Rice County Community Health Improvement Plan 2015-2019

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Community
Health Services

Contents

Executive Summary

Every five years since the passage of the Local Public Health Act in 1976, Minnesota Community Health Boards have been required to engage in a community health improvement process, beginning with a community health assessment (CHA). The CHA gives an in-depth look of the health of residents in the Community Health Board's jurisdiction. To complete a CHA, local public health collaborators compile, analyze and summarize data from a variety of sources. For Community Health Boards, the CHA provides the basis of the community health improvement plan (CHIP).

A CHIP is a long-term, systematic plan to address priority public health issues. The CHIP is intended to be used by health and other governmental, education and human service agencies, in collaboration with community partners, to coordinate and target resources addressing the identified priorities.

Rice County Public Health partnered with District One Hospital, Northfield Hospital & Clinics, and HealthFinders Collaborative for over a year to compile, analyze and summarize the data in the 2014 Rice County Community Health Assessment (http://www.co.rice.mn.us/node/108235). The partners then worked together to identify collaborative strategies for the CHIP that address health priorities for Rice County, Minnesota.

Overview of the Process

Every five years since the passage of the Local Public Health Act in 1976, Minnesota Community Health Boards have been required to engage in a community health improvement process, beginning with a community health assessment (CHA). The CHA gives an in-depth look of the health of residents in the Community Health Board's jurisdiction. To complete a CHA, local public health collaborators compile, analyze and summarize data from a variety of sources. For Community Health Boards, the community health assessment provides the basis of the community health improvement plan (CHIP).

A CHIP is a long-term, systematic plan to address priority public health issues on the basis of the results of the CHA activities. The CHIP is intended to be used by health and other governmental, education and human service agencies, in collaboration with community partners, to coordinate and target resources at addressing the identified priorities.

Conducting the CHA in Rice County

Rice County Public Health partnered with District One Hospital, Northfield Hospital & Clinics, and HealthFinders Collaborative for over a year to compile, analyze and summarize the data for the 2014 Rice County Community Health Assessment (http://www.co.rice.mn.us/node/108235).

A significant piece of the team's work was conducting the 2013 Rice County Community Health Survey with both a random sample and a convenience sample of residents. To conduct the random sample survey, a disproportionate stratified design was employed; two strata were defined by ZIP code boundaries (northern Rice County and southern Rice County). In mid-October, 2013, survey packets were mailed to 1,800 sampled households. Households included rental housing but did not include dormitory housing. Of the 1,800 surveys mailed, 716 were returned with 372 responses from northern Rice County and 344 responses in southern Rice County.

Given that 96 percent of respondents to the random survey were white, Rice County Public Health and HealthFinders conducted the survey again with a convenience sample of Somali and Latino community members. Convenience samples are made up of people who are easy to reach, whereas a random sample is designed so that all residents have an equal chance of being selected. The results of the 2013 Rice County Community Health Survey convenience sample are not representative of the adult population in the county as individuals were recruited to fill out the survey and were not randomly selected. Also, the number of convenience sample respondents was too low to make statistical inferences about the Somali or Latino population as a whole. Recruitment for the convenience sample survey was done at: HealthFinders clinics and classes, in public places in Faribault (public library and a coffee shop), and through the Rice County Public Health department. Convenience sample surveys were completed either using a translated survey or by proxy with an interpreter in an individual or a group setting. With these efforts, 70 Latinos and 50 Somalis completed surveys.

Minnesota Department of Health and Carleton College statistics students analyzed survey data. To ensure that responses to the 2013 Rice County Community Health Survey random sample were representative of the adult population of Rice County, the data were weighted for analysis. Weighting accounted for the sample design by adjusting for the number of adults living in each sampled household and for population differences in population size between northern and southern Rice County. The weighting also includes a post-stratification adjustment so that the gender and age distribution of the survey respondents mirrors the

gender and age distribution of the adult population in Rice County according to U.S. Census Bureau 2010 estimates.

Survey responses were excluded from analysis if they were missing age or gender, as both were necessary to weight the data for analysis. Eleven random sample surveys and 12 convenience sample surveys were excluded from analysis for not having this information.

Cross factor analyses were conducted using R: A Language and Environment for Statistical Computing (1). When sample sizes allowed, chi-square tests were used to explore associations between factors using a 0.05 significance level to determine significance.

In addition, publically available data was collected on factors known to influence health and these were reported on as "key indicators" of health in the CHA. The key indicators were selected by the team based on past experience, familiarity with health concerns in the county and by reviewing the goals and objectives identified in Healthy People 2020 and Healthy Minnesota 2020. Sources for key indicator data included but are not limited to District One Hospital's emergency department, Rice County Public Health's Supplemental Nutrition Program for Women, Infant and Children (WIC) and state and national databases managed by the Minnesota Department of Health, the Centers for Disease Control and the United States Census Bureau. Data presented were the most recently available data at the time it was gathered. Efforts were made to gather data at a county-level but in some cases only a larger geographic area was available.

Approximately 50 people attended a Community Health Improvement Planning & Prioritization Meeting held July 28, 2014 at the Rice County Government Services Building in Faribault. A wide variety of community stakeholders were represented at the meeting including: schools, law enforcement, social services, housing, substance use, mental health, hospitals, community members and public health (see Appendix A: Community Stakeholders Participating in the Rice County CHIP Planning Process).

Meeting objectives were:

- Understand Public Health Assessment and Planning Process
- Establish a common understanding of the current health of the community
- Prioritize health needs of Rice County and identify 10 most important community health issues

The second objective was addressed by sharing definitions of health and presenting an overview of Rice County demographic information. Health equity was defined and a broad overview of health inequities was reviewed at the state and county level.

After sharing the process for the day invitees were divided into small groups. These small groups then rotated through tables with table leaders reviewing the relevant data on 13 health topics.

After reviewing and discussing the data for each topic, participants were asked to score the topic individually. Participants scored the topic with regards to four criteria below using a scale of 1-5 (where 1=strongly disagree and 5=strongly agree). Higher scores equaled higher priority.

- Size: "This issue affects a large % of Rice County population"
- Seriousness: "This is a very serious issue in Rice County"
- Feasibility: "There is capacity to address this issue within Rice County"

- Inequity: “There is a disproportionate burden on a particular subpopulation in Rice County”

Final scores for each health topic were calculated based on the summation of criteria scores from all participants. Health topics were then ranked and posted in the room for participants to see. The outcome was as follows:

Final Score: Top 10 Issues		
Rank	**Topic**	**Score**
1	Social Determinants of Health	696.5
2	Nutrition, Physical Activity and Weight Status	666.5
3	Chronic Diseases and Conditions	666
4	Chemical Health (alcohol and other drugs)	664
5	Maternal, Infant and Child Health	661
6	Mental Health	658
7	Oral Health	657
8	Access to Care	653.5
9	Violence and Crime	615
10	Infectious Disease and Vaccine Preventable Disease	567

Health topics not ranking in the top 10 were tobacco, injury and environmental health.

