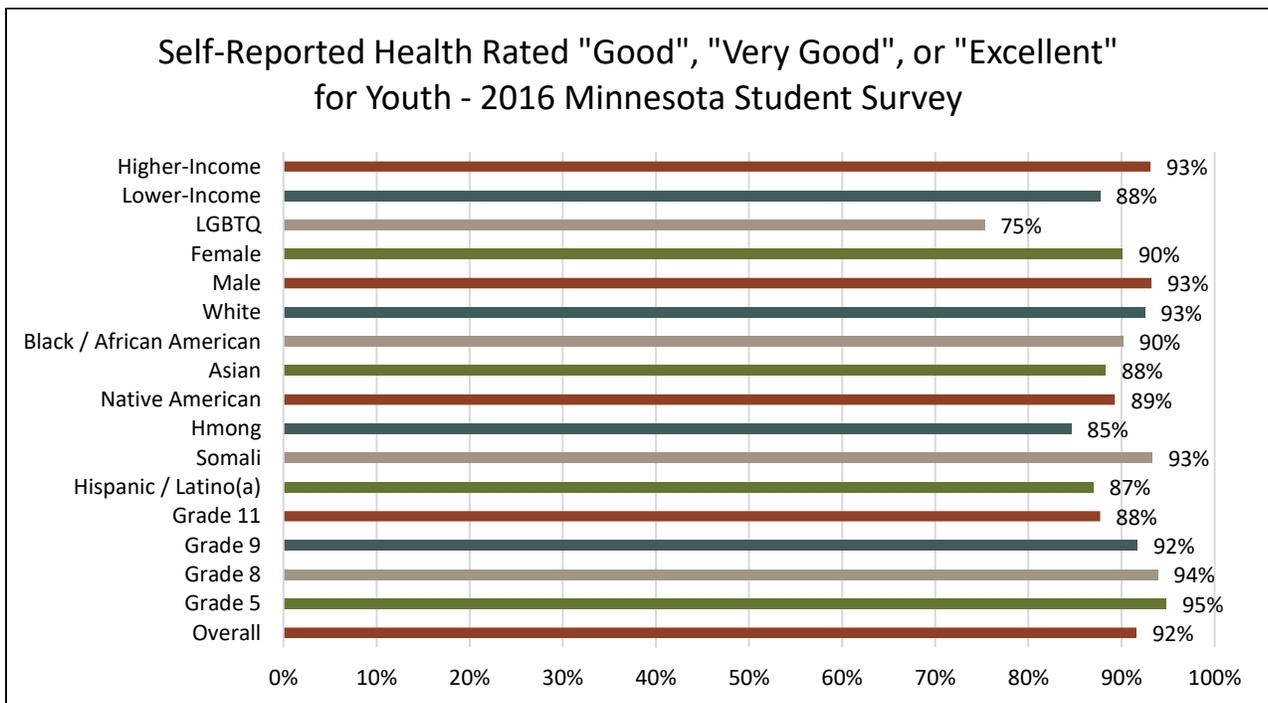
Adapted from The Bridgespan Group



Specific health inequities identified through the CHA are detailed in the description of each priority health issue. Summaries of self-rated health status among various groups, are also included below.



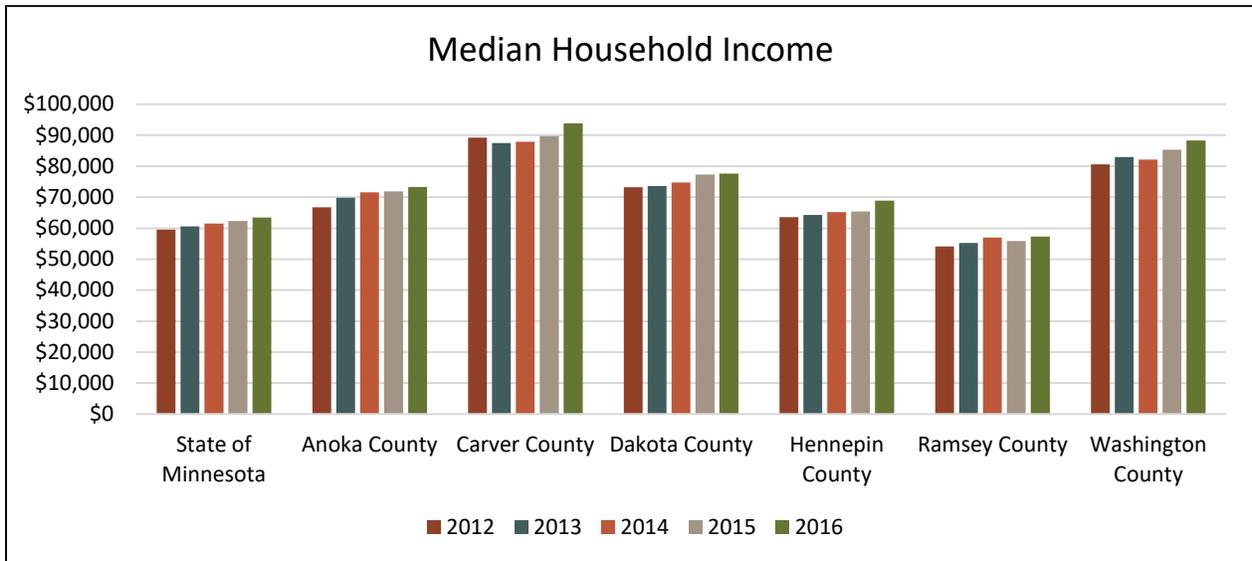
Anoka County adults largely rated their individual health as “good” or better (good, very good, or excellent), with 91% rating their health as “good” or better overall. Groups that showed lower self-reported health status were lower-income (77%), lower education level (82%), and seniors (84%).



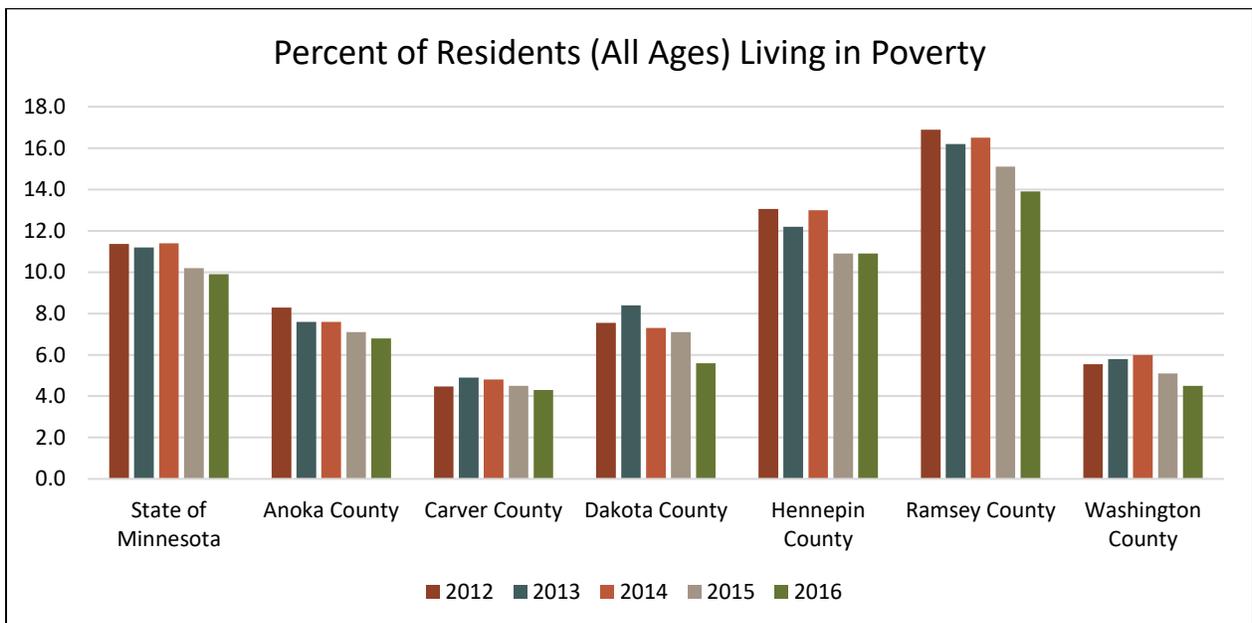
Self-reported health for youth was lower for certain groups, including lower-income (88% rating health as good or better), LGBTQ (75%), and some racial/ethnic groups (Hmong: 85%, Hispanic/Latino(a): 87%).

Summary of Results from the Community Health Status Assessment

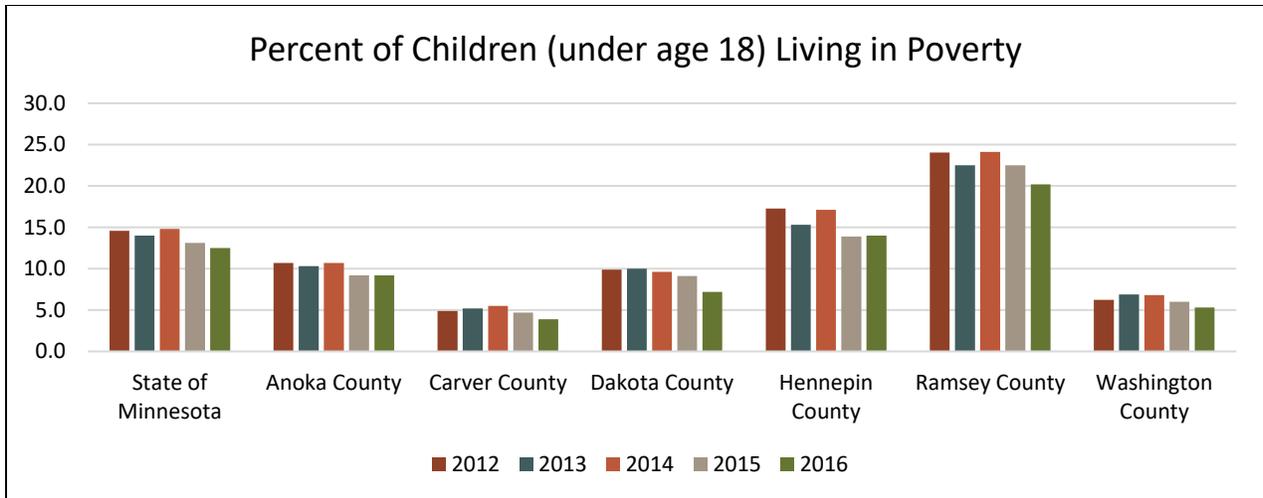
One of the four MAPP Assessments, the Community Health Status Assessment describes the health and well-being of a community using a variety of data sources. Below are select indicators from the CHA.



