



Anoka County
MINNESOTA

Respectful, Innovative, Fiscally Responsible



10 MOST

IMPORTANT

**Community Health Issues
2015-2019**

Anoka County Community Health
and Environmental Services



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10 MOST IMPORTANT COMMUNITY HEALTH ISSUES 2015-2019

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Anoka County Ten Most Important Health Issues

The following is the list of issues in Anoka County that significantly challenge individuals and families in achieving their best health status possible. The list was selected by the Anoka County Community Health Advisory Committee on May 7, 2014, and was derived from data analysis of health related factors, community perceptions gathered through a survey, and multiple interviews of key informants both internal and external to Anoka County Community Health and Environmental Services (CHES) Department.

The bolded items constitute the ten most important issues. They are not listed by priority.

- **Poverty, Education, Unemployment and their Inter-relationship**

An individual's earning potential is closely related to their educational achievement. The reverse is also true—the lesser an individual's educational achievement, the less likely he/she is to acquire jobs with a livable wage and benefits. Long term inability to find employment, especially jobs providing a livable wage and benefits, increases the trajectory to poverty.

- **Housing Affordability**

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

- **Transportation/Transit**

Lack of convenient public transportation leads to difficulty in travel to access resources, such as healthcare services.

- **Growing Diversity**

The county continues to demonstrate increasing diversity in persons of color, ethnicities, and cultural differences, especially in the county's southern communities. This creates a shift in the demand for resources, both in type (such as translation services) and quantity.

- **Mental Health**

This issue was identified across all age groups. The over-riding issue is accessibility to therapeutic resources both in terms of too few providers and the resulting long wait times until appointments can be scheduled.

- **Violence and Safety Among All Ages**; especially senior exploitation

Concern continues regarding bullying behavior across all age groups but especially among those who are more vulnerable based on age (children and the elderly) and sex (women).

Anoka County Ten Most Important Health Issues

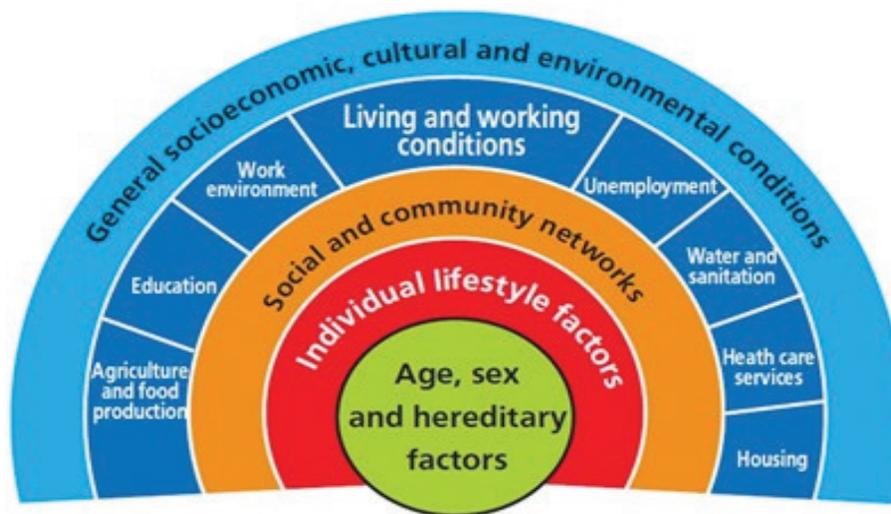
- **Obesity Across All Age Groups;** especially among 18-64 year olds related to especially poor nutritional behaviors and lack of physical activity. Concern continues for the impact of obesity and overweight across all age groups but particularly among those 18-64 where obesity remains a significant contributor to development of chronic diseases and diseases known to cause premature death in this age group (cancers and heart disease).
- **Tobacco, Alcohol, and Other Drug Use Among Teens and Young Adults;** especially abuse of prescription drugs and illegal drugs, such as heroin. Rates of tobacco use among all ages and underage alcohol use remain a concern as is the growing presence of illegal and abusive use of prescription drugs and use of street drugs.
- **Low Vaccination Rates**
This is noted especially in flu rates among adults and completed immunization series for children age 24-36 months. Although problems with electronic data reporting on the part of some clinics may result in under-reporting, the rates remain less than acceptable and jeopardize herd immunity.
- **Water Quality and Sustainable Drinking Water**
The concern is especially for communities expecting significant growth in the next decades.

Introduction

The following is the list of issues in Anoka County that significantly challenge individuals and families in achieving their best possible health status. The list, which is not in order of priority, was constructed by the Anoka County Community Health Advisory Committee on May 7, 2014. It was derived from data analysis of health related factors, community perceptions gathered through a survey, and multiple interviews of key informants from the community and Community Health & Environmental Services (CHES) professional staff.

Conditions, including life-enhancing resources, found in the physical, cultural, social, economic and political environments influence individual population health. Inequities in distribution of these conditions lead to population-based differences in health outcomes (i.e. health disparities).

The issues are organized by social determinants of health and the essential public health services as described in Minn. Stat. Ch.145A. The social determinants of health as defined by the Minnesota Department of Health are:



The Determinants of Health (1992) Dahlgren and Whitehead

The essential public health services as mandated by Minn. Stat. Ch. 145A:

- Assure an Adequate Local Public Health Infrastructure
- Promote Healthy Communities and Healthy Behaviors
- Prevent the Spread of Infectious Disease
- Protect Against Environmental Health Hazards
- Prepare for and Respond to Disasters, and Assist Communities in Recovery
- Assure the Quality and Accessibility of Health Services

POVERTY

Employment

Education

Poverty

An individual's earning potential is closely related to their educational achievement. The reverse is also true: the lesser an individual's educational achievement, the less likely he/she is to acquire jobs with a livable wage and benefits. Long term inability to find employment, especially those providing a livable wage and benefits, increases the trajectory to poverty.

The U.S. Census Bureau estimates that between 2008-2012, 7.1% of Anoka County residents lived at or below 100% of poverty, which in 2012 equated to \$23,050 for a family of four. The median household income estimate in those same five years was \$69,916 but the range was from a high of \$98,195 in Lino Lakes to a low of \$23,400 in Hilltop. Other Anoka County communities with median household incomes bordering 200% of poverty for a family of four (\$46,100) were Anoka (\$51,057), Columbia Heights (\$50,041), Fridley (\$52,486), and Lexington (\$52,400). The state median household income was \$59,126 but within the seven-county metro area only Hennepin and Ramsey's figures, were less than Anoka's (\$63,559 and \$53,152, respectively).

Poverty or near-poverty income has obvious impacts on a family's capacity to provide the basic necessities for living (food, shelter, and clothing) let alone sustain a quality of life conducive to family nurturance and child development. Poverty has particularly deleterious effects on children, who are more vulnerable to conditions often associated with it: poor nutrition, poor housing, and unsafe neighborhoods. In Anoka County, 8.8% of children under the age of 18 live at or below the poverty level (2008-2012 estimates) but the range is from a low of 1% in Centerville to highs of 35.5%, 25.7%, and 24.6% respectively in Hilltop, Columbia Heights, and Lexington.

Other measures frequently used to reflect families and individuals struggling to meet basic needs are the numbers applying for the federal Supplemental Nutrition Assistance Program (SNAP) and the percentage of children eligible for free and reduced lunch programs in schools.

POVERTY

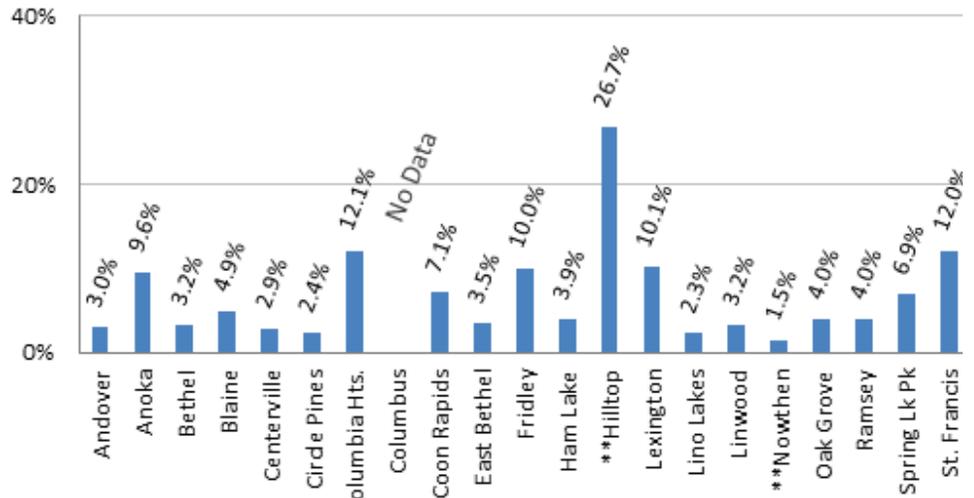
Employment

Education

Poverty, cont.