The CHA was finalized and posted on the Rice County Public Health website (http://www.co.rice.mn.us/node/108235), with articles published in the Faribault Daily News, the Northfield News, and from there released to stakeholder’s board of directors, county commissioners, and other interested persons such as the United Way and faculty at the various colleges within the county.

Health Inequities in Rice County

Over 10.7 percent of the Rice County population is non-white (2) and 12 percent speak English as their second language (3). Rice County is home to some of the largest populations of Latinos and Somalis outside of the Minneapolis and St. Paul metropolitan area (4).

Health disparities are significant, persistent differences that cannot be explained by biology or genetic factors. In addition to individual behaviors, health is created in communities through environmental, social, and economic factors. When these socially determined factors lead to disparities in health outcomes, they are health inequities (5).

There is reason to believe health outcomes are different across racial and ethnic groups. According to the "Advancing Health Equity in Minnesota: Report to the Legislature":

> Health equity issues for the Latino population in Minnesota vary by subgroup. For new immigrants, access to health care is a significant concern, along with the need for culturally competent care, preventive health information (e.g., diet, immunizations), and education to overcome a cultural tendency to avoid seeking medical assistance. Working conditions are also an area of vulnerability and potential inequities leading to health disparities. The level of concern over these issues has grown in proportion to the rapid increase of this population.
>
> Somalis face multiple challenges as refugees, including learning a new language and coming from a very different culture (especially as a primarily Muslim population, a religious minority in Minnesota). Many experienced the trauma of war and/or spent years in refugee camps before being relocated to Minnesota, sometimes without family – even their children – thus mental health is a very critical issue for the Somali community (5).

Described in the 2014 Rice County Community Health Assessment report, where data was available, are the differential realities of race and health as it relates to access, preventative health and management of chronic disease. Countywide, particular health issues may not appear to be a major concern, however further examination of specific populations may find it a serious issue. For example, statewide:

> "People of Color and American Indians fare worse than their non-Hispanic White peers in income and access to health care. These social and economic disparities worsen the impact of diabetes disparities by making it more difficult for People of Color and American Indians to appropriately care for their diabetes and to access recommended medical care to prevent diabetes complications and death" (5).

Preparing the CHIP in Rice County

Once the CHA was made available to the public, Rice County Public Health reconvened the original community partners (District One Hospital, Northfield Clinic and Hospitals and HealthFinders) to begin formulating a CHIP work plan. The group provided feedback at several points in the process and this document is the final result.

Description of Priority Health Issues

The Rice County CHIP priority health issues are:

- Chronic Disease (including mental illness which may complicate an individual's management of a chronic disease or condition)
- Healthy Lifestyle (including nutrition, physical activity, weight status and mental health promotion)

These issues were selected as priorities based on their ranking during the CHA process. Social determinants of health are addressed within identified areas in the work plans for each of these issues below.

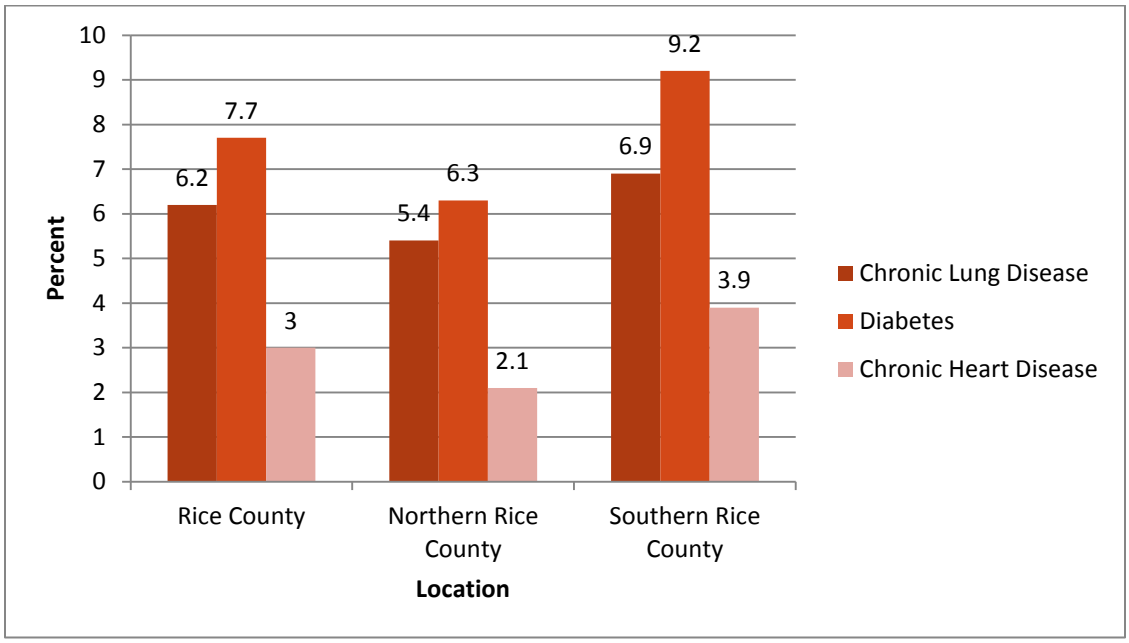
Why Chronic Disease is a Priority Health Issue

Chronic diseases, including heart disease, stroke, cancer, and diabetes are among the most common, costly and preventable illnesses in the United States. Mental health disorders are among the most common causes of disability in the United States, and individuals with untreated mental health disorders are at high risk for many unhealthy and unsafe behaviors, including alcohol or drug abuse, violent or self-destructive behavior, and suicide.

The data points that follow are drawn from the 2014 Rice County Community Health Assessment (http://www.co.rice.mn.us/node/108235) and illustrate why "Chronic Diseases and Conditions" is one of Rice County's priority health issues.

Figure 1 compares self-reports of chronic lung disease, diabetes and heart disease within Rice County (6).

Figure 1: Self Reports of Chronic Lung Disease, Diabetes and Heart Disease within Rice County, 2013



Source: 2013 Rice County Community Health Survey

Chronic Lung Disease: Asthma

Asthma, a common chronic disease of the airways is manageable but not curable. Asthma is associated with missed school days, missed days of work, disrupted sleep and symptoms that interfere with physical activity. The causes of asthma are an active area of research and involve both genetic and environmental factors. Asthma affects people of every race, sex, and age. While asthma morbidity and mortality by income and race/ethnicity is not available at a county level, significant disparities in asthma morbidity and mortality exist for these populations and it can be assumed that this is also true in Rice County (see Table 1) (7).

Table 1: Asthma Morbidity and Mortality by Race and Location

	Total Population (18 and over)	White (Non-Hispanic)	Black (Non-Hispanic	Other Race (Non-Hispanic)	Hispanic/Latino
Rice County	10.3%	N/A	N/A	N/A	N/A
Minnesota	11.0%	10.1%	15.3%	10.6%	10.6%
United States	13.2%	12.8%	14.7%	13.7%	12.7%

Source: Community Commons

When looking at hospitalizations related to asthma, Rice County's age-adjusted rate is the 10th highest in the state and is higher than the state's rate, though the difference does not reach statistical significance (see Table 2) (8).

