



# Chisago County

## Community Health Improvement Plan 2015-2020



**Public Health**  
Prevent. Promote. Protect.

### **Chisago County Community Health Board**

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

6133-402<sup>nd</sup> Street

North Branch, Mn 55056

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



*A message to our community,*

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

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

*-Kathy Filbert*

Chisago County Public Health Supervisor





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# COMMUNITY HEALTH IMPROVEMENT PLAN

## Who we are...Chisago County, Mn

Chisago County is located in east central Minnesota just north of the Twin Cities metro. Chisago County covers 414 square miles with the unique profile of having rural and suburban communities. Our 2012 population estimate is 53,761<sup>1</sup> with a predicted growth rate of greater than 30% by 2030<sup>2</sup>. Center City is our county seat with the Public Health Division office located in North Branch, Mn. Our county has five elected seats on the Board of Commissioners, these elected officials also make up the Chisago County Community Health Board (CHB). The Chisago County Public Health Division, which is one of three divisions within the Chisago County Health and Human Services Department, acts as the designated agent for the CHB.

Chisago County Health & Human Services is organized as a human service board under Minnesota statute, chapter 402. As a part of a human service agency, public health and social services work jointly to provide for our citizens. The CHB works to promote and protect public health and prevent disease. In 1994 national public health service representatives from various organizations and agencies developed a framework for the role of public health. This framework is known as 'The 10 Essential Public Health Services'. These essential services are built around the following three core functions and define the role of public health within the larger public health system.

### The Three Core Functions of Public Health

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

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

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

Also see page 10 of this document titled *Local Public Health system Assessment*.

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

<sup>1</sup> US Census Bureau Quick Facts

<sup>2</sup> Minnesota State Demographer Center, Minnesota Population Projections October 2012



