



# HORIZON

## Public Health

DOUGLAS \* GRANT \* POPE \* STEVENS \* TRAVERSE



**2015 – 2019**

## **Community Health Improvement Plan**



Approved by Horizon Community Health Board: March 9, 2015

## An Invitation to the Community

Health is affected by a multitude of factors including physical and social environments. All of us at Horizon Public Health envision communities in which all residents of Douglas, Grant, Pope, Stevens and Traverse Counties, from birth to end of life, have an opportunity to achieve their optimal health and well-being. The Centers for Disease Control defines a healthy community as “a community that is continuously creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.”

This Horizon Public Health Community Health Improvement Plan is the result of a community assessment process which brought together a broad representation of residents from throughout our 5-county area. This plan is meant to be used as a guide in improving the health of everyone that resides within these 5 counties. While it does not represent all of the health improvement efforts being initiated and implemented by Horizon Public Health and its partners, it does address how community partners have pledged to work together to collectively impact the health status of our community.

This plan outlines goals and strategies in 4 identified focus areas to guide us as we strive to attain a “healthy community”. But the plan will have no impact on our community unless it is embraced and acted upon collectively by community partners and residents. Community change and health improvements require dedication and commitment from all stakeholders. In order to meet the health goals for our community, action will be required by all citizens, businesses, government, and community sectors.

I invite all of you to participate in some capacity to address the focus areas within the plan so that we can improve the health of each individual, their family and ultimately the health of the community in which they reside.

Thank you for the community input that assisted us in developing this plan. And thank you in advance to all of you for your contributions as we move forward with the implementation of this community health improvement plan. Together we can create a healthier community for ourselves, our children, and future generations.

Sincerely,

Sandra L. Tubbs, Public Health Administrator  
Horizon Public Health

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# ***HORIZON PUBLIC HEALTH***

## Our Mission

***The Mission of Horizon Public Health is to enhance the health and the well-being of all who live, learn, work and play in the five county Horizon community.***

## Our Vision

- *Innovative Programs & Services:* Horizon Public Health is committed to excellence in the programs and services that support the health and well-being of community members from pre-conception to end of life.
- *Fully Integrated Public Health Department:* Horizon Public Health will meet the needs of the geographic area through a seamless provision of services and respect for cultural diversity. Cohesive working relationships across and within program areas will foster an atmosphere of unity.
- *Committed to Collaboration:* Horizon Public Health is a visible and valued collaborative community partner that fosters an environment that supports collaborative efforts.
- *Foundational Capabilities:* Horizon Public Health is a strong, progressive public health department supported by visionary leadership, grounded in the principles and core essential services of public health and committed to evidence-based practices.
- *Financial stability:* Horizon Public Health will strive to ensure financial stability and growth by exploring new and strengthening current revenue sources and maximizing program and personnel efficiencies.
- *Robust human resources to support public health work:* Horizon Public Health will assure an innovative and competent public health workforce with strong leadership, educated staff, and adequate resources that result in public health professionals dedicated to serving the community.

## Our Values

- Teamwork – We respect, support and value our co-workers and the knowledge that each individual brings to the organization.
- Dependability, trust, integrity – We serve the best interests of the public by adhering to the highest standards of truth, fairness and established codes of conduct.
- Respect – We value the diversity and uniqueness of every individual and continually strive to ensure equal treatment and opportunity for all. We earn and preserve trust through our behavior and the quality of our work.
- Collaboration – We develop positive relationships within and external to our organization. Our partnerships are critical for exchanging information, planning strategies, sharing resources and ultimately, achieving our shared goals
- Purposefulness – We believe in and continually support the mission and vision of our organization in the individual and collective work we do. We aspire to the provision of evidence-based programs and services that result in efficient and effective practices and outcomes.
- Community service – We acknowledge and respect our roles as public servants. Understanding, addressing and striving to meet the needs of the communities in which we work is a top priority.
- Creativity, innovation, responsiveness – We are in a continuous search for improved and more efficient and effective processes. New ideas that seek to improve effectiveness and efficiency are welcomed.
- Commitment to excellence – Horizon Public Health will strive to achieve organizational excellence, both to ensure the quality of services provided and to create a workplace that fosters well-trained, creative and motivated staff.

## A Snapshot of the People and the Place

### Background Information:

Horizon Public Health is organized as a multi-county community health board in accordance with MN Statute 145A and is governed as a joint powers entity under MN Statute 471.59. Horizon serves the counties of Douglas, Grant, Pope, Stevens and Traverse in West Central Minnesota. These five counties have a rich history of working together traversing many years. The relationship of these counties was formalized in 2011 with the formation of the Horizon Community Health Board as a partnership of 3 governmental organizations that included Douglas County, Pope County and Stevens Traverse Grant Joint Powers Board, each with a separate Public Health department. During 2013 and 2014 the Horizon CHB engaged in a thoughtful planned process to explore the feasibility and benefits of integrating these three public health departments into a single five county public health department. Subsequently, Horizon Public Health was established as an integrated five county public health department and began operations January 1, 2015.

The Horizon Community Health Board governs this 5-county Public Health Department. Comprised of 13 members, including 11 elected officials and 2 community representatives, this board meets monthly to provide oversight and direction on the policies, financial management, and daily operations of Horizon Public Health. Approximately 90 professional and paraprofessional staff, including public health nurses, registered sanitarians, dietitians, social workers, health educators, and support staff assure that core public health services and programs are delivered to the residents and communities which they serve.

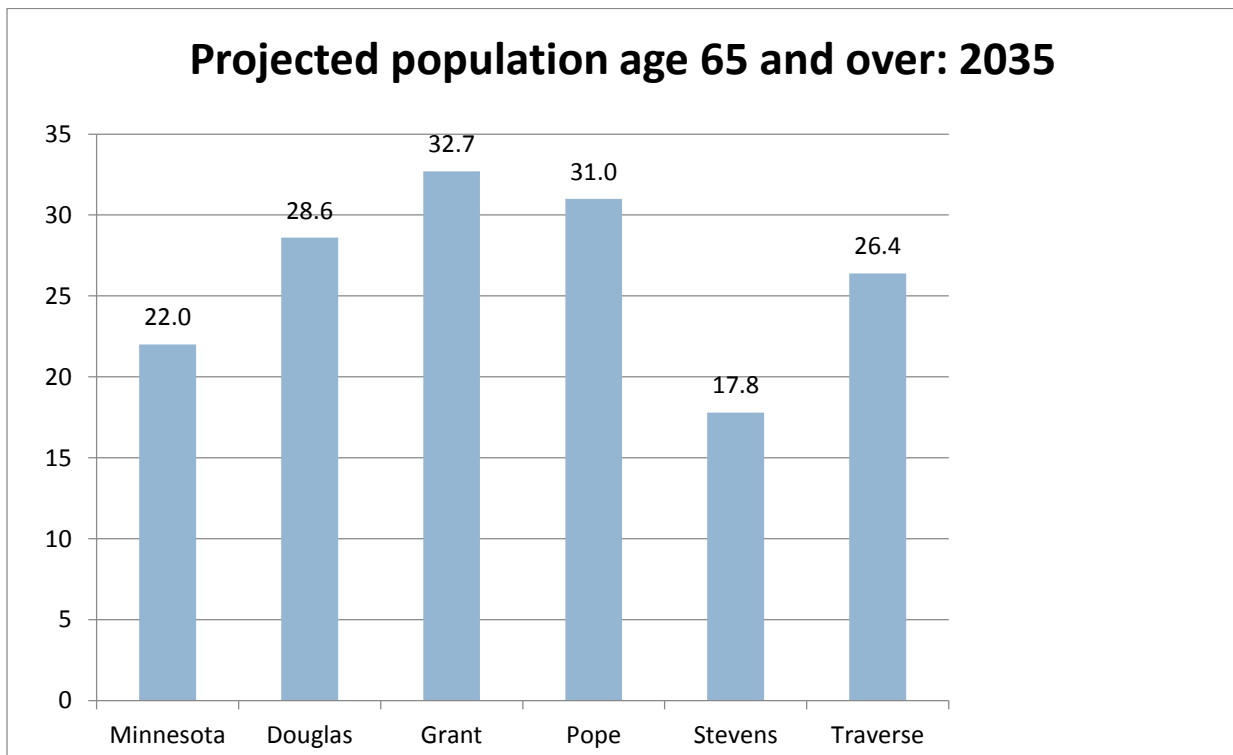
Located in West Central Minnesota these five counties, Douglas, Grant, Pope, Stevens and Traverse, collectively encompass 2,987 square miles. The eastern border of the region is approximately 120 miles northwest of Minneapolis and the western most county, Traverse, borders South Dakota. The area is largely agricultural and recreational; rich in natural resources and beauty. Rolling hills, prairie, lakes and wildlife provide the landscape for the 66,646<sup>1</sup> residents of the area. The counties vary greatly in population and lay claim to the least populated county in the State of Minnesota, Traverse County.

	Douglas	Grant	Pope	Stevens	Traverse
Population	36,545	5,989	10,932	9,735	3,445
Population per square mile	57.6	11	16.4	17.3	6

The population of the Horizon counties is primarily white, non-Hispanic with this classification ranging from 90% in Stevens County to 97.3% in Pope County. The racial diversity in Stevens County is likely attributed to the fact that the University of Minnesota, Morris is located within Stevens County and many students are considered into its population census. Additionally, over the past few years there has been an increase in the Hispanic population in Stevens County with

the expanded employment opportunities at the large hog and dairy operations in the county. Hispanic or Latino origin individuals comprise 4% of the Stevens County population. Also worthy of notation is that 4% of the residents of Traverse County are American Indian or Alaskan Native.