Table 2: Percent and Rate of Hospitalizations Related to Asthma by Location and Age

	Age-Adjusted Rate (per 10,000)	Age 65 and older	Age under 18	Below Poverty
Rice County	8	12.3%	23.6%	10.3%
Minnesota	6.8	12.9%	24.2%	11.5%

Source: Minnesota Department of Health

According to data gathered from District One Hospital in Faribault, there were 287 emergency department visits in 2012 related to asthma (see Table 3) (9).

Table 3: Demographics for Asthma Visits to the District One Hospital Emergency Department, 2012

Gender	158 female, 129 male
Race	217 white, 70 non-white
Marital Status	144 single, 89 married, 41divorced, 7 widower, 5 legally separated
Insurance Status	95 insured, 48 Medicare, 120 PMAP/Medical Assistance, 22 self-pay, 1 worker's compensation
Age:	Range: 2-89 years old 25 and under: 91 26-50: 121 51-75: 63 76-100: 12

Source: District One Hospital

Both Healthy People 2020 and Healthy Minnesota 2020 have goals to improve asthma management. Healthy Minnesota 2020 has a lead indicator to increase the number of children with asthma who achieve optimal asthma management (baseline data for 2010 was at 24 percent, target is 30 percent). Optimal management means that the patient's asthma is well controlled, that he/she has received education about asthma self-management, and has a written asthma plan (10).

Chronic Lung Disease: Chronic Obstructive Pulmonary Disease

According to the Minnesota Department of Health, the age-adjusted rate of Chronic Obstructive Pulmonary Disease (COPD) hospitalizations is much higher in Rice County than it is for the state (see Table 4) (8).

Table 4: Age-Adjusted Rate of COPD Hospitalizations by Location

	Age Group	Count	Age-Adjusted Rate (per 10,000)	95% CI
Rice County	Ages 45+ combined	296	42.4	(37.6 - 47.3)
Minnesota	Ages 45+ combined	19,650	32.8	(32.3 - 33.2)

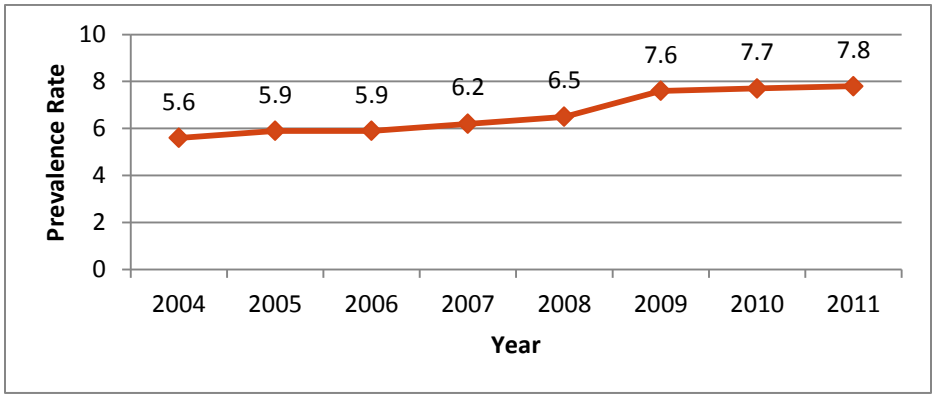
Source: Minnesota Department of Health

Diabetes

Diabetes is a complex chronic disease that is increasing in prevalence. It is characterized by high levels of glucose in the blood. Long-term complications can include cardiovascular disease, kidney disease, and blindness. Optimal management, which includes controlling blood glucose (HbA1C<8), controlling blood pressure (<140/90), lowering LDL cholesterol (<100), being tobacco free and taking aspirin daily (unless contraindicated) can prevent or delay many complications from diabetes (11).

The statewide rate for diabetes among adults in Minnesota was 7.3 percent in 2012, while the 2011 rate in Rice County was 7.9 percent. Figure 2 below shows how the prevalence rate has been steadily increasing since 2004 (12).

Figure 2: Diagnosed Diabetes Prevalence Rates in Rice County, 2004-2011



Source: Centers for Disease Control and Prevention

Locally, according to data gathered from District One Hospital in Faribault, there were 846 emergency department visits in 2012 related to diabetes (see Table 5) (9).

Table 5: Demographics for Diabetic Visits to the District One Hospital Emergency Department, 2012

Gender	452 female, 392 male
Race	703 white,124 non-white
Marital Status	213 single, 415 married, 101 divorced, 104 widower, 8 legally separated
Insurance Status	178 insured, 412 Medicare, 192 PMAP/Medical Assistance, 47 self-pay, 7 veterans, 5 worker's compensation
Age:	Range: 7-97 years old 25 and under: 24 26-50: 269 51-75: 357 76-100: 196

Source: District One Hospital

According to the 2013 Rice County Community Health Survey, 7.7 percent of all Rice County residents report having been told by a health care professional that they have diabetes (6). 55 percent of all Rice County residents report having their blood sugar checked within the past year (6). According to the Dartmouth Atlas of Health Care a greater percent of Rice County Medicare enrollees with diabetes see a health care provider for an annual Hemoglobin A1c test when compared with either the nation or the state (see Table 6) (7).

Table 6: Diabetic Medicare Enrollees with Annual Exams by Location

Diabetes Management: Hemoglobin A1c Test				
	Total Medicare Enrollees	**Medicare Enrollees with Diabetes**	**Medicare Enrollees with Diabetes with Annual Exam**	**Percent Medicare Enrollees with Diabetes with Annual Exam**
Rice County	3,687	314	285	91.1%
Minnesota	317,143	27,112	23,811	87.8%
US	51,875,184	6,218,804	5,212,097	83.8%