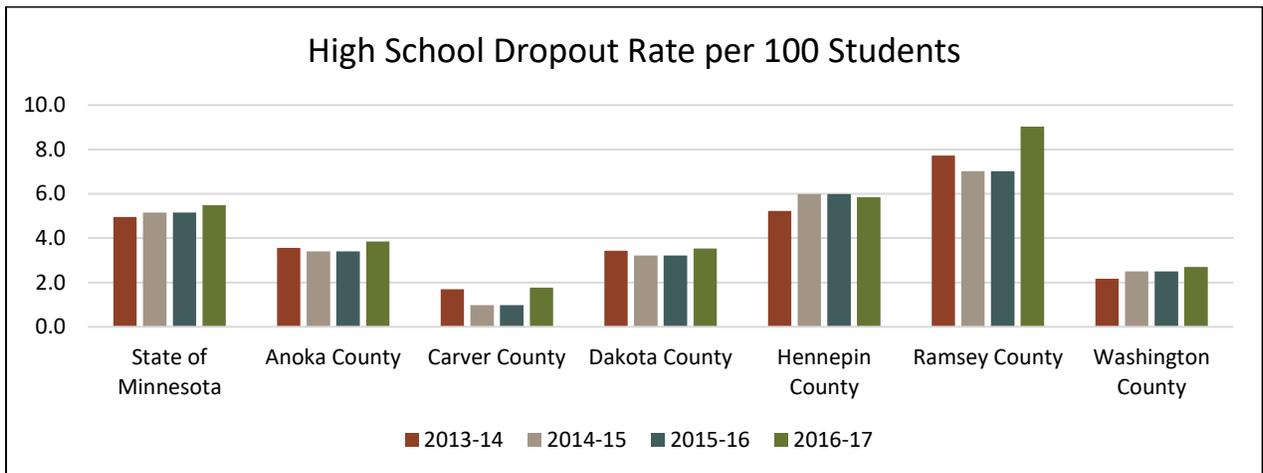
Median household income in Anoka County reflects most other metro communities and is slightly higher than the state average. Household income is generally rising over the last several years.



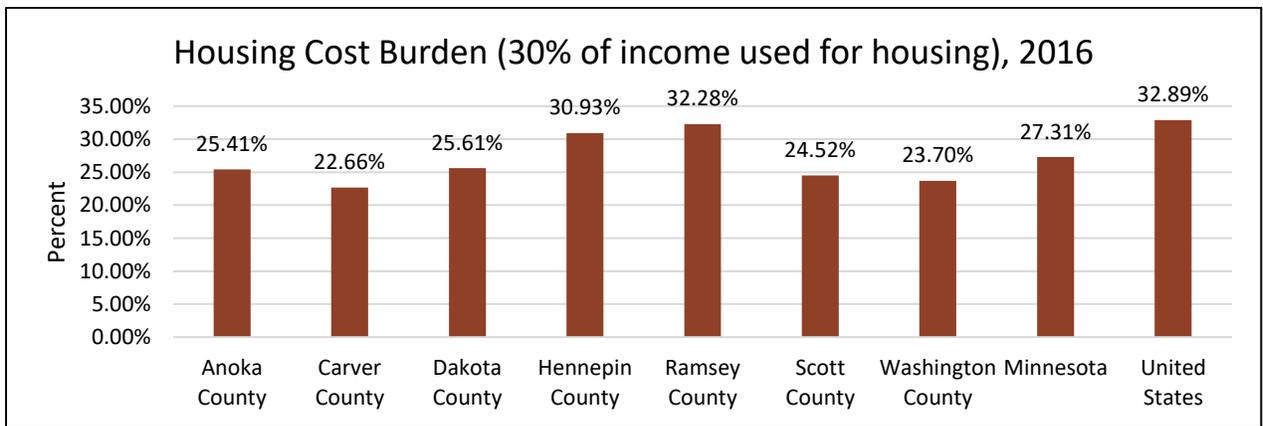
Overall poverty has been declining over the last several years. Anoka County's poverty rate is lower than the state average, but higher than some metro communities of comparable size and composition.



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.



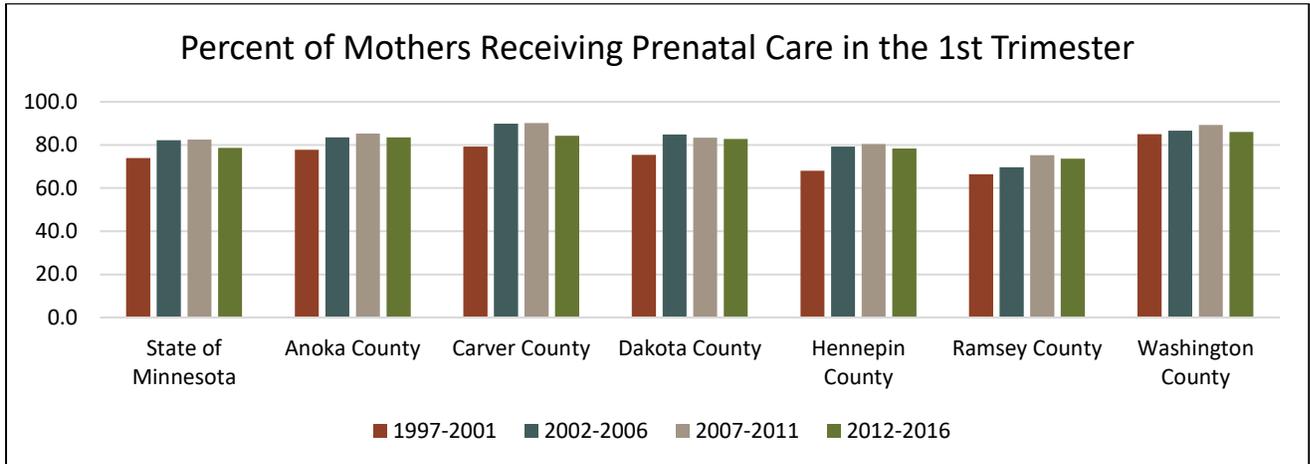
The high school dropout rate of Anoka County students reflects the rates of other metro communities, and is slightly lower than the state average.



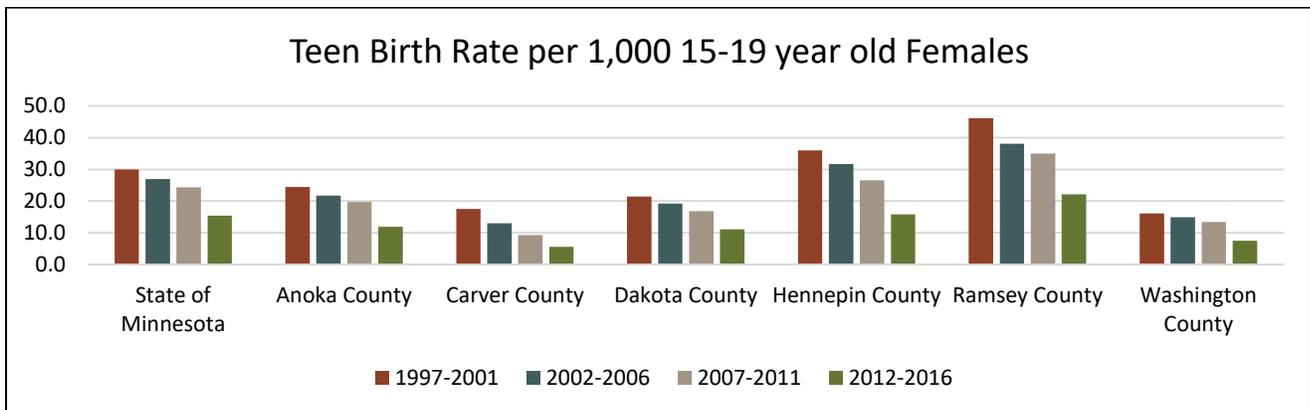
Anoka County is comparable with the Twin Cities metro area for housing costs relative to income.

