

Countryside Public Health CHIP

COMMUNITY HEALTH IMPROVEMENT PLAN
2019-2021

ELIZABETH AUCH, ADMINISTRATOR



COUNTRYSIDE
PUBLIC HEALTH

Executive Summary

The Countryside Public Health Improvement Plan (CHIP) is a collaborative plan identifying health priorities, goals, objectives and actions steps. This collaborative plan is utilized by community organizations to offer guidance in the development of strategies and policies aimed at improving the health of Countryside Public Health residents.

In 2018, Countryside Public Health partnered with community partners to address Family, Parenting, Home Visiting and Tobacco Use and Exposure. The success of obtaining grant funding for Evidence based Home Visiting furthered the priority of Family, Parenting, and Home Visiting to improve the health of families in the five counties. The Statewide Health Improvement Partnership (SHIP) staff in coordination with community partners updated tobacco ordinances and created policies, systems, and environmental health changes.

Throughout 2018, Countryside Public Health initiated a process to identify and describe the health of our five counties, factors affecting health challenges, and the current community assets and resources to advance health. The development of the CHIP is in response to the current Community Health Assessment (CHA), surveys, focused interviews, and a collaborative process including the collection and analysis of data and information to make decisions moving forward collectively.

A process was implemented to identify community health issues that rose to significance and needed to be addressed by the Countryside CHIP. The communities determined Family & Home Structure, Mental Health & ACES, and Substance Use were the highest priority issues to address. This document will provide further detail of the priority issues and an action plan to navigate forward together as a community to improve health.

Over the next year, Countryside Public Health, in partnership with the community partners will lead the implementation of this CHIP. When all partners work collectively the health of all will prosper. If you have any questions about the CHIP please contact:

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Countryside Public Health Mission Statement

“The mission of Countryside Public Health is to facilitate a safe and healthy future for the residents of Big Stone, Chippewa, Lac qui Parle, Swift and Yellow Medicine counties.”

Acknowledgments

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Shelly Aalfs, Health Informatics Technician

Ashlie Johnson, SHIP Coordinator

Countryside Community Health Board:

Brent Olson, Big Stone County Commissioner

Joseph Berning, Big Stone County-Lay Person

Dave Lieser, Chippewa County Commissioner

Jeffery Lopez, Chippewa County Commissioner

Teri Shelstad, Chippewa County-Lay Person

Todd Patzer, Lac qui Parle County Commissioner

Ann Jenson, Lac qui Parle County-Lay Person

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John Berends, Yellow Medicine County Commissioner

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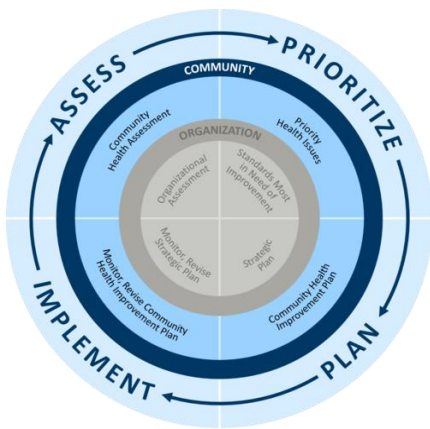
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Introduction

What is a Community Health Improvement Plan?

A community health improvement plan (CHIP) is a long-term, organized process to address public health issues based on the results of a community health assessment (CHA) and the community health improvement process. The community health improvement process is a deliberate effort to encompass community members in a collaborative effort to improve the availability, accessibility, and quality of healthcare to improve the health status of the population.



Countryside Public Health staff made a conscientious effort to collect data through techniques including: 280 community surveys, key-informant interviews, community groups, and focus groups. The 2020 Community Health Improvement Plan (CHIP) is a comprehensive, long-term plan to address public health issues identified from the CHA. The purpose of the plan is to work collaboratively to address the health priorities selected. The CHIP will be implemented by community partners to assure the goals, objectives, and strategies are effective and attainable.

The full community health assessment (CHA) with individual county level data is available at: countrysidepublichealth.org or email: Lauch@countryside.co.swift.mn.us

The five counties are rural in geography and comprised of small communities and towns. The main industry is agricultural and some industry of pork, turkey, and dairy.



