



COMMUNITY HEALTH IMPROVEMENT PLAN:
ANNUAL REPORT FOR 2018

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Carver County, Minnesota

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Introduction

Background Information

The Carver County Community Health Improvement Plan (CHIP) is the result of a detailed effort to understand the community health issues that are most important to Carver County residents. The Carver County Community Health Board (CHB) established a collaborative team representing a wide range of community stakeholders. It was formed to conduct a comprehensive community health assessment, prioritize needs, and develop goals, strategies and action steps to address the critical health issues of the County. The community health assessment gathered data from a variety of qualitative and quantitative sources, including but not limited to Minnesota Department of Health (MDH) Health Advisory Bulletins, Public Health Emergency Preparedness Alerts, Professional Bulletins and research updates, census data, Robert Wood Johnson Foundation County Health Rankings, County Health Profiles, Minnesota Student Survey, SHAPE Survey, local community surveys, and a series of key informant interviews and focus groups.

Carver County Public Health (CCPH) utilized components of the Mobilizing for Action through Planning and Partnerships (MAPP) and the MDH's Community Health Assessment Guidelines to navigate the creation of the CHIP. MAPP helps communities improve health and quality of life through community-wide and community-driven strategic planning. Through MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs and forming effective partnerships for strategic action. MAPP provided a blueprint to orchestrate the collection and analysis of data, develop priorities, garner resources, and develop strategic action plans to educate and mobilize all stakeholders *to protect and promote health for all in Carver County*.

Process for Monitoring and Revision (2018 Performance-Related Accountability Measure 5.2.4)

Every 5 years local public health departments in Minnesota conduct a Community Health Assessment (CHA), which leads to the development of a CHIP, and this plan is required to be submitted to the Minnesota Department of Health (MDH). The current plan is for the period of 2015-2019 and the next plan will be for 2020-2024, which will be submitted to MDH in Spring 2020. CCPH also develops a five-year strategic plan (SP) during each five-year cycle. Should CCPH choose to apply for accreditation through the Public Health Accreditation Board, a current CHA, CHIP, and SP are three of the required components of the application process.

The **CHIP** includes goals and objectives to be achieved for the identified public health priorities *for Carver County residents*. Prioritization is necessary, as the required resources and opportunities to work on every identified public health issue may not be available. The plan outlines timelines, strategies, and tactics to achieve the objectives and goals.

Since the **CHIP** is broader than just the work of the local public health department, its development includes input and participation from a broad group of local community partners, from both the private and public sectors. It takes a view of the local public health *system* as being more than just the local public health *department*. The plan is intended to inform the work of these partners, as well as the public health department.

The plan *could* include the programs and services which CCPH is mandated by law to conduct to ensure the health, safety, and well-being of its residents (depending upon which public health issues are prioritized by those involved in the development of the plan), but it is in no way limited to these activities.

The **Strategic Plan (SP)** is an internal document *for the local public health department*. The CHIP does inform the SP, as it includes steps which the department will take to implement those portions of the CHIP it feels are appropriate for them to adopt – rather than/in collaboration with one or more community partners.

In addition to portions of the CHIP, the CCPH **SP** includes other strategic issues that the department deems to be a priority. It includes the vision, mission, guiding principles, and values *for the department*. It also describes measurable, time-framed goals and objectives.

The **CHA** identifies and describes (a) the health of the community, (b) the factors that contribute to health challenges, as well as (c) the existing community assets and available resources that can be mobilized to address these factors and improve the community's health. This data and information are collected and analyzed by the community health board who then begins utilizing the data to prioritize issues and make decisions. With a new CHIP due to MDH by Spring 2020, planning, preparation and conducting of the next Carver County CHA began in 2018.

MAPP (Mobilizing for Action through Planning and Partnerships) is a community-owned process that involves broad representation of the local public health *system* (not just the department) and uses qualitative and quantitative data from assessments (CHA) to inform the development, implementation, and evaluation of strategic community health improvement plans (CHIP). The MAPP process is framed around health equity. Individuals can participate in the one or more of the six MAPP process phases in the following avenues:

- A. **Executive Committee** (*of the Public Health Advisory Council*) – about 5 people from agencies who will support and lead the process and ensure that it moves forward. It will include the person(s) who provides staff support to this group, the full PHAC, and the PHAC Chair.
- B. **Public Health Advisory Council (PHAC)** – a broad group of about 25-30 people from many sectors (including the Executive Committee) that represent the many components of the local public health system.
- C. **Subcommittees** – these may be formed to oversee the work being done in a particular phase of the process, particularly the assessments.
- D. **Community** – in addition to having key community members on the PHAC, the process should include activities to gather broad community input.

