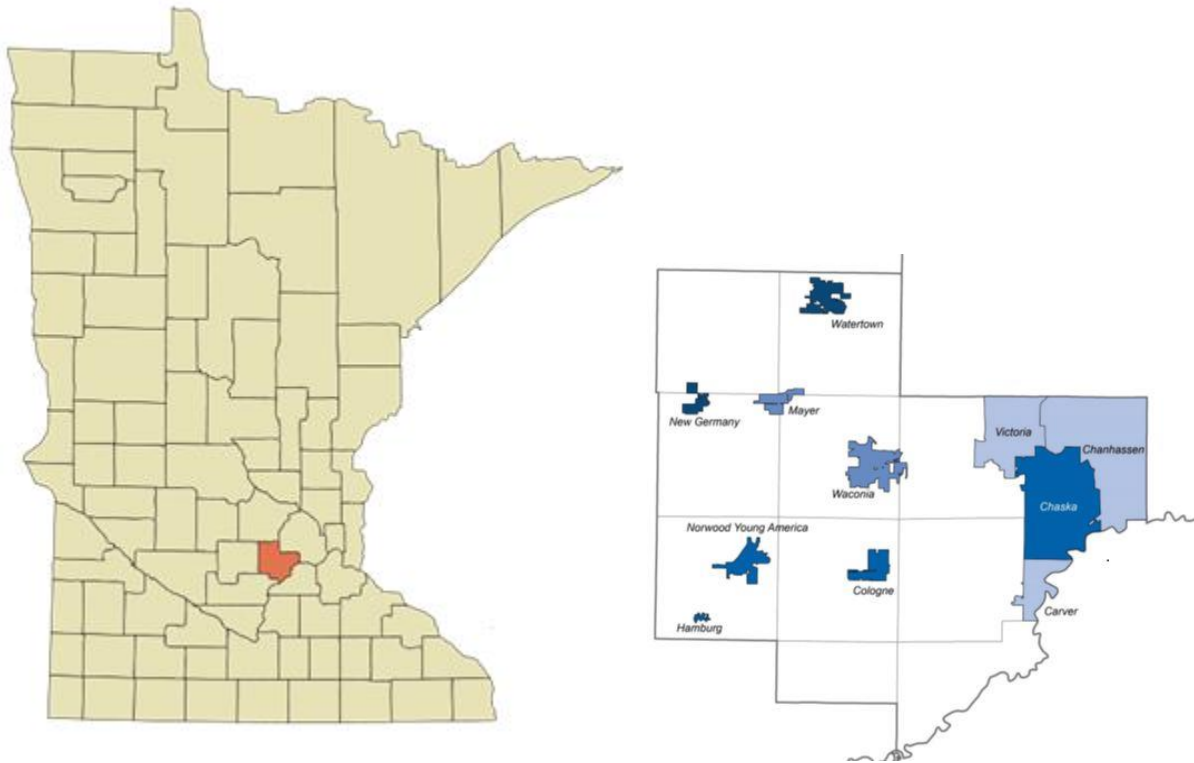


Carver County Public Health

Community Health Improvement Plan

March 2015



Prepared by: Carver County Public Health Department

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Acknowledgements

This information could not have been gathered without help from community members and partners in Carver County who took time to fill out the survey and provide feedback about ways to improve the health of their community.

Public Health extends special thanks to the Statewide Health Improvement Program Community Leadership Team of Carver County, who helped prioritize the top ten most important community health issues into three areas of focus for the coming years.

