

Countryside Public Health

Countryside Community Health Improvement Plan

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Countryside Community Health Improvement Plan

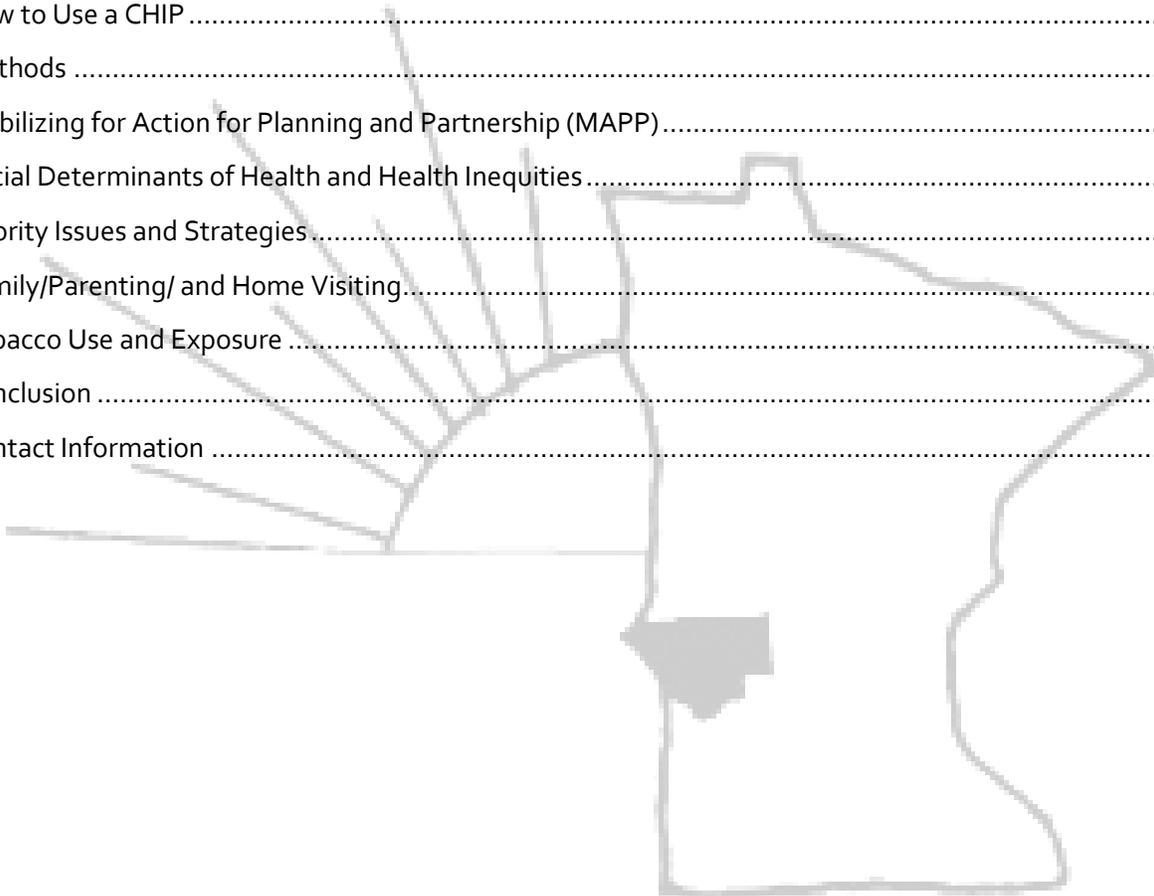
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Countryside Community Health Improvement Plan

Table of Contents

Executive Summary	3
Mission Statement.....	3
Vision Elements	3
Introduction	4
What is a Community Health Improvement Plan (CHIP)	4
How to Use a CHIP	4
Methods	5
Mobilizing for Action for Planning and Partnership (MAPP).....	5
Social Determinants of Health and Health Inequities	6
Priority Issues and Strategies.....	7
Family/Parenting/ and Home Visiting.....	7
Tobacco Use and Exposure	10
Conclusion	12
Contact Information	12



Countryside Community Health Improvement Plan

Executive Summary

The Local Public Health Act was created in 1976. In creating the Local Public Health Act, Minnesota community health boards are required to bring community partners to together to study the issues and improve the population's health. Countryside Public Health is creating and partnering with the community on a Community Health Improvement Plan (CHIP). The focus of the CHIP is to enlighten and engage partners and stakeholders on the identified priority health issues over the next three to five years. The CHIP is based upon the results of a community health assessment that has been completed in the last year. The community health assessment was done in partnership with our nine area hospitals as well. This plan is intended to be a call to action and a guide for community stakeholders to improve the health in the Countryside Public Health service area. The identified areas are:

- ✚ Family, Parenting, and Home Visiting
- ✚ Tobacco Use and Exposure

It is critical as this process moves forward to continue work with community partners on the two priority areas. We will identify goals, measureable objectives and strategies. The team formed will be committed to implementation, evaluation, and reporting to the community and stakeholders.

