



Community Health Improvement Plan 2015 – 2017

Olmsted County, Minnesota

*Making the Healthy Choice
the Easy Choice*

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December 5, 2014

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Executive Summary

Health and overall well-being are not confined solely within medical offices – in fact, the introduction starts in our homes, schools, places of work, and communities. There are many influences to good health: eating well and staying active, refraining from unhealthy behaviors, adhering to the recommended immunizations and screening tests schedules, and managing stress levels. However, overall health is also determined by numerous social and economic factors: the resources and supports available in our homes and communities (i.e., financial, educational, social and health care); the cleanliness of our water, food and air; the perception and true safety of our communities; and the nature of social relationships.

Olmsted County residents all deserve an equal opportunity to make the choices that lead to good health – and to ultimately: ***make the healthy choice, the easy choice.*** To ensure that that opportunity proceeds with success, advances are needed not only in health care and public health, but also across and throughout the entire community, including: education, housing, community services and planning, and infrastructure.

The current Community Health Improvement Plan (CHIP) serves as the first step towards true community-centered planning, integration, and implementation of strategies to improve our community’s health. CHIP partners and additional community organizations will work together to promote health equity throughout diverse populations and address social determinants of health to improve health outcomes in five priority areas: Obesity, Diabetes, Mental Health, Vaccine Preventable Diseases, and Financial Stress / Homelessness.

Community Priority	CHIP Strategies
 Obesity	<ol style="list-style-type: none"> (1) Promote a culture of healthy eating (2) Promote a culture of physical activity
Diabetes 	<ol style="list-style-type: none"> (1) Promote and increase diabetes screening throughout the community (2) Improve collaboration to expand health education and awareness
 Mental Health	<ol style="list-style-type: none"> (1) Develop a framework to improve mental health for all populations (2) Engage existing collaboratives to enhance and connect current and future strategies within the developed framework
Vaccine Preventable Diseases 	<ol style="list-style-type: none"> (1) Increase immunization rates (2) Expand health education and awareness
 Financial Stress / Homelessness	<ol style="list-style-type: none"> (1) Increase the availability of affordable housing (2) Ensure people have access to safety net programs (3) Increase the proportion of living wage jobs

Introduction

Public health departments across the nation have a long history of monitoring, reporting on, and improving the health of local communities, and this holds true for Olmsted County Public Health Services. Additionally, local public health departments are held responsible for the prevention, promotion, and protection efforts throughout communities. However, it is widely-known that these efforts cannot be done independently by public health. Public health, healthcare, non-profit organizations, private sector and other community-based sectors need to **partner together** to: (1) identify community health issues; (2) prioritize issues; and (3) work towards improving community health.

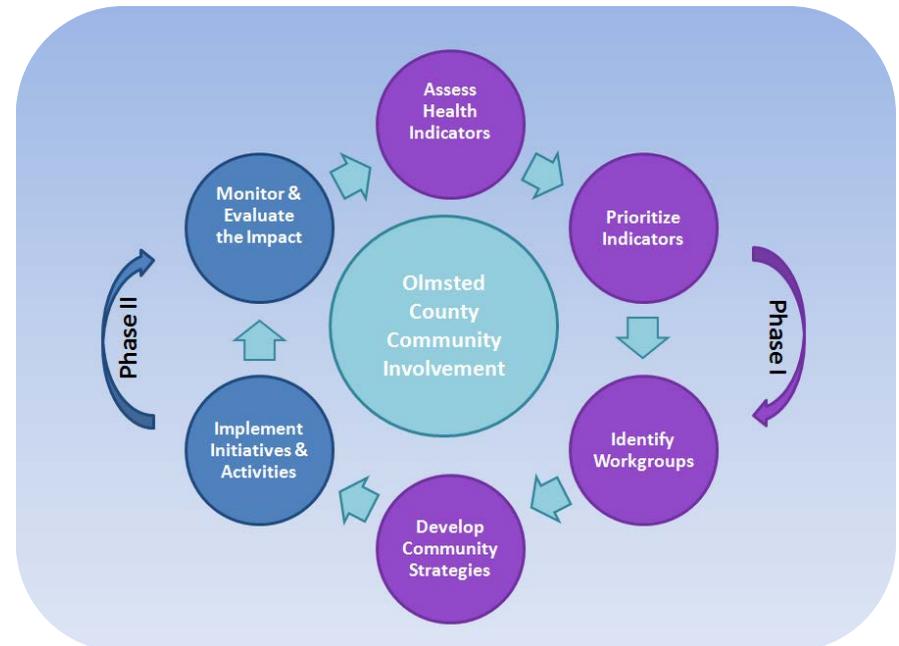
The Olmsted County community has partnered together to develop one local assessment and planning process to develop two guiding documents: the Community Health Needs Assessment and the Community Health Improvement Plan. The assessment and planning process has been initially created to encompass two main stages: Phase I and Phase II. Throughout both Phase I and II, significant community involvement remains as the highest priority.

Phase I of the assessment and planning process is grounded in the efforts that launched the Community Health Needs Assessment and immediate steps that followed. These efforts and activities took place from mid-2012 through mid to late-2014, and included:

- Identifying and assessing health indicators
- Prioritizing the health indicators and identifying top community priorities
- Determining priority workgroups, specifically workgroup leads
- Developing broad, community-based strategies that define the Community Health Improvement Plan

Any plan is only practical – and useful, or even helpful – if it makes it to the implementation stage. **Phase II** of the assessment and planning process will revolve around future efforts, beginning in 2015, to: identify and implement community initiatives and activities; and monitor and evaluate the impact on improving the community's health. During this phase, all identified community initiatives and activities will be monitored and assessed for progress. Additionally, adjustments will be made as appropriate to ensure the community strategies and overall Community Health Improvement Plan remains relevant.

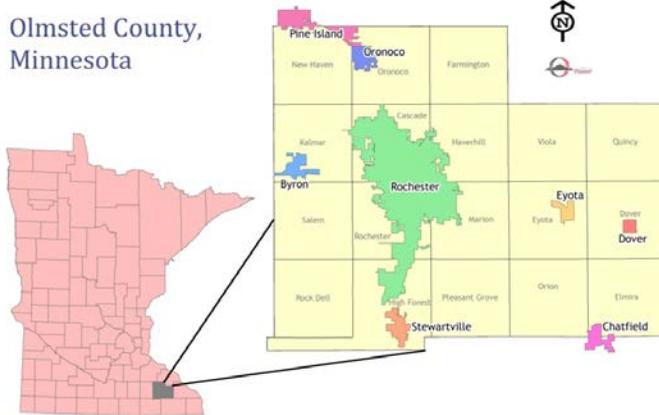
This Community Health Improvement Plan serves as a reflection of the community's readiness, excitement, and eagerness for collective action to improve Olmsted County's health.



Olmsted County Community

Demographics

Olmsted County, Minnesota



Olmsted County is located in the southeastern part of Minnesota, approximately 80 miles southeast of the Minneapolis/St. Paul metropolitan area. Olmsted County has a total area of 655 square miles, of which just over 650 acres are water areas. Olmsted County consists of 18 townships and all are part of 8 cities, including the cities of Byron, Eyota, Dover, Oronoco, Rochester, Stewartville, and parts of Chatfield and Pine Island.

Olmsted County is projected to remain one of Minnesota's fastest-growing counties over the next 30 years, while Rochester will be the central city of the fastest-growing metropolitan area in the State. Olmsted County remains the eighth largest county in the State. According to the 2010 Census, the population of Olmsted County was 144,248. Seventy-four percent of the County population lives in the city of Rochester, with a 2010 population of 106,769. Rochester, the County seat, is the largest city in Minnesota outside of the Minneapolis/St. Paul metropolitan area; Rochester grew by nearly 25% over the last decade (20,963 people). The surrounding cities range in size from a low of 741 in Dover to a high of 5,916 in Stewartville.

