

2014-2018

**Des Moines Valley
Public Health**

Developed 2014-2015
Adopted December, 2015



Community Health Improvement Plan



Public Health
Prevent. Promote. Protect.

**DVHHS Public Health Mission:
Protect and Promote Health through
Partnerships and Prevention**

How Do Cottonwood & Jackson Counties Become Healthier?

- ✓ Involve Cottonwood and Jackson County residents
- ✓ Assess needs and priorities
- ✓ Prepare a plan for community action
- ✓ Share the plan with the community
- ✓ Invite the community to take action

By Working Together!

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Des Moines Valley Public Health Visions and Values

Visions

Healthy People

Through the education and promotion of healthy choices we will:

- reinforce making “the healthy choice the easy choice”,
- collaborate with partners to build health-promoting public and private policies,
- implement integrated strategies to prevent and control disease,
- and facilitate access to comprehensive health services.

Safe People

Through engagement with community members and leaders we will:

- reinforce the “village mentality” - taking responsibility to care for one another,
- prepare for and respond to disasters and assist communities in recovery,
- advocate for vulnerable people,
- and promote safety in home, work and play environments.

Strong Public Health Infrastructure

Through our core values we will:

- provide qualified leadership,
- promote excellent skilled staff through hiring practices, training, education and team building,
- have sufficient resources to prevent disease, promote health and protect people,
- and respond to identified community needs.

Community Value for Public Health

Through evidence based approaches we will be:

- valued by the public, community partners and policymakers at the state and local level as a leading public health department,
- known for strengthening the ability of individuals, families and communities to create their own healthy futures,
- and recognized for our ability to effectively collaborate and engage with partners.

Thriving Families

Through education and support we will:

- advance the belief that the key to a strong, prosperous future is healthy families raising healthy children throughout the lifespan, from pre-conception through old age.
- empower parents and caregivers with information and tools to partner in keeping loved ones safe and healthy,
- and value diversity.

Values

During the facilitated strategic planning sessions, current values for the public health department were reviewed. The team decided the values continue to reflect the health department, with the addition of “collaboration with a team spirit.”

Our core values (recognized as the 6 C’s) represent the principles and beliefs that guide our public health department, the work we do and the way we interact with one another.

- Commitment to healthy communities
- Continuous effort for improvement
- Constant adaptability
- Compassion, humility, gratitude
- Cooperation and collaboration with a team spirit
- Communication-open and honest



Executive Summary

Minnesota community health boards have been required to engage in a community health improvement process since the Local Public Health Act of 1976. The Cottonwood and Jackson Community Health Improvement Plan is the culmination of a process led by the Des Moines Valley Health and Human Services Public Health Department (DVHHS). It is based on the results of a Community Health Needs Assessment conducted in 2014 and seeks to improve the health of Cottonwood and Jackson County residents. Health data and community perceptions were reviewed and three priority health problems were chosen.

The top three most important community health issues identified were:

- 1) Improve Dental Health
- 2) Decrease Cardiovascular Disease by addressing obesity, diabetes and high blood pressure
- 3) Increase Childhood Immunization Rates

This plan outlines how DVHHS, partners and stakeholders will address these priority health issues over the next three years. Cottonwood and Jackson County residents and community leaders are encouraged to use this plan as a tool to propel positive health outcomes.

"The way to keep people from dying from disease, it struck me suddenly, was to keep them from falling ill. Healthy people don't die. It sounds like a completely witless remark, but at that time it was a startling idea. Preventative medicine had hardly been born yet and had no promotion in public health work."

Sara Josephine Baker, M.D.

"Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has."

Margaret Mead



Cottonwood and Jackson County Snapshot

- ❖ Primarily rural farming communities
- ❖ Largest employers are manufacturing and meat packing facilities

2011 Census data

* combined data for both counties

Population: 21,888

Aging population

20.6% are 65 and older

13.1% average for Minnesota

Ethnicity/Race

Increases in all ethnic minority residents since 2000

95.53% White

0.69% Black/African American
(32% increase since 2000)

0.32% American Indian/Alaskan Native
(53% increase since 2000)

2.28% Asian/Pacific Islander
(66% increase since 2000)

Latino 4.93
(41% increase since 2000)

Socioeconomic Demographics

11.5% living in poverty
11.8% average for Minnesota

31% of residents living at or below
200% of poverty
26.1% average for Minnesota

48.9% of residents 25 years and older
with less than or equal to high school
education or equivalent
35.9% average for Minnesota



From 2007-2010 free and reduced meal rates increased from 38.6% to 44.2%.

Education

17% hold Bachelor's Degrees
33% average for Minnesota

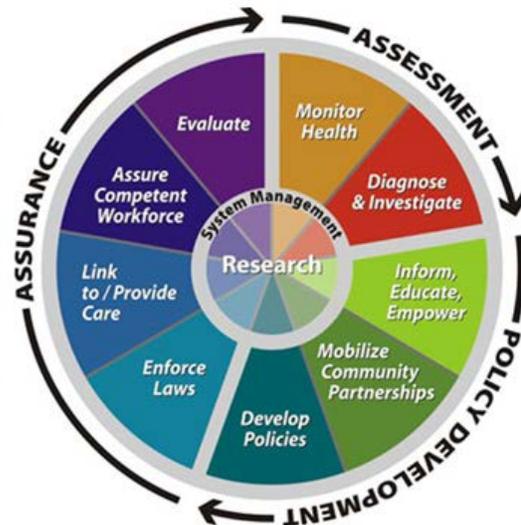
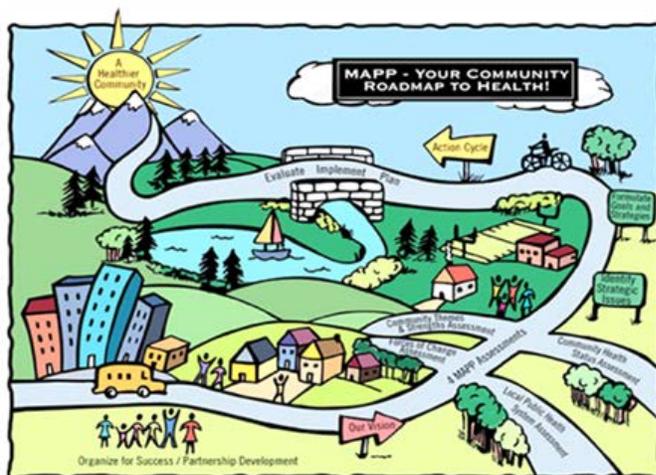
Introduction