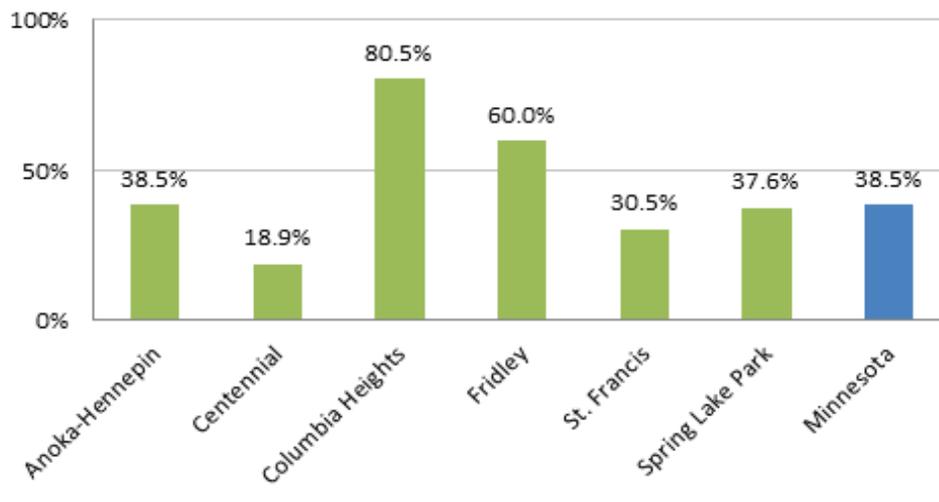
As the following charts display, the communities with the greater percentages of SNAP recipients and the schools districts with the greater percentages of free and reduced lunches parallel those communities with the greatest levels of poverty.

Percent Population Receiving SNAP Benefits
ACS 2008-2012 5-Yr Estimate



** Cities with highest and lowest percentages of population receiving SNAP benefits.
US Census Bureau/ACS 2008-2012 Estimates

Reduced Priced Lunch (2013-2014)



Minnesota Department of Education

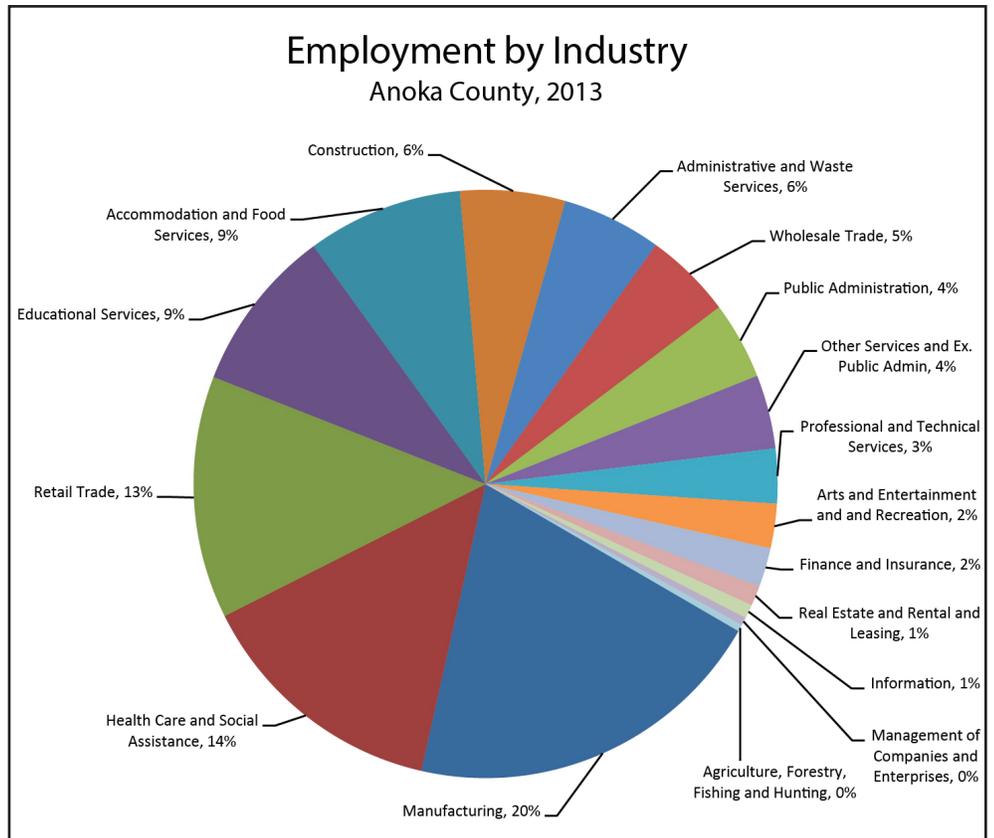
Poverty

EMPLOYMENT

Education

Employment

Anoka County's unemployment rate for July 2014 was 4.3 %, compared to the state's rate of 4.3% and the national of 6.5% (not seasonally adjusted).¹ At the peak of the post-2008 recession Anoka County's unemployment rate was 8.6%. Clearly, post-recession recovery shows economic improvement.



Metropolitan Council, Anoka County Community Profile

Manufacturing presented the largest employment sector in Anoka County in 2013 (20%) followed by the retail trade sector and health care and social assistance sectors at 14% each. This distribution has remained stable since at least 2000. Average annual wages in 2000 were \$33,187; by 2013 they rose to \$45,803.

Employment, cont.

The distribution of wages across industries presents a somewhat different picture. The U.S. Bureau of Labor Statistics reported that in the 4th quarter 2013, the average weekly wage by industry was as follows:

	Construction	Manufacturing	Education & Health Care	Professional & Business
Anoka	1148	1136	960	890
Carver	1201	1342	885	1034
Dakota	1364	1149	732	1159
Hennepin	1348	1386	942	1526
Ramsey	NA	1439	932	1476
Scott	1232	1253	848	1476
Washington	1117	1156	902	1141
Minnesota	1194	1169	901	1370

US Bureau of Labor Statistics

The highest average weekly wage earned in Anoka County equals \$59,696 annually, which is approximately 250% of the 2014 federal poverty level for a family of four. Assuming a single wage-earner per family, providing a stable living situation would be a struggle.

In September 2013, the Metropolitan Council published a perspective of the metro-wide economic situation based on analysis of the U.S. Census Bureau's 2008-2012 American Community Survey data.² They offered the following conclusions regarding income, employment and other factors:

- While incomes increased for middle and high-income households by 2012, this was not the case for lower-income households. By 2012 none of the income levels had yet regained the income earned in 2008.
- For lower-income households the net change between 2008 and 2012 was -13.6%; for middle-income households it was -6.3% and for higher-income households, - 4.1%.

²MetroStats. (2013) The Twin Cities in 2012: An Uneven Recovery. Metropolitan Council. Retrieved at [Metropolitan Council](#)

Poverty

EMPLOYMENT

Education

Employment, cont.

Income, Employment and Other Factors Continued:

- Poverty increased during the recession and has not declined substantially.
- People of color experienced much higher poverty rates than white non-Hispanic people did. The employment rate increased, and the unemployment rate decreased.
- People of color experienced much lower employment rates than white people. While nearly 80 percent of Twin Cities white non-Hispanic adults were employed in 2012, only 58.7 percent of Black or African American adults and 51.3 percent of American Indian adults were employed.