Age distribution of residents indicates that within each county, except Stevens County, there is a high percentage of 45 to 54 year olds and a low percentage of 35 to 44 year olds. In Stevens County, there is a large percentage of population aged 15 to 24 years; again related to the fact that the University of Minnesota, Morris is located within Stevens County and the students of the University are considered into the population counts.<sup>2</sup> Persons age 65 and over currently comprise 20.8% of the population compared to the State average of 13.6%. As demonstrated in the table below, the percentage of persons age 65 and older is projected to increase by 2035.



Poverty decreases opportunities in education, employment and living conditions. It can be a driving force behind obesity by forcing individuals and families to rely on cheap sources of food which tend to be high in calories and low in nutritional value. The percent of people of all ages in the Horizon region living at or below 200% of poverty is 28.5% compared with the State of Minnesota at 26.7%.<sup>3</sup> The estimated median income for residents ranges from \$49,618 to \$56,140 compared to the state average of \$60,664.<sup>1</sup> Locations of poverty within the region are detailed in the following table.

2013	Minnesota	Douglas	Grant	Pope	Stevens	Traverse
% all ages at or below 100% poverty	11.2	10.4	10.7	11.0	14.0	11.9
% under 18 at or below 100% poverty	14.0	13.0	16.4	13.5	11.4	18.3
% all ages at or below 200% poverty	26.7	27.5	32.6	27.3	30.0	30.8

Farming, manufacturing and tourism account for the primary source of income for most residents of this 5-county area. As such, average household income can vary significantly from year-to-year depending on weather conditions, economic vitality and the worldwide market.

Education is an important predictor of health as it both shapes and reflects multiple factors that affect people’s life chances. Trend data from 2003 to 2011 indicates a higher percentage of high school students within the Horizon region graduate on time in comparison to statewide percentages. This trend continued in 2012-2013 with Horizon graduation rates ranging from 79.0% in Douglas County to 97.4% in Grant County. The five counties average was 85.3% compared to the State average of 78.4%.

Access to health care may impact the overall health of a population. Access includes both availability of providers and economic access to services. The level of uninsured persons in the Horizon Public Health area mirrors state levels, averaging 11%<sup>4</sup>. The implementation of the Affordable Care Act may serve to decrease these percentages, however persons choosing high deductible policies may continue to feel they don’t have economic access. In Grant and Traverse counties, the ratio of population to primary care physician providers is 2 to 3 times higher than the other Horizon counties and the state.<sup>4</sup> Pope, Grant, and Traverse counties also have less access to dentists.<sup>4</sup> Early Childhood Dental Health initiatives and dental health efforts and services supported by PrimeWest Health, the County Based Purchasing Medical Assistance provider for the region, have served to enhance dental access for Horizon residents. Finally, Horizon residents have less access to mental health professionals, with the Pope County ratio being 1,815:1 versus the state ratio of 748:1.<sup>4</sup>

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<sup>1</sup> **Minnesota Department of Health, Center for Health Statistics.** Vital Statistics Trend Report July, 2013

<sup>2</sup> **Center for Small Towns.** Horizon Community Health Assessment 2013

<sup>3</sup> **Minnesota Department of Health.** Minnesota County Health Tables, 2013

<sup>4</sup> **University of Wisconsin Population Health Institute.** County Health Rankings and Roadmaps 2014

<sup>5</sup> **Minnesota Department of Health.** Advancing Health Equity in Minnesota, February 2014



## Health Inequities as a Result of Social Determinants of Health

Health is a state of complete physical, social, and mental well-being and not merely the absence of disease. Health is created through the interaction of community social, environmental and economic factors and individual behaviors and biology. Identification of health inequities is done by comparing differences in health status among population groups. While potential exists for comparing the health status of various populations by the many factors that contribute to health, the challenge is that neither the population group indicators nor social and economic indicators are consistently collected among the many datasets that also measure health status.<sup>5</sup> Horizon has not conducted its own population health survey. Information on health inequities is based on generalizing state and national information to the Horizon population. The following conditions, which may create health inequities in Horizon populations, have been identified:

- Income: Throughout the Horizon counties, the median household income is lower than the state averages. In some counties the difference is as much as \$10,000.
- Poverty: Throughout the Horizon counties, the percent of the population at or below 200% of poverty is higher than the state average.
- Low access to healthy foods, due to geographic access and income. Vulnerable populations include both children and adults 65 years of age and older. The Food Access Research Atlas indicates more than 99% of Grant County population and 80% of the Traverse County population are defined as low access. Stevens County is the only Horizon County which has no census tracts meeting the definition of low access.
- Access to mental health providers. Ratios of population to mental health providers are much higher in the Horizon counties than the state average.
- Race: Pockets of Native Americans (Traverse County) and Hispanics (Stevens County) heighten awareness of potential health inequities in these population.
- Children under 18 living in single parent headed households. Nearly 1 in 5 Horizon children live in a single parent headed households.

Community collaboration will be needed to address these issues in order to enhance the health and well-being of all who live, learn, work and play in the five county Horizon community.

## Development of the Community Health Improvement Plan

The Community Health Improvement Plan is a long-term, systematic effort to address public health problems on the basis of the results of the community health assessment activities and the community health improvement process. This Community Health Improvement Plan (CHIP) will provide guidance to Horizon Public Health, our community partners, and stakeholders on improving the health of the population within the 5 counties served by Horizon Public Health.

The Horizon Assessment and Planning process was formally initiated in 2012 and for the past 3 years, has been generally guided by the Mobilizing for Action through Planning and Partnerships (MAPP) Process. However, a significant amount of information, particularly as it contributed to the Forces of Change Assessment, was gathered prior to that, in 2010, as part of the decision-making process that resulted in the creation of the Horizon Community Health Board, an integration of 2 previously separate community health boards.

Beginning in the fall of 2012, the Center for Small Towns at the University of MN Morris was commissioned to gather and analyze the most current statistical information available on the community health status, the quality of life issues and the risk factors that posed challenges for the Horizon community and its residents. That assessment, which was patterned after Minnesota's Statewide Health Assessment, provided the basis for future community discussions that occurred over the next 18-month time frame through the spring of 2014. Prompted by the collaborative community assessment efforts of the area hospitals, together with the local public health department's commitment to community engagement, key community partners, stakeholders and community members from throughout the 5 counties provided essential community input to supplement the formal community assessment data and ultimately to determine the priority issues for consideration in the Horizon Public Health Community Health Improvement Plan.

## The Community Partners

Key community partners and stakeholders that participated in the process included:

- Hospital representatives - Douglas County Hospital, Alexandria  
Glacial Ridge Hospital, Glenwood  
Prairie Ridge Hospital, Elbow Lake  
Stevens Community Medical Center, Morris  
Sanford Hospital, Wheaton
- School Districts - Alexandria Area School District  
Brandon School District  
Minnewaska Area School District  
West Central Area School District  
Morris Area School District  
Chokio-Alberta School District  
Wheaton School District
- Family Service and Children's Mental Health Collaborative representatives from all 5 counties
- Law enforcement representatives from County Sheriff's offices and local police departments
- Clergy from various denominations throughout the 5 counties as well as Parish Nurses
- County Social Service Directors from all 5 counties

- Salvation Army, United Way, West Central Communities Action and other service organization representatives
- Child Care Provider Association representatives from the 5 counties
- Representatives from Skilled Nursing Facilities, Home Health Care Providers and other community service providers

## Community Engagement

Community engagement is essential to creating a Community Health Improvement Plan (CHIP) that is collectively owned and implemented by all of the community partners in order to assure that the goals, objectives and strategies are effective and achievable. While a formal Steering Committee was not identified, community input into both the assessment and planning processes was solicited through existing multi-organizational coalitions including the West Central Wellness SHIP Community Leadership Team, the local Early Childhood Initiatives, and the Family and Children’s Mental Health Collaboratives in all 5 counties. In addition, a series of World Café Community Conversations were conducted in June of 2013 along with key informant interviews and structured community planning processes that were co-facilitated with the area hospital representatives.

A number of recurring themes and issues emerged from this community engagement process, which included the following:

- Factors that prevent an individual from being healthy
  - Lack of adequate time; overscheduled
  - Stress of inadequate and unstable finances
  - Availability (or lack thereof) of fitness opportunities
  - Lack of, or unaffordable options for healthy food choices
  - Lack of family/social supports and mentors – Parents/friends do not set positive examples
- Assets that motivate an individual to choose healthy lifestyles
  - Individual/family characteristics such as sense of personal responsibility, self-esteem, values personal appearance, connections to others in the community
  - Stable finances, access to health and wellness services, education and knowledge
- Community assets that support an individual’s ability to choose a healthy lifestyle
  - Access to affordable fitness opportunities, both indoor and outdoor
  - Adequate and affordable housing
  - Access to healthy food options including farmers markets
  - Meaningful employment with livable wages
  - “Welcoming” environment that is open to all, regardless of whether you are “from here”

## Ten Community Health Areas of Greatest Community Concern

### 1. Obesity/overweight

Obesity is a serious national, statewide and local problem that affects all ages of our population. Achieving and maintaining a healthy weight is the key to prevention and management of serious chronic disease including hypertension, high total cholesterol, Type 2 diabetes, coronary heart disease, stroke, arthritis, and some cancers.

- The percent of overweight Minnesota adults remained relatively constant between 2000 and 2010. However, in the same time period, the prevalence of obesity climbed from 17% to 25%.
- In 2012, 26% of Minnesota adults were obese, 37% were overweight, and 63% were overweight or obese.
- Based on the responses to the 2013 Minnesota Student Survey,
  - The percentage of 11<sup>th</sup> grade students in the 5-county Horizon Public Health area who self-described themselves as overweight ranged from 13% to 30% with females describing themselves as overweight at nearly twice the rate of males
  - BMI estimates for those same students indicated that the percentage of 11<sup>th</sup> grade students that met the overweight or obese definition ranged from approximately 10% to more than 40% with the male rates consistently higher than the females, despite the fact that they less frequently described themselves as overweight.