Photo courtesy of WineHaven, Chisago City

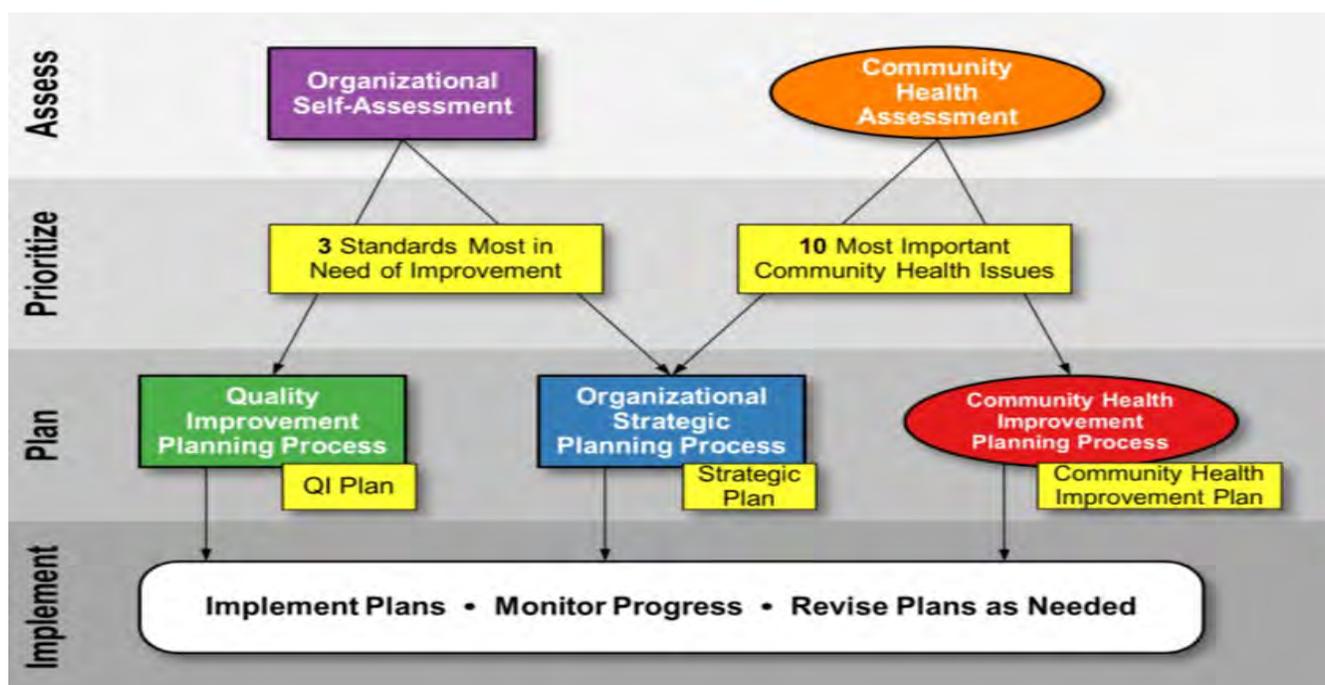


# COMMUNITY HEALTH IMPROVEMENT PLAN

## Background and Purpose

### Background:

The Community Health Improvement Plan, known as “CHIP” is an element of the Local Public Health Assessment and Planning (LPHAP) process. (See diagram below.) Since the passage of the Local Public Health Act in 1976 Community Health Boards are required to complete the LPHAP process once every 5 years.



### Purpose:

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

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



# COMMUNITY HEALTH IMPROVEMENT PLAN

## The Assessment & Planning Process

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

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

### MAPP Principles and Elements

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

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

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

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

<http://iap2usa.org>



# COMMUNITY HEALTH IMPROVEMENT PLAN

## The Assessment & Planning Process

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

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

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

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

### Community Vision

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



### Mission of the 2014 MAPP Committee

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



# COMMUNITY HEALTH IMPROVEMENT PLAN

## The Assessment & Planning Process

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

In addition to assessment work, the committee wanted to make sure that the initiatives, programs and interventions surrounding the identified community health priorities were building off one another and not redundant duplication of work. The committee strongly agreed that identifying and engaging stakeholders of initiatives currently in place is essential to effective collaboration. On a bright winter day meeting one committee member reflected, “Just think about how much more good we could do if we were unified in our efforts.”

Chisago County Public Health Division has identified in its organizational strategic plan this need and is a lead in exploring regional efficiencies in community health assessment and planning. This initiative is a regional engagement of organizational leadership within health care, managed care plans, and local public health to foster collaboration on common goals and to maximize knowledge, creativity and positive outcomes for the citizens of Chisago County.





# COMMUNITY HEALTH IMPROVEMENT PLAN

## Health Equity Considerations in Chisago County

### What is Health Equity?

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

### Why is Health Equity Important to our Community?

Health equity is foundational to fulfilling the three core functions of the Public Health services (see page 7). A critical tool for public health decision-making and action is public health ethics.

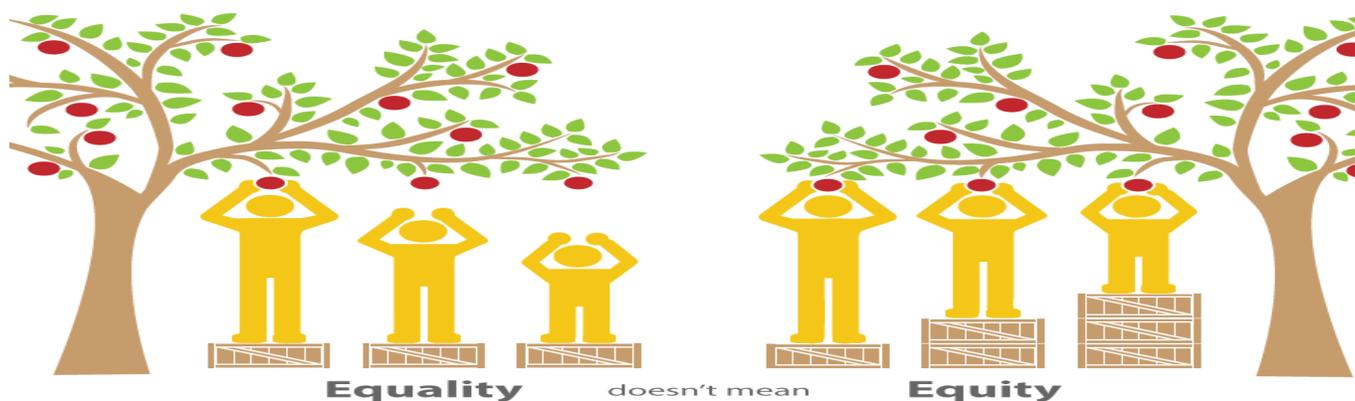
Considering health equity in our decision-making process enables our local public health system, as a whole, to plan for expected growth in population diversity. The cost of not addressing health equity, beyond the ethical question, can be tallied in direct medical care expenditures and social program costs.