45,180
Residents



Health Inequities are shaped when barriers prevent individuals and communities’ access to reach their optimal potential. One’s health is a state of complete physical, social, and mental well-being and not just the absence of a disease. Public health has been dedicating time and attention addressing the impact of the social determinants of health. Public Health must partner with communities to optimize the conditions in which are citizens are born, grow, live, work, play, and age. Identifying the factors influencing health status, employment, housing, education, health care, public safety, and access to food in our five counties is imperative to improve health inequities.

A health disparity is the difference in health status between individuals related to social or demographic factors such as their race, gender, income, or geographic region. Understanding the differences between health inequities and health disparities assist community leaders and public health to improve the social determinants of health.

Below are the following conditions, which may create health inequities with our Countryside population:

| | |
|--------------------------------|--|
| RACE | Pockets of Hispanic, Asian/Pacific Islander, African American, & American Indian create awareness of potential health inequities in these population. 91% of our population across all five counties is White. |
| AGE | 22% of our Countryside Public Health population is 65 or older & 38% is 55 or older; both brackets of age data are higher than the state of MN. |
| ACCESS TO MENTAL HEALTH | Countryside Public Health Services area has a limited number of available Mental Health Facilities. |
| INCOME | The counties of Countryside Public Health show a lower median household income than the state of MN. Chippewa County shows our highest median household income at \$57,601 & Big Stone at our lowest median household income at \$48,299. |
| POVERTY | Countryside Public Health total population has a higher percentage than the state of MN living at or below 200% poverty, at 30.9% . 1 in 4 people are eligible for Medical Assistance, vs. the state of MN at 1 in 5. |
| HOUSING | Countryside has a higher percentage of owner-occupied housing than the State of MN. Two of the five Countryside counties have a lower percentage of owner-occupied housing than the State of MN. |
| TRANSPORTATION | Countryside Public Health community members have shared the lack of adequate public transportation interferes with healthcare access and basic personal needs. |

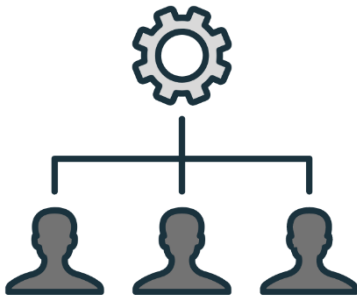
CHIP Plan Process

This CHIP is the guide to Countryside Public Health, our community partners, and stakeholders to work together to improve the health of our five-county population. This plan will include objectives and strategies to measure progress towards our identified goals. The CHA and the CHIP are key in moving the needle forward.

Step 1: Formation of the Community Leadership Team

Countryside Public Health initiated the formation of a Community Leadership Team consisting of various organizations and sectors, including: health care, faith community, businesses, schools, elected officials, early childhood, family services, community members, and other interested parties.

Collaborative Approach:



The Community Leadership Team met throughout the entire process and will continue to connect to oversee the implementation, support in advancement, and address challenges that arise. The Community Leadership Team is critical to the development of the CHIP. The Community Leadership Team keeps the focus on assessing, developing policy, and assuring completion.

Step 2: Assess the Health of the Community

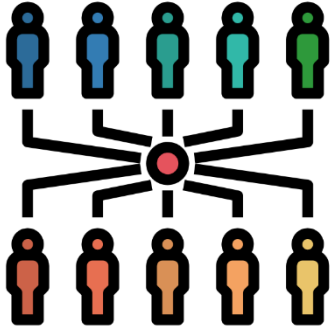
This work was completed in partnership with the Community Leadership Team in reviewing statistics, survey data, other data fields, and utilizing the CHA data to rank community health priorities.

Data Collection:



The primary and secondary data is collected from a variety of sources to complete a comprehensive Community Health Assessment. The CHA includes both quantitative and qualitative data. Data sources are in the index of the CHA on Countryside Public Health's website. *Countrysidepublichealth.org.*

Community Input:



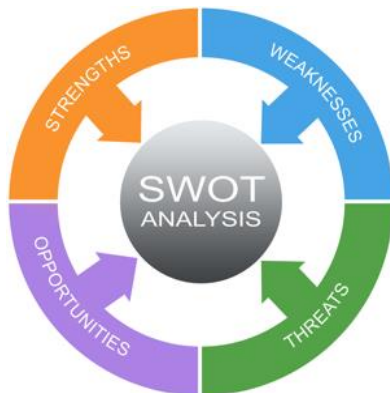
Community input was completed in an assortment of methods within our five-county service area.