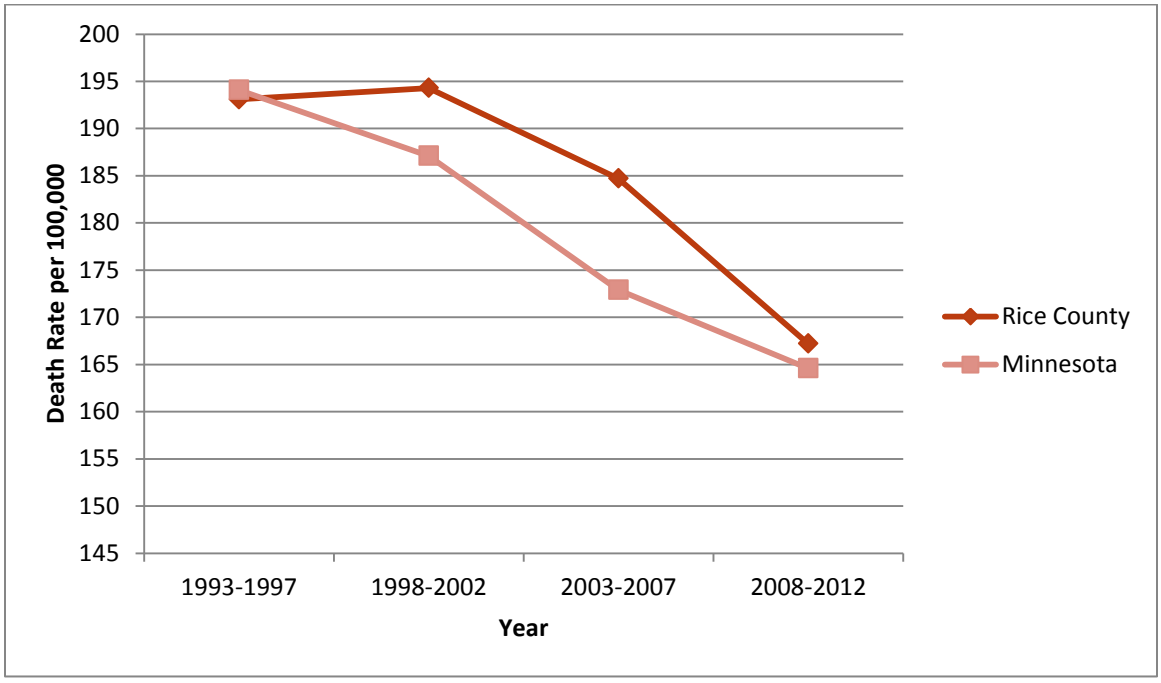
Source: Dartmouth Atlas of Health Care

Chronic Heart Disease

Heart disease is a group of diseases that affect the heart and blood vessels. Diseases include coronary artery disease, angina, heart attack, and congestive heart failure. Risk factors for heart disease include high blood pressure and high cholesterol, discussed here, and smoking, physical inactivity, unhealthy diet, overweight and obesity, and diabetes, discussed elsewhere in this report.

Figure 3 compares the heart disease age-adjusted death rate trends in Rice County and Minnesota (13).

Figure 3: Age-Adjusted Death Rate Due to Heart Disease in Minnesota and Rice County, 1993-2012



Source: Minnesota Department of Health

According to the Minnesota Department of Health, Rice County's age-adjusted rate of heart attack hospitalization is lower than the state rate for residents 35 and older (see Table 7) (8).

Table 7: Age-Adjusted Rate of Heart Attack Hospitalization by Location

	Count	Age-Adjusted Rate (per 10,000)	95% CI
Rice County	275	26.3	(23.2 - 29.5)
Minnesota	24,901	27.7	(27.3 - 28.0)

Source: Minnesota Department of Health

According to data gathered from District One Hospital in Faribault, there were 2,062 emergency department visits in 2012 related to circulatory problems (see Table 8) (9).

Table 8: Demographics for Circulatory Problem Visits to the District One Hospital Emergency Department, 2012

Gender	1069 female, 993 male
Race	1874 white, 188 non-white
Marital Status	349 single, 1115 married, 205 divorced, 363 widower, 23 legally separated
Insurance Status	489 insured, 1111 Medicare, 345 PMAP/Medical Assistance, 76 self-pay, 22 veterans, 19 worker's compensation

Age:	Range years old: 5-101 25 and under: 19 26-50: 449 51-75: 941 76-101: 653

Source: District One Hospital

Cancer

In general, cancer is more treatable the earlier it is detected and before it has spread. Screening for cancer is an effective intervention for identifying disease before it spreads.

The 2013 Rice County Community Health Assessment Survey asked about monthly self-exams for cancer and found that around 60 percent of respondents did not perform these exams (6).

Between 2007 and 2011, Rice County had slightly higher age-adjusted death rates than the state for cancer conditions (see Table 9) (13).

Table 9: Cancer Age-Adjusted Death Rate by Location, 2007-2011

	Age-adjusted Death Rate, Cancer (per 100,000)
Rice County	169.4
Minnesota	167.4

Source: Minnesota Department of Health

Cancer incidence in Rice County is compared to incidence in Minnesota from 2005 to 2009 (see Table 10).

Table 10: Cancer Incidence in Rice County and Minnesota, 2005-2009

Cancer Type	**Rice County Incidence (per 100,000)**	**Minnesota Incidence (per 100,000)**
All cancer types combined	447.5	474.6
Bladder	25.5	22.6
Brain and other nervous system	7.7	6.3
Breast	126.1	128.5
Colorectal	43.6	45.1
Leukemia	20.2	15.1
Lung and bronchus	58.5	56.8
Oral cavity and pharynx	12.7	11.4
Thyroid	12.2	10.9

Source: Minnesota Department of Health

Mental Illness

Based on the 2013 Rice County Community Health Survey, 22.9 percent of respondents have been told by a doctor or other health care professional that they have depression and/or anxiety (6). One out of 10 Rice County adults report delaying mental health care (6). According to the convenience sample survey, Latino respondents delay mental health care at a rate of one out of four. Of those who delayed mental health care, cost was the major barrier to seeking out care.

District One Hospital's emergency department data show that there were 1,131 mental health visits in 2012 (9). The demographic breakdown of those visits is shown on Table 11.

Table 11: Demographics for Mental Health Visits to the District One Hospital Emergency Department, 2012

Gender	632 female, 499 male
Race	1021 white, 109 non-white
Marital Status	548 single, 349 married, 144 divorced, 61 widower, 18 legally separated
Insurance Status	283 insured, 300 Medicare, 420 Medical Assistance, 115 self-pay, 9 veterans
Age:	Range 5-101 years old Under 13: 31 13-17:71 18-23: 118 Under 25: 243 26-50: 554 51-75: 210 76-101: 124

Source: District One Hospital

Data from the Minnesota Student Survey show an increase in youth self-reported mental health issues. Particularly notable is the increase among girls from 2010 to 2013 reporting mental health issues (see Table 12).

Table 12: Rice County Ninth Graders, Percentage of Affirmative Responses on Emotional Wellbeing, 2010 and 2013

	9th Grade Girls		9th Grade Boys	
	2010	2013	2010	2013
Feeling very trapped, lonely, sad, blue, depressed or hopeless about the future	25	45	13	20
Hurt themselves on purpose (cutting, burns, bruises) in the last year	22	30	9	10
Thought about killing yourself	33	34	20	19
Tried to kill yourself	11	14	7	7

Source: 2010 and 2013 Minnesota Student Survey

Looking at National Vital Statistics from across five years (2006-2010), Rice County has a lower age-adjusted death rate from suicide than both the country and the state and is lower than the Healthy People 2020 target of 10.2 percent.

Table 13: Suicide Age-Adjusted Death Rate by Location, 2006-2010

Report Area	Age-Adjusted Death Rate, Suicide (Per 100,000 Pop.)
Rice County	10.07
Minnesota	10.92
US	11.57
Healthy People 2020 Target	<= 10.2

Source: Centers for Disease Control and Prevention

What We Will Do about Chronic Diseases and Conditions in Rice County

The work plan that follows outlines the strategies and tactics of Rice County Public Health and community partners in addressing chronic diseases and conditions. Throughout the work plan, reference is made to tactics addressing social determinants of health (SDOH). It is our intention to examine and address SDOH listed by Healthy People 2020 (14).

