Goodhue County Community Health Improvement Plan 2014 -2018

August 2014

Prepared by Goodhue County Health and Human Services

Public Health
Prevent. Promote. Protect.

GOODHUE COUNTY
AGRICULTURE RECREATION INDUSTRY HISTORY
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Executive Summary

Since the Local Public Health Act of 1976, Minnesota community health boards have been required to engage in a community health improvement process. Goodhue County Health and Human Services is required to develop a health improvement plan with and for the community. The purpose of the plan is to explain how the local public health agency, its partners, and its stakeholders in Goodhue County will address priority health issues over the next three to five years. This 2014-2018 plan is based on a community health assessment completed in 2012. A working group met from 2013-2014 to review needs identified in the assessment and prioritize evidence-based strategies. Goodhue County Health and Human Services played a convening role in bringing relevant individuals and organizations together to create four action plans, in the areas listed below. This plan can be used to coordinate and target resources by everyone with an interest in working cooperatively to alleviate the health concerns faced in Goodhue County. Updates and any revisions to the plan will be provided in annual reports.

[GOODHUE COUNTY HEALTH AND HUMAN SERVICES PLAYED A CONVENING ROLE IN BRINGING RELEVANT INDIVIDUALS AND ORGANIZATIONS TOGETHER TO CREATE FOUR ACTION PLANS IN THE AREAS LISTED BELOW.]

FAMILY AND PARENTING

MENTAL HEALTH AND CHEMICAL HEALTH

UNHEALTHY EATING HABITS AND LACK OF EXERCISE

ECONOMIC HEALTH

The development of this community health improvement plan would not have been possible without input, guidance, and leadership from working group members and action team members. These community members and partners are identified by name in the lists of working group members and/or key participants in each action plan later in this document.

The following organizations contributed to the 2014-2018 CHIP:

United Way of Goodhue, Wabasha & Pierce Counties

Red Wing Housing & Redevelopment Authority
428 West Fifth Street
Red Wing, MN 55066
Telephone & TDD (651) 388-7571
FAX (651) 385-0551
Website: www.redwinghra.org

Goodhue County Health and Human Services

Covered Bridge Family Resources, LLC

Goodhue County Education District

Introduction

What is a Community Health Improvement Plan (CHIP)?

A community health improvement plan describes long-term, collaborative efforts to address public health issues identified through a community health assessment. This plan describes how the Goodhue County Health and Human Services department and the community it serves will work together to improve the health of everyone in the department's jurisdiction.

A community health improvement plan, or CHIP, is a customary practice of public health and also is a national standard for all public health departments. In Minnesota, community health improvement plans are developed for the geographic regions covered by community health boards (CHBs). By law, every Minnesota CHB must submit a CHIP to the Minnesota Department of Health every five years (Minnesota Department of Health). The Goodhue County CHB covers a single county.

While the local health department is responsible for protecting and promoting the health of the population, it cannot be effective acting unilaterally. The community health improvement process is a vehicle for developing partnerships, understanding other organizations' roles, and sharing responsibility for health improvement (National Public Health Accreditation Board, 2014).

How to Use a CHIP

A CHIP is developed to provide guidance to the health and human services department, its partners, and its stakeholders, on improving the health of the county's population. This plan can be used to set priorities, coordinate efforts, and target resources. Partners can use the CHIP to prioritize existing activities and set new priorities. The plan can serve as the basis for taking collective action and can facilitate collaboration (National Public Health Accreditation Board, 2014).

What is the Relationship Between CHIP and Other Assessment and Planning Efforts?

The CHIP does not replace or supersede any concurrent action planning document produced by Goodhue County Health and Human Services or any of our community partners. Though Goodhue County Health and Human Services has been the chief organization responsible for organizing and coordinating the community health improvement process, it does not own the process nor is it the sole organization responsible for CHIP implementation. In fact, the CHIP is meant to complement the various other action planning documents produced by governmental and community partners.

Hospital Community Health Needs Assessments

The Patient Protection and Affordable Care Act (ACA) Section 501(r)(3) requires that non-profit hospitals conduct and report on a Community Health Needs Assessment (CHNA) every three years to maintain their tax exempt status.

The CHNA must include a description of the assessment process, how input was obtained from the community and public health members, the community served, its health needs, which needs the organization intends to address, the reasons those needs were selected, and a summary of the implementation strategy.

The ACA also requires that a CHNA take into account input from stakeholders that represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health (National Association of County and City Health Officials, 2012).

In Goodhue County, Mayo Clinic Health System consulted staff at the health and human services department and used local community health assessment data provided by the health and human services department in preparing their CHNA (Mayo Clinic Health System, 2013).

United Way

United Way organizations often do a community assessment and planning processes. The United Way of Goodhue, Wabasha, and Pierce Counties reviews one focus area annually, rotating through Health, Education, and Basic Needs on a three-year grant cycle. They do not publish a formal report, but they do collaborate in the community health planning efforts for the Goodhue County Community Health Assessment and Goodhue County Community Health Improvement Plan.

Methods

Goodhue County Health and Human Services—in collaboration with Mayo Clinic Health System's locations in Cannon Falls, Lake City, and Red Wing, and United Way of Goodhue, Wabasha, and Pierce Counties—led a comprehensive community health planning effort to improve the health of Goodhue County residents. This community health improvement process included two major phases:

- The **community health assessment (CHA)** identified the health-related needs and strengths of Goodhue County. Goodhue County Health and Human Services published the Community Health Assessment Priority Report in 2012. The CHA is accessible at http://www.co.goodhue.mn.us/DocumentCenter/View/146.

- The **community health improvement plan (CHIP)** is action-oriented and contains overarching goal and vision statements and specific objectives and strategies to address major health priorities based on the community health assessment.

The August 2014 Goodhue County CHIP was developed over the period February 2013-July 2014, using the key findings from the CHA, which included qualitative data from a random-sample mailed survey, natural focus

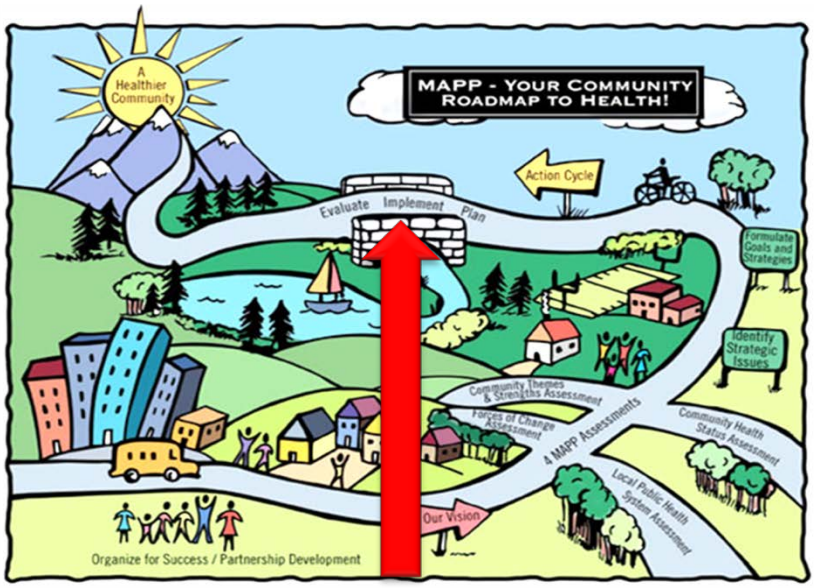
Goodhue County Health Priorities
(Community Health Assessment, 2012)

1. Family and Parenting
2. Mental Health
3. Unhealthy Eating Habits
4. Lack of Exercise
5. Economic Health
6. Chemical Health
7. Driving Behaviors
8. Transportation Options
9. Obesity
10. Health Insurance Concerns

groups and key informant interviews as well as quantitative data from local, state, and national indicators. The CHIP working group (see page 10 for a list of members) formed an overall goal and vision statements, and identified possible strategies to address the top eight health priorities from the CHA. The group used a voting process using dots, agreed-upon selection criteria, and consensus. Due to a staff transition in the healthy communities supervisor position at Goodhue County Health and Human Services, the group did not meet between September 2013 and February 2014. At its February 2014 meeting, the CHIP working group decided to form four action teams, made up of working group members and other stakeholders who then met one-on-one or in small groups with the healthy communities supervisor to select the final strategies and develop specific objectives and action items (see also Appendix A and Appendix B).

Mobilizing for Action through Planning and Partnership (MAPP)

The CHA citizen advisory group, the CHIP working group, and action teams used the Mobilizing for Action through Planning and Partnership (MAPP) approach to guide them in the assessment and planning process. MAPP is a community-driven strategic planning process for community health assessment and planning. It is an interactive process that includes participatory decision making and focuses on the public health system, not just the public health department. The MAPP framework includes these phases:



THE MAPP COMMUNITY ROADMAP: WE ARE HERE

- **Formulate Goals and Strategies**. Goals answer the question "What do we want to achieve by addressing this strategic issue?" Strategies answer the question, "How do we want to achieve it? What action is needed?"
- **The Action Cycle.** Planning for Action includes recruiting key participants who are not currently involved in the process, developing objectives and writing action plans (National Association of County and City Health Officials, 2008).