Select Population Health Data

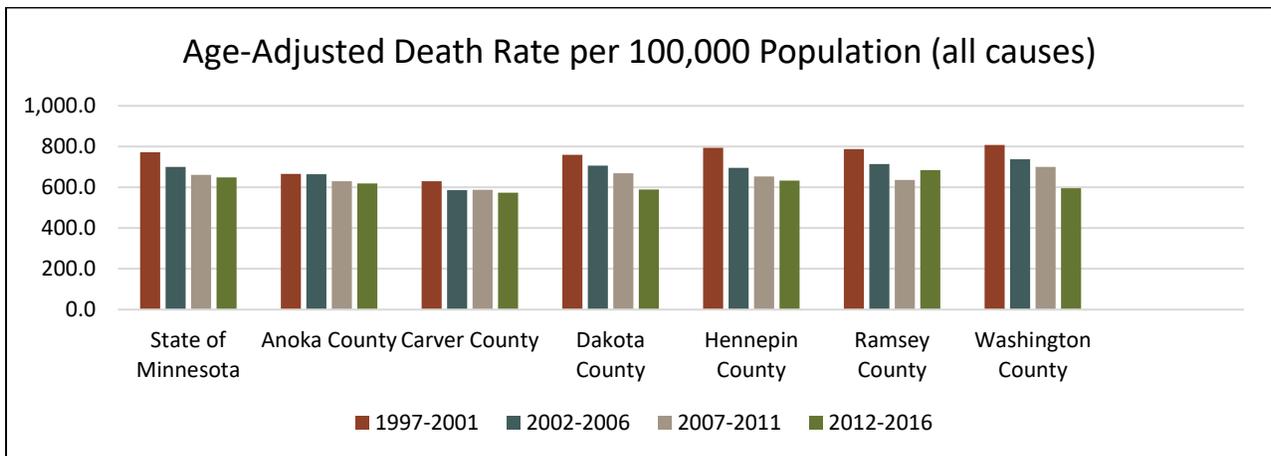
Following are health indicators to describe the overall health and well-being of Anoka County residents.



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.

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.

The Top Health Priorities in Anoka County

Prioritization Process

After developing a shared vision for the community, reviewing data, and discussing community assets and challenges, the MAPP Committee began prioritizing health issues. Prioritization is important because of the large number of health issues facing a community and the limited resources available to address those issues.

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. Prioritization took several phases; MAPP Committee members completed a survey to rate 11 main health issues (general topics) and 4 – 9 sub-issues (more detailed health topics) within each of the main health issues, then the survey results were combined with the Community Concerns information from the Adult Health Survey, and finally, utilizing the Hanlon Method to discuss and rate health issues to bring the top 8 main issues down to 4 main issues (note that each main issue included 2 more detailed “sub-issues”).

Although some of the main issues and sub-issues related specifically to health inequities and social determinants of health (for example, housing needs among low-income residents), MAPP Committee members were instructed to approach each issue with attention to health equity and to be mindful of identified inequities when rating broad health issues like obesity or mental health, for example.

The CHA Steering Committee facilitated a prioritization event with the MAPP Committee using the Hanlon Method for prioritization. Participants are asked 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. After inputting data into a formula, CHA leaders were able to identify the following Priority Health Issues (in no order) and Sub-Issues:

- 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 developing plans to address the priority health issues and sub-issues through the Community Health Improvement Plan.

Anoka County's Plan to Address the Top Health Priorities

The following section describes efforts put forth by Anoka County and community partners to address the identified priority health issues. A list of key terms and definitions is provided below.

Terminology

Health Priority: An issue identified by the Community Health Assessment as most important to address in the upcoming years. The Health Priority section of the CHIP provides information on the data available describing the issue, how the priority was chosen, and links with other health improvement plans at the national, state, and Anoka County community-level.

Goal: A broad statement describing a desired condition of well-being. Each Health Priority has at least one Goal. Goals are aspirational and written in plain language.

Indicator: A specific data measure used to quantify the size and seriousness of a health issue. Indicators come from a variety of sources and are used when writing Objectives.

Objective: A statement describing accomplishment of efforts toward a Goal. Objectives include the desired level of performance on an Indicator, and are written with SMART criteria; Specific, Measurable, Attainable, Relevant, and Time-bound.

Strategy: A tangible action to be carried out that has a reasonable chance of achieving a Goal and Objective. In the CHIP, Strategies specify actions taken to work toward Objectives.

Action Step: A specific activity to carry out the work of a Strategy.

Performance Measure: A target amount of change for each Action Step. Performance Measures specify what will be accomplished and by when. This information is kept in a tracking form in the CHIP, which is used to determine the status and progress of specific Strategies.

Strategy Leader: An individual responsible for leading and collecting data on a Strategy and/or Performance Measure. Although an organization or group of individuals may be working on a Strategy, each Strategy has an individual identified as the Strategy Leader for communication and reporting purposes.

Partnerships and Policies to Address Health Issues

The MAPP Committee served as the core group for assessment and planning, and many of the individuals and organizations in Appendix A (MAPP Committee Membership List) contributed to the CHIP. Other partners include non-profit organizations, local schools, hospitals and clinics, local law enforcement, and others. Partners involved in specific CHIP strategies are noted in Appendices B – H, which detail the strategies in the CHIP.

Policy changes are necessary in addressing health issues, including the critical social determinants of health identified through the CHA process. These strategies are also outlined in the CHIP tables. They consist of a range of structural changes, like increasing access to basic needs (like food, housing, and transportation), improving ability to access needed health care, and raising awareness of resources currently available in the 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.

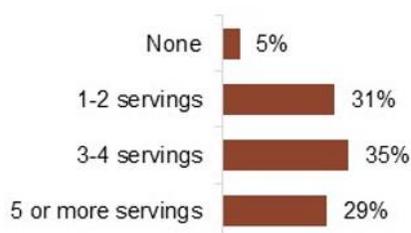
BODY MASS INDEX (BMI)

	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%

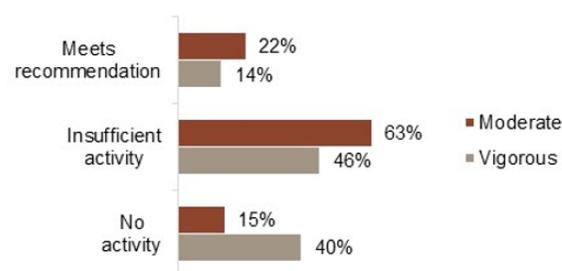
^a Behavioral Risk Factor Surveillance System (BRFSS) 2017

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.

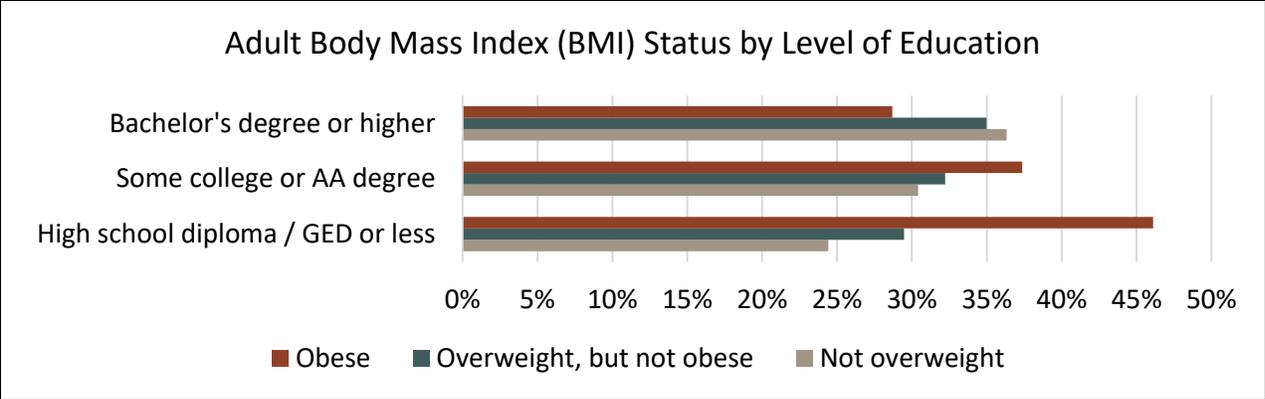
TOTAL SERVINGS OF FRUITS AND VEGETABLES YESTERDAY (N=829)



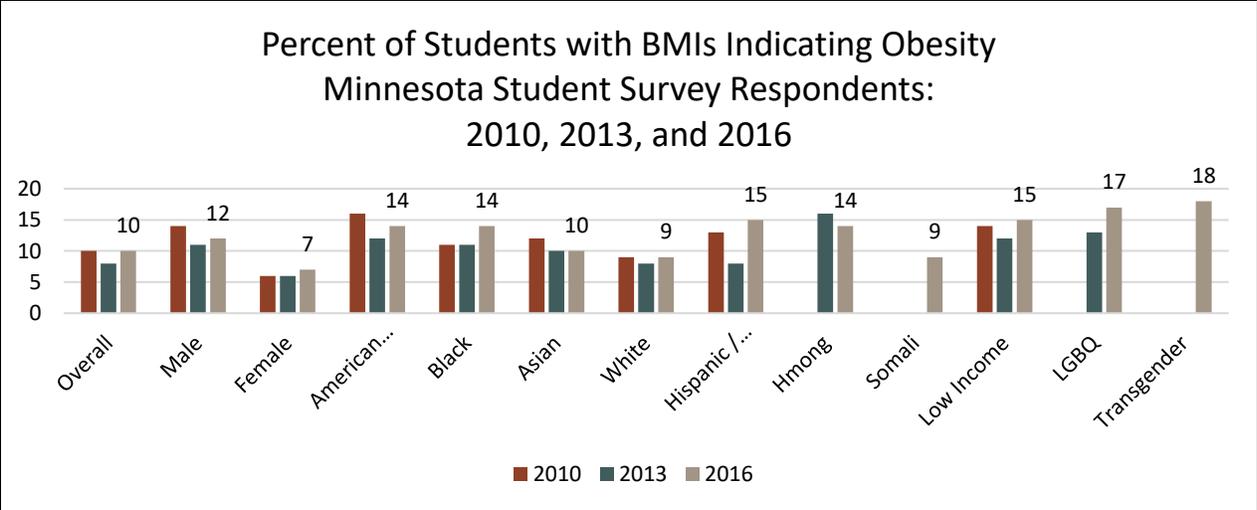
PERCENTAGE OF RESPONDENTS MEETING RECOMMENDED MODERATE OR VIGOROUS PHYSICAL ACTIVITY RECOMMENDATIONS (N=834-837)



The most recent community health survey also found a difference in BMI by level of education. As shown below, the higher education groups were less likely to have a BMI in the obese range, while lower education were less likely to have a normal weight and more likely to have obesity.