- Key Informant Interviews
- 275 + Surveys with Community Members
- Focus Groups

In 2019, a specific family, home, visiting steering committee was formed to address evidenced base home visiting in the five counties.

Step 3: Prioritize the CHIP

The selection of a priorities involves meeting with the Community Leadership Team to complete a prioritization process.



The Community Team utilized a facilitator to determine the top three priorities by assessing the data collection, community input, and through group discussion. The Community Team utilized the **SWOT Analysis** going through the steps to determine the strengths and opportunities to achieve success in our communities.

TOP THREE PRIORITIES:

1. Family, Parenting, and Home Structure
2. Mental Health- Adverse Childhood Events (ACE's)
3. Substance Use- Continue Tobacco Use and Exposure work

CHIP Priorities

Family, Parenting, and Home Structure



The Community Leadership Team committed time and resources to addressing this continuing priority from 2019. This priority continues to rise to the top with our Community Leadership Team and partners across the five counties. Family, Parenting, and Home Structure will continue to be a top priority for the Community Leadership Team to address in 2020.

In 2019, a stakeholder committee was formed to review data in regards to parenting and home visiting. The stakeholder committee utilized a MAPP process to select an evidenced-based home visiting curriculum to implement. The curriculum determined to meet the needs of the families is Healthy Families American Child Welfare Adaptation Model. (HFA). Countryside Public Health partnered with Horizon Public Health and submitted a grant proposal to implement a 10-county home visiting program. The data sources reviewed were:

- a. Community Health Assessment -2015
- b. Child Maltreatment rates
- c. Low Birth Weights (State of MN average)
- d. Birth to Teen Mothers (State of MN)
- e. Incarcerated Parent/substance use (State of MN)
- f. Department of Public Safety
- g. Uniform Crime Reports

The combined CPH service area has higher rates of out-of-home placements due to parental drug use than the state average. The table below illustrates those numbers.

| Entity | Child Rate per 1000 of Out-of-home Placement | State Ranking amongst 80 Agencies | Rate per 1000 Due to Parental Drug Use | Percent Difference than the State Average |
|-----------------|--|-----------------------------------|--|---|
| State | | | 27.1 | NA |
| Big Stone | 18.5 | 16 | 33.3 | 22.9% Higher |
| Chippewa | 2.1 | 80 | 0 | -100% Lower |
| Lac qui Parle | 10.2 | 51 | 71.4 | 163.5% Higher |
| Swift | 19 | 13 | 53 | 95.6% Higher |
| Yellow Medicine | 15 | 25 | 72.2 | 166.4% Higher |

Minnesota Department of Human Services, Minnesota's Out of Home Care and Permanency Report (2015)

As parental drug use continues to increase at the present rates, this problem will only exacerbate in the CPH service area. A direct impact from the drug use is a high rate of parental incarceration and increased adverse childhood events, likely causing increased mental health issues in children.

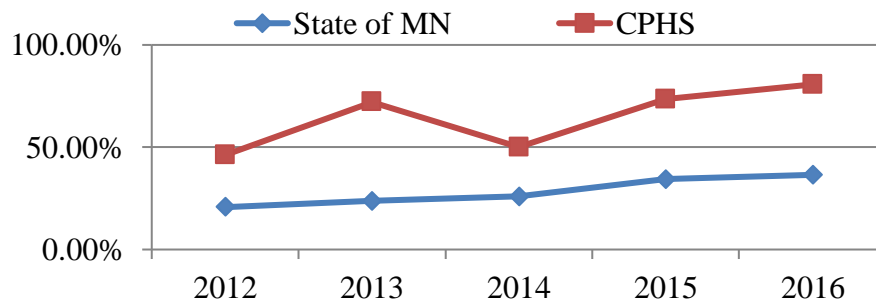
The table below illustrates drug arrests in the five-county service area. CPH is 129.18% above the state average in drug arrests.

| | Drug Arrest Information | Grant Total | Opium, Cocaine, Etc. | Marijuana | Synthetic | Other (inc. Meth) |
|---------|-------------------------|-------------|----------------------|-----------|-----------|-------------------|
| 2012-16 | State of MN | 92,577 | 8,578 | 52,671 | 5,327 | 26,001 |
| | | | 9.3% | 56.9% | 5.8% | 28.1% |
| 2012-16 | CPH Five Counties | 250 | 5 | 72 | 12 | 161 |
| | | | 2.0% | 28.8% | 4.8% | 64.4% |

Minnesota Department of Public Safety, Uniform Crime Reports (2012-2016)

This graph below demonstrates a 66% increase in drug arrests from 2012-2016. This dangerous trend needs intervention.

