

Cass County Health, Human and Veterans Services-
Public Health Services
Community Health Board

Community Health Improvement Plan

To create a Healthier Community through community investment and collaboration by promoting health equity through opportunities and empowerment in Cass County.

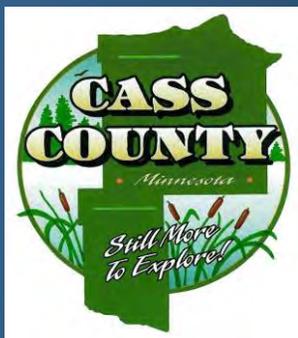
September 22, 2014



Public Health
Prevent. Promote. Protect.
Cass County Public Health

PO Box 519, Walker MN 56484

Cass County MN is located in rural Northern Minnesota with a population base of 28,567 with a population of 14.2 per square mile.



Cass County Public Health is a Community Health Board (CHB) recognized as the governing jurisdiction under the Local Public Health Act within Cass County.

Background

This **Community Health Improvement Plan** is the result of the **Community Health Assessment** process that engaged the community in identification of important health issues, prioritization of health issues, and the development of a strategic approach to improve the overall health of the Cass County, MN community.

Health Inequitiesⁱ

Cass County has identified health inequities that are present in our community. **Poverty** is major socioeconomic factors that affect the opportunities for health with the continuing rise of the percent of all ages currently living in poverty at a rate of 14.5%.ⁱⁱ By **race and ethnicity**, Cass County's **13.1%** of American Indian population experiences a greater disparity and inequity.ⁱⁱⁱ

In the 2013 County Health Rankings- **Health Outcomes**, Cass County ranked the lowest county 87/87 in Minnesota for health outcomes with morbidity and mortality considerations.^{iv} These outcomes identify health inequities and need for change in healthier behaviors such as increased physical activities, healthier eating, and maintaining healthy weight.

The Community Planning Process

The community visioning process began by engaging entire community of stakeholders in the process to inform of the community perspective of the communities health. The process was led by Cass County Public Health and under advisement of the Cass County Health, Human and Veterans Services Advisory Committee which acts as the Human Service Board per MN Statute Chapter 402.

Based on (MAPP) Mobilizing for Action through Planning and Partnership the four MAPP assessments were completed.

◆ **Community Health Status Assessment** provided review of current statistical data trending in a data book in categories of People and Place; Opportunities for Health; Healthy Living; Chronic Disease and Conditions; Infectious Diseases; and Injury and Violence. This information has been shared with key stakeholders participants, partners, and community to help guide the top health needs for a community health improvement development plan.

◆ **Community Themes and Strengths Assessment** process involved surveys for a very broad representation of community stakeholders with 59 respondents. Community listening sessions at two locations with 14 attendees based on feedback using community

Community Stakeholders Participants

Cass County Residents and Customers

Parents, Families & Youth

Faith Based Organizations

Cass County School Districts

Cass County Government-Commissioners, Advisory Committee, Social Services, Probation and Law Enforcement

Seniors

Veterans

BiCap

Housing

Medical Providers

Family Centers

Working Together Coalition

Community Non Profits Groups

Businesses

U of M Extension

theme and strengths assessment survey questions. Also, the Health4Life Community survey gained perspectives on important health issues with 352 adult Cass County resident responses.

The community perspective of **Health** is equal opportunities that are available throughout the life span that promote quality of life. A **Healthy community** includes community investment values; access to health care and community services; safety; employment; eating healthy and active living, absence of chemicals; education; and basic needs met.