Olmsted County represents 29% of the population of the 11-county southeast Minnesota region. Olmsted County's population has grown by 35.5% since the 1990 Census. Olmsted County has 2.25 times the population of the next largest county in the region and continues to grow at a significantly higher rate than other counties in southeastern Minnesota – while Olmsted County grew by 16% per decade for the last twenty years; the balance of the region grew by only 4%.

According to census figures, the median age of Olmsted County residents was 36.3 years in 2010. Residents under age 18 made up 25.2% of the population, while those aged 65 years and older made up 12.6% of the population. Olmsted County's population is 51.1% female – total female population is 73,763; total male population is 70,485.

Olmsted County has seen a significant increase in populations of ethnic and racial minorities in recent years. Minorities (all persons other than non-Hispanic Whites) now make up almost 17% of Olmsted County's total population. The minority population grew 75% from 2000 to 2010, compared to an 8.8% increase in the non-Hispanic White population. Over the last 20 years, the minority population has increased from 5,290 (1990) to 23,900 (2010) – an increase of 4 ½ times.

The 2011 American Community Survey (2011 ACS) reports that 13,292 foreign-born persons reside in Olmsted County. According to the 2011 ACS, 12.4% of people over the age of 5 speak a language other than English in the home. According to Olmsted County school district data, Somali, Spanish, Cambodian (Khmer), Arabic, Vietnamese, Chinese, Lao, and Bosnian are the most prevalent languages spoken in the home.

Household and per capita incomes in Olmsted County exceed both the State and national averages. According to the 2007-2011 ACS estimates, Olmsted County had a median household income of \$66,202, compared to \$58,476 for Minnesota and \$52,762 for US. However, outside the Minneapolis/St. Paul metropolitan area, Olmsted County has the 3rd highest free and reduced lunch enrollment in schools, which is an indicator of low socioeconomic status.

Rochester is most notably known as the home of the Mayo Clinic, and thus a medical community. Major employers in Olmsted County include: Mayo Clinic, IBM, Rochester Public Schools, Olmsted County, Olmsted Medical Center, City of Rochester, Charter Communications, Crenlo, Rochester Community and Technical College, Federal Medical Center, Seneca Food, and Hiawatha Homes.

Olmsted County Community

Collaborative Nature

Olmsted County Public Health Services, Olmsted Medical Center, and the Mayo Clinic have a strong, symbiotic relationship and have collaborated with each other, and other community partners for many years to serve the health needs of the residents in Olmsted County, Minnesota.

A unique first example of community collaboration in Olmsted County dates back to the late 1800's. In 1883, the 'Great Tornado' swept through Rochester, killing 26 people and destroying much of the north side of town. In the wake of that terrifying experience, Sister Mary Alfred, a Franciscan Sister teaching in Rochester, approached the 'country doctor' to discuss the need for a hospital. The Sisters of St Francis offered to build and maintain a hospital if the good doctor would provide the medical staff. The humanitarian spirit of a Franciscan Sister combined with the professional dedication of a small town physician named William Worrall Mayo, and his more famous sons Will and Charlie, formed the foundation that continues today. The humble dedication and practice of sharing information and knowledge of past and present leaders had created a culture where *prevention, resiliency, and foresight* are the fabric of our community's existence.

Since these early beginnings, the community has taken **positive and proactive actions** to lay a foundation for a culture of health with its residents through the development of public health policies and practices dating back to 1866 when the first health ordinance was enacted, and is embedded in many aspects of our community today.

Olmsted County is small enough where people know each other, yet large enough to bring resources together to respond to problems. The spirit of community collaboration and 'group practice' stems back to the Mayo brothers and have shaped and formed the way community leaders approach the challenges related to health, safety, and social conditions in our neighborhoods, cities, and county as a whole. While the 'Great Tornado' could be cited as the original catalyst for collaboration in our community, a series of more recent initiatives, events, decisions and partnerships serve as additional motivation and influence. These consist of:

- Healthcare Collaborations, including: Coalition for Community Health Integration; Community Healthcare Access Collaborative; Health Workers; Good Samaritan Health Clinics; Rochester Epidemiology Project; School-located Vaccination Clinics; Southeast Minnesota Beacon Project; and Zumbro Valley Mental Health
- Housing Initiatives, including: Affordable Home Ownership; the Housing Summit and Assessment; Permanent, Supportive Housing; and Transitional Housing
- Improved Nutrition and Physical Activity, including: Active Living Policies and Plans facilitated by Statewide Health Improvement Plan; CardioVision 2020; Improved Nutrition Access; Increasing Physical Activity Opportunities; and School Gardens
- Tobacco-Free Living, including: Community Cessation Efforts; Smoke-Free Campuses; Smoke-Free Policies; and Smoke Free Rental Housing

These well-established relationships and past initiatives and projects provided a natural 'stepping stone' to conduct one joint community assessment and planning process. One joint process has galvanized leadership from key sectors to be part of the solution to address the conditions and factors that impede optimal health.

The above synopsis of the community's collaborative nature was summarized from Olmsted County's Robert Wood Johnson Foundation's Culture of Health Prize Phase I application.



Community Health Improvement Plan Context

Purpose

In early 2012, discussions began between Olmsted County Public Health Services, Olmsted Medical Center, and Mayo Clinic on the opportunity to work together on a collective assessment and planning process to produce a joint Community Health Needs Assessment and Community Health Improvement Plan. Olmsted County Public Health Services has conducted community health assessments and developed improvement plans since the enactment of the Local Public Health Act in 1976 (Minnesota State Statue 145A). However, new requirements for local public health agencies in Minnesota and non-profit hospitals provided a unique opportunity to conduct **one** community assessment and planning process for Olmsted County.

For the first time, local public health agencies in Minnesota are now required to develop a plan with, and for the community, instead of an internal department plan. This is apparent within the Minnesota Local Public Health Assessment and Planning Process. This state-wide process now integrates and aligns local public health deliverables with the national accreditation (Public Health Accreditation Board - PHAB) standards and measures. PHAB requires local public health agencies to (1) participate in or lead a collaborative process resulting in a comprehensive community health assessment and (2) conduct a comprehensive planning process resulting in a community health improvement plan.

In addition to the current requirements for local public health agencies, a new requirement in the Patient Protection and Affordable Care Act (PPACA) requires non-profit hospitals to conduct a community health needs assessment every three years in order to maintain their tax exempt status. Within Olmsted County, two organizations fit this PPACA requirement: Olmsted Medical Center and Mayo Clinic.

For a complete description of the organizational requirements, please refer to Appendix B.

Yes, there are new requirements specifying an assessment and planning process must be conducted at the community level; however, Olmsted County has and is looking above and beyond these requirements and focusing efforts more on the value and benefits of community collaboration. Because of the numerous past collaborations and partnerships within Olmsted County – and specifically between Olmsted County Public Health Services, Olmsted Medical Center, and the Mayo Clinic – one joint community assessment and planning process was identified as the best strategy for all three organizations and ultimately, the entire community. **This is the right thing to do!**

The purpose and true intent of the current Community Health Improvement Plan is to provide guidance to Olmsted County on improving the community's health priorities. Specifically, the Community Health Improvement Plan:

- Describes the assessment and planning process, including partners involved
- Outlines the top five community health priorities, along with the prioritization process used
- Identifies community-level strategies with key/lead organization involvement
- Provides measureable and time-framed objectives
- Describes future implementation, monitoring and evaluation activities



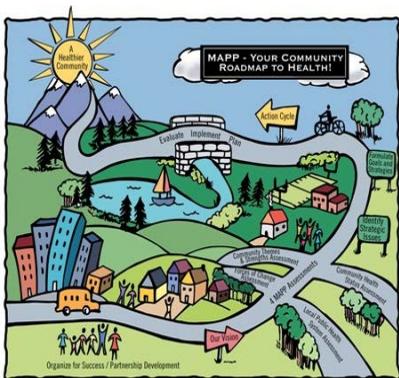
Community Health Improvement Plan Context

Framework

Several best practice frameworks and models influenced and guided the overall assessment and planning process for the Olmsted County community. One specific framework was not followed in its entirety; however, the combination of all steered the collaborative nature of the overall community process.