### 2. Lack of adequate physical activity

Physical activity is a public health priority that impacts nearly every aspect of health. Lack of physical activity, combined with a poor diet, is the second leading cause of preventable death and disease and poses a huge economic burden on Horizon communities. Physical activity is associated with an increased risk of obesity, heart disease, stroke, diabetes, cancer, falls, arthritis, and depression.

- According to data obtained through the 2013 Behavioral Risk Factor Surveillance System (BRFSS), 52.7% of Minnesotans indicated that they participated in 150 minutes or more of aerobic physical activity per week while only 31.2% of Minnesotans stated that they participated in muscle strengthening exercise more than twice each week. Just 21.2% of Minnesotans participated in sufficient aerobic and muscle strengthening exercises to meet the national recommended guidelines.
- Minnesota Student Survey information from 2013 indicates that among 11<sup>th</sup> grade female students in the 5-county area, the percentage of females that admitted to being physically active for a total of at least 60 minutes for 1 or less days per week ranged from 20% to 33%. The percentage that admitted to being physically active for a total of at least 60 minutes per day for 6 or 7 days of the week ranged from 15% to 29%.

### 3. Unhealthy eating

Eating a balanced diet is one of the most important ways of improving overall health. Different nutrients have different roles so it is important to eat a wide range of food rich in fruits and vegetables. Poor eating habits that result in too many calories and not enough nutrients increase risk for chronic disease and disability.

- Information obtained from the Behavioral Risk Factor Surveillance System (BRFSS) reveals that in 2013, 38.2 % of Minnesotans admitted to consuming fruit less than once each day and 23.6% of Minnesotans indicated they consumed vegetables less than once each day.
- Results from the 2013 Minnesota Student Survey for the 5-county Horizon Public Health area indicate that the percentage of 11<sup>th</sup> grade males that ate fruit 3 or less times in a 7-day period ranged from 37% to 48%. For 11<sup>th</sup> grade females, the range of those eating fruit 3 or less times in a 7-day period ranged from 29% to 48%. Consuming vegetables 3 or less times in a 7-day period for those same students was equally dismal ranging from 34% to 51% for 11<sup>th</sup> grade males and 20% to 35% for 11<sup>th</sup> grade females.

### 4. Community impact of aging population on the health care delivery system

The five counties served by Horizon Public Health continue to experience an ever-increasing number of its residents age 65+ with those numbers projected to expand even more by 2035. Even now, this is clearly evident in the Elderly (age 65+) dependency ratio, where the number of elderly 65+ per 100 population in 2013 was 34.4%, compared with just 21.0% statewide. The total dependency ratio of those under 15 years of age combined with those 65+ years reached 63.2 per 100 population in 2013 compared with just 50.6 per 100 population statewide.

This shift in demographics will slow the work force growth and increase the demand for health care services as well as government and other support services. These sociological and economic influences indicate this area will continue to see strained health care delivery options and rising health care costs in the battle to treat and manage chronic diseases associated with aging. However, even though aging brings with it cumulative effects of chronic diseases, there are also prevention opportunities to improve or maintain health in this population.

### 5. Health impact of poor lifestyle choices (chronic disease)

CDC's National Centers for Chronic Disease prevention states that chronic diseases – such as heart disease, stroke, cancer, diabetes, asthma and arthritis – are among the most common and costly of all health problems in the US. Low income status, a predictor of poor lifestyle choices that lead to chronic diseases, is a significant influence in the Horizon counties, where the median household income in all 5 counties is consistently lower than the state of MN, in some cases by as much as \$10,000 annually. Likewise, these counties are aging faster than the rest of the state.

Four health risk behaviors – lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption – are responsible for the development of many of the

most prevalent chronic conditions. By one estimate, more than three-quarters of all deaths can be attributed to tobacco use, poor diet and physical inactivity. Preventing chronic diseases by modifying risk behaviors will ultimately help people live longer, healthier lives and keep health care costs down. Additional support can be provided by shaping policies, system changes and environments which make healthy choices the easy choices.

6. Inadequate access to services and stigma associated with poor mental health status  
Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors and affects how people cope with the everyday demands of life. Mental disorders are among the most common causes of disability. For children and adolescents, anxiety over school, peer pressure, cyber bullying, and intimidation via the Internet also contribute to mental health issues.

Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life. The 2013 County Health Rankings indicate that the average number of self-reported mentally unhealthy days in the past 30 days (age adjusted) ranged from 2.0 in Douglas County to 3.5 in Stevens County, compared with a statewide average of 2.6. The 2013 Minnesota Student Survey results indicate that the percentage of 11<sup>th</sup> grade female students in the 5-county area that had ever seriously considered attempting suicide ranged from 14% - 24% and the percentage that had actually attempted suicide ranged from 3% - 8% among 11<sup>th</sup> grade females. Across the lifespan, mental health challenges are taking their toll on Horizon residents.

Despite the magnitude of the problem, lack of access to services and the associated stigma further exacerbate the challenges. Participants in the 9-county Regional Mental Health Needs Assessment conducted in February 2014 described transportation, accessing assistance with eligibility and the cost of services as major barriers. Direct service providers cited lack of communication and coordination among "team" members as a barrier to effective mental health service delivery.

Stigma associated with mental illness has been detrimental in the attempt to both recognize and treat those who suffer from this disease. Stigma prevents those who need help from seeking the help they need. In a 2014 regional mental health needs assessment conducted by the Improve Group for 9 counties in West Central MN, 26% of participants cited the fear of being labeled (stigma) as a large barrier with another 36% indicating it was somewhat of a barrier.

7. Unstable, rapidly changing family structure with subsequent lack of strong family/social supports  
Repeatedly highlighted during the Community Conversations, the lack of both stable family structures and strong family/social supports are widely believed to be a significant contributing factors to many of the youth risk-taking behaviors and adult behaviors such as violence and alcohol consumption.

This is affirmed by the Minnesota Student Survey results from 2013 which indicate that the percentage of 11<sup>th</sup> grade students that live with both biological parents ranges from just over 50% in Pope County to an average closer to 75% in Douglas and Grant Counties. Despite this, approximately 70% to 80% of 11<sup>th</sup> graders feel that their parents care about them very much and anywhere from 40% to 60% feel that other adults care about them very much. Yet when asked about friends that care about them very much, that percentage dropped significantly and ranged from a low of 18% to a high of 68% with male responses being consistently and significantly lower than females.

8. Impact on physical and mental health associated with limited or inadequate financial resources

Lifestyle pressures and stress have been cited as public health issues affecting all residents, including children. Factors perceived as contributing to mental health issues include economic strain and isolation. Families in all stages of their lives are finding themselves in financially stressful situations due to a multitude of factors. Families living in poverty are among the most common but the “working poor” constitute another large segment of the population that experiences continual financial challenges. Some find themselves being financially strapped upon the unexpected notification of a layoff while others have simply created their own financial challenges by overextending their credit. Regardless of the causative factor, the outcome is the same. Families under financial strain experience more drug and alcohol use and abuse, domestic violence, and loss of family structure.

9. Unhealthy alcohol and other drug use

Alcohol is used by more people than tobacco or any other drug and has many negative health consequences including unintentional injury, violence, unintended pregnancy, sexually transmitted diseases, birth defects and chronic diseases including cancer and cardiovascular disease. An estimated 38 million people per year in the US drink too much which contributes to physical, mental and public health problems. Important indicators of high-risk alcohol use include binge drinking, heavy drinking and excessive drinking.

- In 2013, like previous years, binge drinking among adults in Minnesota significantly exceeded the national average at rate of 21.0 % compared to the national rate of 16.8 %, according to the Behavioral Risk Factor Surveillance System (BRFSS) results conducted nationwide. Heavy drinking, though not as significant, also exceeded the national average at 7.3 %, compared to 6.2 % nationwide.
- 2013 Minnesota Student Survey results also indicate that alcohol consumption is a relatively common occurrence among young adults in the Horizon Public Health area. When asked how many times they used alcohol, the percentage of 11<sup>th</sup> grade students that responded “never” ranged from only 40% in Pope County to 73% in Stevens County. Those admitting to weekly use of alcohol ranged from just 3% in one county to a high of 8% in two of the other counties.

## 10. Tobacco use and exposure to secondhand smoke

- Tobacco use, though continually declining, remains a significant public health concern. In 2013, according to the BRFSS results, 18.0 % of Minnesota adults are current smokers, compared to 19.0 % nationwide. Among 11<sup>th</sup> grade students in the 5-county Horizon Public Health area, those that state they have never used tobacco range from 68% to 90%. However, as many as 15% of 11<sup>th</sup> grade students admit to daily use of tobacco, confirming that adolescents continue to use tobacco despite all the warnings about the negative health consequences of tobacco use.
- ETS is a known human carcinogen (cancer causing agent). No level of exposure to ETS is safe. Exposure to ETS can cause heart disease and lung cancer in adults. According to the CDC and EPA, ETS is the third leading cause of lung cancer, after cigarette smoking and exposure to radon. ETS exposure is especially hazardous to children because their bodies are developing, yet nonsmokers aged three to 19 years of age are among the most exposed groups of nonsmokers in the U.S. ETS increases the risk for sudden infant death syndrome (SIDS), respiratory illness, middle-ear disease, and exacerbation (worsening) of asthma in children. For nonsmoking adults in the U.S., the major locations of ETS exposure are the home and the workplace. Children are most likely to be exposed in the home.
- The prevalence of smoking also decreases as household income levels increase. In 2012, 30% of adults who lived in a household with an annual income of less than \$25,000 were current smokers. In households with an income of \$75,000 or more, the prevalence of smoking was just 10%.

## The Prioritization Process

Having now identified the top ten community health issues of greatest community concern, the next step in the planning process was the identification of the priority issues to be included in the Horizon Public Health Community Health Improvement Plan (CHIP). While all of the issues identified during the assessment process were deemed to be critical to the long-term health of the entire community, the need for prioritization was acknowledged by the Horizon Public Health Management Team and our partners.

