



Chisago County

Community Health Improvement Plan 2015-2020



Public Health
Prevent. Promote. Protect.

Chisago County Community Health Board

Public Health Office, a division of Chisago County Health and Human Services located at:

6133-402nd Street

North Branch, Mn 55056

Or visit us online:
[Chisago County Public Health](#)

A message to our community,

This plan lays out a vision for community health in Chisago County for the next five years. Community members gave generously of their time to make this plan possible. These community members from across our county continue to strive towards reaching the community health vision of an interconnected community with programs and resources for all people to lead healthy lives and achieve their dreams.

Chisago County Community Health Board and the Public Health Division are grateful to each person that shared their experience and knowledge at meetings. All members attended meetings around busy schedules. Much time was dedicated to data mining and analysis. This work, the meetings, the assessment and discoveries ultimately led to the development of this community health improvement plan. Thank you!

-Kathy Filbert

Chisago County Community Health Services Administrator



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COMMUNITY HEALTH IMPROVEMENT PLAN

Who we are...Chisago County, Mn

Chisago County is located in east central Minnesota just north of the Twin Cities metro. Chisago County covers 414 square miles with the unique profile of having rural and suburban communities. Our 2012 population estimate is 53,761¹ with a predicted growth rate of greater than 30% by 2030². Center City is our county seat with the Public Health Division office located in North Branch, Mn. Our county has five elected seats on the Board of Commissioners, these elected officials also make up the Chisago County Community Health Board (CHB). Chisago County Public Health (CCPH) is one division within the Health and Human Services Department. Chisago County Health & Human Services is organized as a human service board under Minnesota statute, chapter 402. The CHB, through the CCPH Division, works to promote and protect public health and prevent disease. The Community Health Services Administrator acts on behalf of the CHB as the designated agent.

In 1994 national public health service representatives from various organizations and agencies developed a framework to illustrate the role of public health. This framework is known as ‘The 10 Essential Public Health Services’. (See page 17 for “wheel” graphic of the 10 Essential Public Health Services on the right side bar.) The 10 essential services are built around the following three core functions, and define the role of public health within the larger public health system.

The Three Core Functions of Public Health

1. Assessment of the public’s health
2. Policy development
3. Assurance that the essential public health services are provided

For more information regarding the 10 Essential Public Health Services visit the Centers for Disease and control webpage:

<http://www.cdc.gov/nphsp/essentialServices.html>

The CHB and CCPH Division are committed to strong partnerships within our public health system. We work collaboratively within our east central region, and with the Minnesota Department of Health to build healthier communities for the residents of Chisago County.

¹ US Census Bureau Quick Facts

² Minnesota State Demographer Center, Minnesota Population Projections October 2012

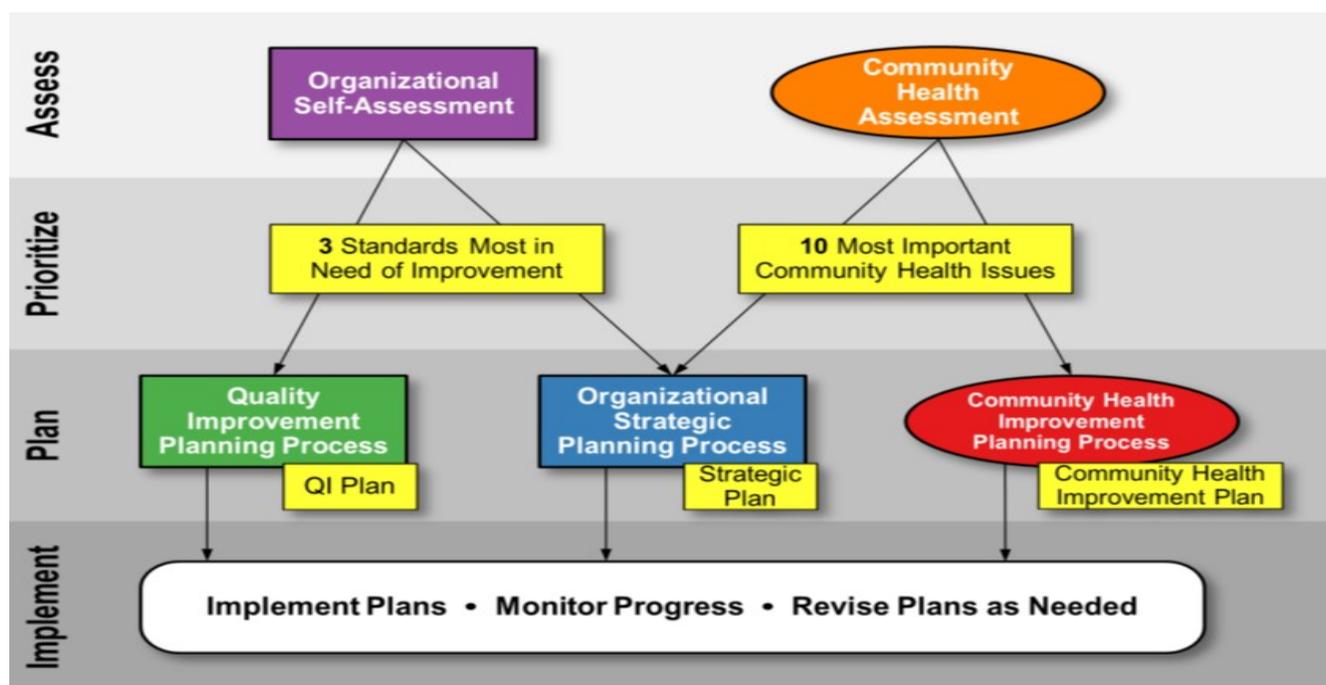


COMMUNITY HEALTH IMPROVEMENT PLAN

Background and Purpose

Background:

Since the passage of the Local Public Health Act in 1976 Community Health Boards have been required to complete a community health assessment. The diagram below illustrates the local public health assessment and planning (LPHAP) process that is required once every 5 years. Changes in 2010 to the LPHAP process added organizational self-assessment and planning and quality improvement planning. This report, Community Health Improvement Plan (CHIP), is an element of the LPHAP process.



Purpose:

The CHIP is the Chisago County five year plan to address health priorities as identified by the community in the assessment phase of this process. The CHIP also serves as a blueprint for CCPH as we work within our local public health system to empower citizens in participatory decision-making that will enhance the quality of life for all Chisago County citizens. To this end the Chisago County CHB recognizes that public participation results in better decision making.

I'm a civic busybody and I've been blessed with an active career. -George Takei

COMMUNITY HEALTH IMPROVEMENT PLAN

The Assessment & Planning Process

In spring of 2013 CCPH Division began the 2015-2020 community health assessment using a strategic approach developed by National Association of County and City Health Officials (NACCHO). This strategic approach, Mobilizing Action through Planning and Partnership or MAPP, is a framework to assess and plan for community health.

CCPH was very intentional in choosing a community health assessment tool that met certain business requirements. MAPP fit an organizational need as it aligned with national Public Health Accreditation Board (PHAB) standards and measures. The MAPP process is flexible and can be tailored to meet individual community characteristics and organizational capacity. The MAPP approach is based in principles and elements that navigate the process through assessment to planning resulting in a community-driven CHIP.

MAPP Principles and Elements

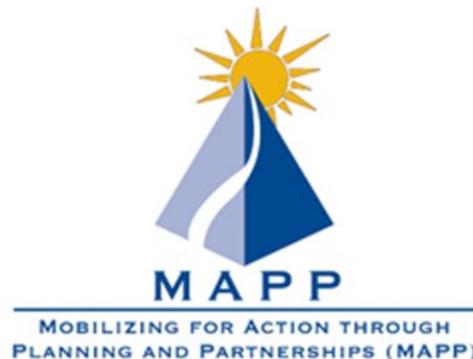
- Strategic planning
- Shared community vision
- Systems thinking
- Asset-based problem solving
- Community ownership and leadership
- Assessment based in data
- Participatory decision-making
- Plan-Do-Check-Act continuous improvement cycle

The above list is a brief overview of the MAPP process, for more information about the MAPP visit:

<http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm>

Along with the MAPP process, CCPH used the International Association for Public Participation Spectrum of Public Participation (IAP2 Spectrum of Public Participation) as a framework to talk about community engagement. This model continues to help us communicate with the citizens and partners our intention and level of engagement. For more information about the International Association for Public Participation:

<http://iap2usa.org>



COMMUNITY HEALTH IMPROVEMENT PLAN

The Assessment & Planning Process

The first order of business accomplished in the fall of 2013 by the Chisago County MAPP committee was to create a community health vision for the next five years, and identify the mission of the MAPP committee. As a diverse group, we needed to have clear direction and purpose.

The MAPP committee spent the next six months asking questions that mattered to the health of our community. The committee analyzed data to help us better define our challenges. We participated in an asset mapping activity to better understand our assets and to assist in problem solving as the committee moved into the action planning phase. The committee gathered information from guest speakers across the local public health system. Law enforcement to human services to parks and recreation contributed information specific to Chisago County. Additionally, the MAPP committee considered the two regional healthcare community health needs assessments and the priorities identified in previous community health assessment work.

Next, the committee prioritized the identified community health concerns-which you will find on pages 25-28 in this plan.

2015 began with activities centered on action planning, identifying benchmarks and building synergy to work effectively within the local public health system. This continuous improvement cycle will continue throughout the five year plan with adjustments made as we work through planning, doing, checking progress against benchmarks, and adjusting plans as needed.

Community Vision

Chisago County is an interconnected community with programs and resources for all people to lead healthy lives and achieve their dreams.



Mission of the 2014 MAPP Committee

Our Mission is to enhance the quality of life for all Chisago County citizens by mobilizing action through planning and partnerships.



COMMUNITY HEALTH IMPROVEMENT PLAN

The Assessment & Planning Process

During the assessment activities it became evident to the MAPP committee members the extent of work being done in “silos”. The committee made clear that community health assessment and planning efforts must work strategically to be truly collaborative and empowering. Additional regional efforts such as health care community health needs assessments (CHNA) and Statewide Health Improvement Program (SHIP) were happening concurrently or prior to this assessment and planning effort lead by Chisago County Public Health.