Steps and/or phases of the following frameworks were used throughout Olmsted County's assessment and planning process:

- Collective Impact
- Core Public Health Functions and Essential Services
- County Health Rankings and Roadmaps
- Health Impact Pyramid
- Minnesota Local Public Health Assessment and Planning Process (Community Health Improvement Plan)
- Mobilizing for Action through Planning and Partnerships (MAAP)
- Precede-Proceed Model
- Social Determinants of Health Framework



For a complete description and listing of the guiding frameworks used in the assessment and planning process, please refer to Appendix C.

Process

The assessment and planning process began in early 2012 with the formation of the Community Health Needs Assessment/Community Health Improvement Plan Core Group Planning Team (Core Group). The Core Group immediately and continues to be the leadership group guiding the full assessment and planning process. Early on, it was determined that since this community process was new and different from previous planning efforts (i.e. community driven versus organization, independently driven), that the process would have to be completed and implemented in stages (*refer to Community Health Improvement Plan Introduction, page 5*). The first stage – referred to as Phase I – included community efforts that launched the Community Health Needs Assessment and immediate steps that followed. *For a broad timeline of assessment and planning efforts, please see Community Health Improvement Plan Assessment and Planning Timeline, page 11.*

Assess Health Indicators: With guidance and leadership from the Data Subgroup and Core Group, a comprehensive Community Health Needs Assessment was completed in late 2013. The assessment process integrated a variety of steps, including: identifying potential health indicators; collecting and analyzing relevant information including data from the Community Survey and Community Listening Sessions; and the assembly and dissemination of the final document.

For a further defined assessment process, please refer to Olmsted County's 2013 Community Health Needs Assessment: [Olmsted County Community Health Needs Assessment](#).

Prioritize Indicators: During the assembly of the Community Health Needs Assessment document, a process was developed and implemented to prioritize the health issues of Olmsted County (Spring 2013). Local data on each issue (i.e. objective factors) was presented and shared with community groups which in turn contributed subjective scores/factors to the full prioritization process (*refer to Community Health Improvement Plan Prioritization Process, page 13*).

Identify Workgroups: After dissemination of the Community Health Needs Assessment and community priorities, an Assessment and Planning Community Meeting was held to launch the next steps of the assessment and planning process (i.e. Community Health Improvement Plan Planning Kick-off – November, 2013). During this meeting, community partners were given a brief synopsis of the five community health priorities and were tasked to identify one to two organizations that could lead workgroups into the future. *For a complete listing of workgroup leads, please refer to Appendix D.*

(cont.)

Community Health Improvement Plan Context

Process (cont.)

Develop Community Strategies: Once workgroup leads were identified, these organizations and partners moved into developing broad community plans of action designed to achieve progress towards each community priority (i.e. Community Strategies). Workgroup leads, along with other pertinent individuals, partners and community organizations, met periodically between January and September 2014, to develop these broad community strategies.

Olmsted County Community Involvement: Throughout all assessment and planning efforts, community involvement was the core, foundation and guiding principle that drove the process. The overall community was involved in a number of ways, but most notably serving, participating, and attending Assessment and Planning Community meetings and Public Health Services Advisory Board meetings.

Defining Health and Wellness: Coinciding with the assessment and planning process is another new initiative introduced by Mayo Clinic called Destination Medical Center (DMC). DMC strives to secure Mayo Clinic's status as a global medical destination now and into the future. One early collaborative event revolved around 'Community Conversations' to help define what health and wellness means to the community. It was apparent that the phrase 'health and wellness' encompasses a variety of attributes, from: access to healthcare, to holistic health, to prevention, to mental health. It was also clear that accessibility and inclusivity are key components to ensuring health equity for all. As the assessment and planning process progresses, this definition will be important in considering future Community Health Needs Assessment indicators and Community Health Improvement Plan strategies.

Challenges, Assumptions and Themes Identified Throughout the Planning Process:

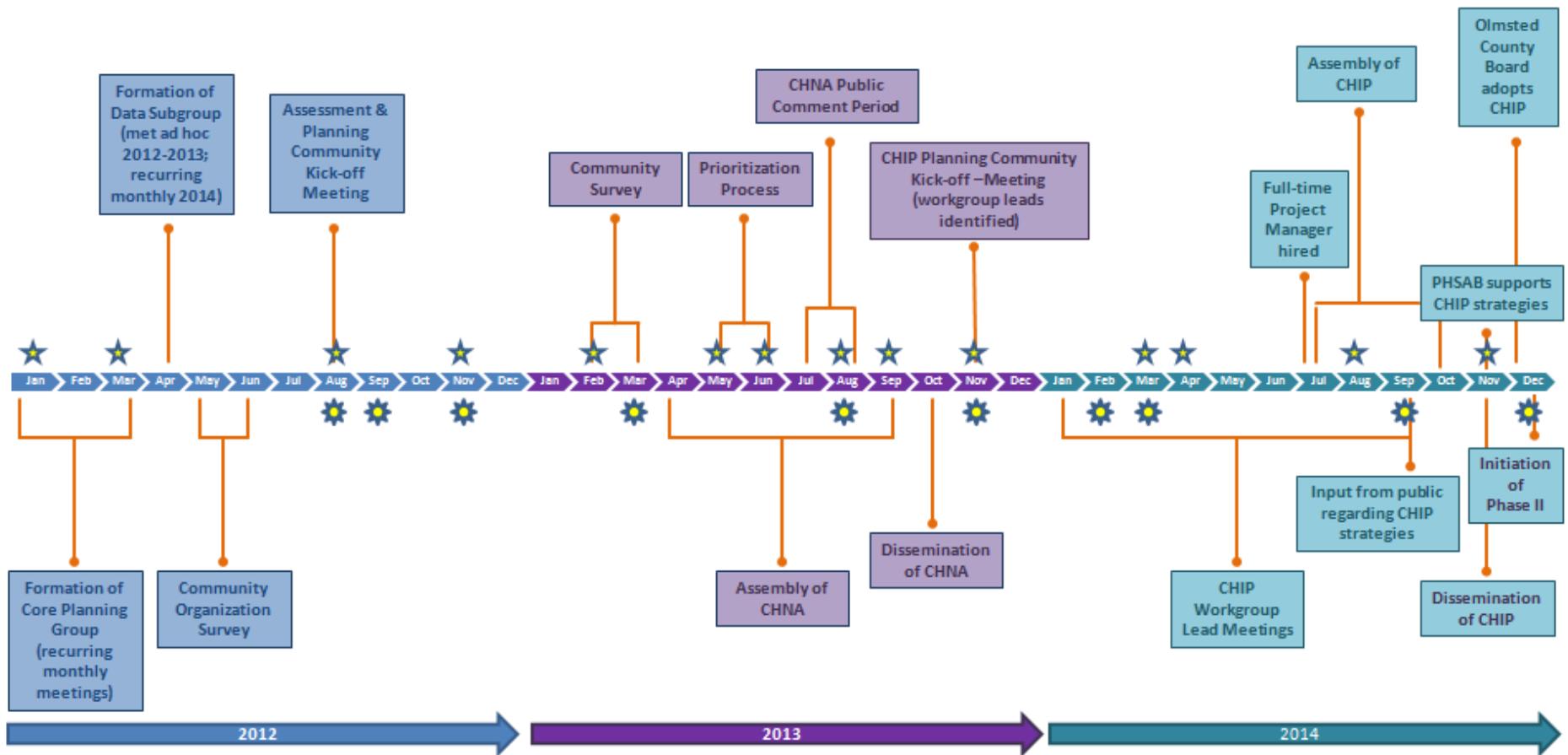
- Awareness that this is the first true community plan – we need to cast a wide net and be inclusive, but understand what it takes to manage the logistics with limited resources

