

# **Community Health Improvement Plan: Annual Report for January 1 to December 31, 2018**

**MARCH 2019**

**RICE COUNTY**

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## Introduction

### Background Information

A community health improvement plan is a long-term, systematic effort to address public health problems in a community. It is based on the results of community health assessment activities, and is one step in a process to improve community health. The community health improvement plan is developed collaboratively, and defines a vision for the community's health; the community health improvement plan is the community's plan, not the community health board's plan for the community.

Rice County Public Health (RCPH) 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 (CHA) (<http://www.co.rice.mn.us/node/108235>). Once the CHA was made available to the public, the group hosted a report out and prioritization meeting with about 50 invited community leaders. Following that meeting RCPH reconvened the original community partners to begin formulating a community health improvement plan (CHIP) identifying collaborative strategies in response to the identified health priorities for Rice County, Minnesota. Our progress on those strategies is updated annually in the CHIP annual report.

Identified priorities from 2014 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).

It was the intention of all partners that the community use the CHIP to both inform themselves of the community's health status and to act on the priorities. Community members and groups have accessed the CHIP to engage as partners on the priorities, to inform their own work and to apply to grants/sources of funding.

### Process for Monitoring and Revision

This year our CHIP priorities continued to be implemented, monitored and revised with broad community engagement from strategy partners. Each priority, strategy and tactic varies on the partners involved, the meeting frequency and the level to which CHIP performance measures are created and monitored. Partners discuss how the work is going, what is going well/not well and what revisions are needed.

Stakeholders and partners involved in monitoring, revising and implementing priority one "Chronic Diseases and Conditions" are listed below:

- Rice County Public Health
- WellConnect SE MN Partnership
- Juniper

- HealthFinders Collaborative
- Allina Health Clinics in Northfield and Faribault
- Mayo Health System
- District One Hospital
- Northfield Hospital & Clinics
- South Central College
- Faribault Community Education
- Sterling Pharmacy

Data reviewed include the Chronic Disease Data Dashboard (see priority 1 tactic 1.1.1) and outcome indicators related to residents accessing evidence based classes/resources in the community.

Stakeholders and partners involved in priority two “Healthy Lifestyles” are listed below:

- Rice County Public Health (which has numerous additional partners through our Statewide Health Improvement Partnership work)
- Breastfeeding Coalition of Dodge, Rice and Steele Counties
  - Rice County Public Health
  - Dodge County Public Health
  - Steele County Public Health
  - Allina Owatonna Hospital
  - Northfield Healthy Communities Initiative
  - HealthFinders Collaborative
  - A Child’s Delight Too
  - Allina Northfield Clinic
  - Two Wishes Child Care
  - District One Hospital
  - Northfield Hospital & Clinics
  - DoulaV Birth Services
- Rice County Chemical and Mental Health Coalition
- HealthFinders Collaborative

Data reviewed include the Chronic Disease Data Dashboard (see priority 1 tactic 1.1.1), the Le Sueur & Rice Active Living Profile, city/county comprehensive plans, WIC breastfeeding initiation and duration rates, the Minnesota Student Survey, and random and convenience sample responses from the 2016 Rice County Community Health Survey.

Our CHIP and our CHIP annual report are made available to the community on our website.

## Community Context

One significant change over the last year was the wrapping up of HealthRise, a five-year demonstration project expanding access to care and management of chronic, non-communicable diseases such as heart disease and diabetes. The HealthRise grant, a program of the Medtronic Foundation, was managed by HealthFinders with significant contributions from community partners.

# Progress on Priority Health Issues from Community Health Improvement Plan

## Chronic Diseases and Conditions

### About This Priority

Prioritizing chronic diseases and conditions came about through the community process described above. 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.

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.

The community set out to:

- Build relationships and infrastructure that support clinic-community linkages addressing chronic diseases and conditions.
- Increase awareness of and referrals to resources aimed at optimal management of chronic diseases and conditions including mental illness.
- Increase workshop completion rates and confidence to manage chronic diseases/conditions.

Specific strategies to meet these objectives are listed in the work plan.

### Progress

On formally reviewing our CHIP in 2017, partners noted that priority one “Chronic Diseases and Conditions” strategy 1.2 and 1.3 were still relevant but not progressing. HealthFinders Collaborative’s community engagement team took this on and held a resource sharing and networking event for organizations addressing the social determinants of health. The event was a success and spurred several possibilities for improving access to promising practice and evidence based resources, including the building of a master list of resources for community use (tactic 1.2.2). This strategy also took a revised look with Allina Health receiving a Center for Medicare & Medicaid Services Accountable Health Communities Model Cooperative Agreement. This agreement tests whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries impacts health care quality, utilization and costs. Through this work, patients are screened for social needs and a tailored list of community based resources is generated automatically. Community partners then work with the patient to address the identified needs.