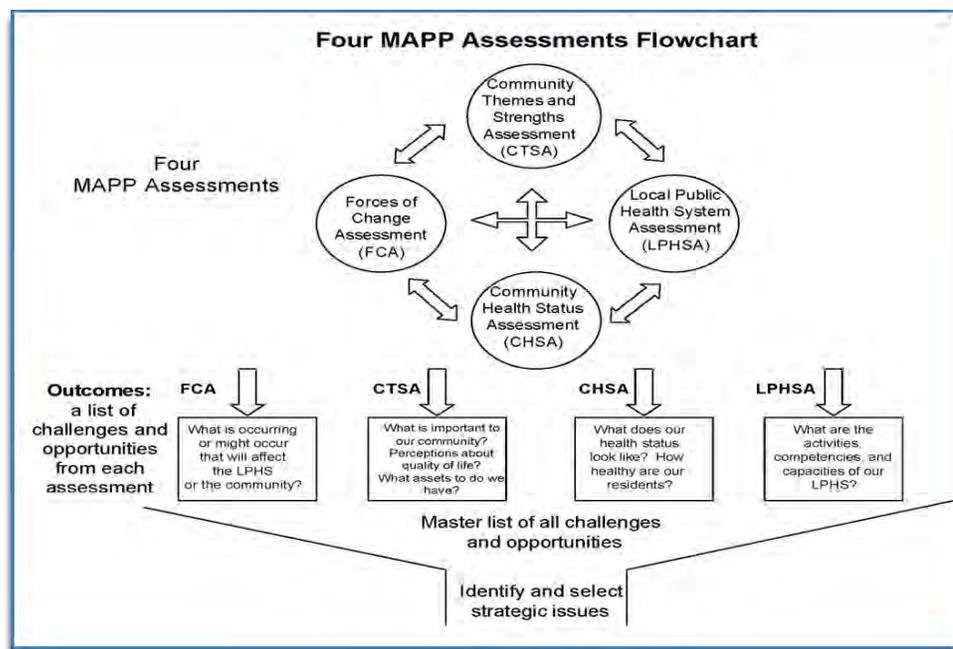
Key community issues and themes that were identified through the community engagement process were basic needs; chemicals; community investment and attitudes; access to community services; employment; families, children and youth; health care services; uninsured; nutrition; poverty; safety; tick-borne diseases; and data supporting issues included heart disease, chronic obstructive disease, diabetes, smoking during pregnancy, low birth weight babies, childhood immunization rates.

◆ Local Public Health Systems Assessment

The local public health agency utilized the National Public Health Performance Standards (NPHPS) Assessment to determine the performance level for our local public health essential service ratings. Local public health staff was engaged in community health assessment process and identification of top health issues.

◆ Force of Change Assessment

The force of changes in events, factors, and trends were identified to determine areas of opportunity and threats.



**Cass
County's
Community
Health
Issues
Identified**

1. Tobacco Use/
exposure
2. Overweight/
obesity
including
Nutrition &
Physical
Inactivity
3. Healthy
Families,
Children and
Youth
4. Access to
Health
Services
5. Chemicals
6. Chronic
Disease
Diabetes & Heart
Disease
7. Mental
Health
8. Uninsured
9. Employment
10. Access to
Basic Needs-
Food and
Shelter

The Community Prioritization Process

Importance of community issues were rated based on criteria of population at risk and affected, potential life lost, severity of issue, public concern, preventability, gap of resources, and "other" criteria.

Strategy rating was based on strategy and prevention levels. These levels were combined with consideration of community readiness, legal issues, resources available, funding, and feasibility of implementing a community improvement plan. The final recommendations for the top community health improvement plan priorities came from Cass County Health, Human and Veterans Services Advisory.



Community comments were engaged with publication and engagement in **supporting partners** for the community health improvement plan action planning.

Priority 1- Tobacco Use and Exposure

STRATEGIC ISSUE: How do we prevent and reduce tobacco use, as well as second and third hand smoke exposure?

Current Situation

Efforts to promote tobacco cessation and reduce exposure to second, third hand smoke have focused on policy, systems and environmental changes at a local level and community level. Trending is the use of E- cigarettes, which have become popular and have recently been regulated. There is no scientific evidence that e-cigarettes are safe. Currently in 2012, the percentage of 9th and 12th grade **Cass County students** who have reported smoking in the past 30 days is 18% and 30% respectively; almost double that of the state average. At the same time those reported chewing tobacco snuff or dip in the last 30 days is 10% and 13% respectively. **Cass County adults** who report being a current smoker is 17.4%. In 2011, **Cass County pregnant** women who report smoking rates were 34.5%. Long term health effects of smoking are astounding and a drain on our health care system. Tobacco use is the single most preventable cause of disease and death in the United States. Prevention of tobacco use starts with our youth.

Community Assets and Resources

Cass County Schools Districts	Bi-County Community Action Programs (BI-CAP)
Region 5 Development	Health4Life
4-H Clubs	Boys & Girls Clubs
Community Education	Working Together Coalition
ALA – American Lung Association	Area Parks and Recreation Boards
Cass County Housing Authority	Chamber of Commerce
Cass County Family Centers	HUD- Housing and Urban Development
U of M Extension	QUIT PLAN- Call it quits Referrals
Cass County Medical Clinics	Media
Cass County Public Health Services	Cass County Faith in Action

Nearly 90% of adult smokers begin smoking by the time they are 18 years of age. This is a public health problem compounded by the fact that the harmful effects of tobacco use do not end with the user but carry on to all who are exposed.

Priority 1- Tobacco Use and Exposure

Goal: Reduce tobacco use and exposure especially in populations experiencing disparities.

OBJECTIVE

Community engaged approach to combat tobacco use and exposure.