The Public Health Accreditation Board (PHAB) defines a community health improvement plan (CHIP) as "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way."

For this plan to be effective it requires thoughtful review of quantitative and qualitative health data along with input from community leaders, decision-makers, educators, health care professionals, service providers, community organizations and businesses. Input from over 300 of these community members was examined by the DVHHS Public Health Director, staff, a community leadership team and DVHHS board members in order to identify the current and pressing top community health needs. To meet these needs evidenced-based strategies to address the local conditions contributing to or causing these health problems will be developed and implemented. While Public Health staff will serve as the cornerstone and fulcrum for driving the work, success lies in broad-based strategies that encompass the collaboration of many different community partners.

Process

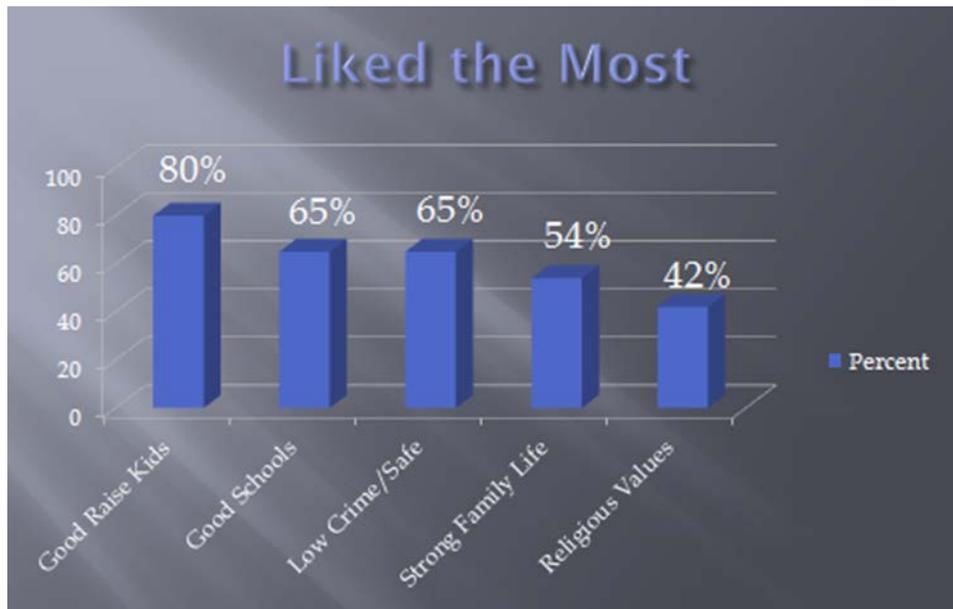
DVHHS Public Health completed a Community Health Assessment in 2013 that included an analysis of demographic and economic profiles, quantitative and qualitative health status data and community survey results based on resident concerns about health issues and quality of life. The Ten Essential Public Health Services and Mobilizing for Action through Planning and Partnerships Assessment were utilized during this process.



Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). The vision for implementing MAPP is: "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

Community Survey Results

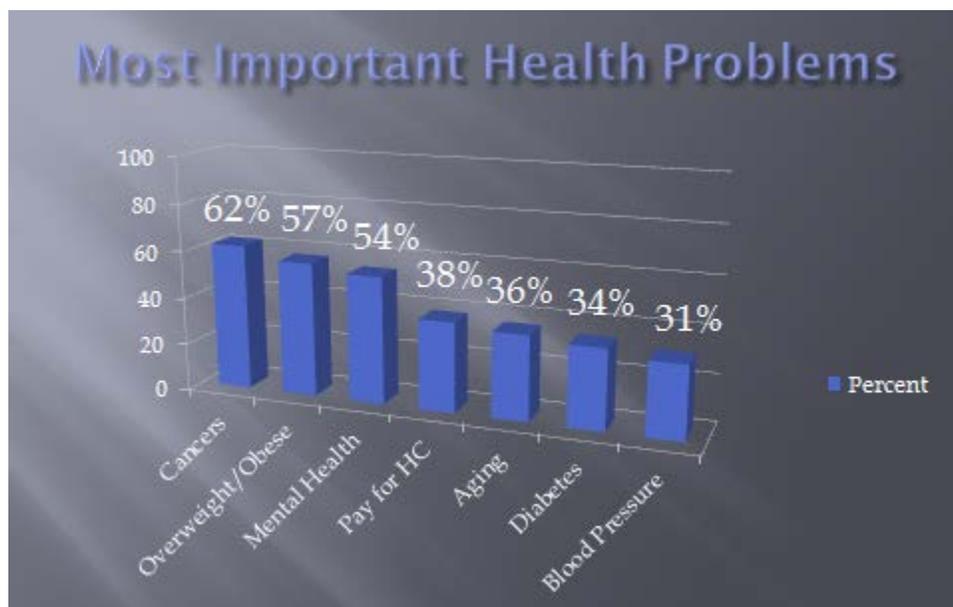
Using the Healthy People 2020 approach to social determinants of health, five key areas (determinants) considered in the community assessment process included: Economic Stability, Education, Social and Community Context, Health and Health Care and Neighborhood and Built Environment. Out of twenty choices, respondents were asked the five things they liked most about the community. The top choices were: good place to raise children, good schools, low crime/safe neighborhoods, strong family life, religious or spiritual values; followed by, parks and recreation, clean environment and emergency services.