In addition to assessment work, the committee wanted to make sure that the initiatives, programs and interventions surrounding the identified community health priorities would build from one another to avoid redundancy in the strategy work. The committee strongly agreed that identifying and engaging stakeholders of initiatives currently in place is essential to effective collaboration. On a bright winter day meeting one committee member reflected, “Just think about how much more good we could do if we were unified in our efforts.”

These discussions led CCPH Division to identify, as an organizational strategic priority, the need to advance efforts to explore regional efficiencies in community health assessment and planning. This initiative, Community Health Alliance, is regional engagement of leadership within the sectors of health care, managed care plans, and local public health. The overarching purpose of the Community Health Alliance is to increase effective data sharing, increase work efficiency by addressing “silo” work, avoid duplication of data gathering, consider common frameworks for assessment work, and foster best use of limited resources. Through the Community Health Alliance the three sectors can focus on common community health goals, maximize knowledge, creativity and positive outcomes for the citizens of Chisago County.



COMMUNITY HEALTH IMPROVEMENT PLAN

Health Equity Considerations in Chisago County

What is Health Equity?

“Health Equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Health *inequities* are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.”¹

Why is Health Equity Important to our Community?

Health equity is foundational to fulfilling the three core functions of the Public Health services (see page 7). It provides a critical tool for public health decision-making and is the foundation of public health ethics. The many dimensions of health equity can include race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location.

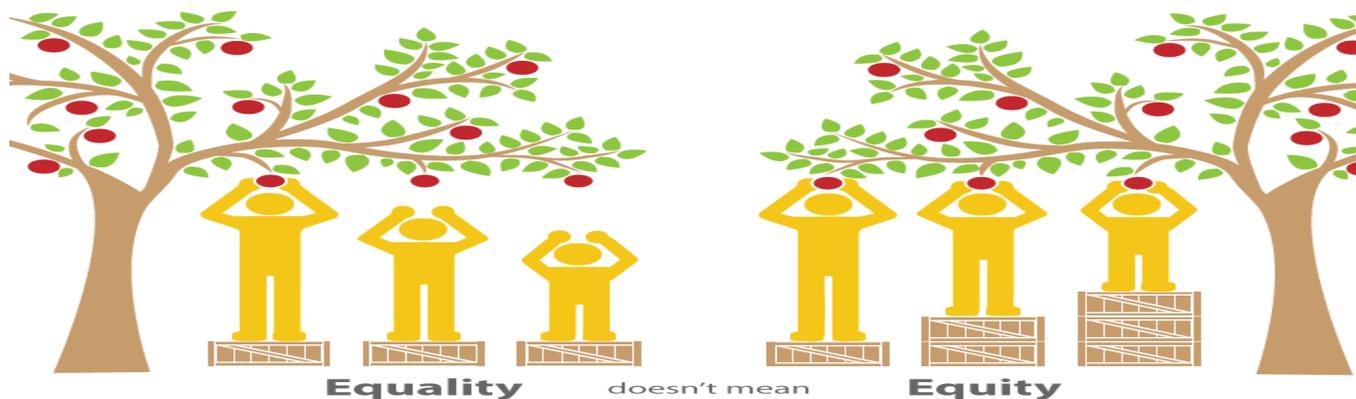
Considering health equity in our decision-making process enables our local public health system, as a whole, to recognize the impact of decisions on specific populations. The cost of not addressing health equity, beyond the ethical question, can be tallied in direct medical care expenditures and social program costs.

Identified Health Disparities in our Community

- Access to oral health care for low income residents due to rate of medical assistance reimbursement for dental services²
- Access to mental health treatment³
- Gender income equality (median household income by gender and education)⁴
- Travel distance to health care delivery⁵
- Special education drop rate⁶

Steps to Address Health Equity in Chisago County

- Social Determinants of Health (SDOH) is identified in top four 2015-2020 community health priorities.
- Focus on health impact assessment activities within the Public Health Division with dedicated staff time.
- Health equity formally recognized in public health organizational strategic plan and community health improvement plan.



¹ Center for Disease Control and Prevention accessed 7/2014 <http://www.cdc.gov/chronicdisease/healthequity/index.htm>

² Office of the Legislative Auditor, State of Minnesota, Evaluation Report-Medical Assistance Payment Rates of Dental Services March 2013

³ 2015 Region 7E Mental Health Assessment (IMPROVE Group survey)

⁴ US Census Bureau, 2009-2013 5-year American Community Survey, American Fact Finder report B20002

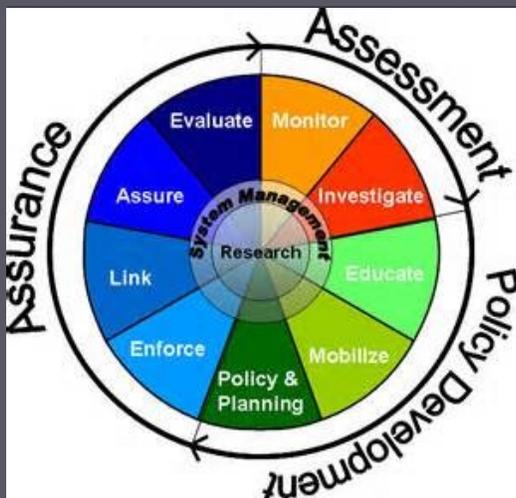
⁵ National Healthcare Disparities Report, 2011 accessed 7/2014 <http://www.ahrq.gov/research/findings/nhqrdr/nhdr11/nhdr11.pdf>