OUTCOME INDICATORS

Reduce the percentage of Cass County students, adults, and pregnant women who use and are exposed to tobacco.

Strategy	Tactic	Performance Indicator	Target Date	Owner
Prevent initiation of tobacco and cessation	Increase tobacco compliance checks to county licensed retailers to twice per year. Discuss with city officials to encourage compliance checks to city licensed retailers. Point of sale education checks to retailers.	Policy revisions	12/2016	Cass County Public Health
Common messages that target tobacco prevention, initiation and cessation	Counter pro tobacco messaging thru common messages Promote tobacco cessation resources especially disparity in pregnant women Develop common message for Websites, Media, Partners, Youth advocacy	Number of messages and resources	12/2016	Cass County Public Health
Create tobacco free: Parks and outdoor recreational areas, Adult foster care homes, & Worksites	Write and maintain newspaper column on the risk of smoking and benefits of a tobacco free community Disseminate materials on the risks of smoking and secondhand smoke Educate policy makers in the county on how to become a tobacco free communities	Number of tobacco free environments	7/2016	Cass County Public Health
Support and promote tobacco free multi-unit housing complex policies	Continue work with American Lung Association and housing authorities to promote smoke free units – survey tenants to gain support	Increase in number of smoke-free rental housing	7/2015	Cass County Public Health

Priority 1- Tobacco Use and Exposure

Alignment	Evidence-based
<p>National Prevention Standards: Clinical systems to create linkages with and connect patients to community resources (e.g., tobacco quit lines), family support, and education programs. Community, Non-Profit, and Faith-Based Organizations to inform people about the range of preventive services they should receive and the benefits of preventive services.</p>	<p>Tobacco Free Living Best Practice for Comprehensive Tobacco Control Programs Key Messaging- Tips from former Smokers CDC Tobacco campaign</p>

Recommended Policy Changes:

- Tobacco compliance check policy
- Tobacco free housing and environment

Partners and Community Members who have agreed to support CHIP action

- ALA – American Lung Association
- Health4Life
- Cass County School Districts
- Cass County Children’s Initiative**
- Cass County Faith in Action
- BI-CAP
- Working Together Coalition
- Cass County Family Centers
- Walker Area Community Center

National Strategic Plan: Picture Map June 2011



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Priority 2- Overweight and Obese

STRATEGIC ISSUE: How do we encourage healthy behaviors of active living and healthy eating across the lifespan to promote healthy weight?

Current Situation

As a local health department, efforts to promote active living and healthy eating have focused on policy, systems and environmental changes for improvement in schools, worksites, medical clinics and community settings. Current, Cass County data suggest rising rates of children and adults overweight and obese rates. This community identified health issue suggests increased awareness and concern that warrants the need for community health improvement planning, with targeted approach to children living in poverty. The **Physical Activity Guidelines for Americans**, adults should engage in at least 150 minutes of moderate-intensity activity each week, and children and teenagers should engage in at least one hour of activity each day.^{vii}

Cass County MN Data	Year 2012
Adult Overweight	38.3%
Adult Obese	26.7%
WIC Children Ages 2 to 5 Very Obese	16%
9 th Graders Overweight	14%
9 th Graders Obese	7%
Leisure Time Physical Inactivity	22.5% (2009)
Diabetes Prevalence	8.8% (2009)

Community Assets and Resources

Cass County Schools Districts
Wellness Committees
Mn Extension- SNAP Education
Region 5 Development
Health4Life
4-H Clubs
Fitness Centers
Parks & Recreational & Trails
Boys and Girls Club
Community Education
Bone Builders
Fitness Centers
The Warehouse
Chamber of Commerce
Walker Area Community Center
Deep Portage Preserve

Lutheran Social Services Senior Dining &
Meals on Wheels
Cass County Area Food Shelves
Cass County Farmers Markets
MN Local Growers
WIC
Food Assistance Programs
Weight Management- Clinical programs
Community Gardens
Weight Watchers
TOPS
Cass County Licensed Daycare Providers
Cass County School Districts- School lunch program
Cass County Public Health
Child & Teen Checkups
Cass County Medical Clinics

Priority 2- Overweight and Obese

Goal: Decrease overweight and obesity rates across the lifespan in Cass County.

OBJECTIVE

Convene stakeholders to create county-wide strategies for healthy opportunities to promote healthy weight.

OUTCOME INDICATORS

- Reduction in obesity rates, increased proportion of adults eating five or more fruits and vegetables, and getting recommended physical activity.
- Common positive messages to promote active living and healthy eating recommendations.
- Communities engaged in policies to promote access to walking and biking and other outdoor activities.