The application of tools from previous community health planning processes served as valuable guides to begin to sort through the issues and ultimately, determine those to be included in the CHIP. First of all, the team considered the relative “importance” of the public health issue using the following criteria:

- ✓ How much of the Horizon population is potentially at risk?
- ✓ How many Horizon residents are actually impacted by the issue?
- ✓ What are the potential consequences of not addressing the issue?
- ✓ What is the relative “severity” of the issue and what is the potential economic burden?
- ✓ How concerned is the public about this issue?
- ✓ Is there an identifiable prevention component to address the issue?



In addition to assessing each of the top ten issues using these criteria, the next step in prioritization included a more focused look at the feasibility of addressing the issue. During this discussion, team members and community partners were asked to consider:

- ✓ What is the gap between the resources needed and the resources available?
- ✓ Can sufficient funding be secured to effectively address the issue? Can the problem be addressed with current funding or will it require new funding?
- ✓ What is the level of community “readiness” to address the issue? Will the community support this?
- ✓ Are there sufficient resources, including adequate staffing with the necessary knowledge and skills, to be able to address the issue?

As a result of these considerations and discussion with a variety of community partners, four community health issues were ultimately identified for inclusion in the 2015-2019 Horizon Public Health Community Health Improvement Plan.

## Identification of the Priority Issues

In an effort to keep the Community Health Improvement Plan realistic and manageable, the priority issues to be included in the plan was deliberately limited to only 4 community health issues. This was in no way intended to minimize the significance and importance of the other issues identified during the assessment and community engagement process, but rather was simply an attempt to provide more focus and hopefully, more success in making a difference with these issues.

The four priority community health issues, in no particular order, include:

- Poor mental health status exacerbated by associated stigma and lack of adequate mental health services
- Unhealthy eating/poor nutrition
- Lack of adequate physical activity
- Tobacco use and exposure to secondhand smoke

Real, lasting community change stems from a critical and honest assessment of the current status of the issue, development of an aspirational framework that describes where we’d like to be, and a clear path that defines the steps necessary to get there and a means of measuring when we do. The following pages outline the goals, objectives, strategies, action steps, and community partners that will all contribute to a meaningful and positive impact on the Horizon community.

## Horizon Public Health

### *Horizon Public Health Improvement Process Implementation Plan*

Date Created: March 2, 2015

Date Reviewed/Updated:

**PRIORITY AREA:**

**Inadequate access to services and stigma associated with poor mental health status**

**GOAL:**

**Individuals with mental health problems have timely access to the health services necessary to meet their needs and can live full, productive lives within communities without fear of prejudice and discrimination.**

**PERFORMANCE MEASURES**

**How We Will Know We are Making a Difference**

Short Term Indicators	Source	Frequency
Number of families served annually by Public Health home visiting services	Public health data	
Number of community partners participating in Infant Mental Health and ACEs trainings.	Training participation records	
Number of anti-stigma campaign messages and materials disseminated and potential public reach	Media outreach logs	
Written commitment obtained from area medical clinics to participate in community clinical linkages initiative to improve mental health service delivery system	Written agreements with local clinics	
Establishment of Community Mental Health Coalition (Make it OK Coalition) with broad community partner representation	Meeting agendas and summaries	
Long Term Indicators	Source	Frequency
Families that received evidence based Public Health Nurse home visits demonstrate healthy child growth and development, increased resiliency and self-sufficiency, and reduced incidence of violence.	Long term follow up of public health clients	
Clients with mental health problems are served by a coordinated system of care that assures rapid access to effective mental health services with improved outcomes.	Provider and client survey	

**OBJECTIVE #1:**

**Expand infant/early childhood mental health promotion services as well as prevention/early identification of children's mental health issues**

**BACKGROUND ON STRATEGY**

Positive mental health is essential to a child's healthy development from birth. The effect of early childhood on lifelong health is far more important than we ever used to imagine. Approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder in a given year. For children aged 8–15, the estimate is 13%. Half of adult mental, emotional, and behavioral disorders begin before age 14, and three-fourths by age 24. Despite effective treatment, there are long delays—sometimes decades—between the first appearance of symptoms and when people get help.

**Source: The Guide to Community Preventive Services – Evidence-based nurse home visitation programs**

**Evidence Base: Yes**

**Policy Change (Y/N): No**

**ACTION PLAN**

<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Expand home visiting programs in which nurses work with families to support parents, provide education about child development and promote parent-child interaction	Dec 2016	Nurse training in evidence based practices; adequate financial support from health plans and other local sources	Child and family health Public Health Supervisor	Increased resiliency in high risk families; increased protective factors among children	
Support implementation and/or expansion of Early Head Start programs	Dec 2018	Public health staff time to advise, assist in implementation and promotion	West Central Communities Action Head Start	Increased protective factors among children; Increased parental knowledge and attachment	
Conduct infant mental health training on childhood protective factors for early childhood partners and providers at three different geographical sites. Evaluate training to determine usefulness of information and next steps.	2016 - 2018	Staff time to conduct and facilitate training	Child and family health Public Health Supervisor in partnership with Early Childhood Initiatives	Shared understanding and knowledge among community partners	
Provide Adverse Childhood Experience (ACE) trainings at three different geographical sites for community partners. Evaluate training to determine usefulness of information and next steps.	2016 - 2018	Staff time to conduct and facilitate training	Child and family health Public Health Supervisor in partnership with Early Childhood Initiatives	Shared understanding and knowledge among community partners	

**OBJECTIVE #2:**

**Increase the availability and coordination of mental health services across the spectrum from prevention to acute care.**

**BACKGROUND ON STRATEGY**

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

Mental health (MH) is increasingly recognized by the public health community as critical to good health. Approximately 1

in 5 adults in the U.S.—43.7 million, or 18.6%—experiences mental illness in a given year. Approximately 1 in 20 adults in the U.S.—13.6 million, or 4.1%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities. Yet while approximately one in five Americans will have a mental health problem in any given year, only a little over one in three people with a mental health problem will receive mental health services.

Individuals living with serious mental illness face an increased risk of having chronic medical conditions. Adults in the U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.

**Source: The Guide to Community Preventive Services**

**Evidence Base: Collaborative Care for the Management of Depressive Disorders (Community Clinical Linkages)**

**Policy Change (Y/N): N**

**ACTION PLAN**

<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Convene and strengthen partnerships between LPH, health care facilities and clinics, health plans/payers, and community-based organizations that are committed to addressing mental health issues	Dec 2015	Staff time to plan for, convene and facilitate meeting	Clinic Care Coordinator	Shared goals and outcomes among community partners	
Enhance methods and processes for mental health screening	Dec 2015	Staff time to develop mental health screening process map	Clinic Care Coordinator and staff at participating clinics	Early and consistent identification and referral	
Expand clinic care coordination services; strengthen system of referral to and communication with in-house and community resources; Diagram and train clinic partners on the process	Dec 2015	Additional clinic care coordination staff	Clinical-community linkages teams	Increased communication among providers resulting in improved client outcomes	
Provide technical assistance to clinicians and clinic staff on effective practices and approaches for addressing mental health concerns	July 2016	Trainers to educate and support clinic staff in implementing new practices	Clinical-community linkages team	Skilled medical and clinical staff with enhanced treatment capacity	
Partner with local clinics to support the implementation of evidenced-based clinical mental health guidelines	Dec 2017	Staff time; knowledge of evidence-based clinical mental health guidelines	Clinical-community linkages team	Consistent and improved outcomes for persons with mental health issues	
Develop and/or enhance a follow-up system	Dec 2017	Staff time	Clinical-community linkages team	Clinic care coordinator and clinic staff	

**OBJECTIVE #3:**

**Increase personal and community knowledge about mental illness in order to eliminate negative attitudes and beliefs about mental illness.**

**BACKGROUND ON STRATEGY**

Stigma is when someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage (a negative stereotype). Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common. Attitudes and beliefs about mental illness are shaped by personal knowledge about mental illness and knowing and interacting with someone living with a mental illness.

Stigma can lead to discrimination. Discrimination may be obvious and direct, such as someone making a negative remark about your mental illness or your treatment. Or it may be unintentional or subtle, such as someone avoiding you because the person assumes you could be unstable, violent or dangerous due to your mental health condition.

The stigma of mental illness is the primary reason for not seeking necessary mental health care. Stigma leads many people to avoid interactions with people with mental disorders, depriving them of their dignity and interfering with their full participation in society.