Other (inc. Meth) Drug Arrests



Minnesota Department of Public Safety, Uniform Crime Reports (2012-2016)

A 2.1-million-dollar grant was awarded to Horizon Public Health in partnership with Countryside Public Health. An Advisory Committee was formed specifically for HFA to guide the new home visiting program. The name of the new home visiting program is: **West Central HFA**. The implementation of West Central HFA has been a tremendous success for families in the five counties comprising Countryside Public Health. The Community Leadership Team’s primary focus in 2019 was the birthing of this new Evidenced-based Home Visiting curriculum. *See Action Plan for more details.*

In 2020, with the new 2019 Minnesota Student Survey and 2019 CHA, the Community Leadership Team will review data analysis on Family Structure. An Action Plan will be forthcoming.

Mental Health & ACE's



In 2019, the Community Leadership Team in partnership with Countryside Public Health (CPH) staff reviewed the priority of mental health in the CHIP. The Community Leadership Team recognizes staffing and fiscal resources are limited. The priority in 2019 was to utilize a CPH Primary Prevention School Nurse in partnership with the 11 school districts to offer mental health education. The Community Leadership Team is interested in pursuing an evidenced based mental health curriculum to offer the school districts. The Mind Up Curriculum is one that is on the table to review in 2020.

The 2016 MSS clearly identified children being bullied is on the rise from 2013, especially in our young females. The rise continues in the 2019 MSS.