Strategy	Tactic	Performance Indicator	Target Date	Owner
Healthy eating and active living common messaging	Identify key messaging tools Multiple communication tools Culturally competent methods	Number of key organizations provided with key messaging and website information.	12/2015	Cass County Public Health
Increase awareness of existing Diabetes educational opportunities Promote Diabetes screening and offer expanded screening opportunities to the public at no or reduced cost	Develop resource list of diabetes educational and screening opportunities, along with cooking classes, I CAN prevent diabetes program	Number of resources identified and communication messages.	12/2015	Cass County Public Health
Health in all Policies	Create list of all cities, community organization, faith-based organization and businesses School wellness committees Presentation of health in all policies concepts Promote breastfeeding	Number of contacts to present health in all policies. School wellness committee efforts.	12/2015	Cass County Public Health

Priority 2- Overweight and Obese

Alignment	Evidence-based
<p>Healthy Minnesota 2020: Statewide Health Improvement Framework to incorporate national strategy which is known as health in all policies.</p> <p>National Prevention Strategy: Empowering People to Make Healthy Choices: Policies and programs can make healthy options the easy and affordable choice, and when people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices. For example, health care professionals can use multiple communication tools (e.g., mobile phone applications, personal health records, and credible health websites) and culturally competent methods to support more traditional written and oral communication.</p> <p>MN Obesity Plan: Minnesota Plan to Reduce Obesity and Obesity-Related Chronic Diseases 2008-2013</p>	<p>SHIP State Health Improvement Plan Targeted Interventions</p> <p>Promotion of Breastfeeding</p> <p>Provide nutrition and cooking education for parents</p> <p>Screening prevention programs</p>

Recommended Policy Changes:

Health in all policies

Partners and Community Members who have agreed to support CHIP action

U of M Extension- SNAP Education
 I CAN Prevent Diabetes Classes
 Cooking Matters Classes
 Cass County School Districts

Cass County Family Centers
 Health4Life
 Walker Area Community Center
 Cass County Faith in Action
 BI-CAP

Providing people with the **knowledge and tools** to balance their caloric intake and output can help them achieve and maintain a healthy weight.

Physical inactivity is a primary contributor to one-third of the adult population being overweight or obese and one in six children and adolescents being obese.

Priority 3- Healthy Parenting

STRATEGIC ISSUE: *How do we assure access to healthy parenting resources and education for families in Cass County?*

Current Situation

The Cass County community is concerned about children and their parents or grandparents ability to parent in a healthy manner. Children and their families in Cass County are at risk of **poor outcomes due to health inequities** such as poverty, isolation, parents with less education, chemical and alcohol use and abuse, mental health issues, teen and single parents and a high rate of low birth weight babies. Cass County percent of children under 18 living in **single parent-headed households** in 2011 was 27.8%. Cass County rate of children in out of home care per 1,000 (aged 0-17) is 14.0% in 2011. **Awareness and access** to parenting resources and education has been identified as a barrier for families.

Community Assets and Resources

Cass County Health, Human and Veterans Services-
WIC, Nurse Family Partnership,
Family Home Visiting, Child & Teen Checkups
Early Childhood Screening
Follow Along Program
Early Childhood Family Education
Early Head Start & Head Start- BI-CAP
ActionLeech Lake Tribal Government
Family Spirit- Family Home Visiting
Behavior Health Services
Family Preservation
Teen Parents Program
Wellness Court
Cass County Family Centers
Parenting Education & Resources
Family Home Visiting Programs
Kinship and Mentoring Programs
Cass County Medical Clinics
Walker Area Pregnancy Center

Cass County Schools Districts
Law Enforcement
Childcare providers
Service Delivery Team
Faith-Based Organizations
Mn Extension- SNAP Ed
Cass County Faith in
Businesses
Parks & Recreational & Trails
Working Together Coalition
CEP
Early Childhood Coalition
Lions Clubs
Rotary Clubs
Family Safety Network
Cass County Leech Lake
**Reservation Children's
Initiative**

Evidence shows that experiences in the **1st years of life are extremely important** for a child's healthy development and lifelong learning. How a child develops during this time affects future cognitive, social, emotional, and physical development, which influences school readiness and later success in life.

Priority 3- Healthy Parenting

Goal: All families in Cass County will have increased awareness and access to healthy parenting resources and education.

OBJECTIVE

Strengthen partnerships and collaboration within healthy parenting providers in Cass County to reduce health inequities for families

OUTCOME INDICATORS

- Increased healthy parenting provider collaboration and active referrals.
- Increased family and community awareness and access of healthy parenting resources and education.