⁶ More data needed, pending request from Minnesota Department of Education

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Assessment-Part 1 The Local Public Health System

10 ESSENTIAL PUBLIC HEALTH SERVICES



Healthy People 2020 Objective PHI-14.2
 Increase the proportion of local public health systems that conduct a public health system assessment using national performance standards

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

SYSTEMS THINKING

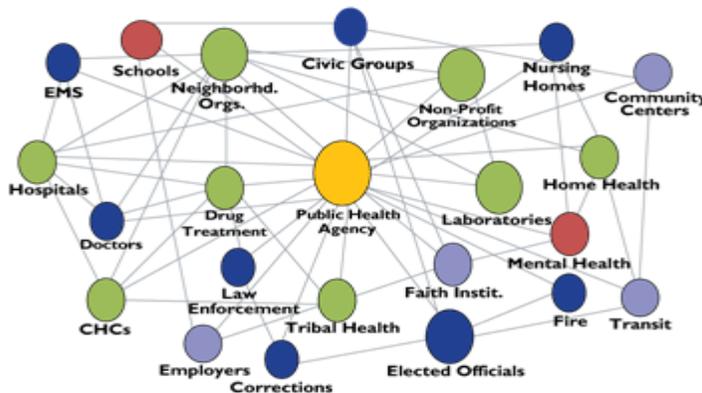
For more information on The Public Health System and the 10 Essential Public Health Services:

<http://www.cdc.gov/nphpsp/index.html>

The Public Health System and the 10 Essential Public Health Services

Public health systems can be defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction .”¹ These entities together deliver the 10 Essential Public Health Services.

The Public Health System



Source: Centers for Disease Control

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities undertake. These services serve as the framework for the National Public Health Performance Standards (NPHPS)²

1. Monitor Health
2. Diagnose & Investigate
3. Inform , Educate & Empower
4. Mobilize partnerships
5. Develop policy
6. Enforce laws & regulations
7. Link to & provide care
8. Assure competent workforce
9. Evaluate & improve
10. Research & innovation

^{1,2} Centers for Disease Control

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Assessment-Part 1 The Local Public Health System

Working together...

The Local Public Health System and The 10 Essential Public Health Services

The 10 Essential Public Health Services are delivered through the Local Public Health System. Each organization within the Local Public Health System contributes to the network that provides public health services. The local public health division, again acting as a agent of the Community Health Board, hosted a county-wide meeting to assess capacity and performance of the public health system. The assessment looked at our county public health system as a whole through delivery of the 10 Essential Public Health Services to engagement of the public health governing entities. The goal of this assessment is to identify areas for system improvement, to strengthen partnerships, and to ensure that a strong system is in place for addressing public health issues.

The Chisago County Public Health System gathered for the formal two day self-assessment with more than 30 participants from sixteen different public health system entities participating. The group used the Local Assessment Instrument (Ver 3.0) developed under the National Public Health Performance Standards.

Assessment Findings

The 2014 assessment showed significant activity in diagnosing & investigating health problems and hazards in our community, and optimal activity in enforcement of public health laws and regulations that ensure the safety of our citizens.

Areas identified as moderate to minimal activity included better use of data to evaluate effectiveness and quality of population-based health services, assurance of competent work force to deliver the essential public health services, and public health policy development.

Action Items

Chisago County Public Health plans to host follow up meetings in 2017 to review 2014 findings, prioritize areas for action, explore root causes, develop and implement improvement plans, and to schedule regular monitoring and progress reports.

Sources

Center for Disease Control, National Public Health Performance Standards



COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Assessment-Part 2 Community Themes & Strengths



COMMUNITY THEMES & STRENGTHS

ASSEST-BASED PLANNING

- ∞ Identifying community assets
- ∞ Promoting linkages among assets
- ∞ Celebrating community strengths

Method:

The committee members completed *Quality of Life* surveys and individual interviews were also used. The committee reviewed the following reports: Chisago County Water Quality and Aquatic Invasive Species Monitoring report, and 2014 Chisago County Community Health survey.

Key observations in the Community Themes and Strengths report include:

Assets:

- Abundant natural resources.
 - ◊ Parks, trails, waterways and ski areas
 - ◊ Farm land, woods and wetlands
- Strong community support and committed community champions.
 - ◊ City chambers, business groups
 - ◊ Community planning initiatives (Chisago Lakes Future Walk & Rush City Thriving Community)
- Proximity to metro, easy freeway access, East-West and North-South corridor route.
 - ◊ Interstate 35
 - ◊ Highway 95

Under-utilized assets:

- Great parks and trails.
 - ◊ Sunrise Prairie Trail & Swedish Immigrant Trail
 - ◊ Public beaches, state, county and city parks
- Rich and long-standing agribusiness history with resources to grow the regional agribusiness economy.
- A capable, mature and civic-conscious adult population with a diverse knowledge base for mentoring and community engagement.