Poverty

EMPLOYMENT

Education

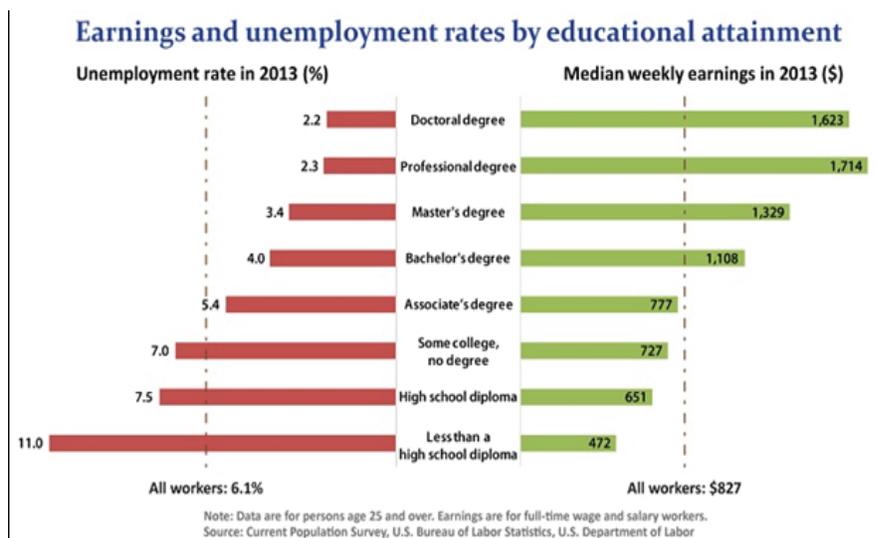
Education

The association between educational attainment and earning capacity is well documented. A recent analysis of the Census Bureau's Current Population Survey by the U.S. Bureau of Labor Statistics demonstrates the direct correlation between the level of education, earning potential and propensity for unemployment: The higher the education, the higher earning potential and the less probability for unemployment. The group of individuals who earn the least and are most vulnerable to unemployment are those with only a high school diploma or less.

Poverty

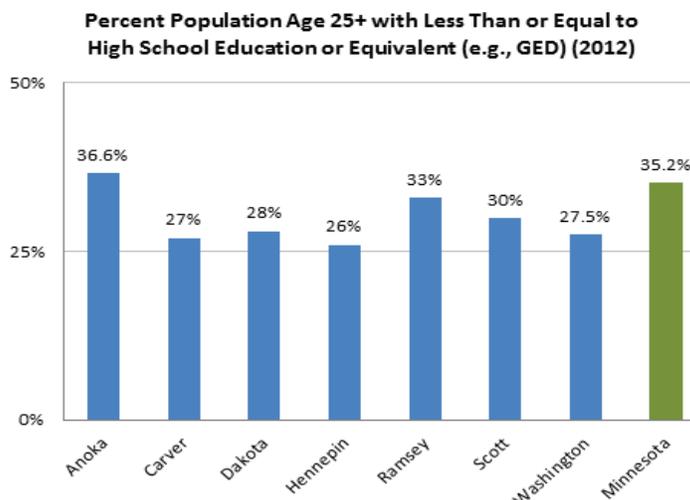
Employment

EDUCATION



US Bureau of Labor Statistics

Among the metro counties, Anoka has the highest percentage of the workforce with education levels limited to a high school diploma or less and exceeds the overall statewide percentage.



Poverty

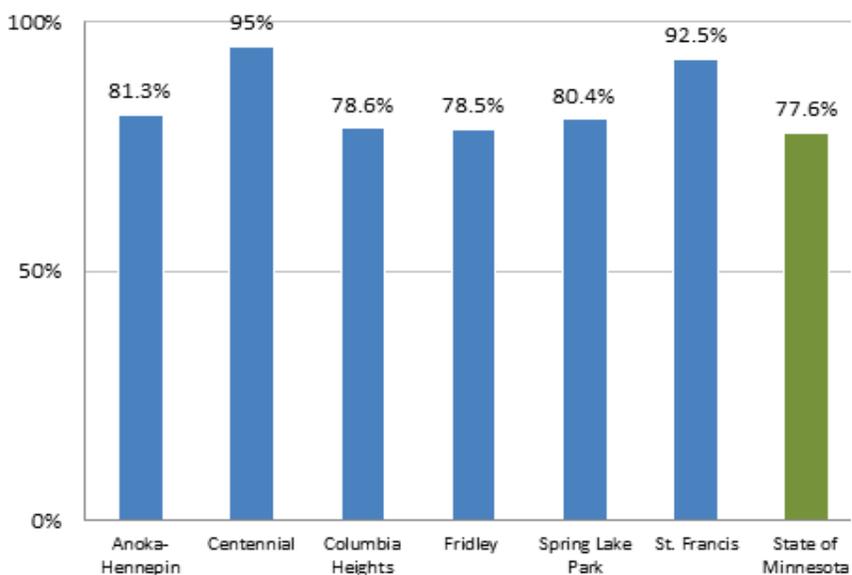
Employment

EDUCATION

Education, cont.

Anoka County high schools are committed to graduating incoming freshman in four years but many factors can intervene. According to school administrators interviewed, the primary factor is instability in families' living situations where unemployment or under-employment along with lack of affordable housing frequently leads to movement in and out of school districts.

4-Year High School Graduation Rate (2012)



As this chart displays, the districts with the lower rates of graduation within 4 years are also those that serve Anoka County communities with the highest levels of poverty.

HOUSING

Transportation

and

Transit

Housing Affordability

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

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

When demand exceeds supply, rental costs will rise. Based on the 2008-2012 ACS 5-year estimates in Anoka County, median rent paid was \$937. The only metro counties with more expensive median rents were Scott (\$978) and Washington (\$1,077). Median range within Anoka County was as low as \$685 in Hilltop and as high as \$1,411 in Linwood Township.

Rental vacancies in Anoka County were 5.4% compared to the state's overall rate of 5.2. Among the metro counties, only Dakota County had higher vacancy rate (5.9%). Within Anoka County, many cities have no vacancies; the highest vacancy rates were in Circle Pines (12.3%), Hilltop (11.7%), and Ramsey (10.3%) but the median rents in Circle Pines and Ramsey cities were higher (\$1,123 & \$1,334, respectively). Hilltop has the highest percentage of mobile homes (62%) and also the lowest median rent (\$685).

Households paying more than 35% on rent within Anoka County equated to 42.2%, with only Ramsey County among the metro counties showing greater percentages (42.5%). Within Anoka County the range was from a low of 14.9% in Nowthen to over 59% in Andover and Centerville.

HOUSING

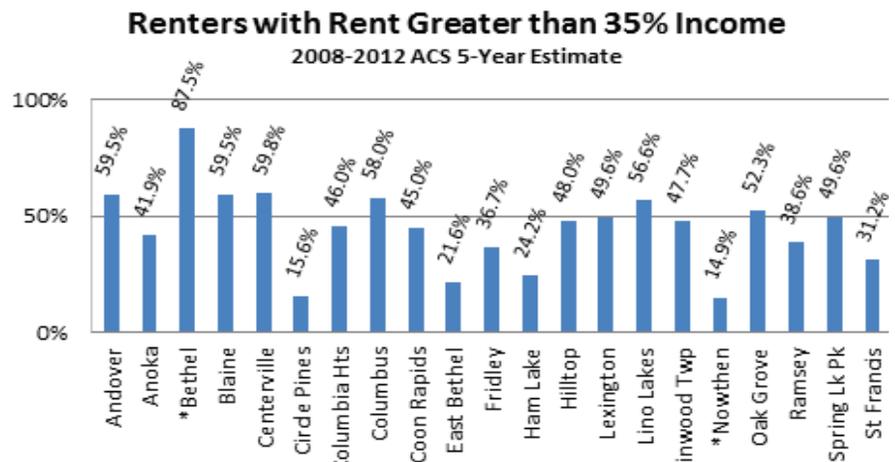
Transportation

and

Transit

Housing Affordability, cont.

When rental costs reach or exceed 35% of monthly household income, a family is assumed to be hard-pressed to meet the other costs of daily living.¹ This leads to difficulty in maintaining stable housing with frequent evictions, frequent changes in schools for school-aged children, “couch hopping,” crowded living conditions, and, worse, homelessness.