Strategy	Tactic	Performance Indicator	Target Date	Owner
Identify all healthy parenting education resources for parents and/or caregivers that target health inequities for families	Use collaborative partnership existing and seek out new partners to identify unknown resources and factor cultural competence and health equity.	Numbers of community partnerships, who provide concrete support, make referrals and provide follow up	12/2015	Cass County Public Health
Develop healthy parenting resource guide with health equity focus	Create master list of parenting resources or educational opportunities available for target audience Technology utilization	Health parenting resource guide product developed	12/2015	Cass County Public Health
Develop community wide outreach for health parenting resource guide and active referral	Mobilize community partnerships and stakeholders to promote and refer to parenting resources and education Outreach to parents and grandparents, providers, community partners, community Media	Distribute list at individual sites Partners who promote the healthy parenting resources and education Referral system established Outreach methods utilize	12/2015	Cass County Public Health
Nurse Family Partnership- Great Moms Best Babies	Provide evidenced-based nurse family home visiting to at risk	Number of families served Number of families referred to alternate family home visiting programs	Ongoing	Cass County Public Health

Priority 3- Healthy Parenting

Alignment	Evidence-based
<p>Healthy Minnesota 2020: Statewide Health Improvement Framework to incorporate national strategy and to promote the quality of life, healthy development and healthy behaviors across the life stages.</p> <p>National Prevention Strategy: Provide tools, guidance, and best practices to promote positive early childhood and youth development and prevent child abuse.</p> <p>Advancing Health Equity in Minnesota: Report to the Legislature^{xii}</p>	<p>Promote Breastfeeding for healthy babies and mothers</p> <p>Evidenced-based Home Visiting Programs</p>

Recommended Policy Changes

HHVS policy: parenting resource to all families upon initial services

Partners and Community Members who have agreed to support CHIP action

BI-CAP Walker Area Pregnancy Support Center
 Cass County Family Centers Working Together Coalition
 Cass County School Districts Cass County Faith in Action
Cass County Leech Lake Reservation Children’s Initiative
 Service Delivery Team

What is a Family?

The typical family has changed significantly in recent years. Fewer children now live with their biological mother and father. Many children are being raised in single-parent families, families headed by grandparents, step-families, foster families, or with same gender parents. There are many cultures even within families, including racial, ethnic, and language differences. And, the roles of parents have shifted from the traditional, as fathers increasingly share the care of their children. But, one thing has not changed: **All families want the best for their children, including good health.**

Footnotes

ⁱ <http://www.health.state.mn.us/divs/chs/healthequity/definitions.htm>

ⁱⁱ Census www.census.gov in Minnesota Department of Health Center for Health Statistics

ⁱⁱⁱ Health Disparities by Racial/Ethnic Populations in Minnesota December 2009.

<http://www.health.state.mn.us/divs/chs/raceethn/rankingbyratio20032007.pdf>

^{iv} County Health Rankings and Roadmaps

<http://www.countyhealthrankings.org/app/minnesota/2013/cass/county/outcomes/overall/snapshot/by-rank>.

^v Best Practices for Comprehensive Tobacco Control Programs 2014

http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf?utm_source=rss&utm_medium=rss&utm_campaign=best-practices-for-comprehensive-tobacco-control-programs-2014-pdf Accessed August 5, 2014.

^{vi} National Prevention Strategy from National Prevention Council June 2011.

^{vii} U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. 2008 Physical activity guidelines for Americans. Washington: U.S. Department of Health and Human Services; 2008. Available at <http://www.health.gov/paguidelines/guidelines/default.aspx>. Accessed May 17, 2011.

^{viii} U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, D.C.: U.S. Government Printing Office, December 2010.

^{ix} Ogden CL, Carroll MD. Prevalence of Overweight, Obesity, and Extreme Obesity Among Adults: United States, Trends 1976–1980 Through 2007–2008. NCHS Health E-Stat. June 2010. Available at http://www.cdc.gov/NCHS/data/hestat/obesity_adult_07_08/obesity_adult_07_08. pdf. Accessed May 16, 2011.

^x HealthyPeople.Gov Halfon N. Life course health development: A new approach for addressing upstream determinants of health and spending. Washington: Expert Voices, National Institute for Health Care Management Foundation; 2009. Available from:

http://www.nihcm.org/pdf/ExpertVoices_Halfon_FINAL.pdf.

^{xi} Advancing Health Equity in Minnesota: Report to the Legislature

http://www.health.state.mn.us/divs/chs/healthequity/ahe_leg_report_020414.pdf

^{xii} Bright Futures, Families + Health Care Professionals= Partners for Healthy Children

<http://brightfutures.aap.org/pdfs/familypartnership.pdf>.