The following statements were captured to incorporate into the action planning phase:

- “We want to be aware of disparity in socioeconomic status when we consider strategies.”
- “Some unhealthy behaviors may be practiced by few in our population...but end up having a large impact for the many.”
- “...there are different levels of trust between groups in the community.”
- “...politics and bureaucracy have a definite impact on how we (citizens) can affect change.”

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Assessment-Part 3 Community Health Status



COMMUNITY HEALTH STATUS ASSESSMENT

DATA, INDICATORS & BENCHMARKS

Who are we as a community, and what do we bring to the table?

What does the health & well being of our residents look like?

Method:

Several data sources were selected and presented to group for discussion. Quantitative data included reporting from Minnesota Department of Health (MDH) Vital Statistics Trend reports, local survey included 2014 Chisago County Community Health survey. The committee reviewed qualitative data of walking surveys from eight cities within our county border.

Data presented to the committee included:

- 2012 Uniform Crime Report-presented by Chisago County Attorney's Office
- Chisago County Jail statistics-presented by Chisago County Sheriff's Office
- Chisago County Mental Health Data Report-presented by Chisago County Human Service Division
- US Census including American Fact Finder reports & Quick Facts (2008-2012)
- 2014 Central Minnesota Community Health Survey-Chisago County
- MDH-Statewide Health Assessment "The Health of Minnesota Parts 1 & 2"

Findings:

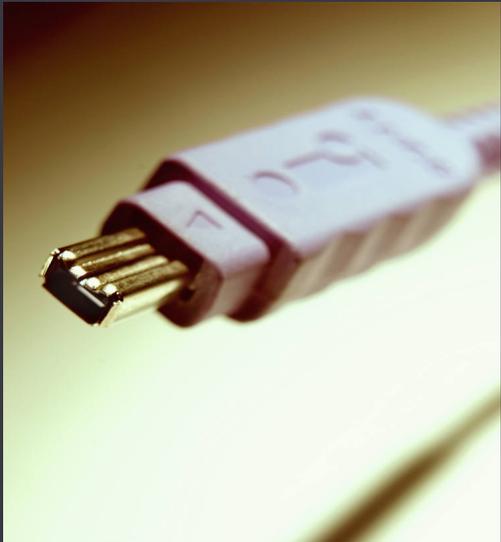
- Mental health rose to the top of notable concerns during several discussions, although it has been difficult to identify and collect data for benchmarking.
- Nutrition and weight status continues to contribute to top causes of death and illness in Chisago County.
- Health care affordability and access data are in flux due to recent legislative changes and implementation of county-level programs.
- Social determinants of health have a great impact on our most vulnerable citizens.

Lessons learned:

- Data is big! How do we best identify data to benchmark and track progress?
- Technology can make data easier! How can we better use technology to analysis, present and synthesize data.
- Chisago County Sheriff's Office is using GIS mapping for tracking. The committee had a great interest in this application.

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Assessment-Part 4 Forces of Change



FORCES OF CHANGE ASSESSMENT

TRENDS, FACTORS, EVENTS

What forces of change influence the health of our community?

What specific threats or opportunities are generated by these occurrences, and how can we best meet challenges and capitalize on opportunity?

Methods:

The Forces of Change assessment identifies trends, factors and events that are occurring or will occur that influence the community and the local public health system. The committee called in subject experts, considered the facts and participated in a ranking exercise to identify the top five forces or change in our community. The following are definitions used to describe forces of change that helped the committee in their decision-making.

Trends-patterns that happens over time, such as an aging population or changing family structures.

Factors-discrete elements, such as the community setting, rural or urban and unemployment rate.

Events-one time occurrences such as natural disaster or passage of legislation.

The committee prioritized the following five issues on a scale of 1-5. One (1) having the greatest influence and five (5) a lesser influence as a force of change in our community.

1. Technology
2. Local, State and/or federal legislation
3. Social issues-changing family & gender roles
4. Economy & employment
5. Environment

Local subject expert presentations included: Minnesota Department of Health, Chisago County Attorney’s Office, our regional Minnesota Small Business Development Center, and local law enforcement.

Question and Answer sessions often lead to recognition that policy making and trends often impact determinants of health in our community.

A recent example is the 2010 passage of the Affordable Care Act. All levels of government: federal, state and local, as well as employers, employees, healthcare providers and insurers are navigating change. This uncertainty brings both opportunity and challenge in insurance coverage models, healthcare delivery models, and public health services.



“Local leadership, including Community Health Boards, are posed to build collaborations within the local public health system; yet the inherent risk aversion within government must be acknowledged in the process.

-Quote from a community assessment participant

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Priorities

Prioritization Process

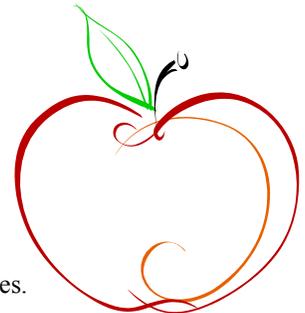
Method:

After completing the four assessments the MAPP committee participated in a brainstorming session followed by affinity diagram exercise. The resulting categories of the affinity exercise were prioritized using a multi-voting technique, with the last round of voting done through an online survey tool.