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.

Overview of CHIP Strategies – Chronic Diseases and Health Habits

Community partners play a large role in assuring conditions for adults and children to achieve a healthy weight and prevent serious chronic diseases like diabetes. Appendix B describes CHIP activities in more detail, but below are summaries of the strategies within this priority.

- Continue evidence-based practices through Anoka County Public Health and Environmental Services, such as Women, Infants, and Children (WIC), Family Home Visiting, Statewide Health Improvement Partnership (SHIP) activities, and addressing food access through a focused project.
- Increase access to physical activity, nutrition, and basic needs resources for adults and children. This is done through partnerships with local Parks and Recreation, a local YMCA, and the local healthcare providers led by Allina Health – Mercy Hospital.

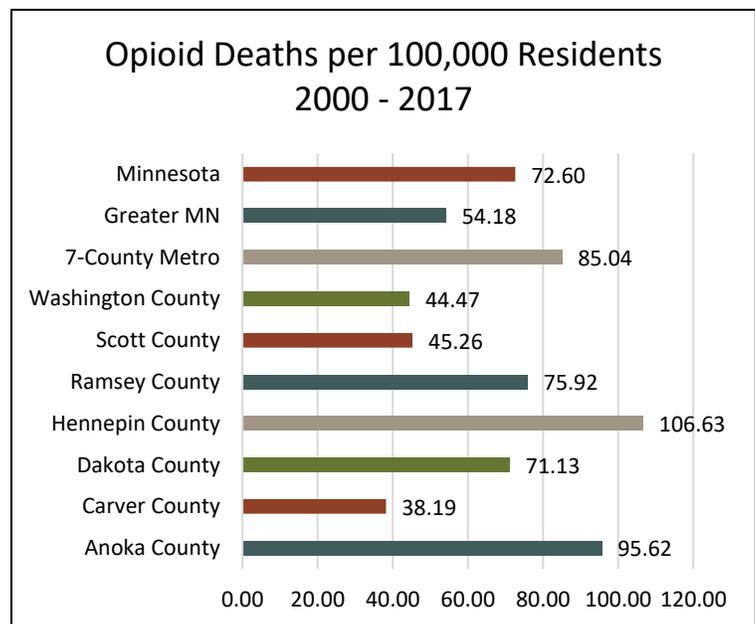
Health Priority: Drugs and Substance Use

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

Overview of CHIP Strategies – Drugs and Substance Use

Addressing drug abuse in the community depends largely on raising awareness of the dangers of drugs abuse. Partners play a critical role in raising awareness and providing services to help residents avoid harmful drugs. Appendix C describes CHIP activities in more detail, but below are summaries of the strategies within this priority.

- Support the drug take-back program through the Anoka County Sheriff’s Office.
- Promote proper disposal of needles and sharp medical instruments through the Anoka County Household Hazardous Waste Facility.
- Promote opioid-related resources through the Chemical Health Collaborative website.
- Educate parents through an annual chemical health event in the Anoka-Hennepin School District.
- Support the Nicotine Awareness Program through Allina Health, which provides presentations to middle and high school students about the dangers of nicotine products, including e-cigarettes.

Health Priority: Mental Health

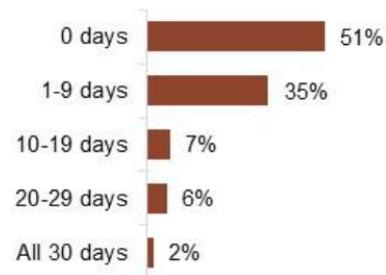
Introduction

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.

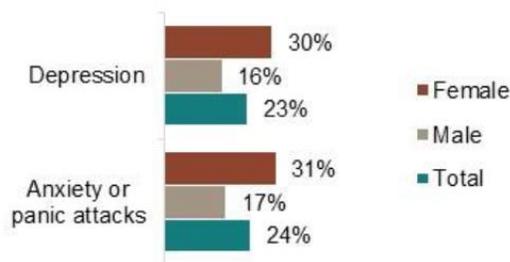
Quantitative Data

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)



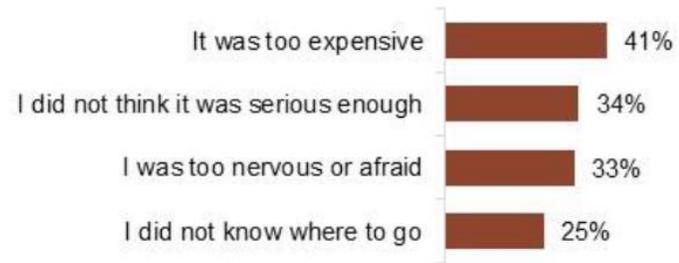
EVER BEEN TOLD BY A HEALTH PROFESSIONAL RESPONDENT HAS DEPRESSION/ANXIETY, BY GENDER (N=850-852)



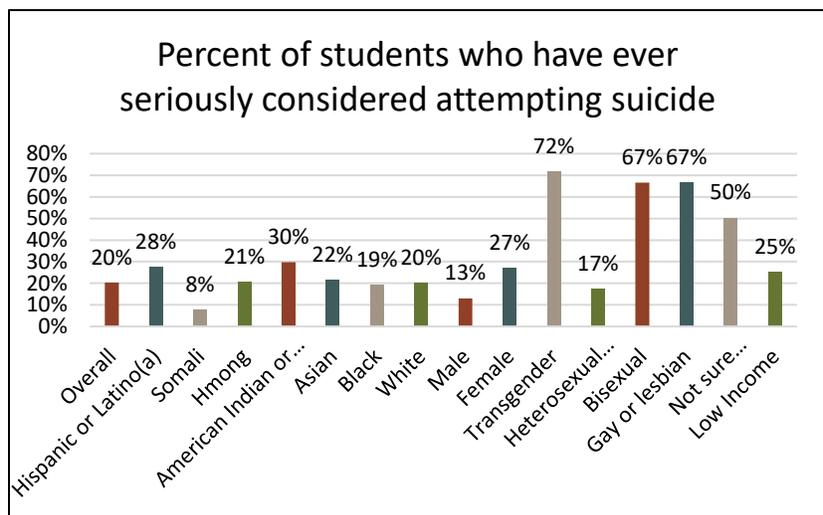
Mental health issues may affect men and women at different rates. The figure to the left shows that females were more likely than males to report ever being told by a health professional that they have depression or anxiety. Females experienced these conditions at almost twice the rate of males participating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

Overview of CHIP Strategies – Mental Health

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. Appendix D describes CHIP activities in more detail, but below are summaries of the strategies within this priority.

- Increase awareness of the importance of mental health through a variety of educational events and trainings for professionals and community members.
- Participate in the community-wide effort to improve mental health through the North Metro Roundtable on Mental Health. This includes improving service integration, coordination, and innovation; reducing the stigma or negative stereotypes around mental health issues; and supporting the connection between stable housing and mental health.
- Address mental health access and awareness specifically for children through a collaborative of primary care providers and behavioral health clinics. This includes examining and improving the mental health referral process, raising awareness of mental health through educational events, and promoting resources available to children and families with children.

Health Priority: Violence

Introduction

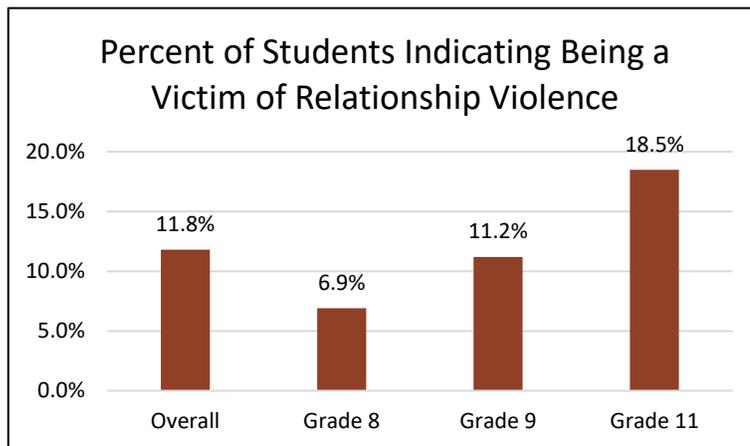
Anoka County aligns with the national goal, set forth by the Healthy People 2020¹¹ initiative, of “preventing unintentional injuries and violence, and reducing their consequences.” Violence is deeply connected to a myriad of health issues in addition to the injury resulting from the act of violence. 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

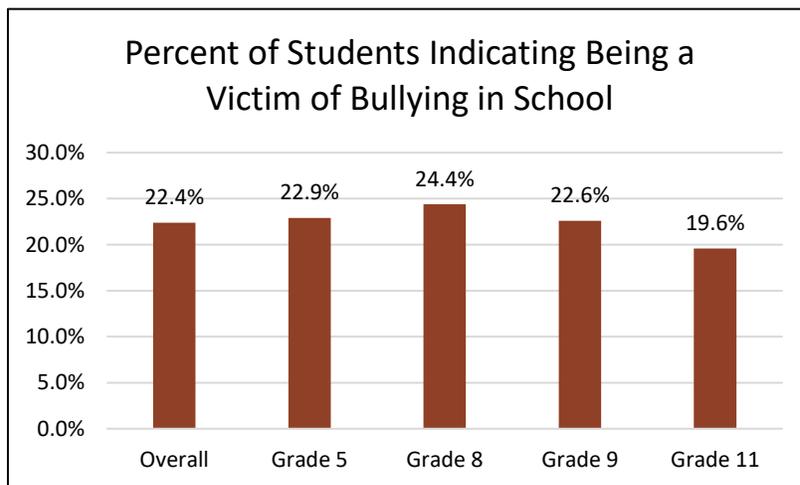
Forensic Nurse Program, 430 of which were sexual assault cases. Additionally, the Anoka County Lethality Assessment Program identifies high-risk victims of domestic violence to get them connected with community resources such as shelter and advocacy immediately after the incident. Local law enforcement, 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 Survey 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.