### Identified Health Disparities in our Community

- Access to oral health care for low income residents due to rate of medical assistance reimbursement for dental services<sup>2</sup>
- Limited access to mental health treatment<sup>3</sup>
- Gender income equality (median household income by gender and education)<sup>4</sup>
- Travel distance to health care delivery<sup>5</sup>
- Special education drop rate<sup>6</sup>

### Steps to Address Health Equity in Chisago County

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



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

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

<sup>3</sup> 2015 Region 7E Mental Health Assessment (IMPROVE Group survey)

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

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

<sup>6</sup> More data needed, pending request from Minnesota Department of Education



# COMMUNITY HEALTH IMPROVEMENT PLAN

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



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

### LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

#### SYSTEMS THINKING

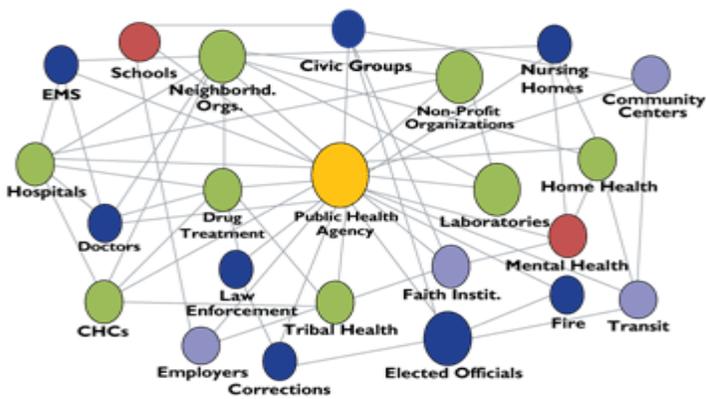
For more information on The Public Health System and the 10 Essential Public Health Services:

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

### The Public Health System and the 10 Essential Public Health Services

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

#### The Public Health System



Source: Centers for Disease Control

### The 10 Essential Public Health Services

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

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

<sup>1,2</sup> Centers for Disease Control

# COMMUNITY HEALTH IMPROVEMENT PLAN

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

### Working together...

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

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

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

#### Assessment Findings

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

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

#### Action Items

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

#### Sources

*Center for Disease Control, National Public Health Performance Standards*



# COMMUNITY HEALTH IMPROVEMENT PLAN

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



### COMMUNITY THEMES & STRENGTHS

#### ASSEST-BASED PLANNING

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

#### Method:

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

Key observations in the Community Themes and Strengths report include:

#### Assets:

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

#### Under-utilized assets:

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

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

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

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Chisago County Community Health Assessment-Part 3 Community Health Status



### COMMUNITY HEALTH STATUS ASSESSMENT

#### DATA, INDICATORS & BENCHMARKS

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

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

#### Method:

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

Data presented to the committee included:

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

#### Findings:

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

#### Lessons learned:

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

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Chisago County Community Health Assessment-Part 4 Forces of Change



### FORCES OF CHANGE ASSESSMENT

#### TRENDS, FACTORS, EVENTS

What forces of change influence the health of our community?

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

#### Methods:

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

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

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

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

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

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

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

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

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

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

*-Quote from a community assessment participant*



# COMMUNITY HEALTH IMPROVEMENT PLAN

## Chisago County Community Health Priorities

### Prioritization Process

#### Method:

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

The following preliminary list of priorities was presented to Chisago County Public Health leadership. The Community Health Administrator and Public Health Supervisor considered capacity and role of the public health division before determining the working limit for the public health division. The working size of prioritization list was defined to the top four ranking community health priorities. The working prioritization list for the Chisago County Public Health Division for 2015-2020 is the top four ranking community health priorities as listed in order below.

#### Results:

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

#### Action Planning:

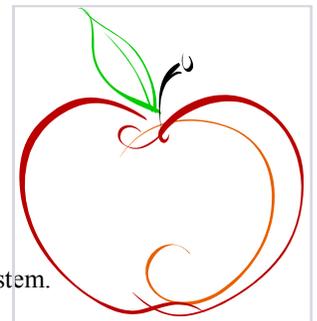
Chisago County Public Health is working collaboratively to strategize functional action planning and performance measurements within the local public health system. As the local public health system implements community health initiatives throughout 2015-2020 planning cycle action plans will be modified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

#### Challenges and Gaps of the 2014 community health assessment process:

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

#### Successes of the 2014 community health assessment process

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





# COMMUNITY HEALTH IMPROVEMENT PLAN

## Chisago County Community Health Priorities-Social Determinants of Health

### WELLBEING

Health

Chronic Disease Management

Environmental Justice Pay Equity

Education Nutrition

Healthcare

Ethnicity

POVERTY & housing  
Criminal Justice

Employment



### PRIORITY 1

#### SOCIAL DETERMINANTS OF HEALTH

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

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

#### Priority

### Social Determinants of Health

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

#### Indicators

Over 65% of respondents perceived unemployment as a moderate or serious problem in our community.