Progress on outcome indicators:

- # of provider/community based organization outreach meetings/contacts: Eliminated as a meaningful measure of where the work has gone.

- Increase in provider/community based organization's awareness of promising practice and evidence-based resources: one time measure in 2017. Has not been reassessed.
- # of registrations thru WellConnect: During 2018 WellConnect lost its administrative position and so we are no longer able to track evidence based program registrations thru WellConnect or Juniper (a second and similar referral system).
- % of participants completing chronic disease management workshops: 72% (reflects all workshops in Rice County except those ran by Catholic Charities).
- % of participants reporting an increase in confidence in managing a chronic condition: (revised to reflect the average reported increase from before participation in the class to post participation includes only workshops lead by Rice County Public Health): An increase of almost 2 points, from 7.14 to 9.

## Next Steps

Strategies 1.2 and 1.3 continue to evolve under HealthFinders Collaborative's community engagement team's leadership. A core group of health system leaders met in October and December of 2018 and completed a SWOT analysis and brainstorming session on potentially meaningful ways we can work together to address clinic/community linkages to improve the health of our residents. The group continues to meet in 2019.

Rice County Public Health Statewide Health Improvement Partnership (SHIP) has continued to promote evidence based classes and build capacity with community partners to offer the classes. We are still working with our major health care providers to integrate physician referrals into practice.

## Healthy Lifestyles

### About This Priority

Priority two "Healthy Lifestyles" also came about through the community process described above.

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.

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.

The community set out to:

- Increase the percentage of adolescents and adults 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.
- By 2019 increase the percentage of adolescents and adults who are at a healthy weight.

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.

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

The community set out to:

- Increase the percentage of residents initiating breastfeeding and breastfeeding at 6 and 12 months.

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

Goal: All Rice County residents experience positive mental health.

The community set out to:

- Increase the percent of residents who report positive mental health.

## Progress

Strategies 1.1 and 1.2 were largely completed in 2017 with three corner stores partnering with Rice County Public Health SHIP to meet the Good Food program stocking standards. Since that time our local SHIP has shifted support to focus on worksites, health care and schools.

Strategy 1.3 has been implemented in a variety of ways through a number of partners:

- Rice County Public Health maintains a list of ongoing resources on our website: <http://www.co.rice.mn.us/DocumentCenter/View/779/Healthy-Living-Resources-PDF?bidId>
- Healthy Community Initiative maintains a calendar of free/low cost events on their website: <https://northfieldhci.org/activities/>
- Faribault Youth Investment maintains Faribault Youth Connect: A One-Stop Activity Shop! <http://faribaultyouthinvestment.org/youthconnect/>
- Faribault Community School maintains an events calendar: [https://faribault.k12.mn.us/community\\_ed/faribault\\_community\\_school/community\\_school\\_calendar](https://faribault.k12.mn.us/community_ed/faribault_community_school/community_school_calendar)
- Greenvale Park Community School maintains a calendar: <https://northfieldschools.org/schools/greenvale-park-elementary/greenvale-park-community-school/>

Strategy 1.4 has been the focus of Rice County Public Health's SHIP Coordinator. In April of 2018 Le Sueur and Rice Counties jointly contracted with Region Nine Development Commission to

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produce an Active Living Profile. The profile is intended to give context for developing active living initiatives in communities. SHIP staff have also actively participated in community visioning processes for comprehensive planning.

Progress on outcome indicators:

Youth Who Eat the Recommended Number of Fruits and Vegetables*	2013	2016	Healthy Minnesota 2020 Goal
MN	17.4%	18.1%	30%
Rice County	16.1%	18.8%	

\*Percent of 9th grade students who report consuming at least 5 fruits, fruit juices or vegetables the previous day.  
Source: Minnesota Student Survey

Adult Fruit and Vegetable Consumption*	2013	2016
Rice County	27.9%	38.0%

\*Percent of adults eating 5 or more servings of fruits and vegetables yesterday, the Dietary Guidelines for Americans recommend that half your plate be fruits and vegetables.  
Source: Rice County Community Health Assessment

Youth Meeting Physical Activity Guideline*	2013	2016
MN	19.7%	19.6%
Rice County	18.2%	19.0%

\*Percent of 9th grade students who are physically active for at least 60 minutes a day for the past seven days.  
Source: Minnesota Student Survey

Physically Active Adults*	2013	2016
Rice County	32.7%	27.9%

\*Percent of adults getting 30 minutes of moderate physical activity exercise 5 or more days a week. The Physical Activity Guidelines for Americans recommend 150 minutes/week of moderate intensity or 75 minutes/week of vigorous intensity.  
Source: Rice County Community Health Assessment