Stakeholders

Statewide Health Improvement Program (SHIP) – Community Leadership Team (CLT)

- Terry Hassan – CAP Agency
- Jeff Theis – Eastern Carver County Schools
- Roxanne Williams – Eastern Carver County Schools
- Kathi Reeves – Aging Population Community Representative
- Carolyn Durbin – Aging Population Community Representative

Carver County Mental Health Consortium

Melanie Warm, Carver County/Scott County Crisis Mental Health Program
Nicole Schmieg, Carver County/Scott County Crisis Mental Health Program
Gary Norman, Carver County Behavioral Health
Marcee Shaughnessy, Carver County Public Health
Laura Reid, Carver County Public Health
Coleen Speer, Carver County Financial Services
Jim Olson, Carver County Sheriff
Susan Tabor, Ridgeview Medical Center Mental Health
Barb Clare, myHealth for Teens & Young Adults

Community Health Assessment Survey

- 247 community members completed an on-line survey providing input on the top health issues facing Carver County and its residents.

Community Health Board Members

Commissioner Gayle Degler
Commissioner Tom Workman
Commissioner Randy Maluchnik
Commissioner Tim Lynch
Commissioner James Ische

Letter to the Community

Dear Carver County Residents and Community Partners,

The mission of Carver County Public Health is to “Protect and promote health for all in Carver County.” We strive in our daily activities to help residents of our county live healthier, more active lives. To assure our efforts address the needs of Carver County residents, every five years we evaluate our work and create a Community Health Improvement Plan (CHIP). This CHIP is the result of a detailed effort to understand the community health issues that are most important to Carver County residents. The result is an action-oriented, living document that helps guide our agency and the community in improving the health of all Carver County residents, particularly those most vulnerable.

Health is influenced by many factors, including individual behaviors, age, genetics, and access to medical care. Additionally, social and economic factors such as education, health insurance status, employment, income, and living and working conditions all impact and shape the overall health and vitality of our communities. Our goal is to make Carver County a healthier community. We envision a place where everyone has access to health care and preventative services, where we are celebrated for embracing healthy lifestyles and where our communities and neighborhoods are strong and vibrant. As partners in the local health system, we recognize we can only achieve this goal through partnerships and positive changes at the individual, school, workplace, and community level.

The creation of this plan could not have happened without the efforts and feedback from county residents and our many partners in the community. Working with these individuals and groups, we believe we have created a plan that aligns our department’s programs, activities, and resources with efforts in the community to partner in improving the health of our county over the next five years and beyond.

Activities in the Community Health Improvement Plan strategies and activities will begin in the spring of 2015. For more information about the Community Health Improvement Plan, we invite you to visit Carver County Public Health’s website at www.co.carver.mn.us/departments/PH/index.asp.

Sincerely,
Marcee Shaughnessy
Public Health Department Manager

Carver County Background

Carver County, Minnesota, is one of seven counties in the Minneapolis/Saint Paul metropolitan area. With a 2014 population of 95,562, Carver County is the smallest of the metro area counties. By most measures, Carver County is a very “healthy” community. According to the U.S. Census Bureau, Carver County has the second highest median household income, the highest median home value, and the lowest poverty rate of the 7-county metro area. Additionally, nearly half of adults over 25 (44%) have at least a bachelor’s degree, and most residents (82%) are employed. The Robert Wood Johnson Foundation *County Health Rankings* ranked Carver County as the overall healthiest county in Minnesota in 2014.

While the overall picture of Carver County is a healthy, vibrant county, issues and disparities exist. Over one-quarter of residents (26%) use more than 30 percent of their income to pay for housing. In addition, socioeconomic disparities by race/ethnicity are evident: four percent of white, non-Hispanic residents live at or below the federal poverty level compared to 16 percent of residents of color. Although poverty rates are relatively low in Carver County, the percentage of residents living in lower-income households varies considerably across communities. The cities of Carver, Chanhassen, and Victoria have the lowest percentages of residents who live in households with incomes at or below 200 percent of the federal poverty level. The percentage of lower-income residents is much higher in some of the county’s smaller communities, including New Germany (39%), Watertown (26%), and Norwood Young America (23%).