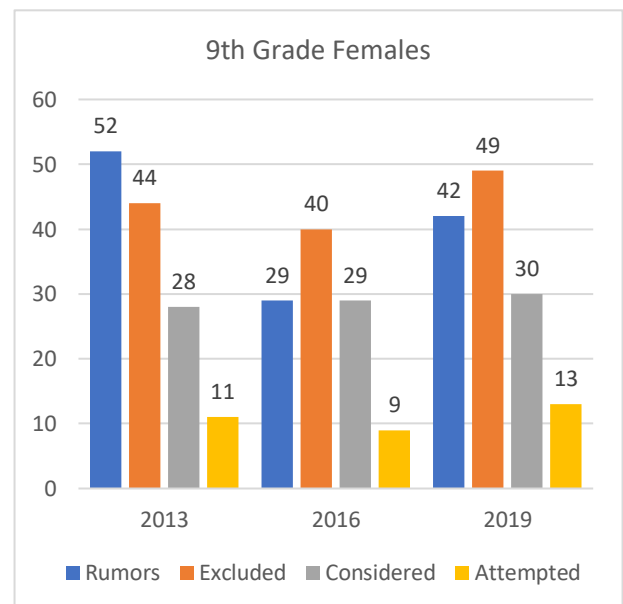
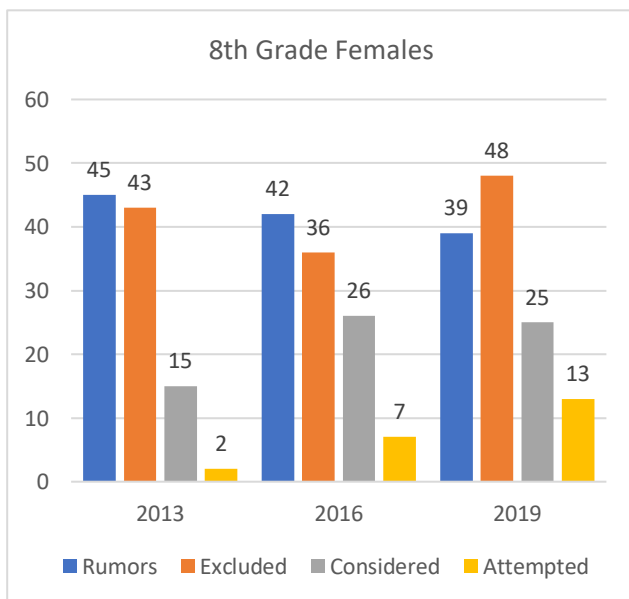
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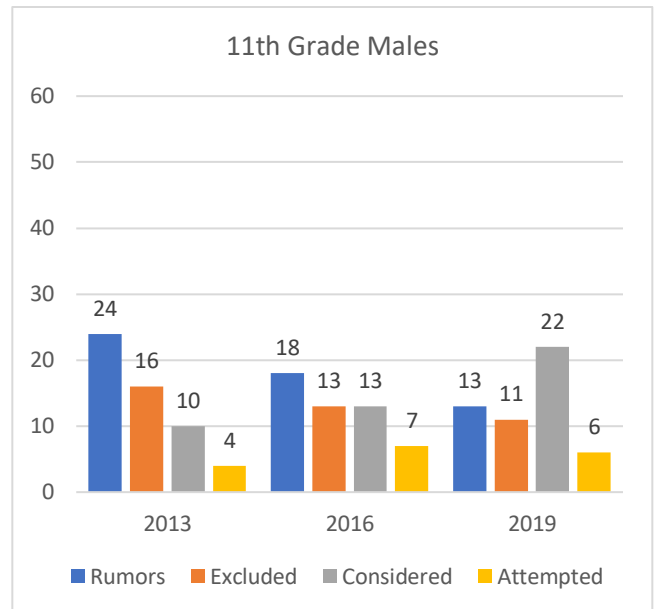
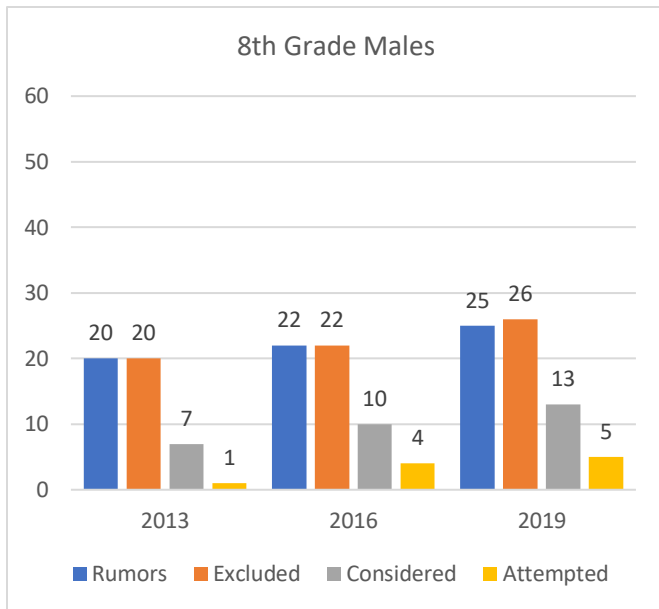
Rumors: Percentage of Students that had other students at school spread mean rumors or lies about them at least once during the last 30 days

Excluded: Percentage of Students that had other students excluded them from friends, other students or activities at least once during the last 30 days

Considered: Percentage of Students that had seriously considered attempting suicide

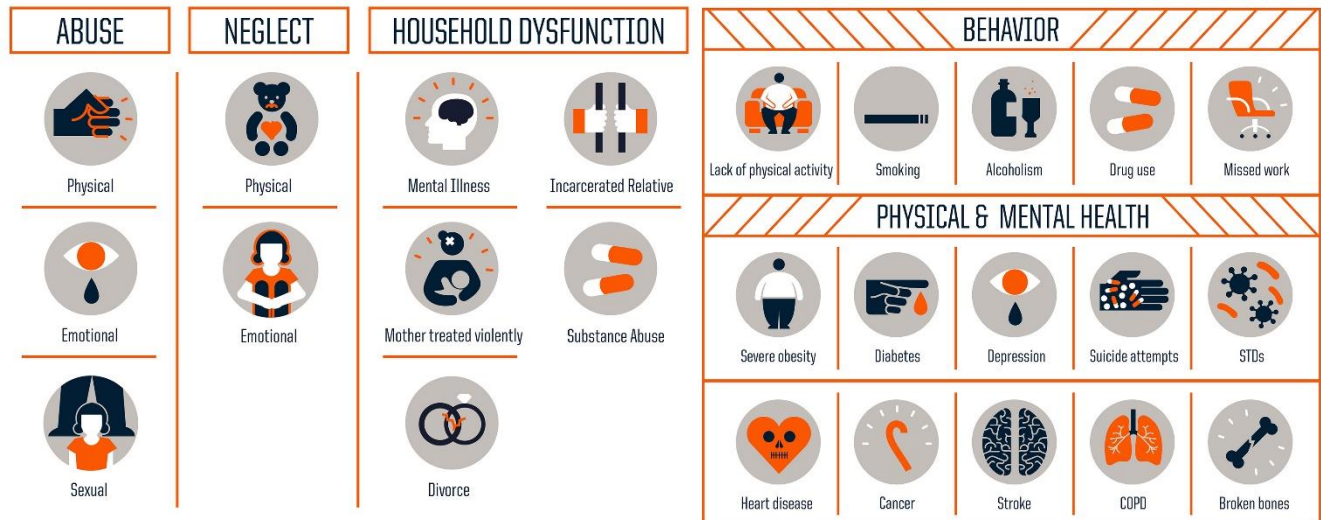
Attempted: Percentage of Students that had actually attempted suicide