The following preliminary list of priorities was presented to the Community Health Administrator and Public Health Supervisor . The working community health priorities for 2015-2020 are the top four ranking issues as listed in order below.

Results:

1. Social Determinants of Health (access to affordable housing, living wage employment, education & employment readiness.)
2. Nutrition & Weight status
3. Health Care Affordability & Access (out of pocket health insurance costs of premiums, co-pays and deductibles, and access to mental health care)
4. Mental Health (Child, Teen, Adult, and special populations-county correctional population)
5. Substance Abuse
6. Aging
7. Chronic Disease Prevention & Management (diabetes, heart disease, cancer)
8. Diabetes
9. Health Education



Challenges and Gaps of the 2014 community health assessment process:

- Difficult to engage working families, families with young children and cultural diverse families.
- Several initiatives within the local public health system on common community health priorities.
- Implementing data analysis and benchmarking for performance management.
- Avoiding “community engagement fatigue”, supporting effective engagement groups.

Successes of the 2014 community health assessment process

- A deeper understanding of organizational roles within the local public health system.
- Increased clarity around community health assessment activities within the local public health system.
- Attention to performance measurement and outcome based programming.

Action Planning:

CCPH is working collaboratively within the local public health system to strategize action planning and performance measurements. As the collaboration implements community health initiatives throughout 2015-2020 planning cycle action plans will be modified using continuous improvement process of plan-do-check-act.

NOTE: As of 10/2015 a Chisago County coalition of the public health system (previously recognized in 2013-14 as MAPP committee) is working to identify shared strategies that impact the identified community health priorities.

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Priorities-Social Determinants of Health

WELLBEING *Health*

Chronic Disease Management
Environmental Justice Pay Equity
 Education *Nutrition*
Healthcare

Ethnicity

POVERTY *housing*
Criminal Justice

Employment



PRIORITY 1

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are the complex, integrated, and overlapping social structures and economic systems that affect health equity outcomes.

Social determinants of health are shaped by the distribution of money, power and resources.

Priority

Social Determinants of Health

The social determinants of health (SODH) are defined as the conditions in which people are born into, and grow, live, work and age in. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.¹

The Story

Our community assessment found indicators within affordable housing data, reported levels of financial stress, commute times and social connectedness where coordinating across sectors can increase the health and well-being of our community.

The Data

2013 Central Minnesota Community Health survey

- Over 65% of respondents perceived unemployment as a moderate or serious problem in our community.
- Just over 75% perceived families experiencing financial stress as a moderate to severe problem.
- Almost 65% of the respondents perceived inadequate or poor parenting skills as a problem in our community.

2014 Adult Mental Health Community Support Program (CSP) grant plan-Chisago County Local Advisory Board

- Lack affordable housing
- Lack of transportation
- Lack of employment opportunities/Lack of understanding of mental illness from employees
- Lack of supportive housing with services
- Lack of social activities for transition age youth/adults (18-25) requiring supervision and support.²

2015 Minnesota Housing Partnership County report & 2014 East Central Regional Housing Collaborative

- About 32% of owner households and 48% of renter households are estimated to be paying more than 30% of their income for housing costs in the region.³
- For households with annual earnings of \$20,000 to \$34,999 72% of renters and 59% of home owners pay 30% or more of their income for housing.

See page 23 Action Planning section for additional details on next steps.

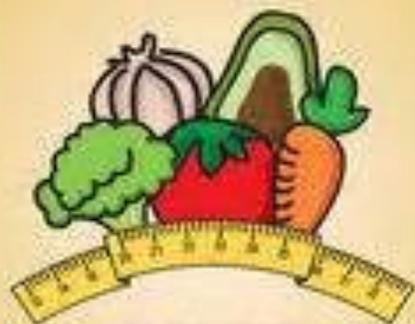
¹ World Health Organization (2014, August 21), <http://www.who.int/en/>

² 2014 Adult Mental Health Community Support Program (CSP) Grant Plan-Chisago County, Section E: Unmet Needs

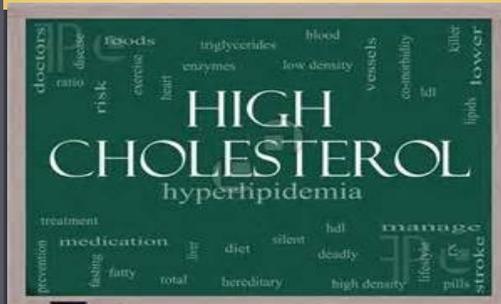
³ Housing Needs Analysis for East Central Regional Housing Collaborative

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Priorities-Nutrition & Weight Status



NUTRITION
VECTOR ILLUSTRATION



PRIORITY 2

NUTRITION & WEIGHT STATUS

According to the USDA the average American eats

156 pounds of sugar in one year.

Priority

Nutrition and Weight Status

The Story

The data and community observation supporting concern over physical activity and healthy eating is overwhelming. Our Minnesota Statewide Health Improvement Program (SHIP) and all three of the healthcare providers in Chisago County have identified nutrition and weight status by some name in their health assessment work. With poor nutrition linked to increased risk for diabetes, heart disease, stroke and some cancers the MAPP team recognized that nutrition and weight status are pivotal to health outcomes.