The CHIP is now at the Implementation stage. Evaluation will include collecting data about whether the planned activities did what they set out to do and will be published in future reports.

Social Determinants of Health and Health Inequities

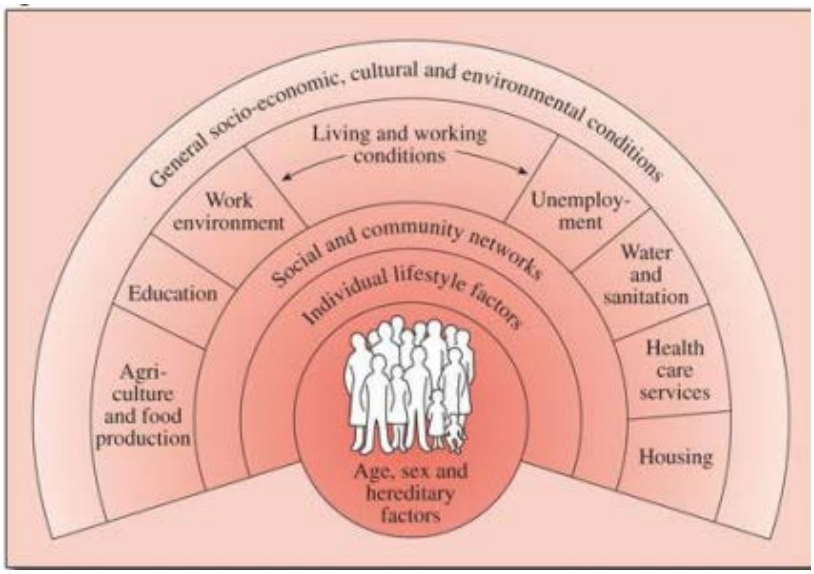
Key principles guiding the Goodhue County CHIP working group and action teams included the following:

1. **Social-ecological model:** focusing on community and social factors to change culture and norms over time
2. **Underlying forces:** this will do more to "move the

needle" on the issues – we are focusing upstream.

3. **Actively engage:** shared ownership and participation will increase impact
4. **Health disparities**
5. **Health equity:** striving for the best health for all
6. **Policy, systems and environmental changes**
7. **Evidence-based:** programs and initiatives with a strong evidence base
8. **Promising practices:** programs and initiatives considered promising based on reliable resources

It is important to recognize that multiple factors affect health, and there is a dynamic relationship between people and their environments. Where and how we live, work, play, and learn are interconnected factors that are critical to consider when assessing a community's health. People's genes and lifestyle behaviors definitely affect their health, but health is also influenced by more upstream factors such as employment status and quality of housing. The social determinants of health framework addresses the distribution of wellness and illness among a population—its patterns, origins, and implications**. Social determinants of health** are the living and working conditions in which people are born, grow up, live, work, and age, including the systems put in place to deal with illness (World Health Organization, 2008).



SOCIAL DETERMINANTS OF HEALTH FRAMEWORK (WORLD HEALTH ORGANIZATION, 2005)

When groups face serious social, economic, and environmental disadvantages, such as structural racism and a widespread lack of economic and educational opportunities, health inequities are the result. A **health disparity** is a population-based difference in health outcomes (e.g., women have more breast cancer than men). A **health inequity** is a health disparity based in inequitable, socially-determined circumstances (e.g. American Indians have higher rates of diabetes due to the disruption of their way of life and replacement of traditional foods with unhealthy commodity foods). Because health inequities have social causes, change is possible (Minnesota Department of Health Commissioner's Office, 2014).

Policy, systems, and environmental (PSE) changes are different from "programs" favored in the past. Programs can also lead to behavior changes in individuals and communities, but recently there has been a growing emphasis on addressing societal factors that affect behaviors. **Policy** strategies may be a law, ordinance, or rule (both formal and informal). **Systems** strategies are changes that impact all elements of an organization or system (e.g. school system). **Environmental** strategies involve changes to the economic, social, or physical environment (Minnesota Department of Health, 2012). This CHIP aims to move upstream to address causes and improve environments where we live, work, learn, and play.

February 2013-February 2014 Community Health Improvement Plan (CHIP) Working Group

Vision Statement

Every human being in Goodhue County is connected, included, safe, and educated in achieving healthy outcomes.

MEMBERS OF THE CHIP WORKING GROUP REVIEWING PRIORITY HEALTH ISSUES, VISION STATEMENTS, AND STRATEGIES

Priority Issues and Strategies

Action Plan 1: Family and Parenting

Strategy 1: Family home visiting

Action Plan 2: Mental Health and Chemical Health

Strategy 2: Anti-stigma campaigns

Action Plan 3: Unhealthy Eating Habits and Lack of Exercise

Strategy 3.1: Teach food preparation skills in schools and other places

Strategy 3.2: Physical activity programs in preschool and child care

Strategy 3.3: Worksite programs to increase physical activity and make it part of the culture

Action Plan 4: Economic Health

Strategy 4: Bridge to Benefits

FAMILY AND PARENTING

Background

Fifty-six percent of Goodhue County residents believe poor parenting skills are a "moderate" or "serious" problem, and forty-two percent of key informant interview participants listed education among the largest health problems in Goodhue County (Community Health Assessment, 2012). Parents are their children's first teachers. The link between education and health is significant. Better educated individuals are less likely to report anxiety or depression and are at lower risk of heart disease and diabetes. They are less likely to smoke, to binge drink, to be overweight or obese, or to use illegal drugs (Cutler, 2006). In Goodhue County, 90.2 percent of students are graduating, compared to 91.3 percent in the state of Minnesota. Parenting choices like smoking during pregnancy affect children's health. Smoking can increase a woman's risk of having a low birthweight baby. Low birthweight babies face an increased risk of serious health problems during the newborn period, and chronic lifelong disabilities. In Goodhue County, 12.8 percent of mothers smoked during pregnancy, compared to 10.0 percent in the state of Minnesota.

Goal Connection between communities, schools, agencies, and families leading to healthy development for children in greatest need in Goodhue County.

Strategy 1 **Family home visiting**

Outcome Objectives

Ready for School: By 2018, increase the number of children assessed as developmentally ready for Kindergarten (data only available for Red Wing) (81%, 2013).
Source: Red Wing Kindergarten Student Entrance Profile

Health Outcomes: By 2018, decrease the percentage of low birthweight babies (4%, 2012).
Source: Minnesota Department of Health

Impact Objective

Protective Factors: By 2018, decrease the percentage of the Goodhue County adult population without adequate social/emotional support (12.80%, 2012).
Source: Behavioral Risk Factor Surveillance System

Key Participants

Melissa Carlson
Birth to 3 Coordinator
Goodhue County Education District

Krista Early
Family Health Supervisor
Goodhue County Health & Human Services

Kris Johnson
Social Services Supervisor
Goodhue County Health & Human Services

Min Martin-Oakes
Early Childhood Services Coordinator
Colvill Family Center, Red Wing Public Schools

Jane Payton
Head Start Director
Three Rivers Community Action, Inc.

Deanna Voth
Collaborative Action Specialist
Every Hand Joined

Determinants Affecting this Health Outcome
(Thomas Jefferson Health District, 2013)

- Smoking
- Poor Nutrition
- Psychosocial Stress
- Knowledge
- Substance Abuse
- Poverty
- Poor Housing
- Racism
- Gender
- Family Structure
- Social Support
- Genetic Factors

Assets and Resources

Numerous formal and informal organizations are addressing issues related to family and parenting. The following organizations are just some of the most prominent organizations:

- Every Hand Joined
- Early Childhood Network
- Faith Communities
- Family Services Collaborative
- Goodhue County Health & Human Services
- School Districts
- Three Rivers Community Action

Family and Parenting Action Plan

OBJECTIVE 1 (Process Objective): By December 31, 2015, increase the percentage of children or families in Goodhue County participating in home visiting programs. "Home visiting programs" here includes visits with a nurse, social worker, teacher, or other professional intended to promote school readiness or children's intellectual development, prevent child abuse and neglect, promote positive parenting, or improve health outcomes (see Appendix C). According to the 2012 American Community Survey, there are 5,665 family households with children under age 18 in Goodhue County.

BACKGROUND ON STRATEGY

Sources and Evidence Base*:*

According to What Works for Health, early childhood home visiting programs are scientifically supported to reduce child abuse or neglect, reduce child injury, improve cognitive and social-emotional development, improve parenting attitudes and behaviors, improve birth outcomes, and reduce rapid repeat pregnancies (University of Wisconsin Population Health Institute, 2014).