The Community Leadership Team raised the concern of addressing mental health with the agricultural community. Countryside Public Health submitted a grant to Medica Foundation to fund strategies to address agricultural mental health. Countryside Public Health notified the Community Leadership Team that funding was not awarded. It was determined to address a limited number of strategies. *See Action Plan.*

The Community Leadership Team also expressed the need to address ACE's with the five-county service area. This will be a goal for the 2020 CHIP in partnership with the Community Leadership Team.



Substance Use: Tobacco & Other Drugs



In 2019, the Community Leadership Team and Countryside Public Health Statewide Health Improvement Partnership (SHIP) focused on tobacco and vaping education, as well as policy and ordinance work. The Community Leadership Team expressed strong interest in continued vaping education to our youth, community members, parents, & school staff.

In 2019, Countryside Public Health SHIP provided education to:

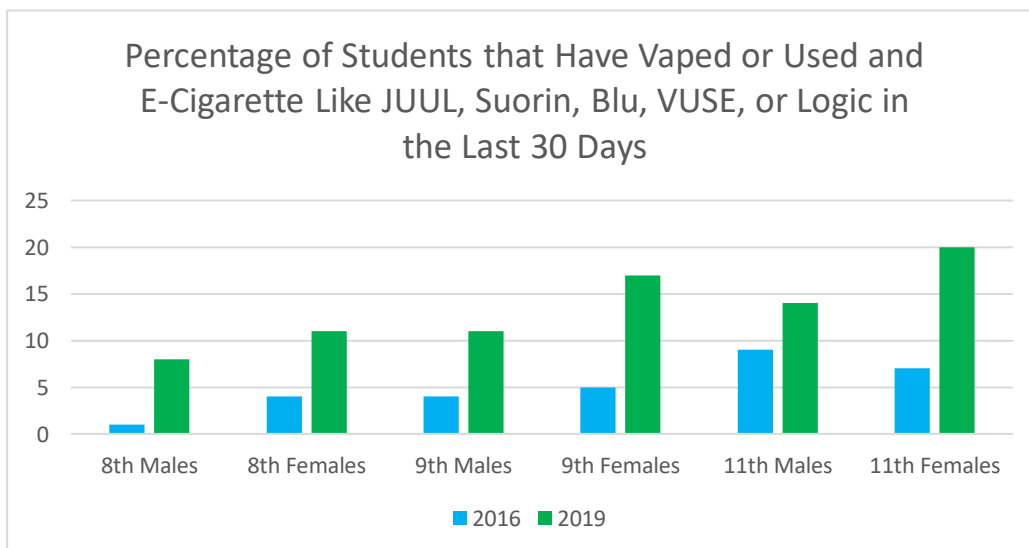
- Both MN River Valley Education Teacher & Para Professional Events (9 School District Event)
- County Commissioners
- Six Community & School Parent Nights
- Four School Staff In-Services
- Two Community/Business Organizations & several County Fair Events

In 2019, Countryside Public Health School Prevention Program provided education to:

- Approximately 790 Students

Countryside Public Health SHIP and the Community Leadership Team have made huge impact in our communities by creating policy, system, and environmental change through education and policy work! Countryside Public Health SHIP updated six community tobacco ordinances in 2019!

The Community Leadership Team chose substance use as a Countryside Public Health priority to become closer to a tobacco free generation. As vaping increases in our rural communities and youth, Countryside Public Health SHIP, School Prevention Nurse, and the Community Leadership Team will work together to educate our youth and communities, and create policy change.