Overview of CHIP Strategies - Violence

Community partners seek to address the many facets of violence through the CHIP. Addressing violence in the community depends largely on bolstering community coalitions and better understanding the conditions that lead to violence. Partners play a critical role in examining the issue from multiple perspectives so a more complete approach can be attained. Appendix E describes CHIP activities in more detail, but below are summaries of the strategies within this priority.

- Raise awareness of bullying in schools through staff education, student bullying surveys, and promoting positive social-emotional learning.
- Raise awareness of domestic violence through events and the promotion of community resources.
- Serve victims of domestic violence through Alexandra House’s services and partnerships.
- Convene local stakeholders and community members to collaboratively address violence through prevention, raising awareness, and serving victims.

Health Priority: Health and Environmental Equity

Early in the Community Health Assessment process, community leaders decided to evaluate each health issue through a health equity lens, meaning health inequities would be considered throughout the process to identify the community’s priority health issues. Although many health inequities are addressed specifically through the CHIP, it is also important to improve the community’s ability to assess health equity so issues can be addressed in collaboration with those affected by the inequity.

Through Anoka County Public Health and Environmental Services’ 2019 Strategic Planning process, Health and Environmental Equity was identified as a core value of the department and a Strategic Priority. The PHES Strategic Plan includes several activities to provide a foundation for the department

to better identify and address health inequities in the community. One of these activities is also included in the CHIP, since it is directly related to health improvement. Greater detail is provided in Appendix F, but below is a brief summary of the strategy within this priority.

- Conduct steps to identify Health and Environmental Equity issues and perform a Health Equity Data Analysis. This strategy involves reviewing data sources available that contribute to the identification of health inequities, prioritizing the health and environmental equity issues identified through the data review, and following the steps to complete a Health Equity Data Analysis project with community partners.

Implementation, Review, Revision, and Evaluation of the Plan

This CHIP will officially begin implementation in January, 2020, though many of the strategies listed here build on activities that are already in place. Implementation continues through the duration of the CHIP until a new CHIP is developed for the 2023-2025 timeframe. However, the 2020-2022 CHIP will be monitored, reviewed, and revised throughout the implementation period. Details about these processes are provided in the “Plan to Monitor and Revise the Community Health Improvement Plan” in Appendix G.

Anoka County Public Health and Environmental Services (PHES) staff will periodically make contact with CHIP strategy partners; with two formal check-ins occurring after each half-year has passed. Informal check-ins will be built in based on the timeframes of the specific strategies. To make a revision to the CHIP, PHES staff will utilize information from strategy partners, work with partners to develop proposed revisions, gain approval from advisory bodies (the PHES Management Team and the Anoka County Community Health Advisory Committee), and produce a revised CHIP with approved modifications. It is anticipated that this process will take place only once per year in the fall, but in special circumstances it could take place at any time during the CHIP’s implementation.

Evaluation of the CHIP will be based on the predetermined objectives, strategies, and performance measure targets. An annual report to the community based on this evaluation will be drafted at the beginning of the year following a completed year of the CHIP’s implementation, and will be made public in addition to being shared with the Minnesota Department of Health.

Conclusion

The Anoka County Community Health Improvement Plan represents tangible actions to address the health priorities identified in the Community Health Assessment. Though it is facilitated and coordinated by Anoka County Public Health and Environmental Services, it is the community’s plan. Partners and community members are critical to the CHIP’s success, which is why this CHIP focuses heavily on community engagement and collaboration in its strategies.

The CHIP is not an account of every activity in the community that involves one of the priority health issues; it would not be possible to include all such activities. However, the strategies included here have high potential for addressing the priority health issues from a perspective of health equity and collaboration across sectors. Strategies included here also represent opportunities for growth and potential involvement of others in future activities. The CHIP is used and adapted to fit unique assets and needs of the community. It helps assure the conditions for optimal health in Anoka County.

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: Chronic Diseases and Health Habits – CHIP Strategy Tables

Priority Health Issue	Chronic Diseases and Health Habits - Obesity
Goal	Increase opportunities for all Anoka County residents to make healthy choices that reduce the risk of chronic diseases
Objective G	Reduce the Anoka County adult obesity rate from 35% (2018) to less than 30% by 2028 (based on local survey data), and reduce the youth obesity rate from 10% (2016 Minnesota Student Survey, ages 11-17) to 7% by 2028.
Indicator Data Source and Additional Information	This indicator comes from the local adult health survey that Anoka County Public Health performs every 5 years. Obesity is defined by a Body Mass Index (BMI) of 30 or higher, which is calculated through self-reported height and weight. Height and weight are determined through the adult health survey. The Minnesota Student Survey is administered every 3 years with participating public schools in Minnesota. Typically, the survey participants are 5th, 8th, 9th, and 11th graders. It provides valuable information on a range of health topics, including health habits, social conditions, mental health, and others. Obesity is determined through Body Mass Index (BMI) of 30 or higher, which is calculated through self-reported height and weight.
Baseline and Trend Data	The 2013 adult health survey yielded an Anoka County adult obesity rate of 29%, and the 2018 rate was 35%. The Minnesota overall rate in 2017 was 28%. Anoka County's adult obesity rate appears to be increasing and above the statewide average. Some groups, such as lower education and lower income adults and children, have higher rates of obesity than the general population. These are priority populations to address through strategic action.

Strategy G-1	<u>Continue evidence-based practices through Anoka County Public Health and Environmental Services to prevent obesity and chronic diseases in adults and children</u>
Strategy Description	Public Health and Environmental Services offers a variety of programs aimed at improving overall health and preventing diseases. Several programs are highlighted in this strategy, including Family Home Visiting, Women Infants and Children (WIC), and the Statewide Health Improvement Partnership (SHIP) program.
Strategy Status	In Progress
Strategy Leader	Gina Hatanpa - Family Home Visiting Supervisor, Kimberly Vickberg - WIC Supervisor, and Samantha Osterhaus - Anoka County SHIP Coordinator
Partners	Anoka County Public Health and Environmental Services, local healthcare, non-profit, and other business partners

Performance Measures / Targets, and Measure Sources for Strategy G-1

<p>Performance Measures</p>	<p>1. Public Health Nursing Family Home Visiting program. Performance Measures are (a) the rate of breastfeeding initiation for new mothers who participated in prenatal FHV and (b) the rate of breastfeeding among new mothers at 6 months post-delivery who participated in prenatal FHV.</p>	<p>2. Public Health Nursing Women, Infants, and Children (WIC) program. Performance Measures are (a) the number of families participating in Anoka County’s WIC program, (b) the breastfeeding initiation rate at delivery, and (c) breastfeeding rate at 3 months post-delivery among mothers participating in WIC.</p>	<p>3. Anoka County Statewide Health Improvement Partnership (SHIP) activities. Performance Measures are the number of Policy, System, and Environment (PSE) changes made as a result of SHIP activities in the areas of (a) Healthy Eating, (b) Active Living, and (c) Tobacco.</p>	<p>4. Anoka County Statewide Health Improvement Partnership (SHIP) activities. Performance Measures are milestones in the collaborative effort to address food access in Anoka County: (a) Develop a timeline of activities in the food access project by the end of June 2020. (b) Assess the landscape of food access in Anoka County through a variety of data analysis and community engagement efforts, with a report to be completed by the end of June 2021. (c) Develop recommendations for strategies to address food access, in partnership with community stakeholders, resulting from the previous assessment step by the end of December 2021. (d) Identify indicators for measuring success of the implementation of chosen food access strategies by June 2022.</p>
<p>Measure Source</p>	<p>PHES Family Home Visiting Supervisor</p>	<p>PHES WIC Supervisor</p>	<p>PHES SHIP Coordinator</p>	<p>PHES SHIP Coordinator</p>

Strategy G-2	<u>Increase access to physical activity, nutrition, and social determinants of health resources for adults and children</u>
Strategy Description	Through partnerships with local parks, YMCA, and healthcare providers, community organizations have opportunities to connect residents to needed services like convenient physical activity opportunities, fitness programs, nutrition resources, and other basic needs.
Strategy Status	In Progress
Strategy Leader	Mercy Hospital, YMCA, and Coon Rapids Parks Department staff
Partners	Allina Health – Mercy Hospital, Coon Rapids Parks and Recreation, Anoka County SHIP, Emma B. Howe YMCA, Anoka County Behavioral Health and Social Services

Performance Measures / Targets, and Measure Sources for Strategy G-2

Performance Measure	1. Healthcare providers screen and connect patients to housing, transportation, food resources, and other social needs. Performance Measures are (a) the number of social determinants screenings, (b) referrals made, and (c) rate of successful follow-up from referrals.	2. Promote and support a mobile park and recreation program through Coon Rapids Parks (Rec on the Spot) to bring programming to neighborhoods throughout the community that have lower access to parks and programs. Performance Measures are (a) the number of Rec on the Spot events, (b) the number of children attending the events, and (c) the number of combined events with other entities (like local schools) to feature additional offerings like meals.	3. Promote participation in the Emma B. Howe YMCA’s community-based exercise and resource connection program at low-income housing. Performance Measures include (a) the number of individuals participating in the program and (b) the number of housing units participating in the program.
Measure Source	Mercy Hospital staff	Coon Rapids Parks and Recreation staff	Emma B. Howe YMCA staff