Basic Demographic Data

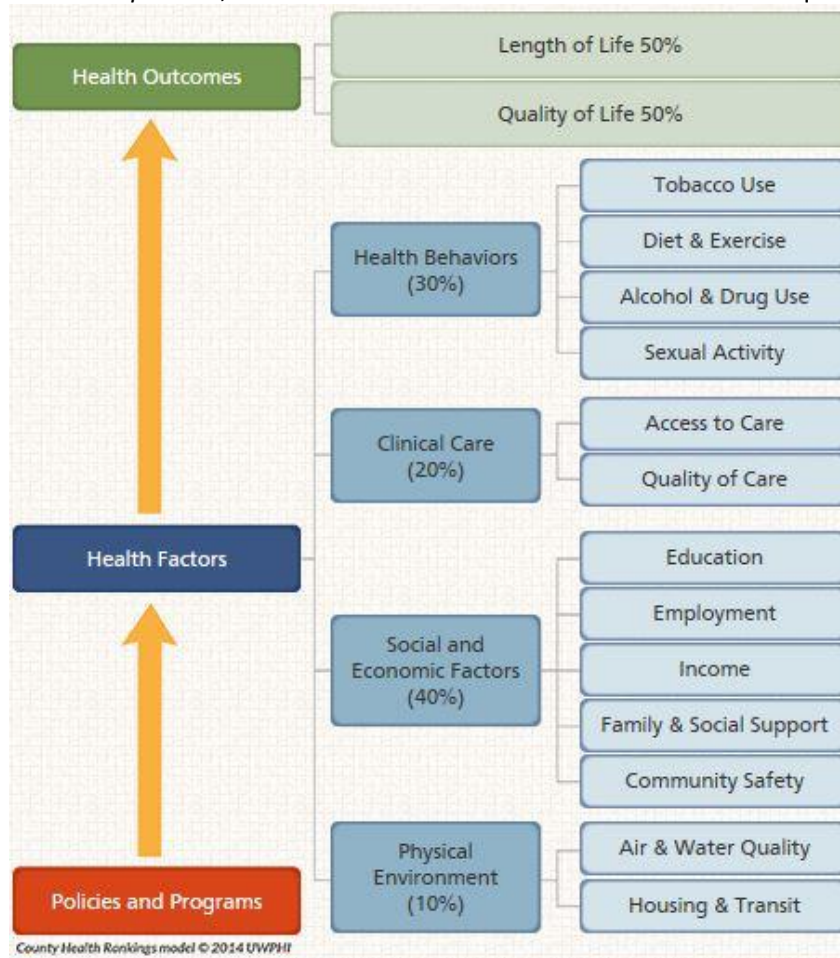
Basic Carver County Demographics	Carver County, Minnesota	
	Estimate	Percent
SEX AND AGE		
Total population	94,088	94,088
Male	46,712	49.6%
Female	47,376	50.4%
Under 5 years	6,280	6.7%
5 to 9 years	8,059	8.6%
10 to 14 years	8,061	8.6%
15 to 19 years	7,228	7.7%
20 to 24 years	4,394	4.7%
25 to 34 years	10,758	11.4%
35 to 44 years	13,983	14.9%
45 to 54 years	16,311	17.3%
55 to 59 years	6,469	6.9%
60 to 64 years	3,877	4.1%
65 to 74 years	4,895	5.2%
75 to 84 years	2,633	2.8%
85 years and over	1,140	1.2%
Median age (years)	37.0	(X)

RACE		
Race alone or in combination with one or more other races		
Total population	94,088	94,088
White	89,827	95.5%
Black or African American	1,667	1.8%
American Indian and Alaska Native	601	0.6%
Asian	3,209	3.4%
Native Hawaiian and Other Pacific Islander	N	N
Some other race	1,287	1.4%

US Census – American Community Survey (ACS), 2013 3-year estimates. Accessed February 2015

Robert Wood Johnson Foundation County Health Rankings

The *County Health Rankings* model, below, shows schematically how health factors affect health outcomes. The *Rankings* measure four types of health factors including physical environment, social and economic factors, clinical care, and health behaviors. (A fifth set of factors that influence health – genetics and biology – is not included in the *Rankings* model.) The *Rankings* model holds that social and economic factors – also called social determinants of health – account for 40 percent of the impact on health outcomes. A clear implication of this framework is that vulnerable populations and communities often experience *health disparities*, at the foundation of which are often health inequities.