The Why Summary

SUICIDE

Countryside has a **higher percentage of 9th grade female, 11th grade male, and 11th grade female students** that have seriously considered attempting suicide.

BULLIED

Countryside students show a **higher percentage of students** being bullied more than once in the past 30 days than the State of Minnesota with the exception of 11th grade males which was lower than the State of MN.

CYBER BULLIED

Countryside **students show a higher percentage** of cyberbullying in the last 30 days than the State of Minnesota with the exception of 9th grade males which was lower and 11th grade females which was the same as MN.

ACES

Countryside had a **higher percentage of female students & 11th grade male students** with **four or more adverse childhood experiences** than both the State of Minnesota and the Southwest/South Central Region.

OUT OF HOME PLACEMENT

Countryside continues to have a **higher rate of children** in out-of-home care compared to the State of Minnesota.

CHILD MALTREATMENT

Countryside continues to have a **higher** child maltreatment rate than the State of Minnesota.

VAPING

Countryside students: 9% of 8th graders, 14% of 9th graders, & 17% of 11th graders have **used an e-cigarette** in the last 30 days.

E-CIGARETTES

Countryside students: 13% of 8th graders, 22% of 9th graders, & 28% of 11th graders have **tried an e-cigarette**.

Action Plans

| | |
|-------------------------|---|
| CHIP Priority #1 | Family Home Structure |
| Goal | Increase home visiting for families in the five-county service area. |

Objective 1: By December 2020, the number of families served through family home visiting will increase by 20%.

| Action Steps (Deliverables) with Time Frame | By When | Resources Needed | Lead Person | Status with Dates |
|--|----------------|-------------------------------------|-------------------------------------|--------------------------|
| The West Central Advisory Board will meet quarterly to review outreach and data trends to increase number of families enrolled. | 12/31/2020 | Staff time and coalition membership | HFA Supervisor | In progress |
| Supporting Hands Nurse Family Partnership steering committee will meet quarterly to review outreach and data trends to increase number of families enrolled. | 12/31/2020 | Staff time and coalition membership | Supporting Hands Executive Director | In progress |
| CPH will partner with the five county family service organizations to offer Incredible Years parenting classes three to five times a year. | 12/31/2020 | Staff time and partner staff time | CPH Public Health Nurses | In progress |

Objective 2: CPH develop a new universal and postnatal screening tool for families in five county service area to increase referral for home visiting.

| Action Steps (Deliverables) with Time Frame | By When | Resources Needed | Lead Person | Status with Dates |
|---|----------------|---------------------------------------|--|--|
| CPH will develop a work group to meet quarterly assess data trends and review the current CPH universal and postnatal tool utilized. | 11/30/2019 | Staff time and data | Quality Planner and Data Systems Manager | Two meetings held in December, 2019/February 2020. |
| CPH will conduct focused interviews with three community members to review CPH's current tool and offer suggestions to educate families and refer to home visiting resources. | 6/30/2020 | Staff time/assessment tools/ and data | Quality Planner/Administrator | <ol style="list-style-type: none"> 1. Community Member/student attended work group meeting to offer suggestions for betterment of new form. 2. Interview conducted by Administrator of new mother asking focused questions about our current form. |
| The Community Team will review the screening tools being developed and provide feedback by June 2020. | 6/30/2020 | Staff time and Community Team | Quality Planner | 8/30/2020 |
| The work group will finalize the new screening document by 11/31/2020. | 12/31/2020 | Staff time and data | Quality Planner and Data Systems Manager | Two work group meetings have been held. In progress |

| Action Steps (Deliverables) with Time Frame | By When | Resources Needed | Lead Person | Status with Dates |
|---|----------------|-------------------------|--|---|
| Implementation of new prenatal and postnatal screening for CPH to begin 3/1/2021. | 3/1/2021 | Staff time | Quality Planner and Data Systems Manager | Continue quarterly meetings/ meetings with Community Team and implementation in 2021. In progress |

| | |
|----------------------|---|
| CHIP Priority | Mental Health & ACES |
| Goal | Utilize partnership to focus on mental health, well-being, & ACES to decrease the stigma of mental health & increase resources available by December 2021. By December 2020, offer Mind-Up Curriculum to all 11 school districts in CPH counties. |