Appendix C: Drugs and Substance Use – CHIP Strategy Tables

Priority Health Issue	Drugs and Substance Use: Opioid Abuse
Goal	Reduce drugs and substance use and increase knowledge of available resources in Anoka County
Objective A	Reduce the opioid-related per capita death rate from 71.4 deaths per 100,000 population in the last 10 years (2008 - 2017) by 5% to less than 67.8 deaths per 100,000 population in Anoka County by the end of 2030.
Indicator Data Source and Additional Information	Data Source: Minnesota Department of Health Opioid Dashboard, a yearly report with the most recent opioid-related death data. This indicator is measured by taking the most recent 10 years of opioid-deaths and expressing as a rate per 100,000 Anoka County residents.
Baseline and Trend Data	Previous year opioid-related deaths in Anoka County: 2015 = 24 deaths; 2016 = 26 deaths; 2017 = 31 deaths

Strategy A-1	<u>Drug Take-Back Program</u>
Strategy Description	Anoka County Sheriff's Office coordinates drug take-back programs at most Law Enforcement offices in Anoka County. Residents can anonymously discard their unused prescription and over-the-counter medications at these facilities, which are then destroyed properly. The Sheriff's Office promotes this program as key to keeping dangerous medications out of the home, where they may be abused by others.
Strategy Status	In Progress
Strategy Leader	Sergeant Jessica Slavik, Anoka County Sheriff's Office
Partners	Local Law Enforcement agencies, including municipal Police Departments and the Anoka County Sheriff's Office; Chemical Health Collaborative

Performance Measures / Targets and Measure Sources for Strategy A-1

Performance Measure	Pounds of drugs taken back per year. Target = 7,000 pounds per year.
Measure Source	Anoka County Sheriff's Office

Strategy A-2	<u>Promote proper disposal of needles and sharp medical instruments through the Anoka County household hazardous waste facility - sharps take back program</u>
Strategy Description	Anoka County's Recycling and Resource Solutions area manages a community household hazardous waste disposal program to reduce the amount of dangerous materials contaminating the environment and potentially injuring residents. The recent introduction of needle and sharp medical instrument disposal means the community has a safe way to discard needles, which in the wrong hands could be used to illegally take drugs such as heroin and other dangerous substances.
Strategy Status	In Progress
Strategy Leader	Jacob Saffert - Problem Materials Specialist, Recycling and Resource Solutions
Partners	Anoka County Public Health and Environmental Services, Anoka County Sheriff's Office and other local law enforcement, Anoka County Chemical Health Collaborative, Veolia ES Technical Solutions, and Stericycle

Performance Measures / Targets and Measure Sources for Strategy A-2

Performance Measure	Pounds of sharps collected via the household hazardous waste facility. Target = 600 pounds collected per year.
Measure Source	Anoka County Recycling and Resource Solutions via vendor Stericycle

Strategy A-3	<u>Promote Opioid Resources through the Chemical Health Collaborative Website:</u> <u>https://www.anokacounty.us/2502/Chemical-Health-Collaborative</u>
Strategy Description	A collaborative effort between Anoka County Community Social Services and Behavioral Health, Anoka County Public Health and Environmental Services, and Anoka County Administration, the Chemical Health Collaborative (CHC) website features resources to help community members learn more about the dangers of opioid abuse. It is also an opportunity for partners to promote their events and resources in a central location.
Strategy Status	In Progress
Strategy Leader	Kassy Podvin - Community Health Outreach Prevention Coordinator and Gretchen Etzler - Health Education Coordinator, Anoka County Public Health and Environmental Services
Partners	Local Law Enforcement agencies, local healthcare systems and providers, Anoka County Communications Department

Performance Measures / Targets and Measure Sources for Strategy A-3

Performance Measure	1. Number of unique visitors to the CHC website. Target = 300 unique visitors per year.	2. Number of events added to the CHC event calendar. Target = 10 events per 6 months.
Measure Source	Chemical Health Collaborative Members	Chemical Health Collaborative Members

Objective B	Reduce the rate of 9th grade Anoka County public school students who have used E-Cigarettes in the last 30 days from 13.7% to less than 10% by the end of 2022.
Indicator Data Source and Additional Information	Minnesota Student Survey data, which is conducted every three years in Minnesota public schools that choose to participate. Using the question: "during the last 30 days, on how many days did you use an electronic cigarette (e-cigarette, e-hookah, vaping pen)?"
Baseline and Trend Data	2016 MSS data showed 13.7% of Anoka County 9th graders responding that they have used E-cigarettes at least once in the past 30 days.

Strategy B-1	<u>Annual Parent Engagement Event</u>
Strategy Description	Anoka-Hennepin School District seeks to inform students and families about chemical health issues through educational events focused on awareness and providing resources to parents and children.
Strategy Status	In Progress
Strategy Leader	Jennifer Cherry - Director of Student Services at Anoka-Hennepin School District
Partners	Anoka-Hennepin School District, Local law enforcement, local healthcare providers, drug and alcohol prevention advocates, Minnesota Adult and Teen Challenge, and others

Performance Measure / Target and Measure Source for Strategy B-1

Performance Measure	Reach at least 40 parents / guardians with information about chemical health through a yearly educational event
Measure Source	Event registration and attendance estimates

Strategy B-2	<u>Nicotine Awareness Program through Allina Health</u>
Strategy Description	Allina Health - Mercy Hospital collaborates with Anoka-Hennepin School District to educate students about nicotine and tobacco products. This includes a section devoted to the topic of ENDS, including an explanation of health risks and answering student questions. The 1-hour presentation is provided by a Certified Tobacco Treatment Specialist through middle school and high school health classes. Though Anoka-Hennepin School District is currently participating in the Nicotine Awareness Program, expansion may be possible through other school districts in Anoka County.
Strategy Status	In Progress
Strategy Leader	Gabrielle Coleman, MS, CTTS - Allina Health
Partners	Allina Health, Anoka-Hennepin School District, local participating schools, tobacco / nicotine education resources.

Performance Measures / Targets and Measure Sources for Strategy B-2

Performance Measure	1. Number of students who view the Nicotine Awareness Program presentation per school year.	2. Number of classes participating in the Nicotine Awareness Program per school year	3. Number of schools participating in the Nicotine Awareness Program per school year
Measure Source	Allina Health staff	Allina Health staff	Allina Health staff

Appendix D: Mental Health – CHIP Strategy Tables

Priority Health Issue	Mental Health - Mental Health Access
Goal	Improve mental wellness and access to mental health services for Anoka County residents
Objective E	Decrease the rate of Anoka County adults responding that they did not receive or delayed the mental health services they needed in the past 12 months from 20% to 15% by 2023.
Indicator Data Source and Additional Information	Local adult health survey with a focus on the questions: "Over the last 12 months, have you wanted to access mental health services" and "if so, did you access services" and "if not, why not". Of the respondents who delayed or went without care, 41% said the care was too expensive, 34% did not think it was serious enough, 33% were too nervous or afraid, and 25% did not know where to go. These barriers to accessing services are priorities for Anoka County Mental Health CHIP activities to address.
Baseline and Trend Data	Results from the 2018 Adult Health Survey indicate that 20% of respondents delayed or went without needed mental health care in the past 12 months.

Strategy E-1	<u>Mental Health Awareness</u>
Strategy Description	Offer at least 2 awareness-raising events through the Gaps in Services and Training (GIST) Committee per year. Other trainings and events in the community are also included.
Strategy Status	In Progress
Strategy Leader	Diana Hoffman - Anoka County Community Social Services and Behavioral Health
Partners	Gaps In Services and Training (GIST) Committee, Local Schools, Mental Wellness Campaign of Anoka County (MWCAC), Anoka County Children and Family Council (ACCFC), Anoka County Public Health

Performance Measures / Targets and Measure Sources for Strategy E-1

Performance Measure	1. Provide 2 education / awareness events per year focused on mental health	2. Number of Happy Hour, Mental Health First Aid, or other trainings provided through the Mental Wellness Campaign of Anoka County	3. Host monthly Mental Well-Being and Resilience Learning Community events at the Anoka County Government Center. Target = 10-12 learning community presentations per year.
Measure Source	GIST	MWCAC	Anoka County Public Health and Environmental Services - Health Education staff

Strategy E-2	<u>Participation in the North Metro Roundtable on Mental Health</u>
Strategy Description	The North Metro Roundtable on Mental Health involves a wide range of stakeholders to address issues in the Anoka County community related to mental health. Three work groups lead efforts to improve access to services and opportunities for maintaining and promoting positive mental well-being. These include: Service Integration, Housing, and Stigma Reduction work groups. Through group discussions, long-term system changes are possible. This strategy will continue to be revised as more specific activities are identified through this group's work.
Strategy Status	In Progress
Strategy Leader	Roger Meyer (North Metro Roundtable Consultant), and Justin Navratil (Anoka County Public Health and Environmental Services)
Partners	North Metro Roundtable members; including Anoka County staff (Public Health, Behavioral Health, Sheriff's Office), Allina Health, HealthPartners, Lee Carlson Center, local schools, and others

Performance Measures / Targets and Measure Sources for Strategy E-2

Performance Measure	1. Service Integration, Coordination, and Innovation work group activities. Hold at least 2 work group meetings per year.	2. Stigma Reduction and Community Engagement. Hold at least 2 work group meetings per year.	3. Housing. Hold at least 2 work group meetings per year.
Measure Source	Roger Meyer	Craig Malm	Roger Meyer

Objective F	Decrease the rate of low-income youth (grades 5, 8, 9, and 11) reporting that they have a long-term mental health issue but have never been treated for a mental health problem from 1.5% (2016 MSS) to 0.75% by the end of 2022.
Indicator Data Source and Information	Minnesota Student Survey, which is conducted every three years in Minnesota public schools that choose to participate. This indicator focuses on students who respond "yes" to having a long-term mental health issue AND who respond "no" to having ever been treated for a mental health issue.
Baseline and Trend Data	In 2016 the gap between having a long-term mental health issue and having been treated for a mental health issue was 1.5%. This shows that low-income children experience access barriers to receiving needed mental health care.
Strategy F-1	<u>Child and Adolescent Mental Health Alliance of Anoka County</u>
Strategy Description	The Child and Adolescent Mental Health Alliance is a partnership of the Anoka County Public Health department, Neighborhood HealthSource - North Metro Clinic, and Lee Carlson Center for Mental Health and Well-Being. This partnership developed from a learning community grant focused on sharing data across sectors to improve community health. Through the collaborative effort, an implementation plan developed to address mental health issues for low-income, at-risk children in the community.
Strategy Status	In Progress
Strategy Leader	Planner / Policy Analyst (Justin Navratil) with Anoka County Public Health and Environmental Services
Partners	Neighborhood HealthSource - North Metro Clinic, Lee Carlson Center for Mental Health & Well-Being, Anoka County Public Health and Environmental Services, Anoka County Schools, and other mental health partners.