- Initial effort should be placed on recognizing the tremendous work already happening in the community – while also remembering to look proactively for future collaborative work
- The realization that the Community Health Improvement Plan needs to be a dynamic, evolving plan – being the first community plan; knowing this is just the start and improvement will come with time
- The overall Community Health Improvement Plan and more specifically, the strategies need to be practical and realistic – strive for no more than 2-3 strategies per priority area
- The understanding that each issue is at a different level of complexity, maturity in addressing, data availability to address progress, etc. – therefore, strategies will be at different levels (i.e. process versus operational)
- The need to monitor and evaluate strategies and initiatives is critical, but the maturity of measurement will continue to evolve

This Community Health Improvement Plan serves as the final stages of Phase I as the community of Olmsted County is now ready to move towards and into Phase II that revolves around implementation, monitoring and evaluation. Work into the future will strive to continually improve the overall assessment and planning process.



Assessment and Planning Process Timeline



-  Assessment & Planning Partnership (Community) Meetings
-  Assessment & Planning Updates to PHSAB (Feedback & Guidance)

Health Assessment and Planning Partnership

Partnership Representation

The assessment and planning process strived to have membership, involvement and participation from all walks of life. The 'Large Group' – Health Assessment and Planning Partnership – well defined multi-sector representation, and included a variety of individuals and organizations throughout the Olmsted County community.



For a full listing of contributing organizations to the assessment and planning process, see Appendix E.

Team Vision and Goals



Throughout the assessment and planning process, and explicitly seen within the Health Assessment and Planning Partnership Team, was alignment with national initiatives, specifically with Healthy People 2020. With this alignment, the team agreed upon adhering and supporting the following all-encompassing goals:

Community Health Improvement Plan Overarching Goals

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
- Promote quality of life, healthy development, and healthy behaviors across all life stages
- Create social and physical environments that promote good health for all
- Achieve health equity, eliminate disparities, and improve health of all groups

Community Health Priorities and Strategies

Prioritization Process

Once sufficient data was collected on each health indicator through the progression of the Community Health Needs Assessment, a process to prioritize the indicators was determined through the Community Health Needs Assessment Data Subgroup, and administered during Spring 2013.

Each health indicator was scored on objective (at risk, affected, trend, and premature death) and subjective factors (quality of life, economic impact, community perception, ability to impact, and additional resources needed).

Objective scores were predetermined and approved through the Community Health Needs Assessment Data Subgroup. Subjective scores were gathered through five separate groups:

- Community Healthcare Access Collaborative, Work Group
- Mayo Clinic, Employee and Community Health Executive Leadership*
- OCPHS, Public Health Services Advisory Board
- OCPHS, Strategic Management Committee
- Olmsted Medical Center, Leadership Council

*completed a modified version of the above described process

For a complete description and listing of the subjective and objective factors used in the prioritization process, please refer to Appendix F. Additionally, please refer to Appendix E for a listing of contributing organizations, including those that participated in the prioritization process.

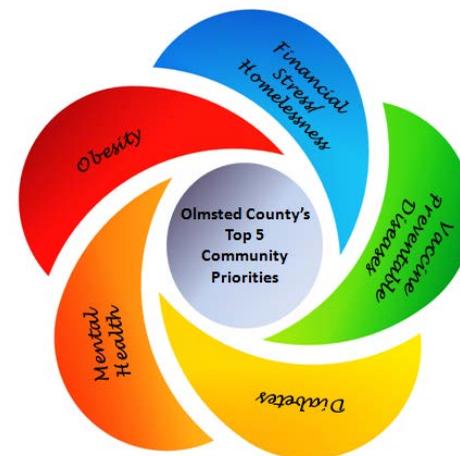
The results from each of the five subjective prioritizations were then compiled with the objective scores to determine an overall numerical ranking of the health indicators.

This process allowed us to identify the top ten indicators with the highest community rankings:

1. Obesity
2. Mental Health
3. Vaccine Preventable Diseases
4. Homelessness
5. Diabetes
6. Financial Stress
7. Multiple Chronic Conditions
8. Educational Level
9. Poverty
10. Asthma

In order to identify a manageable number of issues that could be addressed in the Community Health Improvement Plan, the Core Group and Data Subgroup further refined the priority list to the Top Five Community Health Priorities.

While there are opportunities to improve the prioritization process used for this assessment and planning cycle, the hope is that this first integrated process serves as the foundation to better address the health concerns facing Olmsted County now, and into the future.



Community Health Priorities and Strategies

Community Priorities

The next several pages are devoted to the community's priorities. This section will focus on a summary of why the health issue is a community priority and then describe community level strategies to ultimately improve the status of the issue in Olmsted County.

Within the health issue summary, the following will be described:

- **Community Health Importance and Impact**

A description of why the issue is important to the health of the general community* and what else is associated and/or impacts the indicator

*community health in general, not necessarily exclusive to Olmsted County

- **'The Priority' in Olmsted County** (i.e. Obesity in Olmsted County)

Local, current data* from the recent Community Health Needs Assessment (2013) is presented for each priority

*includes multiple quantitative and qualitative data sources

- **Community Strengths**

A broad portrayal* of current community assets and resources, including current community programming, partnerships and/or resources

*a non-exhaustive list

After the portrayal of the health issue, community level strategies will be broadly described and include:

- **Goal**

Desired long-term result for community priority

- **Outcome Objective***

Overall long-term intended effect from strategies

*when applicable, written SMART to measure improvement in priority health status

- **Strategy**

Broad community plan of action designed to achieve progress towards health priority

- **Strategic Objective ***

Shorter-term intended effect from strategy initiatives and activities

*when applicable, written SMART to measure improvement in status upstream from priority health area



After describing the Five Community Health Priorities and Strategies, there will be a small section devoted to describing the need and illustrating four Overarching Community Health Improvement Plan Strategies.

Olmsted County, Minnesota
Community Health Needs Assessment
October 2013



TOP 5 COMMUNITY HEALTH PRIORITIES

OBESITY



64% of adults are overweight (BMI>25.0)

With **28%** being obese (BMI >30.0)

DIABETES



8% of population currently living with diabetes

20% of adults 65 years and older have diabetes

MENTAL HEALTH



10% of youth feel sad all or most days

Adults average **3** days of mental health issues monthly

VACCINE PREVENTABLE DISEASES



76% of children are up to date with the recommend immunization series

60% of residents receive annual flu shot

FINANCIAL STRESS/
HOMELESSNESS



26% of adults have had a time in the last year when they have been worried or stressed about having enough money to pay monthly bills

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Obesity

Farm to Table

Fast Food

Cost of Medical Care

Lifestyle

Glucose

BMI

Children

Parks and Trails

Heart Disease

Active Classrooms

Physical Education

Safe Routes to School

Physical Activity
School Gardens

Active Transportation
Healthy Living

Adults

Mental Health
Active Recess

Processed Foods

Hypertension

School Breakfast Programs

Diabetes

Portion Control

Smart Snacks

Body Fat

Weight

Sedentary

Safe places to exercise

Chronic Disease

Access to healthy foods

Teens

Community Health Priority: Obesity

Community Health Importance and Impact

The overall health and well-being of a community rely heavily on proper nutrition and adequate physical activity. Healthful diets and body weights are directly related to health status. Good nutrition is important to overall physical and developmental growth. Additionally, physical activity can improve the health and quality of life of all ages, regardless of the presence of a chronic disease or disability.