Just over 75% perceived families experiencing financial stress as a moderate to severe problem.

Almost 65% of the respondents perceived inadequate or poor parenting skills as a problem in our community.

Unmet needs developed by Chisago County Local Advisory Board that support SDOH findings include:

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

#### Action Plan

1. Support regional community building efforts
  - Chisago Lakes Future Walk
  - Rush City-Thriving Communities
2. Support of Blandin Community Broadband grant
3. Increase collaboration with business community
4. Recognized in organizational strategic plan and supported through dedicated staff time
  - Health equity
  - Health in all policies
  - Policy-systems-environment change
5. Work in partnership with regional early childhood home visiting programs to address adverse childhood experiences
  - Early Childhood & Family Education (MDE)
  - Head Start (federal program)
  - Maternal & Child Health Block Grant (Title V)
  - Metro Alliance for Healthy Families (MAHF)

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

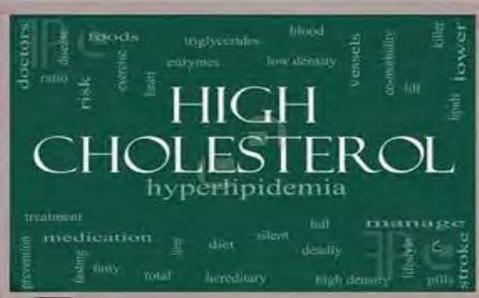
<sup>2</sup> 2014 Adult Mental Health Community Support Program (CSP) Grant Plan-Chisago County, Section E: Unmet Needs

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Chisago County Community Health Priorities-Nutrition & Weight Status



**NUTRITION**  
VECTORILLUSTRATION



## PRIORITY 2

### NUTRITION & WEIGHT STATUS

This is a good place to briefly, but effectively, describe your product or services.

This is a good place to briefly, but effectively, describe your product or services.

### Priority

## Nutrition and Weight Status

### Indicators

- Over 70% of Chisago County residents survey perceived obesity as a moderate or serious problem in our community.
- Almost 80% of Chisago County residents perceived unhealthy eating habits as a moderate or serious problem in our community.
- 64% of all respondents reported to eat 3 or more servings of vegetables & fruits every day.
- 68% respondents reported engaging in at least 30 minutes of moderate physical activity three days a week-with approximately 30% of that population engaging in at least 30 minutes of moderate physical activity five days a week.
- When asked how many 1/2 cup servings of vegetables eaten in the past day just 5% reported five or more 1/2 cup servings-the minimum recommended daily intake.

(Central Minnesota Community Health Survey, 2014)

### Action Plan

- Participation in Statewide Health Improvement Program strategies
- Women-Infant-Children (WIC) program participant-centered services focus on nutritional education.
- Increase collaboration with local hospitals and clinics and WIC to fully utilize in house International Board Certified Lactation Consultants.
- Additional actions to be identified as community health priority collaborations within the local public health system build.

*An ounce of prevention is worth a pound of cure.*

*-Benjamin Franklin*

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Chisago County Community Health Priorities-Health Care Affordability & Access




**PRIORITY 3**

**HEALTHCARE AFFORDABILITY & ACCESS**

This is a good place to briefly, but effectively, describe your product or services.

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### Priority Health Care Affordability and Access Indicators

- MAPP committee subject expert interviews
- 2015 SHIP Survey

### Action Plan

- Increase percentage of eligible women receiving adequate preconception & prenatal care through the Women, Children & Infants (WIC) program.
- Collaborate with local hospitals and clinics to increase percentage of eligible women receiving services through the Maternal Child Health, WIC and Child and Teen Check-up programs.
- with regional healthcare to better identify how higher out of pocket medical expenses (co-pays, high deductible, and health insurance premiums) are impacting health outcomes.
- Additional actions to be identified as community health priority collaborations within the local public health system build.

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Chisago County Community Health Priorities-Mental Health






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### PRIORITY 4

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#### MENTAL HEALTH

This is a good place to briefly, but effectively, describe your product or services.