The Data

2014 Central Minnesota Community Health survey

- Over 70% of Chisago County residents survey perceived obesity as a moderate or serious problem in our community.
- Almost 80% of Chisago County residents perceived unhealthy eating habits as a moderate or serious problem in our community.
- 64% of all respondents reported to eat 3 or more servings of vegetables & fruits every day.
- Only 22% of respondents are engaging in at least 30 minutes of moderate physical activity five days a week.
- When asked how many 1/2 cup servings of vegetables eaten in the past day just 5% reported consuming the daily recommended five or more 1/2 cup servings.

National Center for Chronic Disease Prevention & Health Promotion
Minnesota-State Nutrition, Physical Activity & Obesity Profile report

- 62.3% adults are overweight with a Body Mass Index of 25 or greater.
- 24.8% of adults are obese with a Body Mass Index of 30 or greater.

See page 23 Action Planning section for additional details on next steps.

An ounce of prevention is worth a pound of cure.

-Benjamin Franklin

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Priorities—Health Care Affordability & Access





PRIORITY 3

HEALTHCARE AFFORDABILITY & ACCESS

“Health care affordability is not only about having insurance, but about being able to use it to access the health care you need when you need it.”

- from a workgroup participant

Priority Health Care Affordability and Access

The Story

Health care affordability and access became a re-occurring topic during the community health assessment. The *Forces of Change* assessment brought to discussion topics of technology applications such as telemedicine, legislative changes occurring around the implementation of the Affordable Care Act, commonly referred to as “ObamaCare”. Uncertainty in budgets and mandates around health care were voiced from diverse sectors around the table including business, health care users, public agencies, non-profits, health plans and healthcare providers.

The Data

2013 Central Minnesota Community Health survey

- The top three reasons for not getting or delaying needed medical or dental care are expense (out of pocket cost) related.
 - ◊ The care I needed cost too much.
 - ◊ My (insurance) co-pay was too expensive.
 - ◊ My (insurance) deductible was too expensive.

Agency for Health Care Research and Quality

- Statistical Brief #427—Among the 55.4 million private sector employees enrolled in employer-sponsored health insurance in 2012, 79.6 percent were enrolled in a plan which required they meet an annual deductible. (This percentage varied slightly by size of employer.)

The Henry J. Kaiser Family Foundation

2012 Snapshots: *The Prevalence and cost of Deductibles in Employer Sponsored Insurance*

- In addition to contributing more towards premiums, covered workers are increasingly faced with higher cost sharing. A larger proportion of workers are required to meet a deductible prior to utilizing services and these deductibles are increasing in size.

September 10, 2014 News Release

- Average annual family premiums stand at \$16,834, with workers contributing \$4,823 and average employee deductibles \$1,217, a 47% increase since 2009.

See page 23 Action Planning section for additional details on next steps.

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Priorities-Mental Health



PRIORITY 4

MENTAL HEALTH

Mental health is a state of well being and mental functioning. When we are mentally healthy we can:

- * Contribute to our community
- * Form positive and fulfilling relationships
- * Successfully adapt to change and cope with challenges

Priority Mental Health

The Story

The assessment team recognized that mental illness results from complex interactions between the mind, body and environment. Working together, our community can accomplish more than any one person or organization can do alone.

The Data

2013 Central Minnesota Community Health survey

- Over 50% of Chisago County residents perceived Mental Health as a moderate or serious problem in our community.
- Incarcerated persons with unmanaged mental health issues. Source: Subject Expert interviews with local law enforcement.
- Co-occurring substance abuse and mental health

2015 Chisago County Region 7E Mental Health Assessment report

- Identified gaps include:
 - ◇ Crisis-Interviewees referenced the closing of Riverwood and loss of mobile crisis and crisis beds as a loss of key options in the continuum of mental health services.
 - ◇ Outpatient psychiatry-Provider base is limited in the region, resulting in long waitlist and significant travel distances.
 - ◇ Dual Diagnosis and Chemical Dependency Treatment-Chemical dependency and mental illness are often interdependent and closely linked in complex ways.
 - ◇ Children's Services-specialized services such as children's psychiatry and dialectical behavior therapy, and Children's Therapeutic Services and Supports are not readily available in all parts of the region.

Chisago County Sherriff's Office-Jail Division statistics

- 2013 percentage of mental health referrals within the county jail population is 32.6% of total inmate population continuing an upward trend.

2015 Minnesota Legislative Report-Offenders with Mental Illness

- One in six of people in jail have a serious mental illness, and within that group, over seven in ten have co-occurring substance use disorder.

See page 23 Action Planning section for additional details on next steps.