When asked the five improvements they would like to see in their community, respondents most frequently chose the following: more affordable housing, healthier behaviors and lifestyles, better jobs and healthy economy, access to mental health services and access to quality child care.



Respondents largely marked the following as the most important health problems in their county: cancers, being overweight/obese, mental health issues, paying for health care, aging issues, diabetes and high blood pressure.

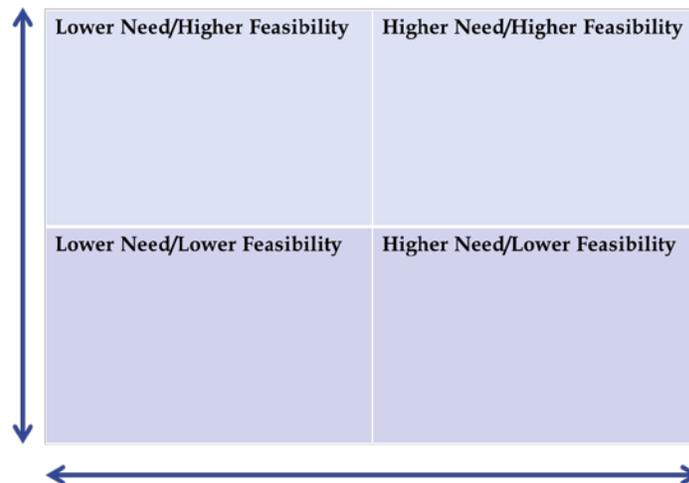


Alcohol use/abuse, lack of exercise, distracted driving, poor eating and tobacco use were chosen the greatest number of times as most important unhealthy behaviors among respondents.



Prioritization Process

The DVHHS board, comprised of ten county commissioners, five from Cottonwood County and five from Jackson County, along with the DVHHS Director, Public Health Director, Human Resources Director and Fiscal Director examined the community health assessment findings in conjunction with the community health survey. In addition, qualitative findings through research conducted by the Child Teen Check-ups (CTC) program uncovered that only two of seven dentists in the counties accept Medical Assistance (MA). The Jackson Sanford Hospital Needs Assessment was also reviewed and dental issues in the emergency room were identified as their number one priority health issue. The group took all of this data into consideration and then used a prioritization matrix to evaluate the health priorities based on actual need and the real ability to effect change in the particular area.



As a result of this evaluation ten issues were identified as top health priorities in Cottonwood and Jackson Counties:

- Dental Care
- Being Overweight/Obesity
- Childhood Immunizations
- Diabetes
- Blood Pressure
- Heart Disease/Stroke
- Mental Health
- Cancers
- Child Abuse/Neglect
- Aging Problems

Acknowledgements

Tom Appel, Cottonwood County Commissioner - Agriculture Teacher

Mary Bezdicek, Public Health Administrative Assistant

Tammy Comwell, DVHHS Board Secretary and Human Resources Assistant

Janice Fransen, Jackson County Coordinator, DVHHS Human Resources Director

Donna Gravely, Cottonwood County Commissioner - Retired MN State Employee & Auctioneer

David Henkels, Jackson County Commissioner- Farmer

Norman Holmen, Cottonwood County Commissioner - Farmer

Kim Hummel, Jackson County Commissioner - Local Business Owner

Craig Myers, DVHHS Executive Director

Sandra Phillips, DVHHS Contracted Project Manager

James Schmidt, Cottonwood County Commissioner - Salesman

Rosemary Schultz, Jackson County Commissioner - Retired Teacher

Kay Steffen, DVHHS, Director of Operations

Kevin Stevens, Cottonwood County Commissioner- Retired City Employee

Pat Stewart, Public Health Administrator/Director

William Tusa, Jackson County Commissioner - Farmer

Susan Vileta, Former DVHHS Preventative Health Supervisor

Donald Wachal, Jackson County Commissioner - Insurance and Real Estate Agent

County Health Snapshot

Chronic Disease and Conditions			
Heart Attack Hospitalizations – from MN Public Health Data Access			
Year	County	Rate	Age-adjusted Rate
2006-2008	MN	33	32
2009-2011	MN	29.6	27.7
2006-2008	Cottonwood	47.4	33.3
2009-2011	Cottonwood	39.2	30
2006-2008	Jackson	60.1	39.7
2009-2011	Jackson	56.3	33.1
Heart Disease, Age Adjusted Death Rate MN Behavioral Risk Factor Surveillance System			
County	2001-2005	2006-2010	
MN	154.1	126.6	
Cottonwood	175.7	178.2	
Jackson	163.4	133.7	
Cancer, Age Adjusted Death Rate			
County	2001-2005	2006-2010	
MN	178.2	169.6	
Cottonwood	161.4	187.8	
Jackson	172.2	128.7	
Stroke, Age Adjusted Death Rate			
County	2001-2005	2006-2010	
MN	47.6	36.2	
Cottonwood	42.4	36.5	
Jackson	44.2	26.1	
Diabetes Prevalence and Obesity (Adults 20+)			
County	Leisure Time Physical Inactivity %	Diabetes Prevalence %	Obesity %
MN	19.1	6.7	25.4
Cottonwood	25.5	9.2	28.6
Jackson	23.3	8.2	22.8
Healthy Living/Opportunity for Health			
Teen Birth Rate per 1,000 15-19 year olds Minnesota Vital Statistics State and County Trends			
County	2001-2003	2004-2006	2007-2009
MN	27.2	26.9	26.6
Cottonwood	28.8	24.7	30.4
Jackson	*Not calculated under 20	17.4	22.6