**Source: SAMHSA Center for Dignity, Acceptance and Social Inclusion**

**Evidence Base: No**

**Policy Change (Y/N): No**

**ACTION PLAN**

<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Establish and convene a multi-organizational mental health awareness and promotion committee.	Dec 2015	Staff time to convene and facilitate meetings	Clinic care coordinator and community partners	Broad community partner engagement in addressing issues	
Identify strategies to improve the public's awareness and understanding of MH and MI.	June 2016	Staff time;	Mental Health coalition (Make It OK)	Increased knowledge results in more positive attitudes and reduced stigma	
Develop calendar of monthly media messages to disseminate factual information about individuals with mental health problems	Nov 2016	Staff time to compile messages; funding to support media blitz	Mental Health coalition (Make It OK)	Increased knowledge results in more positive attitudes and reduced stigma	
Pilot and implement Make it OK campaign in local communities, schools, and worksites	Jan 2017	Staff time; promotional items; media messaging; Make It OK Toolkit	Mental Health coalition (Make It OK)	Widespread increase in community understanding and acceptance of mental illness; Reduced stigma	

<b>ALIGNMENT WITH STATE/NATIONAL PRIORITIES</b>			
<b>Obj #</b>	<b>Healthy Minnesota 2020</b>	<b>Healthy People 2020</b>	<b>National Prevention Strategy</b>
1	Capitalize on the opportunity to influence health in early childhood	Improve mental health through prevention and by ensuring access to appropriate, quality mental health services - Mental Health and Mental Disorders (MHMD), Goal.	<p>Promote positive early childhood development, including positive parenting and violence-free homes. – Mental Health and Emotional Wellbeing Recommendation 1</p> <p>Provide individuals and families with the support necessary to maintain positive mental well-being. – Mental Health and Emotional Wellbeing Recommendation 3</p> <p>Promote early identification of mental health needs and access to quality services (Mental and Emotional Wellbeing, Recommendation 4).</p>
2	Develop multi-disciplinary care teams within the health care home model to coordinate between clinics, hospitals, social services and community-based prevention resources. Strategic Approach: Community-Clinical Linkages (CCL) 1	Increase the proportion of adults with mental health disorders who receive treatment - MHMD 9 Objective	Research policies and programs that enhance mental and emotional well-being, especially for potentially vulnerable populations (Mental and Emotional Wellbeing, Actions).
3			

**DESCRIBE PLANS FOR SUSTAINING ACTION**

Long term sustainability of these initiatives to address timely access to an effective community-based mental health services delivery system and increased community awareness and understanding of mental illness can only be sustained through ongoing partner commitment. The partners must continue to prioritize their participation and impact through budget allocation to assure home visiting services, the presence of a clinic care coordinator, shared media messaging, and active representation at the community mental health coalition meetings. Individual partners must assure ongoing allocation of both financial and human resources dedicated to addressing the community’s mental health issues.

# Horizon Public Health

## *Horizon Public Health Improvement Process Implementation Plan*

Date Created: March 3, 2015

Date Reviewed/Updated:

<b>PRIORITY AREA:</b> Poor nutrition (unhealthy eating habits) contributing to obesity and chronic disease
<b>GOAL:</b> Increase healthy eating in Horizon residents

<b>PERFORMANCE MEASURES</b>		
<b>How We Will Know We are Making a Difference</b>		
<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
Number and location of Farmers Markets	Local tracking: SHIP	Annual
Number of persons utilizing Farmers Markets	Farmers Markets	Annual
Number of schools that update and implement wellness policies which include components of healthy eating/healthy school foods in policy and action plans	Schools Local tracking: SHIP	Annual
Number of other community food projects implemented	Local tracking: SHIP	Annual
Number of schools implementing increased access initiatives such as Farm to School, school gardens, healthy snack carts	Schools Local tracking: SHIP	Annual
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
By 2020, decrease the number of overweight adults from an average of 37.6% to 32%.	Minnesota County Health Tables	Annual
By 2020, decrease the number of obese adults (BMI ≥30) from an average of 25.8% to 20%	Minnesota County Health Tables	Annual
Increase in the prevalence of youth, grade 5-11, who self-report eating 2 or more servings of fruit per day from 24.5% (2013 MSS) to 30% in 2020.	Minnesota Student Survey	Every 3 years
Increase in the prevalence of youth, grades 5-11, who self-report eating 2 or more servings of vegetables per day from 19.1% (2013 MSS) to 25% in 2020	Minnesota Student Survey	Every 3 years

<b>OBJECTIVE #1:</b> Increase access to healthy food options in the community setting through Farmer's Markets (currently 12) and other
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locally grown food initiatives					
<b>BACKGROUND ON STRATEGY</b>					
Eating a balanced diet is one of the most important ways of improving overall health. Different nutrients have different roles so it is important to eat a wide range of food rich in a variety of fruits and vegetables. Food access, based both on geographic location and economics, is an issue for Horizon residents. Maintaining, increasing, and strengthening local food initiatives may assist in decreasing access issues.					
<b>Source:</b> What Works for Health <a href="http://whatworksforhealth.wisc.edu">http://whatworksforhealth.wisc.edu</a>					
MN SHIP Healthy Eating in Communities Guide for Implementation: <a href="http://www.health.state.mn.us/ship">www.health.state.mn.us/ship</a>					
<b>Evidence Base:</b> Some evidence exists indicating Farmer's Markets, and community gardens increase access to healthy food options.					
<b>Policy Change (Y/N): Y</b>					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Identify and engage stakeholder group, to include producers, consumers, and organizations serving consumers (or use existing group)	May 2015 and ongoing	Staff facilitation Engaged community partners	SHIP staff	Active stakeholder group provides broad perspective of strengths and weaknesses of existing food environment and community need	
Review existing food access assessments of current community nutrition environments. Conduct additional assessments as appropriate.	June through August 2015 and annually thereafter	Most recent food access assessment.  Assessment tool for additional assessments	SHIP staff Stakeholder group	Crosswalk of existing resources and geographic distribution with access gaps (geographic and economic) identified	
Assessment results reviewed by stakeholder team and strategies developed for enhanced access with focus on maintaining/increasing number of Farmer's Markets and expanding reach of individual Farmer's Markets.	September 2015 through March 2016	Food access assessment results.  Resources on best practices in implementation of locally grown foods initiatives	SHIP staff Stakeholder group Local vendors	Plan developed addressing maintaining strength of existing markets, establishment of additional markets, expanding reach via increased number of Markets equipped to serve SNAP and WIC	
Assess Farmer's Market potential for expanded reach	November 2015	Capacity and interest survey	SHIP staff Local vendors	Assessment document that	



to seniors who are not able to access Farmer's Market sites due to transportation issues.	through March 2017	for vendors Survey and focus groups for seniors  Capacity and interest survey of local organizations  Information on existing models and best practices.	Community organizations serving seniors	includes local vendor capacity to increase consumer base, senior interest, community organizations capacity to assist. Review of potential projects and assessment of strengths and weaknesses.	
Provide trainings and technical assistance to enhance capacity of local vendors.	Annual training. Technical assistance ongoing as needed	Assessment tool  Assessment of training needs annually	SHIP staff	Vendors are knowledgeable in issues pertaining to providing locally grown foods to the public	
Facilitate peer to peer learning to enhance vendors ability to be successful	Ongoing	Resource list of local, regional and state locally grown produce networks	SHIP staff Local vendors	Vendors are connected to a network of peers providing opportunities for learning and enhanced capacity and strength	
Provide information regarding locally grown food options to the public, businesses and institutions.	May 2015 and ongoing	Media	SHIP staff Local vendors	Updated brochure of locally grown options sites distributed in public settings and to businesses and institutions	
Support local healthy food community initiatives, such as local food night	Ongoing.	Community partnerships  Media plan for events	SHIP staff Stakeholders group Event organizers Local vendors	Community members will be provided education on food preparation and have opportunity to try new foods.	

**OBJECTIVE #2:**  
Increase the number of schools working on healthy school food initiatives from 7 schools in 2015 to 10 schools in 2020.

**BACKGROUND ON STRATEGY**

Eating a balanced diet is one of the most important ways of improving overall health. Different nutrients have different roles so it is important to eat a wide range of food rich in a variety of fruits and vegetables. On average, students consume 35 to 50 percent of their daily total calories at school. However, within the school setting youth are often given access to junk foods and sugary drinks that offer little nutritional value.

**Source:** MN SHIP Healthy School Food Guide for Implementation: [www.health.state.mn.us/ship](http://www.health.state.mn.us/ship)

What Works for Health: <http://whatworksforhealth.wisc.edu>

**Evidence Base:** School gardens are scientifically supported as a mean to increase children’s consumption of vegetables and increase willingness to try new vegetables. There is some evidence that Farm to School programs increase knowledge about and willingness to try fruits and vegetables.

**Policy Change (Y/N):** Y

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Meet with schools in the Horizon communities to determine partners, including existing school partners and new school partners	September 2015	Database of schools	SHIP staff	Partners identified, including existing partners and new school partners	
Revitalize or form a School Health Council (SHC) Team (wellness committee)	January 2016	School Administration support Technical Assistance for Schools	SHIP staff School staff lead State technical assistance partners	School Health Council is strengthened and/or formed	
School Health Council conducts needs assessment of school nutrition environment	March 2016	Resource information for schools on needs assessment (School Health Index) Assessment tool	SHIP staff School staff lead	Needs assessment completed identifying areas for improvement	
Provide information and education to SHC initiatives such as breakfast promotion, health lunch and snacks, alternatives to classroom celebrations, incentives, fundraising, health concessions and vending, school gardens and Farm-to-School initiatives.	March 2016	Educational information and presentations to school personnel including management and governing board	SHIP staff	School personnel are aware of menu of initiatives that can improve overall nutrition status of students and use data to determine feasible programs	
School nutrition policies and practices are reviewed	March 2016	Information on best practices for policies	School staff	Review of policies and practices will determine if	

				policy revisions are needed prior to implementing initiatives	
SHC chooses initiatives and develops action plan for implementation	April 2016	Technical assistance on action plan development	Schools/SHIP staff	Action plans focusing on best practices and including policy components are developed. Action plans include short and long term goals and sustainability plan	
Action plans, implemented and reviewed	April 2016 and ongoing	School administration support. Technical assistance and training as needed.	Schools	Action plan becomes an active living document, with sustainability incorporated via updating of goals and objectives and inclusion of policy, systems and environmental changes.	
Training provided to school staff and community partners	March 2015 and ongoing	Assessment of training needed. Educational resources. Listing of local state and regional training opportunities	SHIP staff	Increased knowledge of school staff and community partners regarding specific initiatives and best practices	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Obj #	Healthy Minnesota 2020	Healthy People 2020	National Prevention Strategy
1	Objective 11: Reduce Obesity. Lead indicator: Adults who are at	NWS-14 Increase the contribution of fruits to the diets of the population	Healthy Eating Priority Recommendation 1: Increase

	a healthy weight.	aged 2 years and older. NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older.	access to healthy and affordable foods in communities. Recommendation 4: Help people recognize and make healthy food and beverage choices.
2	Objective 1: Increase fruit and vegetable consumption. Lead indicator: Youth (9 <sup>th</sup> graders) who eat the recommended number of fruits and vegetables.	NWS-14 Increase the contribution of fruits to the diets of the population aged 2 years and older NWS-15 Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older	Healthy Eating Priority Recommendation 2: Implement organizational and programmatic nutrition standard and policies. Recommendation 4: Help people recognize and make healthy food and beverage choices.