- **Birth to 3 programs**: According to What Works for Health, early intervention programs for children with developmental delays or disabilities are recommended by expert opinion and expected beneficial outcomes include increased support for families and improvements in children's intellectual development (University of Wisconsin Population Health Institute, 2011).
- **Early Head Start:** According to What Works for Health, Early Head Start is scientifically supported and expected beneficial outcomes include improved cognitive and social-emotional development, improved family functioning, and improved parenting (University of Wisconsin Population Health Institute, 2013).
- **Family Home Visiting:** The Minnesota Department of Health lists these research-based "Elements of Effective Programs": voluntary, family-focused and strengths-based, respect for diversity, connection to other community services, begun early, intensive, and long-term, among others (Minnesota Department of Health, 2010). Family home visiting practice is grounded in empirically-based research (Minnesota Deparment of Health - Community & Family Health Division, 2012).
- **Parent Support Outreach Program:** A report of the Institute of Applied Research, St. Louis, Missouri prepared for the Minnesota Department of Human Services found that the Parent Support Outreach Program increased services and referrals to community services and provided support for families in the form of transportation, financial assistance, help with housing and the like (Loman, Shannon, Sapokaite, & Siegel, 2009). The Community Guide also recommends early childhood home visitation programs based on strong evidence of their effectiveness in reducing child maltreatment among high-risk families (Community Preventive Services Task Force, 2002).

Policy Change (Y/N): Y Early Head Start will be a new program in Goodhue County and will require new agency policies and procedures.

Targets Health Inequity Population (Y/N): Y Home visiting programs target low-income, at-risk families.

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Educate clinic and hospital staff in Goodhue County about how and when to refer a child to the Birth to Three program and/or other home visiting programs.	12/31/15	Staff Time	Goodhue County Education District & Red Wing Public School District	Referral Mechanisms in place	
Develop written plans and procedures for carrying out the Early Head Start model.	11/30/14	Staff Time	Three Rivers Community Action, Inc.	Written plans and procedures	
Develop and implement an Early Head Start (EHS) home visiting model to serve families in the Zumbrota area in Goodhue County, by converting Head Start slots to EHS slots.	08/31/15	Director Time Fiscal Officer Time Staff Time Staff Training	Three Rivers Community Action, Inc.	10 families enrolled in EHS	
All Family Home Visiting nurses in the Public Health division at Goodhue County Health and Human Services will be trained in an evidence-based model.	10/31/14	Training Staff Time Mileage	Goodhue County Health and Human Services	Staff receive Certificate of Completion	
Conduct goal setting meetings and create Parent Support Outreach Program (PSOP) priorities and tracking system.	12/01/14	Staff Time Data on PSOP cases to date	Goodhue County Health and Human Services	Tangible PSOP program goals that can be shared with team	

OBJECTIVE 1 (Process Objective): By December 31, 2015, increase the percentage of children or families in Goodhue County participating in home visiting programs. "Home visiting programs" here includes visits with a nurse, social worker, teacher, or other professional intended to promote school readiness or children's intellectual development, prevent child abuse and neglect, promote positive parenting, or improve health outcomes (see Appendix C). According to the 2012 American Community Survey, there are 5,665 family households with children under age 18 in Goodhue County.

Hire intern for 4th quarter of 2014 to manage PSOP cases and participate in goal setting and planning.	Intern start date 09/01/14	Staff time, supervision time for intern	Goodhue County Health and Human Services	Intern will manage caseload of 15-25 cases during her internship	

OBJECTIVE 2 (Process Objective): By December 31, 2018, improve connectedness among organizations who participated in writing this action plan and any other organizations (e.g. community health clinics) that could be brought on board to more effectively implement this strategy.

BACKGROUND ON STRATEGY

Source: Mobilizing for Action through Planning and Partnerships (National Association of County and City Health Officials, 2008)

Evidence Base*:*

National Association of City and County Health Officials recommends the MAPP process as an optimal framework for community health assessment and improvement planning (National Association of County and City Health Officials, 2012). The Maternal and Child Health Advisory Task Force recommends coordination and communication across disciplines in Minnesota at the state and local levels to enhance understanding of each other's roles and expertise in assuring family access to a continuum of health and early childhood services maximizing the effective use of resources (Family Home Visiting Committee, 2013).

Policy Change (Y/N): N However, improving connectedness among organizations is a system change.

Targets Health Inequity Population (Y/N): Y

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Organizations will meet in-person 1-4 times per year.	12/31/2018	Staff time Meeting room	Goodhue County Health and Human Services Healthy Communities Supervisor	Meeting minutes	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
Capitalize on the opportunity to influence health in early childhood: Assure all families can receive newborn home visits. Indicator 1.1: By 2020, more mothers in every racial/ethnic population access first-trimester prenatal care. Indicator 1.2: By 2020, more Minnesota children are exclusively breastfed for six months.	*Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems (ECBP 1.1).* *Reduce the rate of fatal and non-fatal injuries (IVP-1).*	*Increase use of preconception and prenatal care, especially for low-income and at-risk women (Reproductive and Sexual Health, Recommendation 1).* *Promote positive early childhood development, including positive parenting and violence-free homes (Mental and Emotional Well-being, Recommendation 1).*

PLANS FOR SUSTAINING ACTION

Goodhue County Education District, Red Wing Public School District, Three Rivers Community Action, Inc., and Goodhue County Health and Human Services all have separate sources of ongoing funding for these home visiting programs.

The Parent Support Outreach Program will utilize Goodhue County Health and Human Services funds budgeted for Community Health Improvement Plan implementation ("special projects") including up to $2,000 in 2015.

MENTAL HEALTH AND CHEMICAL HEALTH

Background

Good mental health is as important as good physical health. Mental illness can impair one's ability to work, to raise a family, and to participate in civic life. Suicide is almost always the result of untreated or undertreated mental illness. Mental health also imposes significant economic costs on employers, government, health care systems, and the general public. Admission to a hospital for mental health reasons is an indicator of a failure to diagnose or treat mental health problems early on. Goodhue County had 6.1 psychiatric hospital admissions per 1,000 residents age 14 and older in 2012. Resident feedback from the Community Health Assessment was consistent in that a lot of people were "getting by" (Community Health Assessment, 2012). Unfortunately, a person with mental illness having coexisting problems with drugs or alcohol is common and it worsens the prognosis (National Alliance on Mental Illness, 2013). In 2009, 35 persons in Goodhue County were homeless; 42 percent of homeless reported a significant mental health problem in the last two years and 79 percent had a serious or chronic disability (mental illness, substance abuse disorder or other condition that limits work or activities of daily living). Mental health and/or substance abuse can have a connection to homelessness because the individual may not be able to hold a job, pay bills on time, or understand how to properly care for themselves.

Goal Improve mental health in Goodhue County through mental health anti-stigma campaign.

Strategy 2 **Anti-stigma campaigns**

Outcome Objective

By 2018, decrease the number of suicides in Goodhue County (8 deaths, 2011).
Source: Minnesota Department of Health

Impact Objective

By 2018, increase the number of individuals in Goodhue County who seek treatment for a mental illness early on, lowering the number of psychiatric hospital admissions per year (6.1 per 1000 residents 14+, 2012).
Source: Minnesota Hospital Association

Key Participants

Carol Sweasy
Chair
Red Wing Shoe Company Foundation

Jessica Seide
Community Health Specialist
Goodhue County Health & Human Services

Pam Horlitz
Community Engagement Specialist
Mayo Clinic Health System

Dale Hanson
President
NAMI Goodhue County (National Alliance on Mental Illness)

Maureen Nelson
Executive Director
United Way of Goodhue, Wabasha, and Pierce Counties

Mike Melstad
Executive Director
Red Wing Family YMCA

Make It OK
All Coalition Members (Appendix D)

Determinants Affecting this Health Outcome
(Thomas Jefferson Health District, 2013)

- Knowledge
- Access to Mental Health Services
- Poverty
- Social Norms and Values (Stigma)
- Unemployment
- Homelessness
- Social Inequities
- Substance Abuse
- Genetic Factors

Assets and Resources

Numerous formal and informal organizations are addressing issues related to mental health. The following organizations are just some of the most prominent organizations:

- Faith Communities
- Greater Red Wing Area Mental Health Initiative
- Goodhue County Health & Human Services
- United Way 211
- Hiawatha Valley Mental Health Center
- Fernbrook
- NAMI Goodhue County (National Alliance on Mental Illness)
- School Districts
- Goodhue County Education District
- Mayo Clinic Health System – Red Wing

Mental Health and Chemical Health Action Plan

OBJECTIVE 1 (Process Objective): By December 31, 2018, reach 3,000 people with a 20-60 minute Make it OK presentation by a trained presenter. If each of these people tells five other people, the campaign will really reach 15,000 people through word of mouth.

BACKGROUND ON STRATEGY

Source: The *Make It OK* campaign is produced by a partnership of Minnesota mental health advocacy organizations, providers, health care systems and hospitals. It is an initiative to educate the public about mental illnesses and reduce the stigma associated with talking about it **(HealthPartners, 2013)**. The campaign was piloted in Red Wing 2013-2014.