MN County Health Tables			
Percent of children 24-35 months up to date on vaccine series – Oct 2012			
MN	62.3		
Cottonwood	69		
Jackson	77.6		
Early and Periodic Screening, Diagnosis and Treatment (CMS-416) Report Data Received Preventative Dental Services (2011-2013)			
	Ages 6-9	Ages 10-14	All Ages
MN	47.2	44.4	33.8
Cottonwood	43.6	50.5	31.2
Jackson	38	37.3	27.9
Received Dental Sealants (2011-2013)			
	Ages 6-9		Ages 10-14
MN	13.6		10.6
Cottonwood	10.4		8.6
Jackson	5.9		3.8

2013 MN Student Survey									
Weight status according to body mass index (BMI)									
		8 th grade		9 th grade		11 th grade			
		Male	Female	Male	Female	Male	Female		
MN	Overweight	14%	11%	15%	12%	14%	12%		
MN	Obese	10%	6%	12%	6%	13%	6%		
Cottonwood	Overweight	10%	3%	16%	17%	23%	11%		
Cottonwood	Obese	25%	5%	18%	14%	14%	11%		
Jackson	Overweight	19%	14%	18%	7%	19%	20%		
Jackson	Obese	14%	14%	18%	2%	22%	8%		
Last time you saw a dentist or dental hygienist during the last year									
		5 th grade		8 th grade		9 th grade		11 th grade	
		Male	Female	Male	Female	Male	Female	Male	Female
MN		80%	82%	82%	84%	81%	83%	79%	81%
Cottonwood		57%	74%	77%	73%	71%	81%	74%	69%
Jackson		78%	83%	77%	81%	80%	77%	76%	76%

Reported a total of at least 60 minutes of physical activity 7 days/week								
	5 th grade		8 th grade		9 th grade		11 th grade	
	Male	Female	Male	Female	Male	Female	Male	Female
MN	25%	18%	27%	13%	26%	13%	24%	9%
Cottonwood	22%	14%	32%	18%	23%	7%	31%	8%
Jackson	43%	38%	60%	11%	34%	16%	28%	15%
Did not eat green salad, potatoes, carrots or other vegetables in last 7 days								
	5 th grade		8 th grade		9 th grade		11 th grade	
	Male	Female	Male	Female	Male	Female	Male	Female
MN	15%	9%	13%	8%	13%	8%	11%	6%
Cottonwood	18%	10%	18%	0%	12%	7%	14%	11%
Jackson	12%	5%	10%	6%	19%	9%	11%	6%

Local Data

2010 Southwest/South Central Adult Health Survey

Findings from the 2010 South West/South Central Adult Health Survey demonstrated areas of need in decreasing body mass index (BMI), diabetes, and blood pressure. Based on self-reported height and weight, respondents BMI indicated that over two-thirds of Jackson County residents were overweight; including 34 percent who were obese. About two-thirds of Cottonwood County residents were overweight, including 32 percent who were obese. Cottonwood and Jackson County residents were more likely to be obese than the average resident of Minnesota or the 19-county region. Residents of Cottonwood County were slightly more likely to have high blood pressure, high cholesterol, diabetes and pre-diabetes and have had a heart attack. Out of these adults surveyed, 17% of Cottonwood residents and 18% of Jackson residents were current smokers. Former smokers identified in Cottonwood County totaled 23% and Jackson County residents totaled 27%.

Three out of 10 Cottonwood and Jackson County residents ate five or more servings of fruits and vegetables on the day prior to taking the survey. Six of 10 residents agreed with the statement, "The fresh fruits and vegetables where I usually shop are too expensive." Slightly over 40 percent of Jackson County residents and about 40 percent of Cottonwood County residents get the recommended amount of moderate activity and about one-quarter get the recommended amount of vigorous activity each week. Almost 20 percent said they had not done any physical activity other than their job in the past 30 days.



Improve Dental Health

Goal 1: Cottonwood and Jackson County residents will have improved access to dental/oral health education, prevention, screening, early intervention and treatment services in order to improve and maintain oral health.

Objective #1: By December 31, 2018, 1,000 children up through age 11 will receive fluoride varnish and proper oral health education.

Source/Evidence Base:

According to the Oral Health in America: A report of the Surgeon General:

- Oral health is connected to overall health and well-being.
- Tooth decay is the single most common chronic childhood disease.
- Over 50 percent of 5- to 9-year-old children have at least one cavity or filling, and that proportion increases to 78 percent among 17-year-olds.
- There are striking disparities in dental disease by income. Poor children suffer twice as much dental caries as their more affluent peers, and their disease is more likely to be untreated.
- Fluoride varnish is effective in preventing caries on permanent teeth. According to the Centers for Disease Control and Prevention (CDC) and the ADA, the quality of evidence for the efficacy of fluoride varnish in preventing and controlling dental caries in the permanent teeth of moderate/high-risk children is high. These organizations strongly recommend fluoride varnish because of consistent, good quality, patient-oriented evidence.
- For 65 years, community water fluoridation has been a safe and healthy way to effectively prevent tooth decay. CDC has recognized water fluoridation as one of 10 great public health achievements of the 20th century.