*Before beginning Phase 1, the Executive Committee will identify partnerships or coalitions that currently exist in the community that can inform or be integrated into the MAPP process.

Phase One: Organize for Success/Partnership Development (May 15-June 30, 2018)

Community members and agencies form a partnership to learn about and plan a MAPP process. It includes developing community coalitions, planning partnership activities, and engaging community members in the process. This phase answers several questions by the Executive Committee and the PHAC.

1. What critical issues do we hope to address in a MAPP process?
2. Who is driving the process?
3. What do we want to get out of the process?
4. Who should be included in the MAPP process?
5. Is the community ready to conduct a MAPP process?
6. What are the resource needs for implementing a MAPP process?
7. How will the community proceed through the MAPP process?

In this phase, CCPH is (a) building a commitment among partners, (b) engaging and educating participants, (c) designing a process that uses participants' time wisely, (d) setting a tone of openness, and (e) ultimately resulting in a plan that can be implemented successfully.

Phase Two: Visioning (July 15-October 15, 2018)

Together, members of the partnership (A, B, C and D above) creates a common understanding of what they would like to achieve for the health of the community. They determine a focus, purpose and direction for the MAPP process, to reach a shared vision and corresponding value statements. It includes examining any existing community visions such as that in the previous CHIP, 2040 Comprehensive Plans, or healthcare system community health needs assessments. This phase answers:

1. Where do we, as a community, see ourselves in 3-5 years?
2. What values will support us through the MAPP process?

Phase Three: The 4 MAPP Assessments [AKA the CHA] (October 15, 2018-March 15, 2019)

Qualitative and quantitative data are gathered to provide a comprehensive picture of health in the community. This phase answers:

1. How healthy is the community?
2. What does the health status of the community look like?
3. What is important to the community?
4. How is quality of life perceived in the community?
5. What assets does the community have that can be used to improve community health?
6. What are the activities, competencies, and capacities of the local public health system?
7. How are the 10 essential public health services being provided to the community?
8. What is occurring or might occur that affects the health of the community, or the local public health system?
9. What specific threats or opportunities are generated by these occurrences?

- A. **Community Health Status Assessment** – provides quantitative information on community health conditions.
- B. **Community Themes and Strengths Assessment** – identifies assets in the community and issues that are important to community members.
- C. **Local Public Health System Assessment** – measures how well different public health system partners work together to deliver the 10 essential public health services.

D. **Forces of Change Assessment** – identifies forces that may affect a community, and the opportunities and threats associated with those forces.

Phase Four: Identify Strategic Issues (March 15-June 15, 2019)

The data (from Phase 3) are analyzed to uncover the underlying themes that need to be addressed in-order for the community to achieve its vision. This phase answers:

1. What issues are critical to the success of the local public health system?
2. What fundamental policy choices or critical challenges must be addressed in-order for the community to achieve its vision?

Phase Five: Formulate Goals and Strategies (June 15-September 15, 2019)

The community identifies goals it wants to achieve and strategies it wants to implement related to the strategic issues. This phase answers:

1. What are the long-term results associated with identified strategic issues?
2. What strategies can the community take to reach the goals?

Phase Six: Action Cycle (September 15-November 15, 2019)

The community plans, implements and evaluates action plans (from Phases 4 & 5) to meet goals, address strategic issues, and achieve the community's vision. This phase answers:

1. What will be done to realize the community's vision?
2. Who will do it?
3. How will it be done?
4. How will we know we made improvements?
5. How can we continually improve?

Progress on 2015 – 2019 CHIP Priority Areas

Priority 1: Obesity

Objectives to address this priority:

- 1) Provide opportunities to be physically active regardless of geographic location or socioeconomic status.
- 2) Increase opportunities for county residents to access locally grown produce regardless of geographic location or socioeconomic status.

Strategies to address this priority:

- 1) Work with local community members and municipalities to identify ways to promote physical activity within daily activities (walking path to grocery store, bike lanes on streets, SRTS).
- 2) Community members are utilizing community gardens, farmers' markets, and expanded produce options at their local corner stores and food shelves.