Performance Measures / Targets and Measure Sources for Strategy F-1

Performance Measure	1. The rate of NHS - North Metro Clinic (NMC) clients referred to LCC who complete a diagnostic assessment: target of 60% by the end of 2021 (baseline rate of 39%: 2018), based on activities to improve the care coordination and referral process.	2. The rate of NMC clients receiving an initial referral among those with a positive mental health screening: target of 100%. Rate for 2018 = 100%.	3. Evaluate and standardize the mental health referral process between NMC and LCC by the end of 2020 (Integration of Care implementation strategy).	4. Raise awareness regarding available mental health services and the importance of maintaining mental well-being through school events: target of at least one event per year per school district through 2022 (Raise Awareness implementation strategy).	5. Explore funding possibilities to help offset the cost of care for vulnerable populations: target of at least one supplemental funding source identified and secured by the end of 2022 (Offset Cost of Care implementation strategy).
Measure Source	Lee Carlson Center staff	Neighborhood HealthSource	Neighborhood HealthSource	Lee Carlson Center staff	NHS, LCC, and Anoka County Public Health staff

Appendix E: Violence – CHIP Strategy Tables

Priority Health Issue	Violence - Bullying in Schools
Goal	Reduce violence, bullying, and abuse among Anoka County residents.
Objective C	Reduce the rate of Anoka County students who report being the victim of bullying from 22.4% (2016 Minnesota Student Survey) to less than 20% by 2022.
Indicator Data Source and Additional Information	The Minnesota Student Survey is conducted every three years in Minnesota public schools that choose to participate. The survey asks students how often they were bullied in the last 30 days through a variety of forms and for a variety of reasons. There are 14 questions that inform whether the student was a victim of bullying, and respondents have five options in the survey: never, about once a week, several times a week, or every day. Bullying is defined by responding "about once a week" or higher frequency to any of the 14 bullying questions.
Baseline and Trend Data	The 2016 overall rate for bullying was 22.4%. Some groups of students experienced higher than average rates of bullying including LGBTQ youth (42.7%), and lower income youth (26.3%).

Strategy C-1	<u>Raise awareness of bullying in schools through staff education, student bullying surveys and promoting positive social-emotional learning</u>
Strategy Description	Anoka-Hennepin School District utilizes a variety of tactics to reduce bullying in schools and educate students, parents, and staff about bullying. These represent a cohesive campaign to address bullying from multiple perspectives.
Strategy Status	In Progress
Strategy Leader	Jennifer Cherry - Director of Student Services, Anoka-Hennepin School District
Partners	Anoka-Hennepin School District leadership, staff, students, and the Student Services Advisory Committee

Performance Measures / Targets and Measure Sources for Strategy C-1

Performance Measure	1. Staff education. Target = 95% of staff that work with students attend a bullying policy training annually.	2. Percent of students reporting not being bullied from the bullying survey. Target = at least 80% of students reporting not being bullied.	3. Percent of students reporting that they have a trusted adult that they can go to for help if a student is bullying them or someone else (connectedness and support measure). Target = at least 88%.	4. Percent of students reporting engagement in anti-bullying activities. Target = at least 87% of students report being engaged
Measure Source	Anoka-Hennepin School District	Anoka-Hennepin School District staff: annual scorecard	Anoka-Hennepin School District staff: annual scorecard	Anoka-Hennepin School District staff: annual scorecard

Objective D	Reduce the rate of Anoka County residents reporting ever or currently being in an abusive relationship from 6% (2018 Anoka County Adult Health Survey) to 4% or less by 2028.
Indicator Data Source and Additional Information	Anoka County occasionally conducts a survey of the community's adult population to gain information about a wide range of health topics and issues. The latest survey was conducted in the fall of 2018. The survey question of interest is: "Are you in a relationship where you are (or have ever been) physically hurt, verbally abused, threatened, or made to feel afraid?" options: yes or no.
Baseline and Trend Data	2018 data showed that 6% of adults in Anoka County have a history of abusive relationships.

Strategy D-1	<u>Raise awareness of domestic abuse and relationship violence through events and promoting resources</u>
Strategy Description	To prevent violence and better serve victims, community partners utilize several regular events and opportunities to raise awareness and provide resources to the community. The HopeFest event takes place in September as a lead-in to October, which is domestic violence awareness month. Organized by Alexandra House with other partners involved, the event offers a time for survivors of domestic violence, partners, and community members to gather and learn more about resources available to victims. The Heroes Walk 4 Women event in the Spring is organized by local law enforcement agencies, and helps raise awareness of domestic violence. Finally, Alexandra House provides education to youth and other community members through tailored educational programs in schools, churches, and other settings.
Strategy Status	In Progress
Strategy Leader	Connie Moore - Executive Director, Alexandra House
Partners	Alexandra House, Community agencies, sponsors, vendors, Anoka County Sheriff's Office, Anoka Police Department, local schools, local community organizations

Performance Measures / Targets and Measure Sources for Strategy D-1

Performance Measure	1. Annual HopeFest event with a target of 400 participants	2. Reach community members with targeted education programs, including youth, faith communities, and caregivers of adults. Target of reaching 3,000 community members through resource fairs and educational events.	3. Annual Heroes Walk 4 Women, with a target of 400 participants
Measure Source	Alexandra House registration records	Alexandra House community engagement staff	Registration records from host law enforcement agency

Strategy D-2	<u>Serve victims of domestic violence through Alexandra House services and partnerships</u>
Strategy Description	Alexandra House offers a variety of services to victims and survivors of relationship violence, which includes domestic abuse, sexual assault, and elder abuse. Activities include the Lethality Assessment Program's aim to connect high-risk victims to advocates as soon as possible, staffing a 24 hour emergency help line, weekly support groups to help victims begin the healing process, and providing a suite of direct services for individuals like legal advocacy, shelter, and aging services.
Strategy Status	In Progress
Strategy Leader	Connie Moore - Executive Director, Alexandra House
Partners	Alexandra House, Local Law Enforcement, Anoka County Department of Corrections, Attorney's Office, Public Health, Prosecutors, Lethality Assessment Program, and Central Communications

Performance Measures / Targets and Measure Sources for Strategy D-2

Performance Measure	1. Lethality Assessment Program. Target = at least 75% of high risk victims are immediately referred by law enforcement to Alexandra House and connected to an advocate.	2. The number of Lifeline calls received through the Alexandra House 24 hour emergency help line.	3. The number of victims that attended weekly support groups.	4. The number of individuals directly served by Alexandra House through legal advocacy, shelter, aging services and other services.
Measure Source	LAP Coordinator / Alexandra House	Alexandra House	Alexandra House	Alexandra House

Strategy D-3	<u>Convene local stakeholders and community members to collaboratively address violence prevention, awareness, and service from a community perspective</u>
Strategy Description	Though several community coalitions exist to address issues related to violence in the community, a lack of integration among the groups and other important stakeholders makes it difficult to develop a community-based relationship violence prevention plan. Therefore, community providers, stakeholders and experts will convene along with elected officials, the local business community, education experts, and other community members. By engaging a broad range of perspectives, the community will be better equipped to identify strengths and gaps, develop plans to address gaps, and engage community members more effectively.
Strategy Status	In Progress
Strategy Leader	Anoka County Public Health and Environmental Services staff (Planner / Policy Analyst and Prevention and Outreach Coordinator)
Partners	Anoka County Human Services Division (Public Health and Social Services), Alexandra House, Lethality Assessment Program, local law enforcement, elected officials, Allina Health - Mercy Hospital Forensic Nurse Program and Community Engagement, local businesses / chambers of commerce, local schools, at-large community members, survivors of sexual and domestic violence

Performance Measures / Targets and Measure Sources for Strategy D-3

Performance Measure	1. Develop an Anoka County Violence Roundtable group by the end of 2020. This group would convene occasionally to review data, identify gaps, set goals, and plan for violence prevention and service improvement activities in the community. Target = 2-4 Roundtable meetings in 2020.	2. Draft a Violence Roundtable Charter outlining group membership, logistics, purpose, strategic priorities, and goals by the end of 2021.
Measure Source	Anoka County Public Health or the Violence Roundtable Chair	Anoka County Public Health or the Violence Roundtable Chair