THE MISSION OF COUNTRYSIDE PUBLIC HEALTH IS TO FACILITATE A SAFE AND HEALTHY FUTURE FOR THE RESIDENTS OF BIG STONE, CHIPPEWA, LAC QUI PARLE, SWIFT, AND YELLOW MEDICINE COUNTIES.

THESE VISION ELEMENTS WERE CREATED DURING A 2012 TWO DAY STRATEGIC PLANNING SESSION CONDUCTED BY THE MINNESOTA DEPARTMENT OF HEALTH REGIONAL NURSE CONSULTANTS.

VISION ELEMENTS:

- RELIABLE COMMUNITY RESOURCE
- EFFECTIVE COLLABORATION
- MAINTAIN DEDICATED, COMPETENT VERSATILE STAFF/BOARD
- PUBLIC UNDERSTANDING
- PROGRAM QUALITY IMPROVEMENT
- IMPROVED COMMUNITY HEALTH OUTCOMES

Countryside Community Health Improvement Plan

Introduction

WHAT IS A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)?

A *community health improvement plan* (CHIP) describes long-term collaborative engagement to address public health issues through the use of the community health assessment. This CHIP created by Countryside Public Health and their community partners will be the guide to work together to improve the health and betterment in our five county service area.

Developing and implementing a CHIP is good public health practice. With the future of local public health departments being accredited nationally, it only makes sense to work with the community to create better health. In Minnesota, community health improvement plans are developed for the geographic regions covered by *community health boards* (CHB's). By law, every Minnesota CHB must submit a CHIP to the Minnesota Department of Health every five years. Countryside Public Health's CHB covers the geographic area of Big Stone, Chippewa, Lac qui Parle, Swift, and Yellow Medicine counties.

Each local health department takes responsibility for protecting and promoting the health of the population; however, it cannot be done alone. The CHIP is a tool to maintain the partnerships, understand our provider's roles, and share the responsibility for the overall health of the population.

HOW TO USE A CHIP

A CHIP is a document to provide guidance to Countryside Public Health, its partners, and its stakeholders; on improving the health and betterment of our five county service area. This plan provides the framework to create a work plan to set priorities, coordinate resources, empower providers, and move the needle forward in our identified priorities. This plan serves as the basis for taking collective action and can facilitate improved collaboration (National Public Health Accreditation Board, 2014).

HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENTS

The Patient Protection and *Affordable Care Act* (ACA) Section 501(r)(3) requires non-profit hospitals to 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, including those with special knowledge or expertise in public health (National Association of County and City Health Officials, 2012).

Countryside Community Health Improvement Plan

METHODS

In the Countryside Public Health service area, there are nine hospitals that public health collaborated with on their CHNA. Each hospital chose priority areas in collaboration with Countryside Public Health. The most prominent issues that continued to bubble to the surface at all nine hospitals were:

- a) **Chronic disease: diabetes, heart disease, tobacco use and cancer**
- b) **Mental health and access to mental health services**
- c) **Substance abuse and prescription drug use**
- d) **Obesity and unhealthy eating**
- e) **High deductible health insurance plans in rural areas**

Dependent upon the involvement with each of the nine hospitals, different methods were used by each hospital to determine their priority areas. A few of the methods Countryside Public Health used in partnership with the hospitals and community stakeholders were *strengths, weaknesses, opportunities, and threats* (SWOT), Six Sigma, and *plan-do-check-act* (PDCA). This collaboration with the hospitals and community partners only strengthens the foundation of public health.

After attending and working with the nine hospitals and community partners, data was obtained from the community health assessment and Countryside Public Health was able to identify the 10 community health issues for the next five years. They are:

- 1) **Obesity and Chronic Health**
- 2) **Physical Activity and Tobacco**
- 3) **Mental Health and Access**
- 4) **Family/Parenting/ and Home Visiting**
- 5) **Unintended Injuries**
- 6) **Immunization/STI's/TB**
- 7) **Lead**
- 8) **Food Safety**
- 9) **Oral Health**
- 10) **Housing/Income/Poverty**

The Countryside Public Health CHIP was created over a period of January 2014 to August 2014. This document formalizes the process Countryside Public Health has been working on for two years. Countryside Public Health has spent the last two years using the SWOT process to change the area of Maternal Child Health (MCH) and the Women, Infants & Children (WIC) program. The need to further assess family/ parenting/ and home visiting continues to be an overarching goal at Countryside Public Health for the next five years.