Policy Component (Y/N): N

Targets Health Inequities (Y/N): Y – Access to health care; Socioeconomic status (low-income); Language/Literacy

Existing Assets and Resources:

- Internal Women Infant and Children (WIC) program allows access to families and children.
- Excellent existing relationships with Early Childhood Family Education (ECFE) and schools.
- Active home-visiting program by Maternal Child Health (MCH) staff.
- Member counties of Southern Prairie Community Care (SPCC). SPCC is a regional 12 county organization that works collaboratively with community partners on innovative strategies to improve the health of people in our region. Our work is centered on population health initiatives, developing a regional electronic medical record to support care delivery, and implementing integrated collaborative community care processes that respond to individual patient needs and dynamics to improve their health status.

ACTION PLAN

Activity	Target Date	Lead Organization
Those conducting education will research and train for oral education and fluoride varnish application taught by Amos Deinard of the University of Minnesota.	3/2015	Public Health
Lead MCH staff will assess willingness of ECFE, Schools and Headstart to conduct education with children in classroom settings.	Yearly in Feb	MCH staff
WIC staff will conduct oral health education with clients while also determining if MA care is being utilized for preventative dental care.	3/15	WIC staff
Dental varnish will be applied to 600 kids at seven service settings. During applications one-on-one instruction and questioning about oral hygiene techniques will be discussed.	Yearly	Public Health
Campaign to educate families about the importance of drinking fluoridated tap water will be implemented.	Yearly	MCH Staff & Health Eds
Written educational material will be developed with assistance from Amos Deinard of the University of Minnesota.	Spring 2015	Primary MCH staff person
During home visits, MCH staff will educate orally and through written materials on cavity prevention.	Ongoing	MCH Staff
MCH program will work with Headstart program to monitor the performance standards which require each program to track the provision of oral health care for enrolled children to ensure they receive oral health examinations, follow-up treatment as needed, oral health prevention (including fluoride varnish) and good dental hygiene practice education.	Yearly in October	MCH staff and Headstart staff

Collaborate with Sanford Jackson Hospital to assess the type of dental problems they experience in the emergency room and explore interventions.	Sept 2015	PH Director and Lead MCH staff person
Outreach the Open Door Mobile dental care available in Worthington MN through posters and educational materials presented at visits.	Summer 2015	MCH staff and Home Health Care staff
Collaborate with Sanford Jackson Hospital to assess the type of dental problems they see in the emergency room and explore interventions.	Sept 2015	PH Director and Lead MCH staff person

Alignment with State/National Priorities

Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
<p>One objective is to Increase Utilization of the Oral Health System. The focus is on 18 and older population to increase the percentage of dental visits within last year.</p>	<p>Healthy People 2020 states - community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.</p> <p>Objectives for public health improvement include the need to:</p> <ul style="list-style-type: none"> • Increase awareness of the importance of oral health to overall health and well-being. • Increase acceptance and adoption of effective preventive interventions. • Reduce disparities in access to effective preventive and dental treatment services. <p>Potential strategies to address these issues include:</p> <ul style="list-style-type: none"> • Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use. • Evaluating and improving methods of monitoring oral diseases and conditions. 	<p>Under Clinical and Community Preventive Services the following is recommended:</p> <ul style="list-style-type: none"> • Support implementation of community based preventive services and enhance linkages with clinical care. • Expand public-private partnerships to implement community preventive services (e.g., school-based oral health programs, community-based diabetes prevention programs).

Improve Dental Health

Goal 1: Cottonwood and Jackson County residents will have improved access to oral health education, prevention, screening, early intervention and treatment services in order to improve and maintain oral health.

Objective #2: By December 31, 2018, the UCARE mobile dental unit will locate in Cottonwood County two times to administer dental services to 80 UCARE members.

Source/Evidence Base:

According to the CDC Division of Oral Health:

- Oral health is connected to overall health and well-being.
- Seventy percent of adults reported visiting a dentist in the past 12 months. Those with incomes at or above the poverty level are much more likely to report a visit to a dentist in the past 12 months as those with lower incomes.
- Over 40 percent of poor adults (20 years and older) have at least one untreated decayed tooth compared to 16 percent of non-poor adults.
- To maintain oral health visit the dentist regularly. Check-ups can detect early signs of oral health problems and can lead to treatments that will prevent further damage, and in some cases, reverse the problem. Professional tooth cleaning (prophylaxis) also is important for preventing oral problems, especially when self-care is difficult.

Policy Component (Y/N): N

Targets Health Inequities (Y/N): Y – Access to health care; Socioeconomic status (low-income); Language/Literacy

Existing Assets and Resources:

- DVHHS has successfully had the UCARE Mobile Unit provide onsite services in Cottonwood County previously.
- Home Care, WIC and MCH staff all currently work with UCARE patients and can refer them.
- Member counties of Southern Prairie Community Care (SPCC). SPCC is a regional 12 county organization that works collaboratively with community partners on innovative strategies to improve the health of people in our region. Our work is centered on population health initiatives, developing a regional electronic medical record to support care delivery, and implementing integrated collaborative community care processes that respond to individual patient needs and dynamics to improve their health status.