For the second consecutive year, Carver County ranked number one in Minnesota for health outcomes, according to the 2014 *County Health Rankings* report released by the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Carver County is ranked third in health factors that contribute to health outcomes. These rankings help explain the factors which influence the health of the community and make Carver County a healthy place to live learn, work, and play.

During the community health needs assessment, Carver County Public Health identified the top ten most important community health issues. Of these ten issues, the following seven issues were addressed in the County Healthy Rankings report. Those statistics are shown in the table below and allow for comparison between the National Benchmark, the state of Minnesota and Carver County.

	Carver County	Error Margin	National Benchmark	Minnesota
Excessive drinking	26%	21-32%	10%	19%
Physical inactivity	17%	14-20%	21%	20%
Dentists*	2,488:1		1,439:1	1,602:1
Mental health providers*	1,351:1		536:1	766:1
Diabetic screening	86%	73-99%	90%	88%
Adult obesity	25%	21-29%	25%	26%
Food environment index**	9.5		8.7	8.5

- * Indicated population to one provider
- ** Scale range is 0 (worst) to 10 (best) measures include limited access to healthy foods based on income and proximity to a grocery store, and food insecurities.

To learn more about any of the health factors visit:

<http://www.countyhealthrankings.org/app/minnesota/2014/rankings/outcomes/overall>

Healthy Minnesota 2020

The *Healthy Minnesota* Partnership, a coalition of community organizations and the Minnesota Department of Health (MDH) focused on creating a healthier Minnesota, and adopted *Healthy Minnesota 2020*, a framework to improve health throughout the state. Within the framework, the ten topics below were identified as statewide local Public Health objectives.

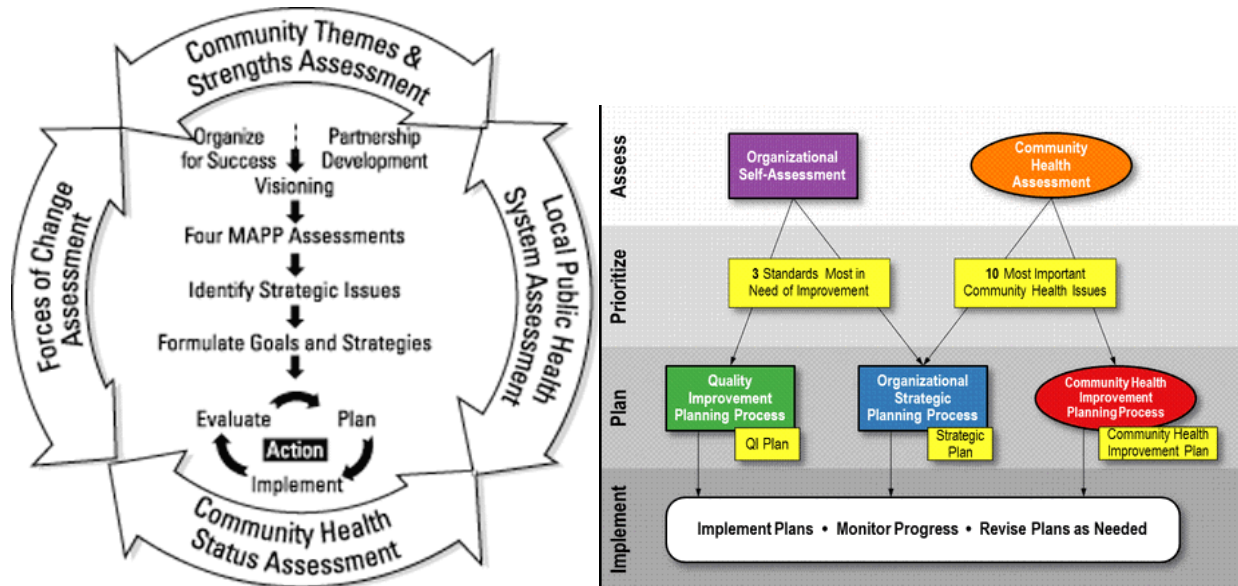
- Prevent and reduce alcohol and tobacco use
- Prevent and reduce obesity
- Promote optimum mental health
- Promote healthy child growth and development
- Improve birth outcomes
- Prevent and reduce injuries and violence
- Reduce exposures to environmental health hazards
- Prevent infectious disease
- Strengthen public health preparedness
- Improve access to health services