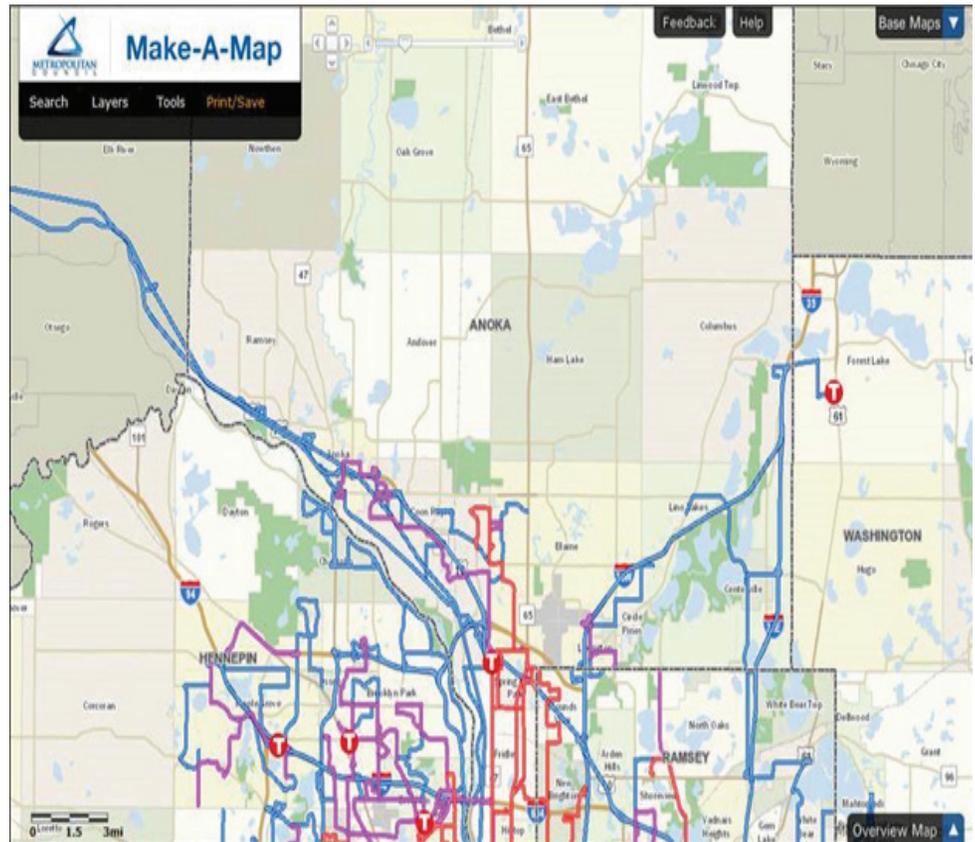
* Cities with highest and lowest percent of renters with rent greater than 35% income
U.S. Census Bureau. (2008-2012). American Community Survey

On the most recent count of homeless in Anoka County conducted by the Wilder Research Foundation (October 25, 2012) 112 people in families (including 57 children) and 92 individuals not in families (204 total) were found to be homeless. Of these, 130 were in shelters and 74 were not.

¹Schwartz, M., Wilson, E. (2008) Who can Afford to Live in a Home? A Look at Data from the 2006 American Community Survey. US Census Bureau. Accessed at: <http://www.census.gov/hhes/www/housing/special-topics/files/who-can-afford.pdf>

Transportation

Lack of convenient public transportation leads to difficulty in travel to access resources, such as healthcare services.



As this map imported from the Metropolitan Council displays, public transportation in the far southern part of Anoka County (City of Anoka, Columbia Heights, Hilltop, Fridley, Spring Lake Park and southern Blaine) is well served by the Anoka County Traveler and Metro Transit Systems. Express buses along the major roadways help move the workforce and students in and out of the metropolitan core. However, families and individuals living in mid and north Anoka County are necessarily dependent on their own or borrowed vehicles or taxi service for access to medical and dental appointments, groceries, libraries, and other community resources. Dial-a-Ride (Transit Link) is available in these areas but requires significant planning. A volunteer transportation program provides services to veterans and senior citizens.

Housing

TRANSPORTATION

and

TRANSIT

Implications of the Compounded Effects of Poverty, Low to Moderate Wage Employment, an Under-educated Workforce, Unaffordable Housing, and Transportation Disparity

In Anoka County, the collective impacts of:

- 7.1% of all persons and up to 35.5% of families with children under 18 living at or below 100% of poverty
- Average county wage being moderate to low wages
- High demand for and the unavailability of affordable housing, results in rent being greater than 35% of monthly income
- A workforce that is less well educated

has resulted in a greater strain on resources and translates into a considerable proportion of the population with an ongoing struggle to make ends meet compared to other metro counties. In addition, the lack of convenient public transportation in the northern two-thirds of the county creates an additional issue for some residents, especially those with children. Individuals without access to a vehicle, must devote time to organize the use of public transportation.

2015-2019 Action Step

- **Community Health Improvement Plan Goal IV:** Anoka County Community Health and Environmental Services will participate in county-based efforts to address homelessness and shortage of affordable housing.

RACE and ETHNICITY

Growing Diversity

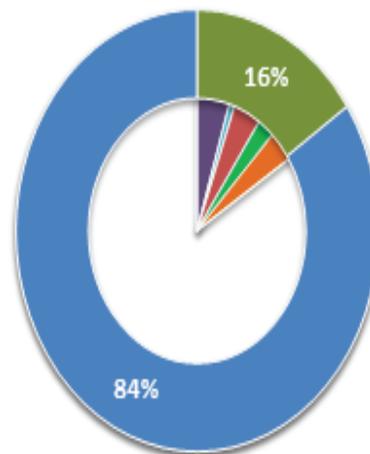
The county continues to demonstrate increasing diversity in persons of color, ethnicities, and cultural differences, especially in the county's southern communities. This creates a shift in the demand for resources, both in type (such as translation services) and quantity.

Growth in populations of color grew in all communities between the 2000 and 2010 census but most notably in Columbia Heights and Hilltop. In the 2000 U.S. Census, the percentage of persons of color in Columbia Heights was 14.2; in Hilltop, 20.5. In 2000 these were already the county's most diverse communities. By the 2010 census 35% of Columbia Heights' population was persons of color and Hilltop's, 37%. Other communities with significant populations of color according to the 2010 census are Fridley (28%), Spring Lake Park (18.5%), and Coon Rapids (15.7%).

Race & Ethnicity

2008-2012 ACS 5-Year Estimate - Anoka County

Population:
White 84%
Of Color 16%



Population of Colo
Black/African American 4.8
American Indian 0.8
Asian/Pacific Islander 4.1
Two or More Races 2.5
Hispanic (any race) 3.8

2010 US Census Bureau

Foreign Born Individuals

Mexico

These same southern Anoka County communities also claim the largest groups of foreign-born persons. The U.S. Census Bureau's 2008-2012 American Community Survey estimates that 19.8% of Hilltop's population is foreign-born; Columbia Heights, 16.3%; Fridley, 11.7%; Spring Lake Park, 9.5%; Coon Rapids, 7.3%.

Somalia

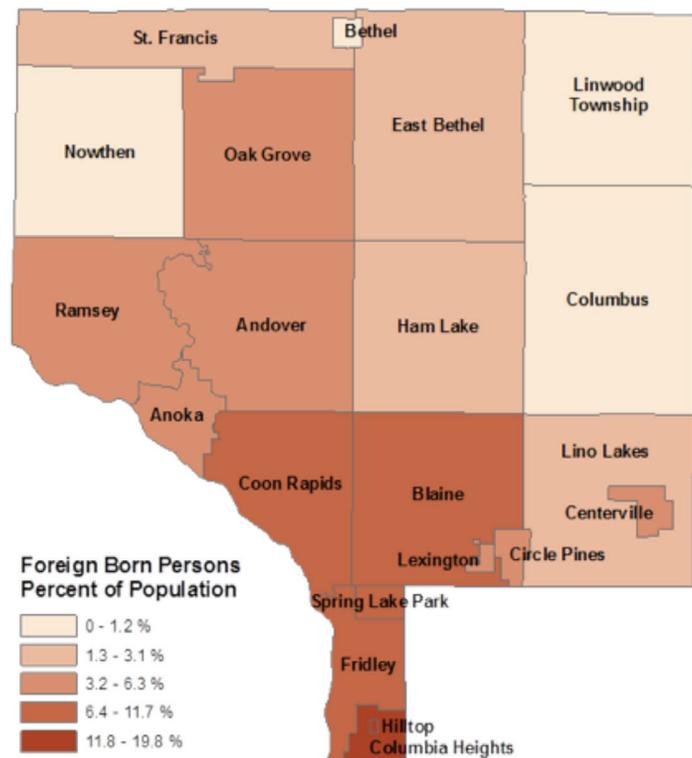
Countries represented include many people from Central America and Mexico, Somalia, Ukraine, Iraq, Cambodia, and Tibet, among others. Enrollments in Anoka County Schools also reflect this diversity. In the Anoka-Hennepin district 109 languages were spoken in the 2013-2014 school year. Fifty-one were spoken in Spring Lake Park and 33 in both Columbia Heights and Fridley.