Adult Weight Status: Obese*	2013	2016	HP 2020 Goal
MN	25.5%	26.1**%	<30.5%
Rice County	27.2%	28.1%	

\*Percent of adults having a calculated BMI of >30.  
\*\*Most recent data from 2015

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Sources: Minnesota Department of Health, MN Public Health Data Access, Rice County Community Health Assessment

Strategy 2.1 has been progressing in the form of the Breastfeeding Coalition of Dodge, Rice and Steele Counties. The coalition met throughout 2018 and has identified two goals:

1. Increase the number of maternity centers, workplaces, health departments and child care providers in Dodge, Rice and Steele Counties that are breastfeeding friendly.
2. Promote breastfeeding through education in public spaces.

Strategy 2.2 was accomplished in late 2017 and staff education and policy review occurs regularly.

Strategy 2.3 has been progressing through the breastfeeding coalition with networking conversations between the Regional WIC Consultant and a number of other WIC agencies discussing the pros and cons of grant implementation.

Strategy 2.4 is regularly reviewed with WIC staff.

Strategy 3.1 was included in our 2016 survey and data was analyzed in 2018. Baseline data is reported below.

Progress on outcome indicators:

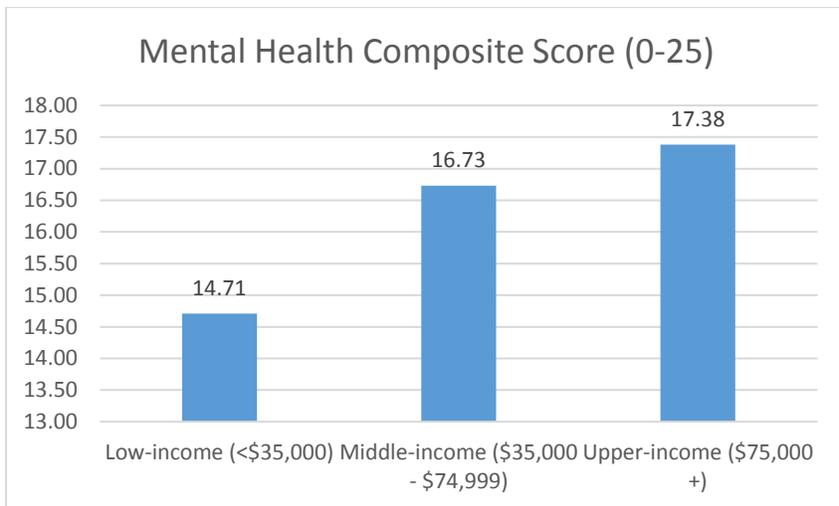
Breastfeeding Initiation and Duration	Initiation	6 month	12 months
HP 2020 objective	81.9%	60.6%	34.1%
Rice County WIC data	Initiation	6 month	12 months
2012	84.4%	33.4%	13.8%
2013	79.7%	39.3%	31.4%
2014	86.3%	45.0%	22.2%
2015	86.2%	42.3%	18.3%
2016	85.4%	39.0%	16.0%
2017	89.9%	NA	NA

Source: Minnesota WIC Information System. Preliminary Breastfeeding Initiation and Duration at Two Weeks and Two, Three, Six and Twelve Months for Minnesota WIC Infants Born During Calendar Year 2017 by Agency. Minnesota WIC Program: 2018

Strategy 3.2 Rice County Public Health maintained active steering committee membership on the recently reorganized Rice County Chemical and Mental Health Coalition throughout 2018.

Progress on outcome indicators:

What follows is a baseline measure of the average composite mental health score from 2016 Rice County random sample respondents from 0-25 where 0 is the worst possible and 25 is the best possible. The scores are calculated from the WHO-5 Wellbeing Index and stratified by household income group.



### Next Steps

Major next steps are continued engagement with comprehensive planning with the City of Faribault to complete a bike lane demonstration project. The demonstration is being planned for May of 2019 with the hopes of a longer term outcome.

The Breastfeeding Coalition of Dodge, Rice and Steele Counties continues to meet (strategy 2.1) and will continue working towards their goals. Rice County Public Health’s Family Child Health division will also be participating in a continuous quality improvement partnership with MDH to increase breastfeeding initiation, exclusivity and duration of home visiting clients.

Our C&TC Coordinator continues participating with a Rice County Chemical and Mental Health Coalition and our Director serves on their board. As a result of a reorganization, the coalition continues to define the best way forward to address the needs of the community.

RCPH is in the process of conducting a broad community health assessment which will result in a redefining of priorities and a rewriting of our CHIP. We expect to have our prioritizing completed by summer 2019.