Proper nutrition and physical activity have great community benefits. Healthy diets rich in fruits and vegetables have been shown to reduce many health conditions, including: overweight and obesity, heart disease, high blood pressure, dyslipidemia, type II diabetes, oral disease, and some cancers. Furthermore, physical activity can lower the risk of: early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression.

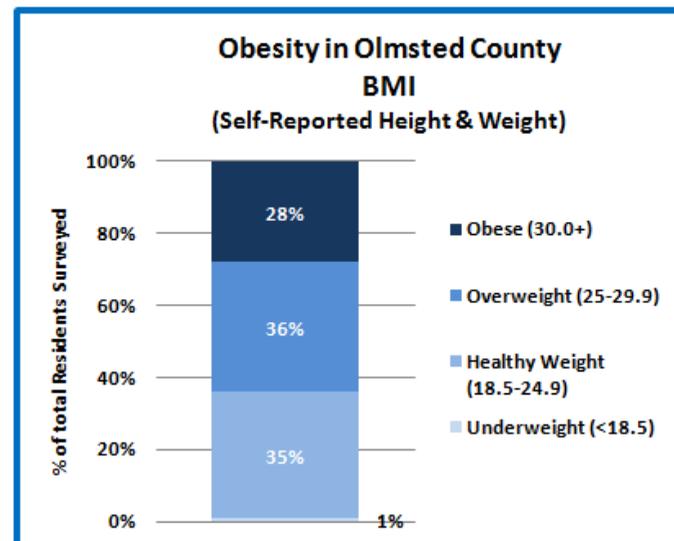
Unfortunately, many people do not meet the guidelines for physical activity or fruit and vegetable consumption; and these people are at an increased risk for obesity. Furthermore, obesity is associated with many additional health-related problems. These problems range from diabetes, heart disease, hypertension, premature mortality to mental health issues. Obesity increases the overall cost of health care placed on society.

Many factors are associated with overeating and inadequate exercise that results in obesity. Factors may include lack of knowledge of caloric intake, lack of access to healthy foods, eating for psycho-social reasons, overfeeding by parents, or lack of safe places to exercise. There are many future health and life risks, implications, and consequences associated with consuming an unhealthy diet, which includes those without adequate fruits and vegetables.

Obesity in Olmsted County

Local obesity data is primarily from the community telephone survey to help inform the Community Health Needs Assessment. Information gathered from that survey indicates that 45% of survey respondents *believe* they are currently overweight. This figure rises considerably when looking at self-reported height and weight measurements (BMI calculations) – **64%** of Olmsted County adults are overweight, with **28%** being obese.

Obesity is a problem throughout all communities. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. The association of income with obesity varies by age, gender, and race/ethnicity. Limited sub-population breakdown is available for Olmsted County; however, the 2013 Community Health Needs Assessment Survey shows the highest obesity disparity between Hispanic (47.1%) and non-Hispanic (26.8%) individuals, which is consistent with national trends.



Community Health Priority: Obesity

Goal

- Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights
- Improve health, fitness, and quality of life through daily physical activity

Outcome Objective

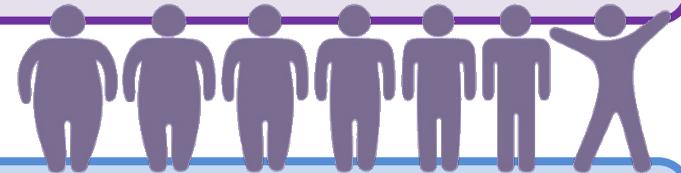
- By 2020, reduce the percentage of Olmsted County adults who are obese from 28.0% to 26.0%
- By 2020, reduce the percentage of Olmsted County adolescents who are obese from 7.4% to 7.0%
- By 2020, reduce the percentage of Olmsted County adults who are overweight from 64.0% to 60.0%

Community Strengths

Bicycle Master Plan
Bicycle Pedestrian Advisory Council
Community Education
Complete Streets Policy
Farmers Market
Farm to Table
Healthy Concessions
Healthy Food Alliance of SE MN
Healthy Living Rochester Coalition – Mayo Clinic
OCPHS Statewide Health Improvement Plan
Rochester Area Family Y
We Bike Rochester
Worksite Wellness

Strategy 1: Promote a culture of healthy eating

- By 2018, increase the percentage of Olmsted County adults who meet the recommended guidelines for fruit and vegetable consumption from 50.0% to 55.0%
- By 2018, increase the percentage of Olmsted County adolescents who meet the recommended guidelines for fruit and vegetable consumption from 21.1% to 25.0%



Strategy 2: Promote a culture of physical activity

- By 2018, increase the percentage of Olmsted County adults who meet the recommended guidelines for moderate physical activity from 48.0% to 55.0%
- By 2018, increase the percentage of Olmsted County adolescents who meet the recommended guidelines for moderate physical activity from 48.2% to 55.0%

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Lifestyle **Blood Sugars**
Control **Education** **Treatable** **Type I** **Muscle**
Prevention **Nutrition**
Weight Loss **Exercise** **Complications**
Diabetes
Quality of Life **Pancreas** **Insulin** **Type II**
Diet **Adult Onset**
Metabolism **Medications**



Screening **Glucose**
Obesity
Gestational
Carbohydrate

Community Health Priority: Diabetes

Community Health Importance and Impact

Diabetes mellitus (DM) is a disease that affects how your body uses blood glucose, or blood sugar. Individuals who are diagnosed with DM have too much glucose in their blood. There are several different types of DM, including Type I, Type II and gestational diabetes. Diabetes affects an estimated 23.6 million people in the United States and is a top leading cause of death.

Currently, Type I DM is not preventable but treatable. Type II DM is closely associated with obesity and has been increasing in frequency for the past few decades. Type II DM key risk factors are a combination of genetic predisposition and obesity. The relative importance of the two is unknown; but preventing obesity can delay or prevent the onset of Type II DM.

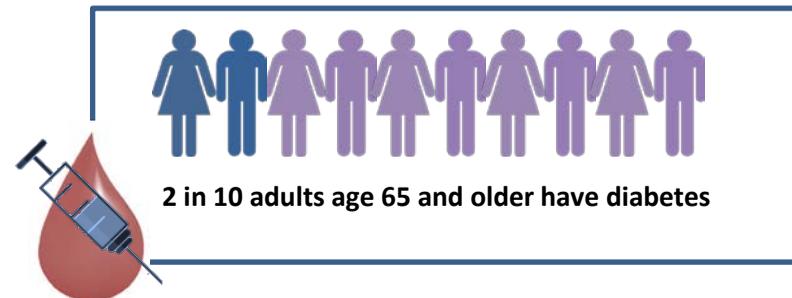
DM impacts all aspects of a patient's life from requiring changes in eating habits and daily monitoring of glucose levels to increasing risk for many other chronic conditions. The rapid, often termed epidemic, increase in DM puts high demand on health care services including patient education and forces the profession, including public health, to address the wide spread issues of low to modest health literacy. Because DM requires patients to manage their condition on a day to day basis, it is imperative that they understand their condition and self management goals and mechanisms.

Data presented are overall DM disease prevalence; however, community strategies are focusing solely on Type II DM.