While the team acknowledges that policy changes will be needed to accomplish our objectives, it is too early in our process to state what those policy changes may be. A possible area for policy change related to chronic diseases and conditions is in the clinic referral process.

Acronyms used in the work plans that follow are defined below:

C&C	Clinic & Community	HC	Home Care
RCMHC	Rice County Mental Health Collective	RCPH	Rice County Public Health
SHIP	Statewide Health Improvement Program	WIC	Women, Infants and Children

Priority 1: Chronic Diseases and Conditions

Goal: All Rice County residents have access to promising practice and evidence-based resources for optimal management of chronic diseases and conditions including mental illness.

Objective 1	Outcome Indicators
By 2019, build infrastructure that support clinic-community linkages addressing chronic diseases and conditions. By 2019, increase awareness of and referrals to resources aimed at optimal management of chronic diseases and conditions including mental illness.	• Chronic disease surveillance data (prevalence and hospitalization rates) • Establishment of annual clinic-community linkage meetings • Increase in healthcare provider's and community based organization's awareness of promising practice and evidence-based resources

Strategy	Tactic	Performance Indicator	Target Date	Primary Lead	Community Partners
1.1 Monitor health status to identify and solve community health problems. (Essential Service #1)	1.1.1 Increase surveillance of chronic diseases and conditions, including mental illness, in Rice County (i.e. prevalence and hospitalization rates).	Annual posting of data on Rice County Public Health's website. Annual agenda item for review at the clinic-community linkages meeting (1.3.3)	December 2015	RCPH C&C Supervisor	HealthFinders, Allina and Mayo Clinics, District One Hospital, Northfield Hospital & Clinics
1.2 Mobilize community partnerships and action to identify and solve health problems. (Essential Service #4)	1.2.1 Convene an open meeting of organizations providing chronic diseases and conditions management resources for the purpose of sharing experiences and collaborating on future work to improve access to promising practice and evidence-based resources.	Agenda created and first meeting date set. Meeting frequency determined.	June 2015	RCPH SHIP Coordinator, RCPH C&C Supervisor	RCPH HC Supervisor, HealthFinders
	1.2.2 Create a master list of resources currently being offered. List to include cost, frequency, days, hours, location, waiting list	Master list created with a review/update frequency stated.	August 2015		

Strategy	Tactic	Performance Indicator	Target Date	Primary Lead	Community Partners
	etc.				
	1.2.3 Explore overlap and gaps in current resources provided and audiences served with particular attention to those chronic diseases and conditions most prevalent in Rice County (diabetes, chronic lung disease and chronic heart disease).	Gaps table created	September 2015		
	1.2.4 Investigate new ideas, partnerships and funding opportunities to deliver promising practice and evidence-based resources in the identified gaps and begin delivering those resources.	Elimination of gaps on the "gaps table" *The gaps analysis will incorporate an examination of local SDOH.	December 2019		
1.3 Link people to needed personal health services and assure the provision of health care when otherwise unavailable. (Essential Service #7)	1.3.1 Identify an appropriate contact at each clinic, hospital (i.e. clinic administrator, physician's nurse) and non-traditional referral sources (care-giver education groups, senior centers, religious organizations, schools, welcome centers) with whom to share the chronic diseases and conditions resources.	Contact list created	July 2015	RCPH SHIP Coordinator, RCPH C&C Supervisor	HealthFinders, Allina and Mayo Clinics, District One Hospital, Northfield Hospital & Clinics
	1.3.2 Develop tools to evaluate objective outcome indicators: 1) Change in healthcare provider and community based organization awareness of promising practice and evidence-based resources and 2) Increases in referrals to promising practice and evidence-based resources.	Tools created	July 2015		
	1.3.3 Conduct clinic-community linkage meetings annually to: 1) report on county data trends related to chronic disease, 2) network with and inform attendees about promising practice and evidence-based resources being offered in the community, 3) to understand	Agenda created and meeting date set. Number of providers/health systems attending the meetings.	September 2015		

Strategy	Tactic	Performance Indicator	Target Date	Primary Lead	Community Partners
	the system for referring to community based programming, barriers to doing so and solution to engage in, and 4) to explore on-going ways of sharing the master list of community resources. *Evidence base: This tactic is indicated to be "promising practice" in NACCHO's Model Practice Database*				
	1.3.4 Develop a communication plan that addresses on-going ways of updating and sharing the master list of resources being offered in the community.	Communication plan written.	October 2015		

Why Healthy Lifestyle is a Priority Area

The data points that follow are drawn from the 2014 Rice County Community Health Assessment (http://www.co.rice.mn.us/node/108235) and illustrate why "Healthy Lifestyle" is one of Rice County's priority health issues.

Good nutrition begins with breastfeeding and continues throughout one's lifetime helping all people reduce their risk for health conditions such as overweight and obesity, heart disease, high blood pressure, dyslipidemia, type 2 diabetes, osteoporosis, oral disease, constipation, diverticular disease, some cancers, malnutrition and iron deficiency anemia (15).

Regular physical activity helps reduce the risk of chronic diseases, falls and depression. When communities support active living, residents are more likely to engage in physical activity. Physical inactivity is one of the most important risk factors for chronic disease in the United States.

Since the late 1970's, the prevalence of overweight and obesity in the United States has nearly doubled in adults, more than doubled in children and more than tripled in adolescents. Individuals who are at a healthy weight are less likely to develop chronic disease risk factors and chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers. Healthy weight individuals are also less likely to experience complications during pregnancy or die at an earlier age.

Mental health is essential to an individual's well-being, interpersonal relationships, and ability to live a full and productive life.

Nutrition

According to the Minnesota WIC Information System in 2012 Rice County was above the Healthy People 2020 target for breastfeeding initiation and higher than the state across all race/ethnicities (16). However, breastfeeding duration is lower than national goals (see Table 14). When examining breastfeeding duration by race/ethnicity, minorities in Rice County maintain higher than state rates of breastfeeding while white, non-Hispanics have lower rates than the state (16).

Table 14: Breastfeeding Initiation and Duration at Six and 12 Months for WIC Infants Born in 2012

	Breastfeeding Initiation	Breastfeeding at 6 Months	Breastfeeding at 12 Months
Healthy People 2020 Target	81.9%	60.6%	34.1%
Rice County	84.4%	33.4%	13.8%

Source: Minnesota Department of Health

According to the 2013 Rice County Community Health Survey, 29.8 percent of county residents ate "five or more servings of fruits and vegetables yesterday" (6). Eight percent ate zero servings.

A lead indicator for Healthy Minnesota 2020 is 9th grade youth who eat five fruits and vegetables daily (11). According to the 2010 Minnesota Student Survey, 18.1 percent of the state's 9th graders and 19.0

percent of Rice County's 9th graders were meeting the recommendation (13). The goal for Healthy Minnesota 2020 is 30.0 percent meeting the recommendation (11).