The topics identified as priorities for local public health, align well with those identified by Carver County residents and community partners. This assures that Carver County Public Health's work is well aligned with the priorities identified at the state level. Carver County is fortunate to have a public health department that is already addressing some of the issues identified on these lists. There are only a few priorities that are not currently being addressed by Carver County Public Health, such as alcohol tobacco and other drug (ATOD) use among residents.

Process and Methodology

A Community Health Assessment provides the foundation for improving and promoting the health of the community. A Community Health Assessment identifies and describes factors that affect the health of a population, and factors that determine the availability of resources within the community to adequately address health concerns. Through the assessment process, a Community Health Board (CHB) identifies and describes the health status of the community; factors in the community that contribute to health challenges; and existing community assets and resources that can be mobilized to improve the health status of the community. The Community Health Assessment, therefore, assures that local resources are directed toward activities and interventions that address critical and timely public health needs.

Carver County Public Health used components of Mobilizing for Action through Planning and Partnerships (MAPP), a strategic approach to community health improvement. The tool 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.



Carver County Public Health used components of the MAPP model (left) as a guide to this process, in addition to the diagram provided by MDH (right). The Community Health Assessment guidelines from MDH indicate that the assessment utilizes a process of collecting, analyzing and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health.

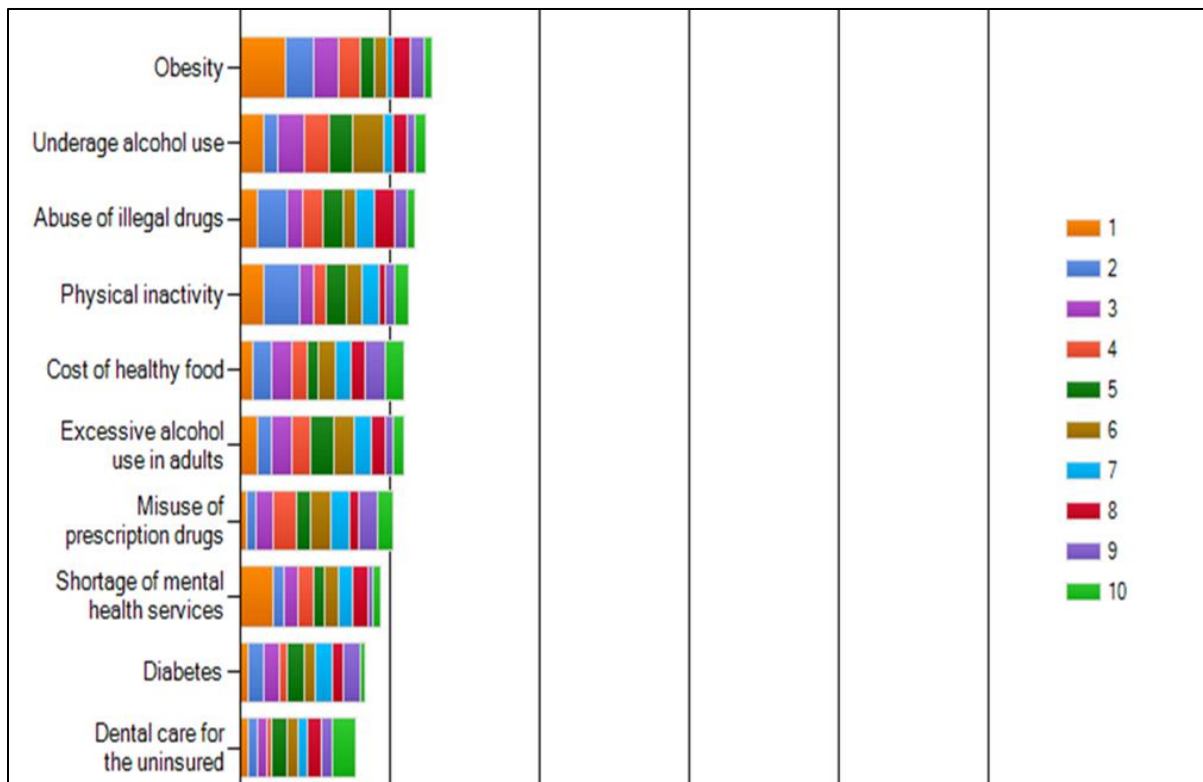
Community Survey

To assess and gather feedback from the general community, Carver County Public Health created an online survey through the SurveyMonkey website (Attachment 1). This survey was distributed through a variety of outlets including:

- All City offices – added to their websites
- Four Chambers of Commerce e-mail listserv
- Churches asked to add the announcement into their bulletin
- Press Release sent to all local newspapers
- Link added to the County Website
- Carver County Government – added to employee intranet homepage
- Health Community Partners email listserv