Diabetes in Olmsted County

Approximately **8%** of Olmsted County residents are currently living with diabetes. Differences in DM prevalence are apparent in local data – specifically across gender and age cohorts. Men in Olmsted County have higher rates of diabetes as compared to women (**8.9%** vs. **6.6%**, respectively). Additionally, the highest diabetes prevalence is seen in the oldest aged cohort – adults 65 years of age and older – at **20.2%**.

At a local, state-level, and nation overall, DM risk is higher among African Americans. Locally in Olmsted County, this disparity has been shown to be true for the recently arrived Somali immigrants with several cases of new onset Type II DM following arrival in the US and changes in diet and exercise.



Community Health Priority: Diabetes

Goal

- Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for DM

Outcome Objective

- By 2020, reduce the prevalence of adult DM from 7.6% to 7.0%
- Increase availability of diabetes screening and education in the community (*baseline and target rate to be established*)

Community Strengths

American Diabetic Association
Community Health Services Inc.
Good Samaritan Clinic
Mayo Clinic
Olmsted County Public Health Services
Olmsted Medical Center
Private Providers
Rochester Area Family Y
Senior Center
Worksite Wellness

**Strategy 1:
Promote and increase
diabetes screening
throughout the community**

- By 2015, establish the baseline level for community diabetes screening rate
- By 2018, increase diabetes screening rate for high risk population (*baseline and target rate to be established*)

**Strategy 2:
Improve collaboration to expand
health education
and awareness**

- By 2018, improve the rates of formal diabetes education received by newly diagnosed diabetics (*baseline and target rate to be established*)

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Mental Health



Support System Access to Care
Resiliency Wellness Activities
Self-care Isolation Addictions Emotional
Trauma
Stress
Dental Health
Resources
Depression
Quality of Life
Coping
ADHD
PTSD
Panic
Developmental
Eating Disorder
Fear
OCD
ADD
Bipolar
Stigma
Suicide
Anxiety
Advocacy
Behavioral
Chronic Illness

Community Health Priority: Mental Health

Community Health Importance and Impact

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

Mental illness affects every aspect of a person's and their family's life, as it impacts the former's ability to fulfill family, home, community and work roles. For many, mental illness continues to be associated with stigma that prevent discussion of the symptoms and may prevent seeking or receiving appropriate and needed health care services. For those who are chronically mentally ill, this can also disrupt having a home and a sense of any community.

People with both acute and chronic mental health conditions are often under recognized and under treated, leaving them with a significant burden. People with chronic mental illnesses have a shortened life span, a lower rate of full-time and steady employment, and higher rates of homelessness. Mental health problems in children and adolescents have both short term and potentially long term consequences. Long term, children and adolescents with emotional, developmental or behavioral problems are less likely to attend college or trade school, less likely to hold full-time jobs, and more likely to spend time incarcerated. The costs of care for these problems are significant and insurance coverage is often limited.

Mental Health in Olmsted County

Recent data reports over **10%** of all Olmsted County adolescents feel sad on all or most days. Regardless of grade in school, the magnitude and trend of self-reported depression continues to increase throughout the past several years.



Over 1 in 10 adolescents report feeling sad on all or most days

Adult mental health status and the frequency of visiting mental health providers were assessed during the 2013 Community Health Needs Assessment Survey. Key findings illustrated that: **57%** of adults have felt worried, tense or anxious at least one day during the last 30 days; 31% of adults have felt their mental health has not been good for at least one day during the last 30 days, and; 13% of adults report seeing a mental health provider about their own personal health during the last year – of those that did not see a mental health provider (87%), 5% believe they should have seen a health professional.



Almost 6 in 10 adults felt worried, tense, or anxious at least 1 day in last 30 days

Community Health Priority: Mental Health

Goal

- Promote a culture of mental health wellness and resilience



Outcome Objective

- By 2016, complete the foundational work necessary to develop a set of mental health strategies for Olmsted County

Community Strengths

Children's Mental Health Collaborative
Faith Communities
Family Services Rochester
Law Enforcement
Legal Services
Mayo Clinic
NAMI SE Minnesota
Olmsted County Community Services
Olmsted County Public Health Services
Olmsted Medical Center
Private and Public School Districts
Private Providers in Prevention and Treatment
Zumbro Valley Mental Health

**Strategy 1:
Develop a framework to
improve mental health
for all populations**

- By 2016, assure the completed framework encompasses current gaps and challenges from prevention to treatment, including:
 - ❖ Improving data collection, dissemination, coordination and reporting
 - ❖ Promoting positive mental health and resiliency
 - ❖ Enhancing strategies for the prevention and early identification of mental illness
 - ❖ Facilitating access to mental health resources
 - ❖ Addressing premature mortality of people with serious and persistent mental illness
 - ❖ Recognizing unique needs of certain populations such as military veterans, cultural groups, refugees, and jail inmates

**Strategy 2:
Engage collaboratives to
enhance and connect current
and future strategies within
the framework developed**

- By 2016, identify strategies that align with the framework for the 2018-2020 Community Health Improvement Plan

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Emerging Threats
Meningococcal
Anti-Vaccine
Polio
HPV
T_d
Influenza
Disability
DTaP
MMR
Vaccine Hesitancy
Infectious Disease
Hepatitis B
Hib
PVC
Outbreaks
Varicella

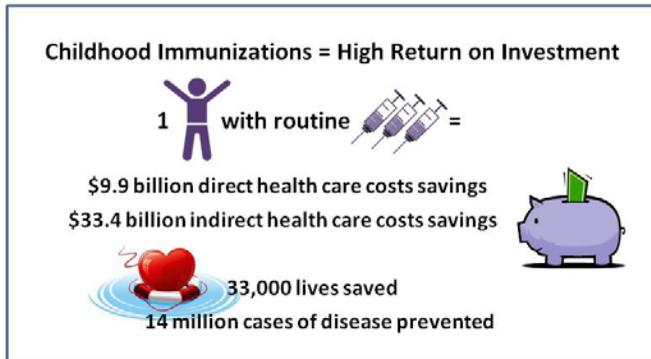
Vaccine Preventable Diseases

Community Health Priority: Vaccine Preventable Diseases

Community Health Importance and Impact

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, largely due to immunizations. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. For example, childhood immunization programs provide a very high return on investment. For each birth cohort vaccinated with the routine immunization schedule: society saves 33,000 lives; prevents 14 million cases of disease; reduces direct health care costs by \$9.9 billion, and; saves \$33.4 billion in indirect costs.



Despite progress, approximately 42,000 adults and 300 children in the United States die each year from vaccine-preventable diseases. Communities with pockets of unvaccinated and under vaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases. The emergence of new or replacement strains of vaccine-preventable disease can result in a significant increase in serious illnesses and death.

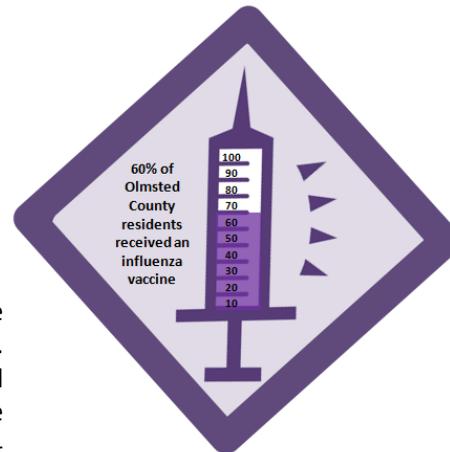
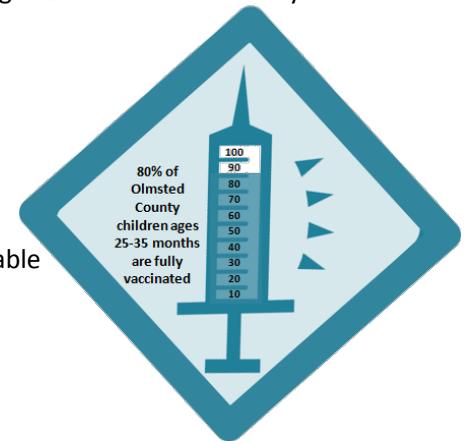
Vaccine Preventable Diseases in Olmsted County

Childhood Immunization Series

It is recommended that all children receive the childhood immunization series* to protect against a variety of vaccine-preventable diseases. The 2013 Olmsted County Community Health Needs Assessment reports that **76.7%** of Olmsted County children ages 24-35 months are fully vaccinated with the recommended childhood immunization series.