**DESCRIBE PLANS FOR SUSTAINING ACTION**

Ongoing financial support from the MN Statewide Health Improvement Program (SHIP) funding will assist with expansion and strengthening of policy, systems and environmental (PSE) changes that will positively impact community and school nutrition policies and practices. Upon implementation, those PSE changes will become embedded as the community norm. Continued engagement of and support from community partners will assure that those PSE changes are not reversed in the future. In addition, given the continued rising rates of obesity, in adults and children, this issue is likely to remain a prominent state and national public health focus which will likewise, assure that the PSE changes that have been implemented are only further strengthened over time.

***Horizon Public Health Improvement Process  
Implementation Plan***

**Date Created:** March 5, 2015

**Date Reviewed/Updated:**

<b>PRIORITY AREA:</b> Lack of Physical Activity
<b>GOAL:</b> Increase policy, system, and environmental changes throughout the Horizon region that support residents in achieving increased physical activity.

<b>PERFORMANCE MEASURES</b>		
<b>How We Will Know We are Making a Difference</b>		
<b>Short Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
Number of walking/biking trails connecting people to places in the Horizon communities	Local tracking SHIP	Annual
Number of local policies that include language that supports environmental changes to enhance places for physical activity, emphasizing walking and bicycling	Local tracking SHIP	Annual
Number of communities implementing Complete Streets projects	Local tracking SHIP	Annual
Number of worksites with worksite wellness action plans developed/ % of action plans developed/number of employees impacted by policy and action plans	Worksite partners Local tracking SHIP	Annual
Number of community physical activity promotion activities, including one day events, ongoing events and programs such as Bike share	Local tracking SHIP	Annual
Number of schools that update and implement wellness policies	Schools Local tracking SHIP	Annual
Number of schools that implement physical activity initiatives such as Safe Routes to Schools, active recess, quality PE, active classrooms and before and after school physical activity opportunities	Schools Local tracking SHIP	Annual
Number of students that participate in Safe Routes to School programs or events	Schools Local tracking SHIP	Annual
Number of before and after school physical activity opportunities, including intramural sports opportunities	Schools Local tracking SHIP	Annual
<b>Long Term Indicators</b>	<b>Source</b>	<b>Frequency</b>
By 2020, decrease the number of overweight adults from an average of 37.6% to 32%.	Minnesota County Health Tables	Annual
By 2020, decrease the number of obese adults (BMI ≥30) from an average of 25.8% to 20%	Minnesota County Health Tables	Annual
By 2020, increase the number of adults who participate in sufficient aerobic and muscle strengthening exercises to meet the national recommended guidelines from 21.2% (2013 BRFSS) to 28%.	BRFSS	Annual

By 2020, decrease the percentage of adults with leisure time physical inactivity from a Horizon average of 24.3% to no more than 18%	Minnesota County Health Tables	Annual
By 2020, increase the prevalence of youth meeting recommendation of 60 minutes of moderate physical activity per day* from an average of 19.35% (Grades 5,8, and11) to 25%. (*Office of Disease Prevention and Health Promotion: Physical activity guidelines)	MSS	Every 3 years

<b>OBJECTIVE #1:</b> By 2020, increase the number of governmental/municipal entities in the Horizon region that are working towards adopting local complete street policies and/or implementing environmental changes that enhance access to places for physical activity from 3 entities to 5 entities.					
<b>BACKGROUND ON STRATEGY</b> Physical activity is a public health priority that impacts nearly every aspect of health. Lack of physical activity, combined with a poor diet, is the second leading cause of preventable death and disease and poses a huge economic burden on Horizon communities. <b>Source:</b> MN SHIP Active Living for Communities Guide for Implementation: <a href="http://www.health.state.mn.us/ship">www.health.state.mn.us/ship</a> What Works for Health <a href="http://whatworksforhealth.wisc.edu">http://whatworksforhealth.wisc.edu</a> <b>Evidence Base:</b> Increasing access to places for physical activity is scientifically supported. Improved streetscape design is scientifically supported. Active programs for older adults is scientifically supported. <b>Policy Change (Y/N):</b> Y					
<b>ACTION PLAN</b>					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Assess community policies regarding inclusion of language that supports environmental changes that support physical activity, emphasizing walking and bicycling	January 2016	Assessment tool that incorporates best practices for environmental change  Partner participation	SHIP staff	Crosswalk of existing policies. Prioritization of communities for engagement	
Identify and engage stakeholder group (or use existing stakeholder group)	May 2015	Stakeholder education and training	SHIP staff	Organized and informed stakeholder group available to assist with project activities and advocacy	
Provide information to and assist local elected officials with policy development enhancing walkable communities in the built environment.	January 2016	Educational materials  Stakeholder group to assist with advocacy	SHIP staff  Stakeholder group	Increased knowledge of elected officials.	

Identify upcoming transportation and land use projects. Work in partnership with regional planners, MnDOT district office, county and city engineers, tribal officials, and municipal land use planners for opportunities to incorporate active living designs within these projects.	October 2015	List of projects scheduled and timelines	SHIP staff  Municipality, county and regional planners.	Crosswalk of projects scheduled. Prioritization of projects for SHIP inclusion. Partnerships established	
Update map of existing walking and biking trails.  Disseminate to community at large.	June 2015 and annually thereafter	Media budget	SHIP staff	Maps of walking and biking trails available in each county.  Increased public knowledge of physical activity opportunities.	
Meet with local health care providers to provide information regarding physical activity resources, including maps of walking and biking trails for distribution to patients.	July 2015 and annually thereafter	Staff time  Access to health care providers	SHIP staff  Health care providers	Increased opportunity for Health care providers to link patients to community resources and opportunities	
Assist in identification of technical assistance and training needs related to active living and inform community partners of educational opportunities.	2015 and annually thereafter	Training materials  Connection with State organizations providing training opportunities	SHIP staff	Community partners exhibit increase capacity to implement activity and policy changes	
In collaboration with community partners, assess opportunities for implementing strategic encouragement activities such as Open Streets, Bike to Work week, and Walk to School Day.	April 2016 and annually thereafter	Resource materials on strategic encouragement activities.  Media campaigns	SHIP staff  Stakeholder group  Community partners	Enhanced opportunity for community residents to participate in active living	
Assess partnership opportunities for bussing youth to community recreational venues (such as	January 2017	Staff time Partner participation	Stakeholder group	Assessment that includes database of venues, venue policies regarding	

ski hills, community fitness centers)		Parent focus groups	SHIP staff	youth access, identification of transportation partners, funding sources, and parent perspectives.  Movement to implementation, if feasible, would increase physical activity access for youth.	
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**OBJECTIVE #2:**  
By 2020, increase the number of worksites with comprehensive worksite wellness programs, which incorporate physical activity from 6 to 9 worksites.

**BACKGROUND ON STRATEGY**  
Working adults spend at least half of their waking hours in the work place. Because of this, the work environment has significant potential to influence health in a positive way. Additionally, healthy, motivated employees are vitally important to the workplace and can have a positive impact on an employer’s bottom line.  
**Source:** What Works for Health <http://whatworksforhealth.wisc.edu>  
MN SHIP Worksite Wellness Guide for Implementation: [www.health.state.mn.us/ship](http://www.health.state.mn.us/ship)  
**Evidence Base:** Point of decision prompts for physical activity are scientifically supported, worksite obesity prevention interventions incorporating physical activity information and education are scientifically supported  
**Policy Change (Y/N):** Y

<b>ACTION PLAN</b>					
<b>Activity</b>	<b>Target Date</b>	<b>Resources Required</b>	<b>Lead Person/ Organization</b>	<b>Anticipated Product or Result</b>	<b>Progress Notes</b>
Support efforts of 6 existing SHIP worksite wellness partners in implementing action plans incorporating strategies ranging from point of decision prompts to policy changes.	Ongoing 2015 and thereafter	Staff time  Worksite partnerships	SHIP staff  Worksite wellness coordinators	Worksites will progress through stages of action plan written, action plan implemented, action plan evaluated and revised and action plan sustained.	
Survey additional worksites to assess worksite wellness initiatives and readiness to engage in worksite wellness development.	October 2015	Survey tool  Worksite management support	SHIP staff  Worksite wellness coordinators	Inventory of existing employer wellness programs, including readiness to engage/enhance wellness	



				initiatives. Engage 3 worksites in active worksite wellness development planning	
Provide technical assistance to worksites ready to engage in worksite wellness assessments and comprehensive wellness plan development.	February 2016	Training materials and tools that include best practices  Worksite support	SHIP staff	Worksite baseline assessments completed Action plans developed	
Facilitate peer to peer learning with existing and new worksites.	Ongoing 2015 and thereafter	Meeting facilitator  Worksite participation	SHIP staff Worksite wellness coordinators	Network of regional worksite sharing	
Survey Senior living complexes and organizations serving seniors to assess active living opportunities for persons age 60 plus.	June 2016	Survey tool  Participation of living complex management	SHIP staff	Cross walk of existing physical activity services available to seniors within the community at large and within living settings	
Research active living programs for seniors and in collaboration with seniors select program to implement with partners in 2 communities in the Horizon region.	January 2017	Samples of programs Focus group facilitator  Program trainers	SHIP staff  Organizations serving seniors	Focus group identifying program of interest	

**OBJECTIVE #3:**

By 2020, increase the number of schools implementing physical activity initiatives from 7 schools to 12 schools, including increasing Safe Routes to Schools policies and activities from 2 schools to 4 schools.