In Minnesota, the State Community Health Services Advisory Committee (SCHSAC) Mental Health Workgroup report included recommendation 4, Promote positive mental health, and concluded, "MDH should champion primary prevention and promotion for mental health…Support local/statewide efforts to reduce the stigma associated with mental illnesses, such as the *Make It OK* campaign **(Mental Health Workgroup of the State Community Health Services Advisory Committee, 2013)**.

Anti-stigma campaigns are supported by The President's Commission on Mental Health recommendations 1.1, Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention, and 1.2, Address mental health with the same urgency as physical health **(President's New Freedom Commission on Mental Health, 2003)**.

Active Minds is another example of an anti-stigma campaign. It is a nonprofit organization with the mission to empower college students to speak openly about mental health in order to educate others and encourage help-seeking. They aim to change the culture in the community by providing information, leadership opportunities and advocacy training to the next generation **(Active Minds, Inc., 2014)**.

Evidence Base*:* Local anti-stigma campaigns are recognized as innovative and best practices by the Mood Disorders Society of Canada. "Consumers and families lead…campaigns and are part of all decision-making and action" in such anti-stigma programs **(Mood Disorders Society of Canada, 2009)**. After four years of the Time to Change campaign in England, people using mental health services experienced less stigma and discrimination, felt more empowered, and, through more self-disclosure, increased the public's level of social contact with individuals with mental illness, as reported in *The Guardian* **(Brindle, 2013)** and published in the *British Journal of Psychiatry* **(Henderson & Thornicroft, 2013)**.

Policy Change (Y/N): N

Targets Health Inequity Population (Y/N): Y People with mental illnesses experience health inequities.

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Recruit 20-30 new presenters.	12/31/18	One-on-one meetings, email, staff time and phone calls	Make it OK Coalition, Goodhue County Health and Human Services	Trained presenters	
Trainings for new presenters will be held annually.	12/31/15	Make it OK Train the Trainer DVD or set up county wide training and staff time, Meeting Room, invitations, reminders	Make it OK Coalition, Goodhue County Health and Human Services	More trained presenters to accomplish presentation goals, meeting minutes	
Presentations within the schools.	12/31/18	Staff time, Make it Ok Toolkit, Meeting Room	Make it OK Coalition	Reach Goodhue County residents in schools	
Presentations within worksites.	12/31/18	Make it Ok Toolkit, staff time, Meeting Room	Make it OK Coalition	Reach Goodhue County residents in worksites	
Create a presence within faith communities in Goodhue county.	12/31/18	Email, Bulk mailing, one-on-one meetings, staff time	Goodhue County Health and Human Services	Reach Goodhue County residents within the community	
Have a Make it OK Sunday.	12/31/18	Buy in from the faith communities, staff time	Make it OK Coalition	Bring awareness to the campaign	

OBJECTIVE 2 (Process Objective): By December 31, 2018, raise awareness of mental illnesses in Goodhue County.

BACKGROUND ON STRATEGY
See OBJECTIVE 1

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Participate in 10 community events per year such as Trunk or Treat, Holiday Stroll, Goodhue County Fairs, Prairie Island Health Fair.	12/31/18	Staff time, Promotional Items, Make it OK Toolkit	Make it OK Coalition, Goodhue County Health and Human Services	Create community awareness of mental illnesses and anti-stigma campaign	
Annual October and May Media Campaigns including media such as newspaper ads, billboards, radio spots, television, etc.	12/31/18	Staff time, Advertising	Make it OK Coalition, Goodhue County Health and Human Services	Create community awareness of mental illnesses and anti-stigma campaign	
Public screenings of mental health related shows/movies such as: tpt documentaries, any "identify the stigma" movies, *A Beautiful Mind*, *Call Me Crazy: A Five Film*, etc.	12/31/18	Staff Time, Publicity, Locations, Refreshments	Make it OK Coalition, Goodhue County Health and Human Services	Create community awareness of mental illnesses and anti-stigma campaign	
Collaborate with or present to local governmental organizations, such as Goodhue County Commissioners, City Councils, Red Wing Human Rights Commission.	12/31/18	Staff Time, Pledge Boards	Make it OK Coalition, Goodhue County Health and Human Services	Create community awareness of mental illnesses and anti-stigma campaign	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
	Improve mental health through prevention and by ensuring access to appropriate, quality mental health services (Mental Health and Mental Disorders, Goal). *Reduce the suicide rate (MHMD-1).* *Increase the proportion of adults with mental health disorders who receive treatment (MHMD-9).*	*Research policies and programs that enhance mental and emotional well-being, especially for potentially vulnerable populations (Mental and Emotional Wellbeing, Actions).* *Promote early identification of mental health needs and access to quality services (Mental and Emotional Wellbeing, Recommendation 4).*

PLANS FOR SUSTAINING ACTION

The Make It OK campaign in Goodhue County will utilize Goodhue County Health and Human Services funds budgeted for Community Health Improvement Plan implementation ("special projects") including up to $4000 in 2014 and up to $5,640 in 2015. To sustain action, Goodhue County Health and Human Services will look for further funding sources.

UNHEALTHY EATING HABITS AND LACK OF EXERCISE

Background

A majority of Goodhue County residents believe unhealthy eating habits (53 percent), lack of exercise (60.5 percent), and obesity (61.7 percent) are "moderate" or "serious" problems. Fruits and vegetables are naturally low in calories and rich in vitamins and minerals and may help reduce the risk of many diseases. Adults who are not physically active are at increased risk of obesity, heart disease, type 2 diabetes, high blood pressure, osteoporosis, cancers, increased stress, and negative impacts on sleeping habits and mental health. More than 75 percent of Minnesotans consume fewer than five servings of fruits and vegetables per day. In 2011, 20.1 percent of Goodhue County adults reported no leisure time physical activity (Centers for Disease Control and Prevention, 2011). Experts agree that ongoing strategies must occur not only on an individual level, but in our families, our communities and in society in order to address this complex issue (Community Health Assessment, 2012).

Goal Lessons on healthy nutrition habits and food preparation are offered to those who need it the most, and all people have opportunity to take part in exercise and year-round recreation.

Strategy 3.1 **Teach food preparation skills in schools and other places**
Strategy 3.2: **Physical activity programs in preschool and child care**
Strategy 3.3: **Worksite programs to increase physical activity and make it part of the culture**

Outcome Objective

By 2018, reduce the percentage of adults in Goodhue County who are obese (29.5%, 2011).
Source: National Diabetes Surveillance System

Impact Objectives

By 2018, increase the percentage of 9th graders in Goodhue County who eat the recommended 2-4 servings of vegetables per day (24% of males and 25% of females, 2013).
Source: Minnesota Student Survey
By 2018, decrease the number of adults in Goodhue County with no leisure time physical activity (20.1%, 2011).
Source: National Diabetes Surveillance System

Key Participants

Kanko Akakpovi
Regional SNAP-Ed Educator
University of Minnesota Extension

David Anderson
Live Well Goodhue County Coordinator
Goodhue County Health & Human Services

Susan Draves
Coordinator
Red Wing Area Farmers' Market

Rachel Nasal
Case Manager
ProAct

Live Well Goodhue County
Community Leadership Team (Appendix E)

Determinants Affecting this Health Outcome
(Thomas Jefferson Health District, 2013)

- Diet
- Physical Activity
- Knowledge
- Workplace/School Policies
- Psychosocial Stress
- Genetic Factors
- Food Security
- Social Norms
- Access to Preventative Care
- Poverty
- Physical Environment

Assets and Resources

Numerous formal and informal organizations are addressing issues related to eating and exercise. The following organizations are just some of the most prominent organizations:

- Live Healthy Red Wing
- Live Well Goodhue County - Goodhue County Health & Human Services
- Red Wing Sustainability Commission
- Farmers' Markets
- Grocery Stores
- Senior Centers
- Community Gardens
- Master Gardeners (U of M Extension)
- Child Care Providers
- Child Care Aware
- School District Wellness Committees
- Worksite Wellness Programs
- Mayo Clinic Health System
- CARE Clinic
- WIC Clinic
- Red Wing Family YMCA

Unhealthy Eating Habits and Lack of Exercise Action Plan

OBJECTIVE 1 (Process Objective): By December 31, 2018, increase the number of low-income adults, especially parents with children 18 and under, attending a nutrition class.

BACKGROUND ON STRATEGY

Source: University of Minnesota SNAP-Ed Program lists evidence-based curriculums on their Educational Tools site (University of Minnesota Extension, 2014). In select communities, SNAP-Ed can offer I CAN Prevent Diabetes, the National Diabetes Prevention Program (University of Minnesota Extension, 2014) Other trained providers can also offer I CAN Prevent Diabetes.

The Minnesota Food Charter nine-month process of public input from 2,000 Minnesotans, supported by the Statewide Health Improvement Program and Minnesota Department of Health with funding from the Centers for Disease Control and Prevention, resulted in the recommendation for "learning experiences that build skills in healthy eating, meal planning, food budgeting, food safety, cooking, [and] gardening" (Minnesota Food Charter, 2014).