In 2008, 14.6 percent of the nation's households were food insecure. The Healthy People 2020 goal is to reduce this to 6.0 percent. According to the 2013 Rice County Community Health Survey, 12.4 percent of county residents reported that in the last 12 months they "often" or "sometimes" worried that their food would run out before they had money to buy more (9.9 percent in northern Rice County and 16.1 percent in southern Rice County). According to the 2013 Rice County Community Health Survey convenience sample, 57.4 percent of Latino respondents and 84.0 percent of Somali respondents reported that in the last 12 months they "often" or "sometimes" worried that their food would run out before they had money to buy more.

According to the University of Minnesota Extension, 22.8 percent of Rice County residents experience "low access to food stores", similar to other counties in our region at 22.5 percent. Low access is defined as living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area (17).

There are four food shelves in the county. The 2013 Rice County Community Health Survey found that 3.5 percent of residents reported using a community food shelf program (3.9 percent in northern Rice County and 3.1 percent in southern Rice County) (6).

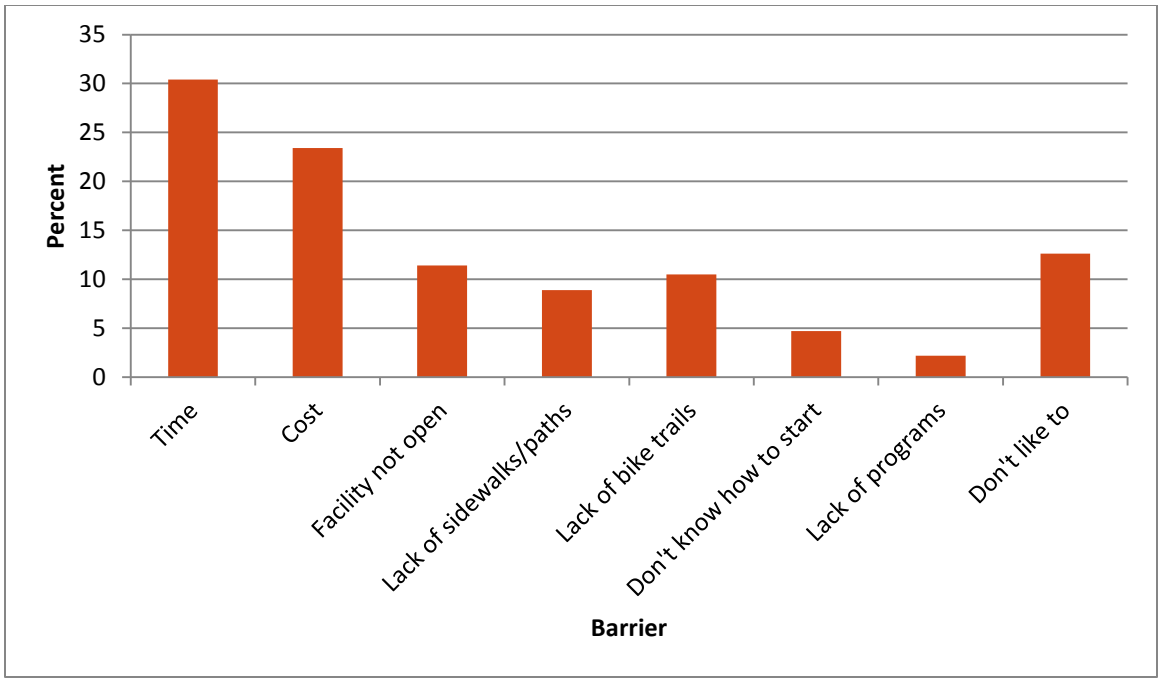
Physical Activity

The Healthy Minnesota 2020 goal for youth physical activity is that 92 percent of 9th grade boys and 89 percent of 9th grade girls will report exercising or participating in sports which made them sweat or breathe hard for at least 20 minutes at least three of the last seven days (11). According to the 2013 Minnesota Student Survey, 74 percent of Rice County 9th grade males and 70 percent of females reported being physically active for 60 minutes or more on three or more of the last seven days (13).

The federal recommendation for physical activity in persons aged 18 years and older is 150 minutes a week (18). The Healthy Minnesota 2020 goal for physical activity is that 75 percent of adults meet the federal recommendation (11). In 2008, 52.7 percent of the state's residents met the goal. According to the 2013 Rice County Community Health Survey, 68.1 percent of residents exercise 150 minutes a week or more (64.3 percent in northern Rice County and 71.9 percent in southern Rice County) (6).

When asked what barriers residents experience to exercising, the top three "biggest problems" were: time, cost and not liking to exercise (see Figure 4) (6). Statistical significance was reached when examining whether or not people who reported that cost was a barrier exercised less than those who do not find cost to be a problem (p-value = 0.01007).

Figure 4: Rice County Resident's Barriers to Exercising, 2013



Source: 2013 Rice County Community Health Survey

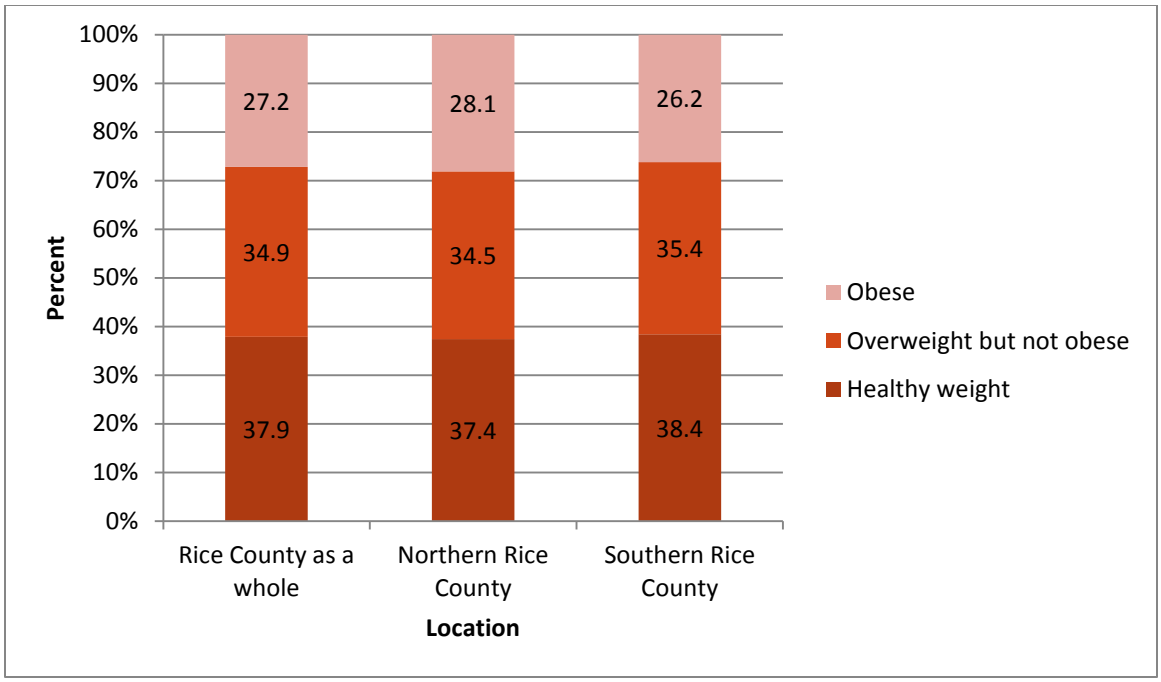
Respondents to the 2013 Rice County Community Health Survey were asked on average, while not at work or school, how many minutes/hours per day they use a computer, tablet, TV or smart phone. 67 percent of county residents reported greater than two hours a day (6). National recommendations are one to two hours a day for all people over the age of two years (19).