- **Priority Progress:**

- Maintained relationships with 21 childcare centers and in-home childcare providers to provide training and resources to support increased physical activity and more nutritious meals and snacks for over 700 infants and toddlers. Through these partnerships, we are targeting childhood obesity at the earliest stages of life.
- Partnered with 20 schools to increase physical activity opportunities and access to healthier foods. This past reporting year, activities in schools reached approximately 8,000 students.
- Partnered with two farmers markets to implement Power of Produce (PoP) program with over 300 children participating.
- Provided technical assistance to four food shelves on increasing access to healthy food options.
- Collaborated with three communities (one manufactured home community, one assisted living facility and one city) to offer residents access to community-based agriculture.
- Engaged senior living facilities to increase physical activity opportunities and access to healthier food options for residents.
- Engaged local municipalities, local parks departments, and local and regional planning groups around the importance of health in all policies. This relationship building is the foundation for future active living initiatives to increase access to safe walking and biking opportunities for all in Carver County.
- Strengthened relationships with local worksites. Seven partners focused on healthy eating initiatives and two on active living opportunities for employees.

- **Successes and Challenges:**

- Strengthened relationship with local municipalities and parks departments. Previously, CCPH did not work closely with these sectors. These relationships enhanced CCPH's capacity to increase physical activity opportunities and provide professional development to expand knowledge and skills related to planning and community engagement.
- Engaged Carver County Office of Aging to seek potential partnerships with organizations serving older adults to ensure residents of all ages have access to healthy food options. One project involved working with senior living facilities to review menus and provide training for kitchen staff to create nourishing, great tasting meals for residents. We also partnered with a local restaurant in Watertown

to start a meal delivery program in the community. Facilitated quarterly meetings with local food shelves and regional food banks to support efforts to increase access to fresh, quality produce, which led to greater access to local produce.

- Partnered with two small stores, a market in Chaska that serves mostly Hispanic foods and a convenience store in New Germany for the Good Food Sold Here pilot project which focuses on access to healthy food options in convenience and corner stores

- **Next Steps:**

Physical activity

- Continue with CHIP action plan, with greater emphasis on working with local community members to determine physical activity opportunities.
- Add “local senior living facilities will offer physical activity opportunities for residents such as Matter of Balance and/or Tai Chi.”

Healthy Eating

- Continue with SHIP action plan.
- Add “Increase number of farmers markets promoting Power of Produce (POP) Club and accepting SNAP/EBT benefits”
- Change to “more local corner stores and food shelves offer a wider variety and **greater amount** of produce”

Priority 2: Alcohol, Tobacco and Other Drug (ATOD) Use

Objectives to address this priority:

- 1) Reduce underage alcohol consumption among students by changing the idea that it is simply a “rite of passage.”
- 2) Reduce binge drinking among adult population.
- 3) Establish a county-wide coalition representing a wide cross-section of individuals and organizations interested in reducing the impact of alcohol and drug use.

Strategies to address this priority:

- 1) Eliminate alcohol in all school fundraisers and other school-related activities.
- 2) Work with cities to minimize alcohol use at family-oriented public events.
- 3) Work towards passage of countywide social host ordinance.
- 4) Meet with partners, residents, and organizations to identify and recruit coalition members.
- 5) Development of coalition charge, governing principles, etc.

- **Priority Progress:**

- CCHP has leveraged activities and resources through SHIP to continue working on tobacco free open spaces through our “Family Friendly Festivals” (both tobacco free signage and decreased access to alcohol) and worked with one health care sites to strengthen tobacco cessation programs.
- CCHP has collaborated with local law enforcement and city municipalities in offering “Responsible Beverage Server Training” (RBST).
- Engaged community stakeholders and elected officials around the tobacco policies. . CCHP provided support by educating various community groups, elected officials and youth about the effects of

delaying initiation of tobacco use on overall addiction rates. Part of this work involved working with youth to complete Tobacco Retailer store audits and Congratulate and Educate opportunities.

- **Successes and Challenges:**

- CCPH continues to support the Waconia HERO Coalition to mobilize community-wide efforts to prevent and reduce the use of ATOD among youth through education, youth and parent engagement, and policy change. CCPH representatives support community outreach and education around social host ordinance; substance free activities for youth; student, parent, teacher and community outreach and educational programs (ATOD curriculum through health classes, teacher training, town hall forums, informational booths at parent orientation events, social and print media, and community presentations).
- Expansion of wineries, breweries, distilleries, and tab rooms continues to expand economic development in the alcohol industry, which continues to foster the cultural norm and tolerance for substance use.

- **Next Steps:**

- Continue with CHIP action plan.
- Expand and strengthen collaborative partnerships to address both the prevention and early intervention of substance use.
- Build on successful partnership with Waconia Public Schools (HERO Coalition) and the Drug Free Communities Support grant to launch comparable programs at other K-12 schools in the county.

Priority 3: Shortage of Mental Health Services

Objectives to address this priority:

- 1) Develop a vision of parity between mental and physical health.
- 2) Increase access to mental health services for all residents of Carver County, with emphasis on the western side of the county.