An action team will be formed with community partners to identify goals, measurable objectives, and strategies for the identified priority areas.

Countryside Community Health Improvement Plan

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP)

Countryside Public Health and the action team will use the *mobilizing for action through planning and partnership* (MAPP) to guide us in our 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 a public health agency. The MAPP frameworks include these phases:

- ❖ **Formulate Goals and Strategies.** Goals answer the question, “what do we want to achieve by addressing this strategic issue?” Strategies answer the questions, “how do we want to achieve it?” and “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 an action plan (National Association of County and City Health Officials, 2008).

The next step for 2015 is moving forward with the action team to begin the MAPP process.

SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUITIES

Countryside Public Health will use these guiding principles when the action team meets to work on our CHIP. The principles are:

- 1) **Social-ecological model: focusing on community and social factors to effect change over time**
- 2) **Underlying forces: focusing upstream**
- 3) **Actively engage: shared participation and input from all will make greatest impact**
- 4) **Health equity**
- 5) **Policy, systems and environmental changes**
- 6) **Evidence-based: programs and initiatives with a strong evidence base**
- 7) **Promising practices: programs and initiatives considered promising**

It is important to recognize many factors affect health, and there is a dynamic relationship between people and their living environment. Where and how we live, work, play and learn are all connected together and necessary to be considered when assessing a community’s health. 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).

It is also very important to understand 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 a higher rate of diabetes due to their way of life). Because a health inequity has social causes, it is possible to make change.

Policy, systems, and environmental (PSE) changes are different than creating a “program” for a public health agency to implement. There has been recently 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). Countryside Public Health’s action team will use our CHIP to move upstream to address gaps and implement systems to better the environment where we live, work, learn, and play.

Countryside Community Health Improvement Plan

Priority 1: Family, Parenting, and Home Visiting

Strategic Issue: How does Countryside Public Health assess and assure access to healthy parenting resources and education for families?

Background

Countryside Public Health has a long history of working in the family health area. Countryside Public Health has been committed to working in Maternal Child Health (MCH), *Temporary Assistance to Needy Families* (TANF), Universal Contact, and the Follow-Along Program. In the last four years, internally Countryside Public Health has been restructuring the way our agency provides services to families. In the last year, during the community health assessment process, it became evident gaps existed in the areas of family, parenting, and home visiting. The data clearly stated our five counties have a higher rate of child maltreatment and out of home placement than the state of Minnesota. The child maltreatment rate for Countryside Public Health is 22 per 1,000 children. The Minnesota rate is 17.7 per 1,000 children. Out of home placement in the Countryside Public Health counties are 9.5 per 1,000 children. The Minnesota rate of out of home placement is 8.9 per 1,000. Furthermore, 24.6% of children under the age of 18 are living in single parent headed households. Chippewa County has 32% single parent households. Single parents have higher rates of violence in the home, lower graduation rates, and higher rates of poverty. It was very eye-opening to review the data and realize more analysis and work needs to be done. It is a high priority to bring the CHIP action team together to continue the assessment of data. The CHIP action team in the next two years will strive to make gains in the area of family, parenting, and home visiting. By using the core functions of public health:

- a) **assessment;**
- b) **policy development; and**
- c) **assurance**

This action team should move the needle forward in this priority area.

EXISTING COMMUNITY ASSETS AND RESOURCES:

[SCHOOLS](#)
[EARLY CHILD FAMILY EDUCATION](#)
[PRAIRIE 5](#)
[FAMILY SERVICE AGENCIES](#)
[SMOC FAMILY PLANNING](#)
[MORRIS AREA FAMILY SERVICES](#)
[HEAD START PROGRAMS](#)
[EARLY HEAD START HOME VISITING PROGRAM](#)
[SUPPORTING HANDS NURSE FAMILY PARTNERSHIP](#)
[INCREDIBLE YEARS PARENTING CLASSES](#)
[HELP ME GROW COMMITTEES](#)
[CHILDREN MENTAL HEALTH COLLABORATIVE](#)
[MICRONESIAN WOMEN'S GROUP](#)
[TANF GROUP IN EACH COUNTY](#)

Countryside Community Health Improvement Plan

Goal: All providers, partners, and families in the Countryside Public Health service area will have an increased awareness and access to healthy parenting resources, home visiting, and education.

Objective 1: By December 31, 2015, the action team will assess the types of parenting and home visiting programs in our Countryside service area and increase the partnership and referral of families in need of parenting and home visiting.