Weight Status

Weight status is a lead health indicator for both Healthy People 2020 and Healthy Minnesota 2020. Nationally, 30.8 percent of persons aged 20 year and older were at a healthy weight in 2005-2008 (Healthy People 2020 goal is 33.9 percent). 2010 baseline data shows that 38 percent of Minnesota adults were at a healthy weight (Healthy Minnesota 2020 goal is 47 percent). According to calculated body mass index (BMI) based on self-reported height and weight on the 2013 Rice County Community Health Survey, 37.9 percent of Rice County residents were at a healthy weight.

Nationally between 2005-2008, 33.9 percent of persons aged 20 or older were obese (2020 goal is 30.5) while 27.2 percent of Rice County residents reported obese weight status. According to October 2013 data gathered from Rice County WIC, 31.94 percent of adult female clients were obese. Figure 5 stratifies the 2013 Rice County Community Health Survey data by northern and southern Rice County.

Figure 5: Weight Status of Rice County Residents, 2013



Source: 2013 Rice County Community Health Survey

Healthy People 2020 has a goal of reducing the proportion of adolescents and children who are considered obese. Nationally, between 2005 and 2008, 17.9 percent of adolescents aged 12-19 years were considered obese (10). The Healthy People 2020 target is to reduce that to 16.1 percent. According to the 2010 Minnesota Student Survey, 24 percent of Rice County 9th graders (compared to 22 percent for the state) and 24 percent of 12th graders (compared to 21 percent for the state) were overweight or obese according to their BMI (13). According to the 2013 Minnesota Student Survey, 25 percent of male and 19 percent of female 9th graders in Rice County were either overweight or obese compared to 21 percent of male and 18 percent of female 11th graders (13).

Healthy People 2020 reports that 10.7 percent of children aged two to five years were obese in 2005-2008 (10). The 2020 target is to reduce that to 9.6 percent. According to data gathered in October 2013 from the Rice County WIC program, 14.14 percent of children between the age of two and five enrolled were obese (20).

Mental Health

Rice County is compared in Table 15 with the nation and state for estimated percent of the population without adequate social/emotional support. The data shows a higher percentage locally without adequate social/emotional support than state.

Table 15: Prevalence of Social Emotional Support by Location, 2012

Report Area	Estimated Population Without Adequate Social / Emotional Support	Percent Population Without Adequate Social / Emotional Support
Rice County	8,155	17.0%

MN	562,297	14.2%
US	48,120,965	20.9%

Source: Behavioral Risk Factor Surveillance System, 2012

What We Will Do about Healthy Lifestyle in Rice County

The work plan that follows outlines the strategies and tactics of Rice County Public Health and community partners in addressing the adoption of a healthy lifestyle. Throughout the work plan, reference is made to tactics addressing SDOH. It is our intention to examine and address SDOH listed by Healthy People 2020 (14).

While the team acknowledges that policy changes will be needed to accomplish our objectives, it is too early in our process to state what those policy changes may be. A possible area for policy change related to healthy lifestyle may be drawn from the findings of the community food assessment.

Acronyms used in the work plans that follow are defined below:

C&C	Clinic & Community	HC	Home Care
RCMHC	Rice County Mental Health Collective	RCPH	Rice County Public Health
SHIP	Statewide Health Improvement Program	WIC	Women, Infants and Children

Priority 2: Healthy Lifestyles

Goal: All Rice County residents have access to healthy foods and physical activity enabling them to achieve a healthy body weight and thereby reduce their risk of chronic disease.

Objective 1	Outcome Indicators
Short-term: • Increase the percentage of residents who ate five or more servings of fruits and vegetables yesterday.* • Increase the proportion of adolescents and adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.** *Aligns with the Statewide Local Public Health Objectives 2011-2014 (adults) and Healthy Minnesota 2020 (9th grade youth). **Aligns with 2015 Rice County Public Health Department Performance Metrics, Statewide Local Public Health Objectives 2011-2014, Healthy Minnesota 2020 and Healthy People 2020 Long-term: • By 2019 increase the percentage of adolescents and adults who are at a healthy weight.*** ***Aligns with 2015 Rice County Public Health Department Performance Metrics, Healthy Minnesota 2020 and Healthy People 2020.	Short-term: • Youth (9th graders) who ate five or more servings of fruits and vegetables yesterday (=15.8% of males and 16.5% of females, 2013 Minnesota Student Survey) • Adults who ate five or more servings of fruits and vegetables yesterday (=29.8% as reported on the 2013 Rice County Community Health Survey) • Youth (9th graders) who meet physical activity guidelines (=74% of males and 70% of females, 2013 Minnesota Student Survey) • Adults who meet physical activity guidelines (=68.1% as reported on the 2013 Rice County Community Health Survey) Long-term: • Healthy weight status as calculated based on self-reported height and weight on the Rice County Community Health Survey (37.9% in 2013)

Strategy	Tactic	Performance Indicator	Target Date	Primary Lead	Community Partners
1.1 Mobilize community partnerships and action to identify and solve health	1.1.1 Determine the priority and interest level for conducting a community food assessment to understand access, affordability and availability of healthy foods.	Summary report on interest in conducting an assessment and boundary for conducting the assessment (neighborhood, city, county,	June 2015	RCPH C&C Supervisor	HealthFinders

Strategy	Tactic	Performance Indicator	Target Date	Primary Lead	Community Partners
problems. (Essential Service #4)		convenience stores, hospitals, jail, prison, schools etc.)			
	1.1.2 Completion of a community food assessment.	Summary report with recommended future action	May 2016	RCPH C&C Supervisor	HealthFinders
1.2 Develop policies and plans that support individual and community health efforts. (Essential Service #5)	1.2.1 Convene stakeholders, such as the Healthy Rice County's Community Leadership Team (CLT), to review the community food assessment and provide input/recommendations on next steps.	Agenda item and subcommittee formed *The review will incorporate an examination of local SDOH.	June 2016	RCPH C&C Supervisor	HealthFinders
	1.2.2 Develop a plan based on the CLT input/recommendations.	Plan written	December 2016		
	1.2.3 Implementation of the community food plan.	To be determined	2017-2019		
1.3 Inform, educate, and empower people about health issues. (Essential Service #3)	1.3.1 Exploration of best practices for promoting the resource listing opportunities for free physical activity available in the county (and/or the resources in the list), with specific focus on groups at risk for chronic disease. Examples of topics to explore include use of social media, the role of Community Health Workers, print and electronic resources.	Identification of best practices	November 2015	RCPH SHIP Coordinator	HealthFinders
	1.3.2 Create or enhance an existing resource listing opportunities for free physical activity available in the county.	Master list created with a sustainable plan for updating the resource listing	January 2016		
	1.3. Develop a communication plan utilizing best practices that addresses on-going ways of updating and sharing opportunities for free physical activity	Communication plan written.	April 2016		