ACTION PLAN		
Activity	Target Date	Lead Organization
DVHHS will apply to UCARE on a yearly basis to request utilization of the UCARE Mobile Dental Unit in Windom at the Public Health office.	Yearly	Preventative Health Sup
A plan for public communication/marketing of the bus will be developed and implemented.	As needed	All DVHHS staff
Alignment with State/National Priorities		
Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
<p>One objective is to Increase Utilization of the Oral Health System. The focus is on 18 and older population to increase the percentage of dental visits within last year.</p>	<p>Healthy People 2020 states - community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.</p> <p>Objectives for public health improvement include the need to:</p> <ul style="list-style-type: none"> • Increase awareness of the importance of oral health to overall health and well-being. • Increase acceptance and adoption of effective preventive interventions. • Reduce disparities in access to effective preventive and dental treatment services. <p>Potential strategies to address these issues include:</p> <ul style="list-style-type: none"> • Implementing and evaluating activities that have an impact on health behavior. • Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use. 	<p>Under Clinical and Community Preventive Services the following is recommended:</p> <ul style="list-style-type: none"> • Support implementation of community based preventive services and enhance linkages with clinical care. • Expand public-private partnerships to implement community preventive services (e.g., school-based oral health programs, community-based diabetes prevention programs).

ACTION PLAN		
	<ul style="list-style-type: none">Evaluating and improving methods of monitoring oral diseases and conditions.	

Increase Childhood Immunization Rates

Goal 2: Cottonwood and Jackson County residents will have improved access to immunization education and services in order to increase immunization rates and reduce preventable infectious diseases.

Objective: By December 31, 2018, the immunization rates of Cottonwood and Jackson county children 24-35 months who are up to date on their vaccine series will increase by 10% from 2013 rates.

Source/Evidence Base:

US Department of Health and Human Services and CDC:

- The Centers for Disease Control and Prevention (CDC) recommends vaccinations from birth through adulthood to provide a lifetime of protection against many diseases and infections, such as influenza, pneumococcal disease, human papillomavirus, and hepatitis A and B.
- Vaccines are one of the most convenient and safest preventive care measures available.
- Vaccination can be the difference between life and death.
- Vaccinations are one of the best ways to put an end to the serious effects of certain diseases.

Policy Component (Y/N): N

Targets Health Inequities (Y/N): Y - Access to health care; Socioeconomic status (low-income); Language/Literacy

Existing Assets and Resources:

- Ability to reach children and families through interaction in internal public health programs and human services assistance.
- Positive relationships with health care clinics.
- Ability to track immunizations in SIIS.
- Assistance from Regional State Immunization Information System Coordinator.

ACTION PLAN

Activity	Target Date	Lead Organization
DVHHS will have a staff person be an active member of the Regional State Immunization Information System (SIIS) Governance Board.	Current	DVHHS-PH SW SIIS Board

The Regional SIIS Governance Board will develop strategic planning for the region for the promotion of immunizations in provider clinics.	Yearly	SIIS Governance Board
The SIIS Regional Coordinator will work with individual providers to increase their use and participation in the SIIS.	Ongoing	Regional SIIS Coordinator
Translate immunization information into Spanish text for use in the community and on home visits.	January 2016	DVHHS-PH
Outreach immunizations and the SIIS in the communities and at home visits in the Spanish language.	Ongoing	MCH Staff
Outreach immunization importance and current level of the child or adult being visited. Provide the adult the current immunization record from SIIS.	Ongoing	MCH Staff
The Infection Control (IC) staff person will implement the Immunization Practice Inventory every other year to visit provider's offices that are enrolled in the Minnesota Vaccine For Children (MVFC) Program.	2015 2017	IC assigned staff
Quarterly the IC person will visit each clinic in the two county area to relay information regarding the State Immunization Information System (SIIS) data as it pertains to their clinic and provide up-dated easy to understand immunization information.	Ongoing to start Fall 2015	IC staff
WIC staff will be trained in accessing SIIS to find WIC clients immunization record prior to each appointment.	Begin Fall 2015	MCH Lead
WIC staff will educate the parent of each child the status of their children's immunizations.	Ongoing	WIC Staff
Office Support Staff of DVHHS will be trained to access SIIS information for the public when requests come in for vaccination records.	Fall of 2015	OSS staff
DVHHS Public Health Offices in Windom and Jackson will be locations where the public with no in state provider or without adequate insurance coverage will be able to obtain childhood immunizations.	Ongoing	PH Staff
Yearly DVHHS-PH will offer Influenza Vaccinations to local businesses, home health clients and county employees and their families.	Fall of each yr	All PH Staff
SIIS will be incorporated into the Nightingale Documentation system for all clients receiving services from DVHHS-PH.	2016	DVHHS-Director
All staff will import client's immunization record into the Nightingale Documentation System and assess the current status of the client's vaccinations.	2016	All PH visiting staff
DVHHS-PH will promote the safety of vaccines and childhood vaccinations.	2015 ongoing	All PH Staff

Utilize translators from SHIP partnership to assist in outreach with Latino population.	2016	PH/SHIP Staff/Community Health Workers
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Alignment with State/National Priorities

Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
<p>Healthy Minnesota 2020 is built around three themes – a healthy start for all, equal opportunities for health, and community empowerment for health.</p>	<p>Increase immunization rates and reduce preventable infectious diseases.</p> <p>Home visits intended to increase vaccination rates: provide vaccinations to clients in their homes, or promote recommended vaccinations with referral to available immunization services.</p> <p>Coordinated vaccination interventions in WIC settings are recommended based on strong evidence of effectiveness in increasing vaccination coverage in children. Evidence on effectiveness was considered strong based on studies in which assessment of client immunization status and referral to a vaccination provider was combined with additional interventions or with the provision of vaccinations on-site or in a collocated healthcare service. Studies included in this review combined assessment and referral with monthly voucher pickup requirements, tracking and outreach, client reminder and recall systems, or enhanced access to</p>	<p>Improved access to preventative services.</p> <p>Promote the use of evidence-based preventive services within existing health services.</p> <p>Strategic Directions include: Healthy and Safe Community Environments: Create, sustain, and recognize communities that promote health and wellness through prevention.</p> <p>Clinical and Community Preventive Services: Ensure that prevention-focused health care and community prevention efforts are available, integrated, and mutually reinforcing. The provision of evidence-based clinical and community preventive services and the integration of these activities are central to improving and enhancing physical and mental health.</p> <p>Empowered People: Support people in making healthier choices. Although policies and programs can make healthy options available, people still need to make healthy</p>