Evidence Base*:* There is some evidence that taste testing fruits and vegetables leads to increased fruit and vegetable consumption, according to What Works for Health (University of Wisconsin Population Health Institute, 2014). Disease management programs such as I CAN Prevent Diabetes are recommended by The Community Guide (Community Preventative Services Task Force, 2000) and randomized trials showed that participants lost weight, lowered blood sugar and cholesterol, and reduced diabetes risk (Acherman, EA, Brizendine, Zhou, & Marrero, 2008).

Policy Change (Y/N): N

Targets Health Inequity Population (Y/N): Y—At least 50 percent of participants will be persons living at or below 185% of poverty.

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Offer six-session class for 8-12 participants at Red Wing farmers' market on including more fruits and vegetables in the diet.	Oct. 31, 2014	Staff time Volunteer time Food Equipment Room with sink Incentives	Regional SNAP-Ed Educator, University of Minnesota Extension	Knowledge and Behavioral evaluations of participants	
Offer six-session class for 8-12 participants at ProAct on basic food preparation and healthy vending choices.	Oct. 31, 2014	Staff time Volunteer time Food Equipment Room with sink Incentives	Regional SNAP-Ed Educator, University of Minnesota Extension	Knowledge and Behavioral evaluations of participants	
Offer six-session class for 8-12 parents, promoted through Head Start and WIC, on healthy eating, exercise, and food preparation skills.	Dec. 31, 2015	Staff time Volunteer time Food Equipment Room with sink Incentives	Regional SNAP-Ed Educator, University of Minnesota Extension	Knowledge and Behavioral evaluations of participants	
Offer sixteen-session I CAN Prevent Diabetes class for low-income pre-diabetic patients of C.A.R.E. Clinic and Mayo Clinic Health System.	Dec. 31, 2018	Staff time Volunteer time Food Equipment Room with sink Incentives	Regional SNAP-Ed Educator, University of Minnesota Extension and/or Registered Dietician, Mayo Clinic Health System – Red Wing	Knowledge and Behavioral evaluations of participants	

OBJECTIVE 2 (Process Objective): By October 15, 2015, increase the number of child care providers/programs who have adopted new best practices in physical activity

BACKGROUND ON STRATEGY

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

Evidence Base*:* Physical activity interventions in child care are rated as scientifically supported by What Works for Health to increase physical activity, improve physical fitness, and increase fruit and vegetable consumption (University of Wisconsin Population Health Institute, 2014).

Policy Change (Y/N): Y

Targets Health Inequity Population (Y/N): Y

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
By October 31, 2016, implement approved Live Well Goodhue County Child Care work plan.*	Oct. 31, 2015	Staff time Trainer time Child care provider time Curriculum, equipment, etc.	Goodhue County Health and Human Services	Written policies from child care providers/programs reflecting new best practices.	

OBJECTIVE 3 (Process Objective): By October 15, 2015, increase the number of worksites with wellness action plans based on assessments.

BACKGROUND ON STRATEGY
Source: Statewide Health Improvement Program (SHIP) Strategy Implementation Guides (Minnesota Department of Health, 2013)
Evidence Base*:* Worksite wellness programs are scientifically supported to increase physical activity and weight loss, as well as improve fruit and vegetable consumption (University of Wisconsin Population Health Institute, 2014).
Policy Change (Y/N): Y
Targets Health Inequity Population (Y/N): N

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
By October 31, 2016, implement approved Live Well Goodhue County Worksite Wellness work plan.*	Oct. 31, 2015	Staff time Worksite wellness committee time	Goodhue County Health and Human Services	Written wellness action plans from worksites	

*Detailed Live Well Goodhue County **Child Care** and **Worksite Wellness work plans** are part of Statewide Health Improvement Program Implementation Document Forms approved in June 2014 and are available from David Anderson, Goodhue County Health and Human Services, 651-385-6148.

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
Reduce obesity. Lead indicator: Adults who are at a healthy weight (Objective 11). *Increase fruit and vegetable consumption. Lead indicator: Youth who eat the recommended number of fruits and vegetables (Objective 1).*	*Increase the contribution of fruits to the diets of the population (NWS-14).* *Increase the variety and contribution of vegetables to the diets of the population (NWS-15).*	*Help people recognize and make healthy food and beverage choices (Healthy Eating Priority, Recommendation 4).* *Support workplace policies and programs that increase physical activity (Active Living Priority, Recommendation 4).*

PLANS FOR SUSTAINING ACTION

University of Minnesota Extension receives a Supplemental Nutrition Assistance Program Education (SNAP-Ed) grant from United States Department of Agriculture to fund staff time and expenses.
YMCA will provide a room with sink for farmers' market class.
Farmers' market vendors may provide some food for farmers' market class.
Farmers' market staff will promote farmers' market class to electronic benefit card (EBT) users at the market.
Goodhue County Health and Human Services staff will promote use of EBT cards at the market.
The University of Minnesota SNAP-Ed program will utilize Goodhue County Health and Human Services funds budgeted for Community Health Improvement Plan implementation ("special projects") including up to $500 in 2014. Purchases could include incentives of crock pots (about $35 each), and those attending at least 4 sessions would be eligible for a drawing to win a crock pot.
ProAct will provide room with sink, food, and equipment for class at ProAct.
C.A.R.E. Clinic and Mayo Clinic Health System will refer eligible participants to I CAN Prevent Diabetes class.
Goodhue County Health and Human Services has a Statewide Health Improvement Program (SHIP) grant from the Minnesota Department of Health from November 1, 2013 to October 31, 2015, to fund staff time and expenses.

ECONOMIC HEALTH

Background

Seventy percent of key informant interview participants said economics is among the largest health problems in Goodhue County. Unemployment is a "moderate" or "serious" problem according to 53.7 percent of Goodhue County residents surveyed, and 22 percent of natural focus groups said economics was the largest health problem in the county. The March 2012 Goodhue County unemployment rate reported in the 2012 Community Health Assessment was 6.3 percent (about two years later the April 2014 unemployment rate was 4.4 percent). The evidence tells us that economic resources enable us to access medical care, live in safer homes and neighborhoods, buy healthier food, have more leisure time for physical activity, and experience less health-harming stress. "Understanding the importance of the links between income, wealth, and health can inform policies to achieve better health for all Americans while reducing social disparities in health" (Robert Wood Johnson Foundation, 2011). Per capita income in Goodhue County reveals a racial disparity: $5,480 for black or African American, $17,743 for Native American, and $29,106 for white. The per capita income is $11,230 for Hispanic households (Institute for People, Place, & Possibility).

Goal All families in Goodhue County will have access to knowledge and tools that lead to greater financial stability.

Strategy 4 **Bridge to Benefits**

Impact Objective

By 2018, reduce the percentage of individuals in Goodhue County living below 200% of the federal poverty level (24.52%, 2012).
Source: American Community Survey

Impact Objective

By 2018, reduce Goodhue County's racial and ethnic inequities in income per capita (39.95 Disparity Index Score, 2012)
Source: American Community Survey with data analysis via Community Commons (Institute for People, Place, & Possibility)

Key Participants

Maureen Nelson
Executive Director
United Way of Goodhue, Wabasha, and Pierce Counties

Colleen Clark
Citizen
Red Wing

Randal Hemmerlin
Executive Director
Red Wing Housing and Redevelopment Authority (HRA)

Enid Reames
Social Services Coordinator
Red Wing HRA

Jessica Wheeler
Community Support Technician
Red Wing HRA

Jennifer Cook
Assisted Housing Property Manager
Red Wing HRA

Determinants Affecting this Health Outcome

- Poverty
- Psychosocial Stress
- Knowledge
- Unemployment
- Substance Abuse
- Lack of Affordable Housing
- Homelessness
- Racism
- Gender
- Family Structure
- Social Support

Assets and Resources

Numerous formal and informal organizations are addressing issues related to economic health. The following organizations are just some of the most prominent organizations:

- Red Wing Senior Center (free tax preparation for low-income and/or older adults)
- United Way (MNSure Assistance)
- Three Rivers Community Action, Inc. (SNAP and MNSure Assistance by appointment)
- C.A.R.E. Clinic (Resource Coordinators and MNSure Assistance)
- Red Wing HRA (Social Service Coordinator and Community Support Technician - in Jordan Towers, and Assisted Housing Property Manager - grant-funded cleaning and housekeeping education for family units)
- Southeast Minnesota Multi-County Housing and Redevelopment Authority (SEMMCHRA)
- Goodhue County Health and Human Services

Economic Health Action Plan

OBJECTIVE (Process Objective): By December 31, 2015, trained volunteers will help 100% of families in public housing family units in Red Wing complete Bridge to Benefits to find out if they qualify for the Earned Income Tax Credit (EITC) and public programs that can help low-income families meet basic needs.