Appendix F: Health and Environmental Equity – CHIP Strategy Tables

Priority Health Issue	Health and Environmental Equity (HEE)
Goal	Implement steps to address health inequities
Objective H	Anoka County Public Health and Environmental Services (PHES) will complete a Health Equity Data Analysis (HEDA) project by 12/31/2022 on an identified Health Equity topic.
Indicator Data Source and Additional Information	This Objective is part of the PHES 2020 - 2022 Strategic Plan, and serves as a link between the Strategic Plan and the Community Health Improvement Plan. Completion of the HEDA will be measured by PHES staff, who will conduct all steps of the HEDA and produce a final deliverable to be shared with leadership and community partners.
Baseline and Trend Data	As part of the Statewide Health Improvement Partnership (SHIP) program through the Minnesota Department of Health, local health departments have experience completing a HEDA. With this experience, PHES hopes to conduct a similar project to ascertain a local health equity issue and work with community partners to address the issue.
Strategy H-1	<u>Conduct steps to identify Health and Environmental Equity issues and perform a Health Equity Data Analysis.</u>
Strategy Description	Anoka County PHES staff will produce a catalog of HEE data sources, noting limitations in the data available; prioritize health inequities and work with community partners to better understand causes; and conduct steps to complete the HEDA in collaboration with community partners.
Strategy Status	In Progress
Strategy Leader	Anoka County PHES, Health and Environmental Equity Committee
Partners	

Performance Measures / Targets and Measure Sources for Strategy H-1

Performance Measure	1. Produce a catalog of HEE data sources, noting limitations in the data available, by 12/31/2020	2. Prioritize health inequities / issues and work with community partners to better understand causes. Develop a prioritization process by June 30, 2020. Identify 3-5 priority HEE issues by 12/31/2020. Identify the HEDA topic by June 30, 2021.	3. Conduct steps to complete the HEDA in collaboration with community partners. Develop a HEDA project plan (including partners, timeline, and other details) by 12/31/2021. HEDA results delivered to community partners by December 31st, 2022.
Measure Source	PHES staff	PHES staff	PHES staff

Appendix G: Plan to Monitor and Revise the CHIP

Introduction

The Anoka County Community Health Improvement Plan (CHIP) guides actions to address health priorities in Anoka County. It is owned by the community, driven by health improvement stakeholders, and organized thoughtfully to evaluate the success of actions taken. As the CHIP is developed in partnership with the community, it is also reviewed and revised with input from community members and relevant partners to accommodate factors that affect health improvement initiatives.

Public Health Accreditation Board Measure 5.2.4 states the CHIP should be monitored and revised in collaboration with broad participation from stakeholders and partners. The purpose of the measure is to assess the health department's efforts to ensure that the strategies of the CHIP are assessed for feasibility and effectiveness and that they are revised as indicated by those assessments. This document outlines the process for monitoring, reviewing, and revising the CHIP.

Terminology

Health Priority: An issue identified by the Community Health Assessment as most important to address in the upcoming years. The Health Priority section of the CHIP provides information on the data available describing the issue, how the priority was chosen, and links with other health improvement plans at the national, state, and Anoka County community-level.

Goal: A broad statement describing a desired condition of well-being. Each Health Priority has at least one Goal. Goals are aspirational and written in plain language.

Indicator: A specific data measure used to quantify the size and seriousness of a health issue. Indicators come from a variety of sources and are used when writing Objectives.

Objective: A statement describing accomplishment of efforts toward a Goal. Objectives include the desired level of performance on an Indicator, and are written with SMART criteria; Specific, Measurable, Attainable, Relevant, and Time-bound.

Strategy: A tangible action to be carried out that has a reasonable chance of achieving a Goal and Objective. In the CHIP, Strategies specify actions taken to work toward Objectives.

Action Step: A specific activity to carry out the work of a Strategy.

Performance Measure: A target amount of change for each Action Step. Performance Measures specify what will be accomplished and by when. This information is kept in a tracking form in the CHIP, which is used to determine the status and progress of specific Strategies.

Strategy Leader: An individual responsible for leading and collecting data on a Strategy and/or Performance Measure. Although an organization or group of individuals may be working on a Strategy, each Strategy has an individual identified as the Strategy Leader for communication and reporting purposes.

Management Team: The Anoka County Public Health and Environmental Services (PHES) Management Team consists of the Department Director, Managers of the three sections (Correctional Health, Environmental Services, and Public Health Nursing), the Program and Budget Manager, the Health Program Planner / Policy Analyst, and the Principal Administrative Secretary. This group reviews proposed changes to the CHIP before presenting to the Community Health Advisory Committee (CHAC).

Community Health Advisory Committee (CHAC): A group of health stakeholders and appointed community members that attend regular meetings to advise PHES on current activities, including the CHIP and CHA. This group serves as a platform for informing and updating the community through health stakeholders and appointed members at large.

Process

See the CHIP Review / Revision Process Timeline below for a detailed description of the process. CHIP Strategies will be reviewed at least two times per year, with the first formal review occurring in July or August, reflecting progress from the first half of the year, and the second occurring in January or February of the following year. Additionally, informal check-ins with Strategy Leaders will occur in the spring and fall, typically via email or phone call. Narrative descriptions of the Strategy progress will be collected at each half-year update.

Information about CHIP implementation and progress will be shared with the PHES Management Team, the Community Health Advisory Committee (CHAC), and the public after full year progress on the CHIP has been noted and any proposed revisions to the CHIP have been officially adopted. The Annual Report to the Community will be posted to the PHES website upon completion in March or April of the following year, and PHES staff will be available to answer questions on a case-by-case basis.

Decisions about what to revise in the CHIP will be made in collaboration with the partners involved in specific Strategies and/or Action Steps, with input from the PHES Management Team and CHAC. CHIP revisions will fall under one of the following categories:

Community Health Priority Change / Clarification: If new information is presented about a health issue that may not have previously been included in the CHIP, it may be necessary to halt activities under one Priority in favor of the new Priority. A change *within* a Priority may also result in shifting resources from one sub-topic of the Priority to another.

Feasibility of Activities Change / Clarification: If after reviewing with a Strategy Leader that a Strategy and/or Action Steps are no longer feasible to complete within the original timeframe, then PHES staff in collaboration with the partner will revise as necessary. Acceptable reasons for changes in feasibility include a substantial change in resources or structural changes that directly affect the operability of a Strategy.

Strategy Measurement Change / Clarification: If a measurement is revealed to be inaccurate or misleading regarding the achievement of a Strategy, then Action Steps and/or Performance Measures may be revised to reflect this new knowledge.

Strategy Responsibility Change / Clarification: If individuals or partners working on a Strategy change in some way over time, then the CHIP will be revised to reflect the change in responsibility for activities within those Strategies.

After revisions to the CHIP have been proposed, PHES staff will update CHAC on CHIP progress for the year and include any proposed revisions at the November CHAC meeting. Input and feedback from CHAC are considered before revisions are made final and implemented starting at the beginning of the following year.

Community Engagement

CHIP Strategy Leaders will be intimately involved in the development of Strategies, Action Steps, and Performance Measures. Therefore, these partners will have a deep understanding of the responsibility to monitor progress in the CHIP and the process for revising if necessary. Community stakeholders will be responsible for monitoring and revising the CHIP through CHAC and other community groups directly involved with the specific Strategies connected in the CHIP. Often Strategies are linked with community organizations, councils, or task forces.

Implementation is the responsibility of community partners with assistance from PHES staff and other community resources. Partners are held accountable through regular updates and reporting on progress toward their specific Strategies. During each CHIP update, PHES staff will work directly with Strategy Leaders to ascertain progress and identify any potential issues with implementation. When revisions to the CHIP are indicated by Strategy Leaders and the PHES Management Team, proposed revisions will be presented to CHAC for review. Feedback and further action requested from CHAC will be incorporated into the CHIP revision before the revised version is implemented the following year.

Progress

Data for monitoring progress in the CHIP will come from a variety of sources depending on the specific Strategy. Since partners are integrated into the CHIP development from the ground up, they will help inform PHES staff on what data is appropriate for measuring progress in those activities. Generally, completion of milestones by target dates, numbers of instances of a given service, or rates of success in a certain program will be used. Qualitative data will also be used, as Strategy Leaders are asked to provide examples and illustrations of progress up to that point.

Short-term strategy targets: place here when 2020-2022 CHIP is complete

Long-term goals and objectives: place here when 2020-2022 CHIP is complete

New and emerging health priorities will be assessed through a variety of data sources. These include local survey data, local EMR data from healthcare partners, health equity data from targeted projects initiated by PHES, public survey data, and other sources.

Monitoring and Revising the CHIP – Timeline of Activities

Activity	Jan – Feb 1 st year	March – April 1 st year	May – June 1 st year	July – Aug 1 st year	Sep – Oct 1 st year	Nov – Dec 1 st year	Jan – Feb 2 nd year	March 2 nd year	April 2 nd year
CHIP Strategy implementation begins.									
Informal check-in via email with Strategy Leaders regarding implementation.									
Formal check-in with Strategy Leaders to review previous half year of data. Collect quantitative data and narrative notes.									
Present progress report to PHES Management Team to review CHIP activities and catalog potential revisions based on revision criteria.									
Review and finalize potential revisions with Strategy Leaders, if applicable.									
PHES staff present proposed revisions to CHAC in November, providing rationale for changes. Feedback from CHAC is considered.									
Strategy Leaders are notified of approved revisions to CHIP, plans are developed to accommodate revisions into implementation starting at the beginning of following year.									
Revisions to CHIP take effect in January of the following year.									
Quantitative data and narrative notes from 1 st and 2 nd half of previous year are described in the <u>Annual Report to the Community</u> regarding CHIP progress.									
<u>Annual Report to the Community</u> is delivered to MDH and posted to the PHES website by the end of March.									
Continue monitoring CHIP as usual. Repeat previous year’s activities.									