*includes DTap, Td, Hib, Polio, MMR, Hepatitis B, and varicella vaccines

Olmsted County is still below the HP 2020 goal, which ultimately leads to a greater number of vulnerable children during outbreak settings.



Influenza Vaccine

During the 2011-2012 influenza season, approximately **60%** of all Olmsted County residents (six months and older) received the influenza vaccine. Olmsted County's overall coverage is drastically higher than the US and State coverage rates (41.8% and 47.2%, respectively). However, when looking at children (6 months – 17 years of age), this increase fades away – Olmsted County, along with Minnesota and the US, hovers around 53% of children receiving their flu shots.

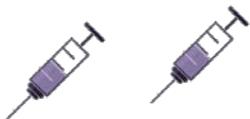
Community Health Priority: Vaccine Preventable Diseases

Goal

- Reduce the incidence of vaccine preventable diseases

Outcome Objective

- By 2020, reduce or maintain the number of reported vaccine preventable diseases in Olmsted County:



Reduce Reported VPDs		
VPD	Baseline (2011-2013 avg.)	Target (2018-2020 avg.)
Measles	0	0
Meningococcal	1	0
Pertussis	99	89
Varicella	3	0

Community Strengths

Mayo Clinic
 Minnesota Vaccines for Children
 Olmsted County Public Health Services
 Olmsted Medical Center
 Private Provider Immunization Clinics
 School-Located Immunization Clinics
 Southeast Minnesota Immunization Connection
 (SEMIC)

Strategy 1: Increase immunization rates

- By 2018, increase immunization rates of HPV, Influenza, Childhood Recommended Series (Dtap, Polio, MMR, Hep B, Varicella, Tdap), Adolescent Tdap, and Meningococcal to 80%

For a list of current baseline immunization rates, see Appendix G

Strategy 2: Expand health education and awareness

- By 2018, decrease or maintain the percentage of conscientious objectors reported at kindergarten and seventh grade by 20%

For a list of current baseline percentages of conscientious objectors see appendix G

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Physical Health

Worry

Food

Violence

Safety

Education

Unemployment



Insecurity

Depression

Medical

Insurance

Stress

Basic Needs

Financial Stress/Homelessness

Poverty

Anxiety

Mental Health

Vulnerability

Relationships

Housing

Crime

Unhealthy Coping Behaviors

Social Support System

Utility Bills

Medications

Community Health Priority: Financial Stress/Homelessness

Community Health Importance and Impact

Social determinants of health are directly correlated with health status. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Financial stress is one of the leading causes of stress in America. It is linked to health problems such as anxiety, depression, and unhealthy coping behaviors. Financial instability affects everyone in a family and can lead to poor school attendance, crime, poverty, and an inability to meet basic needs. With less money in the budget, people tend to cut corners in areas of health care to pay for basic necessities (i.e. money for groceries over prescription medicine), which ultimately can lead to more serious health issues.

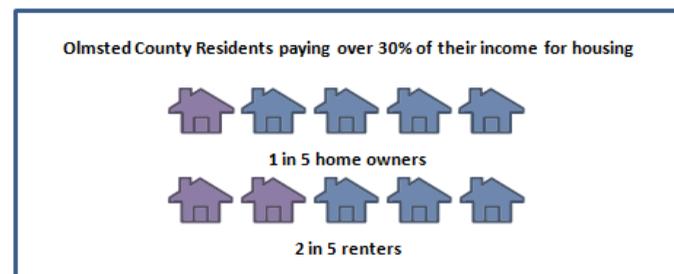
People without homes cannot build productive lives – physical and mental health deteriorate and it is difficult, if not impossible, to find and keep a job. Without income and a place to sleep at night, people are more likely to turn to crime; children cannot move forward with their education and they cannot develop healthy, sustainable relationships with their peers. For many city officials, community leaders, and even direct service providers, it often seems that placing homeless people in shelters is the most inexpensive way to meet the basic needs of people experiencing homelessness. However, the cost of homelessness can be quite high: hospitalization, medical treatment, incarceration, police intervention, and emergency shelter expenses can add up quickly, making homelessness surprisingly expensive for communities.

Financial Stress/Homelessness in Olmsted County

According to the 2013 Community Health Needs Assessment Survey, **26%** of Olmsted County adults stated there has been a time in the past 12 months when they were worried or stressed about having enough money to pay their bills. One third of those individuals living in financial stress reported the stress was there every month, with the most concern over: utilities, rent/mortgage, credit cards, medical bills, groceries, and insurance.

US Census data illustrates the share of Olmsted County households paying too much for housing has jumped from 7,900 households in 2000 to 14,900 households in 2010. More than **one in five** owner households and more than **two in five** renter households pay over 30% of their income for housing.

Exactly how many people are homeless or at risk for homelessness in Olmsted County is difficult to say, but the data and opinions shared in the Families and Youth without Stable Housing in Rochester: A Needs Assessment suggests that an estimated **200 to 300 families** are homeless or at imminent risk of homelessness each year in Rochester and Olmsted County. **Two percent** of Olmsted County adults have reported they have stayed in a shelter, somewhere not intended as a place to live, or at someone else's home because they had no other place to stay (over 2,000 adults have potentially been without housing in the past year).



Community Health Priority: Financial Stress/Homelessness

Goal

- Create social (and physical) environments that promote good health for all

Outcome Objective

- By 2020, decrease the percentage of Olmsted County adults reporting living in financial stress from 26.0% to 20.0%



Community Strengths

Community Action Program (CAP)
Community Food Response
Dorothy Day House
Interfaith Hospitality Network
Living Independently with Knowledge (LINK)
Olmsted County Community Services
Rochester School District
Salvation Army
United Way of Olmsted County
Women's Shelter

Strategy 1: Increase the availability of affordable housing

- By 2020, decrease the percentage of households paying more than 30% of their income for housing

Household Income	Baseline (2013)	Target (2020)
Less than \$20,000	83%	50%
Between \$20,000 and \$34,999	55%	50%

- By 2015, evaluate and begin implementation of strategies identified in the Olmsted County Housing Plan that increase affordable housing for lower income levels

Strategy 2: Ensure people have access to safety net programs

- By 2017, increase the Food Support Access Index from 60% to 65%
- By 2016, increase the participation rate in the federal Earned Income Tax Credit and the state Working Families Credit
- By 2016, decrease the number of uninsured people from 6% to 1%
- By 2016, improve community outreach, education, and access to all safety net programs, including food, cash, housing, and medical assistance

Strategy 3: Increase the proportion of living wage jobs

- By 2020, increased the percentage of jobs in Olmsted County that pay a living wage from an estimated 62% to 70%

Overarching Strategies

Each of the five Olmsted County priority area workgroups were able to identify issue-specific, broad, community strategies. In addition to the issue-specific strategies, each workgroup *independently* identified several overarching Community Health Improvement Plan strategies. Each workgroup was able to recognize the importance of broader community engagement, data and data sources, communication, and policy change. These overarching strategies reach across all five priority areas and therefore will be assessed and addressed at a community level – implementation will not be placed on a specific priority workgroup.