Ukraine

Iraq

Cambodia

Tibet



2008-2012 US Census Bureau

IMPLICATIONS

Increase
Staff
Competency

Providing
Services
to Populations
with
Limited
English
Proficiency

Better
Understanding
of Cultural
Influences

Growing Diversity, Cont.

Growing diversity creates increased demand for staff with competence in providing services to populations with limited English proficiencies and understanding cultural influences on concepts of wellness, disease, family and child-rearing that may differ from prevailing Western conceptualizations.

Measure: CHES meets these challenges by providing translator services, staff training on cultural awareness and competence, and collaborating with other service providers working with these same populations to meet their needs efficiently and effectively.

2015-2019 Action Steps

- **Strategic Plan Goal I:** Increase CHES staff awareness, comfort and competency for working with complex family diversity and situations.
- **Strategic Plan Goal II A:** By December 2019, the Family Home Visiting program outcomes/benchmarks for home visiting clients will show an increase in the percent of primary caregivers who report a higher level of income and benefits twelve months post enrollment.
- **Strategic Plan Goal II B:** By December 2019, the Family Home Visiting program outcomes/benchmarks for family home visiting clients twelve months post enrollment will show an increase in the percentage of primary caregivers who report that they completed one or more educational programs.

OBESITY:

Across
Anoka
County

and

Throughout
All Age
Groups

Obesity

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

Data from the 2012 Centers for Disease Control's Behavior Risk Factor Surveillance System (BRFSS) indicate that 25.7% of Minnesota adults were obese, compared to 34.9% nationally. For Anoka County adults participating in the survey, 38.7% were overweight (BMIs 25-29.9) and 25.6% were obese (BMIs >30). Compared to the composite data from the 16 counties participating in this survey, Anoka had somewhat greater percentages than the overall (37% overweight, 23.9% obese) (CDC/SMART: BRFSS City and County Data).

The 2011/2012 National Survey of Children's Health found that in Minnesota 27.2% of children aged 10-17 were overweight or obese, compared to 31.7% nationally.

An analysis of 2-5 year olds enrolled in Anoka's Women, Infants, and Children (WIC) program in 2012 showed that approximately 28.5% were obese or overweight.¹ Although a recent study found that the prevalence of obesity among children aged 2 to 5 years decreased from 14% in 2003-2004 to just over 8% in 2011-2012, it also showed that prevalence increased in women aged 60 years and older, from 31.5% to more than 38%.²

Given that the Healthy People 2020 goal for the level of obesity in the 2-5 year old age group is no more than 9.4% and the goal for 40% of adults to be at a healthy weight, much remains to be done.

Obesity among children and adults was a top priority identified in the 2010-2014 community health planning cycle. Significant resources were targeted toward prevention interventions such as with the Anoka County Partnership for Better Health, working with school districts to improve nutrition policies, promoting breastfeeding, promoting active communities, and working with employers to promote worksite wellness programs.

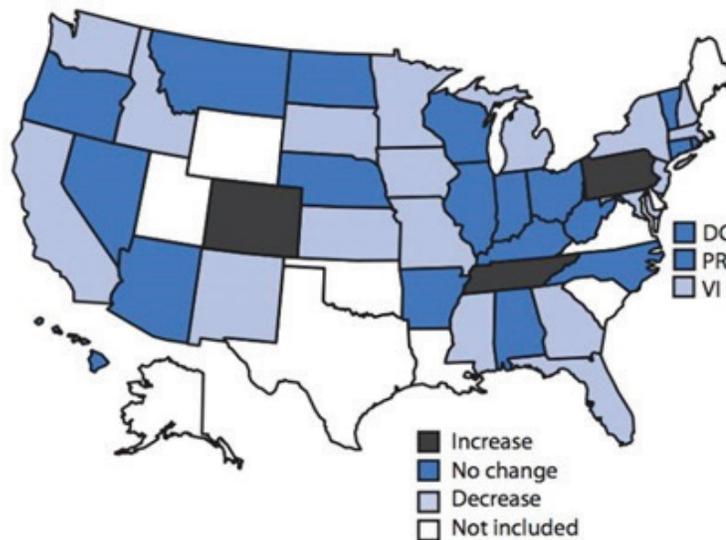
¹Minnesota Department of Health/WIC Program and CSFP (2012) Weight Status of Minnesota WIC Children Ages 2-5 by County of Residence, 2012. www.health.state.mn.us/divs/fh/wic/statistics/wtstatus/wtbycountyres.pdf

²Ogden, C., Carroll, D., Kit, B., Flegal, K. (2014) Prevalence of childhood and adult obesity in the United States, 2011-2012. JAMA 311(8): 806-814.

IMPLICATIONS

Overweight and Obesity contributing to over 50% of deaths among Minnesotans in 2010

Obesity, cont.



Source: CDC Decreases and increases in obesity prevalence from 2008 to 2011 among low-income preschool-aged children — Pediatric Nutrition Surveillance System, United States. Trends assessed by logistic regression models adjusted for age, sex, and race/ethnicity. Obesity defined as having an age- and sex-specific body mass index ≥ 95 th percentile, according to the 2000 CDC growth charts.

Implications

Overweight and obesity are associated with chronic diseases—cancer, heart disease, stroke, and diabetes--leading to over 50% of deaths among Minnesotans in 2010 and creating a financial burden in the billions of dollars.¹ A greater proportion of children and adults achieving normal weight status will have significant impact on not only personal and population health but also economic factors. The Guide to Community Preventive Services provides evidence supporting that a sustained multi-layered approach involving both provider-oriented and community-based interventions are needed to create the change desired.²

2015-2019 Actions

- **Community Health Improvement Plan Goal I:** Contribute to the reduction of the number individuals in Anoka County who are considered obese.
- **Strategic Plan Goal II C:** Focus on achieving and maintaining normal weight and optimal BMI ranges among clients served by CHES programs and services will contribute to reduction of population obesity and overweight in Anoka County.

¹Minnesota Department of Health. Obesity. <http://www.health.state.mn.us/obesity/>

²The Community Preventive Services Guide. Obesity Topic. www.thecommunityguide.org/obesity/index.html

Tobacco, Alcohol, and Other Drugs

Tobacco, Alcohol, and other drug use among teens and young adults

Rates of tobacco use among all ages and underage alcohol use remain a concern as is the growing presence of illegal and abusive use of prescription drugs and use of street drugs.