COMMUNITY HEALTH IMPROVEMENT PLAN

Linkages to Federal, State and Regional Community Health Initiatives

Linkages to Federal & State Health Improvement Plans

Federal Healthy People 2020 home page:

[Federal Healthy People 2020](#)

Federal linkages by topic:

Social Determinants of Health

[Federal Healthy People 2020](#)

Nutrition & Weight Status

[Federal Healthy People 2020](#)

Healthcare Access and Affordability

[Federal Healthy People 2020](#)

Mental Health

[Federal Healthy People 2020](#)

State linkages:

[Healthy Minnesota Partnership](#)

[Minnesota Statewide Health Assessment](#)

[Minnesota Department of Health Statewide Health Improvement Plan \(SHIP\)](#)

Regional Community Health Needs Assessments Linkages:

Fairview Lakes Medical Center-Community Health Needs Assessment

<http://www.fairview.org/About/OurCommunityCommitment/LocalHealthNeeds/index.htm>

St. Croix Regional Medical Center-Community Health Needs Assessment

<http://www.scrmc.org/about/news-item/community-health-needs-assessment-chna>

Allina-Cambridge Medical Center

<http://www.allinahealth.org/About-Us/Community-involvement/Community-health-needs-assessments/>

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County Community Health Improvement-Get Involved!

COMMUNITY HEALTH ENGAGEMENT OPPORTUNITIES

Pine-Isanti-Chisago-Kanabec-Mille Lacs SHIP Community Leadership Team

<http://partnersinhealthyliving.us/>

Chisago County Local Public Health Assessment and Planning-MAPP Committee

<https://mn-chisagocounty.civicplus.com/258/Public-Health>

Fairview Lakes Medical Center

Contact: Kathy Bystrom, Community Health Outreach Manager 651.257.8439 email: kbystro1@fairview.org

Allina-Cambridge Medical Center

Contact: Nicki Klanderud, Manager, Community Engagement 763.688.7913 email: nicole.klanderud@allina.com

St Croix Regional Medical Center

Contact: Deanna Nelson, Manager of Wellness Services 715.483.0498 email: deanna.nelson@scrmc.org

Chisago Lakes Future Walk (sponsored by Chisago Lakes Chamber of Commerce)

Contact: <http://www.futurewalkchisago.com/>

Rush City Thriving Communities Initiative

Contact: Amy Mell, City Administrator 320.358.4743



COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County CHIP-Membership and Endorsements

Angie M Kemen, Human Services-Chisago County

Dave Ertl, education-Chisago Lakes School District

Deborah Meissner, education-Rush City School District

Jody Anderson, citizen-Chisago County

Kathy Bystrom, healthcare-Fairview Lakes

Kristine Nelson-Fuge, Chisago County Assistant Attorney

Laurie Warner, citizen-Chisago County

Randy Koivisto, citizen-Chisago County

Kim Gibbons, education-St. Croix River Education District

Dean Mason, managed care plan-Medica

Glenn Pierce, citizen-Chisago County

Joe Thimm, education-Chisago Lakes School District

Lezlie Sauter, nonprofit-Lakes and Pines

Nicole Klanderud, healthcare-Allina Cambridge

Ruthie Koelsch, local public health-Chisago County

Deb Schuhmacher, local public health-Chisago County

Tracy Armistead, law enforcement-Chisago County

Susan Taylor, nonprofit-Family Pathways

Tom Koplitz, non-profit Community Partnership for Youth and Families

Charles P Yeager, Chisago County Public Health Commission

On behalf of Cambridge Medical Center, I am delighted to submit this letter of collaboration in support of the partnership we have with Chisago County Public Health. In support of our mission, we have been working closely with Chisago County Public Health toward our shared goal of improving the health of our communities the region.

As a working partner in the Chisago County Public Health MAPP committee, we have developed a clear mission, assessed community data, formed obtainable goals and extend a deeper reach into the community.

We value the partnership as we aim to improve health and promote prevention activities. With collaborations like this one we will be able to reach more individuals who are ready to make lifestyle changes. Thank you for the opportunity to express support for the work that Chisago County Public Health is doing around community health improvement.

Nicki Klanderud
 Manager, Community Engagement
 Cambridge Medical Center, part of Allina Health

COMMUNITY HEALTH IMPROVEMENT PLAN

Chisago County CHIP-References

Data sources

Healthy People 2020

<https://www.healthypeople.gov/>

Healthy Minnesota 2020

The Health of Minnesota: Figures

http://www.health.state.mn.us/healthymnpartnership/sha/docs/1212healthofminnesota_figs.pdf

US Census Bureau, 2008-2012 American Community Survey

<http://www.census.gov/>

2012 Uniform Crime Report

<https://dps.mn.gov/divisions/bca/bca-divisions/mnjis/Documents/2012%20Crime%20Book.pdf>

Minnesota Department of Health-Office of Vital Records

<http://www.health.state.mn.us/divs/chs/osr/index.html>

2014 Central Minnesota Adult Health Survey-Chisago County

References

World Health Organization. What are social determinants of health? Webpage. Retrieved 12/2/2014, from http://www.who.int/social_determinants/sdh_definition/en/

2014 Adult Mental Health Community Support Program (CSP) Grant Plan-Chisago County, Section E: Unmet Needs

We recognize the following for graciously allowing Chisago County Public Health to include photographs from their businesses, farms & gardens:

Lois DeGonda, Chisago City



Diane Patras, North Branch



Kevin & Cheri Peterson, WineHaven Winery & Vineyard, Chisago City