**BACKGROUND ON STRATEGY**

Nearly one in three children and adolescents in the United States are overweight or obese. The majority of youth do not engage in the daily 60 minutes of physical activity recommended in the national physical activity guidelines. Schools are a primary setting to target young people and model active, health lifestyles.

**Source:** MN SHIP Active Schools Guide for Implementation: [www.health.state.mn.us/ship](http://www.health.state.mn.us/ship)  
 What Works for Health <http://whatworksforhealth.wisc.edu>

**Evidence Base:** Safe Routes to School, physically active classrooms and structured recess are scientifically supported

**Policy Change (Y/N):** Y

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Meet with schools in the Horizon Communities to determine partners.	October 2015	Staff time School staff time  School management support	SHIP staff	Partnership established	
Assess school infrastructure for wellness activity capacity and existence of school health councils and other stakeholder groups such as PTA.	November 2015	Assessment tool	SHIP staff School Coordinator	Capacity assessment complete. School Health Council, if not existing, is formed.	
Provide schools and stakeholder groups with information on the continuum of physical activity initiatives, including active recess, before and after school physical activity opportunities, quality PE, active classrooms and Safe Routes to School.	November 2015	Educational information on programs.	SHIP staff	School personnel and stakeholder groups have increased knowledge of continuum of physical activity programming initiatives	
Provide training, technical assistance and support. Connect schools to resources including peer learning.	Ongoing 2015 and thereafter	Training and resource materials  Listing of local, regional, and state training opportunities	SHIP staff State training partners	Schools will have increased knowledge and will be better prepared to assess needs and develop action plans incorporating best practices.	
Assist schools in determining physical activity initiative preferences, management and parental support.	January 2016	School capacity assessment tool  Parent surveys and focus	School Health councils PTA organizations SHIP staff	Data available for schools regarding school capacity for options, and parent support	

		groups. Focus group facilitator		for child participation	
Action plan, including a policy component is written. Action plan is reviewed and updated annually.	April 2016	Training on action plan and policy development, focusing on incorporation of best practices.	SHIP staff State consultants	Action plan adopted and becomes a living document, with sustainability incorporated via updating of goals and objective and inclusion of policy, systems and environmental changes.  Children have enhanced physical activity opportunity in the school setting.	

<b>ALIGNMENT WITH STATE/NATIONAL PRIORITIES</b>			
<b>Obj #</b>	<b>Healthy Minnesota 2020</b>	<b>Healthy People 2020</b>	<b>National Prevention Strategy</b>
1	Objective 2: Increase Physical Activity Lead indicator: Adults who meet physical activity guidelines  Objective 11: Reduce Obesity Lead indicator: Adults who are at a healthy weight	PA1: Reduce the proportion of adults who engage in no leisure-time physical activity.  PA2-Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.	Active living priority Recommendation 1: Encourage community design and development that supports physical activity.  Recommendation 3: Facilitate access to safe, accessible, and affordable places for physical activity.
2	Objective 2: Increase Physical Activity Lead indicator: Adults who meet physical activity guidelines  Objective 11: Reduce Obesity Lead indicator: Adults who are at a healthy weight	PA1: Reduce the proportion of adults who engage in no leisure-time physical activity.  PA2-Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.	Active living priority Recommendation 3: Facilitate access to safe, accessible, and affordable places for physical activity.
3	Objective 2: Increase Physical Activity Lead indicator: Youth who meet	PA3.3: Increase the proportion of adolescents who meet current Federal physical activity guidelines	Active living priority Recommendation 2: promote and strengthen school and early

	physical activity guidelines	for aerobic physical activity and muscle strengthening activity	learning policies and programs that increase physical activity.  Recommendation 3: Facilitate access to safe, accessible, and affordable places for physical activity.
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**DESCRIBE PLANS FOR SUSTAINING ACTION**

Ongoing financial support from the MN Statewide Health Improvement Program (SHIP) funding will assist with expansion and strengthening of policy, systems and environmental (PSE) changes that will positively impact community, worksite and school physical activity opportunities, policies and practices. Upon implementation, those PSE changes will become embedded as the community norm. Continued engagement of and support from community partners will assure that those PSE changes are not reversed in the future. In addition, given the continued rising rates of obesity, in adults and children, this issue is likely to remain a prominent state and national public health focus which will likewise, assure that the PSE changes that have been implemented are only further strengthened over time.

## **Horizon Public Health Improvement Process**

### **Implementation Plan**

Date Created: March 2, 2015

Date Reviewed/Updated:

<b>PRIORITY AREA:</b> Tobacco use and exposure to secondhand smoke
<b>GOAL:</b> Decrease tobacco/e-cigarette use and secondhand exposure for Horizon residents of all ages

<b>PERFORMANCE MEASURES</b> How We Will Know We are Making a Difference		
Short Term Indicators	Source	Frequency
Media saturation with mass-reach health communication messages	TFC Tracking Log	
Youth coalition activities; community polling results; adoption of policies that strengthen point-of-sale advertising and youth access restrictions	TFC Tracking Log	
Increase in number of smoke-free multi-unit housing facilities in the Horizon communities	TFC Tracking Log	
Long Term Indicators	Source	Frequency
Reduction in lung cancer and mortality due to tobacco use		
Continual reduction in percentage of adults that admit to being current smokers	BRFSS	
Increase in the percentage of Horizon 11 <sup>th</sup> graders that indicate they have never used tobacco in 4 of the 5 counties from the 2013 MSS results	MN Student Survey	
Reduction in number of students reporting exposure to secondhand smoke from 2013 MSS	MN Student Survey	

<b>OBJECTIVE #1: By 2020, decrease tobacco use among MN adults to 17% from 18% in 2013.</b>
<b>BACKGROUND ON STRATEGY</b> Tobacco use, though continually declining, remains a significant public health concern. In 2013, according to the BRFSS results, 18.0 of Minnesota adults were current smokers, compared to 19.0 % nationwide. The prevalence of smoking also decreases as household income levels increase. In 2012, 30% of adults who lived in a household with an annual income of less than \$25,000 were current smokers. In households with an income of \$75,000 or more, the prevalence of smoking was just 10%.
<b>Source: The Community Guide: The Guide to Community Preventive Services; What Works for Health, University of Wisconsin Population Health Institute</b>
<b>Evidence Base: Mass-Reach Health Communication; Mass Media Campaigns: Tobacco Use</b>
<b>Policy Change (Y/N): Yes</b>
<b>ACTION PLAN</b>

Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
Convene local partner organizations to develop community-wide mass outreach plan	Sept 2015	Staff time to organize meetings	Tobacco-Free Communities Coordinator	Strong community support and increased saturation	
Develop annual media messaging calendar; Consult with statewide organizations such as ANSR and Tobacco Law Center	Dec 2015	Staff time Media messages Media engagement	Tobacco-Free Communities Coordinator and community partners	Ongoing media saturation; ultimately reduction in initiation of smoking and increase in cessation	
Compile and publicize cessation resources	Dec 2016	Staff time	Tobacco-Free Communities Coordinator	Increase in number of calls to Quit Line and other cessation resources	
Develop relationships among health care providers and community organizations. Build partnerships, conduct assessments for implementation of clinical chronic disease guidelines and referral systems and increase access to evidence-based lifestyle change, prevention or self-management programs	Ongoing 2015-2016	Staff time of all community health care providers; meeting facilitation; Engagement of community health care partner organizations	Public Health administrative staff; TFC Coordinator;	Comprehensive and consistent approach to promoting evidence-based lifestyle changes	

<b>OBJECTIVE #2: Increase the percentage of 11<sup>th</sup> grade students that have never used tobacco from the 2013 baseline levels from the MN Student Survey.</b>					
<b>BACKGROUND ON STRATEGY – POINT OF SALE</b>					
<p>Among 11<sup>th</sup> grade students in the 5-county Horizon Public Health area, those that state they have never used tobacco range from 68% to 90%. However, as many as 15% of 11<sup>th</sup> grade students admit to daily use of tobacco, confirming that adolescents continue to use tobacco despite all the warnings about the negative health consequences of tobacco use. (<i>Minnesota Student Survey 2013</i>)</p> <p>Tobacco marketing increases the likelihood that youth will experiment with tobacco products or become smokers. Marketing through point-of-sale advertisements (Paynter 2009), mass media, print, and in-store displays (Cochrane-Lovato 2011) have all been shown to increase tobacco experimentation.</p> <p><b>Source: Minnesota Statewide Health Improvement Program (SHIP) Initiative Evidence based strategies; What Works for Health, University of Wisconsin Population Health Institute</b></p> <p><b>Evidence Base: Policy development; Clinical-Community Linkages; Restrict minor access to tobacco products</b> There is some evidence that laws restricting minors' access to tobacco, when enforced, reduce youth smoking (Richardson 2009, Pokorny 2008, Chen 2006, DiFranza 2009, Tutt 2009, Levinson 2007), most notably for younger youth (Richardson 2009, Thomas 2008).</p> <p><b>Policy Change (Y/N): Yes</b></p>					
<b>ACTION PLAN</b>					
Activity	Target	Resources Required	Lead Person/	Anticipated	Progress