A recent CDC report on a national survey of youth tobacco use found that in 2012, the prevalence of current tobacco product use among middle and high school students was 6.7% and 23.3%, respectively, rates slightly lower than those of the previous year.¹

A 2013 national study of adolescent drug use found that the proportions of 8th, 10th, and 12th graders who reported drinking an alcoholic beverage in the 30-day period prior to the survey were 10%, 26%, and 39%, respectively. They also found that lifetime, annual, and 30-day measures of alcohol use were at historic lows over the life of the study in all three grades. Binge drinking in 12th grade and daily use in 10th and 12th grades were the only exceptions, and they were very close to their historic lows (which occurred in 2011).²

¹Morbidity and Mortality Weekly Report (MMWR). November 15, 2013. Tobacco Product Use Among Middle and High School Students — United States, 2011 and 2012. Center for Disease Control, 62(45): 16 pages

²Johnston, L., O'Malley, P., Miech, R., Bachman, J., Schulenberg, J. (2013) Monitoring the future. National results on adolescent drug use: 2013 Overview, key findings on adolescent drug use. National Institute on Drug Abuse. Accessed at: www.monitoringthefuture.org/pubs/monographs/mtf-overview2013.pdf

**Tobacco
and
Alcohol Use
Among
High School
Students**

**Tobacco, Alcohol, and other drug use
among teens and young adults, cont.**

Anoka County Student Surveys - usage in the past 30 days	2010	2013
9th Grade Males use of Tobacco	14%	12%
9th Grade Females Use of Tobacco	12%	9%
9th Grade Males use of alcohol	17%	12%
9th Grade Female use of alcohol	22%	17%
12th Grade Males use of Tobacco	38%	NA
12th Grade Females Use of Tobacco	26%	NA
12th Grade Males use of alcohol	34%	NA
11th Grade Female use of alcohol	35%	NA
11th Grade Males use of Tobacco	NA	19%
11th Grade Females Use of Tobacco	NA	14%
11th Grade Males use of alcohol	NA	25%
11th Grade Female use of alcohol	NA	28%

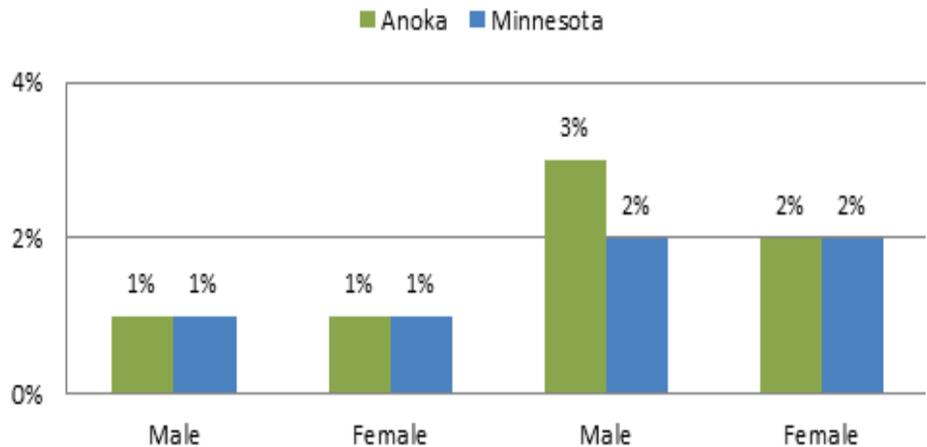
Comparing the 2010 and 2013 Student Survey (above) indicates declines in both tobacco and alcohol use among Anoka County adolescents over roughly the same time frame. (Note that in the 2013 survey 11th graders were surveyed rather than those in 12th grade.) While the decline is positive any use of either substance presents long-term health consequences.

One of the concerns with youth tobacco and alcohol use is that they serve as “gateways” for use of mood-altering substances with even greater risk. The 2013 Student Survey found that among Anoka County 8th graders and 11th graders reported use of non-prescription opioid use was low.

Non- Prescription Opiates

Tobacco, Alcohol, and other drug use among teens and young adults, cont.

Percent of Students who Used Non-Prescribed Opioid Pain Relievers on 1+ Occasions in the Last 12 Months
2013 Minnesota Student Survey



According to the Anoka County Attorney’s Office, 52 Anoka County residents died from a heroin-related death from 1999-2013. In 2013 the drug was suspected of causing 21 fatal overdoses mostly among young adults.¹ Deaths among youth in the communities served by the St. Francis school district sparked community meetings in early 2014 followed by the organization of a parent-led coalition to raise community awareness about the issue.

Given the timing of CHES’ community health survey and key informant interviews in late 2013, it is not surprising that the issue of heroin use emerged as an important issue. There was also significant concern voiced for the ongoing prevalence of tobacco and alcohol use as these are considered not only harmful in themselves, but also as gateway drugs to use of illicit substances.

¹Palumbo, T. (2014) *Anoka County’s Rising Heroin and Prescription Drug Trends*. Quad Community Press, February.

Tobacco, Alcohol and Other Drugs, cont.

Underage
Usage of drugs

Frequently
Begins in
Middle School

Underage use of alcohol and tobacco and use of illicit drugs at any age contribute significantly to premature death, loss of productivity, and development of chronic diseases over a life-time. Initiation of such addicting habits typically start in middle-school and increases in high school, which makes these age groups in the population the best return on investment for promotion of healthy behaviors in healthy communities.

2015-2019 Action Steps

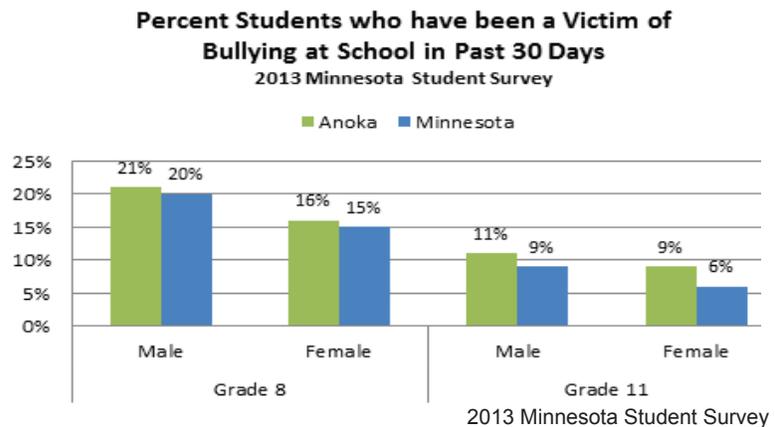
- **Community Health Improvement Plan Goal II:** Raise community, parental, and educators' awareness of drug abuse risk among Anoka County adolescents.
- **Strategic Plan Goal II D:** The next Minnesota Student Survey (scheduled for 2016) and Anoka County-specific Behavioral Risk Factor Surveillance System data will indicate no increase in rates of alcohol and other drug usage, especially abuse of prescription drugs and illegal drugs (such as heroin) among Anoka County adolescents and adults.

Bullying

Violence and Safety

Concern continues regarding bullying behavior across all age groups but especially among those who are more vulnerable based on age (children and the elderly) and sex (women).

In Anoka County, measures of violence across the age span continue to be a concern. Rates of bullying in schools, child maltreatment, elder abuse, and domestic violence are unacceptable in civil societies at any level.



As this chart of data from Anoka County students who responded to the 2013 Student Survey displays, bullying in schools is still prevalent. While the decline between 8th grade and 11th is somewhat predictable given adolescent emotional maturation between those years, the fact that any incidence remains is problematic.

The following chart displays data from the Minnesota Department of Education regarding disciplinary actions in the Anoka County school districts during the 2012-2013 school year. While the numbers must be considered in context of the districts' enrollments and only reflect reported incidents, the fact remains that bullying and other aggressive behaviors toward others continues.

Disciplinary Actions--Anoka County Schools, 2012-2013

	Attendance	Bullying	Cyber Bullying	Harassment	Threats - Intimidations
Anoka- Hennepin	37,724	21	10	92	197
Centennial	6,444	4	0	10	18
Columbia Heights	3,026	19	0	10	99
Fridley	2,913	4	1	2	7
St. Francis	5,033	5	0	2	7
Spring Lake Park	5,128	5	1	18	19

Child Maltreatment

70%
of fatalities
occur among
children younger
than 3 years old

Violence and Safety

A CDC report on child maltreatment in the United States in 2012¹ reveals a continuing grim picture:

- Aggregated US child protection system data estimated that the 3.4 million child abuse and neglect referrals received in 2012, 686,000 children (9.2 per 1,000) were substantiated as victims of maltreatment.
- Of the child victims, 78% were victims of neglect; 18% of physical abuse; 9% of sexual abuse; and 11% were victims of other types of maltreatment, including emotional and threatened abuse, parent's drug/alcohol abuse, or lack of supervision.
- In 2012, 27% of victims were younger than 3 years, 20% of victims were age 3-5 years, with children younger than 1 year having the highest rate of victimization (21.9 per 1,000 children). 70% of fatalities occurred among children younger than age 3; the rate for boys was 2.5 per 100,000 and for girls was 1.9 per 100,000.
- The rates of victimization were 8.7 per 1,000 children for boys and 9.5 per 1,000 children for girls. The true occurrence of child maltreatment is likely under-reported.
- The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States is approximately \$124 billion.
- Of the 1,640 children who died from maltreatment in 2012 (2.2 per 100,000 children), 70% experienced neglect and 44% experienced physical abuse either exclusively or in combination with another form of maltreatment.
- Four-fifths (80.3%) of perpetrators were parents, 6.1 percent were relatives other than parents, and 4.2 percent were unmarried partners of parents; 54% of perpetrators were women and 45% of perpetrators were men.