BACKGROUND ON STRATEGY

Source: Bridge to Benefits is an eligibility screening tool for a number of benefits, including the EITC, which in 2013 was worth $475 (with no children), $3169 (with one child), $5236 (with two children), or $5,891 (with three or more children) (Children's Defense Fund, 2014)**.** There are 19 public housing family units in Red Wing, and according to email communication from Red Wing HRA, about 20% of tenants living in family units in July 2014 did not get their EITC (15 had, and 4 had not). An average of 8 tenants per year gave notice in 2011, 2012, and 2013, so up to 27 different families (19 + 8) may live in these 19 units in a year. Each unit has three or four bedrooms for a 3-8 person household. Households have varied composition, but if 5 families (20% of 27) with two children filed for the EITC this could be worth a total of $26,180.

Evidence Base*:* The Earned Income Tax Credit is scientifically supported to increase employment and reduce poverty (Robert Wood Johnson Foundation, 2013).

Policy Change (Y/N): N Minnesota is one of the 26 states that offer an EITC that is a percentage of the federal credit. The biggest barrier is access to the tax credit.

Targets Health Inequity Population (Y/N): Y Red Wing Housing and Redevelopment Authority serves low-income families, the elderly, and persons with disabilities. EITC is for low to moderate income working individuals and families and is likely to decrease disparities (Robert Wood Johnson Foundation, 2013).

Activity	Target Date	Resources Required	Lead Person/ Organization Responsible	Anticipated Product or Result	Progress Notes
Identify 12-15 volunteers (such as residents in public housing, attendees at community forum on poverty, or from Get Connected on the United Way site).	12/31/14	Staff time List of attendees Get Connected site	Colleen Clark	List of volunteers	
Train volunteers.	04/30/15	Trainers (Children's Defense Fund) Meeting Room Refreshments	Maureen Nelson, United Way	Sign-in sheet from training	
Schedule (e.g. one-on-one appointments or walk-in times) for volunteers and individuals in all 19 public housing units in Red Wing to complete Bridge to Benefits as a pilot.	12/31/15	Computer Internet Access Printer/Paper Meeting Room Volunteer Time	Red Wing Housing and Redevelopment Authority	Schedule showing volunteer times	
Incentivize completion of the Bridge to Benefits tool with a $5 gas gift card and incentivize following up (by turning in forms) with another $5 gas gift card.	12/31/15	$5 Gas Gift Cards (19 units + 8 units average turnover x 2 gift cards x $5 = $270)	United Way/Volunteers	Receipts and record of individual completion and follow-up	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
"An Equal Opportunity for Health" Indicator 2.2: By 2020, Minnesota's racial and ethnic inequities in income are reduced.	*Decrease the proportion of persons living in poverty (SDOH-4).*	*Ensure a strategic focus on communities at greatest risk (Elimination of Health Disparities Strategic Direction, Recommendation 1)*

PLANS FOR SUSTAINING ACTION

United Way and Red Wing HRA will provide staff time, rooms, computers, printers, and paper.

The Bridge to Benefits pilot will utilize Goodhue County Health and Human Services funds budgeted for Community Health Improvement Plan implementation ("special projects") including up to $500 in 2015 for $5 gift card incentives for up to 27 families ($270) and volunteer training light refreshments ($30) and other reasonable expenses.

Appendix A: Working Group Visioning Statements

Overall:
EVERY HUMAN BEING IN GOODHUE COUNTY IS CONNECTED, INCLUDED, SAFE, AND EDUCATED IN ACHIEVING HEALTHY OUTCOMES.

Family and Parenting

- Intergenerational activities
- Housing for homeless teens
- Connection between communities, schools, agencies and families
- High breastfeeding rates
- Good food supports
- Family building activities
- Engagement family and communities
- Connection between gardens, creative cooking and eating healthful food and good conversation
- Healthy Babies
- Parent support
- Norman Rockwell Childhood

Mental Health

- Laughter
- Breathe
- Balance between financial, work, relationships and spiritual
- Support groups
- Activities
- Cast a wider net to include all
- Kids can go outside and to school without fear of bullying
- Inclusion
- Residents express quality of life satisfaction
- Good mental health services
- Mentoring
- Mental Health services
- Continuing Education
- Balance between work, health (social, emotional, physical) and family
- Kitties for everyone (or any furry friend)

Unhealthy Eating Habits

- Healthy cooking class
- Healthy affordable food options
- Affordable healthy food
- Healthy choices for food
- "Local" food
- Food choices
- Nutrition education to those that need it the most
- Community Gardens

Lack of Exercise

- Families walking together
- All people having opportunity to take part in exercise and walking
- Access to exercise
- Exercise – 5K
- Recreational opportunities
- All able-bodied county members walking 1-2 miles every day
- Access to open spaces
- Affordable Exercise Programs
- Sports programs
- Free activities outside for families
- After school activities
- Access to exercise
- Affordable winter activities
- Streets full of walkers

Economic Health

- Active, vibrant farmers market that attracts people of all ages
- Equity in access to health care, good food, healthy activity, education
- Food is close to the table
- Commitment to good stewardship of earth
- Sustainable
- Local Food
- No homeless, families, youth or vets
- Affordable Education (college)
- Job opportunities
- Opportunities for youth (work, volunteers, mentors, activities that affordable)
- Industry (jobs)
- Good Housing
- Kids and families have enough food to be satisfied, healthy and able to focus on other things
- Affordable Housing
- Good government representing everyone!
- Inclusion
- Housing
- Transportation
- Prescription coverage
- Employment with criminal history
- Economic opportunity
- Employment – jobs

Chemical Health

- Redefining healthy consumption
- Intervention options
- Chemical Health parent education/awareness
- Chemical free from abuse

Driving Behaviors

- Driving Trends Education (driving lanes, roundabouts, merging, etc.
- Drivers Education parent Component (mandatory)
- Additional Driving Education for ages 21 to 25
- Elderly (55+) driving class mandatory for license renewal

Transportation Options

- Walkable or Rideable
- Good transportation
- Affordable Scheduled Bus Route
- Expanded Public transportation in rural areas

Obesity

Nutrition Education

Health Insurance Concerns

- Access to affordable quality health care
- Access to mental health care without shame
- Good health care
- Access to medical care
- Access to affordable quality health care

Appendix B: Strategy Identification Process

The CHIP working group selected strategies from spreadsheets or tables prepared by Ashlyn Christianson, Goodhue County Health and Human Services community health specialist. The tables provided information about whether each strategy was evidence-based or a promising practice and the likely impact on health disparities.

Title (General Explanation)	**Summary** of Program	**Evidence** of Effectiveness	**Citation**	**Additional Information** (costs, timeline, who implements)	Impact on disparities
Healthy Families America or Nurse/Family Partnership	Voluntary home visiting programs that targets low-income, first time mothers and babies, families with history of trauma, mental health, etc. Can be public health nurses or community health workers. Leads to improved mother-child interaction, mothers have more stable partner relationships, less reliant on welfare, Improved school readiness, demonstrate positive parenting, fewer risky behaviors, less substance use during pregnancy, fewer emotional disorders, less ER visits, hospital days and childhood mortality,	Scientifically supported - numerous studies or reviews with strong positive results, no substantial contradictory evidence	http://www.healthyfamiliesamerica.org/research/index.shtml; http://www.countyhealthrankings.org/program/nurse-family-partnership-nfp	Training is required for both programs, HFA - core training - $3400 trainer fee, plus travel and materials for one week , and then advanced supervisor training - $3400 trainer fee plus travel and materials. Also great beginnings start before birth training - $2550 trainer fee plus travel and materials. NFP - core education required - can't find cost, but very expensive as well; Family Thriving Program enhancement to the Healthy Start home visitation program,	Likely to decrease disparities
Early childhood home visitation/preschool paired with home visiting, Early Childhood Education,	Parents and children are visited in their home during the child's first two years of life with information, support, and training regarding child health, development and care. Can be public health nurses or community health workers. Decrease in child maltreatment, improved cognitive development, parental attitudes and behaviors. Used to enhance cognitive and social development of low income children prior to kindergarten. Promote healthy child development, school readiness and parental skill development	Scientifically supported - numerous studies or reviews with strong positive results, no substantial contradictory evidence	http://www.countyhealthrankings.org/program/early-childhood-home-visitation-programs, High/Scope Perry Preschool - http://whatworksforhealth.wisc.edu/program.asp?t1=20&t2=2&t3=56&id=177; Harvard Family Research Project	Healthy Families America, Nurse Family Partnership, Home Instruction for Parents of Preschool Youngsters (HIPPY), Parents as Teachers (PAT - Home visiting). HSP cost $12,400 per student per year in 2012 dollars (SPTW). A cost-benefit analysis indicates an average societal benefit of $6.60 for every dollar invested in HSP preschool (Heckman 2010a). Early Head Start (EHS),	Likely to decrease disparities
Families and Schools Together (FAST)	Group based family intervention to improve family functioning. Groups of families gather for weekly facilitated meetings with structured activities and then follow up meetings for 2 years. Can increase academic competence, improve family adaptability and social networks, improve parental stress and coping, improved family functioning, increase parental support, reduced child aggression	Scientifically supported - numerous studies or reviews with strong positive results, no substantial contradictory evidence	http://whatworksforhealth.wisc.edu/program.asp?t1=20&t2=2&t3=55&id=178	A sample budget indicates that Kids FAST for elementary school students costs about $14,700 to serve 40 families. Fast is used in 46 states and 12 countries. Studied and improved through Wisconsin Center for Education.	Likely to decrease disparities
Outdoor/experiential and wilderness education	Involve outdoor pursuits that emphasize inter- and intra-personal growth to overcome obstacles - summer camps, challenge courses, wilderness excursions can lead to reduced problem behaviors and increase in self-esteem and self-efficacy for youth and adults. Longer duration have stronger effects than shorter programs	Scientifically supported - numerous studies or reviews with strong positive results, no substantial contradictory evidence	http://www.countyhealthrankings.org/program/outdoorexperiential-education-and-wilderness-therapy	Examples - Project Adventure, National Outdoor Leadership School, Outward Bound, Project Get Outdoors, Wilderness Education Association	No impact on disparities
Universal Pre-K	Offered to 4 year olds regardless of family income, can lead to increase child's cognitive and socio-emotional outcomes, improve school readiness and achievement test cores	Scientifically supported - numerous studies or reviews with strong positive results, no substantial contradictory evidence	http://whatworksforhealth.wisc.edu/program.asp?t1=20&t2=2&t3=56&id=167	Limited funding reduce enrollment for most places,	Likely to decrease disparities