Strategies to address this priority:

- 1) Implement educational programs within county high schools to reduce the stigma of mental health issues.
- 2) Research and/or develop adult-focused mental health campaign for countywide implementation in cooperation with the Carver County Mental Health Consortium.
- 3) Work with local health and mental health coalitions and advisory committees to identify opportunities to increase mental health services and address critical mental health challenges including co-morbidity issues related to substance abuse and adverse childhood experiences (ACEs).

- **Priority Progress:**

- In 2015-2016, CCPH participated in the “Resilient Communities Project” (RCP) through the University of Minnesota’s (U of M) Center for Urban and Regional Affairs (link to complete reports: <http://rcp.umn.edu/carver-county-projects/>). This initiative included 30 separate projects related to housing, alternative transportation, community engagement and education, building community identity, effective administration, environmental stewardship, health and human services. Carver County received the 2016 Outstanding Community Partner Award from the Educational Partnership for Innovation in Communities (EPIC) Network for this project. In nominating Carver County for the

award, U of M RCP Director Mike Greco highlighted Carver County's exceptional effort to assemble, coordinate, and manage the community-university partnership projects that involve more than 20 staff from eight different organizations. Community partners on the project included SouthWest Transit, Eastern Carver County Independent School District 112, the Carver County Community Development Agency, the Carver County Historical Society, the Cities of Victoria, Chaska, and Watertown, and five Carver County units: Behavioral Health; Parks and Recreation; Planning and Water Management; Public Services; and Public Health.

- The RCP guided CCPH in many of their community engagement and public health program initiatives. One component of RCP included a comprehensive needs assessment of a local public school districts in Carver County. Six priorities were identified through the data analysis, and four community driven solutions were recommended to address these priorities. These included: 1) Increasing awareness and education; 2) Expand community options for treatment; 3) Increase support from parents, and 4) Enhance community collaboration efforts. CCPH focused on collaborating with current community organizations and coalitions to address these intervention priorities.
- CCPH capitalized on the SHIP - Health Equity Data Analysis (HEDA) initiative to explore connections between mental health and poverty. The goals of CCPH's HEDA project, which was renamed the "Health and Poverty project" (HAP), were to expand the understanding of health in Carver County, strengthen community capacity, inform future SHIP work plans, identify potential partners, strengthen existing partners, and build community engagement and facilitation skills. The initial step taken was to describe the community and identify populations at risk for health inequities. This was determined through the analyze of county data, including data from the U.S. Census Bureau, SHAPE Survey, the County Health Rankings, and key informant interview. Discussion of this information with SHIP Community Leadership Team (CLT) members led to the formulation of the following research question: What causes the differences in mental health outcomes between people with low incomes compared to those with high incomes? With this central research question serving as the focal point of investigation, CCPH reached out to collaborating partners to assess the current status of mental health services in the community. Coincidentally, the Adult Mental Health Initiative had recently conducted a survey of mental health services in the county. Therefore, CCPH decided to utilize focus groups to dive deeper into the data and gain further insights into mental health outcomes in the county. Utilizing other Carver County departments as well as key stakeholders in the county, CCPH organized three focus groups in three different parts of the county; Waconia, Chaska, and Norwood Young America. These three sites represented a diverse population of people that were either personally dealing with persistent mental health symptoms or had first-hand experience as a caregiver, friend, or loved-one of someone with persistent mental health symptoms. These focus groups were conducted during the first three months of 2018. Analyses of these focus groups are still pending.

- ***Successes and Challenges:***

- CCPH was successful in engaging collaborative partners to address mental health issues. CCPH collaborated with Carver County Mental Health Advisory Council, local Senior Commissions, Waconia All's Well Coalition, HERO Coalition (Anti-drug and youth development coalition funded by SAMHSA's Drug Free Communities Grant), local school districts, Carver County Behavioral Health Department, NAMI Minnesota, local faith communities and non-profit organizations to coordinate activities to address specified mental health issues.
- Collaboration with HERO Coalition led to planning an ACEs Conference in March 2018. This conference will be marketed to teachers, youth development specialists, social workers, health care professionals, faith community and other concerned citizens.

- Completed the SHIP HEDA focus group analysis and presented the findings at the Community Health Services conference in October 2018.
- Hosted two Marnita’s Table and social engagement strategies to build relationships with representatives from communities of color, families who live on little (low income families), and “hard to reach” residents with in Carver County.
- **Next Steps:**
 - Continue to strengthen relationships with collaborating partners.
 - Utilize Marnita’s Table and social engagement strategies to build relationships with representatives from communities of color, families who live on little (low income) and “hard to reach” residents of Carver County.