¹ National Center for Injury Prevention and Control, Division of Violence Prevention (2014) Child Maltreatment Facts at a Glance. CDC. Accessed at: www.cdc.gov/violenceprevention/pdf/childmaltreatment-facts-at-a-glance.pdf

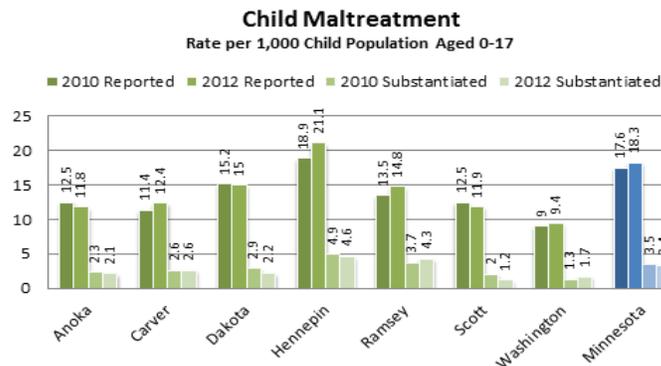
Violence and Safety, cont.

In Anoka County, the following chart of data documents the current status.

Child Maltreatment

Elder Abuse

Vulnerable Adults



Minnesota DHS, Minnesota Child Welfare Reports

The Anoka County Child Protection Team includes a CHES representative to coordinate services. In addition, a member of the Child Protection Team meets regularly with the child abuse and maltreatment prevention teams at both local hospitals.

Elder Abuse/Vulnerable Adults

A 2008 National Institute of Justice¹ national telephone survey of people over age 60 provides the most recent national perspective:

- 5% reported they had experienced emotional abuse over age 60. The most likely perpetrator was parent/spouse and acquaintance (both 25%).
- Lifetime prevalence of physical abuse was 12%. By far the most likely perpetrator was a parent or spouse (57%).
- Lifetime prevalence of sexual abuse was 7%. The most likely perpetrator was either a parent/spouse or an acquaintance (40%).
- Neglect was noted as difficult to report as its basis is often subjective. The most frequently reported types of neglect were household maintenance and yard work, transportation, food and medicine, cooking or taking medicine, getting out of bed, showering/dressing, and making sure bills were paid. The most often perceived perpetrator was reported as a child or grandchild.

¹Acierno, R., Hernandez-Tejada, M., Muzzy, W., Steve, K. (2009) Final Report: The National Elder Mistreatment Study. National Institute of Justice. Accessed at: www.ncjrs.gov/pdffiles1/nij/grants/226456.pdf

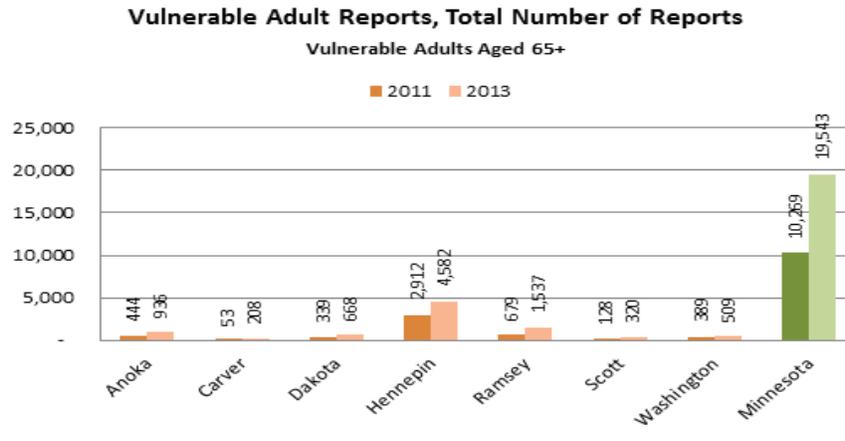
Elder Abuse

Vulnerable Adults

Domestic Violence

Violence and Safety, cont.

- Financial mistreatment perpetrated by family members in the previous twelve months was 5.2%, making this a relatively frequently occurring type of elder mistreatment by trusted others. Exploitation by a stranger was reported in only 2.9% of events since reaching age 60.



Minnesota DHS: Vulnerable Adult Report

The above chart depicts the current status of elder abuse reports for Anoka County. Note that the number of reports in all counties and state, have doubled or nearly doubled in two years. This may be attributed to the increasing proportion of elderly in the population and/or it could be reflecting the growing attention paid to the issue with the implementation of programs such as the county attorney’s office involvement in the Minnesota S.A.F.E. Elders (Stop Abuse and Financial Exploitation) Initiative.

Domestic Violence

In Anoka County in 2013, thirty-nine women were seen in a hospital for battering; 56% were women under age of 30. None were fatal. Four men were also reported as being seen for maltreatment-related assaults (MDH/Minnesota Injury Data Access System). The Minnesota Coalition for Battered Women reported that statewide at least 25 women and 7 men died in 2013 of injuries related to domestic violence. In Anoka County CHES public health nurses provide follow-up for pregnant women and mothers with young children seen by local law enforcement for domestic assault who are assessed to be at high risk for lethal consequences. The county attorney estimates that 75% of all women assessed are deemed high-risk.

2015-2019 Action Step

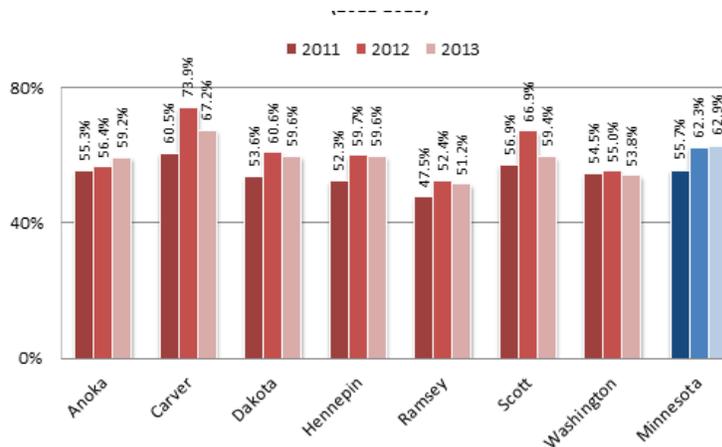
- **Community Health Improvement Plan Goal III:** Assure the coordination of violence prevention programs and activities across Anoka County.

Immunizations

Flu Vaccine

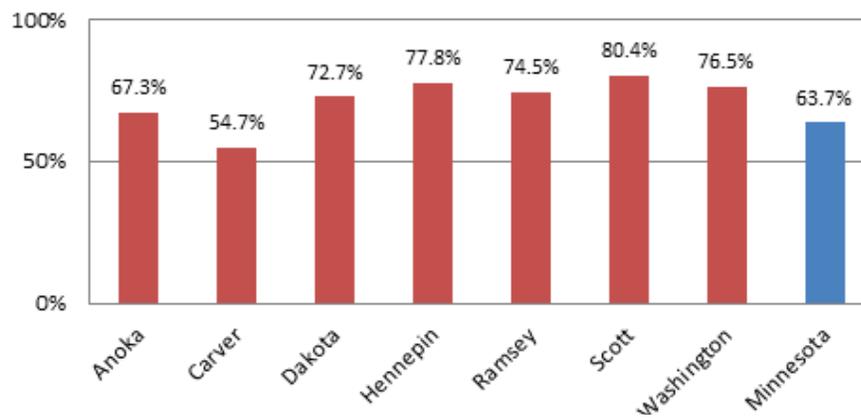
Low Vaccination Rates

This is noted especially in flu rates among adults and completed immunization series for children age 24-36 months. Although problems with electronic data reporting on the part of some clinics may result in under-reporting, the rates remain less than acceptable and jeopardize herd immunity.



Minnesota Dept. of Health: MN Immunization Information Connection (MIC)

Percent of Children Aged 6 Months-4 Years who received Seasonal Flu Vaccine, 2012-2013 Season



Minnesota Dept. of Health

Implications:

Immunize Against Vaccine Preventable Diseases

Low Vaccination Rates, cont.