Objective 1: Increase Mental Health Education

Benchmark and Method of Measuring Success: MN Student Survey & Community Health Assessment

| Action Steps (Deliverables) with Time Frame | By When | Resources Needed | Lead Person | Status |
|---|-----------------------|-------------------------|-------------------------|---|
| Assess the need of mental health education to youth. | On-Going | Staff time | School Prevention Nurse | Assess the need of mental health education through MSS, schools, & Community Leadership Team. Determine best curriculum to move forward with-determined: Mind Up. |
| Mind Up Curriculum: Provide training opportunities for CPH Nurse to become trained in the Mind Up Curriculum. Offer Mind Up to all CPH Schools. | 2020-2021 School Year | Staff time | School Prevention Nurse | In process |
| Well-Being | On-Going | Staff time | SHIP | Continue to assess the new proposed SHIP Strategy: Well-Being. Launched "Creating Calm with Countryside" on Instagram during COVID-19. |

| Action Steps (Deliverables) with Time Frame | By When | Resources Needed | Lead Person | Status |
|---|--------------|------------------|-------------|--|
| Rural Health | Harvest 2020 | | SHIP Staff | Created rural mental health fact sheets & interviewed farmers for a newspaper awareness article. Trained two staff in Safe Talk (suicide prevention & rural MN). |

Objective 2: Address ACES & Increase Partnerships

Benchmark and Method of Measuring Success: MN Student Survey & Community Health Assessment

| Action Steps (Deliverables) with Time Frame | By When | Resources Needed | Lead Person | Status |
|---|--------------------------------|--------------------------------------|-----------------|-------------|
| Education to CPH Staff on ACES | January 1 st , 2021 | Staff time | Admin | In progress |
| Assessment: Assess the need for education on ACES with CPH Staff & CLT. Assess data from MSS. Assess current mental health coalitions. | December, 2020 | Data | Informatics | |
| Develop a Workplan: Utilize the assessment & create a workplan for 2021 | December, 2020 | Staff time and educational materials | Quality Planner | In progress |
| Build Stronger Partnerships: Create partnerships to focus on ACES. Determine lead coalitions in each five-county service area. Attend meetings & build partnership. | On-Going | | CPH Staff | |

| Action Steps (Deliverables) with Time Frame | By When | Resources Needed | Lead Person | Status |
|---|----------------|-------------------------|--------------------|---------------|
| Educate: Collaborate with mental health coalitions on education & training opportunities. Training: Understanding ACES- Building self-healing communities | December, 2021 | Staff time | CPH Staff | |

| | |
|----------------------|---|
| CHIP Priority | Substance Use |
| Goal | Decrease access of tobacco related products to youth & increase education to our communities by December 2021 through policy, system, & environmental change. |

Objective 1: Education

Benchmark and Method of Measuring Success: MN Student Survey & Community Health Assessment

| Action Steps (Deliverables) with Time Frame | By When | Resources Needed | Lead Person | Status |
|---|----------------|------------------------------------|-------------------------|--|
| Tobacco & Vaping Education to youth. | On-Going | | School Prevention Nurse | Continue to provide education to each school district, along with the Catch My Breath Campaign. |
| Tobacco & Vaping Education to community members, parents, & teachers. | On-Going | | SHIP | Continue to provide education to communities, organizations, & school staff. |
| Tobacco Compliance Checks & Retailer Education | 12/31/2020 | Youth, Law Enforcement Partnership | Ashlie & Anna | Continue yearly tobacco retailer compliance checks, educate the retailers, & provide them with signage & digital date readers. |
| | | | | |

Objective 2: Policy Change

Benchmark and Method of Measuring Success: MN Student Survey & Community Health Assessment

| Action Steps (Deliverables) with Time Frame | By When | Resources Needed | Lead Person | Status |
|--|--------------------------------|----------------------------------|--------------------|---|
| Update Tobacco Retailer Ordinances: City | January 1 st , 2021 | Click or tap here to enter text. | SHIP | Finish tobacco retailer ordinances will all CPH city ordinances. Educate city officials on vaping data & policy change to decrease access to youth. Cities left: Montevideo & Danvers |
| Update Tobacco Retailer Ordinances: County | December,2021 | | SHIP | Update tobacco retailer ordinances to comply with the Federal T-21 law. Education county officials on vaping data & policy change to decrease access to youth. |