At CHIP working group meetings, attendees broke into groups and each group considered a strategy. The groups then reported on their small group discussion and the strategies selected.

By the September 2013 meeting, the group had identified top strategies for all the health priorities. They used a multi-vote prioritization process, but the strategy that received the most votes was from under the Driving Behaviors priority, which was issue number seven. There was a suggestion that voting should have been by health priority and not between all the strategies at once. There was not enough time to do the vote again at that meeting.

In February, the group then discussed selection criteria and reconsidered the priorities. The consensus was to form four action teams without voting further on strategies: 1. Family and Parenting, 2. Mental Health *and* 6. Chemical Health, 3. Unhealthy Eating Habits *and* 4. Lack of Exercise, and 5. Economic Health.

Finally, each subgroup or action team met to select the strategies to include in the CHIP.

Goodhue County CHIP working group
Health Priorities with Identified Strategies
9-6-2013

1. **Family and Parenting**
   - Family Home Visiting
   - Support/Training/classes/Groups for parents
   - Build community support through community education and collaboration

2. **Mental Health**
   - Anti-stigma campaigns
   - Peer Counseling

3. **Unhealthy Eating Habits**
   - Teach food preparation skills in schools and other places
   - Point of decision prompts at Points of Purchase
   - Pricing strategies that will include healthy vending machine policies

4. **Lack of Exercise**
   - School and other based programs to increase physical activity outside of physical education - may include energizers, alternative ways to be physically active, etc.
   - Worksite programs to increase physical activity and make it a part of the culture
   - Point of Decision Prompts – or Nudges
   - Physical Activity Programs in Preschool and Childcare

5. **Economic Health**
   - Bridge to Benefits Program
   - Family Support Circles (Mentoring)

6. **Chemical Health**
   - Community and Educational Programs for parents (Power of Parents)

7. **Driving Behaviors**
   - Involve parents in drivers education for teens

8. **Transportation Options**
   - Train workers and elected officials in skills with public health, policy, planning and engineering to better understand the intersection of the issues
   - Expand public transportation and decrease cost through incentives, funding and flexibility for local governments

Appendix C

Goodhue County Home Visiting Matrix

Organization	Program	# Visits	Who Visits	Who Qualifies	Child Age	Service Area	Notes
Goodhue County Health and Human Services	Family Home Visiting	Varies based on need	Public Health Nurse	Anyone Target: low-income (200% poverty), teen pregnancy, high risk	prenatal-18 years	Goodhue County	
	Parent Support Outreach Program	Varies based on need	Social Worker	"Screened out" maltreatment reports, self-referrals, community referrals	0-10 years	Goodhue County	New in 2013
Three Rivers Community Action, Inc.	Head Start	Varies based on need (minimum 2 per year)	Teacher/ Family Advocate	Under 100% federal poverty level or homeless or in foster care	3-5 years	Goodhue County —1 classroom in Zumbrota and 2 in Red Wing	
	Early Head Start	48 weeks per year, 2 hours per visit	Teacher	Under 100% federal poverty level or homeless or in foster care	prenatal-3 years	Goodhue County	New in 2015
Goodhue County Education District	Early Childhood Special Education (ECSE) Birth to Three	Varies based on Individual Family Service Plan (IFSP)	Teacher or Other Professional	Diagnosed condition, 1 or more significant delay, or clinical opinion	0-3 years	Cannon Falls, Goodhue, K-W, and Z-M school districts*	
Red Wing Public Schools	ECSE Birth to Three	Same as above	Same as above	Same as above	Same as above	Red Wing School District*	
Zumbro Valley Education District	ECSE Birth to Three	Same as above	Same as above	Same as above	Same as above	Pine Island School District*	

*Note: Schools' Early Childhood Family Education (ECFE) and School Readiness Programs may also provide some early childhood home visits.

Appendix D: Make It OK Coalition Members

The Make it OK Coalition formed in summer 2013 and piloted the Make it OK campaign in Red Wing for one year, culminating in a media campaign for May Mental Health Awareness Month. In July 2014, the group met and agreed to expand the anti-stigma campaign county-wide and brainstormed the goals contained in the CHIP action plan for Mental Health and Chemical Health.

Current Members	Organizational Affiliation
Dale Hanson	NAMI Goodhue County
Beth Breeden	Multiple Sclerosis (MS) Society
Ruth Greenslade	Goodhue County Health & Human Services
Pam Horlitz	May Clinic Health System- Red Wing
Lee Finholm	Red Wing Rotary Club
Abby Villaran	Goodhue County Health & Human Services
Amy Merret	HealthPartners
Mike Melstad	Red Wing Family YMCA
Nancy Pettman	Red Wing Resident
Pamela Palan	Twin Cities Public Television
Julie Hatch	Chemical Health Initiative
Carrie Heimer	Red Wing Shoe Company
Maureen Nelson	United Way of Goodhue, Wabasha & Pierce Counties
Roger Pohlman	Red Wing Police Department
Cindy Craig	Goodhue County Health & Human Services
Carol Sweasy	Red Wing Shoe Company Foundation
Janet Adams	Goodhue County Adult Detention Center
Enid Reames	Red Wing Housing and Redevelopment Authority
Jessica Wheeler	Red Wing Housing and Redevelopment Authority
Jeanne Follstad	LICSW, Mental Health Therapist

Appendix E: Live Well Goodhue County Community Leadership Team

The Community Leadership Team provides leadership, accountability, ongoing planning and assessment, community connections, promotion, and networking for the implementation of all the 2013-2015 Statewide Health Improvement Program strategies in Goodhue County: Child Care, Worksite Wellness, Active Schools, Healthy School Food, Active Living in the Community, Healthy Eating in the Community, Healthcare Community-Clinical Linkages and Healthcare Advance Community Linkages with State and Federal Health Reform Initiatives. At the March 2014 meeting the team discussed how these strategies related to the CHIP.

Current or Proposed CLT Member	Organizational Affiliation
Lucy Richardson	Hispanic Outreach
Michelle Leise	Live Healthy Red Wing
Mike Melstad	Red Wing Family YMCA
Laura Prink	United Way of Goodhue, Wabasha and Pierce Counties
Lori Hanson	Cannon Falls School District
Mike Redmond	Goodhue School District
Pam Horlitz	Mayo Clinic Health System in Red Wing
Kris Kincaid	Kenyon-Wanamingo Community Education
Ruth Greenslade	Goodhue County Health and Human Services - Healthy Communities
Dr. Michael Nwaneri	Mayo Clinic Health System in Red Wing
Tonya Schmitt	Red Wing Area Seniors, Inc.
Gene Leifeld	Zumbrota Resident, Retired police officer
Lisa Dierks	Wanamingo Resident, Registered Dietician, Mayo Clinic Health System
Proposed Member	Cannon Falls
Proposed Member	Goodhue
Proposed Member	Zumbrota
Proposed Member	Pine Island

Works Cited

Acherman, R., EA, F., Brizendine, E., Zhou, H., & Marrero, D. (2008, October). *Translating the Diabetes Prevention Program into the community.* Retrieved from American Journal of Preventative Medicine: http://www.ncbi.nlm.nih.gov/pubmed/18779029