Utilize translators from SHIP partnership to assist in outreach with Latino population.	2016	PH/SHIP Staff/Community Health Workers
	<p>vaccination services.</p> <p>Coordinated interventions may include: client reminder and recall systems; the use of staff to conduct manual outreach and tracking of clients; mass and small media; and educational activities.</p>	<p>choices. When people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices.</p>

Decrease Cardiovascular Disease

Goal 3: Reduced incidence of cardiovascular disease and heart attack hospitalizations in Cottonwood and Jackson Counties through policy, systems and environmental change strategies which emphasize healthy eating, active living and tobacco-free living.

Objective #1: By December 31, 2018, increase the number of worksites with wellness action plans that promote evidence-based policies and practices from 4 to 8.

Source/Evidence Base: Statewide Health Improvement (SHIP) Strategy Implementation Guides (Minnesota Department of Health, 2013)

- “Worksites should create, or expand, healthy environments by establishing, implementing, and monitoring policy initiatives that support wellness.” IOM Report: Accelerating Obesity Prevention
- “Workplace health promotion and prevention is a means to reduce the burden of chronic illness, improve health, and slow the growth of health care costs.” Affordable Care Act

Policy Component (Y/N): Y – Worksite Wellness Policies

Targets Health Inequities (Y/N): Y – focus on businesses with disparate populations

Existing Assets and Resources:

- Engaged, experienced and successful with worksite wellness since 2010 through SHIP.
- Have active worksite wellness partners covering employees in both counties.
- This work is fully funded strategy work through 2018.
- Beginning March 2015 - State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease. This new program, building on efforts initiated in 2013, intensifies work in state and large city health departments to prevent obesity, diabetes, heart disease, and stroke and reduce health disparities through community and health system interventions. It is financed by the Prevention and Public Health Fund of the Affordable Care Act. (Work plan and outcomes/objectives forthcoming.)

ACTION PLAN

Activity	Target Date	Lead Organization
By December 31, 2018 implement approved SHIP worksite wellness work plan.	ongoing	Public Health
*Detailed plan is part of Statewide Health Improvement Program Implementation. Work plan approved by MDH and available by calling Des Moines Valley Health and Human Services PH at (507) 847-2366.		

Alignment with State/National Priorities		
Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
<p>Build health-promoting public and private policy.</p> <ul style="list-style-type: none"> • Increase physical activity. • Increase fruit and vegetable consumption. • Reduce tobacco use. • Reduce Obesity. <p>Assure that schools offer the full range of child nutrition programs.</p>	<p>The Nutrition and Weight Status objectives for Healthy People 2020 emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.</p>	<p>Increase access to healthy and affordable foods. Nutrition standards and policies that align with the Dietary Guidelines for Americans increase access to healthy food and beverages and limit access to less healthy foods.</p> <p>Implement organizational and programmatic nutrition standards and policies. Such policies can be implemented in work sites, schools, early learning centers, institutional cafeterias/food service, hospitals, and older adult living facilities. Such policies not only help people make healthier food choices, but over time will lead to a wider variety of healthier products from which to choose.</p> <p>Help people recognize and make healthy food and beverage choices. People are better able to make healthy decisions when provided with the information and motivation to identify and make healthy choices. Easy-to-understand nutrition information at the point of purchase can help people make healthier food choices.</p>

		<p>Support policies and programs that promote breastfeeding.</p> <p>Support workplace policies and programs that increase physical activity.</p> <p>Workplace initiatives such as flextime policies, lunchtime walking groups, and access to fitness facilities, bicycle racks, walking paths, and changing facilities with showers can increase the number of employees who are physically active during the work day.</p>
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Decrease Cardiovascular Disease

Goal 3: Reduced incidence in the number of Cottonwood and Jackson County students who are overweight and obese and an increase in student fruit and vegetable consumption through the implementation of policy, systems and environmental change strategies which emphasize healthy eating and active living.

Objective #2: By December 31, 2018, increase the number of schools from three to six which implement evidence-based policy and practice changes to ensure adequate amounts of physical activity and healthier offerings in meals, snacks and concessions.

Objective #3: By December 31, 2018, increase the amount of physical activity and vegetable/fruit consumption during the school day and lower student BMI (overweight/obese percentage) in two schools.

Source/Evidence Base: Statewide Health Improvement (SHIP) Strategy Implementation Guides (Minnesota Department of Health, 2013)

- According to CDC's Recommended Community Strategies and Measurements to Prevent Obesity in the United States in order to support healthy food and beverage choices they recommend restricting availability of less healthy foods and beverages in public service venues.
- In order to positively impact health behaviors and reduce health risks targeting school aged children is essential. The availability of less healthy food in schools is inversely associated with fruit and vegetable consumption and is positively associated with fat intake among students.

Policy Component (Y/N): Y – School wellness policies encompassing healthy eating and physical activity strategies.

Targets Health Inequities (Y/N): Y Socioeconomic status (low-income); Language/Literacy

Existing Assets and Resources:

- Engaged, experienced and successful with school wellness work since 2010 through SHIP.
- Currently working with 13 schools in six districts covering 8,500 children.
- Fully funded strategy work through 2015. MDH is planning for SHIP 4 that will fund work through 2017.
- Strong partnership with Southwest Regional Development Commission.
- Beginning March 2015 - State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease. This new program, building on efforts initiated in 2013, intensifies work in state and large city health departments to prevent obesity, diabetes, heart disease, and stroke and reduce health disparities through community and health system interventions. It is financed by the Prevention and Public Health Fund of the Affordable Care Act. (Work plan and outcomes/objectives forthcoming.)