This is a good place to briefly, but effectively, describe your product or services.

### Priority Mental Health

#### Indicators

- Over 50% of Chisago County residents perceived Mental Health as a moderate or serious problem in our community. Source: 2014 Community Health Survey
- Indicator to be determined-Source: 2015 Region 7E Mental Health Assessment (IMPROVE Group survey)
- Incarcerated persons with unmanaged mental health issues. Source: Subject Expert interviews with local law enforcement.

#### Action Plan

- Increase number of clients that access professional mental health services when identified as high risk.
- Exploring data analysis possibilities for performance measurement
  - ◊ Home visiting staff educating about non-pharmaceutical mental health interventions to promote client well-being.
- Additional actions to be identified as community health priority collaborations within the local public health system build.

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Linkages to Federal, State and Regional Community Health Initiatives

### Linkages to Federal & State Health Improvement Plans

#### Federal linkages by topic:

Social Determinants of Health

[Federal Healthy People 2020](#)

Nutrition & Weight Status

[Federal Healthy People 2020](#)

Healthcare Access and Affordability

[Federal Healthy People 2020](#)

Mental Health

[Federal Healthy People 2020](#)

[Federal Healthy People 2020](#)

#### State linkages:

[Healthy Minnesota Partnership](#)

[Minnesota Statewide Health Assessment](#)

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

#### Regional Community Health Needs Assessments Linkages:

**Fairview Lakes Medical Center-Community Health Needs Assessment**

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

**St. Croix Regional Medical Center-Community Health Needs Assessment**

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

**Allina-Cambridge Medical Center**

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

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Chisago County Community Health Improvement-Get Involved!

### COMMUNITY HEALTH ENGAGEMENT OPPORTUNITIES

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

<http://partnersinhealthyliving.us/>

#### Chisago County Local Public Health Assessment and Planning-MAPP Committee

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

#### Fairview Lakes Medical Center

Contact:

#### Allina-Cambridge Medical Center

Contact: Nicki Klanderud, Manager, Community Engagement 763.688.7913 email: [nicole.klanderud@allina.com](mailto:nicole.klanderud@allina.com)

#### St Croix Regional Medical Center

Contact:

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

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

#### Rush City Thriving Communities Initiative

Contact: Amy Mell, City Administrator 320.358.4743



# COMMUNITY HEALTH IMPROVEMENT PLAN

## Chisago County CHIP-Membership and Endorsements

- Angie M Kemen, Human Services-Chisago County
- Dean Mason, managed care plan-Medica
- Dave Ertl, education-Chisago Lakes School District
- Glenn Pierce, citizen-Chisago County
- Deborah Meissner, education-Rush City School District
- Joe Thimm, education-Chisago Lakes School District
- Jody Anderson, citizen-Chisago County
- Lezlie Sauter, nonprofit-Lakes and Pines
- Kathy Bystrom, healthcare-Fairview Lakes
- Nicole Klanderud, healthcare-Allina Cambridge
- Kristine Nelson-Fuge, Chisago County Assistant Attorney
- Ruthie Koelsch, local public health-Chisago County
- Laurie Warner, citizen-Chisago County
- Deb Schuhmacher, local public health-Chisago County
- Randy Koivisto, citizen-Chisago County
- Tracy Armistead, law enforcement-Chisago County
- Kim Gibbons, education-St. Croix River Education District
- Susan Taylor, nonprofit-Family Pathways
- Tom Koplitz, non-profit Community Partnership for Youth and Families
- Charles P Yeager, Chisago County Public Health Commission

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

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

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

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

# COMMUNITY HEALTH IMPROVEMENT PLAN

## Chisago County CHIP-References

### Data sources

Healthy People 2020

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

Healthy Minnesota 2020

The Health of Minnesota: Figures

[http://www.health.state.mn.us/healthymnpartnership/sha/docs/1212healthofminnesota\\_figs.pdf](http://www.health.state.mn.us/healthymnpartnership/sha/docs/1212healthofminnesota_figs.pdf)

US Census Bureau, 2008-2012 American Community Survey

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

2012 Uniform Crime Report

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

Minnesota Department of Health-Office of Vital Records

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

2014 Central Minnesota Adult Health Survey-Chisago County

### References

World Health Organization. What are social determinants of health? Webpage. Retrieved 12/2/2014, from [http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)

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

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

*Lois DeGonda, Chisago City*



*Diane Patras, North Branch*



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