The survey was open for one month and collected a total of 247 responses during this time. In addition, this survey was presented for discussion with various community groups such as Chambers of Commerce, Health Community Partners, and Statewide Health Improvement Program (SHIP) Community Leadership Team (CLT) and at the Public Health department staff meetings. Once the survey was closed, the top ten most important community health issues highlighted in the survey results were used to guide conversations with community stakeholder groups.

Top Ten Issues Identified in Survey



Community Stakeholder Discussions

The top ten health issues were discussed with the Statewide Health Improvement Program (SHIP) Community Leadership Team, the Mental Health Consortium of Carver County and Carver County Sheriff's Office staff. Members from these groups come from multidisciplinary backgrounds and provided valuable input. Discussions with these groups highlighted a number of key themes: Public Health's role in educating residents; differing needs between small and large cities; schools as key places to reach students and families; adults lacking basic healthy living skills; shortage of mental health services; the stigma surrounding mental health; community norms supporting risky behaviors; and a sense that our community is made up of high education; high income people who do not need government intervention.

Prioritization Process

After reviewing the information from the three community groups, the internal team discussed the role of public health and filling the gaps that are not being currently addressed, or where additional effort could be focused to do more. Questions discussed by the team included: what is our current capacity, what do we feel we are not addressing that we could be, and what is Public Health's role in these priorities? The internal Public Health team determined that through the Statewide Health Improvement Plan (SHIP) grant, Public Health is addressing healthy eating, tobacco use and physical inactivity. After careful consideration, the team determined that Carver County Public Health could have an impact if they addressed the following areas: Obesity, Alcohol Tobacco and Other Drug (ATOD) related issues, and Shortage of Mental Health services.

Health Equity

Vulnerable populations and communities often experience *health disparities*; that is, they have poorer health outcomes than other segments of the population. Health disparities that are avoidable, associated with social disadvantages that create barriers to opportunity, and are considered ethically unfair are called *health inequities*. Health equity requires addressing the social determinants of health (e.g., poverty, educational attainment) as a necessary first step to have a lasting and positive impact on health disparities (e.g., disparities in mortality and morbidity).