ACTION PLAN		
Activity	Target Date	Lead Organization
By December 31, 2018 implement approved SHIP Healthy School Food and Active School Day work plans.	ongoing	Public Health
*Detailed plan is part of Statewide Health Improvement Program Implementation. Work plan approved by MDH and available by calling DVHHS PH at (507) 847-2366.		
Alignment with State/National Priorities		
Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
<p>Build health-promoting public and private policy.</p> <ul style="list-style-type: none"> • Increase physical activity. • Increase fruit and vegetable consumption. • Reduce tobacco use. • Reduce Obesity. <p>Assure that schools offer the full range of child nutrition programs.</p>	<p>The Nutrition and Weight Status objectives for Healthy People 2020 emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.</p>	<p>Increase access to healthy affordable foods.</p> <p>Implement organizational and programmatic nutrition standards and policies. Such policies can be implemented in work sites, schools, early learning centers, institutional cafeterias/food service, hospitals, and older adult living facilities. Such policies not only help people make healthier food choices, but over time will lead to a wider variety of healthier products from which to choose.</p> <p>Help people recognize and make healthy food and beverage choices. People are better able to make healthy decisions when provided with the information and motivation to identify and make healthy choices. Easy-to-understand nutrition information at the point of purchase can help people make healthier food choices.</p> <p>Implementing joint use or</p>

ACTION PLAN		
		<p>after-hours agreements for school gymnasiums and community recreation centers increases the use of these facilities.</p> <p>Promote and strengthen school and early learning policies and programs that increase physical activity.</p> <p>Programs that increase the length or quality (i.e., time spent being active) of school-based physical education improve overall student activity levels and academic performance.</p>

Decrease Cardiovascular Disease

Goal 3: Reduced incidence of cardiovascular disease and heart attack hospitalizations in Cottonwood and Jackson Counties through policy, systems and environmental change strategies which emphasize healthy eating and active living.

Objective #4: By December 31, 2018, there will be a reduction in cardiovascular disease by 10% and heart attack hospitalizations by 5% in Cottonwood and Jackson Counties.

Objective #5: By December 31, 2017 Cottonwood and Jackson residents will report an increase in the amount of physical activity by 10%.

Source/Evidence Base: Statewide Health Improvement (SHIP) Strategy Implementation Guides (Minnesota Department of Health, 2013)

- Active Living provides safe and convenient opportunities for physical activity.
- Active Living policies and practices in community design, land use, site planning, and facility access are proven effective to increase levels of physical activity.
- A number of specific policies and practices that create active communities are those that support walking and bicycling or non-motorized transportation.
- The following four dietary behavior changes together have the greatest impact towards improving the risk factors most related to the leading causes of death and disability (obesity, hypertension, and high cholesterol). By improving these risk factors, we can prevent, delay, or reduce the onset or severity of heart disease/stroke, diabetes, cancer, and depression.
 - increasing consumption of fruits and vegetables while reducing consumption of saturated fats, sodium, and added sugars

Policy Component (Y/N): Y

Targets Health Inequities (Y/N): Socioeconomic status (low-income); Language/Literacy

Existing Assets and Resources:

- Engaged, experienced and successful with community healthy eating and active living strategy implementation through SHIP since 2010.
- Currently working with 4 cities covering 17,943 people on Active Living Plans.
- Fully funded strategy work through 2018 with the 1422 grant.
- Strong partnership with Southwest Regional Development Commission with four cities developing active living plans.
- Beginning March 2015 - State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease. This new program, building on efforts initiated in 2013, intensifies work in state and large city health departments to prevent obesity, diabetes, heart disease, and stroke and reduce health disparities through community and health system interventions. It is financed by the Prevention and Public Health Fund of the Affordable Care Act. (Work plan and outcomes/objectives forthcoming.)

ACTION PLAN		
Activity	Target Date	Lead Organization
By December 31, 2018 implement approved SHIP Community Healthy Food and Active Living work plans.	ongoing	Public Health
*Detailed plan is part of Statewide Health Improvement Program Implementation. Work plan approved by MDH and available by calling DVHHS PH at (507) 847-2366.		

Alignment with State/National Priorities		
Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
<p>Build health-promoting public and private policy.</p> <ul style="list-style-type: none"> • Increase physical activity. • Increase fruit and vegetable consumption. • Reduce tobacco use. • Reduce Obesity. 	<p>The Nutrition and Weight Status objectives for Healthy People 2020 emphasize that efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.</p>	<p>Encourage community design and development that supports physical activity.</p> <p>People are also more likely to use active modes of transportation (e.g., walking, biking) for their daily activities when homes, workplaces, stores, schools, health care facilities, and other community services are located within close proximity and neighborhoods are perceived as safe.</p> <p>Facilitate access to safe, accessible, and affordable places for physical activity. Safe, accessible, and affordable places for physical activity (e.g., parks, playgrounds, community centers, schools, fitness centers, trails, gardens) can increase activity levels.</p> <p>Ensuring availability of transportation and developing these places with universal design features facilitates access and use by</p>

ACTION PLAN		
		<p>people of all ages and functional abilities.</p> <p>Providing opportunities for older adults to participate in physical activity (e.g., low-cost fitness classes at community centers) promotes functional health, lowers the risk of falls, and improves cognitive function.</p>

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