	Date		Organization	Product or Result	Notes
Engage and activate local youth coalitions in providing education and information to elected officials considering point of sale advertising restrictions and/or strengthening local tobacco/e-cigarette ordinances.	Ongoing in 2015-2016	Youth partners  Educational materials	Tobacco Free Communities Coordinator	Organized and educated youth coalitions with skills and knowledge to present to local elected officials	
Compile and disseminate results of tobacco compliance checks, store advertising audits, local policy assessments and vendor education information with local policy makers and community partners	Ongoing as information becomes available	Documentation of audit and compliance checks	Tobacco-Free Communities Coordinator	Regular presentations to city and county policy makers; reduction in compliance failure rate	
Conduct additional polling in local communities to assess support to strengthen/implement point-of-sale (POS) policies	July 2015	Develop polling questions; third party vendor to conduct polling	Tobacco-Free Communities Coordinator	Identification of communities with greatest "readiness" for implementing policy changes	
Identify and engage community stakeholders in advocating for stronger tobacco-e-cigarette policies at the city and county level that are compliant with the new state e-cigarette law and the MN tobacco modernization and compliance act of 2010	Ongoing in 2015-2016	Outreach/information/education to local policy makers  Stakeholder education and training	Tobacco-Free Communities Coordinator and community partners	Organized and informed stakeholder group to advocate with local policy makers	
Provide information to and assist local elected officials with policy development and implementation of local tobacco-e-cigarette policies and/or ordinances that comply with current state law.	Ongoing through 2015-2016	Regular communication with local elected officials, both individually and collectively.  Materials/presentation prep for meetings.	Youth and adult coalitions along with Tobacco-Free Communities Coordinator	Elected officials make informed decisions about policy development and implementation	
Develop and disseminate ongoing	Fall 2015 and	Quarterly letters to the editors of local newspapers; Summary	Tobacco-Free Communities	Increased public	

media messages to support local ordinance/policy development work	ongoing	of polling and compliance check results	Coordinator	awareness of and support for strong local policy development	
Offer semi-annual tobacco retailer education; publish quarterly communications with tobacco retailers to educate on current tobacco/e-cigarette laws and reduce compliance failure rates	Twice annually in 3 different locations in 5-county area during 2015-2016	Training materials and trainer; information to local media	Tobacco-Free Communities Coordinator	Reduced tobacco compliance failure rates; Reduced youth smoking Reduced illegal sales to youth	
Develop relationships among health care providers and community organizations. Build partnerships, conduct assessments for implementation of clinical chronic disease guidelines and referral systems and increase access to evidence-based lifestyle change, prevention or self-management programs	Ongoing 2015-2016	Staff time of all community health care providers; meeting facilitation; Engagement of community health care partner organizations	Public Health administrative staff; TFC Coordinator;	Comprehensive and consistent approach to promoting evidence-based lifestyle changes	

**OBJECTIVE #3: Reduce secondhand smoke exposure of renters living in multi-unit housing (MUH) facilities by increasing the number of smoke-free MUH facilities by 5 facilities by 2017.**

**BACKGROUND ON STRATEGY**

Secondhand smoke exposure poses serious health threats to children and adults. For residents of multi-unit housing (e.g., apartment buildings and condominiums), secondhand smoke can be a major concern. It can migrate from other units and common areas and travel through doorways, cracks in walls, electrical lines, plumbing, and ventilation systems. (American Lung Association).

ETS is a known human carcinogen (cancer causing agent). No level of exposure to ETS is safe. Exposure to ETS can cause heart disease and lung cancer in adults. According to the CDC and EPA, ETS is the third leading cause of lung cancer, after cigarette smoking and exposure to radon. ETS exposure is especially hazardous to children because their bodies are developing, yet nonsmokers aged three to 19 years of age are among the most exposed groups of nonsmokers in the U.S. ETS increases the risk for sudden infant death syndrome (SIDS), respiratory illness, middle-ear disease, and exacerbation (worsening) of asthma in children. For nonsmoking adults in the U.S., the major locations of ETS exposure are the home and the workplace. Children are most likely to be exposed to ETS in the home.

**Source: What Works for Health, University of Wisconsin Population Health Institute; American Lung Association**

**Evidence Base:** Some evidence exists to show that smoke-free multi-unit housing policies are beneficial for both residents and property owners. Going smoke-free promotes residents' health by protecting them from secondhand smoke while improving a property manager's bottom line through reduced turnover costs and decreased fire risks. There is also some evidence that education convinces smokers to smoke less in their homes.



Policy Change (Y/N): Yes

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Conduct polling to assess community support to create smoke-free policies	July 2015	Third party vendor to conduct polling; development of questions for polling	Tobacco-Free Communities Coordinator	Identification of multi-unit housing managers and residents for tobacco-free policies	
Educate landlords, housing directors and tenants on the dangers of secondhand smoke and tobacco use	Ongoing 2015-2016	Meetings to convene landlords and housing directors; educational packets	Tobacco-Free Communities Coordinator	Increase in number of smoke-free MUH facilities	
Provide technical assistance to landlords and building owners with development and implementation of smoke-free policies	Ongoing 2015-2016	Smoke-free MUH policy templates; staff time to meet individually with MUH landlords and directors	Tobacco-Free Communities Coordinator	Increase in number of smoke-free MUH facilities; Reduce exposure to environmental tobacco smoke	
Develop and submit ongoing media messages to support smoke-free MUH policies	Ongoing 2015-2016	Staff time to develop media messages and plan for distribution.	Tobacco-Free Communities Coordinator	Increase community and tenant support for smoke-free MUH units	
Utilize the Horizon Tobacco Impact Display throughout the 5 counties to promote tobacco-free/cessation efforts	Ongoing 2015-2016	Staff time to transfer and set up display	Tobacco-Free Communities Coordinator and community partners	Increase in community awareness of and support for smoke-free MUH policies	

**OBJECTIVE #4: By December 2016, increase the availability of tobacco-free outdoor spaces by developing and/or strengthening tobacco-free grounds policies in 6 additional outdoor spaces**

**BACKGROUND ON STRATEGY**

The quality of the air we breathe outdoors affects each of us. Unhealthy air is hazardous to our families and can even threaten life itself. Outdoor air pollution threatens the lives and health of millions of people in the United States. Despite great progress since passage of the modern Clean Air Act in 1970, outdoor air can be unhealthy and dangerous. **(American Lung Association)**

Smoke-free laws in outdoor spaces such as parks, recreational facilities, beaches, and patios, have proliferated throughout the U.S. over the last ten years. Many nonsmokers – especially children – who are exposed to outdoor tobacco smoke suffer immediate symptoms including breathing difficulties, eye irritation, headaches, nausea, and asthma attacks. Several recent studies have assessed the toxic health risks from exposure to secondhand outdoor tobacco smoke.

**(Public Health Law Center, William Mitchell College of Law)**

**Source: The Community Prevention Guide**

**Evidence Base:** While there is strong evidence that supports the effectiveness of reducing exposure to secondhand smoke in indoor places, there is insufficient evidence regarding the effectiveness of reducing secondhand smoke exposure in outdoor places.

**Policy Change (Y/N):** yes

**ACTION PLAN**

Activity	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
Assess and identify opportunities to implement tobacco-free/e-cigarette-free grounds policies at summer festivals and community celebrations	April 2015	Staff time to gather and compile assessment information	Tobacco-Free Communities Coordinator and community partners	Identification of outdoor park/festivals with interest in adopting smoke-free policies	
Provide information and education to local festival planning committees/determine readiness levels	July 2015	Staff time to meet with and educate local festival planning committees	Tobacco-Free Communities Coordinator	Increase in number of local festival/celebrations with smoke-free outdoor spaces policy	
Offer and provide technical assistance/policy templates to local festival committees, city councils, and community organizations	Sept 2015 – March 2016	Policy templates to share; staff time to provide technical assistance	Tobacco-Free Communities Coordinator	Increase in number of local festival/celebrations with smoke-free outdoor spaces policy	
Individually assist local organizers with policy adoption and implementation	Ongoing 2015-2016	Staff time to assist local organizers with policy development; Signage for posting on grounds	Tobacco-Free Communities Coordinator	Increase in number of local festival/celebrations with smoke-free outdoor spaces policy	

Obj #	Minnesota Healthy People 2020	Healthy People 2020	National Prevention Strategy
1	Objective 3#: Reduce Tobacco Use (Indicator: Young Adults who Smoke)	Reduce tobacco use by adults – TU-1 Objective	Support comprehensive tobacco free and other evidence-based tobacco control policies. – Tobacco Free Living (TFL) Rec 1
2	Strategic Approach: Design communications that help people understand prevention and management of chronic conditions and their associated risk factors. – Strategic Approach: Develop and disseminate information that engages people to take action to lead health lives (DDI)	Reduce the initiation of the use of tobacco products among children and adolescents age 12 to 17 years – TU-3.1 Objective	Support comprehensive tobacco free and other evidence-based tobacco control policies. – Tobacco Free Living (TFL) Rec 1
3		Establish laws in States and the District	Support full implementation of

		of Columbia on smoke-free indoor air that prohibit smoking in multiunit housing - TU-13.10 Objective	the 2009 Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) – TFL Rec 2
4		Reduce the proportion of nonsmokers exposed to secondhand smoke – TU-11 Objective  Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure. – Tobacco Use (TU) Goal	Support comprehensive tobacco free and other evidence-based tobacco control policies. – Tobacco Free Living (TFL) Rec 1

<b>DESCRIBE PLANS FOR SUSTAINING ACTION</b>	
Ongoing financial support from the MN Tobacco Free Communities Grant funding and the Statewide Health Improvement Program (SHIP) funding will assist with expansion and strengthening of policy, systems and environmental (PSE) changes that will positively impact the use of tobacco products and exposure to secondhand smoke. Upon implementation, those PSE changes will become embedded as the community norm. Continued engagement of and support from community partners will assure that those PSE changes are not reversed in the future. In addition, given the high costs of health care associated with the use of tobacco products and exposure to secondhand smoke, this issue is likely to remain a prominent state and national public health focus which will likewise, assure that the PSE changes that have been implemented are only further strengthened over time.	

## Looking Ahead

The Community Health Improvement Plan is a roadmap that will guide us in making positive environmental and social changes that will enable every resident to achieve their highest level of health status. It is a roadmap that will guide community groups and coalitions in implementing strategies to produce better health outcomes. But it can only be an effective roadmap if it is used by everyone in the community. Our level of achievement depends on the commitment of everyone. We look forward to working with all of you in implementing this plan and taking action to make our community a healthier one!