In reviewing the health priorities that Carver County identified, obesity, ATOD use, and shortage of mental health services, it was determined that the obesity priority would be aimed at addressing a social determinant of health. Current work with local food shelves throughout Carver County is starting to address some of the key concerns related to lack of financial resources for grocery shopping and unhealthy food choices offered at food shelves. If food shelves provide nutritious food, those utilizing this resource will have an increased access to healthy foods and could reduce the rate of obesity in this segment of the population. In addition to having access to healthy options, individuals utilizing food shelves may gain additional knowledge regarding benefits of healthy eating and preparation options for fruits and vegetables.

Community Assets and Resources

Carver County is rich in resources and community assets. The Waconia School district was recently awarded a five-year federal Drug Free Communities grant. This grant addresses alcohol and marijuana use among high school students, aligning well with our identification of ATOD as an issue in the county. Carver County also has a robust Parks department, providing many opportunities for residents to get out and be physically active. Additional indicators of the strong resources in the county are the social and economic factors included in the Robert Wood Johnson *County Health Rankings*. Carver County is strong in these categories: low numbers of children in poverty, high school graduation rates higher than state rates, higher percentage of individuals with some college education, and fewer children living from single-parent households.

CHIP Action Plan

Health Priority #1: OBESITY

Timeframe: *To Be Determined*

Goals	Objectives	Strategies	Lead Role and Community Partners	Health Status Outcomes/Indicators of progress
All Carver County residents have the opportunity to increase physical activity in their daily activities.	Provide opportunities to be physically active, regardless of geographic location or socioeconomic status.	Work with local community members to identify ways to promote physical activity within daily activities (walking path to grocery store, bike lanes on streets, SRTS).	City leadership, interested community members, other county departments such as Public Works.	Complete street policies are passed; bike racks at local grocery stores, community members identify walking and biking as modes of transportation for errands.

Goals	Objectives	Strategies	Lead Role and Community Partners	Health Status Outcomes/Indicators of progress
<p>Carver County residents realize improved health through easy access to locally grown produce.</p>	<p>Increase opportunities for county residents to access locally grown produce, regardless of geographic location or socioeconomic status.</p>	<p>Community members are utilizing:</p> <ol style="list-style-type: none"> 1) community gardens, 2) famers' markets, 3) expanded produce options are available at their local corner stores and food shelves. 	<p>City leadership, And Corner store management.</p>	<ol style="list-style-type: none"> 1) Increase in viable community gardens. 2) Increase in farmers' markets'. 3) More local corner stores and food shelves offer a wider variety of produce.

Health Priority #2: ALCOHOL, TOBACCO & OTHER DRUG (ATOD) USE

Timeframe: *To Be Determined*

Goals	Objectives	Strategies	Lead Role and Community Partners	Health Status Outcomes/Indicators of progress
<p>The community norm for Carver County is the responsible use of alcohol only by adults of legal drinking age.</p>	<p>Reduce underage alcohol consumption among students by changing the idea that it is simply a “rite of passage.” Reduce binge drinking among adult population.</p>	<ol style="list-style-type: none"> 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. 	<p>School partners, fundraising organizers, and city leaders.</p>	<p>County-wide social host ordinance is passed. School-related fundraisers no longer include alcohol. Cities reduce the prevalence or areas where alcohol can be consumed during family-oriented public events.</p>

Goals	Objectives	Strategies	Lead Role and Community Partners	Health Status Outcomes/Indicators of progress
<p>Carver County has an established coalition focused on reducing the use and impact of alcohol, illegal drugs, and the misuse of prescription medication.</p>	<p>Establish a county-wide coalition representing a wide cross-section of individuals and organizations interested in reducing the impact of alcohol and drug use.</p>	<ol style="list-style-type: none"> 1) Meet with partners, residents, and organizations to identify and recruit coalition members. 2) Development of coalition charge, governing principles, etc. 	<p>Multiple government entities from law enforcement, attorney, public health and corrections.</p>	<p>Creation of a formalized coalition.</p>