Outcome Indicators:

- The number of community partnership who provides concrete support and makes referrals to
- A resource library among the five counties for families to access based on the identified need presented
- Increased provider, family, and community awareness with access to healthy parenting resources and education
- Number of families served by Supporting Hands Nurse Family Partnership
- Number of families served by Early Head Start parenting program
- Number of families served by The Incredible Years parenting curriculum

Action:

The Countryside team will set up a meeting with existing partners and seek our new partners and survey resources in the area of home visiting and healthy parenting programs. This survey will help to identify gaps, as well, in areas of family home visiting and health parenting programs.

Anticipated Product or Result:

The result of this meeting and survey will create the framework for a resource library for providers and families to access in need of services.

The survey will also flush out the gaps existing in our five county service area which leads to a roadmap for the future planning.

Countryside Community Health Improvement Plan

Goal: All providers, partners, and families in the Countryside Public Health service area will have an increased awareness and access to healthy parenting resources, home visiting, and education.

Objective 2: By December 31, 2018, improve connectedness and continuity among the partner organizations who participated in this CHIP action planning process.

Outcome Indicators:

- A sustaining group dedicated to the betterment of families and resources available for family home visiting and family parenting programs.
- Increased parenting providers collaborating among each other with active referrals happening.

Action:

Organizations will meet on an ongoing basis one to four times a year with Countryside Public Health facilitating the meetings.

Anticipated Product or Results:

The anticipated product would be an actively engaged, dedicated group of professionals meeting on a regular basis to empower families to receive appropriate services.

Minutes will be kept of each meeting.

Priority 2: Tobacco Use and Exposure

Strategic Issue: How do we prevent and reduce tobacco use, as well as second hand smoke exposure?

Background

Countryside Public Health has been dedicated to population based prevention work in the area of tobacco use and exposure since the late 1990's. In 1998, Countryside Public Health developed tobacco ordinance language in each of the five counties. Tobacco compliance checks have been done annually since then. Countryside Public Health employed a health educator in 2001 when youth risk behavior dollars were granted to local community health boards. Tobacco education classes were done in the schools in our five counties. When the funding was eliminated, Countryside Public Health did not have the capacity to continue the level of tobacco work in our counties. The tobacco compliance checks continued but the work in schools was eliminated due to capacity and funding. Countryside Public Health was able to update the Big Stone County tobacco ordinance in 2011, but not the other four counties. The Statewide Health Improvement Program (SHIP) opened the door to begin efforts to broaden our scope of work with tobacco use and exposure. Countryside Public Health formed a *community leadership team* (CLT) to begin to lay out the intervention and strategies to navigate with our community partners. These interventions would be guided in policy, systems, and environmental changes. The data clearly stated the need to address tobacco use. The 2010 Minnesota student survey concluded that 21.4% of 12th graders had smoked in the last 30 days. For 9th graders, 9.8% had smoked in the last 30 days. This data was higher than the state average. The Minnesota average for 12th graders smoking in the last 30 days was 20.2% and for 9th graders it was 9.2%. Mothers who were smoking during pregnancy in our five counties were 20.1% and the state average was 14.2%. Countryside Public Health looks forward to partnering with the CLT to make policy, system, and environmental changes in tobacco use and exposure.

EXISTING COMMUNITY ASSETS AND RESOURCES

[AMERICAN LUNG ASSOCIATION](#)

[SHIP CLT TEAMS](#)

[COUNTRYSIDE PUBLIC HEALTH](#)

[SOUTHERN PRAIRIE COMMUNITY CARE](#)

Countryside Community Health Improvement Plan

Goal: Reducing tobacco use and exposure of the Countryside Public Health five counties being served.

Objective 1: The action team which comprises the CLT will continue to convene community stakeholders to create policy, systems, and environmental changes in the five counties regarding tobacco use and exposure over the next two years (2015-2017).

Outcome Indicators:

- Move from two counties having tobacco free grounds to all five counties of Countryside Public Health
- Current tobacco ordinances in each of the five counties that currently exist from the 1990's in each of the five counties of Countryside Public Health
- Clean Indoor Act to include e-cigarettes in each of our five counties
- Tobacco compliance checks completed annually and provide retail education to establishments that sell tobacco
- Multi-unit housing will be smoke free in our five counties

Action:

The Countryside Public Health SHIP Coordinator will continue to facilitate the CLT to lead the charge for outcome indicators identified above. The action team will engage these activities by creating a work plan for the next two years to move forward with policy, system, and environmental changes.

Anticipated Product or Results:

- ✓ Five counties will have tobacco free grounds
- ✓ Tobacco ordinance language will be updated and current in all five counties
- ✓ Clean Indoor Act will pass in each of the five counties

Countryside Community Health Improvement Plan

Conclusion

Countryside Public Health is excited for the next few years. The two priority areas selected for population will make lasting change to the citizens in our five county service area. The Countryside Public Health Community Health Board supports the work of public health and supports facilitating a healthier community for all.

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