Strategy	Tactic	Performance Indicator	Target Date	Primary Lead	Community Partners
	available in the county.				
1.4 Develop policies and plans that support individual and community health efforts (Essential Service #5)	1.4.1 Review comprehensive plans, sidewalk, trail and park plans to identify gaps in physical activity opportunities.	Gaps table created	September 2015	RCPH SHIP Coordinator	
	1.4.2 Work with city and county officials to engage in comprehensive planning, sidewalk, trail and park planning that addresses gaps in current opportunities for free physical activity and access for all.	Inclusion of high priority gaps in final plans. *The gaps analysis will incorporate an examination of local SDOH.	December 2019		

Goal: Breastfeeding is the norm in Rice County for providing young infants with the nutrients they need for healthy growth and development.

Objective 2
By 2019, increase the percentage of residents initiating breastfeeding and breastfeeding at 6 and 12 months. *Aligns with 2015 Rice County Public Health Department Performance Metrics, Statewide Local Public Health Objectives 2011-2014 and Healthy People 2020

Outcome Indicators			
	Initiation	**6 month**	**12 months**
HP 2020 objective	81.9%	60.6%	34.1%
Rice County WIC data	**Initiation**	**6 month**	**12 months**
2012	84.4%	33.4%	13.8%
2013 (preliminary)	79.8%	34.5%	9.1%
2014 (preliminary)	78.3%	Not available	

Strategy	Tactic	Performance Indicator	Target Date	Primary Lead	Community Partners
2.1 Mobilize community partnerships and action to identify and solve health problems (Essential Service #4)	2.1.1 Convene a multicounty meeting of breastfeeding providers (hospitals, clinics, WIC, home visiting programs and educational programs) to network and begin to understand what is important to consistently share with the public about breastfeeding and what resources could be developed to help providers do that.	Agenda created and first meeting date set.	November 2015	RCPH SHIP Coordinator, RCPH WIC Breastfeeding Coordinator	RCPH FCH Staff;
	2.1.2 Explore other data sources for capturing breastfeeding initiation and duration data	Data sources identified	November 2015	RCPH SHIP Coordinator, RCPH WIC Breastfeeding Coordinator	Local hospital staff
2.2 Research for new insights and innovative solutions to health problems (Essential Service	2.2.1 Research and movement towards becoming a Breastfeeding Friendly Health Department. *Evidence base: Breastfeeding*	Level of Breastfeeding Friendly Health Department designation *Social determinants of health that will be addressed by implementing a Breastfeeding	December 2018	RCPH C&C Supervisor, RCPH WIC Breastfeeding Coordinator	

Strategy	Tactic	Performance Indicator	Target Date	Primary Lead	Community Partners
#10)	*Friendly Health Departments are indicated to be "promising practice" in NACCHO's Model Practice Database.*	Peer Counselor program include social support, social norms and attitudes and community-based resources.			
2.3 Research for new insights and innovative solutions to health problems (Essential Service #10)	2.3.1 Explore the implementation of a Breastfeeding Peer Counselor program at Rice County Women, Infants and Children. *Evidence base: This tactic is "scientifically supported" on the County Health Rankings and Roadmaps and is noted to be "likely to decrease disparities"*	Department determination of applying for the Breastfeeding Peer Counselor grant *Social determinants of health that will be addressed by implementing a Breastfeeding Peer Counselor program include social support, social norms and attitudes and community-based resources.	May 2019	RCPH Director, RCPH WIC Coordinator, RCPH WIC Breastfeeding Coordinator, RCPH C&C Supervisor	
2.4 Evaluate effectiveness, accessibility, and quality of personal and population-based health services (Essential Service #9)	2.4.1 Document appropriate data entry practices for breastfeeding initiation and duration for Rice County Women, Infants and Children staff	Practice documented and a frequency established for reviewing the practice	December 2015	RCPH WIC Coordinator	

Goal: All Rice County residents experience positive mental health.

Objective 3
By 2019, increase the percent of residents who report positive mental health.

Outcome Indicators
• To be determined. See Strategy 1.1 and Tactic 1.1.1

Strategy	Tactic	Performance Indicator	Target Date	Primary Lead	Community Partners
1.1 Monitor health status to identify and solve community health problems. (Essential Service #1)	1.1.1 Identify appropriate measure(s) of positive mental health for inclusion in the 2016 Rice County Community Health Assessment and/or future survey questions	Positive mental health measure(s) identified and 2016 Rice County Community Health Assessment baseline data gathered. Objective 3 outcome indicator defined.	October 2016	RCMHC Coordinator, RCPH C&C Supervisor	RCMHC
1.2 Mobilize community partnerships and action to identify and solve health problems. (Essential Service #4)	1.2.1 Demonstrate leadership at the local level by becoming active members in the Rice County Mental Health Collective's Steering Committee	Number of meetings attended annually.	February 2015	RCPH C&C Supervisor	

Monitoring Progress towards CHIP Goals and Objectives

Community partners will gather at least annually to hear about/report on progress towards CHIP objectives and outcome indicators and tactics and performance indicators as data is available. The group will also discuss how the work is going, what is going well/not well and what changes are needed. Our CHIP is a working document and it will be revised and updated on the feedback of those engaged in the work, our community partners and the needs of the community.

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Appendix A: Community Stakeholders Participating in the Rice County CHIP Planning Process

Allina Health Faribault Clinic
Allina Health Northfield Clinic
City of Faribault Police
City of Northfield Police
Community Action Center of Northfield
District One Hospital
Faribault Area Senior Center
Faribault Diversity Coalition
Faribault Public Schools
Growing Up Healthy
HealthFinders Collaborative
Hope Center
Mayo Clinic Health System, Faribault
Northfield Healthy Community Initiative
Northfield Hospital & Clinics
Northfield Public Schools
Northfield Senior Center
Rice County Chemical Health Coalition
Rice County Commissioners
Rice County Community Corrections
Rice County Family Services Collaborative
Rice County Housing
Rice County Mental Health Collective
Rice County Planning and Zoning
Rice County Public Health
So How Are the Children
St. Olaf College
Three Rivers Community Action, Inc

Appendix B: Existing Community Assets and Resources

Walking and biking trails
Bike lanes
Parks
Farmers markets
Schools
Colleges
Community Gardens
Recreation centers
Libraries
Public transportation
Clinics and hospitals
Social service organizations
Numerous nonprofit organizations and coalitions