Health Priority #3: SHORTAGE OF MENTAL HEALTH SERVICES

Timeframe: *To Be Determined*

Goals	Objectives	Strategies	Lead Role and Community Partners	Health Status Outcomes/Indicators of progress
<p>Create a culture of mental wellness in Carver County.</p>	<p>Develop a vision of parity between mental and physical health.</p>	<p>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.</p>	<p>High school counselors, other school personnel and Carver County Mental Health Consortium.</p>	<p>Decrease in mental health calls to law enforcement and/or crisis mental health team. Decrease in mental health related issues at high schools.</p>

Goals	Objectives	Strategies	Lead Role and Community Partners	Health Status Outcomes/Indicators of progress
<p>Create a landscape of fair and equitable access to mental health services for all Carver County residents.</p>	<p>Increase access to mental health services for all residents of Carver County, with emphasis on the western side of the county.</p>	<ol style="list-style-type: none"> 1) Work with the Carver County Local Advisory Council to identify opportunities to increase mental health services in the county. 2) Partner with Health Care Home certified clinics to include mental health care within treatment plans. 	<p>Carver County Local Advisory Council and interested clinics.</p>	<p>Increase in treatment opportunities and services for county residents. Minimum of one Health Care Home certified primary care provider partners to incorporate mental health care into treatment plans.</p>

Attachment 1 – Community Survey

Every 5 years, Carver County Public Health is required to complete a Local Public Health Assessment and Planning project. The goal of this project is to assess the health needs and issues facing our community. Once identified, this information is used to set the strategic direction for our agency.

We are currently in the early stages of this process and would like your assistance in developing a list of the most important health issues facing our county.

This short survey will help us collect community input for this process. Using data from the U.S. Census, the State of Minnesota and other sources, we have developed a list of health issues we face in Carver County. This survey should take roughly 5 minutes to complete.

Thank you for taking the time to participate and provide valuable input. We look forward to working on these topics together with the community over the coming years. A copy of the final report will be available on our website after February 2015.

1. Which category below includes your age?

- Younger than 20
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80 or older

2. What is your gender?

- Female
- Male

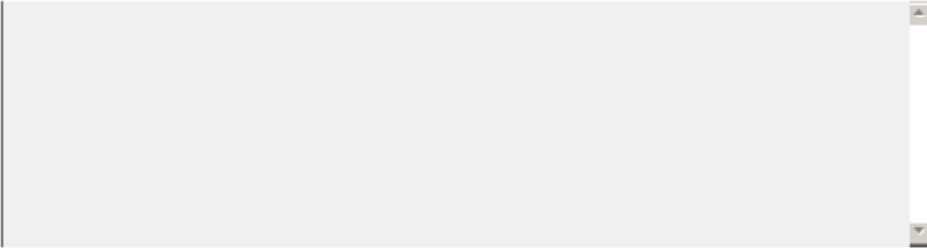
3. In what ZIP code is your home located?

***1. Please pick what you believe are the top ten health issues in Carver County and rank them from 1-10, with 1 being the most important.**

	1	2	3	4	5	6	7	8	9	10
Cost of healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shortage of mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorrect use of child car seat/boosters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult Immunization requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of access to healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underage alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home safety issues (mold, radon, lead and pests)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of health related support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe sidewalks and crosswalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overuse of emergency room services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive alcohol use in adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Misuse of prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse of illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol, tobacco and other drug use during pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not using safety gear (example: helmet, pads...)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care for the uninsured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of breastfeeding support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Do you have any comments about the health issues you chose?

3. Are there any health issues that you believe are missing from this list? Please list and explain.



Thank you again for taking a few minutes to assist us in assessing the health needs of Carver County residents. We greatly appreciate your input. If you have any questions about this survey or the Local Public Health Assessment and Planning project, please contact Tami LaGow (tlagow@co.carver.mn.us) or Josh Carlyle (jcarlyle@co.carver.mn.us).

1. Please use the space below to provide any last comments or feedback for our assessment and planning work.