Community Health Improvement Plan Overarching Strategies



Strategy 1

Evaluate local community capacity and improve community-wide partnership and engagement



Strategy 2

Collect and evaluate local data sources



Strategy 3

Develop community-wide communication and marketing



Strategy 4

Explore policy changes needed to affect change

Alignment with State and National Priorities

Throughout the assessment and planning process, Olmsted County has consistently aligned with State and National processes and priorities.

Based on the statewide health assessment, Healthy MN 2020 is a framework for creating and improving health throughout the state of Minnesota. *Healthy MN 2020 emphasizes creating conditions that allow people to be healthy, conditions that assure a healthy start and that set the stage for healthy choices throughout life.* Currently, Healthy MN 2020 has 12 Topic Areas encompassing Chronic Disease and Injury – locally, Obesity and Diabetes are aligned with statewide targets. Additionally, throughout Healthy MN 2020 health equity and social determinants of health are apparent across all topic areas.

The US Department of Health and Human Service’s Healthy People 2020 sets 10-year goals and objectives for health promotion and disease prevention. Currently, Healthy People 2020 has 42 topic areas that encompass a wide array of health issues. Locally, all five priority areas are aligned with the national topics and objectives that include: nutrition and weight status, diabetes, mental health and mental disorders, immunization and infectious diseases, and social determinants of health.



For a more detailed matrix aligning Olmsted County’s Community Health Improvement Plan Priorities with State and National Priorities, please refer to Appendix H.

Olmsted County Priority	Healthy Minnesota 2020	Healthy People 2020
Obesity	✓	✓
Diabetes	✓	✓
Mental Health		✓
Vaccine Preventable Diseases		✓
Financial Stress /Homelessness	✓	✓

Our Future Health: From Planning to Action



Olmsted County will enter and begin Phase II of the community assessment and planning process immediately after dissemination of the Community Health Improvement Plan Community Strategies; Phase II will last throughout the three-year cyclic process.

Throughout Phase II of the process (implementation, monitoring and evaluation), local concepts will align and integrate with the logic model framework. By using this framework, the community will be able to answer the following questions:

- What current (and new) initiatives are occurring in the community regarding the five priority areas?
- Who are the partner organizations involved in these initiatives?
- What are the anticipated (and eventual) results of the community initiatives?

In addition, the full Health Assessment and Planning Partnership will take the current plan and focus on action and sustainability efforts, including:

- Continue to increase community engagement in the overall assessment and planning process
- Identify current initiatives that connect to the broad community-based Community Health Improvement Plan strategies
- Monitor status and progress of community activities via quarterly Assessment and Planning community meetings
- Measure and evaluate how well the Community Health Improvement Plan was implemented and whether the initiatives improved the health of the community
- Work towards community sustainability efforts for the complete assessment and planning process

Our Future Health: From Planning to Action

Implementation

The initial step in the implementation phase will be the identification of those organizations that play a role in reaching the community strategies (development of a community collection of assets) and formation of the full community workgroups.

Once each workgroup is established, the next step in the implementation phase will include organizations involved in the workgroups completing all the corresponding information included in the implementation matrix, which is based on the logic model concept. Items within the table will include the following, and will serve as a preliminary **plan of action**:

1. Health Priority

Acts as the table heading; describes the Community Health Improvement Plan community health priority along with the identified community goal and outcome objective .

2. Strategy

Depicts the identified broad community-based strategy along with the strategy-specific objective.

3. Initiatives

Describes the comprehensive series of related activities directed towards a related outcome.

4. Key Activities

Portrays those specific activities that will take place to meet an initiative.

Key activities will be briefly described with an implementation timeframe, identified if the activity has a policy component to it, and recognized if the activity is based on best practices and/or evidence-based.

5. Contact

Lists those organizations involved in the planning and implementation of the activity and lead contact person.

6. Anticipated Results

Short-term and long-term results will describe and illustrate how these results are upstream from the long-term outcome objective (*performance measures, targets, etc. are not included in the implementation table – for this information, please refer to the **Monitoring and Evaluation** section*).



Our Future Health: From Planning to Action

Monitoring and Evaluation

In a similar fashion to the Community Health Improvement Plan implementation, evaluation will be based on the logic model concept. Within the evaluation stage, priority area workgroups will complete the corresponding information included in the evaluation matrix. Items within the table will include the following, and will serve as a preliminary plan of **reporting and communicating Community Health Improvement Plan efforts and achievements**:

1. Health Priority

Acts as the table heading; describes the Community Health Improvement Plan community health priority along with the identified community goal and outcome objective .

2. Strategy

Depicts the identified broad community-based strategy along with the strategy-specific objective.

3. Initiatives

Describes the comprehensive series of related activities directed towards a related outcome.

4. Key Activities

Portrays those specific activities that will take place to meet an initiative
Key activities will be briefly described with an implementation timeframe and lead contact person (organization). Identification of activity inputs (resources, investments, etc.) and outputs (events, reach, etc.) will also be shared.

5. Anticipated Results

Short-term and long-term results will be described and illustrate how these results are upstream from the long-term outcome objective. Specific detail to performance measures and outcomes will be described.

For a template of the implementation and evaluation matrices, and an initial Vaccine Preventable Disease implementation example, please refer to Appendixes I, J and K.



Our Future Health: From Planning to Action

Sustainability

The current Community Health Improvement Plan reflects a coordinated health improvement effort that will last multiple cycles, and ultimately many years. In alignment with other initiatives, the Olmsted County community will follow a three-year cyclic assessment and planning process. Such aligned community initiatives include:

- Olmsted County Public Health Services' commitment and compliance to the Minnesota Local Public Health Assessment and Planning Process
- Olmsted County Public Health Services' pursuit of national public health accreditation through the Public Health Accreditation Board
- Mayo Clinic and Olmsted Medical Center's observing the Affordable Care Act requirements
- Commitment and charge of the Core Group to continually improve the process, and continued outreach and inclusion of all in the community

In addition to the above mentioned aligned efforts, the following will serve to further support sustained action:

- Integration of the Centers for Disease Control and Prevention's *Sustainability Planning Guide for Healthy Communities* into the assessment and planning process
- Joint community funded Project Manager position with the goal of helping to sustain the community assessment and planning efforts
- Dedication and engagement from community organizations and individuals to consistently serve on the Data Subgroup
- Quarterly Assessment and Planning community meetings – conveyed, coordinated and facilitated by Olmsted County Public Health Services
- Commitment and charge of the Coalition for Community Health Integration



List of Appendices

See CHIP supplemental document for appendices, which include:

- A. Assessment and Planning Process
- B. Assessment and Planning Requirements
- C. Guiding Frameworks
- D. Community Priority Area Workgroup Leads
- E. Contributing Organizations
- F. Prioritization Process Factors
- G. Baseline and Target Vaccine Preventable Disease Metrics
- H. Community Health Priorities: Alignment with State and National Priorities
- I. CHIP Implementation Matrix
- J. CHIP Evaluation Matrix
- K. VPD Implementation Example
- L. Acronyms
- M. Data Sources & References

Thank You

A special thank-you to all the individuals, organizations and partners that have been involved throughout the assessment and planning process.



The development of the process and final documents would not have been feasible without **LEADERSHIP, GUIDANCE and DIRECTION from the:**

**Health Assessment and Planning Partnership
CHNA/CHIP Core Group Planning Team
Coalition for Community Health Integration
Community Healthcare Access Collaborative
Public Health Services Advisory Board
Workgroup Lead Organizations**

Questions regarding the Community Health Improvement Plan document or process can be directed to:

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Health Assessment and Planning Division
507-328-7500