Active Minds, Inc. (2014). Retrieved from http://activeminds.org/

Brindle, D. (2013, April 3). *Mental health anti-stigma campaign fails to shift health professionals' attitudes: People with mental health problems are experiencing less stigma and discrimination, but attitudes of health workers are not improving.* Retrieved from The Guardian: http://www.theguardian.com/healthcare-network/2013/apr/03/mental-health-anti-stigma-campaign

Centers for Disease Control and Prevention. (2011). *Diabetes Public Health Resource > Diabetes Interactive Atlas*. Retrieved from Centers for Disease Control and Prevention: http://www.cdc.gov/diabetes/atlas/countydata/atlas.html

Centers for Disease Control and Prevention. (2013). *The Social-Ecological Model: A Framework for Prevention*. Retrieved from http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html

Children's Defense Fund. (2014, January 1). Retrieved from Bridge to Benefits: http://www.bridgetobenefits.org/

Community Health Assessment. (2012). Retrieved from http://www.co.goodhue.mn.us/DocumentCenter/View/146

Community Preventative Services Task Force. (2000, December). *Diabetes Prevention and Control.* Retrieved from The Community Guide: http://www.thecommunityguide.org/diabetes/index.html

Community Preventive Services Task Force. (2002, February). *Violence Prevention: Early Childhood Home Visitation*. Retrieved from The Community Guide: http://www.thecommunityguide.org/violence/home/index.html

Cutler, D. (2006, July). *Education and Health: Evaluating Theories and Evidence.* Retrieved from The National Bureau of Economic Research: http://www.nber.org/papers/w12352

Family Home Visiting Committee. (2013, March). *Maternal and Child Health Advisory Task Force Summary Report.* Retrieved from Minnesota Department of Health: http://www.health.state.mn.us/divs/fh/mchatf/documents/FinalFHVCommitteeReport2013.pdf

HealthPartners. (2013). Retrieved from Make It OK.

Henderson, C., & Thornicroft, G. (2013, April). *Evaluation of the Time to Change programme in England 2008-2011.* Retrieved from British Journal of Psychiatry: http://bjp.rcpsych.org/content/202/s55.toc

Institute for People, Place, & Possibility. (n.d.). *Community Health Needs Assessment (CHNA)*. Retrieved from Community Commons: http://assessment.communitycommons.org/CHNA/report.aspx?page=2&id=766

Loman, T., Shannon, C., Sapokaite, L., & Siegel, G. (2009, March). *Minnesota Parent Support Outreach Program Evaluation.* Retrieved from Institute of Applied Resaerch (IAR): http://www.iarstl.org/papers/PSOPFinalReport.pdf

Mayo Clinic Health System. (2013, September 30). *Community Health Needs Assessments.* Retrieved from http://mayoclinichealthsystem.org/about-us/community-health-needs-assessments

Mental Health Workgroup of the State Community Health Services Advisory Committee. (2013, October). *Improving Mental Health and Well-Being: A Vision for Minnesota's Public Health System.* Retrieved from Minnesota Department of Health: http://www.health.state.mn.us/divs/opi/pm/schsac/wkgp/2012/mentalhealth/docs/schsac_mh_finalreport.pdf

Minnesota Deparment of Health - Community & Family Health Division. (2012, January). *Family Home Visiting Program: Report to the Minnesota Legislature.* Retrieved from http://www.health.state.mn.us/divs/fh/mch/fhv/documents/fhvprogreport_legis2012.pdf

Minnesota Department of Health. (2010). *Home Visiting Program Design: Elements of Effective Programs.* Retrieved from Family Home Visiting - Evidence-Based Home Visiting: http://www.health.state.mn.us/divs/fh/mch/fhv/documents/keyelementsfhvprog.pdf

Minnesota Department of Health. (2012, February 22). *Understanding Policy, Systems, and Environmental Change to Improve Health.* Retrieved from http://www.health.state.mn.us/healthreform/ship/techassistance/pse02222012.pdf

Minnesota Department of Health. (2013, June). *SHIP Grantee Support: 2014-2015 RFP*. Retrieved from http://www.health.state.mn.us/healthreform/ship/2013rfp/

Minnesota Department of Health Commissioner's Office. (2014, February). *Advancing Health Equity in Minnesota: Report to the Legislature.* Retrieved from http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf

Minnesota Department of Health. (n.d.). *Community Health Improvement Plan*. Retrieved from http://www.health.state.mn.us/divs/opi/pm/lphap/chip/

Minnesota Food Charter. (2014). *Minnesota Food Charter Findings Toolkit.* Minnesota Department of Health.

Mood Disorders Society of Canada. (2009). *Stigma research and anti-stigma programs: from the point of view of people who live with stigma and discrimination every day.* Retrieved from Mood Disorders Society of Canada: http://www.mooddisorderscanada.ca/documents/Advocacy/Stigma_research_and_anti_stigma_programs_Apr1_09.pdf

National Alliance on Mental Illness. (2013, January). *Dual Diagnosis: Substance Abuse and Mental Illness*. Retrieved from National Alliance on Mental Illness: http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/By_Illness/Dual_Diagnosis_Substance_Abuse_and_Mental_Illness.htm

National Association of County and City Health Officials. (2012, July). *Mobilizing for Action through Planning and Partnerships (MAPP) as Optimal Framework for Community Health Assessment and Improvement.* Retrieved from National Association of County & City Health Officials: http://www.naccho.org/advocacy/positions/upload/12-12-MAPP.pdf

National Association of County and City Health Officials. (2012, March). *Statement of Policy: Role of Local Health Departments in Community Health Needs Assessments.* Retrieved from http://www.naccho.org/advocacy/positions/upload/12-05-Role-of-LHDs-in-CHNA.pdf

National Association of County and City Health Officials. (n.d.). *MAPP Basics - Introduction to the MAPP Process*. Retrieved from http://www.naccho.org/topics/infrastructure/mapp/upload/mapp_field_guide2.pdf

National Public Health Accreditation Board. (2014, January 24). *Standards and Measures Version 1.5.* Retrieved from Public Health Accreditation Board: http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf

President's New Freedom Commission on Mental Health. (2003, July 22). *Achieving the Promise: Transforming Mental Health Care in America.* Retrieved from National Alliance on Mental Illness: http://www.nami.org/template.cfm?section=new_freedom_commission

Robert Wood Johnson Foundation. (2011, April). *Issue Brief #4 Exploring the Social Determinants of Health*. Retrieved from http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448

Robert Wood Johnson Foundation. (2013, December 7). *Increase the Earned Income Tax Credit.* Retrieved from County Health Rankings and Roadmaps: http://www.countyhealthrankings.org/policies/increase-earned-income-tax-credit-eitc

Thomas Jefferson Health District. (2013, February 7). *MAPP 2 Health.* Retrieved from National Association of City and County Health Officials: http://www.naccho.org/topics/infrastructure/CHAIP/upload/TJHD-MAPP-2-Health-2-7-13.pdf

United States Department of Health and Human Services. (n.d.). *Healthy People 2010.* Washington, DC: Centers for Disease Control and Prevention.

University of Minnesota Extension. (2014). *For Professionals > Educational Tools.* Retrieved from Health and Nutrition: http://www.extension.umn.edu/family/health-and-nutrition/for-professionals/educational-tools/

University of Minnesota Extension. (2014). *I CAN Prevent Diabetes.* Retrieved from Health and Nutrition: http://www.extension.umn.edu/family/health-and-nutrition/icpd/

University of Wisconsin Population Health Institute. (2011, January 1). *Programs for children with develomental delays and disabilities (e.g. Wisconsin Birth to 3 Program, Special Education for children ages 3-5 years old)*. Retrieved from What Works for Health: http://whatworksforhealth.wisc.edu/program.php?t1=20&t2=2&t3=56&id=175

University of Wisconsin Population Health Institute. (2013, October 5). *Early Head Start (EHS)*. Retrieved from What Works for Health: http://whatworksforhealth.wisc.edu/program.php?t1=20&t2=2&t3=56&id=393

University of Wisconsin Population Health Institute. (2014, May 7). *Early childhood home visiting programs*. Retrieved from What Works for Health: http://whatworksforhealth.wisc.edu/program.php?t1=20&t2=6&t3=121&id=443

University of Wisconsin Population Health Institute. (2014, May 22). *Nutrition and physical activity interventions in preschool and child care*. Retrieved from What Works for Health: http://whatworksforhealth.wisc.edu/program.php?t1=21&t2=12&t3=78&id=491

University of Wisconsin Population Health Institute. (2014, January 8). *Taste testing fruits and vegetables.* Retrieved from What Works for Health: http://whatworksforhealth.wisc.edu/program.php?t1=21&t2=12&t3=114&id=274

University of Wisconsin Population Health Institute. (2014, January 18). *Worksite obesity prevention initiatives*. Retrieved from What Works for Health: http://whatworksforhealth.wisc.edu/program.php?t1=21&t2=12&t3=80&id=281

World Health Organization. (2005). *Commission on Social Determinants of Health.*

World Health Organization. (2008). *Social Determinants of Health.* Retrieved from http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

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