Although the percentage of infants and children in Anoka County completing the recommended immunization series for 24-36 month-olds has improved over time, the current 59.2% is less than the state's and far below the Healthy People 2020 goal of 90%. Similarly, the percentage of both children and elderly immunized for seasonal influenza falls short of that goal.

Implications

Maintaining an adequate percentage of individuals immunized against vaccine-preventable diseases is critically important for population health. The number of individuals sufficiently immunized against vaccine-preventable infectious disease to sustain herd immunity (that is, the indirect protection of unvaccinated persons because the numbers of individuals who are vaccinated is sufficient to prevent the spread of the disease) is the standard goal. This is particularly important to protect populations most vulnerable to infection—those with compromised immune systems due to age (that is, the very young and the elderly) or to disease (such as cancer or lung diseases). Although the percentage of individuals needing to be vaccinated to sustain herd immunity varies by the particular infection, the general target established in Healthy People 2020 is 90%.

Besides personal and population health implications, there is also economic impact. An analysis for 2009 alone found that each dollar invested in vaccines and administration, on average, resulted in \$3 in direct benefits and \$10 in benefits when societal costs are included.

2015-2019 Action Steps

- **Strategic Plan Goal III A:** By December 2015 influenza season and all subsequent seasons, high-risk Anoka County correctional clients will be identified and immunized.
- **Strategic Plan Goal III B:** By December 2019, Anoka County immunization rates for children ages 24-35 months will increase over the 2013 rate of 54.6%.
- **Strategic Plan Goal III C:** By December 2019, Anoka County immunization rates for influenza immunizations will improve over the 2012-2013 season rates for infants and children ages 6 months through 4 years and for adults 65 years of age and older.

Task Force Recommendations

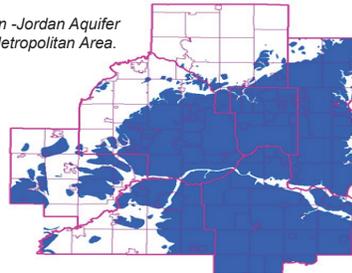
WATER QUALITY AND SUSTAINABLE DRINKING WATER

The concern is especially for communities expecting significant growth in the next decades.

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

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

*The Prairie du Chien -Jordan Aquifer
Formation in the Metropolitan Area.*



The Environmental Services Section of CHES prepared an in-depth report of water issues in conjunction with CHES' 2009 Community Health Plan submission. In 2014, CHES reconvened the Water Resources and Supply Task Force to update the document and generate the following new recommendations:

1. Strive for coordinated water management programs:

- Continue performing community assessment and planning of water resources ever five years as part of Anoka County's requirement for a comprehensive community health assessment and plan.
- Maintain a Task Force that meets a minimum of twice yearly to review update and coordinate the efforts and information of organizations and their agencies to manage local water resources.

Task Force Recommendations

WATER QUALITY AND SUSTAINABLE DRINKING WATER, cont.

1. Strive for coordinated water management programs:

- The Task Force will monitor current and emerging water resource issues to identify collaborative opportunities to implement programs that enhance the management of local water resources and protection of human health and ecosystems. The Task Force will identify and assess gaps in the management of water resources and make recommendations to address significant gaps. The identified opportunities are to be summarized in a report provided to the Anoka County Human Services Committee and each city and watershed management organization in the county.
- The Anoka County CHES Department supports the above activities as part of the department's assessment and planning activities.

2. Strive for coordinated water education programs:

- The CHES Department may consider action to secure grants for facilitation of a coordinated approach to conservation and environmental education outreach as well as facilitate the development of partnerships to coordinate and enhance the numerous community-based natural/environmental programs.
- Utilize work groups of technical and education professionals to develop and deliver informational messages.
- Actively seek grant and other funding opportunities to support community information and awareness efforts. Maintain the *Know the Flow* website (www.Know.the.Flow.us) to provide water resource information and outreach projects. This website supports county agencies, cities, watershed management organizations, lake improvement districts and other organizations that promote protection and sustainable management of water resources.

Task Force Recommendations

WATER QUALITY AND SUSTAINABLE DRINKING WATER, cont.

3. Promote local water sustainability

- Establish a Water Sustainability Work Group of Anoka County water appropriators to collaborate to address the current and future water resources sustainability issues as information and studies develop.
- Facilitate community cooperation in the development of water resource conservation and sustainability initiatives that will cost-effectively satisfy state requirements of water users.
- Facilitate community participation in the identification of alternatives as identified in the North and East Metropolitan Groundwater Management Area report (NEM-GWMA).

4. Drinking water protection:

- CHES will continue support and facilitate the cooperative wellhead protection efforts of the Anoka County Municipal Wellhead Protection Group.
- CHES will continue the inspection and testing of public water supplies serving county-licensed food and lodging establishments.

5. Identify opportunities in local water management:

- Identify opportunities to encourage Anoka County residents and property owners to locate and seal abandoned wells through education, citizen engagement and financial grant assistance.
- Identify opportunities to cooperate with the Department of Natural Resources in locating and educating unpermitted water appropriators through local land use and environmental programs.

Implications

Protection of drinking water safety and adequate supply requires the coordinated efforts of multiple state and local governments and advocacy organizations. The plan provides a comprehensive guide for action.

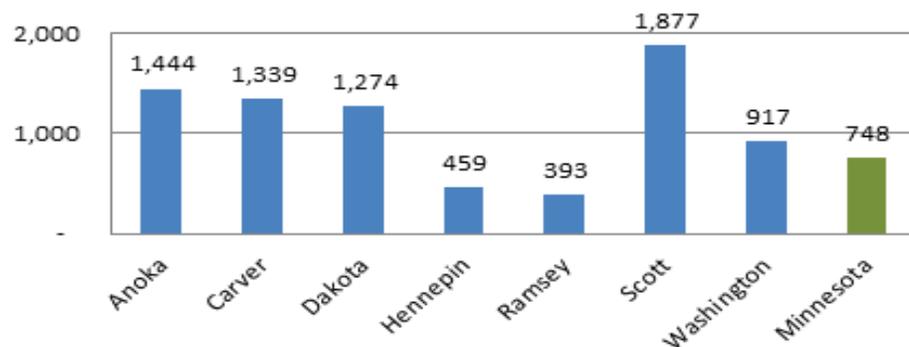
2015-2019 Action Steps

- **Community Health Improvement Plan Goal V:** Maintain adequate sources of safe drinking water for Anoka County residents.
- **Strategic Plan Goal IV A:** End of year reports of Environmental Services' (ES) staff will document activities designed to maintain sustainable quality drinking water.

Mental Health

This issue was identified across all age groups. The over-riding issue is accessibility to therapeutic resources both in terms of too few providers and the resulting long wait times until appointments can be scheduled.

Number of County Residents to One Mental Health Provider (2013)



CMS, National Provider Identification

The observations of the CHES staff, key informants external to the department, as well as the results of the community assessment and opinion survey all documented strong concern for the lack of accessibility to mental health providers and timely appointments. While objective data from providers on wait-times was not available, the data from the Centers for Medicare/Medicaid illustrated on the chart above suggest that Anoka County residents have considerable limited access to mental health providers compared to five of the six other metro counties and the state as a whole.

Implications

Typically when an individual or family decides to seek mental health services, it is with the expectation of establishing timely appointments with a provider. Little evidence is available in current literature to ascertain the impact on client status when accessibility cannot be met, although it is a reasonable assumption that frustration may lead to abandoning external care altogether until symptom escalation prompts the use of a hospital emergency room or psychiatric crisis services, such as Anoka County Mobile Crisis Response Services.

Mental Health, cont.

2015-2019 Action Steps

Solutions to this issue are broader than the scope of CHES' resources and require a multi-systems approach. A CHES public health nurse serves on the statutorily mandated coordinating entity for mental health services, the Anoka County Adult and Children's Mental Health Advisory and Coordinating Council facilitated by the Anoka County Community Social Services and Mental Health Department. Although the issue of appointment timeliness did not emerge as one of the four unmet needs the council recently recommended to the board for consideration, CHES representation will continue to advocate for its address in the future.